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Jubilare

Die Fachgesellschaften von
Strahlentherapie und Onkologie gratulieren zum Geburtstag:

03.05.2014 München: <i>Dr. Mei Reinhard</i> 65 Jahre	25.05.2014 Freiburg: <i>Prof. Dr. Dr. h. c. Hermann Frommhold</i> 75 Jahre
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17.05.2014 Haan: <i>Dipl.-Ing. Peter Wankum</i> 65 Jahre	04.05.2014 Rostock: <i>Prof. Dr. Manfred Strietzel</i> 86 Jahre
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20.05.2014 Halle:
*Doz. Dr. habil. Kurt-Matthias
Heider*
65 Jahre

10.05.2014 Duisburg:
Dr. Hartmut Mecking
75 Jahre

Gabriele Moser

Institute for History and Ethics of Medicine, University of Heidelberg,
Heidelberg, Deutschland

Radiology in the Nazi era: part 1

The state, citizens, and marginalization: normality in the Nazi state

Beginning with this issue, the series entitled “Radiology in the Nazi era” provides a summary and contextualization of research conducted by Dr. Gabriele Moser (Heidelberg) on the role of radiology and the German Roentgen Society between 1933 and 1945. Initiated in 2010 by the German Roentgen Society, the research project has al-

so been funded by the German Society of Radiation Oncology (DEGRO) since 2012. At the annual conferences of both professional associations, the 95th German Roentgen Congress (May 28–31, 2014) and the 20th Annual Conference of DEGRO (July 3–6, 2014), these findings will be presented in the format of an exhibition.



Fig. 1 ▲ Berlin 1939: Jewish families from the West of Berlin emigrate to the USA [Scherl]. (Source: Bundesarchiv, Bild 183-E03468, o.A., 1939, with kind permission)

It was obvious that the “upheaval of time,” as the preface to the first National Socialist issue of the “Reichsmedizinalkalender” (the medical yearbook) for Germany noted in May 1935, had “brought far-reaching changes to the German medical profession.” Not only was it necessary to announce the establishment of new institutions such as the “Kassenärztliche Vereinigung” (Association of Statutory Health Insurance Physicians) and the registries of physicians, but the entire administrative infrastructure serving the maintenance of hereditary health and “racial hygiene,” including public health departments, Hereditary Health Courts, and the corresponding NSDAP party offices had to be listed in the directory as well. Even more important for an “address book” of this type, however, was the fact that the work had been “placed in many cases into other hands,” as the process of discrimination, dismissal, and persecution of persons undesirable on political or “racial” grounds was expressed euphemistically. Readers also learn that with respect to “an estimated 10,000 of the other physicians,” the addresses had changed “fundamentally”

and that “the majority of executive offices had changed their holders.” A terse comment also notes: “More than 3,000 have left due to death and emigration” (■ Fig. 1)¹.

Among the 3,000 physicians having “left due to death and emigration” were two prominent radiotherapists and radiologists, Privy Medical Councilor Prof. Dr. med. Paul Krause (■ Fig. 2) from Münster and Prof. Dr. med. Richard Werner (■ Fig. 3) from Heidelberg, both former presidents of the German Roentgen Society. While Paul Krause, after months of persecution by Nazi students, committed suicide on May 7, 1934, at the age of 62, the Heidelberg cancer therapist Richard Werner emigrated to the Czech city of Brno (Brünn), where he had completed part of his medical studies. There he became the head of the newly established cancer clinic, the “Haus des Trostes” (House of Consolation), a position he held until the begin-

ning of the German occupation in March 1939. Werner’s life ended at the age of nearly 70 on February 8, 1945, just before the liberation of the ghetto in Theresienstadt (Terezin).

In terms of professional activity at universities, clinics, and other public institutions in Germany during the Nazi era, “normality” meant that all staff members undesirable on political grounds, particularly though those persons stigmatized as “Jews,” were subjected to repressions on a variety of levels: by politically active National Socialists, by colleagues indifferent or ready to adapt, or by clinic administrations. The article commemorating the 75th anniversary of the revocation of medical licenses from physicians stigmatized as “Jewish”² listed the essential steps in the successively radicalized removal of Jewish persons from the medical professional community, and they will be presented here in somewhat greater detail. Starting with dismissal from public service based on the “Law for the Restoration of Professional Civil Service” dated April 7, 1933, the means of income were radically limited due to the ban on licensing for work as statutory health insurance physicians as laid down in the licensing regulations dated May 17, 1934. Those barred from being licensed included:

1. “persons personally unsuitable for the medical profession, e.g., due to offences punished under criminal law”,
2. “physicians of non-Aryan descent and physicians

whose spouses are of non-Aryan descent. Anyone descended from non-Aryan, particularly Jewish, parents or grandparents is deemed non-Aryan. It is sufficient for one parent or one grandparent to be non-Aryan. This fact is to be assumed in particular if one parent or one grandparent belonged to the Jewish religion. Extramarital parentage is also regarded as line of descent (...),”

3. “physicians whose unre-served advocacy of the National Socialist state at all times is not warranted,”
4. “married female physicians,” if their income as statutory health insurance physicians was not required for upkeep of the family, and
5. physicians already licensed as dentists³.

Following the ban on working as registered X-ray diagnosticians or radiotherapists in private practice, the revocation of medical licenses on September 30, 1938 meant the definite end of professional medical employment in the German Reich. Only a small number of the trained (specialized) doctors received, subject to revocation at any time, a license from the Reich Minister of the Interior to practice as “Krankenbehandler” (treaters of the sick).

The low fee resulting from medical work for the few remaining solvent Jewish patients could be supplemented by the Reich Physicians’ Chamber with an allowance to secure subsistence—this, too, must have been a humiliating

¹ Hadrich, Julius/Hans Dornedden (ed): Reichs-Medizinalkalender für Deutschland. Teil II: Ärztliches Handbuch und Ärzteverzeichnis, Georg Thieme Verlag, Leipzig 1935, p. V.

² On the National Socialists’ biologicistic concept of race defined in terms of ‘blood,’ see the explanations and biographical notes in the article mentioned.

³ Second ordinance pertaining to the licensing regulations dated May 17, 1934, RGBl. [Reich Law Gazette] I p. 1066.



Fig. 2 ▲ Privy medical councilor Prof. Dr. med. Paul Krause. (Source: Deutsches Röntgen Museum, with kind permission). September 30, 1871 in Glogau/Silesia. Study of human medicine in Munich, Kiel, Bonn, Freiburg, and Berlin. Bacteriological training in Kiel. Pathological-anatomical training in Hamburg. Until 1907: Assistant Medical Director at the University Hospital in Breslau. 1907–1909: Head of the outpatient clinic in Jena. 1909–1924: Head of the outpatient clinic in Bonn. 1924: Full professor at the University of Münster. May 3, 1934: After months of smear campaign by National Socialist colleagues, Krause submits his request for bestowal of emeritus status. May 7, 1934: Suicide in Frücht forest near Bad Ems in front of the tomb of Freiherr vom Stein (1757–1831), whom he revered. 1909: President of the “Deutsche Röntgengesellschaft” (German Roentgen Society). 1913: Chairman of the “Allgemeine Ärztliche Verein” (General Physicians’ Association) in Bonn. 1927: Founder of the “Rheinisch-Westfälische Röntgengesellschaft” (Rhenish–Westphalian Roentgen Society), first chairman. 1930–1932: Initiative for founding the German Roentgen Museum in Lennep whose first section was opened in June 1932. (Sources: Busch, Uwe: “Paul Krause (1871–1934)” in *Röntgenpraxis* 47 (1994), pp 150–152. Ferdinand, Ursula: “Die Medizinische Fakultät der Westfälischen Wilhelms-Universität Münster von der Gründung bis 1939,” In: Thamer, Hans-Ulrich et al. (ed), *Die Universität Münster im Nationalsozialismus. Kontinuitäten und Brüche zwischen 1920 und 1960. Im Auftrag des Rektorats der Westfälischen Wilhelms-Universität Münster herausgegeben*, Münster 2012, pp 413–530



