

MEDICAL ETHICS UNDER A TOTALITARIAN REGIME: GERMAN DENTISTS AND THE THIRD REICH

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A definition

Coming from the Greek *ethikê* and the Latin *ethica*, ethics is considered as the philosophy of morality. According to Aristotle [*Nicomachean Ethics*], ethics is “*a practical science whose object is the man’s action as a reasonable human being and whose final goal is the practice of virtue in the conduct of life.*”

Principles of ethics

After 133 days of long debates, the trial of twenty three Nazi doctors ended in Nuremberg on 21 August 1947.¹ Seven of the doctors were sentenced to death, five to life imprisonment, two to 20 years imprisonment, two to 10 years imprisonment, and seven were discharged. On the very eve of the announcements of the sentences, 10 essential principles that should in future govern every human experiment were announced to the eyes of the world by the Court of Nuremberg. The notion of medical ethic was in its early stages. With this judgement the Court defined its fundamental principles.

1 It is necessary to obtain the subject’s enlightened and voluntary consent without him or her being pressurised or being the victim of a hoax.

2 The experiment must lead to practical results for the sake of humanity.

3 The fundamentals of the experiment must be based on previous experiments practised on animals as well as on the knowledge of the genesis of the illness itself.

4 The subject must not suffer or be hurt when the experiment is being carried out.

5 If there is a risk of death or disability for the subject, the experiment should not be carried out.

6 The risks during the experiment should not exceed the positive value of the medical problem that the experiment aims at solving.

7 During the experiment any possibility of causing injuries, disability or the subject’s death must be avoided.

8 Only competent and qualified people must carry out the experiment.

¹ P. Aziz, *Les médecins de la mort*. [*The doctors of death*], Famot (ed.), tome 3, Genève, 1975, pp. 21-22.

9 The subject is free to stop the experiment at any time.

10 The man of science can interrupt the experiment whenever he thinks that there is a potential risk for the subject.

In Germany, under the Third Reich, about 350 active doctors out of 90,000 committed medical crimes.

In 1939, out of 16,300 graduated dentists, not more than a hundred worked in concentration camps including those of the administration.²

Organisation of the dentistry in Germany before 1933³

In 1930, there were 10,000 dentists, of whom 90% were members of the Association of Dentists of the Third Reich (12% were members of the NSDAP before 1933).⁴ Over 16% of them earned less than 3,000 Reichsmarks per year. The medical care rates for fees imposed by the funding organizations were 40% lower than those for private medical care. The dental surgeons (DS) received a dental training by local universities. They were in competition with the clinics of the German government department dealing with health insurance, and with the dentists (D) who received a dental training by schools. There was a surplus in the number of students who were more and more to become dental surgeons. The loss of wages could only be a continuing process. Academic dental clinics were spreading out across the country, (the very first one opened in 1902. In 1931, 528 dental surgeons treated 6 million members of insurance companies in 126 academic dental clinics). In 1920, a dentist who wanted to practise in the German government department dealing with health insurance had to pass a specific exam to be accepted. On 26 July 1930, the patient was able to choose the doctor that he/she wanted.

From 1933

On 24 March 1933, Ernst Stück was at the forefront of the profession. On 23 May 1933, each county and region was represented by a political representative. On 2 October 1933 Stück became *Reichzahnärztführer*

² X. Riaud, *La pratique dentaire dans les camps du III^{ème} Reich*, [The dental practice in the camps of the 3rd Reich], L'Harmattan (ed.), Collection Allemagne d'hier et d'aujourd'hui [« Past and present Germany » collection], Paris, 2002, p. 54.

³ G. I. Cagerodcev & A. Thom, *Medizin unterm Hakenkreuz*. VEB Verlag und Gesundheit, Berlin, 1989, p. 308-327.

⁴ E. Häussermann, NS-Zeit – ein Kapitel der Verdrängung , in *Zahnärztliche Mitteilungen*, 1996 und 1997, Köln, p. 14

(Chief dentist of the Reich).⁵ On 1 October 1934 Stück pronounced that every dentist who hadn't had a dental consulting room yet, should follow an eight week ideological, military and professional training to obtain the acceptance by the funding organizations. In 1935, the association of German dentists became the Order of German dentists. The dentists adopted the regime's policy of 'aryanisation'. Stück said: "Each dentist must become a national-socialist". The very first mobile dental clinic, mounted on the trailer of a heavy goods vehicle, was introduced at the (NSDAP) Nazi party's congress at Nuremberg. In 1935, a dental surgeon was generally responsible for a division of 18,000 men. At the beginning of the war, Stück declared:

Whatever happens, there is no-one amongst us who is not ready to follow the Führer with an unshakeable trust and a blind allegiance. No matter where a German dentist will be he will do his best to help the Führer achieve victory. Sacrifices and hardships of any kind will be unavoidable. They will be naturally accepted as a duty to accomplish.

