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THE NAZI DOCTORS

Medical Killing and the Psychology of Genocide

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of at least 380 people. The court took account of their relative reluctance in the murders and of their friendliness toward prisoners and gave them startlingly light sentences: Scherpe, four and one-half years; and Hantl, three and one-half (served in full while he awaited trial), at hard labor.⁴³

A show of revulsion, even among men who had done extensive killing, meant a lot in Auschwitz, as did the merest acknowledgment of the prisoners' humanity. But the real psychological point is that men much more ordinary than Kleht—men without his combination of omnipotence, sadism, and numbing—could be drawn into the phenol killings. Such men, to be sure, were more vulnerable to breakdown, especially when killing children (here resembling the *Einsatzgruppen* killers). The "decent" phenoler, because his killing was direct, had a more difficult time sustaining his work than did the "decent" Nazi doctor, whose responsibility was surely as great but who was able to place some distance between himself and the corpse. But the fact that there could be "decent" phenolers at all—that is, relatively ordinary, well-intentioned men who killed by injection—tells us much about the malignancy of the Auschwitz environment and the broad susceptibility of unremarkable men to becoming killers.

Chapter 15

The Experimental Impulse

I have no words. I thought we were human beings. We were living creatures. How could they do things like that?

—Auschwitz survivor

Nazi doctors are infamous for their cruel medical experiments. And no wonder: those experiments killed and maimed; as tangible medical crimes, they were given considerable prominence at the Nuremberg Medical Trial. Yet they were no more than a small part of the extensive and systematic medicalized killing. And it is that aspect of the experiments—their relation to the Nazi biomedical vision—that I shall mainly discuss.

Generally speaking, Nazi medical experiments fall into two categories: those sponsored by the regime for a specific ideological and military purpose, and those that were done *ad hoc* out of allegedly scientific interest on the part of an SS doctor.

For example, extensive sterilization and castration experiments in Auschwitz, conducted mainly by doctors Carl Clauberg and Horst Schumann, were encouraged officially as a direct expression of racial theory and policy; the experiments with typhus contagion (injecting people with blood from others with active typhus) and with the effectiveness of various preparations of sera (in treating experimentally induced cases of typhus) were connected with military concerns about typhus epidemics among German troops and civilian personnel in the East;* while the study of pre-cancerous conditions of the cervix reflected a scientific interest of Dr. Eduard Wirths, the chief SS Auschwitz doctor, and his gynecologist brother Helmut. But the categories overlapped. (Mengele's research on twins, which we shall discuss in chapter 17) grew out of his specific scientific interest but was also strongly affected by Nazi ideology.) Here we shall focus on the extensive sterilization and castration experiments, in which Auschwitz more or less specialized, and which were a

*Typhus experiments were conducted only to a limited degree at Auschwitz, but on a much wider scale at other camps.

direct extension of the biomedical vision, but also mention other forms of experimentation and scientific enterprise, including the establishment of a museum collection of Jewish skulls provided by Auschwitz.

Block 10

The center for these experimental projects was the notorious Block 10, a place that could be considered to be quintessential Auschwitz. Made up mostly of women prisoners, it was located in the men's camp, and the windows were kept closed and shuttered or boarded so that communication with the outside was totally cut off. One woman prisoner doctor who spent a year there described how, from the first night, she gained a lasting impression of having been transferred to a "horror place" that resembled both hell and a mental institution. And if one could peek out, one would witness executions, prisoners being shot to death in the courtyard of the infamous Block 11.

At the same time, inmates on the block were completely vulnerable to visits and surveillance of various kinds by SS doctors and, on occasion, by nonmedical officers: "A continuous coming and going of SS . . . [so that] we never felt safe." For any visit could mean new danger, and inmates therefore "awaited with impatience . . . the evening when we would be locked up as animals in a cage but . . . nonetheless felt freer."¹

Another woman prisoner doctor, Adelaide Hautval, told of the five hundred women "guinea pigs," all Jewish, from various countries in Europe, who were usually selected directly from transports, according to the needs of the Nazi physician experimenters: "Some required married women, others young girls, a third a mixture of all the categories." Overall conditions were superior to those in the women's camp, because there the "guinea pigs . . . would have died before the results of the experiments could have been assessed." Inmates suffered from hunger, nonetheless, and from the constant uncertainty about "What will it be this time?" For they had absorbed the Auschwitz principle that *anything is permitted*. At the same time the women deeply feared a transfer to Birkenau, where they knew death was more likely, because in Block 10 there was at least a hope that "maybe they will still let us live after this," though few believed that possible.²

The block was divided into separate research areas: those of Professor Clauberg, Professor Schumann (both sterilizers), Dr. Wirths and his brother (who studied pre-cancerous growths of the cervix), and a special area for studies conducted by the Hygienic Institute.

Inevitably, there was a dimension of Auschwitz schizophrenia: in this case, the twenty-two prostitutes—mostly Germans, Poles, and Russians—the only non-Jewish residents of Block 10. On Himmler's orders, the SS opened bordellos at Auschwitz and other camps. Available to élite

prisoners, mostly Germans, prostitutes were meant to be a work incentive and were also intended to help diminish widespread homosexuality among male prisoners (occasionally prostitutes were assigned to known homosexuals for that purpose, with predictable results).³ The gynecologist Dr. Wanda J. told how prostitutes were instructed to visit her if they noticed any indication of venereal disease. Camp commanders frequently appeared on Block 10 to choose particular prostitutes for their subcamps. As Dr. J. put it in discussing the prostitutes, "that was a part of everything."

Extreme rumors spread through the camp about Block 10. Prisoners considered it a "sinister place" of mysterious evil. There were widespread rumors that Clauberg was conducting experiments in artificial insemination, and women were terrified of having "monsters" implanted in their wombs. Some survivors I spoke to believed that those experiments actually occurred. Another account had Clauberg speaking of his intentions to carry out artificial-insemination experiments in the future. There were also rumors of a "museum" on Block 10: "Skulls, body parts, even mummies"; and one survivor insisted, "A friend . . . saw . . . our *Gymnasium* [high school] teacher stuffed [mummified] on Block 10." Again, anything was possible, and whatever occurred there was likely to be a manifestation of the Nazi racial claim.

Sterilization by Injection: "The Professor"

Block 10 was often known as "Clauberg's block," because it was created for him and his experimental efforts to perfect a cheap and effective method of mass sterilization. He was Block 10's figure of greatest authority, "the main man for sterilization" as Dr. J. put it, and the one who "has the extras in equipment and space": in addition to the wards, an elaborate X-ray apparatus and four special experimental rooms, one of which served as a darkroom for developing X-ray films. As a civilian, Clauberg was an Auschwitz outsider who rented facilities, research subjects, and even prisoner doctors from the SS. He was a powerful outsider, holding a reserve SS rank of *Gruppenführer*, or lieutenant general. Höss and everyone else were aware that Himmler was interested in the work and had given the order that brought Clauberg to Auschwitz. He began his Auschwitz work in December 1942 in Birkenau; but after persuading the authorities that his important research required a special block, he transferred his experimental setting to Block 10 in Auschwitz in April 1943.

His method was to inject a caustic substance into the cervix in order to obstruct the fallopian tubes. He chose as experimental subjects married women between the ages of twenty and forty, preferably those who had borne children. And he first injected them with opaque liquid in order to determine by X ray that there was no prior blockage or impairment. He had experimented with different substances, but was very secretive about the exact nature of the one he used, probably intent upon protecting any

"medical discovery" from research competitors. Even the camp commandant, Rudolf Höss, who took a great interest in the work and witnessed several injections, later wrote, "Clauberg informed me in detail on the performance of the operation, but never revealed to me the exact chemical composition of the substance he used." That substance is now believed to have been Formalin, sometimes injected together with Novocain.^{4*}

The injection was done in three stages over a few months, though some women later described four or five injections. The goal of injecting the caustic substance was to create adhesions in the fallopian tubes that would cause them to be obstructed within a period of about six weeks, as would be demonstrated by subsequent X rays. Clauberg had a prisoner nurse, Sylvia Friedmann, observe the women after the injections for symptoms of any kind.

Despite the terror induced in women victims, Marie L., a French prisoner physician, stressed that many so feared being sent back to Birkenau (where one would be "awaiting death standing in frost, mud, and swamps . . . without water or care") that they could view Block 10 as "a piece of luck and the possibility of survival." Clauberg himself encouraged this hope by his reassurances that he planned not to send them back to Birkenau (meaning the gas chamber) but to take them to his private research clinic at Königshütte, just a few kilometers from Auschwitz. That could well have been true because Höss later reported that "after the successful experiment, . . . Clauberg planned that everyone of the female prisoners at the end of a year undergo sexual intercourse with a male prisoner chosen especially for this purpose," in order to carry out a practical test of Clauberg's sterilization method. This test, however, was never performed "because of the course of the war."⁵

Clauberg eventually had as many as three hundred women under his control on Block 10. The experiments were supposed to be highly secret, and there was an attempt to isolate women who had been injected from those who had not. Accounts differ about the fate of the women he experimented upon. Those who refused to be experimented upon, or who were considered for one reason or another unsuitable, were sent back to Birkenau and usually gassed—as were those women who became extremely debilitated. Most women experimented upon remained on Block 10, though a considerable number developed fever and various forms of peritoneal infection.

There was the constant fear of being killed because of knowing too much. They also feared both sterilization and artificial insemination. Clauberg is reported to have told prisoners he planned artificial-insemination experiments, and there is one report of his admitting to two assistants that he had future plans for experiments in both natural and artificial insemination.

*The formula was apparently developed by Clauberg and his assistant Dr. Johannes Goebel, chief chemist with the Schering pharmaceutical firm.

Descriptions by women experimented upon begin to tell us in human terms what Clauberg was really up to. A Czech Jew named Margita Neumann told of being taken into a dark room with a large X-ray machine:

Dr. Clauberg ordered me to lie down on the gynecological table and I was able to observe Sylvia Friedmann who was preparing an injection syringe with a long needle. Dr. Clauberg used this needle to give me an injection in my womb. I had the feeling that my stomach would burst with the pain. I began to scream so that I could be heard through the entire block. Dr. Clauberg told me roughly to stop screaming immediately, otherwise I'd be taken back at once to Birkenau concentration camp. . . . After this experiment I had inflammation of the ovaries.

She went on to describe how, whenever Clauberg appeared on the ward, women were "overcome with anxiety and terror," as "they considered what Dr. Clauberg was doing as the actions of a murderer."⁶

Survivors also mentioned his crude and cynical "jokes," as well as the resentments of him among other Nazi camp authorities who would like to have done away with Block 10, his protection of experimental subjects being seen by some as a way of maintaining his own enterprise.

Dr. L., who for a time took care of women in Block 10, observed Clauberg closely and described him as "short, bald, and unlikable." He was in fact about five feet tall, and several inmates referred to him as a kind of "caricature." In addition he had a history of violence: as a student, later toward his wife, and on still another occasion toward a mistress. As Marie L. said, in understatement, "I think that with him there was something quite unbalanced." Similarly, Dr. Tadeusz S. invoked Clauberg as evidence for his principle that "the greatest murderers were the greatest cowards," and described him as "fat and unpleasant looking, . . . a small, ugly, funny-looking, more or less deformed person. He wanted to imitate Prussian officers but he looked like a salesman in a general's hat. . . . He was absurd."

Yet Clauberg was also a professor and gynecological researcher and practitioner of considerable distinction. Long associated with the University of Kiel, his gynecological work there led to his *Habilitation* (qualification for lecturer-professorial status on the basis of advanced research and dissertation) in 1937 at the age of thirty-nine. The hormonal preparations Progynon and Proluton that he developed to treat infertility are still used today (in a letter written as early as June 1935, Clauberg discussed the former as useful for both maintaining and terminating pregnancy),⁷ as is the "Clauberg test" for measuring the action of progesterone.

Clauberg's personal and ideological history, however, followed a familiar course. The oldest son of a rural craftsman who later established a weapons business, Clauberg was called to the military in 1916, saw action in France, and spent the last part of the war as a prisoner of the English. He joined the Nazi Party in 1933, became a committed Nazi who wore

the Party's Golden Badge for meritorious service—while remaining personally and professionally highly ambitious—and reached his rank of reserve SS *Gruppenführer* (lieutenant general) in 1940.⁸

That same year a meeting with Himmler, arranged by a fellow SS officer, marked the beginning of a relationship based on a malignant blending of biomedical and political-racial ideologies—the initiative moving back and forth between the medical man and the SS leader, with the process culminating in “Clauberg’s block” in Auschwitz. At this meeting Clauberg told Himmler of his intention to set up a research institute for reproductive biology, which would investigate both the causes and the treatment of infertility and the development of a nonsurgical means of sterilization. Himmler had first learned of Clauberg’s work through the gynecologist’s successful treatment of infertility in a high-ranking SS officer’s wife. When Clauberg explained to the *Reichsführer* that such treatment required a preparation that could clear the fallopian tubes by softening any adhesions or substances blocking them, Himmler, whose real interest here was sterilization, was said to have suggested reversing that procedure by using agents that *produce* blocking. As a result of that conversation (whatever the sequence of who suggested what to whom), Clauberg redirected his research energies toward the explicit goal of finding an effective method of mass sterilization.

[With financial support arranged by Himmler, Clauberg began animal experiments; found that a 5- to 10-percent solution of Formalin could produce the desired inflammation and blockage; sought out the highly viscous (resistant to flow) liquid that would, when containing Formalin, enable it to remain in the ovarian tubes after being introduced to the uterus; and worked on X-ray tracing techniques for monitoring effects.⁹

A year later Himmler summoned Clauberg to confer and suggested that he conduct sterilization experiments at the Ravensbrück concentration camp. But with the help of Grawitz, the chief SS doctor now involved in the matter, Clauberg eventually convinced Himmler that Auschwitz would be more practical because of its proximity to Königshütte, where Clauberg already had his clinical facilities. On 30 May 1942, three days after their second meeting, Clauberg wrote a letter to Himmler remarkable in its expression of the German physician’s *active*, indeed determined, effort to contribute to the deadly purposes of the Nazi biomedical vision.

Clauberg makes clever obeisance not only to Himmler’s overall authority but to his “scientific” concerns, by stating that he (Clauberg) had been told that “the one person in Germany today who would be particularly interested in these matters and who would be able to help me would be you, most honorable *Reichsführer*.” By mentioning proposed work on “positive population policy,” Clauberg ingeniously alludes to the agricultural dimension so dear to Himmler (“The eventual or most probable importance of agriculture for the female capacity for propagation demands clarification”) and then gets to the real point—the question of the

“negative population policy,” about which he makes the dramatic proposal that, having demonstrated the possibility of sterilization without operation on the basis of animal experiments, “now we must proceed to the first experiments on human beings.” The letter goes on with this combination of flattery, slick scientific gloss, elaborate research projection (a laboratory for animal experiments, an experimental farm to investigate questions of “agriculture and fertility,” etc.), and a pervasive medical focus (“The center from which all ideas start, all problems are raised . . . and finally turned over to practical use, is and remains the clinic”)—all leading to the plan to “evaluate the method of sterilization without operation . . . on women unworthy of propagation and to use this method continually after it is finally proved efficient.” He makes clear that Auschwitz is the ideal place for “the human material to be provided,” and even proposes that it be named after Himmler as “Research Institute of the *Reichsführer* SS for Biological Propagation.” The entire letter captures much of the ethos and corruption of the physician researcher within the Nazi biomedical vision.¹⁰

After a flurry of additional changes involving Himmler’s adjutants and other SS doctors, and another visit with the *Reichsführer* himself, Clauberg’s plan for Auschwitz work was approved in a letter in which Himmler (through his assistant, Rudolf Brandt) indicated that he would be “interested to learn . . . how long it would take to sterilize a thousand Jewesses,” made some additional suggestions about method, and finally advocated as a test “a practical experiment [of] . . . locking up a Jewess and a Jew together for a certain period and then seeing what results are achieved.”¹¹

Himmler’s enthusiasm for Clauberg’s project had been independently nurtured by another physician correspondent, Dr. Adolf Pokorny, a Czech ethnic German who had retired with a high rank from a career in military medicine. In October 1941, Pokorny wrote a letter to Himmler that could also stand as a basic document in the ideological corruption of the healer. Pokorny’s letter was written in response to the idea “that the enemy must not only be conquered but destroyed”; felt impelled to notify Himmler of recent work on “medicinal sterilization” in which the sap of a particular plant (containing *Caladium seguinum*) produced “permanent sterility” in both male and female animals; and advocated “immediate research on human beings (criminals!)” as well as extensive cultivation of the plant and absolute secrecy. Pokorny gloried in the vision of “a new powerful weapon at our disposal”: “The thought alone that the 3 million Bolsheviks, at present German prisoners, could be sterilized so that they could be used as laborers but be prevented from reproduction, opens the most far-reaching perspectives.”^{12*}

*The letter earned Pokorny a place in the dock at Nuremberg. He defended himself by pleading that *Caladium seguinum* was so clearly unsuitable for human sterilization that he had written Himmler to divert him from considering more feasible methods. The court ruled that the letter, “monstrous and base as . . . [its] suggestions . . . are,” did not justify a

The drug proved totally unfeasible for human sterilization, but Himmler made clear that he considered such experimental investigation of the greatest importance. He began to develop a file on what he called "sterilization by medicines," and a separate file on mass sterilization by X rays (which we will soon examine in connection with Schumann). Clauberg's project could thus be seen by Himmler as a newly scientific approach by a renowned professor to "sterilizations by medicines."

But despite the professor's high backing, the enthusiastic support and involvement of Höss, and the required sponsorship of Wirths, Clauberg had his difficulties at Auschwitz. He had considerable personal conflict with many of the other doctors there, and he experienced delays in acquiring the advanced radiological equipment he felt he needed. Most problematic of all, he was caught in his own contradictions concerning the efficacy of his sterilization method. He had always exaggerated that efficacy, both out of ambition and under pressure from Himmler to produce, and produce quickly, this revolutionary racial contribution to the Nazi project. On 7 June 1943, Clauberg wrote to Himmler attempting to justify his slow progress, referred to "temporary difficulties" including his long wait for an X-ray apparatus, and then engaged in some monumental double-talk: His method was "as good as perfected" (*so gut wie fertig ausgearbeitet*) but required a few "refinements" (*Verfeinerungen*), so that "even today it could be put to practical use . . . [for] regular eugenic sterilization"; indeed, he was now ready to reply to "the question which you, *Reichsführer*, asked me one year ago—namely, how much time would be required to sterilize one thousand women by this method?" There were still hedges ("If my researches continue to have the same results, . . . the moment is not far off when I can say") and finally the anticlimactic declaration (with his own quotations and italics): "*One* adequately trained physician in *one* adequately equipped place, with perhaps ten assistants (the number of assistants in conformity with the speed desired) *will most likely be able to deal with several hundred, even if not 1000 per day.*"¹⁴

The claim was still fuzzy, to say the least, and it turned out that "the main reason" for the letter was to request certain new arrangements (not clear from the letter but probably having to do with Clauberg's "sterilization race" with Schumann) and another X-ray apparatus he had located in Berlin but for which he needed Himmler's approval. The underlying significance of the letter is that combining Nazi political and biomedical ideologies, and living up to them medically, had contradictions and shortcomings—one might even say inevitable failures. These contradictions, together with Clauberg's general instability or "complexes," took their toll. Wirths, the chief doctor, was quoted to me as having said that Clauberg had "completely gone to the dogs" and had become a severe alcoholic and a "totally unscrupulous character." And Wirths's brother,

conviction, and concluded, "We find, therefore, that the defendant must be acquitted—not because of the defense tendered, but in spite of it."¹⁵

also a doctor, referred to Clauberg as "one of the worst characters I ever met."*

Clauberg's assistant in Auschwitz, Dr. Johannes Goebel, worked on producing the necessary caustic substance as well as improved X-ray tracing material and, although not a physician, was given the prerogative of performing many of the injections.¹⁵ The number of women these two men are believed to have sterilized in this fashion has been estimated from seven hundred to "several thousand."¹⁶ According to the nurse Sylvia Friedmann, when a woman died after injection Clauberg "showed absolutely no interest, no reaction, as though the matter didn't concern him at all." There were a number of such deaths.¹⁷

As Russian troops approached Königshütte, Clauberg fled to Ravensbrück and arranged for some of his research victims to be sent there as well; despite the extreme chaos, he continued with his sterilization experiments. But with the approach of the Allied armies three months later, he fled again, this time to Schleswig-Holstein, seeking to join the last group of loyal SS leaders surrounding Himmler, the only Auschwitz doctor to do so. But Himmler was captured and committed suicide; and Clauberg too was captured by the Russians on 8 June 1945. Imprisoned in the Soviet Union for three years before being tried, he was then convicted of war crimes and sentenced to twenty-five years' imprisonment. But following Stalin's death (in 1953), and various diplomatic agreements, Clauberg was repatriated with other Germans in October 1955. He was not only unrepentant but grandiose and bizarre: he listed on his professional card various Nazi medical organizations, including the "City of Mothers" he had run as part of his involvement in "positive eugenics," and advertised for a secretary under his own name. When interviewed by the press, he spoke proudly of his work at Königshütte and Auschwitz and claimed, "I was able to perfect an absolutely new method of sterilization . . . [which] would be of great use today in certain cases."¹⁸

After various pressures from survivor groups and others, Clauberg was arrested in November 1955; but for a considerable time, the German Chamber of Medicine, the official body of the profession, resisted action against him that would divest him of his title of doctor of medicine. A group of former prisoner physicians of Auschwitz issued an impressive declaration condemning Clauberg's actions there as being "in total discord with the sworn duty of every doctor," and bitterly decrying the fact that "such medical practitioners who . . . put themselves at the service of National-Socialism to destroy human lives . . . are today in a position to practice once more the profession which they have profaned in such a scandalous manner."¹⁹ The German Chamber of Medicine finally did remove Clauberg's license. But when he died, suddenly and mysteriously, in his prison cell on 9 August 1957, the general belief was that he was

*He added, "It was said he [Clauberg] was a Jew himself [of course, he was not]: at any rate he looked like it. And [also] because he was extremely careful to obscure his traces."

in the process of naming names at the top of the Nazi medical hierarchy and that, consequently, medical colleagues helped bring about his death.²⁰

It would be too easy to attribute Clauberg's criminal medical behavior to his physical appearance and resulting "complexes." While there is no doubt that he could be seen as a classical case of what Alfred Adler described as seeking extreme forms of compensatory behavior for deep-seated feelings of bodily inferiority,²¹ I would also stress his intense relationship to Nazi ideology (stemming from a more or less typical historical experience beginning with the First World War) along with his extraordinary ambition within the Nazi system. A former student of his told how Clauberg, though "a frightfully ugly dwarf" and "full of complexes," nonetheless was friendly to students and took them on weekend trips, and added, "I liked him a lot then." Even with his psychological aberrations, that is, Clauberg might under a different regime have found a life pattern with a manageable mixture of accomplishment, arrogance, and corruption. Or, to put the matter another way, just as there are always Klehrs available for direct killing, so are there always Claubergs available for ideological and professional criminality and killing. Nazi institutions provided the ideal climates for nourishing Clauberg's compensatory grandiosity and psychopathic tendencies. Auschwitz drew also on his research talent, which was radically corrupted in the service of the "negative eugenics" of the biomedical vision.

X-Ray and Surgical Castration: Biomedical Patron and Political Doctor

(Horst Schumann differed from Clauberg in being not a renowned specialist but a reliable "old Nazi doctor" (he joined the Nazi Party and the SA in 1930) who was available for ruthless medical enterprises! Schumann had been a leading figure in the "euthanasia" program as the director of the killing center at Grafeneck. When that center closed, he took over the one at Sonnenstein, subsequently became active in project 14f13 as a member of the medical commissions visiting the camps, and in that capacity had come to Auschwitz on 28 August 1941, and participated in the selection of 575 prisoners sent to the Sonnenstein killing center (see pages 142-43). His qualifications for Auschwitz X-ray castration were more political than medical.

