

wiener klinische wochenschrift

The Central European Journal of Medicine

130. Jahrgang 2018, Supplement 5

Wien Klin Wochenschr (2018) 130:S279–S341
<https://doi.org/10.1007/s00508-018-1366-4>
© The Author(s) 2018

“Anschluss” March 1938: Aftermath on Medicine and Society

International Conference of the University of Vienna and the Medical
University of Vienna, held in Vienna on 12th and 13th March 2018



Guest editors:

Wolfgang Schütz, Linda Erker, Oliver Rathkolb and
Harald H. Sitte

With contributions from:

Wolfgang Schütz, Oliver Rathkolb,
Sybille Steinbacher, Carmen Birkle, Klaus Taschwer,
Ilse Reiter-Zatloukal, Paul Weindling, Margit Reiter,
Hemma Mayrhofer, Birgit Nemeč, Georg Psota,
Susanne Schuett, Michael Freissmuth,
Herwig Czech, Markus Müller, Marianne Enigl,
Franz Vranitzky, Gudrun Harrer, and Harald H. Sitte

Correspondence:

Wolfgang Schütz

Cover Picture:

“Günter Brus // Selbstbemalung II // 1964”,
courtesy of the artist

Table of Contents

Editorial: “Anschluss” 1938 – what do we still feel?

S281 Wolfgang Schütz¹

1. Fortified Democracy 1938/2018

S282 Oliver Rathkolb: The Neglected Factors Leading to the “Anschluss” 1938

S285 Sybille Steinbacher: Nazi German Policies of Expansion and the Response of Europe’s Great Powers

S291 Marianne Enigl, Gudrun Harrer, Wolfgang Schütz, Franz Vranitzky: Panel Discussion

2. Expulsion of Excellent Scientists and Doctors

S295 Carmen Birkle: Vienna as Medical Contact Zone: American Doctors in the Austrian Capital in the Late 1930s

S300 Klaus Taschwer: The Medical Faculty of the University of Vienna before and after the “Anschluss” 1938. Numbers and Facts Reflecting a Dramatic Decline

S304 Ilse Reiter-Zatloukal: The ‘Purge’ of Vienna’s Medical Profession 1938–1945

3. Sustained Injury to Medicine

S307 Paul Weindling: Jewish Physicians in Vienna at the Time of the Anschluss, and their Contributions to Health Care

S310 Margit Reiter: Denazification – Reintegration – Political Fields of Action: NS-tainted Doctors after 1945

S314 Hemma Mayrhofer: The Long Shadows of the NS-Period: Children with Disabilities at the “Steinhof” between 1945 and 1983

4. Submissive Medicine

S317 Birgit Nemeč: Knowledge Landscapes of Anatomy in Periods of Political Change

S322 Georg Psota, Susanne Schuett: The ‘Nazification’ of Austrian Psychiatry

S326 Michael Freissmuth, Harald H. Sitte: The Anschluss in 1938 and the Diaspora of Pharmacology in Vienna

S329 Herwig Czech: Paediatrics and Curative Paedagogy in National Socialist Vienna

5. The Aftermath of the “Anschluss” on Austrian Medicine from 1945 to Today

S333 Markus Müller

¹ The editorial was not presented at the Conference.

Keywords: American medical students · Anschluss 1938 · Austrian medicine · Austrian psychiatry · Curative pedagogy · fortified democracy · history · Jewish physicians · Medical Faculty of the University of Vienna · National Socialism · Nazi Germany · Nazi medicine · NS-tainted doctors · Paediatrics in Vienna · Pernkopf's anatomical atlas · Pharmacology in Vienna · Psychiatric Hospital "Am Steinhof" · University of Vienna · Vienna's medical profession

Summary The annexation of Austria by Nazi Germany from 1938 to 1945, or "Anschluss", was the darkest chapter in the country's history. The contributions presented in this paper demonstrate that we still feel the aftermath of this horrible period. It was horrible not only because Austria was a victim of Nazi terror, but, moreover, was a perpetrator of it. While invading Austria, poorly prepared German troops were surprised to be received with cheering crowds, much less the overcrowded *Heldenplatz* during Hitler's speech to the Austrian population on 15 March 1938. Everything was well prepared for the arrival of the German occupiers: already the years before, subsidiaries of the NSDAP were active in Austria, and there were suddenly hundreds of thousands of swastikas and flags available and an extreme and sophisticated system of denunciation. Many Austrians, including doctors, achieved leading positions during the Nazi period. Doctors represented the highest proportion of Austrian academics who were members of the NSDAP (though it is worth noting that many of their Jewish colleagues had already been expelled from the country), and they were heavily implicated in committing ethical misconduct, in particular in the execution of the "euthanasia" T4-programme, where handicapped children and adults were killed. After World War II, many tainted physicians and university professors were reinstated in their former positions and had the opportunity of a post-war career. This was the main reason for the general backlog in research and development in Austria in comparison with most countries of the Western world.