During the first months of the war, 6,000 dentists enlisted in the army.

Dentists and anti-Semitism

From 1933, the *Reinrassigkeit* (purity of the race) became the ideological doctrine of a unified profession. The *Arische abstammung* (aryanisation of race) was the essential criterion for qualification. In April 1933 a law was passed forbidding Jewish dentists to practise for the funding organizations. On 17 January 1939 the 8th order concerning the Reich citizenship law was passed. Jewish dental surgeons were no longer allowed to practise. From then on, the only dental treatment the German population received was from Aryan Germans. On 1 January 1934, there were 1,064 Jewish people for 11,332 dental surgeons. By 1 January 1938, only 579 of the Jewish dental surgeons remained, reducing to 372 by 1 January 1939.

Dentistry and ideology

In 1933, a dental academy of continuous training was created; from 1939, led by Georg Axhausen.⁶ His main goal was to influence and control the dental surgeons. From 1933, a health service was established for the *Hitlerjugend* (Hitlerian youth). In 1938, 7 million young people were treated by 800 dental surgeons.

⁵ G. I. Cagerodcev & A. Thom, *Medizin...*, op. cit., 1989, p. 308-327

⁶ G. I. Cagerodcev & Thom A., *Medizin...*, op. cit., 1989, p. 308-327.

Dentistry and society

Dental clinics were maintained. In 1938, there were 88 units of mobile dental consulting rooms; by 1940, there were 140.

In 1942, the two professional groups (dental surgeons and dentists) were united. The new association was taking the name of '*Dentists and Dental Surgeons Working Community*'. They aimed at solving the disaster of public health which was looming up on the horizon. In 1943 this community/association was entitled to authorize dentists and dental surgeons to practise for the funding organizations. On 12 April Stück ordained the necessity of dental checking and the systematic treatment of 16-year-old's (born in 1927) mouths. In 1944, the same scheme was implemented for those born in 1928 and 1929 (all of whom were liable to enlist in the army). On 30 August 1944, Stück fixed a dental surgeon's number of consultations regarding the civil population to 49 per week.

The T4 operation and dental surgeon's involvement in euthanasia for mentally insane and physically handicapped people

T4 was the code name given to the operation of euthanasia. Its head office was located at Tiergartenstraße #4 in Berlin.⁷ Everything was highly structured. The SS intervened at every level of the organisation but did not manage it. Absolute secrecy was compulsory. In 1933, the law on sterilization was promulgated. In 1935 the Minister of Justice, Dr Gürtner,⁸ published a penal code which forbade euthanasia, except for those who were at the end of their lives. In 1939, all the country's endeavours were devoted to the war effort. Hitler estimated: 600,000 hospital beds, 300,000 for the disabled, that is to say 350 billion Reichsmarks per year between the staff and the food for the disabled. On 1 September 1939 the decree on euthanasia was definitely signed by Hitler. On 1 October it was backdated and became a war measure, which made it indisputable. This decree ended up in Dr Gürtner's office in August 1940.

In January 1940 the first gas chamber was tested in Brandenburg. According to the Nuremberg Court, the T4 Operation caused 200,000 deaths.

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T. Feral, *Le national-socialisme : vocabulaire et chronologie* [*National socialism : vocabulary and chronology*], L'Harmattan (ed.), Collection Allemagne d'hier et d'aujourd'hui [« Past and present Germany » collection], Paris, 1998, p. 47, 64, 115.

⁸ P. Aziz, *Les médecins...*, op. cit., tome 4, 1975, p. 112-114, 130.

The German dentists were involved in this crime in three different ways.

a)-Continuous training

In 1939, a lecture on racial health was compulsory in all the universities.⁹ It was taught to doctors and dentists by Prof Otto Loos. In 1933, the dental literature produced 15 articles, followed by 45 in 1935 - not to mention 70 articles of political propaganda.¹⁰ Books on the subject were also published. Here is a sample from *The new bases of racial research*:

Amongst the Northern man, the chewing movements which grind and which are horizontally oriented allow him to chew with a closed mouth; while amongst a man of a different race, as amongst the animals, the movements which compress, and which are, therefore, more perpendicular, compel the mouth to open when chewing, and produce consequent noises of saliva.

In a Northern man's jaw, the canines are not as large as the other teeth. As for the other races, we generally find wider dental roots with gaps in between, as well as a frequent number of segmented ones. Like animals, human canines are generally larger than the other teeth; corresponding with the shape of the jaw that creates a snout-like shape, the teeth are generally longer, rounder and larger.