In this case, Himmler played an even greater role in formulating the experiments, together with Viktor Brack, the Chancellery official active in both the "euthanasia" project and the establishment of the death camps. In early 1941, Himmler and Brack were already exchanging memos in which they shared a vision of "sterilization or castration . . . by means of X-rays" on a massive scale (see pages 274-76). Brack later claimed that the idea originated with Himmler for application to Jewish populations, especially in Poland, and also implicated Reinhard Heydrich, the most ruthless voice around Himmler, but at the same time

admitted that Himmler's words "made a great impression on me." Brack in any case extended the shared fantasy to include assembly-line sterilization "quite imperceptibly" from behind a counter where the ignorant victim was required to fill in forms for about two or three minutes:

The official sitting behind the counter could operate the installation in such a way as to turn a switch which would activate the two valves simultaneously (since the irradiation has to operate from both sides). With a two-valve installation about 150-200 persons could then be sterilized per day, and therefore, with twenty such installations as many as 3,000-4,000 persons per day. . . . As to the expenses for such a two-valve system, I can only give a rough estimate of approximately 20,000-30,000 RM (*Reichsmarks*).²²

The idea was consistent with not only the larger Nazi biomedical vision but also the specific characteristics of Heinrich Himmler's thought. Himmler, Joachim Fest has accurately noted, wished to see himself as "not a murderer but a patron of science."²³ He was, moreover, a patron who took an active part in determining the concepts and methods of scientific enterprises under his auspices. In the Nazi movement, he was the pseudo-medical scientist par excellence, the personal and ideological epitome of the healing-killing reversal.* Trained initially in agriculture, he combined nature mysticism with a kind of biomechanics and fancied himself something of a medical visionary. He combined Rosenberg's racial vision with Walther Darré's agricultural mysticism: it is believed to have been Darré "who urged Himmler to transfer his attention from the breeding of herbs and the raising of chickens to human beings."²⁴† And Himmler's wife Margarete, a nurse, is said to have interested him in "homeopathy, mesmerism, oat-straw baths, and herbalism." As Joachim Fest makes clear, Himmler's language was consistently biomedical: "There was talk of 'fields of racial experiment,' 'nordification,' 'aids to procreation,' 'the foundations of our blood,' 'fundamental biological laws,' 'the ruination of our blood,' 'breeding of a new human type,' or 'the botanical garden of Germanic blood'—truly the visions of a poultry farmer from Waltrudering!"²⁶

*Himmler's vision had varying gradations of absurdity and pseudo science. For instance, he was an ardent believer (as were Hitler and Göring) in such expressions of mystical racism as the idea that the lost continent of Atlantis had been the original homeland of the Aryans, and that Aryans had not evolved from monkeys or apes like the rest of mankind but had descended to earth from the heavens where they had been preserved in ice from the beginning of time. Himmler, in fact, in 1937 established a meteorology division in the *Ahnenerbe* (see pages 284-87) to "prove" this "cosmic-ice" theory, though publicly the purpose of the new division was announced as developing new techniques for long-range weather prediction. Sympathetic to nature healing and an equally ardent critic of traditionalism and "Christian" prejudices of establishment doctors, he could view human experimentation in concentration camps as a form of liberation from these constraints in the name of bold scientific innovation.²⁴

†Darré, the Reich farmers' leader and Reich food minister, was a "blood and soil" ideological theorist who glorified the German peasant as the driving force of history.

Underlings like Brack and physicians like Clauberg suggested projects they knew to be consistent with Himmler's ideas and policies. Brack's passion for sterilization and castration could also have been related to his own experience as a patient who had undergone X-ray treatment, and had consulted a medical authority about his fears that the treatment might have caused bodily harm, specifically to his genitals. Brack was also the son of a gynecologist, and a failed medical student with medical aspirations of his own. By June 1942, at the height of the German military penetration into Russia, Brack became more specific and programmatic. Referring to consultations with his superior and with the head of the area in Poland where the greatest number of Jews was concentrated, he spoke of the necessity of carrying through "the whole Jewish action [the Final Solution]" but estimated that two million to three million of the ten million Jews in Europe were fit enough to work and therefore should be "preserved" but at the same time "rendered incapable of propagating." Ordinary sterilization methods being used for hereditary diseases would take too much time and be too expensive, but "castration by X-ray . . . is not only relatively cheap, but can be performed on many thousands in the shortest time." He referred to "completed experiments"* and declared himself ready, even eager, to initiate such a project. But Himmler, ever the scientist, insisted that "sterilization by X-rays . . . [be] tried out at least once in one camp in a series of experiments."²⁸ Schumann was chosen for the task and, by late 1942, was at work on X-ray castration on Block 30 in Birkenau.

Schumann did not have Clauberg's extraordinary standing in Auschwitz, but his experiments were, if anything, even more sinister. Comparing the two, Dr. Tadeusz S. understood Schumann to have been "ordered by somebody to do . . . experiments . . . not original. Clauberg was the only one with his own ideas. . . . Schumann was inspired by . . . ideologists." Dr. Marie L. went further in declaring that Schumann's "manner of proceeding revealed a total absence of knowledge of gynecological anatomy."

Schumann's appearance was also the opposite of Clauberg's: tall, broad-shouldered, elegant in his *Luftwaffe* uniform, his face described by some as handsome and others as "brutish," and thought by Dr. L. to be "a representative of the new German racist ideal." Some inmates described him as "correct," but a prisoner secretary added that he was "cold" and "revealed no human feelings in regard to the prisoners."²⁹ Over all, these descriptions suggest a quiet, undistinguished version of Nazi-style hauteur, along with an attitude of detachment and absence of concern. His experimental policies were brutal and unrestrained. He

*In his Nuremberg defense, Brack claimed that, in referring to these nonexistent experiments, he had been manipulating Himmler by seeking to plant in his mind an alternative to the Final Solution as a way of stalling the whole process.²⁷ The evidence is that Brack was manipulating Himmler, but in order to press ahead at full speed with the castration-sterilization project. Such a kernel of truth could have enabled him to utter his false testimony with something approaching conviction.

worked on Block 30, in the women's hospital in Birkenau, in a large room containing two extensive X-ray apparatuses and a small booth for him, which had a window and was, of course, insulated with lead plates to protect him from radiation.

Experimental subjects—relatively healthy young men and women in their late teens or early twenties, who had been obtained by a previous day's order from the camps—were lined up in a waiting room and brought in one by one, often completely ignorant of what was to be done to them. Women were put between plates that pressed against abdomen and back; men placed penis and scrotum on a special plate. Schumann himself turned on the machines, which hummed loudly; and each "treatment" lasted "several minutes" according to Dr. Stanislaw Klodziński, "five to eight minutes" according to Dr. Alina Brewda, another prisoner physician. Many of the women emerged with what Marie L. called "substantial burns," which could become infected and take a long time to heal; and many quickly developed symptoms of peritonitis, including fever and severe pain and vomiting. Not long after the X rays, the women's ovaries were removed surgically, usually in two separate operations. This was the operation performed mainly by Dering (see pages 246–49), and the method often used—a horizontal incision above the pubic area as opposed to a median laparotomy (abdominal opening)—carried the greater danger of infection. The ovaries were sent to laboratories to determine whether the X rays were effective in destroying tissue.³⁰

As Dr. L. wrote, "There were deaths, there were complications, there were aggravations of pulmonary tuberculosis, given the absence of preliminary examination. There were pleurisies, long endless suppurations." She observed also that the operations were performed "at a more and more accelerated pace," so that Dering could eventually perform ten within two hours.³¹

Dr. Wanda J. was ordered to comfort the young Greek women being operated upon ("Greek children, because they were between sixteen and eighteen, . . . [already] like skeletons") one after the other: the girls screaming and crying ("They called me Mother, [and] they thought I would save them but I couldn't") through the crude spinal tap and rough ten-minute surgery; the pathetic, childlike victim being carried out on a stretcher as the next one was brought in for the spinal tap. Dr. J. pointed out that Dering neglected to take the ordinarily obligatory step of applying a portion of the peritoneum (the membrane lining the abdominal cavity) as a flap to cover and protect the "stump" of the tube from which the ovary had been removed, and thereby contributed to later complications of bleeding and severe infection: "They were nine months in bed. I was doing the dressing all the time—and the smell, I can't tell you. They were in a big room—only . . . eight of them, because two died."

By then Schumann had lost interest in them (there was nothing more to find out concerning castration-sterilization), but Dr. J. had to go to considerable effort to keep them more or less hidden "because if Schu-

mann knew that they [were] alive . . . [on] Block 10, he would kill them straightaway." They were known as "Schumann's girls."

The depth of these experimental victims' sense of violation and mutilation was evident during interviews I had with some of them thirty-five years later. A Greek-Jewish woman described her terror as she saw in a reflection "the blood pouring out as they opened my belly"; and then, after the two operations, "pus—like a pit from an infected wound, and a high temperature, . . . pneumonia. My body swelled up, and there were marks when I pressed my arm [edema]. They gave me medicine. I was paralyzed. . . . I couldn't move. My whole body was swollen up." In addition: "We knew we were like a tree without fruit. . . . The experiment was that they were destroying our organs. . . . We would cry together about this"; and, "They took us because they didn't have rabbits."

Schumann's experiments with men had a parallel course, as described by Dr. Michael Z. in a written report: First, the rumor that "Jews were being sterilized with X-rays" by "an air-force lieutenant-physician"; then a visit by Schumann to a male medical ward during which he ordered them to prepare for forty inmates on whom they were to keep records of medical observations; the arrival of the experimental victims with burn erythemas [red areas] around the scrotum ("From their description, we recognized the X-ray machine"); (the victims' later accounts of their sperm being collected, their prostates brutally massaged with pieces of wood inserted into the rectum); their exposure to an operation removing one or two testicles, and in some cases a second operation removing the remaining testicle (conducted with "noticeable brutality" and limited anesthesia: patients' "screams were frightening to hear"); "disastrous" post-operative developments including hemorrhages, septicemia, absence of muscle tone from wounds, so that "many . . . would die rapidly, weakened morally and physically" and others would be sent to work "which would finish them.") But "their deaths mattered little since these guinea pigs have already served the function expected of them."

Dr. Erich G. told of the psychological pain of experimental victims and of their questions to him ("Will I [be able to] be a father? Can I [have relations with] females?") but admitted that at the time that was not the greatest emotional stress ("To survive was more important than to be mutilated or even castrated"); and the fear was that experimental victims would be killed ("It was impossible to believe that they would allow people to live after the war to be a witness").

Schumann's callousness was reflected (as Dr. Tadeusz S. tells us) in the "little device" he constructed to insert into the rectum to stimulate the prostate and produce ejaculation, which was "painful and . . . humiliating so that the patients suffered a great deal." It also produced "terrible infections": "For Schumann it was nothing. . . . He was testing the results of his work."

One of the male victims told of the sequence from the X rays ("My genital organ, together with the scrotum, on a machine . . . the noise of

a motor . . . from five to eight minutes," after which he "had a general ill feeling"); to the collection of sperm ("Dr. Dering came with a sort of club and put it into my rectum. . . . Some drops came out of my member"); to beginning arrangements for the operation ("I said, 'Why are you operating on me? I am . . . not sick.' [And Dering] answered, '. . . If I take not the testicle off you they will take it off me'"); to the painful spinal anesthetic and the operation itself ("After some minutes I saw Dr. Dering when he had my testicle in his hand and showed it to Dr. Schumann, who was present"). To another man asking the same question before the operation, Dering replied, "Stop barking like a dog. You will die anyway."³²

Schumann's brutalization in Auschwitz is revealed by a lesser research project he conducted on a fungus condition of the face, a form of ring-worm spread by large numbers of men being shaved with the same brush. Although experience had shown that the condition could be readily treated with various medicines, Schumann seized the occasion to try the efficacy of his X rays. These caused severe skin eruptions and infections, and in many victims impairment of salivary and tear-duct functions along with paralysis of face and eyes, which in turn caused a number of men to be sent to the gas.³³

In addition to these Jewish victims, a group of young, healthy Polish men were subjected to the X-ray castration experiment. They were probably given an unusually high dosage because, as the former orderly in the ward reported, "Their genitals started slowly rotting away" and the men "often crawled on the floor in their pain." Ointments were tried, but the men did not improve; and after a long period of suffering, they were ordered by Thilo to the gas chamber.³⁴

Dr. Klodziński writes of as many as 200 men being subjected to X-ray castration, and of about 180 of those to amputation of at least one testicle, 90 of these operations taking place on one day, 16 December 1942. While overall statistics are uncertain, the general estimate is that approximately 1,000 prisoners, male and female, underwent X-ray sterilization or castration, and about 200 of these were subjected to surgical removal of testicles or ovaries. Whatever statistics are available derive from the Auschwitz policy of keeping relatively accurate surgical records of these experiments.^{35*}

Like Clauberg, Schumann continued his experiments in Ravensbrück, there victimizing thirteen-year-old Gypsy girls.

After the war he managed to live obscurely in Germany—although recognized at Nuremberg as a war criminal—until an application for a license for a hunting gun led to his being identified. He fled Germany

*At the Dering trial, the surgical register was summarized as follows: "There was a list of 130 numbered lines, each having a date between 5 March 1943 and 10 November 1943; an individual prisoner's number and name; and the nature of an operation in Latin, such as *castratio*, *sterilisatio*, *amputatio testis sin.* left, *amputatio testis dex.* right, *amputatio testis utriusque* bilateral, *ovariectomia sin.*, and *ovariectomia dex.*"³⁵

precipitately, traveled extensively, and eventually settled in Khartoum in the Sudan as head of a hospital. There for about seven years he apparently became something of a Good Samaritan, working night and day treating Africans and conducting research into sleeping sickness; he described himself to a visiting journalist as having "found the serenity and the calm necessary for the moral balance of a human being."³⁷ But he was identified by an Auschwitz survivor on the basis of the photograph accompanying that article. He fled to Ghana, from where he was eventually handed over (in November 1966, after the death of Kwame Nkrumah who, as prime minister, had protected him for some time) to representatives of West Germany. By then, he had become weakened from chronic malaria and other illnesses. In custody for several years, he was convicted for his involvement in direct medical killing or "euthanasia"; but because of his heart condition and generally deteriorating health, he was released without having stood trial for his sterilization and castration experiments.³⁸ He died in Frankfurt in 1983.

There were some reports of his having shown regret and even contrition, and he was quoted as having admitted to his "euthanasia" activities at Grafeneck and his Auschwitz experiments and saying, "It was terrible what we did."³⁹ But at other moments, in the courtroom and elsewhere, he was much less than contrite, defending or denying his actions. It is doubtful that he ever morally confronted his own past actions, but it is possible that his work in Africa, though undertaken primarily to avoid justice, eventually served, in a partial psychological sense, as a form of penance.

Schumann has great importance for us because of what he did—intense involvement in both direct medical killing and unusually brutal Auschwitz experiments—and what he was—an ordinary, but highly Nazified man and doctor.

Anthropological Research: Specimens for a Museum

Block 10 played an important part in a form of "anthropological research" that was among the most grotesque expressions of the Nazi biomedical vision. Dr. Marie L. tells of its Auschwitz beginnings:

There appeared [on Block 10] a new protagonist of racial theories. He chose his material by having naked women of all ages file . . . in front of him: He wanted to do anthropological measurements. . . . He had measurements of all the parts of the body taken ad infinitum. . . . They were told that they had the extraordinary good fortune to be selected, that they would leave Auschwitz to go to an excellent camp, somewhere in Germany . . . [where] they would be very well treated, where they would be happy.

Dr. L. had seen enough of Auschwitz to suspect the terrible truth ("I told myself immediately, . . . 'They are going to a museum'"), though she and others refrained from saying so because they "lacked the courage," felt it would be more kind to remain silent, and could not in any case be certain of their suspicion.

These women were taken to the concentration camp at Natzweiler, near Strasbourg, which although not designated as an extermination camp, nonetheless possessed its own gas chamber with the usual false showerheads as well as one additional feature: a one-way mirror that allowed those on the outside of the gas chamber to observe those inside. This mirror had been installed because the gas chamber itself had been constructed as part of the necessary research equipment.

A prisoner doctor reported that the group of Auschwitz women (thirty-nine of them according to other records) were given a sham physical examination for reassurance, then gassed, and that the corpses were immediately transported to the anatomy pavilion of the Strasbourg University Hospital. A French inmate, who had to assist the project's director, SS Captain Dr. August Hirt, told how "preservation began immediately" with the arrival of bodies that were "still warm, the eyes . . . wide open and shining." There were two subsequent shipments of men, from each of whom the left testicle had been removed and sent to Hirt's anatomy lab.⁴⁰

Hirt, a professor of anatomy, had under Himmler's instructions prepared the cyanide salts used to kill the Auschwitz prisoners in what was the inaugural use of the new gas chamber. He had originally advocated in a memo to Himmler the securing of skulls of captured "Jewish-Bolshevik commissars." The goal at that time was to "acquire tangible scientific research material" that would "represent . . . a repulsive but typical species of subhumanity." The memo recommended that "a junior physician attached to the *Wehrmacht*" first take photographs and perform various measurements and studies on subjects while still alive, make sure that the head is not damaged in the killing, and then take other specific measures for preserving the head and shipping it to the designated research institute where various studies could be performed on the skull and brain including those of "racial classification" and "pathological features of the skull formation." In locating two ultimate evils (Jewish and Bolshevik) in members of that group, and anticipating specific anatomical findings in their skulls or brains, the Nazis were acting upon the most extreme blend of racial-biomedical and political ideology.⁴¹

But there were apparently difficulties in rounding up "Jewish-Bolshevik commissars" and possibly in severing heads, so that it was decided to make use of full skeletons rather than merely skulls and to collect specimens in the place where any such task could be accomplished—namely, Auschwitz. It was said that 115 people were victimized in this way, all Jews (79 men, 30 women) with the exception of 2 Poles and 4

central Asians. The relatively high priority of the project is suggested by Eichmann's having been involved in its arrangements.⁴²

The whole enterprise, bizarre even by Nazi standards, was sponsored by the *Ahnenerbe* ("ancestral heritage") office of the SS, which Himmler had created in 1939 to develop "historical" and "scientific" studies of the "Nordic Indo-Germanic race." *Ahnenerbe* brought mystical concepts to science ("the unity of soul and body, mind and blood") and combined the Gestapo mission of controlling Germany's intellectual life with Himmler's visionary ideas. It supported projects in archeology, German racial consciousness outside of Germany proper, and medical experiments in concentration camps. Under Himmler's orders, *Ahnenerbe* even came to sponsor a research program making use of Jewish mathematicians in concentration camps to work out theoretical problems of rocket production. Experiments in camps that it sponsored included Dr. Sigmund Rascher's notorious research in Dachau on the effects of high altitude, in which he wantonly killed experimental subjects; and the still more murderous work of Schuler in Buchenwald on typhus vaccines, in which six hundred people were killed.⁴³

Hirt was said to have been brought into *Ahnenerbe* by a man who became his assistant in the Strasbourg project—Bruno Beger, an SS officer on Himmler's personal staff who had been sent to study anthropology in Berlin. Beger tended to embrace Himmler's wildest theories, and it was Beger who made the original arrangements in Auschwitz and perhaps wrote under Hirt's name the extraordinary memo I have just quoted.⁴⁴

A former ardent Nazi, who remembered Hirt as a good friend and colleague during their days together as young instructors at a leading German medical center, described him as originally Swiss but a naturalized German, "a Nordic type with blue eyes and fair hair," an honorable and stable man even if at times "a bit impulsive," and an excellent anatomist with a promising academic career. A colleague of my own in the United States, however, who had studied under Hirt, remembered him as a very arrogant and threatening Nazi. In any case, there is no doubt about either Hirt's passionate Nazi involvement or the centrality of the Nazi biomedical vision in his participation in the "museum" project, even if Beger was its driving force. (Precisely that centrality was what Hirt's old friend wished to deny in his insistence that Hirt's entire behavior could be understood as an expression of the callousness of the anatomist.)

Toward the end of the war, there was apparently some confusion about whether and how much to continue with research procedures, and eventually the evidence was ordered to be destroyed. But that process could not be completed, and French forces liberating Strasbourg found in Hirt's dissection room "many wholly unprocessed corpses," many "partly-processed corpses," and a few that had been "defleshed . . . late in 1944," and their heads burned to avoid any possibility of identification—with "special care taken to remove the number tattooed on the left

forearm." Hirt himself disappeared at that time and is now known to have killed himself shortly afterward.⁴⁵

This museum project is remarkable for its merging of Himmler's racial vision with highly concrete, pseudo-scientific anthropological (Beger) and medical (Hirt) participation—all a logical outgrowth of the Nazi biological and political mentality.⁴⁶

The Hygienic Institute: Sanctuary and Taint

What were perhaps the oddest and most benign of the experiments also took place on Block 10, in the section reserved for the work of the Hygienic Institute—and yet that institute hardly escaped Auschwitz evil.

Dr. Ernst B., whom I have frequently quoted concerning Auschwitz events and attitudes, confused prisoner doctors with his experiments relating dental infections to rheumatic and other bodily symptoms, and involving the injection of vaccines made from these infections in order to test a person's sensitivity. Dr. Michael Z. thought Dr. B. lacked focus ("[He] started a new project almost every day") and castigated him for having people's teeth pulled as experimental treatment. Another prisoner doctor similarly thought that Dr. B. was "amusing himself" with these experiments. But Dr. Wanda J., who could observe these experiments closely because of her position on Block 10, dismissed what Dr. B. was doing as inconsequential "stupidity." And referring to another aspect of his experiments, the rubbing of certain substances onto the skin, Dr. J. pointed out that it was easy to substitute plain water for the substance. More important, she went on to say, she was able to "choose girls" for these experiments instead of Clauberg's; to relieve their fear, she would rub the substance (usually just water) on herself "to show the girls that it's nothing."

Dr. B. made explicit his and his superior's intent, in creating the experiments, to rescue specific women (usually wives and relatives of male prisoners who worked in the Hygienic Institute) from Clauberg's unit, where they were likely to be harmed by experiments and then sent to the gas chamber. Block 10 was generally Clauberg's domain; and in order to be able to continue to occupy space there, the Hygienic Institute had to demonstrate to him that it was conducting "serious experiments." For that purpose Dr. B. arranged to produce by injection large inflammations in the upper thighs of these women; he did his best to explain to them that it was benign and necessary, but he was at the same time aware that "this created the impression in the general camp that I was involved in dangerous, life-threatening experiments." He confirmed that the experiments involved injection of vaccines made from tooth infections (of other people) in order to test for positive reactions; and when these were

found, to make dental X rays in the expectation of finding tooth infections. And he claimed that the women were later smuggled out of the block by means of a system that included declaring them dead and bribing the "brothel capo" to let them make their exit with the group of prostitutes who lived on Block 10 but left daily for work on other blocks. When Dr. B. himself was on trial, women he had in this way experimented upon testified to the life-saving nature of his actions, as did several prisoner doctors, male and female.

Yet Ernst B. was candid enough to describe, during our interview, the multiplicity of elements that motivated him to do the experiments. There was the satisfaction of getting individual people out of Clauberg's ward and thereby "getting at Clauberg [whom he and his chief hated]." Also, it meant helping "a relative of one of the inmates in my command with whom I was good friends." In addition, he had heard that Clauberg's experimental victims included "physicians and [other] highly qualified women." It helped to discover that the brothel made "it not so . . . difficult as we had thought to get them out."

But in addition to all that, Dr. B. had a motive similar to the motives of many others doing experiments: "These experiments . . . interested me." The opportunity to have available the necessary people for such experiments "would have been most difficult . . . under any other circumstances." In other words, he too was drawn to the experimental opportunity Auschwitz provided—an admission confirmed by his having worked with male research subjects, who were in no danger from Clauberg.