Acknowledgements: The 2018 Conference was initiated by the Alumni Club of the Medical University of Vienna and organized as well as financially supported by the University of Vienna and the Medical University of Vienna. Celestine and Tricia O'Shaughnessy proofread the manuscript, Daniela Prinz helped edit it.

Editorial: "Anschluss" 1938—what do we still feel?

Wolfgang Schütz, 2003–2015 President ("Rector") of the Medical University of Vienna, wolfgang.schuetz@meduniwien.ac.at

After the annexation of Austria by the German Reich in March 1938, 3,200 of the 4,900 Viennese doctors lost their licenses because they were Jewish and then were finally expelled from the country. Of the academic staff of the Medical School of the University of Vienna, 52% were forced to leave, mainly for racial, but also for political, reasons, the largest exodus from a single faculty. Some medical disciplines, such as pharmacology, suffered a real diaspora (see contribution by Freissmuth and Sitte). A process that in the German Reich took some years to complete after takeover by the Nazis lasted only a few weeks in the newly-acquired *Ostmark*¹. In addition to the Professional Civil Service Restoration Act of 1933, which made it possible to remove Jewish and politically undesirable civil servants, the anti-Semitic and racial laws of 1935 ("Nuremberg Laws") took effect immediately. The fact that the outlaw and arbitrary arrest of Jews and political dissenters went so smoothly can be ascribed to the active participation of many of their compatriots, who were by no means reserved in denouncing and humiliating them.

The following thirteen contributions and a panel discussion serve three purposes:

- a) To combat the ignorance of National Socialist crimes, which has increased due to the progressive loss of contemporary witnesses. We should always be aware of the most grievous blow to medicine which physicians dealt at that time, bringing the profession to rock bottom. Today it seems beyond the imagination of many, of how crimes committed by physicians would have been averted if they, as a closed group, would have opposed the regime only by holding onto the simplest premise of medical practice, namely observing Hippocrates' generally understood basic principle: primarily not to harm patients entrusted or entrusting to them ("*primum non nocere*"). However, they did not do this, and that means that doctors were not set apart from other professions—in spite of the high ethical responsibility they should have had. They, moreover, accepted that state arbitrariness prevailed over medical ethics, and they accepted it not for fear for their livelihoods or lives, but primarily for their careers.
- b) To encourage understanding that Austrian medicine takes into account the crimes and malpractices committed by their own field during the Nazi period. As recently as 1991, the Federal Chancellor, Franz Vranitzky, first publicly acknowledged the responsibility of Austria for the events occurring between 1938

Wolfgang Schütz (✉)
Medical University of Vienna
1090 Vienna, Austria
wolfgang.schuetz@meduniwien.ac.at

¹ *Ostmark* was the name used by Nazi propaganda after the annexation to replace that of the formerly independent Federal State of Austria.

and 1945 (see report of the panel discussion). Before this admission, Part One of the Moscow Declaration of 1943, which stated that Austria was the first victim of Nazi aggression, was eagerly accepted as the whole and uncontested truth by post-war Austrian politicians. Due to this obstinately persisting interpretation which ignores Part Two of the Moscow Declaration, namely the censure of Austria as a participant in Hitler's War, many international medical as well as scientific congresses or conferences, where Austria acted as host, were characterized by the reservations and refusals of Jewish scientists to participate. Even today, in those countries where many displaced people found refuge at the time, Austria is seen as repressing its darkest past rather than coming to terms with it. The latest example is the exposure that Hans Asperger, renowned for the widely-used syndrome named after him, made referrals of children to the NS killing centre in Vienna ("Am Spiegelgrund"), fully aware of what would happen to them (see Czech's contribution).

