

Aly, G. and K. H. Roth (1984). "The Legalization of Mercy Killings in Medical and Nursing Institutions in Nazi Germany from 1938 until 1941 - A Commentated Documentation." *International Journal of Law and Psychiatry* 7(2): 145-163.

Aumuller, G. and K. Grundmann (2002). "Anatomy during the Third Reich - The Institute of Anatomy at the University of Marburg, as an example." *Annals of Anatomy-Anatomischer Anzeiger* 184(3): 295-303.

A complete documentation of German anatomical science and its representatives during the period of National Socialism has not been published as yet - contrary to the situation in other medical disciplines. Instead of German anatomists, American anatomists have occasionally addressed this issue during their meetings and have reported on special aspects, such as the use of Nazi symbols in anatomical textbooks and atlases (Pernkopf 1952) and the use of corpses of justice victims for anatomical research and student education. Also, the genesis of the atrocious collection of "racial" skulls, initiated along with the SS-institution of the *Ahnenerbe* by the anatomist August Hirt of Strasbourg (who ordered more than 90 inmates from concentration camps to be murdered in the gas chamber built in the concentration camp of Natzweiler-Struthof close to Strasbourg, Alsace) has been described by Frederic Kasten and others. A broader view of the patterns of behaviour and political actions and fates of contemporary scientists, ranging from dismissal to clandestine opportunism, affirmative cooperation and fanatic activism can be obtained by the analysis of the activities in research, medical education and academic positions of the following members of the Institute of Anatomy at the Philipp-University in Marburg: Ernst Goppert, Eduard Jacobshagen, Ernst-Theodor Nauck, Adolf Dabelow, Helmut Becher and Alfred Berminghoff, whose activities and fates differ in several respects and allow more general deductions. Also, the individual fates of a number of prosecuted Jewish anatomists (Wassermann, Munchen; Poll, Hamburg), of devoted and active members of the Nazi party (Clara, Leipzig; Blotevogel, Breslau) and of criminal fanatics (Hirt, Strasbourg; Kremer, Munster) are briefly discussed. The present contribution is an attempt to initiate a more detailed study of all German departments of anatomy during the Hitler regime and to generate a public discussion among the younger generation of German anatomists.

Berger, R. L. (1995). "Closing the door on Nazi data." *Sh'ma* 26(499): 7-8.

Bohannon, J. (2004). "Eugenics stir emotions in Germany." *Christ Sci Monitor (East Ed)*: 11, 13.

Bower, H. (1994). "THE CONCENTRATION-CAMP SYNDROME." *Australian and New Zealand Journal of Psychiatry* 28(3): 391-397.

A psychiatric syndrome following overwhelming stress after an interval of more than thirty years is described in holocaust survivors who had claimed compensation for persecution between 1939 and 1945. Five nuclear symptom complexes emerge: depressive reactions; anxiety states; somatic complaints; subjective intellectual impairment; and contact abnormalities. Subjects who had experienced persecution during their childhood exhibited contact abnormalities of an aggressive type three times as often as survivors who had suffered an identical trauma as adults.

Brom, D., R. Kfir, et al. (2001). "A controlled double-blind study on children of Holocaust survivors." *Israel Journal of Psychiatry and Related Sciences* 38(1): 47-57.

The effects of the Holocaust on the offspring of survivors have remained unclear in discussions between clinicians, clinical researchers and empirical researchers. The authors report on a controlled double-blind study designed to test these effects using the sensitivity of clinicians to intra-psychic constellations and processes. The all female sample was randomly selected from several Jerusalem neighborhoods. The index subjects (n=31), born between 1946 and 1960, had at least one parent (mother) who suffered persecution at the hands of the Nazi regime during WWII. The controls (N=31), matched for age, educational status and birth order, were born to parents who had not lived under the occupation of the Nazi regime and had not suffered losses of close relatives in WWII. In-depth double-blind interviews, conducted by experienced psychodynamic psychotherapists, focused on personality characteristics without questioning individual development. The only measure used was a 48-item questionnaire completed by the therapists at the end of the interview. The study showed that daughters of Holocaust survivors are characterized by more problems in the realm of separation individuation issues. It also confirmed previous findings that the offspring of Holocaust survivors do not show more psychopathology than the general population.

Brysk, M. M. (1998). "Holocaust Hospital in the Forests of White Russia." *Med Humanit Rev* 12(1): 23-39.

Burleigh, M. (1994). "Between Enthusiasm, Compliance and Protest: the Churches, Eugenics and the Nazi "euthanasia" programme." *Contemp Eur Hist* 3(3): 253-63.

Byman, B. (1989). "The Legacy of Nazi Medical Experiments." *Minnesota Medicine* 72(10): 580-586.

Cavanaugh, T. A. (1997). "The Nazi! Accusation and current US proposals." *Bioethics* 11(3-4): 291-297.

In contemporary ethical discourse generally, and in discussions concerning the legalization of physician-assisted suicide (PAS) and voluntary active euthanasia (VAE) specifically, recourse is sometimes had to the Nazi! accusation. Some disputants charge that such practices are or will become equivalent to the Nazi 'euthanasia' program in which over 73,000 handicapped children and adults were killed without consent. This paper reflects on the circumstances that lead to the use of this charge and offers reasons for putting the Nazi! charge aside in contemporary discussions of PAS and VAE. A number of the philosophical presuppositions common to both the Nazi 'euthanasia' program and the currently proposed practices of PAS and VAE are examined. Noting that racist ideology and violent coercion characterized the Nazi program, the paper concludes with a cautionary consideration of the current circumstances that would specify PAS and VAE in the US.

Chodoff, P. (1981). "Survivors of the Nazi holocaust." *Child Today* 10(5): 2-5.

Cohen, E. (1998). "The Nazification of German physicians, 1918-1937." *Ann R Coll Physicians Surg Can* 31(7): 336-40.

Physicians were the most over-represented academic profession in the Third Reich. They participated in the Nazi programs of forced sterilization, systematic euthanasia, human experimentation, and mass genocide. Recent research has shifted from documenting the atrocities committed by medical professionals to elucidating the process by which the German medical community became integrated into the Nazi state. The Nazi doctrine attracted a profession in economic and political distress during the Weimar Republic. It drew physicians into its movement by appealing to the medical profession's pride and prosperity in the context of a philosophy that glorified contemporary medical practice. Physicians were attracted to the Nazi party's biologically based tenets that championed biomedical solutions to social problems. They perceived the Nazi regime as instrumental in improving their incomes, reducing unemployment by purging the profession of Jewish physicians, neutralizing the insurance bureaucracy, and restructuring the profession. The Nazi government's popularity among doctors peaked in 1937, by which time physicians had already played an integral role in the orchestration of the Nazi state.

Czarnowski, G. (1997). "Hereditary and racial welfare (Erb- und Rassenpflege): The politics of sexuality and reproduction in Nazi Germany." *Social Politics* 4(1): 114-135.

Political control of sexuality and reproduction was crucial in National Socialism for producing a homogeneous society of same-race, genetically and physically healthy citizens. As a result, Nazi racial policies were directed not only at undesired minorities but, as the main argument of this paper, at the entire society-albeit with extremely diverging consequences for the men and women affected, depending on the different racial political aims. The consequences arising from bureaucratic classification and medical assessment are examined more closely in the cases of prohibitions on marriage and sexual relations, as well as with respect to abortion policies.

Danieli, Y. (1981). "Differing adaptational styles in families of survivors of the Nazi holocaust." *Child Today* 10(5): 6-10.

Diamond, E. F. (1997). "Reflections on the 50th anniversary of the Nuremberg doctors' trials." *Linacre Q* 64(2): 17-20.

Ehrlich, M. A. (2004). "Health professionals, Jewish religion and community structure in the service of the aging holocaust survivor." *Archives of Gerontology and Geriatrics* 38(3): 289-295.

Many holocaust survivors are now reaching old age and this is accompanied by the increased likelihood of physical frailty and deterioration of their cognitive capacities. These changes can be accompanied by exacerbation of traumatic memories, which might once have been effectively suppressed. This, in turn, may manifest itself in fresh anxieties. Their attitudes towards health professionals, Jewish religious ritual and the community are some of the issues discussed. Possible strategies for the more effective

medical and social management of the aged holocaust survivors are also considered. (C)
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Ernst, E. (1996). "50 years ago: the Nuremberg Doctors' Tribunal. Part 1: The descent towards medicalised murder." *Wien Med Wochenschr* 146(21-22): 574-6.

This series of four parts is an attempt to summarize some aspects of medicine during the Third Reich. Its aim is not to provide a systematic review but to remind us of this darkest chapter in the history of medicine and its consequences. The paper summarizes the complex evolution of "race hygiene" during the Third Reich and tries to show how politics were medicalized by this idea. On the basis of "race hygiene", involuntary sterilization was a first step followed by involuntary euthanasia of (mostly) handicapped psychiatric patients. The know-how acquired during these activities was used in the "Final Solution". It presented a level of medical barbarism only to be exceeded by criminal medical research conducted in some concentration camps.

Ernst, E. (1996). "50 years ago: the Nuremberg doctors' tribunal. Part 2: Medical resistance during the Third Reich." *Wien Med Wochenschr* 146(24): 629-31.

The subject of German medical resistance against the Third Reich is grossly under-researched. From all we know, there was little of it and this may have complex reasons. The publication of "International Medical Bulletin", the fate of Dr Rittmeister, the attitude of some German psychiatrists, the activities of the "Weisse Rose" and the behaviour of Prof. Sauerbruch are briefly discussed as examples of medical resistance.

Ernst, E. (1996). "Killing in the Name of Healing: The Active Role of the German Medical Profession During the Third Reich." *American Journal of Medicine* 100(5): 579-581.

Explains the extended medical analogy used by Hitler in reference to the Jewish people and the health of German society establishing the relationship between the goals of the Nazi's and the involvement of German doctors.

Ernst, E. (2001). "Commentary: The Third Reich - German physicians between resistance and participation." *International Journal of Epidemiology* 30(1): 37-42.

Ernst, E. (2001). "'Neue DEutsche Heilkunde': complementary/alternative medicine in the Third Reich." *Complementary Therapies in Medicine* 9(1): 49-51.

The aim of this article is to discuss complementary/alternative medicine (CAM) in the Third Reich. Based on a general movement towards all things natural, a powerful trend towards natural ways of healing had developed in the 19th century. By 1930 this had led to a situation where roughly as many lay practitioners of CAM existed in Germany as doctors, to re-unify German medicine under the banner of '*Neue Deutsche Heilkunde*', the Nazi officials created the '*Heilpraktiker*' - a profession which was meant to become extinct within one generation. The 'flag ship' of the '*Neue Deutsche Heilkunde*' was the '*Rudolf Ness Krankenhaus*' in Dresden, It represented a full integration of CAM and orthodox medicine. An example of systematic research into CAM is the Nazi government's project to validate homoeopathy. Even though the data are now lost, the results of this research seem to have been negative. Even though there are some striking

similarities between today's CAM and yesterday's '*Neue Deutsche Heilkunde*' there are important differences. Most importantly, perhaps, today's CAM is concerned with the welfare of the individual, whereas the '*Neue Deutsche Heilkunde*' was aimed at ensuring the dominance of the Aryan race, (C) 2001 Harcourt Publishers Ltd.

Fenig, S. and I. Levav (1991). "DEMORALIZATION AND SOCIAL SUPPORTS AMONG HOLOCAUST SURVIVORS." *Journal of Nervous and Mental Disease* 179(3): 167-172.

This study attempted to investigate the opposing effects of degree of traumatization and of contemporary social supports on the demoralization scores of World War II survivors. The respondents were all married, Poland-born respondents living in socially contrasting neighborhoods in Tel Aviv, Israel. Two subgroups were defined, one that had been in Europe during World War II (index cases) and another that was in pre-statehood Israel during the same period (comparison cases). All respondents were administered the Psychiatric Epidemiology Research Interview/Demoralization Scale, a short item scale investigating World War II experiences, and the Social Supports Network Inventory. Uni- and multivariate analyses were conducted using means and rates of demoralization as the dependent variable. The results show that demoralization scores were associated positively with dose effect (the more brutal the experience, the higher the scores) and inversely with social supports (the higher the acknowledged presence of contemporary supports, the lower the scores).

Fossion, P., M.-C. Rejas, et al. (2003). "Family approach with grandchildren of Holocaust survivors." *Am J Psychother* 57(4): 519-27.

Although the trans-generational transmission of Holocaust trauma is now well documented, this subject remains a source of considerable controversy. Moreover, the literature regarding the grandchildren of Holocaust survivors (GHSs, the third generation) is much sparser. We present here several clinical observations, that we made during therapy sessions with certain families of Holocaust survivors (HSs). These families consulted with us because of the symptoms presented by the GHSs as adolescents. These families were characterized by some specific patterns in their relationships that led us to consider that the symptoms of the third generation might be a consequence of the trans-generational transmission of Holocaust trauma. We also describe the clinical strategy we developed to assist these families of HSs. This strategy consisted of an attempt to reinforce the relationships between GHSs and their grandparents, the Holocaust survivors.