While we shall discuss Dr. B. at greater length in chapter 16, we can say here that, for Nazi doctors in Auschwitz and other camps, the impulse to experiment was powerful and many-sided; and so extensive was the atmosphere of human experimentation that expressions of it, feigned or partially feigned, could, at least on rare occasions, be used for the specific purpose of saving lives.

Further Contradictions

The Hygienic Institute's small unit on Block 10 was a source of further contradiction. It was generally thought of as a haven—no selections, pleasant working conditions, and real medical duties having to do with bacteriological and hematological problems. To some extent that unit extended the generally benign atmosphere of the Hygienic Institute's central Auschwitz location in Raisko, a town on the outskirts of Auschwitz. Thus Dr. Marie L. could commend the "very competent medical staff, Jewish men and women work[ing] there" as "a great help to us because they were "always ready to do secretly the analyses needed"—by which she meant submitting reports, usually negative, that helped patients. And considerable makework, very large numbers of blood and urine analyses and fecal, saliva, and throat cultures, was carried on in the Block 10 unit.

Yet there too harmful experiments were done. Bruno Weber, the chief of the Hygienic Institute,* determined blood groups on certain inmates and injected some with blood from different blood groups in order to study the degree of the resultant harmful agglutination of blood cells. More serious than these results were the consequences of collecting blood, whether for this or other experiments or for use in transfusions for German personnel. Not only was the blood at times collected from very weak inmates, but it was sometimes done cruelly or even murderously, by entering the carotid artery in a few prisoners and causing them to bleed to death. Dr. Michael Z. described one SS noncommissioned officer, "house painter by trade, [who would take] from each patient 700, 800 and up to 1,000 cc. of blood," and as a physician "doubted very seriously that any of these patients were able to withstand such bleedings."

Dr. B. explained, probably truthfully, that the intent was to take blood needed for producing the serum for the various blood groups; and while he seemed to defend his chief, he admitted that Weber told SS men to "'go to the camp, fetch yourselves a few fat *capos*, and tap [*zapft*] them'"—with the result that the SS men did not limit themselves to well-nourished inmates but "tapped blood wherever they could get hold of it because it was much less work that way."

In addition, prisoner doctors soon discovered that the Hygienic Institute was using human, rather than animal, muscle for its culture media. Dr. Marie L. told how, hearing the sound of executions across the courtyard ("the muffled . . . shots we were all too familiar with"), she and others looked through the crevices of Block 10 windows and saw four women's bodies removed; then about a half-hour later, "the bodies came back to their place, but they were mutilated [and] . . . had cut [out of them] large areas deep into the flesh." Dr. L. could confirm what inmates working in a lab had already suspected after noticing "in the culture media pieces of meat with hairless skin." The simple conclusion: "Since the SS stole the meat used to produce the culture media, the chief SS physician of the Hygienic Institute found it very simple to replace it with human flesh." Dr. Michael Z. told how the same SS noncommissioned officer who brutally took large amounts of blood from inmates would accompany Dr. Weber to executions and "bring back trunkfuls of human flesh to prepare the culture media."

In Auschwitz, then, human flesh was more expendable than valuable animal meat; using it could seem an acceptable, even "sensible," expression of Auschwitz "medical science."

It turned out that Dr. Weber was involved in other fatal experiments, having to do with what Dr. B. described as "brainwashing with chemi-

*Langhein had the "impression that Weber was disgusted by the occurrences in Auschwitz, but nonetheless preferred stay in an extermination camp to service at the front. He constantly tried to emphasize the importance of his institute, for whose enlargement he invested all his energies."⁴⁷

cal." He explained that the Gestapo was dissatisfied with its results in torturing people in the camp, mostly Poles, in order to extract confessions and information about comrades in the underground. "So the next question was, Why don't we do it like the Russians, who have been able to get confessions of guilt at their show trials?" Since it was thought that those confessions had been obtained by means of drugs, Weber was enlisted to investigate the matter; and he, according to Dr. B., "played along with them [the Gestapo]." Weber worked with Rohde and Capesius, the chief SS pharmacist, in trying out various barbiturates and morphine derivatives. On one occasion they were observed to feed a coffee-like substance to four prisoners, at least two of whom were known to have died that night, and the other two possibly later. Upon being notified of these deaths, Rohde is said to have commented that they had died a pleasant death—which, in that setting at that time, an ordinary SS doctor could well have said.^{48*}

Dr. B's response to learning about his chief's experiments tells us much about the Auschwitz atmosphere. He said that his affection and respect for Weber changed "not at all" because, "within the context of Auschwitz,† what difference did two or three people make—people who were in the hands of the Gestapo and so already dead anyhow?" Dr. B. provided a "psychological explanation" for his chief's behavior: the latter's considerable ambition and high intelligence in a man seriously ill with kidney disease (from which he died soon after the war), which gave him the feeling "I must do everything now." Dr. B. added that Weber worked closely with Mrugowsky, the chief physician of the central Hygienic Institute of the Waffen SS in Berlin—an ideological and medical collaboration that may have been the more important influence. For Mrugowsky was a key figure in the planning and carrying out of destructive medical experiments in many concentration camps. The Nuremberg Tribunal found him guilty of planning fatal experiments with typhus vaccine in Buchenwald (carried out mostly by Schuler); of conducting fatal experiments with "poison bullets" in Sachsenhausen (together with Schuler and Dr. Albert Widmann, the SS chemist involved in T₄ gassing); of assisting Gebhardt in fatal sulfanilimide experiments at Ravensbrück in which infections were artificially induced; and of planning and ordering of gas edema experiments, also fatal, in Buchenwald, including further experimentation with injected phenol. Mrugowsky undoubtedly coordinated many additional experiments as chief of all Hygienic Institutes. In that capacity, moreover, he was a central figure in the maintenance and distribution of Zyklon-B for use in Auschwitz and elsewhere.⁴⁹

One of the more benign institutions in Auschwitz turns out to have

*Related experiments described at Nuremberg and elsewhere may have involved mescaline.

†Throughout our interviews, he repeatedly used this phrase—*unter dem Aspekt von Auschwitz*—to make similar points.

been a locus not only for the planning of murderous medical experiments but for the technology of mass murder in the death camps. And even in Auschwitz, that little Hygienic Institute laboratory on Block 10 was a frequent site for phenol killings (see chapter 14).

The Hygienic Institute on Block 10 is an especially concrete example of combined healing and killing. The same can be said of Wirths's relatively benign and yet dangerous experiments on Block 10, discussed in chapter 15. The unusually constructive arrangements among prisoner physicians and SS doctors saved many lives, even as the malignant central designs (of Himmler, Mrugowsky, and Grawitz) combined with Auschwitz medical authority (of Wirths and Weber) in lethal experimentation and in supporting the killing project.

Experimental Auschwitz

Auschwitz applied most of its energies to killing people, but its openness to virtually any form of human manipulation inevitably resulted in a wide variety of additional experiments. Eduard Wirths, as chief doctor, was the Auschwitz sponsor and facilitator of most of these experiments, particularly those in which there was interest from Berlin at a higher level.

An example here is the continuous experimental activity of SS Captain Dr. Helmuth Vetter, a key figure in pharmacological "trials" in Auschwitz and elsewhere. He was employed for many years with Bayer Group VII of the I.G. Farben Industry, Inc., Leverkusen, and, at Auschwitz, retained his connections. He ran medical trials for Bayer in Auschwitz and Mauthausen (and possibly in other camps) on several therapeutic agents, including sulfa medications and other preparations whose content is not exactly known.*

Vetter commuted between Auschwitz and Mauthausen in order to supervise the study of the effects of "ruthenol" and "3582" on many different serious medical conditions (typhus, typhoid, paratyphoid diseases, diarrhea, tuberculosis, erysipelas, and scarlet fever among others); but of the 150 to 250 patients he gave these medications to on the contagious disease ward in Auschwitz, about 50 were suffering from typhus. The impression of prisoner doctors was that these agents were of no therapeutic use, and some patients seemed to die quickly after receiving them. Vetter was reluctant to accept these negative findings, always insisting that better results had been obtained in other camps.⁵⁰

Vetter drew other SS doctors into his research, including Eduard Wirths. The latter became not only what one observer called Vetter's

*Among these preparations were ones numbered 3582 (a nitroacridine preparation), V1012, and ruthenol (a combination of preparation 3582 and arsenic acid).

"official deputy" in Auschwitz but later actively pursued typhus trials himself, in which four Jewish inmates, artificially infected with typhus because there were no active cases available, were killed. These were apparently an extension of Vetter's work.

Vetter represents the Nazi research functionary, in whom ordinary medical vanities became lethal. He found in Auschwitz a testing area where he need not be restrained either by compunctions about harming—or killing—research subjects, or by rigorous judgments about therapeutic effects.

Fresh Samples and Numbed Detachment: Johann Kremer

The same was true of Dr. Johann Paul Kremer, who had intense career goals he attempted to achieve in Auschwitz. He was fifty-nine years old when he arrived there in August 1942, and thus belonged to an older generation than most camp doctors. Since 1935 an anatomy professor at the University of Münster, he was the only university professor to serve as an SS camp doctor.⁵¹

Kremer had a long-standing research interest in problems of starvation, which he pursued by seeking debilitated inmates selected for death, whom he later termed "the proper specimens." After he had a patient "placed on the dissection table," where he took a history focused on weight and weight loss, an SS orderly injected phenol into the person's heart: "I stood at a distance from the dissection table holding jars, ready for the segments [organs] cut out immediately after death . . . segments of the liver, spleen and pancreas."⁵² On some occasions, Kremer arranged to examine these patients or have them photographed prior to their murder. We may say that he made maximally pragmatic use of the death factory for his own scientific aims. Dr. Jan W. told how, if Kremer spotted a prisoner whose cranial shape seemed unusual, or who interested him in any way, he would order that prisoner photographed and injected with phenol for his collection of "fresh corpse samples of liver and other organs," and concluded that "Kremer looked upon the prisoners as so many rabbits."

Dr. Kremer became notorious for a diary he kept (which was eventually discovered and published), with such sequences as:

September 4, 1942 . . . present at a special action [selection] in the women's camp . . . The most horrible of horrors. . . .

September 6 . . . Today, Sunday, an excellent dinner: tomato soup, half a chicken with potatoes and red cabbage (20 g. of fat), sweet pudding and magnificent vanilla ice cream. . . .

October 10 . . . I took and preserved . . . material from quite fresh corpses, namely the liver, spleen, and pancreas. . . .

October 11 . . . Today, Sunday, we got for dinner quite a big piece of roast hare with dumplings and red cabbage for 1.25 RM.⁵³

Another theme in the diary is Kremer's sense of being victimized by the "medical establishment," which rejected his two pet scientific theories. One of those theories was constructed around his claim to have demonstrated the inheritance of traumatically acquired deformities, an idea at odds with all scientific evidence, then and now, and which especially violated the Nazi focus on pure heredity. He had in fact been reproached by the rector of his university for having published an article entitled "A Noteworthy Contribution to the Problem of Heredity in Traumatic Deformations." His second theory involved a claim that white blood cells and other phagocytes (cells that absorb and digest foreign bodies) are actually tissue cells (from other organs and areas of the body) that have undergone decay or "retrogression." Here he considered his Auschwitz research especially valuable because the "fresh samples" (taken just before death) he obtained there enabled him to study degenerative effects that could not be attributed to post-mortem changes.⁵⁴

For while Kremer had been appointed titular professor, he had never been given an actual chair and brooded in his diary about "establishing a small laboratory of my own . . . once the war is over . . . [because] I have brought materials from Auschwitz which absolutely must be worked on." Auschwitz was to be the source of scientific breakthrough and revenge; and that anticipation, along with his general Nazification as well as his combination of overweening ambition and limited talent, contributed to his degree of numbed detachment, which was extraordinary even for Auschwitz doctors. Kremer was imprisoned for ten years in Poland, and again tried back home in Münster, where he was sentenced to another ten years, considered already served. He died in 1965.⁵⁵

Male Experimental Block

A male experimental block was also created from part of Block 28, within the medical area of the main camp. Emil Kaschub, an advanced medical student, was also sponsored by Wirths, who brought him to the block and solicitously inquired about his research needs. Relatively healthy Jewish inmates were subjected to having toxic substances rubbed into their arms and legs, causing severely infected areas and extensive abscesses. The idea apparently was to gain information that would help one recognize attempts by German malingers to produce such responses in order to avoid military service.⁵⁶ A prisoner who had worked as a nurse on this block identified some of the material used as "petroleum substances," which could be injected as well as rubbed into the skin, and gave rise to large inflammations and abscesses containing blackish liquid that "smelled of petroleum" and had to be drained.

The second series of experiments involved applications of lead acetate to various parts of the body, causing painful burns and various forms of discoloration. With both sets of experiments, specimens were sent to laboratories for study, and elaborate photographic work was done to

create records of the conditions caused. The prisoner nurse discussed the large "black closet" used as part of the photographic equipment, within which experimental subjects had to remain still and upright for long periods, resulting in further suffering, moans of pain, and near collapse: "Often I had to carry inanimate beings to their beds."⁵⁷

A third set of experiments required ingestion by mouth of a powder in order to study the symptoms of liver damage it caused: nausea, loss of appetite, jaundice, and discolored urine. This research was thought to follow upon Himmler's expressed interest in various forms of liver disease and jaundice because of problems they created for the German military.

This series of experiments on Block 28, then, reflects mainly official interest in conditions affecting the military but probably involved a certain individual "scientific curiosity" as well. Auschwitz provided a relatively technologized (in terms of the photography) research laboratory where a young neophyte physician was encouraged to serve the cause and make his medical name by means of experiments.

Finally, a series of surgical demonstrations were performed in various parts of the camp.

There was one report of the appearance, on Block 41 in Birkenau, of "three well-known German professors" to carry out vivisections in the form of exposing leg muscles followed by test application of various medications.⁵⁸ Another report involved medical students themselves performing experimental surgery on a female hospital block: the sudden appearance of "many young doctors in white coats (later identified as students) . . . [who] walked through the wards and looked us all over, who, through orders to the prisoner doctor, chose certain women, put anesthesia masks on them, and had them taken to an operating area, from which they returned hours later to wake up in their beds, each with wounds differing from the others." The women concluded that "each of the students performed an operation as an experiment in his specialty: throat, eyes, stomach, or gynecology," the last being the case of the woman who gave the testimony; and only much later did she discover that her uterus and ovaries had been removed.^{59*}

△ We know of the SS doctors' tendency to gain surgical experience by attempting various operations, with or without the supervision of more experienced Jewish or Polish prisoner doctors, and often on prisoners who had no real medical need for surgery. The SS doctors systematically combined hospital files or identified at roll call prisoners with specific diseases or disease histories of a potential surgical nature—gallbladder, appendix, kidney stones, etc.—and had them report to the hospital. "If at a certain time a German doctor was studying gallbladder operations,

*Given the Auschwitz atmosphere, in which any kind of experiment was considered possible, descriptions such as these could include inaccuracies or distortions, but it is very likely that something close to what was described really occurred.

then prisoners suffering from this disease were placed on the operating table."⁶⁰

Here again Auschwitz becomes a medical caricature: now of doctors hungry for surgical experience. In the absence of ethical restraint, one could arrange exactly the kind of surgical experience one sought, on exactly the appropriate kinds of "cases" at exactly the time one wanted. If one felt Hippocratic twinges of conscience, one could usually reassure oneself that, since all of these people were condemned to death in any case, one was not really harming them. Ethics aside, and apart from a few other inconveniences, it would have been hard to find so ideal a surgical laboratory.

Prisoner Doctors and Research

Inevitably, prisoner doctors were drawn into Auschwitz's experimental world. "I do not believe that there was one single SS doctor who did experiments without the help of prisoner doctors in some form or other, willingly or not" was the way that the French prisoner doctor Frédéric E. put it. Usually that involvement was no more than helping to treat victims "because they were sick after those experiments," but it could extend to performing the experiments or "research."

In the latter case, there were important distinctions to be made in the inmate professional's relationship to the work. For instance, Dr. Lottie M. referred to a Polish prisoner anthropologist, Teresa W., who took measurements for Mengele in his study of twins. Though Dr. M. and others thought highly of this woman, other inmates resented her because Mengele favored her (her own room, sufficient food, special treatment arrangements when she was ill) and also because "she did real work": that is, made accurate measurements in accordance with her own professional standards. In contrast, Dr. M. told of her own response to a request from Dr. König that she take blood from a particular patient every two hours over a twenty-four-hour period in order to follow the sedimentation rate. Because Dr. M. did not wish to be up every two hours during the night and was "not interested in his work," she simply drew the total amount of blood required, distributed it evenly into twelve containers, went to bed, and presented him with the containers the next day: "I didn't mind that this was not [authentic] and . . . just sabotage." That Teresa W. "did not have this attitude" suggests a morally problematic scientific integrity. An inmate was most likely to try to be accurate, as this Polish anthropologist did, when working regularly with an SS doctor (who might well be able to detect falsifications) in what seemed a relatively innocuous enterprise (and thereby inviting to one's own professional identity), such as W.'s measurements. At the same time, she claimed to know nothing about what was well known to many: namely, that Mengele would occasionally

have one or both twins put to death so that he could obtain needed scientific information from post-mortem study (see also pages 349-54). Her later reluctance to testify against Mengele had to do not only with his having saved her life, which could be reason enough, but with her need for her own distancing and numbing in relationship to the "scientific" project she was part of.

Sometimes a prisoner doctor could cling to self-aggrandizing scientific accuracy at the possible expense of others' lives. For example, one Jewish professor insisted upon identifying as a special form of tuberculosis a syndrome of bone infection encountered in Auschwitz and (as Dr. Jacob R. described) tried to persuade everybody to agree with him, until colleagues pressed him not to because it was known that "at Auschwitz the diagnosis of tuberculosis was tantamount to death—at least for Jews."

More usual was the code among prisoner physicians that, even with straightforward clinical research—as in work done in the laboratories of the Hygienic Institute—one avoided reporting results that could harm inmates. Therefore, in the case of diphtheria, as Dr. Michael Z. tells us, a positive report would have meant selection for the gas chambers and therefore "signing their death warrant." He added, "How many tens of sputum specimens where Köch [tuberculosis] bacilli were swarming do we report as negative?" We may say that the true healing task of the prisoner doctor was to make use of his or her knowledge not only of medical science but of Auschwitz medicalized killing in making reports and diagnoses, whether accurate or falsified, that would best sustain the lives of prisoners.

The Noma Office: Berthold Epstein

That principle was very much at issue in one of the many examples of "research collaboration" between SS and prisoner doctors in Auschwitz.

One prisoner doctor described a sequence in which Mengele approached Professor Berthold Epstein, a distinguished prisoner pediatrician, proposing that, in return for "an extension of his life," he help prepare research that Mengele could publish under his own name. Epstein was granted a day to think the matter over. As an "old man" from an assimilated Czech-Jewish background in Prague who "had extravagant notions of honor," he was indignant that Mengele "wanted to rob him of his soul." But his colleagues quickly convinced him that "an attitude of this kind at a distance of three hundred meters from a crematorium was far from being realistic"; and that, "under the pretext of scientific research," prisoner doctors could do a great deal of good for other inmates and also enhance their own status.

Epstein then proposed research on the treatment of noma, a severe,

spreading, ulcerative, gangrenous condition of the face and mouth, which is often fatal and was prevalent among Gypsy children and adolescents in the camp. Mengele agreed, and very quickly a "Noma office" (*Nomaabteilung*) was established, where forty-five to seventy children were kept and given a special, nutritious diet, vitamins, and sulfa drugs, as requested by Professor Epstein and arranged by Mengele. The SS doctor also had the children photographed before, during, and after treatment and brought other SS doctors to the ward to observe the work. A considerable number of the children made good recoveries.⁶¹ Whether or not every detail of this recollection is correct,* it shows that the SS doctor could, out of his own ambition, allow prisoner physicians to take research in a genuinely therapeutic direction (see also pages 360-61).

Ways of Resisting

I have discussed situations where prisoner doctors were pressured into participating in clearly harmful experiments that they could in no way view as legitimate research (chapter 12). Some, like Dr. Samuel and Dr. Dering, succumbed to those pressures; but other prisoner doctors resisted them, often indirectly and always cautiously.

Dr. Wanda J. called forth her status with Wirths, who respected and needed her on Block 10, in order to avoid involvement with Schumann and Clauberg. Concerning Schumann, she told me, "Not that I was a heroine [but] I wasn't his property"—which enabled her to make the false claim (which Schumann probably knew was false) that she was "not a surgeon." With Clauberg as well as Schumann, Dr. J. managed to limit her participation essentially to therapeutic help to victims. With Wirths she had to be more indirect and even vague, and when he suggested that she remove (as Samuel had done) the cervix of women thought to have pre-cancerous growths, she vacillated and stressed the fact that "first of all I organized the hospital" (see pages 237-38).

A French prisoner physician with strong Protestant religious convictions became known for her direct opposition to Nazi requests. Dr. Lottie M. remembered how Dr. Marie L. had shared the general view that none of them was likely to survive Auschwitz: "So the only thing . . . left to us is to behave for . . . the short time that remains to us as human beings." When pressed by Wirths to do culposcopic examinations of the cervix (to detect pre-cancerous changes), Dr. L. initially did so, but recognizing first that the examinations were entirely inaccurate, and second that the work had potentially harmful consequences (surgical removal of the cervix),

*Langbein corroborates the story, adding that the prize patient was a girl of about ten whose cheeks, through which her teeth had been visible, grew together with scar tissue. He also reported that before the noma was under control, Mengele had the heads of children who died of it severed and preserved in glass containers.⁶²

she invoked a long-standing leg wound, which she said prevented her from participating in the research. But, not without fear, she was particularly afraid of making a quick second refusal, and so agreed to perform anesthesia for Dr. Samuel in an experimental operation (removal of an ovary) he did for Schumann. After that single experience, however, she refused to do any more of them.

When confronted by Wirths, Dr. L. and he had an exchange that has taken on legendary reverberations. She explained that such activities were "contrary to my conception as a doctor." He then asked, "Can you not see that these people are different from you?" And I answered him that there were several other people different from me, starting with him!"

She also expressed resistance to Wirths's brother Helmut, who participated in his brother's research; and when Eduard Wirths subsequently asked her opinion about sterilization: "I answered that I was absolutely opposed, that it was a right we did not have to dispose in that way of people's lives and to sterilize them." She was transferred from Block 10 back to Birkenau without being otherwise punished, and was advised by knowledgeable inmates that, in her precarious situation, she should make herself more or less invisible. She also rebuffed two additional approaches: one from Dr. Samuel advising her to take part in experiments because "there are executions," to which she replied, "If I did them, I would commit suicide afterward." The second approach was from Mengele: "Of course I told him I did not want to do it"; afterward, "he told others that he could not ask me to do what I did not want to do."

Her resistance to experiments had been unusually firm; buttressed by her religious convictions, she was willing to die rather than violate her ethical code. While she undoubtedly had more leeway than a Jewish doctor in expressing these principles, her courage was no less impressive. An important element in the equation was the willingness of both Wirths and Mengele to give way rather than punish or kill her. SS doctors were committed from late 1942 to keeping prisoner doctors alive and functional; and in any case preferred to enlist for their dirty work those who were more malleable. Yet she too had to struggle with anxiety, and even she could not escape a brief involvement in experiments before succeeding in withdrawing from them completely.

Genuine Research

Prisoner physicians could themselves sometimes initiate genuine research, like the program in electroshock therapy developed by a Polish neurologist. Another prisoner physician who had been close to the situation, Frédéric E., told me that this man had been a renowned neurologist before the war, and that part of his motivation was the general knowledge that "German doctors liked to have extraordinary things happen in their

camp that would give them considerable personal prestige," and were "very pleased when prisoner doctors would produce something scientifically interesting" which could then be published under their (the SS doctors') name. This was especially true of Hans Wilhelm König, who responded enthusiastically to the plan, arranging not only for male "schizoid" inmates to be brought to the hospital block for electroshock therapy but taking the unusual step of having female inmates brought there as well from Birkenau seven or eight kilometers away (see pages 227-28).