Fig. 3 ▲ Prof. Dr. med. Richard Werner. (Source: Deutsches Röntgen Museum, with kind permission). July 22, 1875 in Freiwaldau. Gymnasium in Weidenau. 1899: Doctor of general medicine in Vienna. Assistant at the surgical clinics in Heidelberg and Vienna. 1906: Qualification as lecturer (habilitation) of surgery in Heidelberg. 1910: Assistant Medical Director at the Samariterhaus in Heidelberg. 1912: University Professor of Surgery. 1916: Director of the Institute for Cancer Research/Samariterhaus in Heidelberg. 1934–1939: Executive Head Physician at the “Haus des Trostes” in Brno. January 28, 1942: Deportation to Theresienstadt. February 8, 1945: Death in Theresienstadt. 1927: President of the German Roentgen Society. Founding chair of southern and western German Roentgen associations. Chairman of the “Gesellschaft für Strahlenforschung” (Society of Radiology). Selected publications: –Experimentelle Untersuchungen über die biologische Wirkung der Radiumstrahlen (postdoctoral thesis, 1906). –Über das Wesen der bösartigen Neubildungen. Tübingen 1906. –Über Entstehung und Behandlung des Krebses. Berlin 1916. (Sources: Feuss, Axel: *Das Theresienstadt-Konvolut*. Altonaer Museum in Hamburg. Norddeutsches Landesmuseum, Hamburg, Munich 2002. Neubert, Rahel: “Das Institut für experimentelle Krebsforschung.” In: Eckart, Wolfgang U. et al. (ed), *Die Universität Heidelberg im Nationalsozialismus*, Heidelberg 2006, pp 959–974

experience, since physicians and specialized doctors, being members of the educated class-

es, had generally been used to a higher standard of living.

For the expert public, labeling of physicians considered “Jewish” in accordance with the Nuremberg Laws took place in the next issue of the “Reichsmedizinalkalender”, which appeared as volume 58 in 1937 (Fig. 4). It represents the first and only issue of this physicians’ directory that contains this stigmatization in the form of the colon (:) inserted in front of the name. Whereas the first supplement dated February 1938 still provides changed addresses of physicians and specialized doctors to the extent known, the supplement dated October 1938 reports as completed the revocation of state licenses for practicing the medical profession: “Jewish doctors. Based on the decree dated July 25, 1938 (RGBl. I no. 122), the appointments (licenses to practice) of all Jewish doctors have lapsed effective September 30, 1938. Accordingly, this supplement no longer contains any details on Jewish doctors”⁴.

As the “instrument of official character,” the “Reichsmedizinalkalender” published the data of the Reich Medical Register and the Reich Physicians’ Directories of the Reich Physicians’ Chamber, which means that this information is probably reliable to a large extent. In determining the overall number of specialized doctors practicing diagnostic radiology and radiotherapy in 1937, on the one hand, and in establishing the proportion of Jewish doctors, on the other, the lack of other sources of infor-

mation necessitated checking some 55,500 name entries.⁵ Whereas the numerical data for most groups of specialized doctors are listed separately, the “doctors specializing in X-ray diagnostics and radiotherapy” were summarized together with those specializing in “oral and maxilla-facial pathology” under a collective heading designated as “others.” Using the symbol employed for labeling the X-ray professional segment, which consisted of the schematic representation of an “ion tube,” made an initial count possible. It resulted in a total number of only 470 “doctors specialized in X-ray diagnostics and radiotherapy,” as the official professional designation still read in 1937. Among these 470 radiologists, only 36 physicians overall, including two women, were designated as “Jewish.” This represents a share of about 7.7 % of physicians recorded in the “Reichsmedizinalkalender” as doctors specialized in diagnostic radiology and radiotherapy⁶.

Both the absolute number of 470 specialists practicing diagnostic radiology or radiothera-

⁵ I would like to thank Tobias Laible for his support with data collection and follow-up research.




















⁶ The share of physicians specializing in X-ray diagnostics/radiotherapy in relation to the entire medical profession in 1937 was 0.85 % (by comparison: the most numerous group of medical specialists were 5.85 % working in internal medicine); cf. *Reichs-Medizinalkalender* 58 (1937), p. 82 ff. Even if the reference values differ, one can nevertheless assume substantial variations in the share of Jewish doctors between the individual groups of specialized physicians: According to Eduard Seidler, the proportion of Jewish doctors among the members of the German Society of Pediatrics was about 36 %; for ophthalmology, Jens Martin Rohrbach calculated a share of Jewish doctors amounting to about 13 %.

(Frankfurt, Main) ferner:

Grauert, Hans-Joachim 33, VolA a. Städt. Kh. ~S 10, Eschenbachstr. 14
 Greul, Emil 20, ~Hedderheim, Auguststr. 32
 Griebel, Karl 24, PrivD, , OA a. d. Unv  Klin, ~S 10, Textorstr. 23
 Griebhaber, Otto 25, ~Griesheim, Fabriciusstr. 1
 Gross, Ludwig 29, ~1, Bockenheimer Landstr. 23
 : Groß, Oskar 06, Prof, , ~17, Arndtstr. 25
 Großmann, Emil 95,  d. ~Abt d. BürgerHosp, ~1, Oederweg 115
 Guckes, Philipp 20, ~17, Schneidhainer Str. 1
 Günther, Hermann 21, , ~1, Guileletstr. 12
 Güntz, Eduard 28, AssA a. d.  UnvKlin, ~S 10, Schau-mainkai 99
 Gutermuth, Willi 35, VolA a. d.  UnvKlin, ~1, Eckenheimer Landstr. 39
 Guthmann O. Heinrich 18, Dr med et phil, aoProf, , OA a. d. Unv  Klin, ~S 10, Holbeinstr. 31
 : Haas F, Cläre 19, , ~1, Friedberger Anlage 9
 Haas, Friedrich 03, ~Eschersheim, Rühlstr. 2
 Habel, Hans 35, AssA a. d. StraßAnst Preungesheim, ~1, Niedenau 51
 Häfner F, Aenne 36, AssÄ, ~1, Fischerfeldstr. 18
 Haeger O, Ernst 11, , ~Eschersheim, Dehnhardtstr. 8
 Haehner O, Alfred 04 (Holland 22), MR, , OstA a. d. A d. Allianz- u. Neufag-VersichGes, ~S 10, Holbeinstr. 8
 v. Hagen F O, Dorothea 20, , A a. GesundhAmt, ~Niederrad, Bruchfeldstr. 34
 Hahn O, Rudolf 12, aoProf, , OA a. d. Unv  u.  Klin, ~17, Niddastr. 16
 Hahn F, Ursula 35, AssÄ a. d. Unv  Klin, ~S10, Eschenbachstr. 14
 Hain, Alfons 24, , ~Fechenheim, Ueberlinger Weg 23
 : Hainebach, Julius 94, SR, ~1, Scheffelstr. 11
 Hallerbach, Georg 27, ~Rödelheim, Alexanderstr. 5
 Hammacher, Paul 10, , ~1, Kaiserstr. 16
 Hanacek, Zdenko 12, ~1, Im Sachsenlager 24
 : Hanau, Alfred 12, , ~1, Steinweg 9
 Hanf-Dreßler, Kurt 28, , , ~17, Blittersdorffplatz 43
 Hansmeier, Andreas 27, ~Nied, Oesterstr. 31
 Happel, Günther 20, , ~17, Rheinstr. 25