Franzblau, M. J. (1995). "Ethical values in health care in 1995: lessons from the Nazi period." *J Med Assoc Ga* 84(4): 161-4.

Galende, A. V. (2008). "Neuroscientists in the Third Reich." *Neurologia* 23(2): 126-135.

Garver, K. L. and B. Garver (1991). "HISTORICAL PERSPECTIVES - EUGENICS - PAST, PRESENT, AND THE FUTURE." *American Journal of Human Genetics* 49(5): 1109-1118.

During the past 20 years there has been a resurgence of interest in the history of the eugenics movements, particularly those of the United States and Germany. Unfortunately, most of these accounts have been published in non-medical and non-genetic journals, so they are not readily available to geneticists or physicians. The authors of this article are concerned about the lack of information that geneticists, physicians, and students have concerning the origin and progress of these movements. This article provides a short history of the American and German eugenics programs and concludes with a review of their possible relations to our current practices. It is hoped that this will encourage institutions to include, in master's, Ph.D., and M.D. programs in human genetics, lectures, seminars, and journal clubs on the topic of eugenics.

Georges, J. M. and S. Benedict (2006). "An ethics of testimony - Prisoner nurses at Auschwitz." *Advances in Nursing Science* 29(2): 161-169.

This historical research report presents and analyzes 2 recently identified narratives of women who underwent sterilization experiments at the Auschwitz concentration camp during World War II. A description of the historical and contextual background is presented in which involvement of the prisoner nurse occurred in the sterilization experiments. Using a critical feminist perspective, the ethics of nursing involvement are discussed in these experiments, with an emphasis on the political dimension. Salient implications are explored for contemporary nursing.

Glad, J. (2008). "Eugenics and the Holocaust: 1927-1939." *Mankind Quarterly* 48(4): 444-483.

Gornel, E. (2000). "From Dr. Moreau to Dr. Mengele: The biological sublime (Holocaust, fascism, ideology)." *Poetics Today* 21(2): 393-421.

This article discusses the cultural genealogy of the image of Dr. Death: the godlike surgeon with power over life and death, who uses this power to torture and mutilate. First appearing in H.G. Wells' *The Island of Doctor Moreau* (1896), this image has become firmly associated with Nazi medicine, as demonstrated by Lucius Shepard's short story "Mengele" (1989). This association accurately reflects the ideological trajectory, which involves the transformation of social Darwinism and eugenics, reflected in Wells' novel, into the "bio-ideologies" of fascism and National Socialism. The essay argues that Dr. Death is a variant of the fascist New Man, a new modality of corporeal subjectivity, produced through the utilization of the sublime experience of violence for ideological ends. Rooted in the aftershocks of the Darwinian revolution, the new perception of nature as cruel and rapacious fueled a desire to "naturalize" society by rejecting traditional morality. In parallel, these arose a dream of new subjectivity of the scientific *Übermensch*, whose imitation of the cruelty of nature would elevate him above ordinary humanity. Science became a source of a sublime experience based on violence and pain that promised to transform the torturer-physician into a New Man without bodily weakness and psychological self-division. The essay combines a theoretical argument on the connections between sublimity and pain with a historical overview of the rise of bio-ideologies. It ends with an analysis of *The Island of Doctor Moreau*, pointing out parallels between the novel and contemporary representations of Mengele.

Gottesman, II and A. Bertelsen (1996). "Legacy of German psychiatric genetics - Hindsight is always 20/20." American Journal of Medical Genetics 67(4): 317-322.

The history of psychiatric genetics is informed by this paper, which serves to review the legacy of German psychiatric genetics and its antecedents during the twentieth century. It also serves as an introduction to two new annotated abstracts of basic research papers on family studies of schizophrenia by Ernst Rudin in 1916 and by Bruno Schulz in 1932, submitted by Kenneth Kendler and Edith Zerbin-Rudin, together with another paper by them describing the origin and activities of Rudin's Munich School of Psychiatric Genetics (1917-1945). Our paper also introduces an invited critical summary of the work of Ernst Rudin by his biographer Matthias RI, Weber, a medical historian working in the Historical Archives of the Clinical Institute of the Max Planck Institute of Psychiatry in Munich. We raise a number of bioethical questions in the context of the uses and misuses made of genetic information in the service of the Nazi programs of eugenics, "euthanasia," and genocide. (C) 1996 Wiley-Liss, Inc.

Grace, D. (2002). "Apologising for the past: German science and Nazi medicine." Science and Engineering Ethics 8(1): 31-42.

Recently, religious organisations, governments and public institutions have begun to offer apologies for historical wrongs. Can they legitimately do so? Departing from the tendency, Professor Hubert Markl, President of the Max Planck Society, has offered strong reasons for not apologising for the crimes of medical scientists who experimented on human subjects during the Nazi era. He argues that only the perpetrators can meaningfully apologise. Markl's position is considered and rejected in favour of the view that apologies by proxy for historical wrongs are justifiable and should be made by institutions that have the authority to do so.

Graham, R. A. (1976). "RIGHT TO KILL IN 3RD REICH - PRELUDE TO GENOCIDE." Catholic Historical Review 62(1): 56-76.

Groger, H. and G. Stacher (1999). "The medical profession in Vienna and the Nazi regime." Digestive Diseases 17(5-6): 286-290.

Harwood, J. (1997). "The Nazi Connection: Eugenics, American racism, and German national socialism - Kuhl,S." Journal of the History of the Behavioral Sciences 33(1): 105-106.

Hoenig, L. J., T. Spenser, et al. (2004). "Dr Karel Fleischmann: The story of an artist and physician in Ghetto Terezin." International Journal of Dermatology 43(2): 129-135.

Dr Karel Fleischmann (1897-1944) was a Jewish dermatologist and noted Czech artist. During World War II, Fleischmann was confined by the Nazis in Ghetto Terezin (Theresienstadt), which was located in the Protectorate of Bohemia and Moravia. While at Terezin, Fleischmann became a leader of the ghetto's health care system and administered programs that helped to dramatically reduce the high mortality rate of the Jewish population from disease. In his spare time, Fleischmann drew works of art that portrayed the daily life and suffering of the Jews in Ghetto Terezin. Although

Fleischmann perished in the Auschwitz-Birkenau concentration camp, his artwork survived the war. This article pays tribute to Dr Karel Fleischmann by telling the story of his life and by citing selections from his art, poetry and prose.

Hoskins, S. A. (2005). "Nurses and national socialism - A moral dilemma: One historical example of a route to euthanasia." *Nursing Ethics* 12(1): 79-91.

If euthanasia were to be made legal in other countries apart from the Netherlands and Belgium, nurses would be faced with ethical dilemmas that could impact on their professional accountability and their personal moral beliefs. As a part of history has demonstrated, the introduction of the practice of euthanasia could also significantly change the relationship between nurses and patients. In Germany between 1940 and 1945, in response to a government directive, nurses participated in the practice of euthanasia and as a result many innocent German people were killed by what were considered to be 'mercy deaths'. It is important to try and understand the moral thinking and examine the complex issues at this historical junction that led German nurses to participate in the killing of thousands of innocent people. Such reflection may help to stimulate an awareness of the moral issues that nurses in the twenty-first century could confront if euthanasia were to be made legal in their own country. This has implications for future nursing practice.

Hughes, M. A. (2004). "Justice matters: Legacies of the Holocaust and World War II." *Library Journal* 129(5): 93-94.

Hunt, J. (1996). "Abortion and Nazism: is there really a connection?" *Linacre Q* 63(4): 53-63.

Hunt, J. (1999). "Perfecting humankind: a comparison of progressive and Nazi views on eugenics, sterilization and abortion." *Linacre Q* 66(1): 29-41.

Joffe, H. I., C. F. Joffe, et al. (1996). "Ageing Jewish holocaust survivors: Anxieties in dealing with health professionals." *Medical Journal of Australia* 165(9): 517-520.

Jewish Holocaust survivors who emigrated to Australia after World War II are ageing and having more frequent contact with health services. Health professionals often lack the knowledge, training, skill or personal assurance to deal with the effects of massive trauma. Increased awareness of and sensitivity to older Holocaust survivors can lessen their anxieties and, potentially, improve treatment outcome. Such experience may form a useful lesson for health professionals in dealing with refugees from other atrocities as they age.

Junker, T. and U. Hossfeld (2002). "The architects of the evolutionary synthesis in National Socialist Germany: Science and politics." *Biology & Philosophy* 17(2): 223-249.

The Synthetic Theory of Evolution (Synthetic Darwinism) was forged between 1925 and 1950. Several historians of science have pointed out that this synthesis was a joint venture of Soviet, German, American and British biologists: A fascinating example of scientific cooperation, considering the fact that the evolutionary synthesis emerged

during the decades in which these countries were engaged in fierce political, military and ideological conflicts. The ideological background of its Anglo-American representatives has been analyzed in the literature. We have examined the scientific work and ideological commitments of the German Darwinians during the Third Reich. We based our analysis on four criteria: 1) General attitude towards the Third Reich. 2) Membership in the NSDAP and other national socialist organizations. Endorsement and disapproval of the state ideology in 3) scientific and 4) other publications. We will mainly discuss the various authors that have contributed to *Die Evolution der Organismen* (1943), a collection that represented the evolutionary synthesis in Germany. Most of the authors promoted eugenic ideas, but not all of them adopted the racist interpretation of the Third Reich. Another finding is that there existed no direct connection between party membership and promotion of the state ideology.

Kaminer, H. and P. Lavie (1991). "SLEEP AND DREAMING IN HOLOCAUST SURVIVORS - DRAMATIC DECREASE IN DREAM-RECALL IN WELL-ADJUSTED SURVIVORS." *Journal of Nervous and Mental Disease* 179(11): 664-669.

Sleep data were obtained on 12 well-adjusted and 11 less-adjusted Holocaust survivors and on 10 control subjects. Each was also awakened from rapid eye movement sleep for dream recall. The less-adjusted survivors had more prolonged sleep latency than the well-adjusted and the control groups and lower sleep efficiency than the control subjects. The well-adjusted group had a significantly lower dream recall rate (33.7%) than the less-adjusted (50.5%) and control groups (80%). There were also significant between-groups differences in dream structure and dream content, in the direction of less complex and less salient dreams in the well-adjusted survivors. It is suggested that the decrease in dream recall is one of the forms of long-term adjustment to severe traumatic events.

Karenberg, A. (2006). "Neurosciences and the Third Reich - Introduction." *Journal of the History of the Neurosciences* 15(3): 168-172.

Kaslow, F. W. (1990). "TREATING HOLOCAUST SURVIVORS." *Contemporary Family Therapy* 12(5): 393-405.

Kater, M. H. (1987). "THE BURDEN OF THE PAST - PROBLEMS OF A MODERN HISTORIOGRAPHY OF PHYSICIANS AND MEDICINE IN NAZI GERMANY." *German Studies Review* 10(1): 31-56.

Kater, M. H. (1987). "HITLER EARLY DOCTORS - NAZI PHYSICIANS IN PREDEPRESSION GERMANY." *Journal of Modern History* 59(1): 25-52.

Kater, M. H. (1998). "Auschwitz, Nazi medicine and the victims." *Bulletin of the History of Medicine* 72(4): 812-813.

Kater, M. H. (2000). "Death of medicine in Nazi Germany: Dermatology and dermatopathology under the Swastika." *Bulletin of the History of Medicine* 74(3): 642-644.

Katz, C. a. K., F. (1981). "The Children of Holocaust Survivors: Issues of Separation." *Journal of Jewish Communal Service* 57: 257-263.

Kellermann, N. P. F. (2001). "Perceived parental rearing behavior in children of Holocaust survivors." *Israel Journal of Psychiatry and Related Sciences* 38(1): 58-68.

Holocaust survivors have often been described as inadequate parents. Their multiple losses were assumed to create child-rearing problems around both attachment and detachment. Empirical research, however, has yielded contradictory evidence regarding the parenting behavior of Holocaust survivors when investigated with classical parenting instruments. The present pilot-study investigated parental behavior with a new self-report instrument that also included salient Holocaust dimensions. The parent perception of 159 adult children of Holocaust survivors was thus compared with 151 central subjects. Factor analysis of data yielded four major kinds of parental rearing behaviors: transmission; affection; punishing and over-protection. While the second-generation group rated their parents higher on transmission, other differences in child-rearing practices were small, if taken as a whole. These findings largely support the descriptive literature on trans-generational transmission of trauma while at the same time refuting the view that Holocaust survivors function more inadequately than other parents do.

Kellermann, N. P. F. (2008). "Transmitted Holocaust Trauma: Curse or Legacy? The Aggravating and Mitigating Factors of Holocaust Transmission." *Israel Journal of Psychiatry and Related Sciences* 45(4): 263-270.