There were two dental theses. Gottfried Burstedt presented a thesis in Münster in 1940, entitled *Anomalies of teeth and jaws amongst the mentally defective people (inquiries made with patients from the mental institution of Wittekindshof next to Bad Oeynhausen)*. The second one was presented by Hermann Nienhaus in 1940: *Anomalies of teeth and jaws helping a diagnosis of birth retardation*.¹¹ Here is an extract from the latter:

If I compare my experiments with others, carried out in other institutions, I notice a striking similarity between the results. However, based on my experiments, I wish to underline the frequent presence of a high palate

⁹ G. I. Cagerodcev & A. Thom, *Medizin...*, op. cit., 1989, p. 313.

¹⁰ M. Köhn, *Zahärzte 1933 – 1945, Berufsverbot. Emigration. Verfolgung.*, Hentrich (ed.), Berlin, 1994, p. 35.

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W. Schulz, *Zur Organisation und Durchführung der zahnmedizinischen Versorgung durch die Waffen-SS in den Konzentrationslagern während der Zeit des Nationalsozialismus*, Dissertation, Bonn, 1989, p. 107.

and prognathism amongst mentally ill people. I hope that my work allowed bringing a conclusive proof of the importance of physical characteristics in the making of a diagnosis amongst mentally ill people. In Germany, the well-justified implementation of the law on sterilization require a precise diagnosis of hereditary illnesses, to which inborn mental illness also belongs; taking into account reliable physical characteristics would be a great help for it could ease the specialist's heavy duty of responsibilities.

b) *Valuations and evaluations of the patients with a cleft palate of the jaw and of the palate*

In those cases sterilization was allowed, as showed by an article published in 1935 in *Zahnärztliche Mitteilungen*:¹²

According to the law of July 14th 1933, the service for hereditary health of Rostock considered the use of sterilization as justified in the case of a cleft lip and added: N. fathered two children who, also, have a cleft lip; the same malformations were present in a dead child. In pursuance of article 1 of the law preventing the birth of children affected by hereditary illness, N. must be identified as the carrier of an hereditary illness; his sterilization is ordained.

In the same article, Prof Astel added:

To the question if a 27 year old man, who has a cleft palate and a cleft on the upper lip, should procreate, a categorical "no" shall be the answer. An open palate and a cleft on the upper lip are amongst the most serious hereditary deformities, and according to the law, the people affected should be sterilised. The request for sterilization should only be made from the patient or from a local doctor.

Like all medical professionals, a dentist had a legal duty to denounce anyone affected by a congenital deformity.¹³

c)-*The extraction of dead people's dental gold*

On 23 September the Reichsführer, Heinrich Himmler, ordered SS doctors to take out gold teeth from corpses and from living people whose teeth "could not be cured".¹⁴ The first decree promulgated as part of the T4 Operation was not consistently implemented on the detainees of the

¹² M. Köhn, *Zahärzte 1933 – 1945...*, op. cit., 1994, p. 35-36.

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G. Kleine, *Die Zahneilkunde in...*, op. cit., 1976, p. 55.

concentration camps. Himmler enacted the systematic removal of gold teeth with a second decree passed on 23 December 1942. This decision was one of the direct outcomes of the implementation of the Final Solution. The huge deficit of currencies to purchase raw materials caused its implementation. Continuing education programmes were introduced by SS dentists.

In 1940, the dentist Wiktor Scholz defended his PhD thesis at Strzelin, in Lower Silesia.¹⁵ It is entitled *The possibility of the re-use of gold from the dead's mouth*. His work was congratulated by the Medical School, from the Institute of Stomatology, and from the University of Breslau. Scholz considered the use of gold from dead people's crowns and sets of false teeth indispensable resource for the Third Reich. To qualify this practice he affirmed: "In this context, it is not an end but rather a beginning." Therefore the removed gold served to finance the operation.

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The organisation of military dentistry *before and during the war*

On 14 March 1935 the *Luftwaffe* was created.¹⁷ There were to be 100 dental surgeons per aerial region. The important garrisons had from five to six surgeons and from 25 to 30 dental technicians. A mobile dental clinic was worth 250,000 Reichsmarks. On 18 June 1935, the *Kriegsmarine* (German navy) was created. In 1940, some dental surgeons were enlisted in the navy and trained on the Baltic Sea. In 1943, standard equipments and gears were imposed on the Fleet. This would depend on the tonnages of the boats.

On 24 June 1937 the *Wehrmacht* received secret directives with a view to get them ready for imminent final commitments.¹⁸ In 1941, the dental surgeons were fitted out with a hiking rucksack to intervene on the Front. Standard equipment, easy to take apart and put back together, was also provided. Thanks to Axhausen's guidelines (Axhausen was a great German stomatologist in the WWI and the responsible of the dental academy of continuous training in 1939), 80% of people with jaw wounds

¹⁴ X. Riaud, *Les dentistes allemands sous le III^{ème} Reich* [*The dental practice in the camps of the 3rd Reich*], L'Harmattan (ed.), Collection Allemagne d'hier et d'aujourd'hui [« Past and present Germany » collection], Paris, 2005, p. 40-41.