Hardt, Ernst 35, AssA a. Städt. Kh. ~S 10, Eschenbachstr. 14
 Haßlauer, Ludwig 95, SR, , ~S 10, Gartenstr. 47
 Hattermer F, Margarete 23, , ~1, Marbachweg 328
 Hawick F O, Antonie, geb. Tasche 21, , A a. Gesundh-Amt, , ~NO 14, Wiesenstr. 111
 Hayn F, Gertrud, geb. Léonard 36, VolA a. Städt. Kh. ~1, Liebigstr. 27
 Hayn, Hans 36, VolA a. St. MarkusKh, ~W 13, Falkstr. 37
 : Heichelheim, Siegmund 99, , ~1, Staufenstr. 31
 Heider, Wilhelm 27, , ~1, Eschersheimer Landstr. 49
 Heilig Erwin 26, ~1, Bleidenstr. 3
 : Heimann, Artur 96, ~S 10, Schifferstr. 98
 Heimpel F, Hella 22, AssÄ a. d. DiakAnst, ~1, Eschersheimer Landstr. 122
 Heinen, Heinz 35, AssA a. Pathtol. Inst d. Unv, ~S 10, Morgensternstr. 18
 Heinrich, Kurt 34, AssA a. d. Unv  Klin, ~S 10, Töp-litzstr. 3
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 : Hellmann, Albert 06, , ~1, Unterlindau 87
 Hellwig, Karl 26, , Ver-treter, ~Höchst, Hoch-muhl 3 (ständ. Anschrift)
 Helwig, Ludwig 95, ~NO 14, Bergerstr. 206
 Henckel, Friedrich 98, ~S 10, Kranichsteiner Str. 2
 Henkel, Willi 34, AssA a. Hosp z. Heil.Geist, ~1, Uhländstr. 11
 Henne, Alfred 35, AssA a. d. Unv  Klin, ~S 10, Mor-gensternstr. 12
 Hennemann, Carl 97, MR, ~Eschersheim, Eschersheimer Landstr. 376
 Henning, Hans 35, AssA a. d.  UnvPoliklin, ~Eschersheim, Am weißen Stein 7
 Henrichsen, August 14, , d. Städt. Kh. ~Höchst, Gerlachstr. 14
 Hergenbahn, Eugen 91, SR, , ~1, Gärtnerweg 16
 : Hermann, Franz 23, , ~1, Bockenheimer Anlage 38
 Herren, Hartmuth 34, , OA i. Heer
 : Herxheimer, Hans 10, , ~1, Eschersheimer Landstr. 132
 : Herxheimer, Karl 85, , GMR, Prof, ~17, Westend-str. 92
 : Herz, Ernst 24, , ~1, Bockenheimer Anlage 33
 Herzog, Heinrich 31, Dr med et med dent, ~1, Roßmarkt 12
 : Hesdörffer, Julius 83, SR, , ~1, Reuterweg 57
 : Heß, Leo 25, , ~1, Fellnerstr. 6


Hesse, Willy 14, , ~1, Eschenheimer Anlage 47
 Hessel, Georg 24, , OA a. d.  UnvKlin, , ~S 10, Unter den Platanen 7
 Hetsch O, Heinrich 97, , Gen-OA a d. Prof a. StaatsInst f. exp. Therapie, ~S 10, Paul-Ehrlich-Str. 44 (Wohn: Bad Homburg v. d. H.)
 Heun, Theodor 30, AssA a. St. MarienKh, ~1, Vom-Rath-Str. 1
 Heupke, Wilhelm 23, PrivD, , OA a. d.  UnvPoliklin, ~S 10, Eschenbachstr. 14 (Wohn: Buchschlag, Kr. Offenbach)
 Hey O, Rolf 19, , oProf, Dir d. UnvInst f. gerichtl. Med, ~1, Frhr.-vom-Stein-Str. 11
 v. d. Heyden, Otto 14, ~Bonames, Am Wendelsgraben 12
 Heymann, Otto 14, , ~1, Niedenau 51
 Hildebrand, Heinrich 25, OA a. d.  UnvKlin, ~S 10, Eschenbachstr. 14
 Hildmann, Karl 33, Vertreter, ~1, Rudolf-Jung-Str. 2 (ständ. Anschrift)
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 Hindersin O, Ludwig 22, , , Städt a. GesundhAmt, ~1, Luxemburger Allee 34
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 Hintzmann, Walther 28, , ~1, Mozartplatz 24
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 : Hirsch, Samson 14, , ~1, Brentanostr. 14
 : Hirsch F, Sofie, geb. Stern 20, , ~1, Reuterweg 53
 Höfle F, Hanna 15, ~17, Kriegk-str. 53
 Hoehne, Fritz 03, , ~17, Kaiserstr. 31
 Höler, Ferdinand 32, AssA a. d. Unv  Klin, ~S10, Eschenbachstr. 14
 Hölzer, Ludwig 32, , ~1, Musikantenweg 23
 : Hönich, Siegfried 23, , ~1, Hammanstr. 9
 : Höxter, Ernst 20, ~W 13, Königstr. 49
 Hoffmann, Hansjürgen 32, AssA a. d.  UnvKlin, ~Nieder-rad, Heinrich-Hoffmann-Str. 2
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 Hofmann, Lothar 24, , ~Fechenheim, Konstanzer Str. 1
 Hohmann, Georg 03, , oProf,  d.  UnvKlin, , ~1, Bockenheimer Landstr. 126
 Holfelder, Hans 16, , oProf,  d.  Inst d.  UnvKlin a. Kh Sachsenhausen, ~1, Mörikestr. 16