For children of Holocaust survivors, the trauma of their parents can be perceived both as a curse and as a legacy. On the one hand, it may fill their inner lives with terrible anxiety-provoking associations; on the other, it may be a source of creative inspiration that motivates them to make the world a better place. As a result, most of them struggle with the contradictory forces of vulnerability and resilience that they inherited from their parents. Since there is such a wide spectrum of adaptive reactions to the Holocaust, it is important to identify the various aggravating and mitigating factors that are assumed to increase or decrease the risk of children to absorb the trauma of their parents and to develop specific second-generation psychopathology as a result. In an effort to understand more clearly some of the aggravating factors, a demographic study of a clinical sub-population of the "Second Generation" was conducted. Results indicated that most of this clinical population was born soon after the war ended, to parents who were both Holocaust survivors, and that they were mostly female, married, highly educated, working as teachers or in the helping professions, were the first or the second child, and had parents who were inclined not to share their Holocaust experiences with their children. Parents were mostly rated as fully functioning, without severe mental and physical disease and as not overly preoccupied with the Holocaust.

Kenny, M. G. (2002). "A darker shade of green: Medical botany, homeopathy, and cultural politics in interwar Germany." *Social History of Medicine* 15(3): 481-504.

In 1941 a proposal was made to Nazi SS *Reichsführer*, Heinrich Himmler, that extracts of a South American plant, *Dieffenbachia seguine*, might be used for the mass sterilization of racially undesirable war prisoners. The proposal was based on published animal fertility research conducted by Dr Gerhard Madaus, co-founder of a firm that produced and marketed natural medicinals. His fertility experiments were part of a broader series aimed at evaluating the scientific validity of ethno-botanical folk-knowledge. This article traces the historical background to the Madaus research: first, the role of homeopathy in the introduction of *Dieffenbachia s.* to western medicine; secondly, the social context of German 'alternative' medicine in the interwar period; and finally, the role of Madaus himself, whose homeopathically-oriented research on botanical medicinals inadvertently initiated the chain of events described here.

Koonz, C. (1992). "ETHICAL DILEMMAS AND NAZI EUGENICS - SINGLE-ISSUE DISSENT IN RELIGIOUS CONTEXTS." *Journal of Modern History* 64: S8-S31.

Kosserev, I. and R. Crawshaw (1994). "MEDICINE AND THE GULAG." *British Medical Journal* 309(6970): 1726-1730.

The nature of the medical treatment of prisoners in the Gulag has emerged from accounts published by survivors. Over a period of 70 years some doctors entrusted with the medical care of prisoners failed to discharge their ethical duties, contributing to the prisoners' neglect and suffering. The medical profession must carefully examine what occurred and properly assign responsibility for ethical as well as unethical medical acts. Understanding the history of these ominous events will alert doctors worldwide to the importance of medical autonomy in the support of imprisoned patients.

Kottow, M. H. (1988). "Euthanasia after the holocaust--is it possible?: a report from the Federal Republic of Germany." *Bioethics* 2(1): 58-9.

The author theorizes that eugenically-related killings before and during the Nazi era have made it more difficult to discuss euthanasia in modern West Germany and have influenced public policy on this issue. Opinion polls reveal that over 50% of West Germans favor active euthanasia, a proportion identical to that in corresponding U.S. polls. However, official opinion is strongly opposed to legalizing any kind of euthanasia except non-treatment of those in the irreversible process of imminent death. Even legally acceptable treatment refusal may be easily overridden by declaring the patient incompetent. Kottow cites poor medical treatment of the mentally ill and 38% public acceptance of proposals to kill them as evidence of dormant tendencies which support the view that the "times are not yet ripe for innovative legislation."

Krell, R. (1990). "HOLOCAUST SURVIVORS - A CLINICAL PERSPECTIVE." *Psychiatric Journal of the University of Ottawa-Revue De Psychiatrie De L Universite D Ottawa* 15(1): 18-21.

Kroner, H. P. (2001). "Auschwitz, National-Socialist medicine and its victims." *Holocaust and Genocide Studies* 15(1): 117-120.

Kuch, K. and B. J. Cox (1992). "SYMPTOMS OF PTSD IN 124 SURVIVORS OF THE HOLOCAUST." *American Journal of Psychiatry* 149(3): 337-340.

Objective: Survivors of the Holocaust are expected to be at risk for posttraumatic stress disorder (PTSD), but few empirical data are available. This study investigated PTSD symptoms in Holocaust survivors with well-documented exposure to trauma. Method: The German files of 124 Jewish Holocaust survivors who were judged to be free from bipolar affective disorder, obsessive-compulsive disorder, and organic brain syndrome were selected from those of 145 applicants to West German compensation boards. The psychiatric assessments were reexamined for explicit descriptions of current PTSD symptoms according to the DSM-III-R diagnostic criteria. A subgroup of 20 Auschwitz survivors with tattooed identification numbers were also compared with the 45 survivors who had not been in concentration camps. Results: Sixty-three percent of the total sample had been detained in concentration camps, and an average of 78% of their first-degree relatives were reported killed in the Holocaust. Forty-six percent of the total sample met the DSM-III-R criteria for PTSD. The most common symptoms were sleep disturbance, recurrent nightmares, and intense distress over reminders. The tattooed Auschwitz survivors had significantly more symptoms and were three times more likely to meet diagnostic criteria for PTSD than the survivors who had not been in concentration camps. Conclusions: The results suggest a greater risk of chronic PTSD in survivors who were exposed to atrocities. Most survivors had not received adequate psychiatric care.

LaChat, M. R. (1975). "Utilitarian reasoning in Nazi medical policy: some preliminary investigations." *Linacre Q* 42(1): 14-37.

Lansen, J. and J. P. Cels (1992). "PSYCHO-EDUCATIVE GROUP-PSYCHOTHERAPY FOR JEWISH CHILD-SURVIVORS OF THE HOLOCAUST AND NON-JEWISH CHILD-SURVIVORS OF JAPANESE CONCENTRATION-CAMPS." *Israel Journal of Psychiatry and Related Sciences* 29(1): 22-32.

The authors describe the application of a form of group psychotherapy for middle aged patients with a past history of being child-survivors of the Second World War. In a group of Jewish survivors, the group members initially expressed anger at the perpetrators, while a group of Dutch-Indonesian survivors of Japanese concentration camps were less able to do so. Therapy was helpful in working through these and other stages of progression until the group members were able to look at their own present lives and think of their futures. Overall results of the group psychotherapy are presented. Despite the patients' age and past traumatic experiences, psycho-educative group psychotherapy was helpful for both groups.

Laub, D. (2005). "From speechlessness to narrative: The cases of Holocaust historians and of psychiatrically hospitalized survivors." *Literature and Medicine* 24(2): 253-265.

Lederer, S. E. (2007). "Nazi medicine and the Nuremberg trials: From medical war crimes to informed consent." *Isis* 98(2): 424-425.

Leventhal, G. and M. K. Ontell (1989). "A DESCRIPTIVE DEMOGRAPHIC AND PERSONALITY STUDY OF 2ND-GENERATION JEWISH HOLOCAUST SURVIVORS." *Psychological Reports* 64(3): 1067-1073.

Lev-Wiesel, R. and M. Amir (2005). "Holocaust child survivors and child sexual abuse." *J Child Sex Abus* 14(2): 69-83.

This study utilized a qualitative analysis of child survivors of the Holocaust who were sexually abused during World War II. The research study aimed to give this specific group of survivors a voice and to explore the impact of multiple extreme traumas, the Holocaust and childhood sexual abuse, on the survivors. Twenty-two child survivors of the Holocaust who were sexually abused during the war completed open-ended interviews. The data was qualitatively analyzed according to Tutty, Rothery, and Grinnell's (1996) guidelines. Three major themes were found: issues relating to the sexual abuse trauma, survivors' perceptions of the abuse, and survivors' general perspectives towards life. The identity of the offenders, Jewish or non-Jewish, determined the survivors' feelings towards themselves, the perpetrators, and about the worth of life.

Lewy, G. (1999). "Gypsies and Jews under the Nazis (Holocaust, World War II in Europe, race policies of National Socialism)." *Holocaust and Genocide Studies* 13(3): 383-404.

This article compares the fate of the Gypsies under the Third Reich to that of the Jews, arguing that, despite parallels, the treatment each group underwent differed fundamentally. The Nazis never formulated a plan for a 'Final Solution' to the Gypsy problem analogous to that for the Jews. Compulsory sterilization affected only a relatively small portion of the Gypsy population, and killings that did take place were carried out to achieve Nazi solutions to specific local situations. Numerous sources, especially recently discovered local police files, show that large numbers of 'racially pure' and 'socially adjusted' Gypsies were exempted from deportation to the Gypsy family camp in Auschwitz and were allowed to survive the war.

Lewy, G. (1999). "Himmler and the 'racially pure gypsies' (Nazi Germany, Ahnenerbe, Holocaust)." *Journal of Contemporary History* 34(2): 201-214.

Lifton, R. J. (1986). "German doctors and the final solution." *N Y Times Mag*: 64-65, 70-75.

Lippman, M. (1993). "The Nazi doctors trial and the international prohibition on medical involvement in torture." *Loyola Los Angel Int Comp Law J* 15(2): 395-441.

Loftman, B. (1997). "Lessons from Nuremberg: ethical and social responsibilities for health care professionals, health care organizations, and medical journals." *Jama* 277(9): 711; author reply 711-2.

Lothane, Z. (2001). "The deal with the devil to "save" psychoanalysis in Nazi Germany." *Psychoanal Rev* 88(2): 195-224.

Maretzki, T. W. (1989). "THE DOCUMENTATION OF NAZI MEDICINE BY GERMAN MEDICAL SOCIOLOGISTS - A REVIEW ARTICLE." *Social Science & Medicine* 29(12): 1319-1332.

Massin, B. (2001). "Crying hands: Eugenics and deaf people in Nazi Germany." *Bulletin of the History of Medicine* 75(1): 165-168.

Mastroianni, G. R. (2006). "Kurt Gottschaldt's ambiguous relationship with national socialism." *Hist Psychol* 9(1): 38-54.

Kurt Gottschaldt (1902-1991) was active in psychological research in Germany throughout much of the past century. His best-known contributions relate to three "twin camps" he ran in the late 1930s. These twin camps were designed help assess the relative contributions of heredity and environment in determining the development of psychological attributes and behavior. Gottschaldt's conclusions favored a hereditarian interpretation of his results, and Gottschaldt promoted the relevance of his twin research to "race psychology." Although Gottschaldt is sometimes described as a defender of scientific objectivity who maintained independence from Nazi ideology during the National Socialist era, some of his work suggests that a modest revision of this view may be required.

McKie, A. (2004). ""the demolition of a man": Lessons from Holocaust literature for the teaching of nursing ethics." *Nursing Ethics* 11(2): 138-149.

The events of the Holocaust of European Jews (and others) by the Nazi state between 1939 and 1945 deserve to be remembered and studied by the nursing profession. By approaching literary texts written by Holocaust 'survivors' from an interpersonal dimension, a reading of such works can develop an 'ethic of responsibility'. By focusing on such themes as rationality, duty, witness and the virtues, potential lessons for nurses working with people in a variety of settings can be drawn. Implications for the teaching of nursing ethics are made in the areas of the virtues, relationships, professional ethics and the moral community of nursing.

Meyer, J. E. (1988). "THE FATE OF THE MENTALLY-ILL IN GERMANY DURING THE THIRD-REICH." *Psychological Medicine* 18(3): 575-581.

Mordini, E. (2000). "RECs: a response to the articles of Nazi doctors?" *Bull Med Ethics*(162): 2.

Moskovitz, S. (1985). "LONGITUDINAL FOLLOW-UP OF CHILD SURVIVORS OF THE HOLOCAUST." *Journal of the American Academy of Child and Adolescent Psychiatry* 24(4): 401-407.

"Follow-up interviewing of child survivors is best accomplished when the survivor is viewed as a normal person who has lived through abnormal times. The author interviewed the 24 child survivors who lived in the Lingfield Children's Home in

England, cared for by Alice Goldberger. The six youngest of this group who had been inmates of Terezin Concentration Camp were described in A. Freud and S. Dann's monograph. In this paper, follow-up interviews with four of the youngest group are discussed with respect to subsequent reverberations after the interviews for each. Using Freud's classic monograph, Goldberger's notes and her own observations, the author draws attention to three factors contributing to vulnerability or resilience in these survivor's lives: adaptability, appeal to adults, and assertiveness. Child survivors have much to contribute to the study of resilience over the life span."

Muller, U. and R. Barash-Kishon (1998). "Psychodynamic-Supportive Group Therapy Model for Elderly Holocaust Survivors." *International Journal of Group Psychotherapy* 48(4): 461 - 475.

The Adult Outpatient Clinic from the trauma department in the Tel Aviv Brull Community Mental Health Center set up psychodynamic-supportive group therapy sessions for elderly Holocaust survivors. The model and theory is outlined in this article, which includes specific integrative interventions based on Horowitz's model of mourning and coping with stress. The group aims to improve self-awareness, homeostasis, and adaptation among the patients.