- c) To indicate that the aftermath of the Anschluss is still felt today. After golden age of science and medicine that had occurred in Austria up until 1938 ("Second Viennese Medical School", see Birkle's and Taschwer's contributions), when the country was crowned with eight Nobel laureates, it took at least one generation after 1945 until research on an internationally competitive level started up again, albeit occasionally and in a very guarded manner. Today, the Viennese Medical School is still far from regaining its former glittering reputation. Socially, the proportion of students and academics active in right-wing fraternities worshipping German culture and commemorating the final defeat of the Nazi regime on 8 May 1945 (and not the liberation of it!) is still high and increasing anti-Semitism throughout Europe is worrying; not only is anti-Semitism "traditionally" observed in the environment of the political right, but also—and increasingly—of the middle and the left. This is seen by demonizing or delegitimizing Israel or setting different political standards for Israel than for other countries (the three **Ds** in favour of anti-Semitism instead of criticising the Jewish state's politics²). Finally, the growth of European anti-Semitism is heightened by Islamic immigration into Europe.

These main criteria—combating ignorance of NS crimes, coming to terms with them, and recognizing their aftermath—form the basis for an awareness that will prevent what happened from ever happening again. The quotation by the German dramatist Bertold Brecht, in 1941, remains relevant today: "The womb he crawled from is still going strong"³.

² https://de.wikipedia.org/wiki/3-D-Test_für_Antisemitismus

³ Orig. "Der Schoß ist fruchtbar noch, aus dem das kroch" in "Der aufhaltsame Aufstieg des Arturo Ui" ("The resistable rise of Arturo Ui").

1. Fortified Democracy

The Neglected Factors Leading to the "Anschluss" 1938

Oliver Rathkolb, Institute for Contemporary History, University of Vienna, oliver.rathkolb@univie.ac.at

Events leading up to the annexation of Austria [1, 2]

At the time of annexation by Nazi Germany in March 1938, Austria was still an authoritarian state ruled by a chancellor dictator. Since Adolf Hitler's seizure of power in early 1933, the pressure of a connection to National Socialist Germany increased. The Christian Social Chancellor Engelbert Dollfuss used a procedural crisis of the National Council to abolish parliamentary democracy and to fight both Social Democrats and National Socialists. He would probably have lost his coalition majority in elections due to the rising power of the National Socialists and the strength of the Social Democrats. Therefore, he chose to rule by means of regulations according to the War Authorization Law⁴ of 1917. After 1932 the NSDAP experienced ever more consent among the population in Austria, and at the same time it staged numerous terrorist attacks resulting in its prohibition on 19 June 1933. In total, more than 800 people were wounded and 150 were killed by Nazi terror. The Social Democratic Party deleted the "Anschluss paragraph" from its party programme on 30 October 1933; the party was banned after a short, bloody civil war in February 1934, with more than 300 people being killed (and 9 Social Democrats being executed) and more than a thousand wounded. In an unsuccessful coup attempt by the NSDAP, Chancellor Dollfuss and 200 others were killed in July 1934. His successor, Kurt Schuschnigg, continued the authoritarian course of a chancellor dictatorship, but in the so-called July Agreement 1936 he agreed on a settlement with Hitler's Germany; at the same time he tried to maintain the country's independence. As early as the start of 1937, Hitler, however, signalled to the highest generals of the *Wehrmacht*⁵ that the military plans for smashing Austria and Czechoslovakia would soon be realized. Even an integration of National Socialist ministers into the Austrian government in February 1938—following an ultimatum—should not mitigate the pressure. As a consequence, Schuschnigg—also supported by representatives of the former social democratic trade unions and revolutionary socialists—called for a non-binding referendum ("Volksbefragung") on the independence of Austria on 13 March 1938.

In 1988 I completed a report which caused quite some uproar in what was then the Ministry of Foreign Affairs because not only had I revealed the hidden Nazi past of a number of well-known Austrian diplomats in service af-

⁴ 1917 US declaration of war on Austria-Hungary.

⁵ The unified armed forces of Nazi Germany.

ter 1945, but I had dared to criticize the foreign policy of the Dollfuss, and especially the Schuschnigg regime [3]. 30 years later I want to re-evaluate my former findings and compare them with some recent publications—in particular, the PhD thesis of Alexander N. Lassner [4]. He based his research on a large number of British, French, German, US and Austrian records. He views Schuschnigg as an Austrian patriot, who, after losing the backing of Fascist Italy by Mussolini against Germany once again, and following the brutal invasion of Africa in 1935/36, was looking for a compromise with Nazi Germany in the July agreement. This was not based on Nazi ideology but on “feigned friendship” with the sole purpose of gaining time. Lassner criticizes British politicians and diplomats in particular, and their French colleagues in part, for not assisting Austria in opposing the German threat. By the way, his view corresponds to a 1988 speech by Otto Habsburg introducing a new form of the Austrian victim’s doctrine⁶. He and others like Gottfried Kindermann, an expert in political science and Asian Studies, repeated this hypothesis later on, focusing exclusively on Dollfuss as the resistance fighter against Nazism [5].