Holle F, Paula, geb. Gundlach 21, ~S 10, Anton-Radl-Pfad 5
 Holz, Hans 19, , ~1, Für-stenberger Str. 25
 Holzamer, Hans 21, , ~Eschersheim, Nußzell 84
 Holzapfel, Hermann 35, AssA a. Städt. Kh. ~Eschersheim, Mummstr. 2
 : Homberger, Ernst 91, ~17, Mainzer Landstr. 102
 : Horovitz, Isaak 12, , , a. Kh d. Israel. Gem., ~1, Reuterweg 34
 Hottes, Gustav 14, , ~1, Leerbachstr. 92
 Hotz, Friedrich 14, , , ~1, Sternstr. 29
 Huber, Helmut 36, VolA a. d.  Poliklin d. Städt. Kh. ~S 10, Eschenbachstr. 14
 Hühlich, Werner 24, ~17, Taunusstr. 10
 Huxel, Ludwig 36, AssA a. St. MarienKh, ~1, Brahm-str. 3
 Huxel, Viktor 36, AssA a. St. MarienKh, ~1, Brahm-str. 3
 : Isaac, Simon 05, aoProf, ,  d.  Abt d. Kh d. Israel. Gem., ~17, Kettenhofweg 112
 Iserloh, Werner 36, AssA, ~1, Scheffelstr. 17
 v. Jachmann, Ehler 34, AssA a. d. Unv  Klin, ~S 10, Eschenbachstr. 14
 Jaitner, Aloysius 22, ~17, Mainzer Landstr. 58
 Janthur O, Walter 36, ~W 13, Leipziger Str. 89
 Janz, Gerhard 26, , , ~NO 14, Günthersburg-Allee 81
 Jensen, Oscar 24, ~S 10, Hans-Thoma-Str. 7
 Jokisch O, Max 90, ORegMR i.R., ~1, Wiesenau 1
 Jonas, Walter 24, Fabrika d. I.G. Farbenind., Werk Elek-tron, ~Griesheim, Elektron-str. 2
 Jost O, Hans 21, aoProf, Physiol., , a. UnvInst f. vegetat. Physiol., ~S 10, Steinlestr. 38
 : Jourdan, Adolf 88, SR, ~1, Liebigstr. 37
 Jütte, Hans 35, VolA a. d.  UnvKlin, ~S 10, Eschenbachstr. 14
 Junghans, Herbert 28, PrivD, , OA a. d.  Unv-Klin, ~S 10, Eschenbachstr. 14
 Jung-Marchand, Georg 10, ~1, Schäfergasse 10
 Jungmann, Carl 19, ~NO 14, Günthersburgallee 88
 Kahl, Fritz 23, ~W 13, Ginn-heimer Str. 7
 Kahl, Hermann 22, , ~1, Nibelungen-Allee 37/41
 Kahlau, Gerhard 33, Ass a. Pathol. UnvInst, ~S 10, Eschenbachstr. 14

























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
Fig. 4 ▲ *Reichs-Medizinal-Kalender*, vol. 58, 1937. It constitutes the first and only issue of this medical directory that contains this stigmatization in the form of the colon (:) inserted in front of the name. (Source: *Reichs-Medizinal-Kalender*, vol. 58, 1937, Georg Thieme Verlag, Leipzig 1937, with kind permission)

Erklärung der Abkürzungen und Zeichen

A, Ä = Arzt, Ärztin ä = ärztlich Abt = Abteilung(s-) aD = außer Dienst Allg = Allgemeine(s) Anst = Anstalt AOK = Allg. Ortskrankenkasse aoProf = außerordentlicher Professor Ass = Assistent, Assistenz- Bez = Bezirks- Bioch = Biochemiker E = Einwohner Erh = Erholungs- Erzieh = Erziehungs- Fürs = Fürsorge- G = Geheimer Gefängn = Gefängnis- Gen = General- Genes = Genesungs- Ger = Gerichts- H = Helm oder Heil- Hom = Homöopath	Hosp = Hospital HPf = Heil- und Pflegeanstalt Hst = Heilstätte HVAm = Hauptversorgungsamt Inst = Institut i.S. = im Sommer i.W. = im Winter K = Kranken- k. = -kranke, -krankheiten Kh = Krankenhaus, -anstalt KK = Krankenkasse (vgl. AOK) Klin = Klinik Komm = Kommunal- L = Landes- Laz = Lazarett M = Medizinal- (in Titeln) Mar = Marine- Med = Medizinal- (vgl. auch M und, bei Anstalten, ) O = Ober- oProf = ordentlicher Professor OrthVSt = Orthopäd. Versorgungsstelle	Pf = Pflege- Pol = Polizei- PrivD = Privatdozent Prof = Professor (vgl. oProf, aoProf) Prov = Provinzial- R = -Rat Reg = Regierungs- S = Sanitäts- Sanat = Sanatorium Spit = Spital St = Stabs- oder -Stelle st = -stätte St. = Sankt Stat = Station Unt = Unter- Unv = Universität(s-) V = Versorgungs- Versich = Versicherungs- Vol = Volontär(-) VUSt = Versorgungsärztliche Untersuchungsstelle (a. ZA) = auch Zahnarzt
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Die Zahl hinter dem Vornamen (zB: 97, 00, 12) bedeutet das Approbationsjahr

 = Innere Krankheiten / bei Anstalten: Innere, Medizinische  = Herzkrankheiten  = Psychiatrie / Geistesranke, Gemütskranke, Irren-  = Nervenkrankheiten / Nerven-  = Lunge, Atmungsorgane / Lungen-  = Tuberkulose / Tuberkulöse  = Chirurgie / Chirurgische(s)  = Orthopädie / Orthopädische(s)  = Frauenkrankheiten  = Magen-, Darm-, Stoffwechselkrankheiten	 = Mund- und Kieferkrankheiten [vgl. auch (a.ZA)]  = Augenkrankheiten; Augen-  = Hals-, Nasen-, Ohrenkrankheiten  = Urologie  = Haut-, Geschlechtskrankheiten  = Physik.-diät. Therapie  = Röntgen-Diagnostik, -Therapie  = Medico-Mechanik  = Kinderkrankheiten  = anerkannter Sportsarzt  = Bahnarzt	 = Knappschaftsarzt  = Direktor, Chef-Arzt oder dirigierender Arzt  = besitzt Sanatorium, Privatklinik  = unkündbarer, aktiver Beamter mit Pensionsberechtigung : = Jude im Sinne der »Ersten Ver- Ordnung zum Reichsbürger- gesetz vom 14. November 1935« (RGBl. I Seite 1333) ○ = weder Privat- noch Kassenpraxis ♀ = Ärztin ~ = Wiederholung des Ortsnamens
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Auf die in Schrägschrift gedruckten Abschnitt-Ziffern (hinter dem §-Zeichen in den oberen Seiten-Ecken, innerhalb der Seiten in Kästchen  oder zwischen starken Linien) beziehen sich die Angaben des Namens- und des Orts-Registers

Ortsnamen für Briefverkehr: fette Schrift. Zeichen ○
und Zusätze in [] gelten nur für Postzeitungsverkehr.
Näheres siehe farbige Karte vor Seite 149

Für das Verzeichnis der deutschen Heilanstalten befindet sich eine besondere Erklärung der Abkürzungen und Zeichen auf Seite 633
Die im Namen-Register verwendeten Abkürzungen usw. sind auf dessen erster Seite erläutert

[Über die Abkürzungen bei den Vereins-Verzeichnissen in der vorangehenden Abteilung A gibt eine besondere Übersicht Auskunft]

Allgemeine Gebrauchs-Anleitung: siehe hinter dem Vorwort

Fig. 4 ▲ (continued)

py and the small number of 36 radiologists stigmatized as Jewish appears very low and requires explanation. The source also consulted, the "Gedenkbuch der Berliner jüdischen Kassenärzte" (Memorial Book of

Jewish Statutory Health Insurance Physicians in Berlin)—the city with the highest numerical concentration of (specialized) physicians in the entire German Reich, lists 76 persons for Berlin alone as radiologists

("Röntgenärzte"); therefore, the problem related to double designation of specialized doctors, which was still subject to a transitional arrangement in the mid-1930s, must have been reflected in the greater number.