König, in fact, took a great interest in the work and regularly attended the shock therapy sessions. Dr. E., who attended some of them as well, felt that the process was genuinely therapeutic, and that it saved lives: "Those [inmates] with nervous disorders were never selected [for the gas chamber] by König because he was interested in the effect of the electrotherapy on them." Moreover, patients diagnosed as schizoid were placed "under the protection of Fischer and . . . König . . . [and] consequently . . . were treated . . . in a more favorable manner"—either permitted to remain in the hospital or, if sent back to the camp, not assigned to hard labor.

But no research or therapy escaped the Auschwitz taint. A prisoner who worked on a Birkenau hospital block later testified that "Dr. König did electroshock experiments on women," and added, "These women later talked about their treatment. I believe Dr. König carried out the electroshock experiments on sick women twice a week and that the women were later gassed."

In other words, the electroshock treatments could be seen as a prelude to the gas chamber, and on the basis of such testimony and other investigations the International Committee of the Red Cross in Geneva (in association with the International Tracing Service at Arolsen in West Germany) placed these "electroshock experiments" on the list of "pseudo-medical experiments" for which victims could be compensated.⁶³

Frédéric E. was deeply troubled by this designation, which he considered to be a kind of mythology that developed because the "violent shock" involved caused "rumors that something terrible was happening." He initiated a correspondence with the International Red Cross authorities, insisting that the project had been genuinely therapeutic and asking that the designation "pseudo-medical experiments" be changed. The authorities wrote back that the electroshock had sometimes been given to people without mental illness and that it was "done in the utmost secrecy." Dr. E. ceased his protest only when told that the category "pseudo-medical experiment" meant that inmates could receive compensation as part of the indemnity to the Polish Government paid by the Federal Republic of Germany. Dr. E., in his last letter, made clear that he did not want to deny anyone such compensation, but nonetheless insisted that the designation was "an error" that should not be used in

future publications. He was surely defending both his colleagues' integrity and his own. But the overall episode once more reveals the tendency for the Auschwitz environment to subsume virtually any medical effort to its relentless destructiveness.

Medical Witness

There is still another kind of research, much more rare, conducted solely by prisoners as a means of investigating what they were being subjected to—that is, as a form of medical witness. Frédéric E. and a distinguished prisoner colleague studied the blood of twenty-six other Auschwitz (Monowitz) inmates, falling into five groups ranging from new arrivals in relatively good condition to inmates in advanced states of emaciation and edema. These doctors eventually prepared a careful scientific report published in 1947, which Dr. E. told me with some pride was “the only published medical research done [by inmates] under the Germans.”⁶⁴ He and his friend were interested in the deprivations of the diet and the physiological effects of these deprivations: “You see it was in 1944, and we could understand that Germany was going to lose the war, and we wanted to know what we were being fed.” But in order to get König's approval, which they needed to do the research, they spoke of studying “inmates' weight loss from a medical point of view,” rather than admit that they were evaluating the camp diet.

König probably let them go ahead because he envisioned the possibility of publishing the results “under his [own] name in the German medical literature”: “It would have been perfectly possible for him to omit the fact that it had been done in Auschwitz. . . . There are always people who lose weight, who are in misery.”

Just before evacuating Auschwitz, Dr. E. prepared two copies of a chart summarizing the results of the research, so that he and his collaborator could each carry one of them. His was lost through a search, but his collaborator managed to retain the other copy, and there was a discussion with a physician from the Hygienic Institute in Buchenwald of the possibility of resuming the work there. While that did not happen, the status achieved by E. simply through the discussions with the SS doctor was instrumental in preventing his being sent elsewhere and “may have saved my life.”

In the paper itself, there are descriptions in dry medical language of “cachectics without edema,” “moderate emaciation . . . with moderate edema,” and “extensive edema [with] lowered plasma total proteins and albumin.” But underneath those words is a passionate expression of the survivor mission of bearing witness and giving meaning to the Auschwitz experience by revealing some of its cruel medical dimensions. While even they might have had moments of self-questioning concerning whether they, too, were making other inmates into “guinea pigs” (all the more so since the work required the approval of an SS doctor), these prisoner

doctors could undoubtedly see it primarily as contributing to the world's learning the truth of Auschwitz.

Removal of Limits

There is an additional Auschwitz research function: that of the camp as a constant source of victims for research done almost anywhere. Besides the Auschwitz prisoners taken to Strasbourg to be made part of Professor Hirt's skeleton collection, there are many other examples: eight prisoners from Auschwitz sent to Sachsenhausen for experiments with epidemic hepatitis, in which the possible death of the inmates was an accepted part of the arrangement; and the notorious sequence of twenty Jewish children, ages five to twelve, transferred from Auschwitz to Neuengamme in Hamburg, where they were subjected to injections of virulent tubercular serum and to other experiments, until they were removed from Neuengamme and secretly murdered just before the arrival of Allied troops.⁶⁵ Auschwitz was not just a medicalized death factory but a source of “raw materials” for everyone's deadly medical experiments.

Prisoner physicians could speak with bitter accuracy about the specific way in which their and other inmates' humanity was negated by Nazi experimenters. One observed that “man was the cheapest experimental animal. . . . Cheaper than a rat.” Another declared that the experiments “had no scientific basis, and . . . that the main interest they had for those who performed them was to give Berlin, in their detailed reports, the illusion of important and continuous work, so that these brave ‘researchers’ might be kept far from the front in a position of sinecure.”

We know that Nazi doctors partly justified the experiments by their sense that Jews were in any case doomed. While prisoner doctors made no such justification, their emotions were also affected by the Jewish death sentence. Dr. Jacob R. could remember a feeling that “the experiments were of considerably less import than the whole inferno I was viewing there.”

< The experiments represent, among other things, a removal of medical limits. Ordinary medical behavior is predicated upon maintaining life—and refraining from actual or potential killing or maiming one's patient in the name of enhancing the life of one's own group or people. Paradoxically, that medical vision of social cure contributed directly to using medicine to kill or injure. Hence the array of Auschwitz experiments, and others done elsewhere including artificially inflicted burns with phosphorous incendiary bombs; experiments on the effects of drinking sea water; experiments with various forms of poison, by ingestion as well as in bullets or arrows; widespread experiments on artificially induced typhus, as well as with epidemic hepatitis and with malaria; experiments in cold immersion (“in freezing water”) to determine the body's reactions and susceptibilities; experiments with mustard gas in order to study the

kinds of wounds it can cause; experiments on the regeneration of bone, muscle, nerve tissue, and on bone transplantation, involving removal of various bones, muscles, and nerves from healthy women. All of the experiments were related to the Nazi biomedical vision, whether they directly contributed to cultural genocide (as in the case of sterilization) or were the work of German physicians taking a leading role in biological and genetic purification.

In experiments in sterilization, of course, the ideological source and goals are clear. But all the other experiments as well reflect the Nazi image of "life unworthy of life," of creatures who, because less than human, can be studied, altered, manipulated, mutilated, or killed—in the service of the Nordic race, and ultimately of remaking humankind. One experiments without limit in order to "gather together the best blood" and "once more breed over the generations the pure type of Nordic German."⁶⁶ The task is never accomplished, so one must continue experimenting. All of Auschwitz becomes not only a vast experiment but an unending one.

Chapter 16

"A Human Being in an SS Uniform": Ernst B.

His very first visit to the lab of Block 10 . . . was an extraordinary surprise for us. He came into the lab without force unlike the other SS, without a dog (Weber always came with a wolf dog), locked the doors behind him [so that his behavior could not be observed by other SS], said "Good day" and introduced himself, . . . offering his hand to my colleagues and to me. . . . We were . . . long unused to anyone from among the camp authorities treating us as people equal to himself.

—Auschwitz survivor

I had heard and read a great deal about Ernst B. before meeting him, and—amazingly for a Nazi doctor—all that I had heard was good. Former prisoner doctors, in both their written and their oral accounts, constantly described Dr. B. as having been a unique Nazi doctor in Auschwitz: a man who treated inmates (especially prisoner doctors) as human beings and who saved many of their lives; who had refused to do selections in Auschwitz; who had been so appreciated by prisoner doctors that, when tried after the war, their testimony on his behalf brought about his acquittal; who was "a human being in an SS uniform."

I did not have to track him down, as I had most other SS doctors, but he was introduced to me by a German judge who had taken a deposition from him in the Mengele extradition proceedings. Dr. B. had in fact expressed enthusiasm about meeting me and discussing his experiences with me in detail. I found him to be a neatly groomed man in his mid-sixties, short and slight, pleasant in manner, generally likable. So pleasant in fact that it made me a bit uneasy, and I reminded myself silently that, whatever his virtues, he had been one of *them*: a Nazi doctor in Auschwitz.

and its functions; but as a Nazi affiliate and a man hungry for group acceptance, that old Nazi bond is still necessary to him. Similarly, his sense of integrity requires that he both stand critically apart from Auschwitz mass murder and at the same time affirm the truth of his involvement with his Auschwitz colleagues and with overall Nazi camp life. Simon Cohen and Josef Mengele reverberate within him as alternative modes of moral being—just as they did in Auschwitz.

Chapter 17

Dr. Auschwitz: Josef Mengele

The SS man from *Mein Kampf*—very righteous and puritanical.

—Auschwitz prisoner doctor

He was capable of being so kind to the children, to have them become fond of him, to bring them sugar, to think of small details in their daily lives, and to do things we would genuinely admire. . . . And then, next to that, . . . the crematoria smoke, and these children, tomorrow or in a half-hour, he is going to send them there. Well, that is where the anomaly lay.

—Auschwitz prisoner doctor

My work on the Nazi doctors began and ended with Josef Mengele. It was initiated by legal documents on him and was completed in the summer of 1985, just at the time a team of scientists declared bones discovered in a Brazilian grave to be his.

Although I had originally considered focusing my study on Mengele, I soon realized that such a focus could further the cult of demonic personality already surrounding him and thereby neglect the more general Nazi phenomenon of medicalized killing. Not that I aim to debunk this exemplar of Nazi evil: while he is obscured by his demonic mythology, he has in many ways earned it. Rather, my task is to try to understand how his individual psychological traits fed, and fed upon, the Nazi biomedical vision, and to learn what he has to tell us about medicalized killing and corrupted medical science. For the fact that Mengele seemed to thrive in Auschwitz says much not only about the man, but even more about the psychology of the institution.

Mengele did not become an infamous public figure immediately after the war. He was of course known to Auschwitz survivors, was the object of testimony given in 1945, and was mentioned occasionally during the Nuremberg investigations, but he was not among the accused either there or in subsequent medical trials during the 1940s. It was only in 1958 that he began to reach a status of public infamy, partly through the efforts of the German writer Ernst Schnabel, who learned about Mengele's Auschwitz activities in the course of research for a book on Anne Frank.¹ Survivors from all over the world began to speak out and provide testimony for developing German legal inquiries. And as Mengele moved through various parts of South America to prevent capture or extradition, these testimonies of survivors continued unabated, along with more dubious reports and claims emanating from those less qualified to speak. While he is known to have spent considerable time in Argentina and Paraguay, his long stay in Brazil has been less recognized: his legend has been extended by reports of encounters in those places, including even a false claim of someone's having killed him.

Surely no Nazi war criminal has evoked so much fantasy and fiction. In a 1976 novel, made into a widely distributed film, *The Boys from Brazil*, Mengele is portrayed as a brilliant, fiendish scientist engaged in the cloning of Adolf Hitler. A little over a decade earlier, in a more serious dramatic exploration of Nazi genocide, the play *The Deputy*, Rolf Hochhuth created a Mengele-like character known only as "the doctor" who "has the stature of Absolute Evil, far more unequivocally so than Hitler." In a play that generally renders a character sensitively in terms of moral and psychological conflicts, Hochhuth goes on to claim that this Mengele figure so contrasts with "anything that has been learned about human beings" as to resemble an "uncanny visitant from another world," so that there is no point to exploring his "human features."² Thus, inadvertently, Hochhuth too has contributed to the cult of demonic personality. And on a leading American television news program, Isser Harrel, who headed the Israeli Secret Police at the time of the Eichmann capture, told an interviewer that "the moment the name of Mengele was mentioned, Eichmann went into a panic"; on that same program, Mengele's power was reflected in the statement of a man who claimed to see him regularly in Paraguay and lauded his Auschwitz effort "to rid ourselves of society's cripples,"³ but in a way that "didn't do anything more than scratch the surface." We need to take a step back from the legend and look at the man, at what he did in Auschwitz.

Background

What we know about the thirty-two-year-old man who arrived in Auschwitz on 30 May 1943 is not especially remarkable. He was the second son of a well-to-do Bavarian industrialist—not from an "old" German family but from one that could be considered *nouveau riche*. The family is de-

scribed as "strict Catholic," and Mengele identified himself as a Catholic on all his official forms, rather than using the more favored Nazi category of "believer in God." He is remembered from his youth as a serious student, a popular and enthusiastic friend in whom one could recognize "a very distinct ambitiousness," a young person with intelligence but more or less ordinary.⁴

His early right-wing nationalism was reflected by his joining the *Stahlhelm* (Steel Helmet, a nationalistic war veteran's organization) in 1931, at the age of twenty. He subsequently became enthusiastic about the Nazi movement, joining the SA in 1934, and applying for Party membership in 1937 and for SS membership upon being admitted to the Party the following year. There are rumors that, while studying in Munich, he met such high-ranking Nazis as Alfred Rosenberg and even Hitler himself—rumors that, in the absence of evidence, fit well with his mythology.

What does seem clear, and what Ernst B. emphasized to me concerning his friend, is that these Nazi leanings had considerable influence on his intellectual choices. Matriculating at the universities not only of Munich but also of Bonn, Vienna, and Frankfurt, Mengele came to concentrate on the physical anthropology and genetics of his time, eventually working under Otmar von Verschuer at the Frankfurt University Institute of Hereditary Biology and Racial Hygiene: the model institute mentioned earlier in connection with the quest for a "biologized" society by means of a national system of files on individual genetic characteristics. Verschuer's son much later remembered Mengele as "a friendly man," so kind that women at the institute referred to him as "Father Mengele"—a nickname that could of course have other connotations.⁵

Mengele produced three publications prior to his Auschwitz arrival. The first, completed in 1935 but appearing in 1937, was his dissertation in the Anthropological Institute (in the department of philosophy) at the University of Munich, and was entitled "Racial-Morphological Examination of the Anterior Portion of the Lower Jaw in Four Racial Groups." In this study he was intent upon demonstrating structural differences in a portion of the lower jaw in old Egyptians, Melanesians, short-skulled Europeans (mostly Eastern and Dinaric [Adriatic coast of Yugoslavia]), and long-skulled Europeans, primarily Nordic. He insisted that a previous investigator's failure to determine differences was due to deficiencies in method; and that "wherever a distinction is possible, it must be made." In following the practice of his time and place, he depended upon extensive measurements precisely rendered. He concluded, not surprisingly, that these anterior segments of the lower jaw "show clear differences well suited for racial distinctions." But his division of the two European racial groups is both cavalier and vague, especially in his undefended assumption that the long-skulled European material "represents primarily the Nordic element."⁶

His medical dissertation, published in 1938 and entitled "Genealogical Studies in the Cases of Cleft Lip-Jaw-Palate," presfigured his Auschwitz

work on genetic abnormalities and indirectly on twins (he did not use twin studies but referred to their importance). He was sufficiently deferential to his teachers to confirm prior work by Lenz and Verschuer on the existence in this area of an "irregularly dominant hereditary process," and associated the deformity studied with a wide variety of additional deformities and anomalies in the same families. His method was essentially genealogical.⁷

His third publication was entitled "Hereditary Transmission of *Fistulae Auris*" (an abnormal opening in the cartilage of the ear), identified as a publication from the Frankfurt Institute for Hereditary Biology and Racial Hygiene directed by Verschuer, and published in a journal *Der Erbarzt* ["The Genetic Physician"] edited by him. This is a brief case report on hereditary transmission of this kind of fistula, again by means of the Lenz-Verschuer principle of "irregular, dominant hereditary process." Mengele also makes a point of the simultaneous occurrence of these fistulae with dimples of the chin (he himself was said to have had such a dimple).⁸

All three studies are consistent with hereditary emphases supported by the Nazis but by no means intellectually initiated by them. The studies are full of charts, diagrams, and photographs that claim more than they prove, but could probably nonetheless be considered relatively respectable scientific works of that time even outside of Nazi Germany. What they all suggest is Mengele's commitment to bringing science into the service of the Nazi vision.

Mengele was apparently headed for an academic career, and was looked upon favorably by Verschuer, who in a letter of recommendation praised his reliability, combined background in anthropology and medicine, and capacity for clear verbal presentation of difficult intellectual problems.⁹ Mengele's choice of a professor's daughter as wife was also in keeping with his academic aspirations.

His military experience loomed large in his life: six months in 1938-39 with a specially trained mountain light-infantry regiment in the Tyrol, then considered a rather elegant form of service, including skiing and mountain climbing; and from 1940, service in the reserve medical corps, and then three years with a *Waffen SS* unit, mostly in the East including action in Russia with the Viking division; a wound that led to his being declared medically unfit for combat, and four decorations, including the Iron Cross First Class and Second Class. He was said to have "acquitted himself brilliantly in the face of the enemy during the Eastern Campaign," and was promoted to the rank of captain (*Hauptsturmführer*). The only doctor in Auschwitz to possess that array of medals, he was enormously proud of them and known to refer frequently to his combat experience as a source of authority on various matters. In a semi-comical incident, one of the Iron Crosses fell from his uniform while he was riding through the camp on his bicycle, and was recovered only after a frantic search by a group of prisoners.

In talking about his friend, Dr. B. made clear that Mengele came to Auschwitz with a special aura because he arrived more or less directly from the front ("because he was wounded") and because he apparently chose Auschwitz: asked to be sent there because of the opportunities it could provide for his research. We now know that, upon Mengele's being sent to Auschwitz, Verschuer applied for and received from the German Research Society (*Deutsche Forschungsgemeinschaft*) financial support for his student's work there.*

What did Mengele actually do in Auschwitz? Some prisoners thought him unimportant there and have wondered at his later notoriety. A former SS man, for instance, who spent more than four years with the Political Department testified that among the SS doctors he knew he had never encountered Mengele and in fact had "never heard [his] name . . . during the whole time I was in Auschwitz."¹¹ And Dr. Jacob R. told me, as did a few other prisoner doctors, that Mengele did not seem exceptional: "At the time I just saw him as one of the many SS doctors." But more frequent was the opposite impression, expressed by Dr. Henri Q., that Mengele was a key Auschwitz participant "whose role was very important, more than that of the others"—and who was seemingly ubiquitous: "He had a reputation, it was a name that was heard the most. He was everywhere. He was seen the most often—the others were less prominent—which means he was the most active among them." That quality of being "everywhere," and everywhere active, was at the heart of Mengele's impact in Auschwitz and of his mode of being in the camp.

He also committed real crimes, murderous crimes, direct murder. The Frankfurt Court, in indicting him for extradition, spoke of "hideous crimes" committed alone or with others "willfully and with bloodlust." These crimes included selections, lethal injections, shootings, beatings, and other forms of deliberate killing. And this list was distilled conservatively from the testimony of hundreds of survivors. But by the SS's standards at Auschwitz, Mengele was an admirable, indeed outstanding, medical officer. In recommending him for promotion in August 1944, Eduard Wirths spoke of his "open, honest, firm . . . [and] absolutely dependable" character and "magnificent" intellectual and physical talents; of the "discretion, perseverance, and energy with which he has fulfilled every task . . . and . . . shown himself equal to every situation"; of his "valuable contribution to anthropological science by making use of the scientific materials available to him"; of his "absolute ideological firmness" and "faultless conduct [as] an SS officer"; and of such personal qualities as "free, unrestrained, persuasive, and lively" discourse that rendered him "especially dear to his comrades."¹² Allowing for excesses in any

*Mengele arrived in Auschwitz on 30 May 1943, and the grants were approved on 18 August 1943. The confirmation described the work for one grant obscurely as concerning "specific albuminous matter" (*spezifische Eiweisskörper*); the other was to study "eye color." Verschuer later wrote that the work had "the authorization of the *Reichsführer SS* (Himmler) and consisted of "anthropological examinations"; further, "blood tests are sent to my laboratory."¹⁰

recommendation for promotion, this remains, to say the least, a rousing endorsement. It could even be seen as a contribution to the Mengele legend from the side of the SS.

We can look more closely at Mengele's Auschwitz existence by examining his involvement in selections, in "scientific research,"* and in his varied relationships (with his SS colleagues and with prisoner doctors), and also his overall psychological characteristics and continuing significance for others.

Mengele on the Ramp

For many inmates, Mengele embodied the selections process. As one prisoner doctor put it, "I . . . think that Mengele developed an *idée fixe*: selections, selections, and more selections." He tended to be identified as (in Dr. Peter D.'s words) "the chief of those who did the selections." Or as another prisoner doctor said, "Everything in Auschwitz was under . . . Mengele. . . . Mengele was the one who was present at all the transports. Usually he alone, himself, stood on the ramp and he made the selections. When he couldn't do it, he sent another clever . . . SS doctor [to do it]."

The strength of that impression is conveyed by a witness in the Frankfurt Auschwitz Trial who had worked in the "Canada Kommando" unloading prisoner transports, and who remembered only the name of Mengele. When the judge commented, "Mengele cannot have been there all the time," the witness answered, "In my opinion, always. Night and day."¹³ Dr. Olga Lengyel, speaking less specifically, caught the overall feeling of inmates in her description of Mengele as "far and away the chief provider for the gas chamber and the crematory ovens."¹⁴

Actually, the evidence we have is that Mengele took his duty turn on the ramp like everyone else. But the impression that he did all, or almost all, selections was fed by at least two factors: he frequently went to the ramp when not selecting in order to see that twins were being collected and saved for him; and he brought such verve and energy to the selections task that his image became most associated with it.

Former inmates described him as an elegant figure on the ramp—handsome, well groomed, extremely upright in posture. They sometimes misperceived him as "very Aryan-looking" or "tall and blond," when he was actually of medium height and had dark hair and complexion. His attractiveness hid Auschwitz truths: he "conveyed the impression of a gentle and cultured man who had nothing whatever to do with selections, phenol and Cyclon B."¹⁵ A survivor described him to me as "the false front for the crematorium."

He had an easy rhythm in his conduct of large-scale selections: "a

*In subsequent discussions, I refrain from using quotation marks with "research," but it should be understood that I view Mengele's work as always lacking full scientific responsibility (see especially pages 365-69).

nice-looking man with a stick [riding crop] in his hand . . . [who] looked at the bodies and the faces [for] just a couple of seconds [and said], . . . 'Links ['left'], . . . Rechts ['right'], Links, Rechts.'" And another observant inmate contrasted Dr. Franz Lucas's deliberate manner on the ramp with Mengele's "graceful and quick movement" (see pages 194-95).

Some described a quality of playfulness in his detachment, his "walking back and forth . . . [with a] cheerful expression on his face, . . . almost like he had fun, . . . routine fun. . . . He was very playful." But observant survivors could see that he was playing a role; noted the prominence with which he displayed at least one Iron Cross, and the intensity with which he seemed to wish to contrast his own elegance with the prisoners' barely human state; and spoke of him as "like a Hollywood actor," "like Clark Gable," or "a Rudolph Valentino type."

At the same time, prisoners were struck by the contrast between what he looked like and what he was. One survivor, describing him as "good-looking, . . . very cultivated," declared that "he really didn't look like a murderer," but immediately added, "He hit my father with his stick on his neck and sent him in a certain direction [to the gas chambers]." Or, "He was brutal but in a gentlemanly, depraved way." For Mengele's studied detachment could be interrupted by outbreaks of rage and violence, especially when encountering resistance to his sense of the Auschwitz rules. For instance, an arriving teenager, directed by Mengele to the right while her mother and younger sisters were sent to the left, "begged and wept" because she did not want to be separated from them: "[Mengele then] grabbed me by the hair, dragged me on the ground, and beat me. When my mother also tried to beg him, he beat her with his cane [riding crop]."