The key figure in this *rapprochement* towards Germany was the Austrian Undersecretary of State, Guido Schmidt, who had dominated Austrian foreign policy since 1936. He was certainly not a Nazi follower, but like Chancellor Kurt Schuschnigg, he had been socialized with Pan-German feelings. Schmidt vigorously controlled access to the Chancellor. Leopold Figl, the later People’s Party Chancellor and a staunch Anti-Nazi before 1938, called Schmidt an “ambitious and ruthless careerist” [3], who had misled Federal Chancellor Schuschnigg in his fight against Nazism.

I have discovered additional evidence that Schmidt ordered the reduction of the number of Honorary Consuls of Jewish descent (“Entjudung dieser Kategorie von Auslandsvertretern”). The July Agreement of 1936 was more than a gentlemen’s agreement since Nazi policies were gradually accepted in Austria (e. g. in the film business, kicking Jews out of productions aimed for the German market). And we shall find many further examples of erosion of anti-Nazi policies in Austria illustrating the adoption of racist and anti-Semitic statements from Germany.

Schmidt was extremely valuable in the German policy of evolutionary inclusion of Austria after the showdown with Dollfuss and his assassination in 1934. He himself feared that he would be imprisoned, since in 1938 he was still convinced that he was carrying out Austrian interests only, but Göring knew how important the *rapprochement* policies had been. Whereas 41 former Austrian diplomats were persecuted and dismissed (four were sent to the Dachau concentration camp, three were imprisoned, some had to emigrate), Schmidt continued a new career in the Nazi-controlled business administration. There can be no doubt that Schmidt actively promoted the ar-

mament interests of the Third Reich. Schmidt, however, was neither an undercover Nazi agent nor was he guilty of high treason.

Whenever it came to important decisions, Schmidt tended to settle the question by means of a compromise with Germany. Schmidt’s dependence on Germany was linked to a philosophical dimension, partly within the old Großdeutschen (Greater German) tradition as taught by Jesuits in the Stella Matutina boarding school in Vorarlberg which was based on a German curriculum and hosted many German students: “Austria cannot conduct policy without or against Germany” [3].

Based on the historical evidence, one could argue that one of the main reasons for the lack of resistance against the Anschluss, among originally anti-Nazi elites such as the Austrian Foreign Office, was this mixture of German nationalism and political opportunism, supplemented by a broad anti-Bolshevism. Other reasons were the absence of democratic experience and the broad acceptance of authoritarianism as a political instrument.

This Pan-Germanism—the Austrians as the better Germans or Austria as the second German State—is an important argument explaining why Austrian foreign policy did not—in the end—prevent the Anschluss but ultimately convinced the international public that Germany was right. The German Ambassador in Berlin argued that the Austrians always wanted the “Anschluss”—neglecting to add that the Anschluss with a democratic framework—and *The Times* in Great Britain thought it was like the unification of Scotland and England, even when Schuschnigg, who was himself a student of Stella Matutina, stepped down on the 11th of March. During his farewell speech he could not refrain from underlining the reasons for his order to the Austrian army not to resist—the Army was prepared in parts, at least, to resist the German invasion: “Because under no circumstances, not even in this supreme hour, do we intend that *German blood* shall be spilt, we have instructed our army to *retreat* without offering any resistance. Thus, I take leave of the Austrian nation with a German farewell, which also expresses my heartfelt wish: God save Austria!”⁷

The key problem of Austrian foreign policy in the First Republic was the focus on the German question: As early as 1919, the Social Democratic politician Otto Bauer, in charge of Foreign Affairs, stated [6], “My policy is not to reject the idea of a Danubian confederation from the start, but to carry the negotiations *ad absurdum* and thus to attain the only alternative still possible, namely the Anschluss” (January 3, 1919). During the authoritarian period, the Fascist Italian option and the protection of Austria by Mussolini overruled all other options, and at the same time, Dollfuss proclaimed Austria as the second German state.