The Berlin "Gedenkbuch" records the so-called "also" radiologists in addition, while the physicians recorded in the "Reichsmedizinalkalender" involved the so-called "only" radiologists. Medical specialists



Fig. 5 ▲ Deportation of Jewish men, November 10, 1938. (Photo: bpk, Bayerische Staatsbibliothek, Archiv Heinrich Hoffmann, with kind permission)

of both groups were affected by having their licenses to practice revoked, and the “also” radiologists included about 30 “X-ray pioneers,” persons who had already completed their radiological training during the first decade of the twentieth century.

A number of less well known photo documents illustrate that the proportion of elderly people among the Jews living in Nazi Germany at the end of 1938 was great. As a result of the so-called “Reich Pogrom Night” (also known as the Night of Broken Glass) on November 9, 1938, with synagogues set on fire and Jewish shops plundered in many places, Jewish men were arrested everywhere as supposed instigators of these riots. The documents predominantly show elderly men being arrested and deported to concentration camps by local law enforcement personnel (■ Fig. 5).⁷ Their numbers also included

⁷ Cf. also the account in the newly published contemporary report by Heiden, Konrad: Eine Nacht im November 1938. Ein zeitgenössischer Bericht. Ed. Markus Roth, Sascha Feuchert, and Christiane Weber, Göttingen 2013.

the tuberculosis specialist and head of the Tuberculosis Sanatorium in Nordrach (Baden), Dr. Nehemias Wehl, who, together with other citizens from his residential area, was detained and mistreated for one week at Dachau concentration camp. These actions throughout the Reich were connected with the radicalization of anti-Jewish politics that only two years later would result in the commencing deportations—initially, to Gurs concentration camp in France, then “to the East.” The atmosphere of terror among the Jewish population was fuelled constantly, to a considerable extent by further stigmatization, for in the case of Jews, the identity card obligatory since 1939 featured a printed or stamped “J” (■ Fig. 6). Since 1939, too, the compulsory added first names “Israel” and “Sara” were introduced for even quicker identification during identity checks, in 1941 the wearing of the so-called “Judenstern” (the yellow badge featuring the Star of David). Following his return from Dachau concentration camp, Dr. Nehemias Wehl worked again as head of the Rothschild

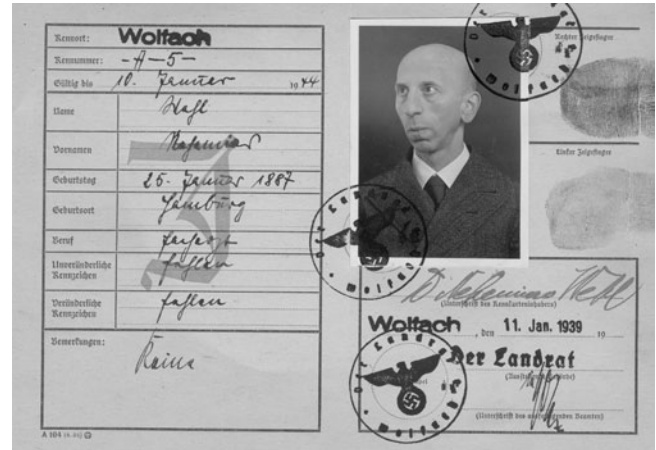


Fig. 6 ▲ Identity card of Dr. Nehemias Wehl with an imprinted “J” for “Jew” (after 1938). (Photo: Historischer Verein Nordrach, with kind permission)

T.B. sanatorium for female Jewish patients until he was deported at the end of September 1942 to Treblinka extermination camp along with his last remaining female patients. The property was transferred to the SS “Lebensborn” foundation, which assumed operations there in November 1942 under the name of “Heim Schwarzwald” (Black Forest Home)⁸.

Whereas the “normality” for Jewish Germans living (and surviving) in the Nazi state became increasingly more life-threatening, a majority of German citizens experienced an altogether different normality. In the field of medical research, international exchange continued far into the war years, made possible by major conferences but also by physicians’ study trips abroad, for

⁸ See Schellinger, Uwe et al.: Deportiert aus Nordrach. Das Schicksal der letzten jüdischen Patientinnen und Angestellten des Rothschildt-Sanatoriums (Ed.: Historischer Verein für Mittelbaden—Mitgliedergruppe Nordrach), Zell a. Harmersbach n. d. [2009]. Sincere thanks are extended to Mr. Herbert Vollmer, Historischer Verein Nordrach, for providing the copy of Dr. Nehemias Wehl’s identity card.

instance. When in September 1936 the Belgian capital Brussels hosted the UICC’s Second International Cancer Congress, 475 participants overall travelled there. The German delegation numbered 65 researchers, including 5 women, second in size only to the Belgian host delegation. Since the subject of the congress involved “cancer,” and radiotherapy was just beginning to become established in competition with surgical therapy, diagnostic radiologists and radiotherapists were represented in force. The Reich Ministry of Science assigned leadership of the German “detachment” to Prof. Dr. H. Auler (University of Berlin), Dr. Blome (Head of the Physicians’ Further Education Department, Main Office for National Health [of the NSDAP], Berlin), Prof. Dr. Frik (Head of the German Roentgen Society, University of Berlin), Prof. Dr. von Haberer (Rector of the University of Cologne), Prof. Dr. Holthusen (University of Hamburg), State Councilor Prof. Dr. Sauerbruch (University of Berlin), and Prof. Dr. Wintz (University

of Erlangen).⁹ The major international cancer congress, however, whose conference papers were published in six languages, also provided an opportunity for special personal encounters. Since many of the expelled or emigrated scientists had also travelled to Brussels from their new countries of residence, the former holder of the Berlin professorship Ferdinand Blumenthal, e.g., ran into his provisional successor, Hans Auler. Boris Rajewsky, who had taken over Friedrich Dessauer's Institute for Biophysics in Frankfurt/Main, apparently as agreed and on good terms with the latter, met up with his former superior now living in Turkish exile. Professional contacts of radiologists to colleagues in the United States were quite lively, too, at least until the early 1940s, as suggested by a "study trip to America" organized by the Hapag Loyd Union. For this tour, the German Roentgen Society had chosen Prof. Holthausen as head. In May 1939, Hermann Holthausen was appointed corresponding member of the New York Academy of Medicine based on his scientific achievements, and as late as November 1939, the American Roentgen-Ray Society elected him an honorary member.¹⁰

⁹ The German participants include, among others, the following persons practicing diagnostic radiology/radiotherapy: Prof. Dr. Chaoul, Prof. Dr. Cramer, Adjunct Prof. Dr. Dyes, Prof. Dr. Holfelder, Adjunct Prof. Dr. Pickhan, Prof. Dr. Rajewsky, and Dr. Erbsen (Staatsarchiv Hamburg. Hochschulwesen. Dozenten- u. Personalakten. IV 1307. Prof. Dr. med. Dr. h.c. Dr. h.c. Hermann Holthausen, Bl. 32a).

¹⁰ Staatsarchiv Hamburg. Hochschulwesen. Dozenten- u. Personalakten. IV 1307. Prof. Dr. med. Dr. h.c. Dr. h.c. Hermann Holthausen, Bl. 57 and Bl. 89.

It appears that with respect to the international networking of science during the Nazi era, considerable need for further historical research still remains, not only in the area of medical radiation.

The original German version of this article was published in the January 2014 issue of *RöFo—Fortschritte auf dem Gebiet der Röntgenstrahlen und der bildgebenden Verfahren*.