Mullerhill, B. (1987). "GENETICS AFTER AUSCHWITZ." *Holocaust and Genocide Studies* 2(1): 3-20.

Muller-Hill, B. (1987). "Genetics After Auschwitz." *Holocaust and Genocide Studies* 2(1): 3-20.

Muller-Hill, B. (1999). "The blood from Auschwitz and the silence of the scholars." *History and Philosophy of the Life Sciences* 21(3): 331-365.

The Kaiser Wilhelm Institute for Anthropology, Human Genetics and Eugenics in Berlin-Dahlem was the centre of scientific racism in Nazi Germany. Its bad history culminated in a research project to analyse the molecular basis of racial differences in the susceptibility to various infectious diseases such as tuberculosis. Josef Mengele, a former postdoc of the director of the institute, Otmar von Verschuer, collected blood samples and other material in Auschwitz from families and twins of Jews and Gypsies. The blood samples were analysed by Gunther Hillmann in the Berlin laboratory of Nobel Prize winner Adolf Butenandt. Butenandt had just moved to Tübingen. The project was paid for by the Deutsche Forschungsgemeinschaft. Butenandt, Hillmann and von Verschuer made scientific careers in the Federal Republic. To the present day this past has not been acknowledged by the Max-Planck-Gesellschaft as part of its history.

Muller-Hill, B. (2002). "Medicine and national socialism - The Freiburg Medical College and the clinic in the Weimar Republic and the Third Reich." *History and Philosophy of the Life Sciences* 24(3-4): 539-540.

Nathanson, J. A. and M. A. Grodin (2000). "Eugenic sterilization and a nazi analogy." *Annals of Internal Medicine* 132(12): 1008-1008.

Neugebauer, W. and G. Stacher (1999). "Nazi child 'ethanasia' in Vienna and the scientific exploitation of its victims before and after 1945." *Digestive Diseases* 17(5-6): 279-285.

Oosterhuis, H. (1997). "Medicine, male bonding and homosexuality in Nazi Germany." *Journal of Contemporary History* 32(2): 187-205.

Oreilly, M. (1993). "NAZI MEDICINE - THE PERVERSION OF THE NOBLEST PROFESSION." *Canadian Medical Association Journal* 148(5): 819-821.

Pander, H. J. and E. Schwinger (1995). "RACE HYGIENE IN NAZI GERMANY." *American Journal of Human Genetics* 56(5): 1245-1246.

Panush, R. S. (1996). "Upon finding a Nazi anatomy atlas: the lessons of Nazi medicine." *Pharos Alpha Omega Alpha Honor Med Soc* 59(4): 18-22.

Pasternak, A. and P. G. Brooks (2007). "The long-term effects of the Holocaust on the reproductive function of female survivors." *Journal of Minimally Invasive Gynecology* 14(2): 211-217.

The aim of this study was to evaluate the effect of internment in the German concentration camps during World War II on menstrual function; future fertility; and, ultimately, on gynecologic diseases or future surgery needs.

Subjects: Five hundred eighty Hungarian female survivors of concentration camps.

Intervention: Menstrual and reproductive histories of the women were obtained and analyzed, comparing histories and events from pre-internment, internment, and post-internment periods of time.

Measurements and main results: The mean age of the survivors at the time of internment was 23.4 ± 8.0 years (95% CI 22.7–24.1). Amenorrhea occurred in 94.8% of the women during encampment (95% CI 92.7%–96.5%), with 82.4% experiencing cessation of menses immediately after internment (95% CI 76.9%–85.6%). Only 0.6% of women (95% CI 0.12%–1.63%) menstruated longer than 4 months after internment. After liberation, all but 8.9% of the women resumed menstruation within the first year (95% CI 88.4%–93.3%). Fecundity subsequent to liberation was not significantly affected by the imprisonment nor was there a significant increase in spontaneous abortion, ectopic pregnancies, stillbirths, or other pregnancy complications. Additionally, there was no evidence of impact on the subsequent frequency of gynecologic diseases or surgical procedures.

Conclusions: Imprisonment in German concentration camps during the Holocaust resulted in enormous emotional and psychological changes in the survivors. In addition, this study reveals abrupt changes in short-term menstrual function but little long-term physical damage to reproductive function.

Peretz, T., L. Baider, et al. (1994). "PSYCHOLOGICAL DISTRESS IN FEMALE CANCER-PATIENTS WITH HOLOCAUST EXPERIENCE." *General Hospital Psychiatry* 16(6): 413-418.

This study examined whether severe emotional and physical trauma in the past affects the psychological condition of female patients currently afflicted with cancer. Using the Brief Symptom Inventory (BSI), 41 women with cancer, who had sustained extreme trauma during the Nazi Holocaust of the mid-century, were compared with three different groups: a matched group of cancer patients without Holocaust experience, a physically healthy group of female Holocaust survivors, and healthy women without a Holocaust past. Although psychological distress was comparable in the two healthy groups, it was far higher in Holocaust cancer patients than in either their non-Holocaust counterparts or in the group of healthy Holocaust survivors. These results may suggest that the severe trauma of the Holocaust could be responsible for markedly diminished psychological response when such patients are confronted with new stress.

Pfafflin, F. (1986). "The connections between eugenics, sterilization and mass murder in Germany from 1933 to 1945." *Med Law* 5(1): 1-10.

Pfafflin, F. and J. Gross (1982). "INVOLUNTARY STERILIZATION IN GERMANY FROM 1933 TO 1945 AND SOME CONSEQUENCES FOR TODAY." *International Journal of Law and Psychiatry* 5(3-4): 419-423.

Proctor, R. N. (1996). "The anti-tobacco campaign of the Nazis: A little known aspect of public health in Germany, 1933-45." *British Medical Journal* 313(7070): 1450-1453.

Historians and epidemiologists have only recently begun to explore the Nazi anti-tobacco movement. Germany had the world's strongest antismoking movement in the 1930s and early 1940s, encompassing bans on smoking in public spaces, bans on advertising, restrictions on tobacco rations for women, and the world's most refined tobacco epidemiology, linking tobacco use with the already evident epidemic of lung cancer. The anti-tobacco campaign must be understood against the backdrop of the Nazi quest for racial and bodily purity, which also motivated many other public health efforts of the era.

Proctor, R. N. (1999). "Bitter pill - After the horrors of Auschwitz and Dachau, news of Nazi achievements in cancer research and public health may be hard to swallow." *Sciences-New York* 39(3): 14-19.

Propping, P. (1992). "ABUSE OF GENETICS IN NAZI GERMANY." *American Journal of Human Genetics* 51(4): 909-910.

Propping, P. (2005). "The biography of psychiatric genetics: From early achievements to historical burden, from an anxious society to critical geneticists." *American Journal of Medical Genetics Part B-Neuropsychiatric Genetics* 136B(1): 2-7.

When the study of human inheritance became a topic of scientific interest more than 100 years ago, brain function and mental disease immediately attracted the interest of researchers. Psychiatric genetics was dominated from its early beginnings by the question of nature and nurture. Today this problem can be quantitatively approached with

odds ratios and attributable risks for certain genotypes. The false doctrine of eugenics and its practical application by the Nazi regime paved the way for the development of a prevailing anxiety in society that psychiatric genetics might lead to stigmatisation or even a revitalization of eugenics. The major challenge for the field, however, stems from the attitudes of fellow geneticists who doubt that genetics can ever contribute to an understanding of brain function and mental disease. Whereas genetically complex traits are being successfully pinned down to the molecular level in other fields of medicine, psychiatric genetics still awaits a major breakthrough. Although mental disorders are harder to tackle than any other complex disease the concepts developed and the methods available today are powerful enough to predict a bright future of the field. (c) 2005 Wiley-Liss, Inc.

Reich, W. T. (2001). "The care-based ethic of Nazi medicine and the moral importance of what we care about." *American Journal of Bioethics* 1(1): 64-74.

This article reports on an inquiry into ideas used to justify the shift of medical ethos in Germany prior to and during the Nazi era, specifically the principles of care advocated by Erwin Liek and Karl Kotschau, the era's most influential medical theorists, who argued that commitments to care of individual sick persons (Fursorge) had to give way to a preventive care that respects emerging needs of the entire society (Vorsorge). The article examines both the socio-cultural factors that shaped, and the far-reaching effects of, this manipulation of care. It argues that we should be attentive to the meaning and requirements of the care revealed in this debate, the ancient Greek idea of care as a concerned moral option.

Reinisch, J. (2007). "A new beginning? German medical and political traditions in the aftermath of the second world war." *Minerva* 45: 241-257.

After 1945, the German medical community underwent a period of self-examination. The profession's experience during the Nazi period raised profound questions concerning its ethical integrity and political allegiances. This paper considers the advent of medical nationalism, and shows how, in Berlin and in the Soviet zone of Germany, narratives were constructed to show a new and positive picture of German medicine.

Reulbach, U., S. Bleich, et al. (2007). "Late-onset schizophrenia in child survivors of the Holocaust." *Journal of Nervous and Mental Disease* 195(4): 315-319.

According to the stress diathesis model, the probability of psychosis is increased in high-risk groups, a vulnerable one being the Holocaust child survivors. This study was conducted to inquire into the long-term effects of their Holocaust experience. We concentrated on a possible association between the onset of schizophrenia and the degree of persecution. Ninety-three medical files of Holocaust child survivors were recruited from socio-medical expert reports of the Restitution Office in Germany. The onset of schizophrenia was used as dependent variable in a categorical regression model. Regarding schizophrenia, exclusively late-onset schizophrenia could be diagnosed in our sample. Schizophrenia was significantly associated with the highest category of persecution (Fisher exact test, $p < 0.001$). In the categorical regression model, the category of persecution was a significant coefficient, only ($F = 23.9, p < 0.001$). The

strong association between late onset of schizophrenia and the degree of persecution suggest an influence of stress exposure.

Rieck, M. (1994). "THE PSYCHOLOGICAL STATE OF HOLOCAUST SURVIVORS OFFSPRING - AN EPIDEMIOLOGIC AND PSYCHODIAGNOSTIC STUDY." *International Journal of Behavioral Development* 17(4): 649-667.

A review of the psychological literature dealing with the emotional state of Holocaust survivors' offspring (HSO) has yielded conflicting evidence. Whereas clinicians describe HSO as emotionally scarred, and tend to generalise their findings to the population of HSO at large, controlled studies do not lend support to these generalisations, and do not demonstrate widespread psychopathology among HSO. However, the relative frequency of psychological problems among HSO has not been systematically investigated. Nor has the possible existence of a latent vulnerability been investigated. In the present study, the frequency of emotional problems among Holocaust survivors' offspring and their psycho-diagnostic patterns were investigated. Holocaust survivors' offspring, aged 5-16 years, did not demonstrate more emotional, behavioural or learning problems than did controls. Moreover, HSO of fathers with low levels of education were referred to a psycho-educational service significantly less frequently than were comparable controls. On psycho-diagnostic tests HSO did not show more signs of emotional vulnerability than did controls. Generally, HSO were indistinguishable from controls on all measures, demonstrating good adaptation.

Rim, Y. (1991). "COPING STYLES OF 1ST-GENERATION AND 2ND-GENERATION) HOLOCAUST SURVIVORS." *Personality and Individual Differences* 12(12): 1315-1317.

Robinson, S., J. Rapaport, et al. (1990). "THE LATE EFFECTS OF NAZI PERSECUTION AMONG ELDERLY HOLOCAUST SURVIVORS." *Acta Psychiatrica Scandinavica* 82(4): 311-315.

Robinson, S., M. Rapaportbarsever, et al. (1994). "THE PRESENT STATE OF PEOPLE WHO SURVIVED THE HOLOCAUST AS CHILDREN." *Acta Psychiatrica Scandinavica* 89(4): 242-245.

A total of 103 Holocaust survivors who suffered from Nazi persecution during their childhood years were interviewed in 1992. The interviews were conducted using a questionnaire specially prepared for statistical studies of Holocaust survivors. The study demonstrated that most survivors in this sample still suffer today, more than 50 years after the outbreak of the Second World War, from symptoms of the survivor syndrome. Their mental suffering is in positive correlation to the intensity of the trauma they suffered in their childhood. Those who were in death camps suffer more than those who suffered during their childhood from other forms of persecution by the Nazis. The coping and adjustment of child survivors of death camps were also less successful than the coping and adjustment of child survivors who went through other forms of persecution.

Robinson, S., P. Rebaudengo-Rosca, et al. (1993). "[Late effects of massive psychic trauma. Holocaust survivors 50 years later]." *Minerva Psichiatr* 34(1): 57-63.

The authors report the results of a study aimed at examining the present mental state, adjustment and lifestyle of a non-clinical sample of Holocaust survivors aged 60 and over. Most of the interviewees have suffered since the war from various psychic symptoms, the so-called "survivor syndrome". Concentration camp survivors form a special group whose level of suffering appears greater and more severe than other survivors. In spite of continuous mental suffering Holocaust survivors have succeeded in adjusting well. They hold top positions at work, are socially successful and have stable family nuclei. They behave as if they need to fulfill the expectations of all those who perished in the Holocaust. Only 4 subjects reported a latency period before the appearance of symptoms.