¹⁵ Panstwowe Muzeum Auschwitz-Birkenau, Oswiecim, Poland, 2003.

¹⁶ P. Aziz, *Les médecins...*, op. cit., 1975, tome 4, p. 61-66.

¹⁷ H. Fischer, *Der deutsche Sanitätsdienst 1921 – 1945*, Biblio Verlag, Band 3, Osnabrück, 1985, p. 1977-1978, 2134.

¹⁸ H. Fischer, *Der deutsche Sanitätsdienst...*, op. cit., Band 4, 1985, p. 3109-3110.

were treated until they fully recovered. In 1942 dental consulting rooms were created in highly crowded places and important transits of the troops (from 6 to 8 at the beginning; and 50 by 1943). From 40 to 50 patients were treated per day.¹⁹

The SS and dentistry

A dental consulting room was established in each large concentration camp. The camp surgeon general would be in charge of the SS dentists.²⁰ The dental gold (extracted from dead detainees) was the SS dentists' task. Soldiers would receive basic treatments. The extraction of gold for prostheses could only be requested by the central administration. A 50-60 member troop of dentists called the *Waffen-SS 500 dental troop of intervention* was permanently stationed in Prague. If needed, dentists from this troop would be sent to the units on the Front.

SS dentists in the concentration camps.

Out of 100 dentists in the concentration camps, historical accounts of only 60 of them have been traced. To my knowledge, only seven dentists were convicted.

Prof Hugo Blaschke was in charge of dental treatments for the SS, the Police and the Gestapo.²¹ He was also the appointed dentist for leading figures such as Hitler, Eva Braun, Bormann, Goering and some others. It was one of his dental prostheses which helped to identify Hitler's, Eva Braun's and Bormann's charred bodies (Bormann died in Berlin in the last bombings of the town). Blaschke was sentenced to 10 years imprisonment for war crimes and crimes against humanity. He was found guilty of the exploitation of dental gold extracted from dead detainees' mouth in the concentration camps.

Dr Hermann Pook was not only found guilty of the extraction of dental gold from dead prisoners' mouths, but also for the introduction of statistics on the amount of gold extracted. He was sentenced to 10 years imprisonment for crimes against humanity and adherence to a criminal organisation. He only served 5 years and 9 months in jail. After he was released, he practised dentistry again in Northern Germany where he died in 1983.

¹⁹ A. Buchner, *The German Army Medical Corps in WWII*, Schiffer Military History (ed.), Atglen, 1999, p. 17.

²⁰ W. Schulz, *Zur Organisation und Durchführung der zahnmedizinischen...*, op. cit., 1989, p. 41-44; 45-50.

²¹ Staatsarchiv Nürnberg, Nürnberg, Germany, 1999.

Dr Willy Frank, the first dentist of Auschwitz, was involved in the selection of prisoners convoys from the camp to the gas chambers. He was found guilty of the death of 1 person out of 6,000 and sentenced to seven years imprisonment for crimes against humanity and war crimes. During his imprisonment he abandoned dentistry.

Dr Karl-Heinz Tauber²², the first dentist of Auschwitz (He was first dentist before Frank who was second dentist of Auschwitz at that time), was sentenced to 6 years imprisonment after he was clearly found guilty of mass killings. He died on 15 June 1961.

Dr Karl Philipp Teodor Schütz spent more than 3 months in jail for involvement in crimes at the Lublin-Majdanek extermination camp.²³ The director of the Memorial of the camp was unable to provide further information and details of Schütz.

Dr Walter Sonntag was sentenced to death and executed on 17 September 1948 for crimes he committed at Ravensbrück's camp.²⁴

Conclusions

Even if it is undeniable that some dentists were involved in the crimes committed by the Nazi regime, it was the same for the whole society who could have not possibly ignored what had happened. The medical ethic under a totalitarian regime ends where ideology begins (anti-Semitism, eugenics, etc.). From that very moment, a specialist is free to act as he/she pleases.

Murderers were found guilty. However, it is important to acknowledge that some men refused to get involved in the Nazis policy. They suffered the consequences of their choices, but whenever they had the chance they resisted.

²² L. Mac Lean French, *The camp men – The SS Officers who ran the Nazi concentration camp system*, Schiffer Military History (ed.), Atglen, 1999, p. 236.

²³ Panstwowe Lublin-Majdanek, Majdanek, Poland, 2003 et 2005.44

²⁴ Gartiser P., new manuscript, personal statement, Paris, 1998.