Further reading

- Eckart WU (2012) *Medizin in der NS-Diktatur. Ideologie, Praxis, Folgen*, Vienna et al
- Jütte R (ed) (1997) *Geschichte der deutschen Ärzteschaft. Organisierte Berufs- und Gesundheitspolitik im 19. und 20. Jahrhundert*, Cologne
- Jütte R et al (2011) *Medizin und Nationalsozialismus. Bilanz und Perspektiven der Forschung*, Göttingen
- Pross C, Winau R (ed) (1984) ... nicht mißhandeln... *Das Krankenhaus Moabit 1920–1933. Ein Zentrum jüdischer Ärzte in Berlin. 1933–1945 Verfolgung Widerstand Zerstörung (= Stätten der Geschichte Berlins, vol. 5)*, Berlin
- Schwach R (ed) (2009) *Berliner jüdische Kassenärzte und ihr Schicksal im Nationalsozialismus. Ein Gedenkbuch*, Berlin
- Seidler E (2007) *Jüdische Kinderärzte 1933–1945. Entrechtet/ Geflohen/ Ermordet. Erweiterte Neuauflage. (...) Im Auftrag der Deutschen Gesellschaft für Kinderheilkunde und Jugendmedizin*, Freiburg

Radiology in the Nazi era: part 2

Professionalization, preservation of status, and service to "National Health"

The example of contacts maintained internationally well into the initial years of World War II, with the inclusion of colleagues coming from Nazi Germany, shows how routinely these normal relations worked in the interwar period. They could even yield productive results in the long term towards the practice of diagnostic and therapeutic application, as demonstrated by successful efforts to establish international standards in radiation protection. With German involvement by two members of the DRG (German Roentgen Society), "Oberregierungsrat" (senior government councillor) Dr. Hermann Behnken and Prof. Dr. Hermann Holthausen (Fig. 7), work was underway since 1926 on internationally binding standardization of measuring units and radiation protection. What derived from this context, among other things, were recommendations on limiting working hours for active personnel as well as minimum requirements regarding room dimensions and ventilation schemes.

Calls for enshrining these standardizations in law were put forward by the national medical-scientific associations, whose members exchanged information with other experts at the international level as well. The International Congress of Radiology had convened for the first time in London in 1925, there-

after meeting in Stockholm in 1928, Paris in 1931, and Zürich in 1934, before relocating to the United States in September 1937. Five DRG members, Hermann Behnken, Karl Frik, Rudolf Grashey, Fedor Haenisch, and Hermann Holthausen, traveled to Chicago as congress delegates; in addition, Walter Friedrich was dispatched, a member of the International Committee for Dosimetry. As the travel report reveals, the DRG had taken care of preparing and organizing the German participation in this congress, which apparently saw good attendance overall. "Fifty-five Germans took part in the event, among them 43 physicians, seven physicists, three engineers, one factory owner, and one publishing bookseller. In the United States, the group was also joined by several gentlemen from German industry who had traveled without any arrangements by the DRG but on behalf of their companies"¹¹.

The person leading the German delegation to this congress in Chicago in 1937 was Prof. Dr. Karl Frik (1878–1944), Director of the Werner Siemens Institute for Roentgenographic Research at Moabit

¹¹ Deutsche Röntgen-Gesellschaft. Reichsgesellschaft der Deutschen Röntgenärzte e.V. *Geschäftsbericht für das Kalenderjahr 1937*. Georg Thieme Verlag, Leipzig 1938, p. 6.



Fig. 7 ▲ Prof. Dr. Hermann Holt-husen (1886–1971). (Photo: Deutsches Röntgen-Museum, with kind permission)



Fig. 8 ▲ Prof. Dr. Karl Frik (1878–1944). (Photo: Deutsches Röntgen-Museum, with kind permission)

Municipal Hospital in Berlin¹² (■ Fig. 8), who represented the DRG as the head of the association. One year later, Frik enthusiastically reminded participants in the First Greater German Roentgen Congress of that 1937 Chicago conference, at which—as he announced in language characteristic of the time—he had been allowed to resurrect “the radiological axis Rome–Berlin”¹³. And yet Frik belonged neither to the Nazi party nor to any of its organizations, a fact documented by the membership list of the Reich Physicians’ Chamber available in the holdings of the former Berlin Document Center. The assumption that most physicians were merely “instrumen-

talized” by the National Socialists captures the findings only inadequately. In fact, there was a broad transitional zone of divided convictions and values that enabled contemporaries in the Weimar Republic with national-conservative leanings to view National Socialism as a political alternative worth supporting or at least to refrain from opposing most of its major objectives¹⁴.

Similar to numerous other Germans who did not suffer from “racial” or political persecution, in his opening speech in 1938 the head of the DRG at the time was able to present only an exceptionally positive balance sheet of measures initiated by the Nazi state so far: “The occupation of the Ruhr is lifted; (...) free is the Saar and the Rhine, Germany has regained its right to self-determination and its Wehrmacht; swept away is the entire specter of commu-

nism and partisan bickering; a united people of brothers lives in a Reich with which the world must reckon once again, protected by a proud Wehrmacht commanding respect; gone are the inflation and economic depression; the stacks are smoking again, and millions of industrious hands are stirring to make this Reich the most beautiful and fortunate one in the world (...)”¹⁵.

As compared to the Weimar years, the situation for the medical professions had improved in that the Nazi government changed and enhanced the status of being a doctor: The founding of the Reich Physicians’ Chamber and the passing of the Reich Physicians’ Regulations on December 13, 1935 noted programmatically that the profession of doctor was not a trade. The “socialization of the entire health care sector” in the form of service corporations run by the health insurance companies¹⁶ was averted, and the “Kassenärztliche Vereinigung Deutschlands” (KVD—German Association of Statutory Health Insurance Physicians), established as early as 1933, now managed on its own authority the fee distribution of the health insurance premiums and medical licensing. In this capacity, it also implemented the revocation of licenses from “Jewish” doctors to practice as statutory health insurance physicians.

With a view to specific objectives of radiologists concerning technical and professional policy, the DRG’s head, Karl Frik, also believed to discern positive signals by the government—and rightly so, as his successor, Werner Knothe (1900–1967), was able to ascertain one year later. By 1939, long-standing calls for integrating roentgenology as “a compulsory subject in the framework of university lectures” into the medical curriculum had yielded the desired result.¹⁷ An initial ordinance concerning the employment and training of (female) medical-technical helpers and (male) medical-technical assistants (MTA) was issued in 1940, at which time “MTA” became established as an occupational title (■ Fig. 9). However, with respect to the issue of specialized physicians, too, the Nazi state had “established order,” as one commentator noted in the official journal of the German medical profession, the *Deutsche Ärzteblatt*,¹⁸ since October 27, 1934, had seen passage of a ban on all double designations for specialized physicians. The former “roentgen doctor,” a term which since the early twentieth century had accompanied in double or triple combinations the specialist titles in internal medicine, gynecology, urology, pediatrics, or in general medicine, had become obsolete. In 1942, the 15 designations of specialized physicians overall included only one “spe-

¹² In 1939, Karl Frik became the director of the newly established University Institute for Roentgenology and Radiology at the Berlin Charité Hospital; in the DRG, Werner Knothe (1900–1967), his previous deputy, succeeded him to serve as the 25th President of the DRG.

¹³ Frik: “Begrüßungsansprache,” [Opening Address] in: *RöFo Supplement* (conference issue) to vol. 59 (1938), pp 7–11, p 11. To strengthen this axis, the President of the Italian Professional Radiology Association, Prof. Dr. Gian Giuseppe Palmieri, was appointed honorary member of the DRG in 1938 (ibid.).