Robinson, S. and H. Z. Winnik (1981). "2ND GENERATION OF THE HOLOCAUST - HOLOCAUST SURVIVORS COMMUNICATION OF EXPERIENCE TO THEIR CHILDREN, AND ITS EFFECTS." *Israel Journal of Psychiatry and Related Sciences* 18(2): 99-107.

Roelcke, V. (2004). "Nazi medicine and research on human beings." *Lancet* 364: 6-7.

Rollhansen, N. (1989). "EUGENIC STERILIZATION - A PRELIMINARY COMPARISON OF THE SCANDINAVIAN EXPERIENCE TO THAT OF GERMANY." *Genome* 31(2): 890-895.

Rosen, J., C. F. Reynolds, et al. (1991). "SLEEP DISTURBANCES IN SURVIVORS OF THE NAZI HOLOCAUST." *American Journal of Psychiatry* 148(1): 62-66.

Objective and Method: Sleep disturbances are commonly reported by victims of extraordinary stress and can persist for decades. This study was designed to test the hypothesis that survivors of the Nazi Holocaust would have significantly more and different sleep problems than depressed and healthy comparison subjects and that the severity of the survivors' problems would be correlated with length of time spent in a concentration camp. Forty-two survivors, 37 depressed patients, and 54 healthy subjects of about the same age, all living in the community, described their sleep patterns over the preceding month on the Pittsburgh Sleep Quality Index, a self-rating instrument that inquires about quality, latency, duration, efficiency, and disturbances of sleep, use of sleep medication, and daytime dysfunction. Results: The survivors had significantly greater sleep impairment than the healthy comparison subjects, as measured by all subscales of the index, but had less impairment than the depressed patients except on the sleep disturbances and daytime dysfunction subscales. However, for specific items within these subscales, survivors had significantly more frequent awakenings due to bad dreams and had less loss of enthusiasm than the depressed subjects. Sleep disturbances and frequency of nightmares were significantly and positively correlated with the duration of the survivors' internment in concentration camps. Conclusion: These findings suggest that for some Holocaust survivors, impaired sleep and frequent nightmares are considerable problems even 45 years after liberation.

Rosenbaum, A. S. (1989). "The use of Nazi medical experimentation data: memorial or betrayal?" *Int J Appl Philos* 4(4): 59-67.

Rowland-Klein, D. and R. Dunlop (1998). "The transmission of trauma across generations: identification with parental trauma in children of Holocaust survivors." *Australian and New Zealand Journal of Psychiatry* 32(3): 358-369.

Objective: This study examines the phenomenology of intergenerational transmission of trauma with the aim of elucidating the interactional process of transmission within an object relations framework. Method: The method consisted of systematic textual analysis of semi-structured interviews with six Jewish women born after the war who were children of concentration camp interned Holocaust survivors. Results: Four superordinate themes were identified: heightened awareness of parents' Holocaust survivor status, parenting style, over-identification with parents' experiences and transmission of fear and mistrust. These were found despite the variation in parental communication. Conclusions: The data suggest that unconscious processes are at least partially involved in the transmission of trauma. A form of projective identification is proposed as an explanatory mechanism which brings together diverse aspects of the observed phenomena: projection by the parent of Holocaust-related feelings and anxieties into the child; interjection by the child as if she herself had experienced the concentration camps; and return of this input by the child in the form of compliant and solicitous behaviour associated with enmeshment and individuation problems. Further research may establish these phenomena as a particular form of Secondary Traumatic Stress Disorder.

Rubenstein, I., F. Cutter, et al. (1989). "MULTIGENERATIONAL OCCURRENCE OF SURVIVOR SYNDROME SYMPTOMS IN FAMILIES OF HOLOCAUST SURVIVORS." *Omega-Journal of Death and Dying* 20(3): 239-244.

Rutkowski, B. (2004). "Jakub Penson and his studies on acute renal failure during typhus epidemics in Warsaw Ghetto." *Journal of Nephrology* 17(1): 175-179.

"In the Warsaw Ghetto established by the German Nazis as a special district for Polish Jews in 1940 there were two typhus epidemics. Many patients affected by this disease (1500 during the first and 6500 during second epidemic) were treated at The Department of Infectious Disease of Czyste Hospital headed by Dr Jakub Penson - a Polish physician of Jewish origin. A heroic group of 20 physicians not only treated patients in these tragic circumstances, but also performed in defiance of Nazi prohibition, scientific studies on the clinical course of typhus with special attention on hyperazotemia and renal complication. The results of their observations were presented in 1941-42 during clinical meetings in Czyste Hospital and later published by Penson in 1946 in the Polish Physicians Weekly. Among other clinical statements a description of acute renal failure of extrarenal origin, caused by dehydration and toxic influence of primary disease seems the most important one. It has to be taken into account that acute renal failure appearing during Crush Syndrome was described by Bywaters in 1941. Jakub Penson survived the German Nazi occupation and later become a head of the Internal Medicine Department in Gdansk Medical University and one of the precursors of clinical nephrology in Poland."

Schleunes, K. A. (1996). "Cleansing the Fatherland: Nazi medicine and racial hygiene - Aly,G, Chroust,P, Pross,C." *Journal of Modern History* 68(4): 1028-1031.

Schmacke, N. (1997). "Overdramatization of the burdens on health and social services: A continuing debate in the history of German medicine." *International Journal of Health Services* 27(3): 559-574.

Departing from the latest academic research into Nazi medicine in Germany, the author looks at theoretical and ideological concepts in German history that left their mark on the formation of race hygiene. He argues that the over-dramatization of the economic burden caused by the special requirements of the chronically ill and handicapped runs through all epochs of modern medical history and that this culturally pessimistic way of looking at a serious social problem in Germany reveals a frightening tradition which reached its cruelest climax in the so-called T4 operation of the Nazis. The author makes a plea for this dark chapter of German medical history to be carefully analyzed and for the results of this research to be used in the current discussion on the further development of the health system, particularly in regard to patients who require special care.

Schmaltz, F. (2006). "Neurosciences and research on chemical weapons of mass destruction in Nazi Germany." *Journal of the History of the Neurosciences* 15(3): 186-209.

As a side-product of industrial research, new chemical nerve agents (Tabun, Sarin, Soman) superior to those available to the Allied Forces were discovered in Nazi Germany. These agents were never used by Germany, even though they were produced at a large scale. This article explores the toxicological and physiological research into the mechanisms of action of these novel nerve agents, and the emergence of military research objectives in neuron-physiological and neuron-toxicological research. Recently declassified Allied military intelligence files document secret nerve agent research, leading to intensified research on anticholinesterase agents in the peripheral and the central nervous system. The article discusses the involvement of IG Farben scientists, educational, medical and military institutions, and of Nobel Prize laureate Richard Kuhn, director of the Kaiser Wilhelm Institute for Medical Research.

Schneider, S. (1978). "ATTITUDES TOWARD DEATH IN ADOLESCENT OFFSPRING OF HOLOCAUST SURVIVORS." *Adolescence* 13(52): 575-584.

Segal, N. L. (1985). "Holocaust Twins - Their Special Bond." *Psychology Today* 19(8): 52-58.

Seidelman, W. E. (1991). "MEDICAL SELECTION - AUSCHWITZ ANTECEDENTS AND EFFLUENT (REPRINTED FROM HOLOCOST AND GENECEIDE STUDIES, VOL 4, PG 435-448, 1989)." *International Journal of Health Services* 21(3): 401-415.

Seidelman, W. E. (1995). "Whither Nuremberg?: medicine's continuing Nazi heritage." *Med Glob Surviv* 2(3): 148-57.

The medical crimes of the Hitler regime are commonly perceived to have been committed by a few demonic physicians working in isolation from the mainstream of the German medicine. The success of this myth has imperiled the value system of medicine today. The World Medical Association (WMA), established to address the ethical challenges arising from the German tragedy, has itself been compromised by this legacy. The leadership of the WMA has included doctors once associated with the Nazi SS terror organization and linked to crimes prosecuted at Nuremberg. Despite these recent revelations the WMA has yet to address the ethical issues raised by its own Nazi heritage or to pay homage to the victims of the Nazi regime.

Sher, L. (1999). "Children of holocaust survivors and behavioural genetics." *Australian and New Zealand Journal of Psychiatry* 33(3): 446-447.

Sigal, J. J. and M. Weinfeld (2001). "Do children cope better than adults with potentially traumatic stress? A 40-year follow-up of Holocaust survivors." *Psychiatry-Interpersonal and Biological Processes* 64(1): 69-80.

ANECDOTAL reports suggest that child survivors of the Nazi persecution are functioning well as adults. Ratings of their parents by a randomly selected community sample of young adult Ashkenazi Jews on a scale that measured Schizoid, Paranoid, Depressive/Masochistic and Type A/Normal Aggressive symptoms permitted verification of these reports. Among the parents were groups who were children, adolescents, or young adults in 1945, at the end of World War II. Child-survivor parents did not differ from native-born parents on these measures 40 years later, whereas, consistent with the empirical findings of others, survivors who were adolescents or young adults at the end of the war manifested more paranoid and depressive/masochistic symptoms than native-born parents. To explain this possible greater long-term resilience among those who were child survivors, reference is made to later caretakers, endowment, cognitive and social development, and psychodynamics.

Silver, J. R. (2003). "The decline of German medicine, 1933-45." *J R Coll Physicians Edinb* 33(1): 54-66.

Stafford, N. (2008). "German genetics society condemns doctors who took part in eugenics programme in Nazi era." *Bmj* 337: a876.

Staiman, V. R., K. M. Otoole, et al. (1996). "Giant malignant fibrous histiocytoma of the testis/spermatic cord: Psychologic and possible etiologic complications of unethical Nazi medical experimentation." *Urology* 48(6): 939-943.

This case of malignant fibrous histiocytoma of the testis/spermatic cord was found in a Holocaust survivor who was injected with an unknown substance in the left testicle while in Auschwitz concentration camp in 1943. Because malignant fibrous histiocytoma is a neoplasm rarely found in this location, with only 26 previously reported cases, a review of this entity was performed. A review of Nazi medical practices in the literature and through the Holocaust Museum research department was undertaken in an attempt to ascertain identification of the unknown substance injected into this patient; however, exact identification of the Auschwitz experiment or experimenter could not be

determined. A left radical orchiectomy was performed, and subsequent histopathologic review revealed a well-encapsulated 27 x 22 x 17-cm malignant fibrous histiocytoma. The left testis was not clearly identified due to necrosis of the tumor. This is the largest malignant fibrous histiocytoma of the spermatic cord/testis recorded in the literature to date. Based on the unusual location and size, the intratesticular injection probably contributed to the tumor development and certainly caused the patient's delay in seeking medical treatment. Copyright 1996 by Elsevier Science Inc.

Steiner, H. (1995). "Persons of lesser values--moral argument and the "final solution"." J Appl Philos 12(2): 129-41.

For many persons, 'Holocaust-abomination' is a fixed point on their moral compass: if anything can be evil, it was. Yet at least one of the justifications deployed by its perpetrators (the eugenics argument) involves widely-held values concerning human health and procreation. Hence persons endorsing many current activities based on those values (e.g. genetic counseling) have been charged with being on a morally deplorable slippery slope. This paper sketches the necessary structure of a moral position capable of consistently embracing those values without placing its occupants on that slippery slope.

Stenitz, L. (1983). "Psychosocial Effects of the Holocaust on Aging Survivors and their Families." Journal of Jewish Communal Service 60: 331-336.

Stermer, E., H. Bar, et al. (1991). "Chronic Functional Gastrointestinal Symptoms in Holocaust Survivors." American Journal of Gastroenterology 86(4): 417-422.

"In Nazi-occupied Europe (1939-1945), Jews were submitted to extreme mental and physical hardships (the Holocaust). This study was designed to investigate the impact of the severe protracted suffering on the development of chronic functional gastrointestinal symptoms. Thus, we studied 623 consecutive patients of Eastern European origin who had been admitted for non-gastrointestinal complaints. They filled out detailed questionnaires, and were divided into the following two groups: A) Holocaust survivors [237 subjects who had been for at least 6 months in either German concentration/extermination camps (95 subjects), ghetto and/or underground movements (65 subjects), labor camps not directly supervised by Germans (79 subjects)], and B) a control group (384 subjects from the same demographic background, who had not been exposed to Nazi persecutions). The symptoms investigated were the following: abdominal pain, irregular bowel habits, diarrhea, constipation, abdominal distension, heartburn, flatulence, anorexia, nausea, vomiting, mucus in stool, tenesmus, and aerophagia. Patients were defined as having functional symptoms after these had been present for at least 5 yr and relevant organic disease had been excluded. The prevalence, duration of suffering, and frequency of appearance of most symptoms were significantly higher in the group of Holocaust survivors. This study supports the clinical observations that severe and protracted suffering contributes to the development of chronic functional gastrointestinal symptomatology."