In another, similar case in which a mother did not want to be separated from her thirteen- or fourteen-year-old daughter, and bit and scratched the face of the SS man who tried to force her to her assigned line, Mengele drew his gun and shot both the woman and the child. As a blanket punishment, he then sent to the gas all people from that transport who had previously been selected for work, with the comment: "Away with this shit!"¹⁶

He could also express cruelty and violence in response to signs of orthodox Judaism. A woman described how he ridiculed her mother's wig (the *Scheitel* worn by orthodox Jews) and "picked it [off her head] with his stick." And there were endless stories of his smooth deceptions: a promise to a woman, who asked to do her father's work for him, that "father would be very well and the air would make him healthy": "In that same night my parents were gassed." And deadly sarcasm to a man asking for "light work": Mengele answered, "You'll get light work," and sent him to the gas chamber.¹⁷

He could occasionally break his own rules, on what appeared to be a whim: saving, for instance, a mother and eleven-year-old daughter because he was struck by their beauty, and reportedly commenting, "That

certainly is a painting."¹⁸ Allowing for retrospective exaggeration and fantasy, there is the reliable consistent impression of a man on the ramp at home with his task, with both fierce adherence to the rules and almost casual solipsism.

On the Hospital Block

On the hospital blocks he could also be flamboyantly casual and comfortable in his selections activity. Dr. Lengyel called him a selections "specialist" who "could show up suddenly at any hour, day or night, . . . when we least expected him."¹⁹ According to one prisoner doctor, "he had no problems—not with his conscience, not with anybody, not with anything." For, as Dr. Magda V. said, "he was absolutely convinced he was doing the right thing." Prisoners would "march before him with their arms in the air," Dr. Lengyel tells us, "while he continued to whistle his Wagner"—or it might be Verdi or Johann Strauss. It was a mannered detachment: "like an automaton, a gentleman carrying out indifferent functions,"²⁰ and (according to Dr. Marie L.) "very cold . . . in German, *sachlich* [meaning 'businesslike, matter-of-fact']."

According to Dr. L., he would change signals (thumb up instead of thumb down) to indicate those being sent to the gas chamber. And he always bordered on sadism: "He had a special kind of smile, . . . even joking, that bastard!" More overtly, there are many stories of his striking people with his long riding crop, in one case running it over tattoos on the bosoms of Russian women, as a Polish woman survivor described, "then striking them there," while "not at all excited but . . . casual, . . . just playing around a little as though it were a little funny."

Most of all, his ward selections were done with relentless conscientiousness and "responsibility." It mattered to Mengele that, among people he thought should be selected, every last one be tracked down—"like a bloodhound" was the way another survivor put it.

One might expect that someone so intent upon absolute personal control would disdain the involvement of prisoner doctors in selections, but that was not the case. Mengele encouraged or demanded their participation, and by so encompassing them broadened rather than diminished his own control. Dr. Marek P. stated that "Mengele would not listen to the Polish doctors at all"; and Dr. Magda V., who became skilled at handling SS doctors, said of Mengele, "I don't think that for a moment I could manipulate him, ever, ever."

Among inmates on the medical blocks, Mengele inspired both intense up-close observations and the most elaborate fantasy, or combinations of both. People focused on his eyes: he was "a very bad person, . . . and you saw it . . . in his eyes, . . . brown and bloodshot," according to one survivor; or he violated the principle a woman survivor described having learned from her mother, that "whoever has nice eyes has a nice soul";

or his eyes had a "cruel expression" or were "the eyes of a fish," or "dead eyes," "wild eyes," or eyes that never looked at one's own.

Some survivors spoke of his odor. One described him as "young, . . . elegant, . . . smart, . . . smelling of eau de cologne," and as "very sensitive about bad smells": "Before his arrival the doors and windows had to be opened." And more generally, Marianne F., who worked on the medical block, spoke of his "white coat over his uniform—shining new white" and characterized him as "Clean, clean, clean!"

Mengele's passion for cleanliness and perfection carried over into a selections aesthetic: he would send people with skin blemishes to the gas chamber or those with small abscesses or even old appendectomy scars. "My two cousins were sent in front of my eyes by Mengele to their deaths because they had small wounds on their bodies," was the way one survivor put it. Limited evidence of scabies, or rashes or scars from scarlet fever, or even rubella (German measles) on the skin of children could have the same effect.

Specific prisoner responses to Mengele's selections were dominated by a special quality of fear and helplessness. Dr. Gisella Perl wrote, "We feared these visits more than anything else, because . . . we never knew whether we would be permitted to continue to live. . . . He was free to do whatever he pleased with us."²¹ It was significant that many survivors who had witnessed the annihilation of the Gypsy camp considered that decision to have been Mengele's—an understandable assumption, both because the policy seemed consistent with the man and because Mengele was relentless in tracking down Gypsies, especially children, who tried to escape their fate. Though the assumption was factually wrong, its psychic truth lay in Mengele's inexorable commitment to the Nazi principle of murder-selection.

Dr. Lengyel speaks of prisoners' rage: "How we hated this charlatan! . . . How we despised his detached, haughty air, his continual whistling, his absurd orders, his frigid cruelty!" She described the temptation on one occasion, when seeing lying on a table his briefcase whose contours clearly revealed the revolver inside, to "seize the gun and slaughter the assassin."²² While full awareness of that rage might not come for many inmates until their liberation from Auschwitz, it was certainly building while they were there.

Mengele could also be perceived, almost in the manner of Hochhuth's portrayal of him, as a nonhuman evil force. Dr. Wanda J., in commenting that she never spoke to him because he never addressed her or her colleagues, added, "The devil should speak to him." And another prisoner doctor spoke of Mengele as "the lord of life and death." Such figures of speech meant more in Auschwitz than in other places. The perceived ratio of Mengele's beauty and evil could become a mystical indicator. Marianne F., observing Mengele on the medical block, describes how she "played this little game": "If the sun rises red you'll live this day, because it's beautiful and you detach the image of [Mengele] from what you knew

he was." Mengele's beauty, she was saying, and her capacity to detach that beauty from his actions, provided magic sustenance.

Mengele fed his legend by dramatizing murderous policies, such as his drawing a line on the wall of the children's block between 150 and 156 centimeters (about 5 feet or 5 feet 2 inches) from the floor, and sending those whose heads could not reach the line to the gas chamber. One survivor theorized that this preoccupation with height had to do with Mengele's own relatively short stature.

One prisoner doctor thought him "deranged" after having witnessed Mengele's rage upon hearing that an arriving group consisted of *psychiatric* patients and nurses. Rage at Jews' surviving the Nazi "euthanasia" policy of killing mental patients could have been enough to explain this action, but one suspects a more general attitude toward all things psychiatric.

Inmates who were not subject to his deadly whims could gain perspective on the man. One prisoner doctor said that Mengele "existed in a paradise of illusions"; and another prisoner, observing Mengele in the SS doctors' general office where "I didn't have to be afraid of him," went on to say, "I didn't notice any special elegance in him."

But noting his energy and vitality, inmates saw him as a man who thrived in Auschwitz. One wrote that "Dr. Mengele had the air of a man who took great satisfaction in his work and was pleased with his calling."²³ This observation is consistent with that of Ernst B., the SS doctor, who said that he never talked with his friend about inner conflicts because "Mengele had no problems."

We can put the matter another way and say that Mengele's harmony with Auschwitz rendered him unique unto himself, *sui generis*, as a former prisoner tells us: "You see a handsome, tall man coming. Do you know if he is a doctor or not a doctor? You know it is Mengele, nothing else."

A man who assumed Mengele's level of omnipotence was inevitably seen at times as a savior. Contributing to this image were his whimsical decisions to let people live, as well as his insistence that those judged young and strong enough to work stay in the correct line even when they resisted doing so. A typical account was that of a woman of twenty-five who was directed to the right but, when Mengele turned away, "got back to my mother's side" (on the left), was observed by Mengele and sent to her original line, only to once more "run to my mother's side," and once more be sent back by Mengele. Only he, and not the person in question, could decide upon death; and to be granted life in the face of one's own insistence (however inadvertent) upon remaining with the doomed could be perceived as a godlike form of rescue.

Or on a medical block, precisely because Mengele was so cold and unyielding, the few occasions when he responded to a plea were rendered almost mythic. One survivor, for instance, believed that in the case of people who were "young and beautiful, maybe a spark . . . of human being

was evoked in him," and told of two girls for whom she successfully intervened with him. Mengele undoubtedly derived psychological satisfaction from such incidents—all the more because he did not necessarily have to alter his basic policies: the two girls in question were sent to the gas chamber a short time later.

Another woman, in her teens when she arrived, told of a sequence of one of Mengele's acts of rescue: her responding to her mother's plea to join her in the line of the living; becoming sick on the hospital block, where "Dr. Mengele visited me daily" and "gave the order to treat me well"; and finding out additionally from the prisoner doctor that "Dr. Mengele was very interested in me and I should definitely return to my block the next day [and that] there he wouldn't look for me [for selection]."²⁴ Undoubtedly with the help of distortions and imagined attitudes, this woman saw Mengele as a combination of omnipotent rescuer and concerned physician. (On occasion he even examined and treated prisoner patients, rare for SS doctors.)

Or one could be rescued by the God figure's own cough: a woman remembered that Mengele's slight cough had come just at the moment he was to evaluate her, permitting her to move quickly ahead to what she had perceived to be the line of the living.²⁵

Direct Killing

Mengele could also kill directly. He was observed to perform phenol injections, always with a correct medical demeanor. He seemed to Dr. Marek P. to be always intent upon improving the killing system and upset at others' inefficiency: "He was infuriated by seeing the whole long line of people waiting [and] would take the syringe and show them [SDG personnel or prisoners performing the phenol injections] how to do it faster." Mengele himself administered the injections "without speaking," and "as though he were performing regular surgery . . . without showing any emotion at all."

Mengele also shot a number of prisoners and was reported to have killed at least one by pressing his foot on a woman's body. And there were additional reports of his having thrown newborn babies directly into the crematoria or open fires.²⁶

In selecting for death or in killing people himself, the essence of Mengele was flamboyant detachment—one might say disinterestedness—and efficiency.

Research on Twins

Though usually cool and detached in his killing, Mengele was passionate in conducting his research, particularly his study of twins.

Indeed, he probably came to Auschwitz for that purpose. He had apparently worked with twins under Verschuer at the University of Frank-

furt a few years earlier: Mengele's teacher was the man who in late 1935 had insisted, "What is absolutely needed is research on series of families and twins selected at random . . . with and . . . without hereditary defects." One could then achieve "complete and reliable determination of heredity in man" and "the extent of the damage caused by adverse hereditary influences," as well as "relations between disease, racial types, and miscegenation."²⁷ No wonder that Verschuier supported Mengele's research so enthusiastically, or that Mengele regularly sent specimens to his teacher and visited, while stationed at Auschwitz, the latter's research institute in Berlin.

In Auschwitz, Mengele found a way to live out this intellectual dream derived from his mentor. While he could not always have the family data going back over several generations that Verschuier wished for, he could arrange to his heart's content what his teacher called "a fixed minimum of examinations . . . in all cases."²⁸ Indeed, Mengele could exploit the unique opportunity Auschwitz provided for quick and absolute availability of large numbers of these precious research subjects, especially identical twins.

Mengele did not merely issue orders that twins be rounded up: he was a central, even fanatical, figure in the rounding-up process. Teresa W., who was sometimes in a position to observe ramp selections from close up, told how Mengele, looking "strange," would plunge into the "river" of arriving Hungarian Jews, "going quickly, . . . the same speed [as] the crowd and [shouting] only, 'Zwillinge heraus!' . . . with such a face that I would think he's mad."

Once he had selected the twins, Mengele made them part of an elaborate research structure, Auschwitz style. Besides the general SS doctors' unit (used by all SS doctors), he had three additional offices, mainly for his work with twins: one in the men's camp, one in the women's camp, and one in the Gypsy camp. In all these places, twins had special status. They were given a special number sequence, and in many cases "ZW" (for *Zwillinge*, or "twins") was made part of the tattooed number. They were frequently permitted to keep their own clothing and sometimes their hair. Twins, mostly children, had special blocks, usually within medical units and often together with other research subjects of Mengele, such as dwarfs or inmates with other abnormalities. An older child or an adult from among the twins, generally known as the *Zwillingsvater* (literally, "twins' father") would be put in charge and would become, in effect, the block chief. In each area, then, there took shape an extraordinary twin-dominated world of Mengele's "odd" research subjects.

As one of them, Simon J., describes:

We were very close. . . . There was a little fellow, . . . two-and-a-half, . . . the darling of the . . . block. . . . We had all sizes and shapes . . . a pair of eighteen-year-old strapping, magnificent boys from Hungary, excellent football-soccer players, . . . completely identical. We

had a pair of seventy-year-old Austrian gentlemen. . . . And then there were the dwarfs. . . . A very macabre sort of ship of fools.

The prisoner anthropologist, Teresa W., who did measurements on the twins, estimated that the influx of Hungarian Jews during the spring and summer of 1944 led to the accumulation of about 250 individual twins in Birkenau, mostly children but some adolescents. As she pointed out, "It is very difficult [under ordinary conditions] to find twins in such a number." And in the men's camp, Simon J. described "a collection of about one hundred of us . . . from the ages of three to . . . seventy . . . singles and doubles, males only." Mengele's main inner sanctum, where he kept his records, was in Birkenau, where he was chief doctor. Ernst B.'s observation about the mystery surrounding this room was confirmed by several survivors. One, for instance, told me that prisoners knew of it, but "had no approach to this room," and that he kept his research records there: "How or in what manner we don't know, because we never could come near this room of his."

Because they helped in mailing arrangements, prisoners confirmed that Mengele regularly sent reports and specimens to Verschuier's Berlin-Dahlem Institute of Racial Biology. (On pages 357-60 I discuss Mengele's method and his scientific aspirations.)

He permitted mothers of young female twins to stay on their block with them, apparently out of his concern that the children remain in good physical and mental condition. But as another twin went on to say, "there always came a day when the mothers would be sent back to the regular camp," which usually meant their deaths. While fathers of twins were studied much less frequently, there was at least one notable exception: a physician who himself became both a research subject (undergoing the usual tests and measurements) and an assistant to Mengele (preparing reports on geographical distribution of Hungarian twins).²⁹

Identical twins, Mengele's most treasured research objects, were often examined together, and comparatively, as two of them* described:

It was like a laboratory. First they weighed us, then they measured and compared. . . . There isn't a piece of body that wasn't measured and compared. . . . We were always sitting together—always nude. . . . We would sit for hours together, and they would measure her, and then measure me, and then again measure me and measure her. . . . You know, the width of, say, our ears or nose or mouth or . . . the structure of our bones. . . . Everything in detail, they wanted to know.

[These twins insisted that Mengele did virtually everything himself. Since they were in Birkenau, where his anthropological assistant was

*These two women, still profoundly identified with one another at the age of fifty-one, insisted upon being interviewed together, and their voices on the tape are not distinguishable from one another.

known to do her measurements, it is possible that they may be expressing some confusion between his *control* of the situation (which was virtually absolute) and what he actually did. But Mengele undoubtedly performed some examinations, perhaps especially with identical twins. They described him as very methodical: "He concentrated on one part of the body at one time. . . . Like [one day] he measured our eyes for about two hours." They stressed that, although they were always examined nude, Mengele was proper and "never rude," approaching them detachedly and more or less professionally. They spoke of being examined as frequently as twice a week for a period of five months in late 1944 and also remembered vividly a special visit to the Auschwitz main camp to be photographed. (Mengele seems to have varied the frequency according to the interest particular twins held for him, again undoubtedly giving much more attention to identical twins.) During these examinations a certain amount of family history was taken, involving sicknesses of all kinds; but "mostly he wanted to know if there were more sets of twins . . . in the family." And, like other twins I spoke to, these two were impressed by the amount of blood taken from them—an estimated ten cubic centimeters at every session. Given the inadequate Auschwitz diet (though theirs was better than ordinary prisoners), "We were wondering where [the blood] came from"; and toward the end they remembered it as being difficult to draw: "It wasn't coming any more . . . from our arms."

The more sinister side of Mengele's twin research emerged in his elaborate arrangements for pathological examination of corpses. For Dr. Miklos Nyiszli, his main prisoner pathologist, Mengele prepared a special dissection room, including a "dissecting table of polished marble," a basin with "nickel taps" and "three porcelain sinks," and windows "with green metal screens to keep out flies and mosquitoes." The adjoining working room had a large table, "comfortable arm chairs," three microscopes and "a well-stocked library, which contained the most recent editions." The overall arrangement, as Nyiszli later wrote, was "the exact replica of any large city's institute of pathology."³⁰

Nyiszli's earlier deposition (made in July 1945) reveals Mengele to be a direct murderer of his twins:

In the work room next to the dissecting room, fourteen Gypsy twins were waiting [about midnight one night], guarded by SS men, and crying bitterly. Dr. Mengele didn't say a single word to us, and prepared a 10 cc. and 5 cc. syringe. From a box he took evipan, and from another box he took chloroform, which was in 20 cubic-centimeter glass containers, and put these on the operating table. After that, the first twin was brought in, . . . a fourteen-year-old girl. Dr. Mengele ordered me to undress the girl and put her on the dissecting table. Then he injected the evipan into her right arm intravenously. After the child had fallen asleep, he felt for the left ventricle of the heart and

injected 10 cc. of chloroform. After one little twitch the child was dead, whereupon Dr. Mengele had it taken into the morgue. In this manner, all fourteen twins were killed during the night.³¹

The dissection of corpses, then, could be the final step in Mengele's twin research. While this was by no means the fate of all twins (most had a much better chance to live *because* they were twins), it nonetheless epitomizes Mengele's combination of relatively ordinary scientific procedure with literally murderous scientific fanaticism. >

But Auschwitz was unique not only in the numbers of twins it could provide, but in what it enabled one to do with the twins: each one of a pair of twins could be observed under the same diet and living conditions and could be made to "die together . . . and in good health"—ideal for post-mortem comparisons.³²

Sometimes Mengele killed twins simply to resolve a dispute over diagnosis. Dr. Abraham C., a radiologist who did work for Mengele, described to me one such situation: a pair of Gypsy twins, "two splendid boys of seven or eight, whom we were studying from all aspects—from the sixteen or eighteen different specialties we represented." The boys had certain joint symptoms which, according to a belief at that time, could be linked to tuberculosis. Mengele was convinced that the boys were tubercular, but the various prisoner doctors, after careful clinical study, found no trace of that disease. Still unconvinced, Mengele shouted at the prisoner doctors, especially at Dr. C., telling him, "All the others could make a mistake, not the radiologist. . . . It must be there." Mengele then left, ordering C. to remain there, and returned about an hour later, now speaking calmly: "You are right. There was nothing." After some silence, Mengele added, "Yes, I dissected them." Later C. heard from Nyiszli that Mengele had shot the two boys in the neck and that "while they were still warm, began to examine them: lungs first, and then each organ . . . [doing] some of the work himself." The two boys had been favorites with all the doctors, including Mengele: "[They] were treated very well, spoiled in all respects. . . . These two especially, . . . they fascinated him considerably."

Other research was done on twins, some of it difficult to evaluate from their reports. For instance, a survivor twin told me how shocked he and others were to discover a fully equipped laboratory right next to their block, as well as "dark rooms . . . [with] all kinds of lights, . . . different lights . . . [which] literally blinded us." He spoke of Mengele's supervising "a lot of research with chemicals," sometimes applied to the skin to see what color or reaction they would cause. He stated that Mengele's assistants "started with . . . the cervical area, then drew blood from behind the ear," and of how they "might stick a needle" in various places from behind, including the performing of spinal taps—all this done to young children and sometimes resulting in deafness, collapse, and, among the smaller ones, death. He and his twin sister, twelve years old, would be

placed together, separated by a burlap sheet, and both then subjected to these various examinations and tests, including injection of material into the spine and the clamping of some part of the body "to see how long you could stand the pressure."

This particular description could well include procedures one was subjected to, those thought to have been applied to other prisoners, and those unclearly seen or feared. Given the nature of the Auschwitz environment, however, virtually any detail described could have considerable truth; and even those less than fully accurately rendered, considerable psychic truth.*

Within the Auschwitz twins' subculture, there was an odd atmosphere that combined sanctuary with terror. As Simon J. put it, twins got the message "If we do what is wanted from us, . . . we would come to no harm, because we are the subject of an investigation headed by Dr. Mengele." That is, "We were not allowed to be beaten" because the word was out "not to ruin us physically." J. could even say that twins felt themselves "completely elevated, segregated from the hurlyburly of the camp." Even a twin who was caught in such an ordinarily "ultimate sin" as stealing food would, instead of being severely beaten or sent to the gas chambers, be merely rebuked or punished mildly. The twins became aware that, unlike most other prisoners, their lives had existential value: "A single thing kept us [alive]: . . . his experiments," is the way Tomas A. put it. Their existential value was immediately apparent in the matter of hair: they could retain theirs for the research reason that hair characteristics, including color, had to be recorded.

Hence they were given desirable jobs that did not expose them to the most severe kinds of physical abuse; children among them could serve as a "runner" (*Läufer*) or messenger, or sometimes simply as a helper. Many were permitted to move relatively freely about the camp, and therefore had valuable opportunities for "organizing" (buying and selling, mostly food), to be privy to useful information, and to create what one of them called a "thriving economy" on the twin block.

They were rewarded for their cooperation, as A. tells us: "[After being] measured and measured, . . . we had white bread and . . . milk with *Lukchen* [a macaroni-like mixture, considered a great delicacy in the camp]," for the ostensible purpose of compensating for the blood that had to be taken from them. In the Auschwitz context, that was "marvelous," and was combined with other advantages: "the best clothes . . . through Mengele"; and as a survivor twin explained, "We had our hair . . . [so] they [other prisoners] said, 'At least, you look . . . human.'"

It was equally clear, however, that this sanctuary was more than a matter of Mengele's whim: "We should count [ourselves] as very lucky

*But most descriptions by survivors could be in general terms confirmed, and unless otherwise indicated, I consider them to be essentially accurate.

that he's interested in us [as Simon J. put it]. Mengele is God—we found it out very fast."

Both protector and potential destroyer, he had "terrifying power around him [as] the person who, with his left eyelash, could rub us all out," in J.'s words. As he went on to explain: "He [Mengele] always carried around him an aura of . . . some terrifying threat, which is, I suspect, unexplainable to . . . normal . . . human beings who didn't see this. I [have] found . . . [it] literally impossible to transmit the edge of this terror."

Mostly Mengele kept twins alive for his research. Teresa W. claimed never to have been aware of his killing any of those she had measured; and while she might have resisted learning the full truth, it would have been "impossible [for her] not to know." Similarly, the "twins' father" (or prisoner leader) of the male group also stated, "As far as I know, none of the twins was gassed or burned." He pointed out that, in January 1945, the older male twins were evacuated but the smaller children stayed with him and were with him when the Russians entered the camp.³³ But another inmate, who assisted Teresa W. in her anthropological measurements and made wider observations, claimed that "about 15 percent" of the twins were killed, some as a consequence of experiments performed on them, including surgical operations.

Generally speaking, then, Mengele kept intact his two main "data bases" in Auschwitz and Birkenau; killed individual twins (especially when the other had died) or pairs of twins living outside of the twins' blocks (notably Gypsy twins at the time of annihilation of that camp) for post-mortem examinations;* and subjected twins on the children's block and elsewhere to fatal operations.