¹⁴ Cf. on this issue Kühl, Richard et al. (ed): *Verfolger und Verfolgte. “Bilder” ärztlichen Handelns im Nationalsozialismus (= Medizin und Nationalsozialismus 2)*, Berlin 2010, as well as the collective biographical study by the same author: *Leitende Aachener Klinikärzte und ihre Rolle im “Dritten Reich”* (Kassel 2011).

¹⁵ Frik 1938 (same as footnote 3), p 7.

¹⁶ Grote, Heinrich: “Die ärztliche Organisationsarbeit in Berlin nach der Machtübernahme.” In: *Deutsches Ärzteblatt [DAeBl.]* (66) 1936, no. 46, pp 1133–1137, p 1134. Grote noted in this context a “hegemony of the Jewish roentgenologists,” since they had been granted the right “to provide X-ray services to members of the statutory health insurance” (ibid.).

¹⁷ Knothe, “Zur Eröffnung der [30.] Tagung [of the DRG in 1939 in Stuttgart],” in: *Supplement* (conference issue) to vol. 60 of *Fortschritte auf dem Gebiet der Röntgenstrahlen*, pp 7–11, p 11.

¹⁸ Lölke: “Entgegnung. [Zur Frage der Facharzt-Doppelbezeichnung].” In: *DAeBl.* 65 (1935), no. 3, pp 65–67, p 66.



Fig. 9 ▲ By 1939, long-standing calls for integrating roentgenology as “a compulsory subject in the framework of university lectures” into the medical curriculum had yielded the desired result. An initial ordinance concerning the employment and training of (female) medical-technical helpers and (male) medical-technical assistants was issued in 1940, at which time “MTA” became established as an occupational title. (Photo: Cover page of *Fortschritte aus dem Gebiete der Röntgenstrahlen*, vol. 58, July 1938, Georg Thieme Verlag, Leipzig, with kind permission)

cialist for roentgenology and radiation therapy”¹⁹.

Regarding the history of the DRG as a medical-scientific professional association, the entry of new articles of association into the Register of Associations by the Berlin District

Court on August 14, 1935 constituted a major landmark.²⁰ In the Kaiserreich and the Weimar Republic, the Reich Health Office (“Reichsgesundheitsamt”), in its capacity as the supreme health authority, had requested hygienic and medical expert opinion

¹⁹ Seyfarth, Carly: *Der Arzt im Krankenhaus* (“Ärzte-Knigge”). *Über den Umgang mit Kranken und über die Pflichten, Kunst und Dienst der Krankenhausärzte* (4th revised and improved ed.), Leipzig 1942, p 170.

²⁰ Deutsche Röntgen-Gesellschaft. Reichsgesellschaft der Deutschen Röntgenärzte e. V. *Geschäftsbericht für das Kalenderjahr 1936*. Georg Thieme Verlag, Leipzig 1937, unpaginated [p 19].

from the members of the Reich Health Council (“Reichsgesundheitsrat”), who were elected at regular intervals for five years. After 1933, however, the Reich Health Council no longer convened. Restructuring measures ensured that the Reich Health Office was nevertheless able to secure the scientific expertise still required, e.g., for counseling on legislative procedure. Part of a “task force” comprised of 35 medical-scientific professional societies overall, these associations were now assigned to the Reich Health Office, making it possible to bring them in as required for scientific consultations, without any bureaucratic obstacles.²¹

As Fritz Rott, a senior staff member of the Reich Health Office, put it, the entire executive board was “thoroughly checked” by the Reich Health Office in cooperation with the Reich Physicians’ Leader for its functionality and compatibility with political and “race-related” basic requirements. According to him, however, in all of the professional associations investigators had encountered only a few exceptions that were settled without any difficulties. “[A]s a result, it was possible to recommend to the Reich and Prussian Minister of the Interior the executive board and advisory board of all 35 scientific societies that initially belonged to the task force connected with the RGA [Reichsgesund-

heitsamt, i.e. Reich Health Office—G.M.]”²².

In particular, the following guidelines were agreed upon with the Reich Physicians’ Leader²³ regarding membership in scientific societies:

1. Persons that can be admitted as full members are: (a) “citizens of the Reich,” (b) “Reich Germans of German blood living abroad,” likewise natives of Danzig, Austrians, and ethnic Germans (“Volksdeutsche”), (c) foreign nationals known to be pro-German and suggested specifically by senior members of the executive board.
2. “Other foreign nationals and such German citizens that do not fulfill the conditions of the Nuremberg Laws for Reich citizenship can be admitted as associate members only.”
3. “The chairman and the senior members of the executive board must be of German blood.” Furthermore, foreign nationals of high scientific repute can be admitted by senior executive board members to the executive board as honorary members, but, just

²² Rott, Fritz: “Die deutschen medizinischen wissenschaftlichen Vereine.” In: Reiter, Hans et al. (ed), *Wege und Ziele des Reichsgesundheitsamtes im Dritten Reich. Zum 60jährigen Bestehen des Reichsgesundheitsamtes*. Berlin 1936, pp 104–110, p 108.

²³ The “Reich Physicians’ Leader” at the time was Dr. med. Gerhard Wagner, a staunch National Socialist, who concurrently held the offices of chief of the Nazi Physicians’ League, of the Main Office for National Health of the NSDAP, and of the Reich Physicians’ Chamber newly established in December 1936. The subsequent honorary member of the DRG, Blome, was Deputy Reich Physicians Leader between 1939 and 1945.



Fig. 10 ▲ Deep X-ray therapy at the University Clinic in Frankfurt/Main (1936). (Photo: bpk, Paul Wolff, with kind permission)

like the German executive board members, they must be confirmed by the Reich Physicians' Leader, the President of the Reich Health Office, as well as the Reich and Prussian Minister of the Interior.

Since the aim was to avoid jeopardizing "relations well-tried and useful to German science" with foreign nationals, the leadership of the association was granted 'some leeway' in admitting foreigners²⁴.

In the view of the National Socialist health politicians in charge, any offensive political patronization from above was strictly to be avoided because securing cooperation of the individual specialist disciplines in providing health care for the population constituted a vital element for the continued existence of the Nazi state, too. The indispensability of medical expertise may be one explanation for the historical evidence, by now ascertained for the professional associations of gastroenterologists and ophthalmol-

ogists as well, that professional societies were not given any strict guidelines on how to implement the "expurgation of membership lists."

Moreover, any explicit Nazi-fication of the professional association by forcing entry into the National Socialist party was not a major focus of Nazi policy vis-à-vis the medical community; however, especially in the medical professions, one encounters more often than the average the phenomenon of "self-Nazification."²⁵ Concerning the functionaries of the DRG this meant that in contrast to Karl Frik, who had not committed himself in terms of party politics, his successor,

²⁵ Among the academic professional groups, doctors were clearly overrepresented with 47% of members in the Nazi party among persons belonging to this profession (for details, pertaining also to the SA, SS, and other NSDAP organizations, see the chapter entitled "The Challenge of the Nazi Movement," in: Kater, Michael H (ed) *Doctors under Hitler*, Chapel Hill and London 1989, pp 54–88, tables with materials in the appendix, pp 241–261, as well as Rütger, Martin: "Ärzte im Nationalsozialismus. Neue Forschungen und Erkenntnisse zur Mitgliedschaft in der NSDAP," in: *DAeBl.* 98 (2001), no. 49, A3264–3265.