Sullivan, P. (1993). "ALLEGATIONS ABOUT NAZI PAST FORCE RESIGNATION OF WMA PRESIDENT-ELECT." Canadian Medical Association Journal 148(6): 995-996.

Tammes, P. (2007). "Survival of Jews during the Holocaust: the importance of different types of social resources." *International Journal of Epidemiology* 36(2): 330-335.

Background Of the Jewish inhabitants of Amsterdam 25.9% survived the Holocaust. However, different cultural and socio-economic groups within the Jewish community may have had different social resources and different chances of survival. Method To determine social resources by studying a random sample of 7665 Jews living in Amsterdam on the eve of the destruction of Dutch Jewry. Binary logistic regression models are used to test several hypotheses and express odds ratios. As some types of social resources may be interrelated, multivariable analyses are used. Results There were basically two ways of avoiding deportation to the death camps: going into hiding or acquiring protected status. The latter option was open chiefly to Jews having German nationality. In the analyses a higher survival rate correlates with holding German nationality, however is not significant when job status is included. Survival correlates strongly with having relations with non-Jews. The results were controlled for marital status, number of children, age below 15 years and gender. Standard errors and P-values were adjusted for family relationship by using robust standard error analyses. Conclusion Survival correlates most strongly with having close social ties with non-Jews. Although Jews could sometimes acquire protected status, this was no more than temporary. In order to survive, Jews needed someone who was a non-Jew to hide them and provide support.

Temme, L. A. (2003). "Ethics in human experimentation: the two military physicians who helped develop the Nuremberg code." *Aviation Space and Environmental Medicine* 74(12): 1297-1300.

TEMME LA. Ethics in human experimentation: the two military physicians who helped develop the Nuremberg Code. *Aviat Space Environ Med* 2003; 74:1297-1300. The Nuremberg Code is generally considered the beginning of modern ethics in human experimentation. The Code is a list of 10 principles that Judge Walter Beals included in the judgment he delivered at the close of the Nuremberg Medical Trial on 19 August 1947. Recently, scholars have studied the origin of the Code, who wrote it, and why. This is important to military medicine and the Aerospace Medical Association in particular because many of the defendants claimed their crimes were experiments in aviation and environmental physiology conducted under wartime conditions. The chief prosecutor of the Nuremberg Medical Trial, General Telford Taylor, relied on the guidance of an advisor provided by the American Medical Association, Andrew C. Ivy, one of the foremost physiologists of his time. The neurologist, Leo Alexander, then a colonel in the U.S. Army Reserves, was another medical advisor. Both men were crucial to the development of Taylor's courtroom strategy. The material Alexander and Ivy provided was incorporated verbatim in the section of the judgment that became the Code. Although both men contributed to the Code, Ivy provided what seems to be the first formulation of many of these principles during a meeting of Allied medical investigators at the Pasteur Institute in July 1946. Naval researchers should note that Ivy had been the Director of the Research Division of the Naval Medical Research Institute when it was commissioned on October 27, 1942.

Terno, P., Y. Barak, et al. (1998). "Holocaust survivors hospitalized for life: The Israeli experience." *Comprehensive Psychiatry* 39(6): 364-367.

The Holocaust was the most traumatic experience to occur in the 20th century. The present study aims to assess elderly Holocaust survivors in a long-stay psychiatric setting. Data concerning hospitalized survivors were gathered from medical records, repeated interviews (Structured Clinical Interview for DSM-III [SCID]) with patients, and family interviews. Subjects were all inpatients at Israel's largest psychiatric hospital, Abarbanel Mental Health Center. Patients hospitalized in the same setting who did not undergo the Holocaust were the comparison group. Of the center's 670 beds, 74 (11%) are designated for psycho-geriatric patients. Forty-four (59.5%) patients in the psycho-geriatric section are Holocaust survivors. There were 41 women and three men in our series. Mean age of the group was 76.2 years (range, 54 to 92). The most frequent diagnosis was schizophrenia (22 of 44). Nearly 30% had been hospitalized chronically since the Holocaust. Mean current hospitalization time was 11.2 years (range, 1 to 45). The frequent diagnosis in the comparison group was also schizophrenia (20 of 30), but indexes of chronicity were more favorable. The severity and the chronic, deteriorating course of illness in this subgroup of survivors may be due to the massive life-long psychologic disintegration imposed by the Holocaust. Copyright (C) 1998 by W.B. Saunders Company.

Turda, M. (2006). "Nazi medicine and the Nuremberg trials: From medical war crimes to informed consent." *Journal of the History of Medicine and Allied Sciences* 61(2): 236-240.

Unschuld, P. U. and M. Weber (1989). "THE DOCUMENTATION OF NAZI MEDICINE BY GERMAN MEDICAL SOCIOLOGISTS - COMMENTS." *Social Science & Medicine* 29(12): 1330-1331.

van der Hal-Van Raalte, E. A. M., M. J. Bakermans-Kranenburg, et al. (2008). "Diurnal cortisol patterns and stress reactivity in child Holocaust survivors reaching old age." *Aging & Mental Health* 12(5): 630-638.

Objectives: Late-life implications of early traumatic stress for the adreno-cortical system were examined in a sample of 133 child survivors of the Holocaust, who were subjected to Nazi persecution during infancy. Method: In a non-convenience sample of child survivors, born between 1935 and 1944, basal circadian cortisol release and cortisol reactivity to a stressor were assessed. Results: Age, parental loss during the Holocaust, current depression, post-traumatic stress disorder (PTSD) and physical illness were not associated with differences in basal diurnal cortisol levels. Neuro-endocrine effects, however, were found in stress reactivity through elevated cortisol levels in male respondents in the youngest age group (born 1941-1945), and in male respondents suffering from PTSD-related functional impairment. Conclusion: The youngest survivors of Nazi persecution show late-life effects of traumatic stress during early childhood, evidenced by the early onset of differential neuroendocrine pathways to stress-regulating strategies.

Vermaat, J. A. E. (2002). "'Euthanasia' in the Third Reich: lessons for today?"
Ethics Med 18(1): 21-32.

Vlassov, V. (2006). "Russian medicine and the Nuremberg trials (vol 16, 229, 2006)." European Journal of Public Health 16(5): 570-570.

Wagenaar, W. A. and J. Groeneweg (1990). "THE MEMORY OF CONCENTRATION-CAMP SURVIVORS." Applied Cognitive Psychology 4(2): 77-87.

Wallace, D. J. and M. Weisman (2000). "Should a war criminal be rewarded with eponymous distinction? The double life of Hans Reiter (1881-1969)." Jcr-Journal of Clinical Rheumatology 6(1): 49-54.

The combination of arthritis, urethritis, conjunctivitis, often associated with a psoriasiform rash has been termed Reiter's syndrome, particularly if the patient is HLA-B27 positive. In this report, the history of "Reiter's syndrome" is investigated by reviewing descriptions of the syndrome and the life and times of Hans Reiter from source materials and recent publications that shed new light on medicine and clinical research in the Nazi regime. The description of the syndrome clearly antedates Reiter's work by several hundred years. Numerous other investigators accurately described a reactive cutaneo-arthropathy before Reiter. Hans Reiter gave his imprimatur to some of the most horrific experiments conducted on concentration camp internees during World War II. We conclude that Reiter does not deserve eponymous distinction. The disorder should be renamed "reactive cutaneo-arthropathy," or a "reactive arthritis" syndrome.

Wallace, D. J. and M. H. Weisman (2003). "The physician Hans Reiter as prisoner of war in Nuremberg: A contextual review of his interrogations (1945-1947)." Seminars in Arthritis and Rheumatism 32(4): 208-230.

Objective: Crimes against humanity by Nazi Germany led to the codification of procedures for trying medical professionals. The principles detailed in the Nuremberg Code formulated by the Allies represented their effort to prevent future excesses and embody today's Institutional Review Boards. Reactive arthritis is often termed Reiter's syndrome, after Hans Reiter, who was incarcerated at Nuremberg. Methods: The authors reviewed Dr Hans Reiter's Nuremberg file at the National Archives in Washington, DC, and present chronologic excerpts of his interrogations between 1945 and 1947, with interpretative commentary. Results: Reiter was involved with or knowledgeable of involuntary sterilization and euthanasia undertaken by the Nazi regime. He also played an active role in the design of a study that inoculated concentration camp internees at Buchenwald with an experimental typhus vaccine, which resulted in hundreds of deaths. Conclusions: A brilliant investigator and erudite intellectual, the career of Hans Reiter shows the importance and the relevance of scientific inquiry to adhere to principles enumerated in the Nuremberg Code. Because he was not the first to describe reactive arthritis, and in view of the above, Reiter's syndrome should only be used to cite an older reference that uses the term or in a historical context. Copyright 2003, Elsevier Science (USA). All rights reserved.

Weber, M. M. (1996). "Ernst Rudin, 1874-1952: A German psychiatrist and geneticist." *American Journal of Medical Genetics* 67(4): 323-331.

Ernst Rudin (1874-1952) was one of the major representatives of German psychiatry, genetics, and eugenics in the first half of the twentieth century, Born in Switzerland, he was influenced early on by his brother-in-law Alfred Ploetz, who propagated the ideas of social Darwinism and "racial hygiene" in Germany after 1890, Rudin began his career in psychiatry at Emil Kraepelin's clinic in Munich, where he developed the concept of "empirical genetic prognosis" of mental disorders, He published his first results on the genetics of schizophrenia in 1916, From 1917-1945 Rudin was director of the Genealogical-Demographic Department at the German Institute for Psychiatric Research, which Kraepelin had founded, After a short interruption from 1925-1928, Rudin returned to Munich and enlarged the department, After 1933 the National Socialist government and party endorsed Rudin's work by supplying financial and manpower support, Nazi health policy required a scientific basis to justify its actions, and Rudin's ideas corresponded partially with this kind of thinking, In 1934 he prepared the official commentary on the "Law for the Prevention of Genetically Diseased Offspring." The connections of Rudin's department to National Socialism can be understood as one of the main reasons for the critical attitude towards psychiatric genetics in Germany after 1945. (C) 1996 Wiley-Liss, Inc.

Weber, M. M. (2000). "Psychiatric research and science policy in Germany. The history of the Deutsche Forschungsanstalt für Psychiatrie (German Institute for Psychiatric Research) in Munich from 1917 to 1945." *History of Psychiatry* 11(43): 235-258.

The name Deutsche Forschungsanstalt für Psychiatrie (DFA, German Institute for Psychiatric Research), which even today is part of the official name of the Max-Planck-Institut für Psychiatrie (Max Planck Institute of Psychiatry), makes reference to the origins of a scientific institution whose history can serve probably better than that of any other institution to illustrate the paths taken by modern psychiatry in Germany. In what follows it is shown that, in retrospect, traditional ideas often continued to be in use with surprising continuity during the eventful decades of the first half of the twentieth century. Beyond this, the history of the DFA reflects not only developments within psychiatry as a scientific discipline but also the interactions of psychiatry with what was taking place generally and politically during the period under discussion.

Weigmann, K. (2001). "In the name of science - The role of biologists in Nazi atrocities: lessons for today's scientists." *Embo Reports* 2(10): 871-875.

Weindling, P. (1993). "THE SURVIVAL OF EUGENICS IN 20TH-CENTURY GERMANY." *American Journal of Human Genetics* 52(3): 643-649.

Weindling, P. (2005). "Medicine and medical ethics in Nazi Germany: Origins, practices, legacies." *English Historical Review* 120(485): 262-262.

Weingart, P. (1989). "POLITICS OF HEREDITY - GERMANY 1900-1940, A BRIEF OVERVIEW." *Genome* 31(2): 896-897.

Weirich, A. and G. F. Hoffmann (2005). "Ernst Moro (1874-1951) - A great pediatric career started at the rise of university-based pediatric research but was curtailed in the shadows of Nazi laws." *European Journal of Pediatrics* 164(10): 599-606.