The irony remains that, among children, one almost had to be a twin to stay alive. As a survivor stated, "Virtually no one from my school survived, and no one from there of my age except another twin." The proof of that survival could be seen in the documentary Russian film made at the time of the liberation of Auschwitz.³⁴ In a moving scene, a hundred or more children emerge from inside the camp, most of them twins, including some older ones who had originally been ordered to evacuate but, in the confusion, had been able to hide themselves safely. Simon J. told me proudly, "I'm in that group—I remember that very well."

Mengele's relationship to his main professional assistant tells us much about his sense of the project. When Teresa W. was severely ill with typhus, she told Mengele about her anthropological background and

*Certain twins, not on any of the regular twins' blocks, were subjected to extensive examinations by Mengele's team of prisoner doctors. One prisoner doctor, in discussing Mengele's killing of an individual twin for the purpose of the post-mortem findings, told me that he and his prisoner colleagues "knew all these cases because they passed through our hands." They would receive the post-mortem report—"enormously detailed—all of the organs described in all particulars"; and "every twin in this group had his own file, and the post-mortem examination was the twin's last document in the file." The twin had to be killed, at least in certain cases, in order to complete his or her research file.

mentioned having been the assistant of a world-famous Polish anthropologist. Mengele arranged for her to have the best treatment available, and with her beginning recovery sent for her even though she was "so weak that [she could] not really walk," because he was "in such a hurry" to put her to work for him.

As did the twins, W. felt that the work offered her a sanctuary from more dangerous alternatives, and that in Auschwitz "Mengele was a god." She said that Mengele never had a "private conversation" with her or even talked about her professor, was polite but distant, and would only discuss the work. He would sometimes gently question her descriptions of bodily characteristics, all the while taking pains to provide her with the most comfortable arrangements available to prisoners. An attractive young woman with an elegant cultural background, she inspired rumors in Auschwitz that she and Mengele were having an affair. They almost certainly were not, but the rumors were probably fed by Mengele's pattern of both appreciation and generous reward of those who could contribute to his passionate involvement in twin research.

Partly because of her overestimation of the quality and legitimacy of the research, Teresa W. made a jarring discovery one day in Auschwitz. Asked by Mengele to carry a box to another part of the camp, she felt an impulse to open it and see what was inside, only to discover "that it contained glass jars, in which were human eyes." She was "deeply shaken": "At that moment I realized that Mengele was obviously able to kill people, in order to obtain some sort of research results."

Yet so much did she believe in the research that she made copies of all the forms she filled out in order to preserve her own record of the work; she buried these forms in jars under the block "until such a moment [when] I can dig them up"—but she never recovered them. She contrasted what Mengele would do with the material with the more objective, statistical approach of her professor. Mengele, she thought, would have kept alive his "stud" (groups of twins and their offsprings) in order to study the inheritance of a variety of characteristics from intelligence to capacity for certain kinds of knowledge to susceptibility to illnesses—all of which she thought could give Mengele "a quite interesting result."

During her talks with me (spread out over a couple of years) she became more critical of Mengele as "fanatical" and "murderous," but remained confused by him partly because of her continuing respect for the work. She was one of the few prisoners I know of who remained loath to make definitive judgments about him and was reluctant to testify about him in legal proceedings. Her attitude was surely influenced by his having saved her life but also by his professional approach to her and his having convinced her of the validity of the work with twins.

Mengele's own attitude toward the twins research was fiercely enthusiastic. Dr. Lottie M. stressed how passionately involved Mengele was with "his genetic idea," and a Polish woman survivor told how he "rushed

through [his duties on the medical block] in order to have more time for his twins." That passion made him "totally blind to" the general misery of the camp. When he found identical twins in any transport, this woman went on to say, "Mengele beamed—he was happy, . . . in a kind of a trance." When deprived of possible twins—as on one occasion when he was not notified about the arrival of a transport—he was observed to become enraged and threatening.

As he also did when children, out of fear or fatigue, interrupted the examinations, or, as another survivor put it, "if something didn't go right in experiments" or even if a temperature reading was not recorded on a twin's chart. Once when a child screamed that he felt like passing out, Mengele "became enraged . . . [and] knocked the whole table down." His attitude, according to this observer, seemed to be that if he could not complete the work immediately, he "might not be able to achieve it." He also became "furious," according to another survivor when a girl twin died at the wrong time—as in the case of one who succumbed to diphtheria while he was following her syphilis. He was attentive to and provided special care and medications for the surviving twin, who also developed diphtheria and whom he was said to like very much—until she recovered, at which time he had her killed so that her syphilis could be confirmed at post-mortem examination.

This duality—a confusing combination of affection and violence—was constantly described to me. The Polish woman survivor, for instance, described him as "impulsive . . . [with] a choleric temper," but "in his attitude to children [twins] . . . as gentle as a father . . . [who] talked to them . . . [and] patted them on the head in a loving way." He could be playful with them as well and "jumped around" to please them. Twin children frequently called him "Uncle Pepi"; and other twins told how Mengele would bring them sweets and invite them for a ride in his car, which turned out to be "a little drive with Uncle Pepi, to the gas chamber." Simon J. put it most succinctly: "He could be friendly but kill." And two other twins described him as "like a dual personality, like Dr. Jekyll and Mr. Hyde, I think."

Twins felt Mengele's appeal. One believed that Mengele liked him: "[He] immediately referred to me as his friend" and said that he was "very fascinated with something in the Jew" and was generally pleasant and "very human." This man believed that Mengele protected the twins from Heinz Thilo, an SS doctor who wanted them killed, so that the latter was the "devil of death" (an evil murderer) while Mengele was the "angel of death" (who still had a little bit of feeling). But this survivor admitted that Mengele, in the laboratory, "became a different person entirely, . . . a fanatic, . . . [and] if he didn't see blood on his white uniform, he wasn't content." Tomas A. remained still more troublingly bound to Mengele: "For twins Mengele was everything, . . . just marvelous, . . . a good doctor, . . . our backing [support]. If [it hadn't been for] him, we wouldn't be alive." For a long time after liberation, A. found it impossible

to believe the evil things he heard about Mengele, and he still struggles with the contradiction. He can now sum up the situation: "For us, for the twins, [he was] like a papa, like a mama. For us. On the other hand, he was a murderer."

While several of the twins came to the conclusion that Mengele had been nice to them only to maximize their participation in his research, others had difficulty ridding themselves of the sense that his affection for them had been genuine.

Apart from his research, the relationship Mengele sought with the twins, and with all of the environment, was one of *absolute control*. That form of omnipotent quest again combined Auschwitz realities with Mengele's individual-psychological inclinations. Simon J. captured the tendency when he said that "Mengele was judgment day," and had the further association of an image of an inmate, among a group walking slowing toward the crematorium, shouting out a verse chanted on Kol Nidre night (the beginning of Yom Kippur, the Day of Atonement). Mengele sought control not only over life and death but over all behavior and all criteria of value, scientific and moral.

Hence J. could add, "As far as we knew, there was Mengele—then one half a light-year, . . . and then the rest of them [other doctors and SS officers and personnel]." That same aura of omnipotence led to impressions on the part of various twins that Mengele was "the main show," an "on-the-floor presence," and "always in charge."

Unlike others in Auschwitz, Mengele continued his research with twins until the very end. A few months before his hurried departure, he insisted upon inviting Dr. Lottie M. into his inner sanctum to look at "the results of [his] anthropology research work." She could make little of them from superficial glances at charts and statistics, but remembered him saying with some feeling, "Isn't it a pity that . . . this falls into the hands of the Bolsheviks. Isn't it a pity?" While he apparently took most of the records with him, Dr. M.'s impression was that he recognized the imminence of the German defeat and was mainly preoccupied with what would happen to that material.*

One survivor contended that Mengele had to "get a lot done quickly" because of his conflict with Thilo and others who wanted the project shut down. A survivor, who claimed to have intelligence connections and special knowledge, went further in describing Mengele's research as having been in bad repute with Nazi officials, so that his entire Auschwitz standing was in jeopardy "if he did not submit results." While those claims find little support elsewhere, Mengele's "race against time" could have been generated from within himself as part of a need to see himself—and be recognized—as a great biological and racial scientist. Certainly his research with twins was central to that aspiration.

*It is possible that a significant amount of this material did fall into Soviet hands, as they are believed to retain—or at least to have retained originally—large numbers of Auschwitz documents that they have not made available to others or even publicly acknowledged.

Method and Goals: "There Would Never Be Another Chance Like It"

Mengele's method was a product of his scientific training and earlier experience, his Nazi ideology, and the peculiarities of the Auschwitz setting.

His anthropological prisoner assistant, Teresa W., considered Mengele's method more or less standard for the time, the norm for anthropological work. She recognized it as the same approach she had been trained in at her Polish university under a distinguished anthropologist with German pre-Nazi academic connections. That professor stressed "the biological foundation of [the] social environment" and the delineation of "racial types" (although her professor strongly rejected Nazi theories of racial superiority), making use of statistical methods he had introduced.

Mengele's approach differed only in being "terribly detailed," more so than she thought necessary. It included measurements of skull and body, and various characteristics of nose, lips, ears, hair, and eyes. His anthropological assistant was given quality Swiss instruments, a white coat "like the physicians," a secretary to write down observations, and a prisoner anthropology student to help her. Teresa W. told me that Mengele never discussed his research aims with her, but she considered the work scientifically legitimate and had testified earlier that "in the area of recognized anthropology, [work with twins] constitutes a very important part of research, in which especially the aspect of heredity plays a great role." And as W. said to me, "If he would like to have a false statement, than [why] all this trouble to do such . . . detailed research?" She did, however, recognize that Mengele might "twist [his findings] a little bit to his aims" if it would demonstrate German racial superiority; and also that "maybe if something was not . . . according to . . . Nazi wishes, . . . he [might] not publicize it." She was also aware of what she owed to the research: "In a way, his anthropology really saved my life in Auschwitz."*

The relative number of identical twins (those developed from a single ovum) as opposed to non-identical twins (from different ova) among Mengele's research subjects is unclear. Also unclear is the extent to which he maintained this crucial distinction, since non-identical twins are genetically similar only to the extent that ordinary siblings are. The fact that a few ordinary siblings are known to have successfully masqueraded as twins gives us reason to doubt the reliability of Mengele's research findings.

Mengele remained in close contact with Professor Verschuer throughout his stay in Auschwitz and regularly sent him research results and specimens at the Kaiser Wilhelm Institute of Anthropology and Human Heredity and Eugenics in Berlin-Dahlem that Verschuer then headed.

*Mengele also used twins as subjects for more general anthropological interests. In the Gypsy camp, according to Dr. Alexander O., Mengele "kept . . . samples of hair [and] eyes [from twins], equipment to take fingerprints, handprints, and footprints," and "compared the various Gypsy ethnic groups."

There is also recent evidence that, during his Auschwitz time, Mengele periodically visited his professor and was received by the latter's family. Verschuer destroyed all of their correspondence shortly after the war and, despite this incriminating act, claimed ignorance about Auschwitz and about any potentially criminal ways in which Mengele might have gathered the material.^{35*}

Dr. Lottie M. could thus say of his interest in twins: "That was his question . . . genetics . . . genetics and environment. I think he did as he could have if he worked as assistant of Professor Verschuer." And Teresa W. also emphasized his opportunity to study hereditary principles which, whatever her and others' criticism of the work, rendered it "undoubtedly of the highest value for anthropology."

Ernst B., his Auschwitz friend, described the work as "pure scientific research," making use of twins to study questions of identical inherited dispositions (*selbe Erbanlagen*) Mengele had begun to investigate under his professor at the university. The research could take advantage of "the extreme conditions of the camp": one could, for instance, give protein to one twin to observe its effect in preventing disease in comparison to the other twin to whom it was not given; and one could pursue investigations with a "potentially fatal outcome." Dr. B. knew that Mengele was "in constant touch with his old institute," but thought he told people there little about Auschwitz conditions because "he was ashamed to talk about this with his former colleagues." Mengele nonetheless expressed to Ernst B. pride in his colleagues' encouragement and "used that as justification" for pursuing scientific work.

Dr. B. said something else of great importance, not generally appreciated: Mengele had begun work on his *Habilitation*, the academic presentation necessary for a formal appointment as university lecturer and ultimately professor; and the clear implication was that his Auschwitz research with twins was to constitute a major portion of that "*Habilitation* work." Mengele's academic ambition, that is, was bound up with his passion for Auschwitz research—as was his feeling, again quoted by Dr. B., that "it would be a sin, a crime, . . . irresponsible [toward science], not to utilize the possibilities that Auschwitz had for twin research. There would never be another chance like it."

All that seems clear enough, but the prevailing opinion in Auschwitz about Mengele's research was quite different. Most inmates believed, as Dr. Abraham C. put it, that Mengele "wanted to find the cause of multiple pregnancies in order to be able to repopulate Germany, which had been subjected to considerable losses." Dr. C. even claimed that Mengele "spoke of it very freely." And as "Mengele's radiologist" (C.'s own term), he was in a position to observe and hear a great deal. Dr. Miklos Nyiszli,

*Dr. Helmut Verschuer, the professor's son, also remembered his mother's reporting that she once asked Mengele whether what he had to do was demanding; he answered, "It is horrible, I can't talk about it."³⁶ That memory is difficult to evaluate and should not in my view be taken as clear evidence of Mengele's having been uncomfortable in Auschwitz.

who worked still more closely with Mengele, said similarly, "To advance one step in the search to unlock the secret of multiplying the race of superior beings destined to rule was [for Mengele] a 'noble goal.'"³⁷

Teresa W. was aware of that view, and expressed skepticism about it because she "did not hear anything from Mengele" that suggested this goal. But I had the impression that she was no longer quite certain about Mengele's goals. There was still another rumor, that Mengele "wanted to pair up female twins with male twins, and . . . they should have sexual relations . . . to see if twins would be born of twins." A related rumor was that twins' sperm would be used to impregnate "German ladies," so that they could have twins in turn; or that twins' blood would be injected into the veins of German women, ostensibly for the same purpose.

Over all, most prisoner doctors were more skeptical than Teresa W. about the quality of Mengele's work with twins. Dr. Jan W. thought him very "superficial" as a researcher and, after looking at fragments of notes from the research kept in the Auschwitz Museum, said that "no scientist would take [them] seriously." (The notes consist only of a few columns of figures, and it would be difficult to draw from them conclusions of any kind.) One prisoner doctor put the matter simply and absolutely: "He wanted to be God—to create a new race."

In evaluating these various views, there is no doubt about the truth of the first position: namely, that Mengele was continuing work with twins initiated by others and possibly himself in the Frankfurt and Berlin institutes, stressing genetic determinism. Earlier in my work I thought that this perspective, along with Mengele's scientific and academic ambition, accounted for his twin research, and that the vision of learning the secret of multiple births was the fantasy of others. Now I am not so sure. The evidence seems to me consistent with at least the possibility that Mengele had the ambition of extending his genetic determinism toward some form of racial application: the use of knowledge of genetic factors that influence the formation of twins to stimulate that formation in particular situations.

He also might have wished to use what he learned from twins for the genetic cultivation of superior individuals, not necessarily twins themselves. While these purposes fall far short of the grand vision of "repopulating Germany," they would be consistent with German national goals at the time and certainly with Nazi ideology. They would also be consistent with something else his friend Dr. B. told me: that Mengele's work had bearing on selecting national leaders "not [on a] political basis but [on a] biological basis." In other words, Mengele might have wished to use genetic insights derived from twin research both for "breeding" desirable leaders (Teresa W. saw him as "like a stud owner") and for selecting them from among existing contenders.

But we cannot be certain about Mengele's precise motivations. W., who worked so closely with him, said to me at one point: "To hear his confession—his answers to different questions people might put to him—would

be interesting." It would have, indeed, though even he might not have been entirely clear about his exact motivations. But I believe they would include his characteristic combination of exaggerated scientific claim and related ideological fantasy.

Dwarfs, Noma, Eye Color, and Other Areas of Research

Though nothing compared with his interest in twins, Mengele could also be passionate about his work with dwarfs, and was once described as "beside himself with joy" upon discovering an entire family of five dwarfs. Such a family of course was a panacea for his genetic focus, while at the same time satisfying his interest in the abnormal: his wish, as his anthropological assistant put it, "to have as much a characteristic [of abnormality] as you can give him."

Nyiszli told of doing his first post-mortem examinations on people selected from transports because of some abnormal physical development. He and others took measurements of them; then an SS noncommissioned officer shot them; afterward, Nyiszli did the dissections, prepared a protocol, and then treated the corpses with calcium chloride and "put the clean bones together in packages, which were then sent to the . . . institute in Berlin-Dahlem."³⁸ Also, Dr. Lottie M. told of a sequence of Mengele's enthusiasm at receiving a family of dwarfs, his extremely intense study and seemingly generous treatment of them, and then their disappearance: "A fortnight and . . . the study is finished, . . . so [to] the gas." (As in the case of twins, a number of dwarfs did survive, including two described by Tomas A. as talented musicians who lived among his group of twins and frequently played for the SS.)

But inmates understood the dwarfs to reflect Mengele's obsession with Jewish abnormality. As Dr. Magdā V. put it, "I think Jews must have been freaks to him—like the dwarfs." And a friend of Teresa W. saw him as "fascinated by all sorts of freaks of nature, . . . dwarfs, hunchbacks, imbeciles of all nations, . . . hermaphrodites"—all of them Jews. Another prisoner doctor noted his interest in giants as well and, more generally, in "growth disturbances" and "growth indicators" in children and young adults. Dr. Erich G. mentioned Mengele's "preconception" and even "religious feeling" that among Jews there is a greater "heredity of bad qualities" than among other races. In that way, Mengele's interest in dwarfs connected with his general attitude toward Jews: it is not surprising that ordinary inmates feared his freak hunting. As another survivor tells us, "I was a little afraid of him. Everyone was afraid. Maybe he will ask you, 'Come here,' and he will find something on you interesting."

Mengele's third interest was noma, an area of research that he may have more actively chosen than was suggested by the prisoner doctor's description of his approach to Professor Epstein (see pages 296–97). In

any case, we can be reasonably sure that Mengele was seeking to further his own scientific name, and that he would have published results under that name alone.

This gangrenous condition of the face and mouth is known to result from extreme debilitation, and prisoner doctors had no doubt that such debilitation or cachexia (a general wasting of the body) from Auschwitz diet and general conditions was the fundamental cause of the frequent occurrence in Gypsy children of this ordinarily rare disease. Mengele did not entirely dispute this assumption, as he permitted Professor Epstein to give at least one lecture on noma in which the importance of cachexia was stressed. But Mengele was clearly more interested in a genetic or racial source, so that a prisoner doctor who was given the task of bacteriological work on the condition, could ask, "But why did the German physicians not think, . . . as we thought ourselves, that this noma epidemic was to be attributed to the misery, lack of hygiene and nutrition, to which these children were submitted, rather than to another cause?"

Eva C., the artist who worked with Mengele, recalls an incident in which he took her to an extremely debilitated Gypsy boy moribund from advanced noma—"a little bundle of bones"—and asked her, "Would you believe that this kid is ten years old?" C.'s sense was that Mengele was not so much commenting on how much younger the boy appeared as implying that "this is that kind of race, . . . like he didn't realize that he did it to that kid." This pattern of blaming the victim was especially blatant in Mengele's noma work.

Mengele again killed for science. One prisoner doctor told me how Mengele one day brought in "two heads . . . wrapped in newspaper . . . children's heads . . . smelling of phenol." It was clear that Mengele had had the children killed in order to make possible their post-mortem study, and he was bringing the heads to this doctor for bacteriological examination.

Mengele's work on eye color was a particularly strange and revealing episode in his Auschwitz research career. Characteristically, it began with a scientific basis. He regularly sent eyes of Gypsies back to the Berlin Institute, where a study was being conducted of hereditary factors in eye color, with special focus on a condition known as heterochromia of the iris, in which the two eyes of a person are of different colors. A woman physician named Magnussen who worked at the institute was in charge of the eye project. Dr. Nyiszli reports the occurrence of heterochromia, with one blue and one brown eye, in six of eight Gypsy twins he was ordered on one occasion to dissect. His dissection showed that these twins had been killed by phenol injection, though he also found evidence in all of hereditary syphilis and in some of tuberculosis. Mengele said that, because of the syphilis and tuberculosis, they "would not have lived in any case"—a comment Nyiszli took as a signal to write in these diseases

as the cause of death. He preserved the eyes of the six heterochromic twins and prepared them for shipment to Berlin.³⁹

A bizarre story told to me by Dr. Alexander O. made clear that aspects of the project could be less than scientific. After Mengele had demonstrated heterochromia in a few members of a Gypsy family, he instructed Dr. O. that, "when things have taken their course," he was to extract the eyes and put them in containers with preservative to be sent to Berlin—Mengele adding ominously, "All of them, do you understand?" Dr. O. understood perfectly; and as one by one the family members died of their extreme debilitation (Mengele apparently did not think phenol injections were required), he would be notified and would excise the eyes from the corpse, prepare them for shipment, and hand them over to the block scribe. One day the scribe called him angrily and said that Mengele had a record of eight family members and, "You've given me only seven pairs of eyes. We are missing two eyes!" When Dr. O. began to protest that he had been notified only about the seven, the scribe said that the eyes of the last family member "have to be sent today! You know what that means—they have to go today!" O. understood that as a signal to plunder substitute eyes from random Gypsy corpses, and after stumbling about among a group of them, did succeed in finding the correct colors, a blue eye from one corpse and a black eye from another; he then excised and packed them in the usual manner.

Mengele had an added project: that of actually changing eye color in an Aryan direction. Dr. Abraham C. wondered why Mengele was devoting so much attention to a few seven-year-old boys who seemed unremarkable, and then realized that "those children had one odd characteristic: they were blond and had brown eyes, so Mengele was trying to find a way to color their eyes blue." Mengele actually injected methylene blue into their eyes, causing severe pain and inflammation, but "their eyes of course did not change." Dr. C. had the impression these children were gassed, but he may have been wrong; a former block elder told of thirty-six such children who apparently survived. There is a record, however, of a little girl named Dagmar, born in Auschwitz in 1944, who died after Mengele's eye injections.⁴⁰ Of the children subjected to the eye-color experiment, at least one child became almost blind; the eyes of most of the others, after considerable pain and infection, gradually returned to normal.

Concerning the study of heterochromia, Hermann Langbein reported having an opportunity after the war to meet with Professor Verschuer, who told him about the "enormously interesting specimens" of different-colored eyes Mengele had sent him, and seemed "surprised and upset" when Langbein told him they had come from Gypsies Mengele had ordered killed because of this abnormality. In Verschuer's attitude we encounter a hypocritical academic accessory to Mengele's characteristic pattern of killing for science.

But the methylene blue injections are of a different order, not in their

cruelty (which was usual) but in their extraordinary scientific naïveté—or, one might more accurately say, their scientific corruption.

Mengele was thought to have done further research in a variety of areas, but unclear accounts make it difficult in some cases to distinguish what actually took place from distortions or even fantasy. Yet, in each case, he *could* have been somehow involved.

Eva C., for instance, on the whole an accurate and earthy observer, told me with uncharacteristic hesitancy and confusion of a vast research unit she was taken to, a special block in the Auschwitz main camp where people were being experimented upon, some of them wearing a diver's suit and lying in water with ice in it. Mengele walked about quickly and somewhat agitatedly, giving orders in a way that showed that "he was very definitely *the* top dog in there, too." Other inmates were convinced that Mengele performed sterilization experiments; and although he was clearly not a major Auschwitz experimenter in this area, there were enough reports to suggest he might have had some peripheral relationship to it. One survivor told me that Mengele "cut off the balls" of a very young twin, and that he (this witness), in fact, saw the testicles "lying on our table." A Greek survivor, one of whose testicles had been removed, appeared in court against Schumann but held Mengele equally responsible and told of the latter's supervising the crude method of collecting sperm from males involved in sterilization experiments. Other survivors told of injections Mengele gave or ordered given in the abdomen that left one sterile.⁴¹ One woman told of an injurious substance being injected into her back by an assistant of Mengele, resulting in loss of her menstrual periods and inability to conceive. A survivor, whose fiancé worked on Block 10, spoke of "medical research and experiments by the notorious doctors Mengele and Claiberg" on that block.⁴² Another survivor told of bone-marrow experiments, involving several operations on her thigh, with removal of material for bone-marrow transplants. An international commission confirmed that this woman had been subjected to medical experiments, and she was able to locate another survivor victimized by the same kind of procedure.