²⁴ All quotations according to Rott 1936 (same as footnote 11), p 109.

b) Ehrenmitglieder★

- † Albers-Schönberg, H., oProf d Rö'logie Dr (Mitbegründer d Dt RöGes.)
- † Bécclère, Antoine, Dr med
- † v. Bergmann, Ernst, Exz., GenA à la suite, Wirkl. GR, oProf d Chir. Dr
- † Busi, Aristide, Prof Dr, Dir. d Radiol. Inst d Univ Rom (Italien)
- † v. Eiselsberg, Anton, Freiherr, HofR Prof Dr med
- † Gocht, Hermann, oö UnivProf Dr med (Mitbegründer d Dt RöGes.)
- † Hittorf, Joh. Wilh., Exz., GORegR Dr
- † Levy-Dorn, Max, Prof Dr
- † Rieder, Herm., GMR Prof Dr (Mitbegründer d Dt RöGes.)
- † v. Röntgen, W. C., Exz., GR oProf d Physik Dr
- † v. Schjerning, Exz., GenStA d Armee Prof Dr
- † Wagner-Jauregg, Julius, HofR Prof Dr med
- de Abreu, Manoel, Prof Dr med, ChefA d Rö-Abt'n d „Assistencia Publica“, „Policlinica Geral“ u d Deutschen Hospitals, Rio de Janeiro (Brasilien)
- Blome, Kurt, Dr med, Hauptamtsleiter, Stellvertr. Reichsgesundheitsführer, Berlin SW 68, Lindenstr. 42–44
- v. Buol, Heinrich, GenDir Dr rer nat h c, DrIng eh, Vorsitzender d Vorstandes d Siemens & Halske AG, Berlin-Siemensstadt, Wernerwerk (Priv.: Berl.-Frohnau, Sigismundkorso 9–10)
- Christie, Arthur C., M. D., Prof of Clinical Radiology, Georgetown University Medical School, Washington, D. C. (USA), 1835 Eye Street
- Dietlen, Hans, Prof Dr med, Dir. d Bürgerhosp., Saarbrücken 1, Kirchbachstr. 10
- Forssell, Gösta, Prof Dr med, Stockholm (Schweden), Sophiahemmets RÖInst
- Frik, Karl, oProf f Rö- u Radiologie, Berlin NW 87, Brückenallee 22 (Ständiges Beiratsmitglied und Ehrenvorsitzender des Röntgenkongresses)

Fig. 11 ▲ Extract from the list of honorary members of the DRG. (Source: *Geschäftsbericht der DRG 1940*, Georg Thieme Verlag, Leipzig, 1941, p 14, with kind permission)

Werner Knothe, opted for joining the NSDAP just the same as the deputy chairman, Carl Hermann Lasch, and the majority of advisory board members (11 of 16) or of the DRG's regional directors (8 of 11).

Due to its multiprofessional structure, the DRG had a special position among the medical-scientific professional associations because it organized not merely doctors practicing diagnostic radiology and/or radiotherapy in the strict sense. As an interdisciplinary institution, the DRG admitted not only additional members of other specialist groups to its ranks

but also medical physicists and engineers as company owners or industry representatives, that is, persons from nonmedical professional sectors. The integrative function of the professional association seems to have manifested itself in a way that transcended party politics as well. Some signs of this were still noticeable in the Nazi era when Boris Rajewsky, for example, who had joined the SA as early as 1934 and the NSDAP in 1937, continued to keep in touch with Friedrich Dessauer. An active politician of the Center Party and "quarter Jew," Dessauer had been driven in-

to exile in 1934. Rajewsky, who had been a long-standing assistant and deputy of Dessauer's, supported Dessauer during the latter's detention and helped arrange a professorship for him in Turkey, before succeeding Dessauer at the university "Institute for the Physical Foundations of Medicine."²⁶ At least hypothetically, communication even with exiled DRG members continued to be possible until the early 1940s, since some of their postal addresses abroad were still published in the DRG's membership directory.

At the same time, the avowed NSDAP and SS member Prof. Dr. Hans Holfelder rose to high honors within the DRG, receiving the Albers-Schönberg Medal in 1938 for his scientific contribution to co-founding deep X-ray therapy (■ Fig. 10). Together with Doz. Dr. habil. Friedrich Berner, a fellow SS member and radiologist also working in Frankfurt, Holfelder produced a number of specialist publications important to the practice of diagnostic radiology and radiotherapy, providing even by late summer 1943 an overview of the latest research in their specialist field in a series enti-

tled "Annual courses for doctors' further training"²⁷.

By the end of 1938, one can establish not only an escalation of anti-Jewish policy in the Nazi state as set out in the previous article; with a view to preparations for war, the intensified formation of Nazi society becomes noticeable as well. The opening address by the DRG's head, Karl Frik, reflected this new course in National Socialist policy: In return for securing their status, the members of the medical profession as a whole are now increasingly expected to show loyalty vis-à-vis the Nazi health care leadership. One new factor at the First Greater German Radiology Convention held in 1938 in Munich was the demand to contribute work on and towards "national health." It was placed prominently as the main topic of discussion entitled "Roentgenology and National Health" on the first day of the congress. The principal framework was outlined in the major talk by the Deputy Reich Physicians' Leader and subsequent honorary member of the DRG, Dr. Kurt Blome (■ Fig. 11). He used the example of radiation protection with special emphasis on the aspect of gene damage and early diagnostics of tuberculosis to accentuate the relevance of research in radiation medicine for "national health." Specialist papers, including one by Nikolai Timofeef-Ressovsky,

a well-known geneticist at the time, were aimed at underscoring the intention "of clarifying the goal shared with the Reich Physicians leadership and of discussing how to put the organization at the service of the cause"²⁸.

In retrospect, the fact that the DRG was the first of the scientific professional associations to place the issue of "national health" as a main topic of deliberation on the agenda of their major annual specialist conference constitutes a rather questionable achievement.

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²⁶ On Dessauer's life see Pohlitz, Wolfgang: "Friedrich Dessauer." In: Bethge, Klaus/Horst Klein (ed) *Physiker und Astronomen in Frankfurt*. Neuwied 1989, pp 84–101; on Rajewsky see Karlsch, Rainer: "Boris Rajewsky und das Kaiser-Wilhelm-Institut für Biophysik in der Zeit des Nationalsozialismus." In: Maier, Helmut (eds) *Gemeinschaftsforschung, Bevollmächtigte und Wissenstransfer. Die Rolle der Kaiser-Wilhelm-Gesellschaft im System kriegsrelevanter Forschung des Nationalsozialismus*. Göttingen 2008, pp 395–452.

²⁷ Holfelder, Hans/Friedrich Berner: "Rundschau. Röntgenstrahlen und Radium," in: Spatz, Hans (ed), *Jahreskurse für Ärztliche Fortbildung in 12 Monatsheften*. 34 (1943), vol. 7/8, pp 26–40. The same series features a contribution by Boris Rajewsky on "Physikalische Rundschau in der medizinischen Röntgenologie" (*Jahreskurse für Ärztliche Fortbildung in 12 Monatsheften* (1939), vol. 9, pp 14–24).

²⁸ B.E.: "29. Tagung der Deutschen Röntgengesellschaft vom 4. bis 7. Juli 1938 in München," in: *Deutsches Ärzteblatt* 68 (1938) pp 549–551, p 550.