Ernst Moro was born on December 8, 1874, in Ljubljana, the capital of Slovenia, then part of the Austro-Hungarian empire and attended university in Graz, Austria. Pediatrics, initially regarded as a part of internal medicine, was in its early days as an independent field at universities in German-speaking Europe. The first Chair of Pediatrics had been established in Vienna, Austria in 1884. Ten years later Germany was granted its first Chair in Berlin. Escherich, who held the first Chair of Pediatrics at Graz, was seen as one of the most respected pediatricians in Europe. Therefore, he was invited in 1904 to represent pediatrics together with the American Abraham Jacobi at the International World Congress on Science at the Saint Louis World Exposition in the United States. The high mortality of nearly 25% in infancy was seen as one of the main problems. Escherich's scientific work had established him as the leading bacteriologist. Moro's pediatric career started in Escherich's laboratory with experimental research on the physiology of digestion in infants. In 1900 he presented the first bacteriological characterisation of *Lactobacillus acidophilus*. In 1906 he received his *venia legendi* for his work on the bacterial flora in physiological and pathological conditions of the infantile intestine. In 1908 Moro won international reputation for his simple percutaneous skin test for tuberculosis, which was widely used in many countries as the "Moro test" at least until the 1960s. He described a carrot soup and other dietary prescriptions as helpful for diarrhoeal disease. In 1911 he became Head of the Children's Hospital at Heidelberg. In 1918 he described some features peculiar to the first 3 months; according to him this trimenon should be regarded as an own entity like the newborn period. The most famous part of the paper was the description of a milestone in the infant's neurological development, the Umklammerungsreflex (embracing reflex). In 1919 Moro was promoted from associate professor to the first 'Ordinarius', thus founding the first Chair of Pediatrics at Heidelberg and marking the beginning of a scientifically most fruitful period of international collaboration. However, as his wife was of Jewish origin, Moro slowly withdrew from hospital service starting in 1933. After early retirement in 1936, he worked as a pediatrician at home until 1948.

Weiss, S. F. (2006). "Human genetics and politics as mutually beneficial resources: The case of the Kaiser Wilhelm Institute for anthropology, human heredity and eugenics during the Third Reich." *Journal of the History of Biology* 39(1): 41-88.

This essay analyzes one of Germany's former premier research institutions for biomedical research, the Kaiser Wilhelm Institute for Anthropology, Human Heredity and Eugenics (KWIA) as a test case for the way in which politics and human heredity served as resources for each other during the Third Reich. Examining the KWIA from this perspective brings us a step closer to answering the questions at the heart of most recent scholarship concerning the biomedical community under the swastika: (1) How do we explain why the vast majority of German human geneticists and eugenicists were willing to work for the National Socialist state and, at the very least, legitimized its exterminationist racial policy; and (2) what accounts for at least some of Germany's most

renowned medically trained professionals' involvement in forms of morally compromised science that wholly transcend the bounds of normal scientific practice? Although a complete answer to this question must await an examination of other German biological research centers, the present study suggests that during the Nazi period the symbiotic relationship between human genetics and politics served to radicalize both. The dynamic between the science of human heredity and Nazi politics changed the research practice of some of the biomedical sciences housed at the KWIA. It also simultaneously made it easier for the Nazi state to carry out its barbaric racial program leading, finally, to the extermination of millions of so-called racial undesirables.

Whalan, M. (2003). "The Nazi connection: Eugenics, American racism, and German National Socialism." *Journal of American Studies* 37(1): 157-157.

White, L. W. (1996). "The Nazi doctors and the medical community; honor or censure? The case of Hans Sewering." *J Med Humanit* 17(2): 119-35.

During the Nazi era, most German physicians abrogated their responsibilities to individual patients, and instead chose to advocate the interests of an evil regime. In so doing, several fundamental bioethical principles were violated. Despite gross violations of individual rights, many physicians went on to have successful careers, and in many cases were honored. This paper will review the case of Hans Sewering, a participant in the Nazi euthanasia program who became the President-elect of the World Medical Association. The appropriate stance for the medical and scientific community toward those who violate human rights and ignore fundamental ethical principles of the healing professions will be considered.

Wilkerson, I. (1989). "Nazi scientists and ethics of today." *NY Times (Print)*: 34.

Wittmann, E. (2004). "To what extent were ideas and beliefs about eugenics held in Nazi Germany shared in Britain and the United States prior to the second world war?" *Vesalius* 10(1): 16-9.

The term eugenics was first coined by Darwin's cousin, Francis Galton, in 1883. The eugenic movement gained public popularity across Europe and North America at the end of the Victorian era, fuelled by the concept of 'social Darwinism' and public fear of a decline in the number of ideal citizens. The origins of eugenic legislation can be found in the USA's immigration acts of the early 1880's. Indiana was the first state to pass sterilisation laws, in 1907. The laws that followed were used as templates by the Nazis, thirty years later. In Britain the Wood Committee (1924) and the Brock Committee (1931) both put pressure on parliament to introduce eugenic laws but were defeated. The anti-eugenics movement was stronger than in other protestant European countries and eugenics fell out of favour as the 1930's progressed. In the USA however, support remained strong, leading one activist to comment in 1934, 'The Germans are beating us at our own game'. There appears to have been little emphasis on eugenics in the Weimar Parliament, but the Nazi's legislation, on coming to power in 1933, surpassed anything conceived on either side of the Atlantic at the outbreak of war in 1939.

Wolfensberger, W. (1993). "A reflection on Alfred Hoche, the ideological godfather of the German 'euthanasia' program." *Disabil Handicap Soc* 8(3): 311-5.

Woods, D. (1996). "Lessons still need to be learned from Nuremberg." *British Medical Journal* 313(7070): 1422-1422.

(2009). Schindler's List found in Sydney. *BBC News, BBC MMIX.*

Lipstadt, D. E. (1991). "Deniers, Relativists, and Pseudo-Scholarship." *Dimensions: A Journal of Holocaust Studies* 6(1)

"Those who argue that the holocaust deniers must be given a fair hearing fail to recognize that the deniers' quest is not a search for truth. Rather they are motivated by racism, extremism, and virulent anti-Semitism."

Strous, R. D. and M. C. Edelman (2007). "Eponyms and the Nazi era: Time to remember and time for change." *Israel Medical Association Journal* 9: 207-214.

Eponyms are titles of medical disorders named for individuals who originally described the condition. They also help us remember and identify the disorder. Medicine is replete with them, and changing them or eradicating them, for whatever reason, is not simple. But when there is a moral issue involved—for example, research conducted under overwhelming unethical conditions—we believe it wrong to perpetuate and thus "reward" the memory of the individual for whom the disorder is named. The name of a syndrome should thus be discontinued if described by an individual whose research used extreme measures or who was involved in atrocities against humanity. Ethical considerations should be introduced into medical nosology just as they exist in patient care and research. This article details a group of notable eponyms, the names of which are associated with overt crimes of the medical community during the Nazi era, and provides alternative medical nomenclature. In addition, examples are provided of eponyms named after Nazi era victims, eponyms of those who protested such injustices, and eponyms of those who had to flee discrimination and death. These should be remembered and even strengthened, as opposed to those of the perpetrators, which should be obliterated. Since the greatest accolade a physician can earn is praise from his colleagues as expressed in an eponym entrenched in one's name, the medical profession should remove any honor given to physicians involved in crimes to humanity.

Berger, R. L. (1990). "Nazi Science - The Dachau Hypothermia Experiments." *New England Journal of Medicine* 322(20): 1435-1440.

"This paper presents a critical analysis of the experimental protocol [of the Dachau Hypothermia experiments] and the results reported, and an examination of the credentials and reliability of the investigators." This information is presented to contribute to the debate on whether or not the results of the Nazi experiments can contribute meaningfully to science and future investigations or if the information, and the way in which it was obtained, nullify potential benefits and call into question the validity of such experiments.

Winklemann, A. and U. Schagen (2009). "Hermann Stieve's Clinical-Anatomical Research on Executed Women During the "Third Reich"." *Clinical Anatomy* 22: 163 - 171.

Cappell, M. S. (2006). "The effect of Nazism on medical progress in gastroenterology: The inefficiency of evil." *Digestive Diseases and Sciences* 51(6): 1137-1158.

While Nazism is almost universally recognized as a great evil, control of science and medicine by the totalitarian Nazi state might be viewed as increasing efficiency. Scientific methods are applied to semi-quantitatively analyze the effects of Nazism on medical progress in gastroenterology to document its pernicious effects, and to honor outstanding gastroenterologists persecuted or murdered by the Nazis. This is a retrospective, quasi-case-controlled study. To disprove the null hypothesis that Nazism was efficient, retarded progress in gastroenterology is demonstrated by (1) enumerating the loss to Nazi Germany from 1933 to 1944 due to violent death, incarceration, or forced exile of key researchers in gastroenterology, defined by authorship of at least one book or 10 articles in peer-reviewed journals or other outstanding scholarship; (2) demonstrating a statistically significantly greater loss in Nazi Germany than in non-Nazi (Weimar German Republic from 1921 to 1932) or anti-Nazi (democratic America from 1933 to 1944) control groups; and (3) demonstrating that each loss was directly due to Nazism (murder, incarceration, or exile due to documented threat of violence/death or revocation of medical license). Sources of error in analyzing events from 70 years ago are described. Nazi Germany and Nazi-occupied Europe gained 0 and lost 53 key gastroenterology researchers, including 32 lost due to forced exile, 11 murdered by the Nazis, 5 lost due to suicide under threat of violence, 3 in hiding from the Gestapo, and 2 for other reasons. Fifty-two of the gastroenterologists were persecuted solely because they were Jewish or of Jewish descent and one because he was a Christian anti-Nazi Polish patriot. Particularly severe losses occurred in endoscopy. The loss in Nazi Germany from 1933 to 1944 was significantly greater than that in non-Nazi Germany and Austria from 1921 to 1932 (53 versus 4; odds ratio = 25.27; 95% CI: 9.01-70.48; $P < 0.0001$) and was significantly greater than that in anti-Nazi America from 1933 to 1944 (53 versus 0; odds ratio > 104.0 ; 95% CI: 17.62-608.95; $P < 0.0001$). Lost physicians in Nazi Germany (with reasons for loss) included Ismar Boas, the father of modern gastroenterology (suicide after medical license revoked); Hans Popper, the father of hepatopathology (fled impending arrest); Rudolph Nissen, the father of anti-reflux surgery (fled after job dismissal); Rudolph Schindler, the father of semi-flexible endoscopy (fled after incarceration); Heinrich Lamm, the first to experimentally demonstrate fiberoptic transmission and the first to suggest its applicability for gastroscopy (fled after medical license revoked); Hermann Strauss, a pioneer in rigid sigmoidoscopy (suicide in a concentration camp); A.A.H. van den Bergh, who discovered the van den Bergh reaction to differentiate indirect from direct bilirubin (died in hiding in Nazi-occupied Holland); and Kurt Isselbacher, subsequently the Chief of Gastroenterology at Harvard Medical School (fled in childhood after a grandfather murdered by Nazis). All four refugee physicians who were re-exposed to Nazi domination, after a regime change in their country of refuge, fled again or committed suicide. The Nazi damage to German and Austrian gastroenterology was immense, e.g., 13 of 14 major international discoveries in

diagnostic gastroscopy were made by Germans or Austrians before the Third Reich, versus only 1 of 8 subsequently (odds ratio = 91; 95% CI: 3.58-13,877.61; P < 0.001). Eighteen (34%) of the persecuted physicians immigrated to America, thereby contributing to the postwar flourishing of American gastroenterology, particularly gastrointestinal endoscopy. In conclusion, the Third Reich severely retarded and reversed medical progress in gastroenterology in Germany.

Gitman, E. (2009). "The Rescue of Jewish Physicians in the Independent State of Croatia, 1941-1945." *Holocaust and Genocide Studies* 23(1): 76-91.

Hoening, L. J. (2000). "A Jewish Physician Amidst the Holocaust." *Archives of Internal Medicine* 160: 4.

"On November 27, 1940, in Nazi Germany, a prescription was written by a Jewish physician, Dr. Lucie Adelsberger. This article examines that prescription and tells the story of the physician who wrote it. Tracing the fate of Dr. Adelsberger throughout the Holocaust, this article describes her ordeal as a prisoner-physician at the Auschwitz concentration camp and her struggles to help sick camp inmates survive under the most brutal of conditions."

OPOCHINSKY, P., D. S. NADAV, et al. (Various). Sources for the Presentation of Shulamit Imber- "Medical Dilemmas of Jewish Doctors During the Holocaust": 8.

This is a collection of excerpts from sources including Sketches from the Warsaw Ghetto; the Chronicles of the Ghetto Lodge (25 Sept. 1942), Medicine and Nazism, "Memoirs of a Vilna Ghetto Doctor" and the Delegation Protocol from the meeting of the Shavli Judenrat (24 Mar. 1943) and I Was a Doctor in Auschwitz.

Seidelman, W. E. (1996). "The path to Nuremberg in the pages of JAMA, 1933-1939." *Jama-Journal of the American Medical Association* 276(20): 1693-1696.

This article highlights the transition in medicine from pre-war Germany to medicine under the Third Reich via contributions from foreign correspondents in the "Foreign Letters" section of the Journal of the American Medical Association. The documentation includes "reports of professional meetings, translations of section of articles published in German medical journals, and translations of legal reports." Highlighted is "professional persecution, including restriction of practice opportunities for Jewish Physicians, centralization of state control of medical professional organizations, Nazi medical education programs, control of the ethnic composition of the German medical profession and enforcement of Nazi eugenic and racial policies."

. "Doctor Mengele." Retrieved 6/7/1999, from <http://members.aol.com/poloboy02/mengele.htm>.

This website offers a brief summary of Dr. Mengele's life. Paragraphs headings include pre-war, personal info, post-war and wartime experiments on twins, dwarves, noma, and eye color.