My belief is that each of these reports stems from some form of actual abuse, usually experimental, even if there was some confusion in details, including the question of which Nazi doctor was involved. Mengele's unbridled research interests, special Auschwitz energies, and extraordinary absence of moral restraint made him a candidate for real acts that sound fantastic no less than for unbridled fantasy.

Mengele set up an Auschwitz caricature of an academic research institute. Doctors, mostly Jewish, with varied clinical and laboratory backgrounds, were called upon to contribute to his work by diagnosing and sometimes treating (when consistent with Mengele's interest) his research subjects. Key figures in confirming diagnoses were Dr. Abraham

C., the radiologist, and Dr. Miklos Nyiszli, the pathologist. Nyiszli in particular attained enormous prestige in the camp and could move about as he wished by invoking Mengele's name. Before being taken on, he was given an "examination" by Mengele on his knowledge of pathology and forensic issues. The extent of his work with Mengele made him a controversial figure in the eyes of some other prisoner doctors. But the point here is the fact that the most important man on Mengele's team was the dissector of corpses.

Mengele even organized a series of colloquia, usually involving about fifteen doctors working with him and ten or fifteen brought in from other camps. Mengele would select the topic and run the meeting, while prisoner doctors would be asked to discuss particular cases from the standpoint of their specialties. Their discussion was tempered by their awareness, as one put it, that "any of us could be sent off [killed] at the slightest sign of displeasure on Mengele's part." While reluctant to disagree with Mengele, they also had to consider the danger of being associated with a false diagnosis (even if Mengele favored it) that could be confirmed as false by post-mortem examination.

Mengele was a *collector*. In accumulating dwarfs, as Dr. Lengyel put it, Mengele had "the mania of a collector, not of a savant."⁴³ Other prisoner doctors similarly saw him as an endless collector who served as an instrument of his professor without possessing any special qualities of his own as a scientist. (He was said to have collected doctors as well. One prisoner doctor told a story of a large group of Hungarian doctors [thought to be about 380] that Mengele gathered in late 1944; most of them were sent to a harsh working camp in Germany, where the great majority became severely ill and debilitated, and many died.)

Mengele's impulse to collect could be directed at any kind of specimen—fetuses, as we know, and "very beautiful gallstones," as Dr. Nyiszli tells us. Encountering the gallstones while dissecting a corpse, Nyiszli immediately thought of Mengele as "an ardent collector of such items": whether or not he had presented Mengele with such a gift before, he knew it would be appreciated. He carefully washed and prepared them, and Mengele's response was not only pleasure but the recitation of lines from a comic ballad of the warrior Wallenstein:

In the Wallenstein family
there are more gallstones than precious stones.
*[Im Besitze der Familie Wallenstein
Ist mehr Gallenstein, wie Edelstein.]*

The gallstones put Mengele in such a good mood that Nyiszli could successfully request permission to go about the camp to look for his wife and teenage daughter.⁴⁴

Mengele as Scientist

In exploring with me Mengele's attitude toward his research and toward science in general, Teresa W. said: "In his scientific research he was honest . . . and fanatic. He was a strange man." The word "honest" expressed her sense of the legitimacy of his method and of his having been a man with a genuine "scientific background" who was "absolutely capable of doing serious and appropriate scientific work." His fanaticism was evident to her in his behavior not only at the ramp but when attempting to preserve his "research findings" at the time the camp was about to be liberated. He became "completely mad-looking," went desperately to his equipment and papers, and "put everything—instruments, all [there] was, in this trunk . . . paper, stationery, everything—pack, pack, terrific speed, not a word spoken to us—nothing, no expression, . . . just shuffling everything." His assistant remembered him looking "like the man who is flying under fear of something happening," his face distorted and seeming to have changed color, so that it was now "a very dark color, like brown."

As she probed the matter she became increasingly aware of his potential for research distortion, and we have noted her sense that he might "twist [results] a little bit to his aims." Although she insisted upon distinguishing him from a completely antiscientific racist like Hans F.K. Günther—because Mengele "wanted to be . . . [and] was" a scientist who "loved" scientific work—she realized that he was "a little bit . . . limited" by his fanaticism. That "little bit" turned out to be a great deal:

If you think that [the] German race, or any race, is absolutely superior, and that means it has the right to destroy a weaker race, that is already a limitation. . . . He [did]n't like to think [about or] . . . go deeply in[to a] problem [that] contradicts his own. [He was like] a religious man . . . absolutely so committed that he will only consider the people going to church as the right people—or [those who] have the same face as he has.

Struggling with the idea of such scientific distortion in an intelligent anthropologist and "educated man," Teresa W. could only attribute it to Mengele's conviction "that Hitler [was] doing something absolutely incredibly good."

Mengele saw himself as a scientific investigator at large, ever on the alert for "interesting" or "important" medical or anthropological material. Gisella Perl tells of his strong interest in obtaining dead fetuses for study. On one occasion, when she and a few friends were surprised by him while eating illegally obtained food, she handled what she knew to be a situation of grave danger by immediately calling his attention to an unusually intact preserved fetus: "*Herr Hauptsturmführer* may be inter-

ested in this specimen." Mengele's rage diminished, and he said, "Good! . . . Beautiful!" and spoke of sending it to Berlin.⁴⁵

Similarly, when he learned that one identical twin had an undescended testicle, he not only studied the other twin from the standpoint of evaluating possible genetic factors, but also sought to learn all he could about the phenomenon of the undescended testicle. And he pursued a hypothesis concerning the low hairline of Gypsies as an identifying characteristic to the point of insisting, against all evidence, that a group of French nomads were of Gypsy origin. Dr. Alexander O., in relating this story, commented, "Such a learned stupidity, so ingenious," and thought this "level of sophistication in stupidity" to be characteristically German.

Mengele, according to Marek P., would follow his "usual hospital routine" in the morning, checking on the medical blocks, participating frequently in various aspects of the killing, and later going to his pathological laboratory in Birkenau in order to obtain the results of post-mortem examinations. In this way, Dr. P. concluded, "he combined his interest in killing procedures with his research interests."

And he behaved in specific ways like a research scientist. Prisoner doctors observed his intensity, ambition, and apparent seriousness of purpose, his being a "work addict" as opposed to the relative laziness of other SS doctors. We know their impression of his being "all over the camp," and Nyiszli refers to his energy in rushing back and forth between the ramp, where he selected, to the pathology unit, where he spent "long hours" and would insist on having Nyiszli show him various tissues under the microscope.⁴⁶ Dr. Abraham C., Mengele's radiologist, thought that his greatest pleasure was to "spend hours and hours in Nyiszli's autopsy room" because he "seemed to have a genuine passion for medical questions, which, of course, could be best resolved in the autopsy room." Prisoner doctors observed how Mengele would rush from the medical wards to his beloved research areas, would come early in the morning to the Gypsy block to study noma cases, despite his great fatigue from having slept little because of having been most of the night directing people "toward the gas chamber." And he was indeed unusual in coming in on Sundays to make measurements and work on his records.

Mengele's constant collecting was equated by Teresa W. with the anthropology of that time, but researchers have always questioned any scientific policy of endless accumulation and measuring. A young German scientist wrote in 1935: "It is not useful to take as many measurements as possible; one must restrict oneself to the most significant ones." The young scientist was Josef Mengele; and in the same doctoral dissertation he spoke critically of a previous researcher who had "lost himself in details."⁴⁷ In Auschwitz that critic seems to have done the same, but, given his equation of Auschwitz with opportunity, he considered all details there to be "significant ones."

Everyone was aware of the extent of Mengele's scientific ambition, but W. went further in her impression that what he was doing was part of a

larger plan in which "one day he will have a big research station . . . [probably there at Auschwitz], and he will have human material [there] . . . prepared, measured . . . ready [for] further investigation."

Toward his research subjects, Mengele's detachment could border on the schizoid. Dr. Lottie M. described him as "the coldest cynic I have ever seen," and his attitude toward inmates as "the same as [toward] mice and rabbits." Similarly, Nyiszli told how, after one of the crematoria had been blown up in the rebellion of the *Sonderkommando*, and he suggested a possible transfer of the dissecting room because "this environment is highly unsuitable for scientific research," Mengele answered coldly, "What's wrong? Getting sentimental?"⁴⁸

In addition to Mengele's frequently mentioned "German mentality," Eva C., the artist who worked with him, saw him as an imperialistic researcher concerned not about people but about their disease: among the Gypsies, "he was like a white doctor in a jungle situation with natives, unconcerned about the individual but concerned about eradicating tropical disease, . . . where natives mean nothing because . . . a lion [will] eat . . . them anyway." In addition, he seemed to her "not aware of worldly things" and "very strange, . . . a stranger to the world." The same schizoid quality may have been responsible for a prisoner doctor's observation that "he was a very difficult man to trace . . . [and] would disappear and reappear, . . . would be gone and reappear again." There was the suggestion that much of his activity could have been false motion, partly in the service of creating his aura of omnipotence—the man who could appear from nowhere, be in control of everything.

Mengele did experience awe, perhaps even something like love, for "science," but his way of being a scientist was to seek absolute control over his research environment. As with those whose "dedication" was so obsessive, small interferences could unnerve him—as in the case of his outburst toward Nyiszli for getting some grease on records of his dissection: "How can you be so careless with these files, which I have compiled with so much love!"⁴⁹ Here we recall Dr. B.'s recollection of Mengele saying that not to utilize the possibilities Auschwitz offered would be "a sin, a crime" and "totally irresponsible" toward science. Dr. Marek P. could say to me, with some sadness, "He seemed to combine so much caring with so much killing."

We know of the variation in evaluations of Mengele as scientist. For Ernst B., Mengele was a gifted, even prophetic scientist, to be commended for his ability to adapt as a scientist to the special conditions of Auschwitz. Among inmates, that judgment was essentially reversed. Even Teresa W., who alone spoke of authentic scientific work with twins, had her qualifications about Mengele's interpretation of it. Most inmates went further: Dr. Jan W. thought Mengele only "pretended to be a scientist," flamboyantly collecting and labeling materials while lacking the intellec-

tual coherence to do anything more with them. Similarly, Dr. Abraham C. thought Mengele had some ability but that what he did was "not real science" because he held certain ideas that he "considered absolute" and then "he . . . would simply look for proofs to support them."

That attitude was reflected in Mengele's colloquia, which "came out of the questions he asked, the instructions he gave, and the whole body of research he had us do." After prisoner doctors answered Mengele's questions, "he would comment, criticize, but not discuss [them] with us." Dr. C. had the impression that Nyiszli and Professor Epstein were exceptional in that Mengele would occasionally discuss ideas with them, and that Epstein was the only one "who dared contradict him and discuss with [Mengele . . . various] ideas." But Epstein, too, avoided going beyond a certain point. Mengele's essential pattern was to create intellectual interest and a demand for scientific opinion while remaining impermeable to that opinion if it contradicted his views (sometimes he would be quiet in order to wait for the X rays and post-mortem—and if proven wrong, he would be quieter still), all the while maintaining total control over the lives and deaths of prisoner scientific participants. Eva C., the artist, told how Mengele would strain to find "proof" of his views. In his search for Aryan versus non-Aryan qualities, he would attempt to observe whether Gypsies "had a darker area around the waist" (although "a two-piece bathing suit could get the same result") and, with some agitation, would insist upon demonstrating that blue eyes found in Gypsies "had little brown freckles . . . so . . . they are not pure Aryan blue eyes." Yet she thought him "earnest and sincere in going about these pursuits."

Dr. Frédéric E. was more blunt. Referring to an experiment in which Mengele tried to determine whether one twin was more susceptible to poison than another, this doctor called it "a crazy idea of a man who understood nothing about real scientific problems but . . . had the possibility . . . to experiment . . . without any control or restrictions." Another prisoner doctor called Mengele "a megalomaniac who wanted to become a great scientist and to reach this aim it was best to experiment with human beings." And still another thought Mengele's scientific work to be "garbage," and Mengele a man who "never applied judgment." Dr. Alexander O. characterized Mengele as "a fanatic . . . possessed by his pseudo-science." "Possessed" is an apt term here, suggesting Mengele's combination of fierce energy along with his mystification in what he did.

There might well have been a third component to that "possession"—the specter of inner doubt. Mengele required of himself the belief that what he did in Auschwitz was warranted by its claim to science. Among the more knowledgeable and intellectually superior prisoner doctors he surrounded himself with, we may suspect that he experienced some inner question about those scientific claims. Part of his desperate motion in Auschwitz might well have come from a struggle to cover over those doubts, to hide them from others capable of making scientific judgments, and above all from himself. Mengele's combination of science and pseudo

science, of omnipotence and doubt, were probably shared widely among Nazified German scientists, and his serving as a personal connection between the *anus mundi* of Auschwitz and the German medical-academic establishment would seem to have been completely appropriate. In leaving the camp at the end, Mengele fled to the Berlin-Dahlem Institute to which he had sent his specimens. It is unclear whether he left new material there (destroyed later by Verschuer) or took from it old material he had earlier sent. In any case he was said to have gone there to make his report on his work.⁵⁰

Mengele and His Fellow Nazi Doctors

Mengele's relationships with SS medical colleagues also show contradictions as well as discernible patterns. We know of Dr. B.'s lauding him as "the most decent colleague I met there." Ernst B.'s description of Mengele's close professional and personal relationship with Weber suggests the existence of a "medical-intellectual élite" at Auschwitz.

A survivor, who had had opportunities to observe SS doctors together, thought Mengele somewhat removed and "quite arrogant" toward other SS doctors, but also said he had "a strong personality and could influence people." We have heard of some of that persuasiveness in Mengele's manipulation of Lolling for the sake of maintaining support for his research and apparently countering Wirths's opposition to some of it, perhaps that portion of the work that required having children in the camp.

Considering these tendencies, as well as Dr. B.'s recollection of the impressive "rationality" with which Mengele could spin out his wildly Nazified racial-historical concepts, Mengele's position with other SS doctors in Auschwitz may well have depended upon his talent for *rationalizing the murderously absurd*. He could be persuasive because, perhaps more than any other SS doctor, he could make "good sense" of Auschwitz.

Deadly Colleagueship: Mengele and Prisoner Doctors

Much confusion about Mengele stemmed from his solicitude toward prisoner doctors which, while not without contradictions, could be impressive and life saving. More than merely needing them for his research purposes, Mengele placed doctors in a special category: as Dr. Lottie M. put it, ordinary prisoners (Jews especially) "were the rabbits and mice," while the doctors were "the human beings," so that even Jewish doctors could become his "colleagues." She told the story of how, when the Czech camp was annihilated, Mengele made up a very small list of those who were to be spared, which included his twins, his artist Eva C., and several Jewish doctors. When one of the doctors said to him that he would not go with Mengele unless his wife and daughter were spared as well, Mengele permitted both of them to survive. Despite his coldness, Dr. Lottie M. considered him more intelligent than the others, and more

direct and pragmatic. So much so that he could chide her for having attempted to help Jews ("How could you hope to have been successful?") when she told him why she had been arrested and even to tell her that she must have been "a little schizoid" for having made these attempts.

Dr. Magda V. also said that "you could talk to him" and "give a more or less intelligent answer" when a medical issue arose: "We had a working relationship up to a point." That relationship involved a certain degree of mutuality: on the one hand, "He knew I would not do anything not one hundred percent correct," and she could count on his protection. Dr. V. was convinced that, during the last days of Auschwitz, only Mengele's protection prevented her from being shot for knowing so much about the camp's inner workings; yet also that "if he [had been given] the order to shoot me, I think he would have done it without thinking." Even the control he exerted over her was within a context of relative friendliness ("The joker knew me better than I knew myself"), and she remained grateful to him for having treated her with a measure of respect and for having kept her alive.

Women prisoner doctors seemed to have observed Mengele more closely and perhaps understood him better than did their male counterparts, but two men had what were probably the most excruciating relationships with him. One was Dr. Nyiszli, the pathologist, who described such moments of closeness as: "A long afternoon in deep discussion with Dr. Mengele, trying to clear up a certain number of doubtful points [during which] I was no longer a humble . . . prisoner, and I . . . defended and explained my point of view as though this were a medical conference of which I were a full-fledged member." Friendly gestures from Mengele came to mean a great deal to Nyiszli, as they seemed to transport the two men out of the master-slave relationship into one of colleagues: "I know men, and it seemed to me that my firm attitude, my measured sentences, and even my silences were qualities by which I had succeeded in making Dr. Mengele, before whom the SS themselves trembled, offer me a cigarette in the course of a particularly animated discussion, proving he forgot for a moment the circumstances of our relationship."⁵¹ Also, one survivor observed Nyiszli and Mengele to have been "very close to each other" and "very comfortable together."

But Nyiszli was anything but comfortable in describing that relationship, along with some of Mengele's crimes, in his deposition of 28 January 1945 and his later book (published in 1960). That discomfort probably contributed to certain discrepancies between the two documents. But Nyiszli's most powerful suggestion of the ambiguity of his function as Mengele's pathologist was his later declaration that "I would begin practicing, yes, . . . but I swore that as long as I lived I would never lift a scalpel again."⁵² In other words, while Mengele had been good to him in Auschwitz, Nyiszli felt that the price of that friendliness had been his own medical integrity.

Dr. Alexander O. spoke animatedly of his first encounters with Men-

gele ("One could not have a better impression") who showed himself to be cultivated, pleasant, and knowledgeable in discussions not only on medical subjects but about literary questions, even Flaubert. "He forgot who I was," so that when the two men were together, "it was just one doctor confiding in another." Dr. O. thought he had made a friend, but "then he disappointed me." When Mengele questioned him about his family, Dr. O. said that his wife had come to Auschwitz with him (which Mengele undoubtedly understood to mean that she had been killed) but that his small children were still in France. Mengele then sprang to his feet and asked, "Why [did] they not come here as well?" O. looked at me gravely and added, "Do you know what that means? . . . That means, why did they not come here to be gassed?" Mengele expressed even greater anger on learning that the children had been hidden by French priests, and at that point, as O. said, "he disappointed me forever."

Eva C., the artist, characterized her relationship to Mengele by saying, "I was a pet!"—by which she meant someone useful to him and also pleasant (as a charming, intelligent young woman) to have around. Mengele was also to discover that his "pet" had her own pet, a puppy given her by an influential male prisoner. Upon discovering the creature, Mengele first expressed anger: "What is the meaning of this!" But when told it was hers, he softened and said that it resembled a shepherd, "like a puppy from Germany"; he even petted it, and left without saying anything more. Mengele also made pets of two babies born in Auschwitz, and his appearing every morning to play with them was "a highlight" of his day—though everyone knew the babies would have to be killed. C. carried the metaphor further, likening the situation to an inspector (Mengele) visiting a city dog pound to check up on the keepers (prisoner professionals) and the other prisoners (the dogs):

And he [the inspector] would point out maybe a pile of dirt or something in the cages . . . and admonished the keeper [to] wash up that excrement there, . . . to keep it clean, to keep the dogs healthy, to keep them well fed. Look, this one doesn't have water, you'd better give them some food. . . . And he inspects . . . these chambers where they [the dogs] are killed, you know, and sees that they are working well, and says, "How many are you? Well, it's too crowded. You better put in two more [chambers] today."

Eva C. went on to explain that most people consider that "what is going on in the city pound is sane and normal and can't be done in any other way," which is the way that the SS, and especially Mengele, felt about Auschwitz. For Mengele, above all, "everything has to be controlled . . . to the point of killing," and "everything that's out of control is wrong." She was saying that Mengele was not only the "medical keeper" in Auschwitz but the keeper of the Auschwitz norm. He liked to be amused by pleasant and useful "pets," but they and everything else had

to be under absolute control. She did not think Mengele extraordinary but "just a very charismatic man"—with the implication that only in Auschwitz could he develop that charisma and become "Mengele." For C. thought he had "star quality": "Marilyn Monroe flashed through my mind," here referring to his fetish about appearance and his eroticizing the contrast between his own physical perfection and the impaired state of inmates. She did not speak bitterly of him—he had on the whole been pleasant to her and had enabled her to thrive by Auschwitz standards—but at the end she said something characteristic in regard to Mengele and his control: "I was going to ask you not to reveal my whereabouts because I know he's still alive, and he might not be very happy knowing that I was."

There was much sexual speculation about Mengele among the inmates. There were many stories of women prisoners finding him extremely attractive, but Eva C. told me that "he had no sense for women." Although he did sometimes manifest prurient interest in sexual details when questioning pregnant women (according to Dr. Lengyel, he "never missed the chance to ask the women indiscreet and improper questions"),⁵³ he seemed to others distant and puritanical. C. told of an incident when, seeing a hefty prisoner from the rear stripped to the waist in front of a block, Mengele called angrily, "What is that man doing there?" Then the prisoner, turning around, revealed herself to be a woman (she was a German lesbian). Despite the fact that she spoke arrogantly to him, Mengele "just got terribly, terribly red, . . . blushed, and said, 'Oh, carry on,' and turned away and marched out of there." Dr. Lottie M. similarly recalled Mengele being much more concerned than the other SS doctors about lesbianism in the women's camp as well as about homosexuality in the men's camp.

Prisoners varied in their impression of whether Mengele could be influenced and whether he was corruptible. A group of them officially congratulated him upon learning that his wife had given birth to a son, but neither becoming a father nor the congratulations seemed to change Mengele's attitudes. It was widely believed that, like most SS personnel, he had enriched himself in Auschwitz (contrary to Ernst B.'s emphasis on his complete integrity) but that (as one survivor put it), while most of the SS doctors would "both take and give," Mengele would "only take." His attitudes often confused prisoners because, as Dr. Marie L. observed, "Nobody understood what he wanted."

Despite Mengele's apparent overtures of collegueship, most prisoner doctors maintained no illusions of equality. The relationship was exemplified by an incident in which he carefully examined the wounded buttocks of a Polish prisoner physician and prescribed medication for washing and treating the area—after he himself had ordered that the man be given twenty-five lashes for an alleged infraction, and then observed the punishment.

Though generally thought of as being in control of others and himself,

Mengele could also explode with condemnation and rage. His form of blaming the victim was usually a matter of blaming the inmate "colleague." In his agitation about the annihilation of the Gypsy camp, Mengele called together a group of prisoner doctors and berated them for wrong diagnoses, threatening, "You'll pay for it!" should autopsies reveal further mistakes. As one prisoner doctor commented, "That is when he ceased to be a colleague, since he called us dogs and pigs." At that time Dr. Marek P. remembered Mengele saying specifically that "it was our fault" that he had to liquidate the Gypsies. P. believed that Mengele was upset because he had taken such pains with work on Gypsy twins and "suddenly it was all liquidated," creating a need in him to "find a group on whom he could release [project] his feelings of being responsible for it."

Similarly, Dr. Lengyel told how, just before the camp's liberation, Mengele came to the women's medical block and "declared that because of our negligence, the typhus epidemic had reached such proportions that the entire region of Auschwitz was menaced." In the subsequent rush to prepare serum and vaccinations, Mengele "accused us of sabotaging the vaccinations," and "in fact discontinued them." He would sometimes accuse prisoner doctors of "not seeing enough patients" and at other times of "giving the sick too much care and wasting scarce medicines."⁵⁴ While the pattern of blaming the victim was present in many SS doctors, with Mengele both the accusation and the anger were especially required for his way of interpreting and experiencing.

Thus, Dr. Gerda N. told how Mengele, in a sudden rage, "nearly wanted to choke this lady doctor—actually put his fingers around her neck, accusing her of treating patients poorly and shouting: 'They will die. Then we Germans will be responsible!'" Dr. N. added, "He wanted to give us a show . . . [so] that we should believe that the Germans are really caring . . . for the people here"—and also, I would add, so that his imagery of Nazi virtue could be sustained.