. "Mengele." Retrieved 11/1/1998, from <http://www.candles-museum.com/mengele.htm>.

This article is a short biography on Josef Mengele, commonly known as the "Angel of Death". After giving a very brief introduction and background of Mengele's life, the article focuses on his twin experiments that were conducted at Auschwitz during the Holocaust. According to Mengele, twins served as perfect experimental specimens since one could serve as the control while the other was endured experiments.

Abrams, F. R. (2004). "Foreward: Doctors from Hell." 10.

Adam, Y. G. (2005). "Aide memoire - The role of the German medical establishment in the holocaust - A retrospective on the 60th anniversary of the liberation of Auschwitz." Israel Medical Association Journal 7(3): 139-142.

A brief illustration of the roles of Nazi Doctors and the general interest of German physicians in Nazi ideology. Also outlines the racial hygiene, euthanasia and experimental programs, a retrospective on 60th Anniversary of the Liberation of Auschwitz.

Bloch, F. (1986). "Medical scientists in the Nazi era." Lancet 1(8477): 375.

Benno Muller-Hill's book on "genetic" science in Nazi Germany, *Todliche Wissenschaft* (Hamburg: Rowohlt Taschenbuch Verlag; 1984), is reviewed. The work is divided into three parts: a detailed documentary record of genetic and eugenic activities in the Third Reich; the author's interpretation of Nazi racial ideology; and interviews with surviving researchers, technicians and assistants, and the relatives of dead scientists. Muller-Hill concludes that, despite their post-war claims of integrity, German scientists were willing collaborators with the political authorities, and that their work provided the intellectual and scientific underpinnings for Nazi racial policies.

Chelouche, T. (2007). "Doctors, pregnancy, childbirth and abortion during the Third Reich." Israel Medical Association Journal 9(3): 202-206.

This paper does not attempt to deal with the legitimate ethical or moral debate on abortion. Utilizing abortion as a subject I will show how science and medicine in general, and abortion in particular, were used as weapons of mass destruction by Nazi physicians in their zeal to comply with the political climate of the time. Nazi policy on abortion and childbirth was just one of the methods devised and designed to ensure the extermination of those whom the Nazi's deemed had "lives not worth living." Physicians implemented these policies, not with the fate of their patients in mind, but rather in the name of the "state." When discussing pregnancy, abortion and childbirth during the Holocaust it is imperative to include an essay of how these issues affected the Jewish prisoner doctors in the ghettos and camps. Nazi policy dictated their actions too. From an extensive search of their testimonies, I conclude that for these doctors ethical discourse comprised a fundamental component of their functioning. I do not propose to judge them in any way and one should not, in my opinion, argue whether their behavior was or was not morally acceptable under such duress; nevertheless, unlike their Nazi counterparts, a key theme in their testimonies was to "keep their medical values."

Dudley, M., and Fran Gale (2002). "Psychiatrists as a moral community? Psychiatry under the Nazis and its contemporary relevance." *Australian and New Zealand Journal of Psychiatry* 36: 585-594.

With particular reference to Australia and contemporary relevance, this paper addresses the motivations and actions of psychiatrists-turned-murderers during the Holocaust. The authors explain that the medical killing of psychiatric patients was "an open secret with gradations of collective knowing." Pressure from peers and superiors, unquestioning obedience, careerism and racist ideology are highlighted as the motivations of these psychiatrists. The authors explain that "denial was facilitated by use of deceptive language, bureaucratic and technical proficiency, and notions such as 'a greater cause' or 'sacred mission'. Dissociation and numbing were common." The authors also explain the the major role played by psychiatrists is partially explained by the profession's state-controlled tendency to objectify patients and the Nazi target of mentally ill individuals. As a result, they conclude that a professional orientation towards people as subjects not objects is crucial to avoiding a repetition of history, and that future resistance should be based on "commemoration, broad-based education and reflection on cultural values, strong partnerships between psychiatrists and patients, and willingness to question publicly policies and attitudes that disadvantage and stigmatize groups."

Mekhennet, S. and N. Kulish (2009). *Uncovering Lost Path of the Most Wanted Nazi*. The New York Times. Cairo, The New York Times.

Nevins, M. (2008). "Moral Dilemmas Faced by Jewish Doctors During the Holocaust." *Jewish Virtual Library*: 1-5.

This article discusses the moral dilemmas faced by four different Jewish doctors during the Holocaust. Dr. Swajger, apparently the most ethically ambiguous of the four, had to make a number of decisions involving sacrificing one to save many or mercy killing to prevent torture and suffering. Dr. Adelsburger faced "barbaric" conditions at Auschwitz where she cared for prisoners allows on the edge of death. Like Dr. Adelsburger, Dr. Nyiszli was also assigned to work at Auschwitz under the auspices of the infamous Nazi researcher Dr. Mengele. Dr. Korczak, finally, heroically declined opportunities to escape the Warsaw ghetto in order to care for orphaned children.

Posner, G. L. and J. Ware (2000). *Chapter 1: The Formative Years. Mengele: The Complete Story*. New York, Cooper Square Press: 1 - 19.

As the first chapter to the most extensive biography on Josef Mengele, chapter 1 follows Mengele through childhood, analyzing his behavior during specific accounts of his interactions with other children and events in his life. Interviews with childhood friends provide further insight to Mengele's behavior, and the chapter followed Mengele through his academic pursuits and up until his transfer to Auschwitz in 1943 as a medical scientist.

Rosenberg, J. (1999). "Josef Mengele." Retrieved 7/2/1999, from <http://holocaust.about.com/library/misc/blmengele.htm?pid=2765&cob=home>.

This articles is a bulleted list of the main events in Josef Mengele's life. Topics include his early life, education before WWII, Auschwitz, and his escape after the war.

Seidelman, W. E. (1985). "The Professional Origins of Dr. Joseph Mengele." Canadian Medical Association Journal 133: 1169 - 1171.

After explaining the origins of eugenics theories in the early 1900s, this article describes Joseph Mengele's professional life, including his dissertation and experimental publications written before and during the Nazi era. Mengele studied eugenics at various international universities, calling into question the role of the international health community in legitimizing his experiments.

Seidelman, W. E. (1988). "Mengele Medicus: Medicine's Nazi Heritage." The Milbank Quarterly 66(2): 221 - 239.

"Nazi medicine raises important questions about the relationship of medicine and human life. These questions are relevant not only to the Nazi period but also to contemporary medicine. The purpose of this article is to emphasize that Nazi medicine did not exist only in the period from 1933 to 1945, but, in fact, extends beyond the Hitler period and continues today. Contemporary influences of Nazi medicine are examined in the context of their original contribution to Nazi health policies and practices, policies and practices that have come to exemplify the worst evils in the history of mankind. Four individuals whose conduct illustrates this problem are: Professor Dr. Ernst Rudin, who helped establish the basis for eugenic and racial engineering through the Nazi program of compulsory sterilization; Professor Dr. Otmar Freiherr (Baron) von Verschuer, a leading academic eugenicist and geneticist in Nazi Germany who was Josef Mengele's mentor and sponsor; Dr. Josef Mengele himself; and finally, Dr. Sigmund Rascher, who conducted the infamous cold experiments in Dachau."

Sher, N. M. (1992). In the Matter of Josef Mengele: A Report to the Attorney General of the United States. O. o. S. I. C. Division: 442.

This report contains all government issues documents concerning Josef Mengele, including his warrant for arrest, map of movements, discharge certificates, historical witnesses, forensic report, and the DNA analysis of his remains. In addition, photographs, family history, and other various document copies are supplied.

Tuffs, A. (1994). "Apologies for Nazi Crimes." Lancet 344(8925): 808-808.

Brune, M. (2001). "Evolutionary Fallacies of Nazi Psychiatry - Implications for Current Research." Perspectives in Biology and Medicine 44(3): 426-433.

Evolutionary theory has had a major impact on psychiatry since the middle of the 19th century. During the Nazi regime psychiatry supported compulsory sterilization and euthanasia of physically and mentally ill and subsequently the killing of "inferior" races by borrowing scientifically invalid conclusions from evolutionary biology. The present paper deals with some of the flaws and shortcomings of the scientific paradigms of evolutionary theory adopted by psychiatry during the Nazi regime and discusses possible implications for modern research in evolutionary psychology and psychiatry.

Burleigh, M. (1994). "Psychiatry, German Society, and the Nazi Euthanasia Program." Social History of Medicine 7(2): 213-228.

The paper begins by establishing the position of psychiatry after the First World War, concentrating upon the interplay between economy measures and limited reform during the Weimar Republic. Each therapeutic advance involved the definition of irremediable subgroups within the already socially marginalized psychiatric constituency. Nazi policy towards psychiatric patients during the 1930s involved further economy measures, and the introduction of negative eugenic strategies, were similar in kind if not degree, to those pursued in some other countries at that time. The decision to kill the mentally ill and physically disabled was taken by Hitler in order to clear the decks for war, and was justified with the aid of crude utilitarian arguments, as well as what limited evidence there was regarding popular attitudes on these issues. Many health professionals and psychiatrists accommodated themselves to policies which a few years later became one of the components of the 'Final Solution of the Jewish Question', i.e. Hitler's vengeance against the Jewish people in circumstances of war he had envisaged much earlier.

Hassenfeld, I. N. (2002). "Doctor-Patient Relations in Nazi Germany and the Fate of Psychiatric Patients." *Psychiatric Quarterly* 73(3): 183 -194.

"German physicians actively engaged in the forced sterilization and killing of psychiatrically disabled children and adult patients. Academic psychiatrists embraced the Nazi philosophy and led the way in the "final solution" for psychiatric patients. This took place in a climate of widespread racism, virulent anti-Semitism, disillusionment with utopian social reforms, loss of medical confidentiality, devaluation of autonomy, intoxication with collectivism, in just national pride, and economic crisis. In this paper I review the impact on the physician-patient relationship of scientific, socio-economic, and political developments in the fifty years leading up to Hitler's rise to power, and explore potential implications for health care in the U.S."

Peters, U. H. (2001). "On Nazi psychiatry." *Psychoanal Rev* 88(2): 295-309.

"The term 'Nazi Psychiatry' is not yet well known, although the psychiatry of the Nazis has been amply researched. Frequently the opinion is stated that German psychiatry during the Nazi period was indeed a psychiatry of the Nazis. Nothing could be more wrong. The truth is that during the time of Nazi rule German psychiatry almost simultaneously reached its highest level, and was the leading psychiatry in the world while, on the other hand, it plummeted to its deepest abyss. Before going into some details it may be useful to summarize some essentials."

Seeman, M. V. (2005). "Psychiatry in the Nazi Era." *Canadian Journal of Psychiatry* 50: 218-225.

This is a literature review intended to update Canadian psychiatrists on recent information from newly discovered Berlin archives about the actions of physicians, especially psychiatrists, during the era of National Socialism in Germany and to encourage introspection about the role of the medical profession, its relationship with government, and its vulnerability to manipulation by ideology and economic pressures. It consists of a selection of literature concerning the collaboration of physicians, especially psychiatrists, in the sterilization, experimentation, and annihilation of patients with mental illness before and during World War II. Overall, the literature reveals that

German psychiatrists were enlisted to commit atrocities during the Nazi period under the auspices of caring for individual patients and convinced of a hierarchical system of determining personal worth. The article concludes by calling for "constant vigilance" among psychiatrists.

Annas, G. J. (2009). "The Legacy of the Nuremberg Doctors' Trial to American Bioethics and Human Rights." *Minnesota Journal of Law, Science, and Technology* 10(1): 19 - 40.

Thomson, H. J. (1997). "The BMJ's Nuremberg issue - Abortion and euthanasia evoke thoughts of Nazi Germany." *British Medical Journal* 314(7078): 439-439.

Vollmann, J., and Rolf Winau (1996). "Nuremberg Doctors' Trial: Informed consent in human experimentation before the Nuremberg code." *British Medical Journal* 313: 1445-1447.

This article discusses new research which has uncovered ethical issues of informed consent in human experimentation as early as the nineteenth century. This research shows that regulations were not initiated by the medical profession but were issued after critical public discussion and political debate, and that basic elements of the modern legal concept of informed consent can be found in these early regulations, although they were not binding in the legal sense and little is known about the actual impact on clinical research.

Weindling, P. (2001). "The Origins of Informed Consent: The International Scientific Commission on Medical War Crimes, and the Nuremberg Code." *Bulletin of History and Medicine* 75: 37-71.

"This paper examines developments prior to the [Nuremberg] Trial, involving the physiologist Andrew Conway Ivy and an inter-Allied Scientific Commission on Medical War Crimes. The paper traces the formulation of the concept of a medical war crime by the physiologist John West Thompson, as part of the background to Ivy's code on human experiments of 1 August 1946. It evaluates subsequent response by the American Medical Association, and by other war crimes experts, notably Leo Alexander, who developed Ivy's conceptual framework. Ivy's interaction with the judges at Nuremberg alerted them to the importance of formulating ethical guidelines for clinical research."