Dr. N. also spoke of Mengele's brandishing a pistol as he entered a room to talk to the chief prisoner physician of a women's medical block, demanding that she select a large number of typhus patients for the gas chamber. She added that, even without a drawn gun, whenever Mengele went into her room with a prisoner doctor, he was metaphorically holding a gun to that person's head. He could make his threats, direct or indirect, while mostly maintaining the illusion of collegueship by behaving considerately toward prisoner doctors.

Another prisoner doctor expressed the anguish of being manipulated by Mengele in a series of cruel deceptions. He asked her to make a list of pregnant women so that he could "feed them milk" and get them to a better camp so they could have "healthy babies"; after she had acceded to the request despite a certain skepticism, they were transferred to the "H-block," or "Heaven block" (*Himmelblock*), from which they inevitably went either to the crematorium or to a research block. An example of

what she called Mengele's "diabolic" attitude was his appearing on a Jewish holiday and announcing, "This is *Tishahb'av* [the commemoration of the destruction of the First and Second Temples]," and "We will have a concert." There was a concert, then a roll call, and then an enormous selection, causing her to ask bitterly, "Why should we listen to music while we are being cremated?"

She stressed that Mengele's behavior was carefully planned: "He must have written it down: music; sit down; *Zählappell* [roll call]; crematorium." All this was part of his "sadistic play," she believed, because "every step Mengele [took] was a psychological basis for torture." And compared with other SS doctors, Mengele was "more sadistic, . . . more *raffiniert* ['sophisticated, tricky, sly']. He [was] more elaborated . . . because he must know psychology."

Sometimes the psychological sadism could be naked, as when he spoke to a Jewish woman doctor pleading unsuccessfully for the life of her elderly father, also a doctor: "Your father is seventy years old. Don't you think he has lived long enough?" Or, to a sick woman: "Have you ever been on the 'other side'? What is it like over there? . . . You will know very soon!"⁵⁵

Mengele maintained these forms of deadly "colleagueship" until the very end. A prisoner doctor describes encountering him in the infirmary of a camp in Czechoslovakia after Auschwitz had been evacuated. Mengele referred to a patient who was mentally deficient, and said, "If you were intelligent . . . she could have fever, she could need medication," meaning that "he wanted to find . . . a reason to get rid of her [or a means of doing so] because she was an idiot, . . . and [implied] we were so stupid we did not understand." She added, in amazement, "Just think . . . he was already at the time a cornered beast, and that did not mean anything. He still had to find a way to kill someone."

The "Double Man"

Prisoner doctors found themselves struggling with Mengele's extraordinarily deep-seated contradictions—with his overt doubling. Dr. Abraham C. felt compelled to raise "the big question which we ask ourselves: Was he a kind man, good with children, good in general, who was only driven to do the things he did by his passion for research? Or was he a monster who only plays a role with the children to hide his game better, to get his ends more easily?" While very few prisoners would adhere to the first characterization, the second does not satisfy either. Dr. C. himself seemed to reject both, as he went on to articulate the principle of unfathomability I quoted at the beginning of this book (page 13). Mengele was for Dr. C. the source and epitome of this principle of unfathomability, though he meant it to apply to much that happened in Auschwitz.

Dr. Magda V. similarly spoke of Mengele as "a split personality." She

was aware of others' reports of his brutality and had "no doubt" about his capacity for it, but added, "never in my presence." When she went on to wonder whether she might not have had a "humanizing effect" on Mengele and other SS doctors because "I treated everyone [inmates and SS doctors] like a human being," she was expressing another principle of doubling: the importance for each self of being confirmed by others. The word "double" (or its French equivalent) was actually used by Dr. Alexander O. in his excruciating struggles to come to terms with Mengele:

The double man [*l'homme double*]. The double [*le double*], that is to say he had all the sentimental motions, all the human feelings, pity, and so on. But there was in his psyche a hermetically closed cell [*une cellule hermétiquement fermée*], impenetrable, indestructible cell, which is obedience to the received order. He can throw himself in the water to go and save a Gypsy, try to give him medication, . . . and then as soon as they are out of the water, . . . tell him to get in the truck and quickly off to the gas chamber.

Dr. O. identified not only the doubling itself but the central role of Mengele's ideology (though only hinted at) in the process. As O. went on to explain, "Mengele liked the Gypsies a lot. He loved the Gypsy children, who called him 'Uncle Mengele.'" But he knew that the *Reichsführer SS* [Himmler] had ordered a slow death of the Gypsies, and Mengele was "the kind of man . . . to believe that orders had to be executed." Without such a concept, one who, like Teresa W., was exposed to Mengele's decency but at the same time accepted the truth of reports about his experiments and cruel behavior, has to end up declaring painfully, "I can't understand him!" Or prisoners might develop their own racial theory to explain his contradictions: for instance, the rumor that he was kinder to Gypsies than to others because "he himself was of Gypsy origin"—a rumor that was consistent with his dark non-Aryan appearance.

Eva C. told, with considerable sensitivity, how her own psychological experience as an inmate helped her understand Mengele. She pointed out that prisoners also began "to behave like that . . . with a shell around us," and how she herself watching grotesquely weak women on the sick block stretching their arms out and pleading, "Help me! Help me!" made her "somewhat embarrassed" because of her feeling "We're here to die. What do you mean, 'Help me'?" Then she could add, "The fact that these people actually had retained their sanity [in asking for help] and I was nuts . . . never entered my mind. You know, I was already touched with [affected by] that whole [Auschwitz] mentality." C. explained further that both the SS doctors and the prisoners "were being processed—so I could understand Mengele." Auschwitz was "a different planet" whose rules totally reversed those of ordinary society: according to those rules, "we were there to die and not to live." And "to be able to accept being where

we were, we had to switch . . . to a different kind of mentality, to a different kind of attitude." SS doctors had to make a similar switch, in their case much helped by prior immersion in Nazi ideology: "They were well prepared." She was able to grasp something of the murderous doubling in Nazi doctors by recognizing more limited and benign forms of a related process in herself and other prisoners.

While all Nazi doctors underwent doubling in Auschwitz, Mengele was special in the seemingly extreme incompatibility of the two components of his double self, along with the extraordinary energy he could mobilize within that adaptation. His doubling was enhanced by certain psychological traits. I have in mind three dominant features of his self-process: his schizoid tendencies, his extraordinary capacity for numbing, and his impulse toward sadism and omnipotence (which turn out to be closely related). Eva C. puts us in touch with those traits by means of an artist's description of the man, one that turns the tables on Mengele and makes him an anthropological subject:

He looked like Peter Sellers, but better. . . . His head was like a cat's head. It was wide at the temples. He had a widow's peak, dark brown hair, brown eyes. His eyebrows made a kind of accent circumflex, like a cat. Using Mengele's own terminology, I would say he had an M-shaped mouth; a straight, short regular-medium nose; a wide, broad head; a mark on his left ear—a flat round disk on his ear cartilage. . . . His eyes were like Peter Sellers's eyes—as though only half of the iris would show. They were dead eyes:

The "dead eyes" were part of his schizoid pattern, as was perhaps behavior associated with the rumors that he had been "shell-shocked" or that his war injury was a concussion; and also consistent with C.'s observation that "he seemed to be from a different planet and had just come down in a space ship."

Mengele's withdrawn state is also reflected in Dr. Marek P.'s description of him as a man who "never looked into your eyes . . . [or] show[ed] any signs of enjoyment . . . [but] seemed always . . . [to have] something else on his mind other than what he was doing, even when he was speaking to you." A related trait was one prisoner doctor's observation of his "lightning-fast change from being, on the one side, attentive and jovial . . . and then, within a fraction of a second, cynical and brutal."

One expects considerable psychic numbing in a schizoid person, but with Mengele the numbing was extreme. As Dr. Lottie M. put it, "The main thing about him was that he totally lacked sentiment, lacked feeling" concerning the horrors of Auschwitz in which he was participating. As she further explained, "It's that he didn't ever see a *person* . . . [in] his contempt for everybody—except the doctors." And so he seemed to have "no personal ties." Dr. Alexander O. said he had "indifferent eyes . . . indifference to pain." Teresa W. said he was "without emotion on his

Dr. Auschwitz: Josef Mengele

face." And the rumors of his impotence, the impression that he had "no sense for women"—whether or not true, these reflected the prisoners' strong impression of his general lack of human feeling.

Sadism suggests pleasure in causing pain, and we have seen many different expressions of that tendency in Mengele. Even his style of dress and display could be understood as something close to sadism in that environment. It is also what is frequently called "narcissism"—in popular usage, extreme self-absorption, as opposed to the psychoanalytic technical meaning of sexual energy (or "libido") directed at one's own body or person. Of Mengele one has the impression that both his "narcissism" and sadism were bound up with his profound impulse toward omnipotence, toward *total* control of his environment, and specifically the kind of life-death control available to an SS doctor in Auschwitz.

Indeed, the importance of the Auschwitz environment in activating all of these traits—schizoid tendencies, numbing, and the sadism-omnipotence combination—cannot be overemphasized. Several prisoner professionals emphasized that, were it not for Auschwitz, Mengele could undoubtedly have followed a successful academic career. As Dr. Magda V. put it, "In ordinary times he could have been a slightly sadistic German professor."

None of Mengele's behavior—least of all his capacity to inflict pain and feel nothing for victims—can be understood separately from his involvement in ideology. Unlike most SS doctors, Mengele was a true ideologue: a man who understood his life to be in the service of a larger vision. He undoubtedly viewed himself as a Nazi revolutionary, a man committed to the bold task of remaking his people and ultimately the people of the world. He and those like him differed from previous revolutionaries in their invocation of biology: *Mengele exemplified the Nazi biological revolution*. He was part of a vanguard that saw its mission as noble and viewed courage and cruelty (or "hardness," as the Nazis were fond of saying) toward enemies or impediments of any kind as personal virtues. For a man like Mengele, the ideological mission justified everything.

That is why Dr. V. could call him "the most absolutely convinced Nazi among them"; Dr. Lottie M. could speak of him as an "intellectual true believer," capable of complaining about stupidity of individual SS personnel "and yet believe in absurd . . . [racial] theories"; Eva C. could say that "next to Hitler he was the most convinced"; and Dr. O. could call him "Hitler's robot."

As his friend Dr. B. constantly stressed, Mengele was an extreme anti-Semite. He viewed the Jews as a highly gifted people who were locked in a life-and-death struggle with Aryan Germans. His anti-Semitism was part of the broad ideological sweep of racial theory: Dr. B. put it clearly when he said that "Mengele was fully convinced that the annihilation of the Jews is a provision for the recovery (or cure) of the world, and Germany." And Dr. Jacob R. understood Mengele as an SS mystic who believed that "if all the Jews were annihilated, victory would come [of] itself."

Mengele's anti-Semitism was both sweeping and immediate. Among SS doctors, according to Dr. B., Mengele would speak derisively of catering too much to Jewish inmates and of Auschwitz becoming a "Jewish sanatorium." Dr. Magda V. said, "I think really he hated us" and "treated Jews like laboratory animals—not quite human" because "we were really biologically inferior in his eyes."

Ideologues like Mengele can appear to be "cold cynics" in that they need not feel others' pain if it is in the service of a "higher purpose." They can also have pockets of pragmatism for the same reason—certainly the case with Mengele. Nor is ideological fanaticism incompatible with personal ambition. While Mengele might have been a "good soldier" for the SS (as Dr. B. put it), one who lacked "fake SS ambitions," we know him to have had very real ambitions that had to do with his ideology and with his overweening desire to become recognized as a great scientist.

Few would question Dr. Nyiszli's observation concerning "so much cynicism" and "so much evil" in Mengele, or his verdict on him as "a criminal doctor."⁸⁶ But that cynicism and criminality, the numbing and the omnipotence—all these were bound up with what all too many people in Germany and elsewhere at the time experienced as a compelling, even ennobling vision of the future.

The Ultimate Auschwitz Self: Physician-Killer-Researcher

More than any other SS doctor, Mengele realized himself in Auschwitz. There he came into his own—found expression for his talents, so that what had been potential became actual. Intelligent but hardly an intellectual giant, Mengele found expression and recognition in Auschwitz *beyond his talent*. The all-important Auschwitz dimension was added to his prior psychological traits and ideological convictions to create a uniquely intense version of the Auschwitz self as physician-killer-researcher.

Mengele took hold of and maximized the omnipotent authority held by any SS doctor in Auschwitz. He could give a forceful and flowing performance in displaying that omnipotence because it blended so readily with the traits and ideology he brought to the camp. In Auschwitz, Mengele was the "right man in the right place at the right time." His energies no less than his ambition were galvanized by this Auschwitz synchronization of all his faculties. Hence the comment by a prisoner (quoted earlier) that "he always had the air of . . . [a] man . . . doing his job and doing it well and [who] hasn't got the slightest doubt about the job." Or as Dr. Jan W. put it: "This was his big thing there, his Auschwitz, and he enjoyed doing it."

However atypical for an SS camp doctor, Mengele became the spirit of Auschwitz, the one most in tune with the place, an example for others. That is why he was chosen by Wirths and Weber (despite his conflicts with the former) to be Delmotte's mentor, the person who could convince this reluctant doctor of the virtue and necessity of doing selections. And that

is why he could help Dr. B. adapt to Auschwitz and be an "inspiration" to him despite their ideological and characterological differences.

Above all, Mengele could combine his ideology and medical energies to impose a logic on the entire Auschwitz killing process. Observing his "fit" with the place and the energies it released in him, other SS doctors, and to an extent inmates as well, could not help but feel that Auschwitz "logic." Mengele himself of course experienced that logic even when he objected to specific policies (the destruction of the Polish intelligentsia and the annihilation of the Gypsy camp). For these objections were based on an *ideal* Nazi vision, which he wanted Auschwitz to live up to (and he apparently considered these two groups to be essentially "Aryan"). His ideological dedication and discipline were such that his objection to aspects of the larger Nazi-Auschwitz vision never diminished—might even have intensified—his allegiance to the whole of it. In brutally tracking down for the crematorium the same Gypsy children on whom he had lavished so much affection, he was demonstrating not merely his obedience to orders but his loyalty to a higher truth whatever the lesser errors within it. The Auschwitz logic he disseminated had to do with the *conviction* of his performance there, and it was "medical" logic.

The conviction in turn was a manifestation of his talent for doubling, having greatly to do with his schizoid tendencies and inclinations toward numbed detachment—a talent that Auschwitz as an institution strongly nurtured. There was, then, a mutually reinforcing process—a vicious circle—in his proclivity for doubling, the Auschwitz demand for it, and his energetic expression of it there. Dr. Tadeusz S.'s characterization of him as "the perfect SS man" might well be changed to "the perfect Auschwitz SS advocate and physician-mentor." Mengele could become the quintessential Auschwitz pedant because his actions so well articulated the camp's essence.

It was precisely this special vitality achieved in Auschwitz that Dr. B. referred to as Mengele's "strong life principle"—a life principle that included omnipotent-sadistic impulses of rare intensity to which he could all too easily give vent in Auschwitz. Whatever the self-absorption and brooding in his "dead eyes," Mengele was probably the most alive Nazi doctor in Auschwitz. In speaking of him as a doctor "playing God" and then reversing that image to "God playing doctor," one prisoner doctor touched upon Mengele's sense of being the embodiment of a larger spiritual principle, the incarnation of a sacred Nazi deity—whether that deity was itself an ideological vision of the future or the Führer himself.

Evil Deity or Evil Human Being?

This demonization process, initiated in Mengele's mode of functioning in Auschwitz, helps us to understand his aura and his significance for Auschwitz inmates as well as for ourselves today. Here we return to the Mengele legend: the image of Mengele as an evil deity.

When Hochhuth wrote of his Mengele figure as "only playing the part of a human being," he was trying to simplify Nazism by constructing a figure of such pure evil as to no longer belong to the category of human being. Such an exemplar distills and clarifies evil, and we know enough about Mengele to affirm his qualifications for the category. But even Mengele has shown too many familiar facets of human behavior for one to leave him in that legendary role and, with Hochhuth, "[refrain] from any further effort to plumb [his] human features."⁵⁷ I have made clear my rejection of the legend of pure ahuman evil, clarifying as it may be, in favor of a commitment to probing motivations and behavior. I return to the legend now only to explore more about Mengele's function as the ideal candidate for this cult of demonic personality.

At moments in Auschwitz, prisoner doctors felt it necessary to divest Mengele of his physician's status: "He was a monster, period, no more doctor than anything else," was the way Dr. Abraham C. put it, "a monster and . . . only evil or calamities could come from him."

A woman survivor conveyed some of Mengele's aura when she said, "He represents what this [Auschwitz] represents to us": that is, Mengele is Auschwitz. Another spoke of him as "so terrifying" that he was "more like an abstraction." To convey Mengele's meaning for her, she read to me a short story she had written, based on a childhood memory, and involving her unsuccessful attempt, as a little girl, to placate and please the male bully who had been terrorizing her and other Jewish children. Afterward she concluded, "Mengele was feared, . . . was admired. We tried to please him, . . . almost like seducing [someone]." Mengele's style of omnipotence, then, produced both terror and a measure of admiration, a combination that serves a legend well, but from which individuals have great difficulty extricating themselves.

Adding to Mengele's aura was the mythology of his escape. There was the false rumor that he "had caught typhus when the camp was liberated": "While he was convalescing, he escaped."⁵⁸ Actually he left before the liberation, but the mythology continues in relation to the places where he is thought to have been seen after leaving Auschwitz—Ravensbrück, Dachau, a small camp in Czechoslovakia—whatever the accuracy of any of these identifications. The escape legend is extended by his apparent contempt for postwar authority—and for justice, in living for years in his home in the vicinity of Günzberg where he was protected by local officials and family influence; by his subsequent exploits in South America, including practicing medicine under various names in different places, disappearing just in time to prevent extradition from Argentina to West Germany, advising dictators (such as General Alfredo Stroessner of Paraguay, who is of German descent) on such matters as annihilating their local Indian populations; by his outsmarting a youthful female Israeli spy who attempted to seduce him in order to lure him into death or capture, and was herself found murdered; by rumors of his involvement in an extensive drug trade run by Nazis throughout South America; and

by various reports of people meeting and talking with him in Paraguay, reports that suggest he still had influence in a German, if not Nazi, community there, and also that he was preparing his own memoirs defending his actions over the course of his life. Whatever the mixture of truth, exaggeration, and falsehood, the legend grew.

For many survivors, Mengele had so come to represent Auschwitz evil that meaning in their lives could be restored only by his capture and trial. "I would like to live and see this trial and then I could die," is the way one prisoner doctor put it. In adding that "a human being should know, . . . should be told that his deeds are evil [because], after all, there is not only heavenly, but also earthly justice," he was struggling to move beyond the legend to the man. The twin Simon J. made the point more directly: "I would wish to have a good front-row seat and listen to the proceedings [because] I fear him totally. . . . To me he is the key to my sense of fear from everything that is German." And then the crux of the matter: "I would be very interested to hear the details and to see him pass [through] this metamorphosis of turning back into a person instead of God Almighty." Another survivor expressed a similar need for Mengele to come to understand that "this is what happened," and then added, "After that I hope I can make peace with myself."

Mengele's imagined trial, then, involved both the legend and the man: justice for Mengele came to represent a restoration of a just cosmos—a means of overcoming a vast "wound in the order of being," in Martin Buber's phrase, that Auschwitz has represented. It also came to signify the desacralization of a terrible deity: the god must be rendered not only human but vulnerable to truth and retribution. Only then, for many survivors who were rendered helpless to the point of feeling their humanity virtually annihilated—only then could they regain freedom from his control, experience a sense of vitality, feel alive. A few of those survivors, while exploring Mengele's meaning for themselves, insisted on thinking beyond him. Dr. Henri Q., while well aware of Mengele as "a terrible man" and "the name one heard most" in Auschwitz, nonetheless warned me against concentrating too much upon him because Auschwitz had to be understood as "a collective enterprise." Another prisoner doctor had the same message: "There's not only one Mengele. They are all part of Mengele—all the doctors." She was saying that what was so glaring in Mengele, morally and psychologically, was present, perhaps more muted, in all of the SS Auschwitz doctors. We can say, then, that while Mengele qualifies as the exemplar for "medical Auschwitz," we should use him to help us unlock, and not ignore, the broader evil of Auschwitz truths.

Other survivors invoked the character of Dorf (in the 1978 television film *Holocaust*⁵⁹), an intelligent careerist who rises in the SS hierarchy until he becomes a key figure in the planning of the annihilation of Jews. Dr. Lottie M. said that Mengele, like Dorf, was "very cool," "clean-cut," a "pretty boy"; and that, although Mengele was more ideological, she could well imagine him doing what Dorf did in the film, providing the

euphemism *Endlösung*, or Final Solution, for mass murder. Dr. Magda V. was struck by Dorf's similarity to Nazi doctors: "He wasn't a monster— . . . none of them [the Nazi doctors] were, you know"—but merely a fallible and corruptible human being. Mengele was closest, but, she concluded, "I think they [Nazi doctors] were all Dorfs."

Recognizing Mengele and other Nazi doctors in this believable fictional character also helped the metamorphosis from deity to human; Mengele could have been seen as a man with talent for maneuver whose ambition had been fiercely aroused, and who sanitized the killing project he so effectively served.

The revelations that emerged in 1985, at the time of the discovery of his corpse, concerning Mengele's postwar life in Europe and especially South America change little in this evaluation.⁶⁰ From the son who was born when Mengele worked in Auschwitz, and a few people who lent him support or shelter, we gain a sense of a man increasingly on the run: at first, effectively manipulative and successful in avoiding pursuit but, over the years, more and more alone, despairing, frightened, fearful of being hunted by "the Jews," at times even suicidal. He no longer had his Auschwitz stage. Rather than absolute control over others, he had virtually no control over his own destiny. Not surprisingly, he remained a fanatical ideologue; but as his diaries lapsed into rantings about science and religion, he became increasingly an ideological caricature of a caricature. Yet he had been capable of affection: toward his son, who at the age of twelve encountered him briefly as the "nicest of uncles"; toward his brother's widow, who became Mengele's second wife in what his son described as a "love marriage"; much later toward a housekeeper whom he asked to live with him but who refused because he would not marry her; and finally toward a pack of mongrel dogs he enjoyed spending time with and providing with medical and surgical treatment.

He was reported to have died in 1979 as a result of a heart attack while swimming and to have been buried under the name of another man in Brazil. The identification was made from a study of his remains, especially bones and teeth; now it was his corpse that was being dissected, rather than the corpses of his Auschwitz victims.

Yet that resolution was psychologically unsatisfactory, especially for Auschwitz survivors. The need was to capture him and put him on trial, to hear his confession, to put *him* at *their* mercy. Failing that, many survivors refused to believe that the remains in the Brazilian grave were Mengele's. Soon after that identification, a twin whom Mengele had studied told me that she simply did not believe that the arrogant, overbearing figure she had known in Auschwitz could have undergone a "change in personality" and become the frightened hermit in Brazil. She was saying, in effect, that she and others had not been provided with a psychological experience of that "metamorphosis" from evil deity to evil human being. But we do have a story of metamorphosis after all—that of a man divested of his power for evil, gradually disintegrating in life, mentally and physi-

cally, and then rapidly and visibly as a corpse. That metamorphosis inevitably over time take hold in the minds of survivors and others.

Mengele's many-sidedness in Auschwitz was both part of his legend and a source of his desecration. In the camp he could be a vision ideologue, an efficiently murderous functionary, a "scientist" and even a "professor," an innovator in several areas, a diligent careerist (if Dorf), and, above all, a physician who became a murderer. He revealed himself as a man and not a demon, a man whose multifaceted harm with Auschwitz can give us insight into—and make us pause before—human capacity to convert healing into killing.