Because of the close connection between internal and international affairs, the domestic political isolation of the Schuschnigg regime affected international isolation

⁶ Otto Habsburg, Vortrag 1988, <https://www.youtube.com/watch?v=NOTn4l7UJeQ>

⁷ <https://www.mediathek.at/atom/015C6FC2-2C9-0036F-00000D00-015B7F64>

too—a process that had started in the 1930s. For Austrian diplomats, the League of Nations never represented a forum of importance; bilateral negotiations with authoritarian regimes in Hungary and Italy and even with the fascist German Reich were reinforced in the 1930s. Only very few diplomats asked for a democratic anti-Hitler coalition.

On the one hand it is clear that Austrian foreign policy certainly could not have changed the isolationist trend of the Roosevelt administration, but in Britain as well as in France a stronger democratic and non-Pan-German policy might have made anti-German options viable despite the strong trend of appeasement policies in the Foreign Office. On the other hand, it is also clear that Nazi Germany considered a democratic domestic alliance a threat to its 1937 plans to move east against Austria and Czechoslovakia. This became manifest during the three days of “democracy” when Schuschnigg surprisingly called for a plebiscite “Volksbefragung” (public opinion poll) after having given in to Hitler’s demands for the inclusion of Austrian Nazis in the Schuschnigg government during the humiliating Berchtesgaden Meeting.

On 4 March 1938, in a confidential meeting, Schuschnigg proposed a plebiscite as a last resort. The meeting was for a small select circle of people also comprising well-known opponents of National Socialism. However, the woman taking the minutes transmitted them immediately to the German military attaché in Vienna. Even though Schuschnigg was still talking about a “plebiscite for a free, German, independent and social, Christian and unified Austria,” the Austrian workers strongly demonstrated their willingness to vote for Austria’s independence—despite all misgivings. In Viennese workers’ hostels, trusted representatives of the workers’ movement gathered and joined forces with Schuschnigg supporters demonstrating for the independence of the country. While the socialists called for “Freedom!” the Fatherland Front chanted “Austria!” resulting in the timely slogan “Freedom Austria!” Even the revolutionary socialists appealed to their supporters to vote for Austria: “Next Sunday is not the time for us to settle accounts with Austrian fascism and to charge the authoritarian government with the crimes it has committed against workers since February 1934. We will not vote against Schuschnigg. Next Sunday we will vote against Hitler’s fascism. On that day, the entire working class must vote “yes“. The official Catholic Church and the Protestant Church were also in support of this mass appeal.

After Schuschnigg gave a defiant speech on 9 March in Innsbruck announcing the plebiscite, and when internal surveys confirmed that he would receive overwhelming support—around 70 %—the National Socialists increased their pressure. The government of the Reich demanded Schuschnigg’s revocation of the plebiscite, which he promptly did. In this way, he had squandered his last chance (for Austria). His resignation and the swearing-in of a Nazi government under the command

of Seyss-Inquart⁸, which President Miklas had steadfastly tried to refuse, did not prevent Hitler’s order to invade (annex) Austria on 12 March. If there had been any military resistance, the German troops would have been in some trouble since a great deal was left to improvisation rather than to stringent planning.

On 19 March, Mexico was the only country to submit an official protest to the League of Nations in Geneva against the “Anschluss“. On 11 June, Chile expressed regret that Austria was no longer a member of the League, and the Republican Government of Spain stated that the Germans “have devoured Austria ...” On 21 September, the League revealed that in March the Soviet Union had unsuccessfully tried to motivate Britain and France to join a unified protest⁹.

Late in the evening Seyss-Inquart and the new Nazi government showed up at the balcony at Ballhausplatz next to the hall of the Congress of Vienna (1814/1815) and celebrated the Nazi victory—in the morning Seyss-Inquart had visited his parish church in Dornbach. Thousands of National Socialists and sympathizers cheered and many started looting—the start of symbolic pogroms and so called “wild Aryanizations.” In the following months, German Nazi functionaries worked very hard to contain this aggressive behaviour—even threatening the death penalty—since Jews should, of course, be looted but under the strict control of, and in favour of the German state. Eichmann’s¹⁰ men in the Central Office for Jewish Emigration (*Zentralstelle für jüdische Auswanderung*) in Vienna (controlling the emigration of 110,000 Austrian Jews between August 1938 and June 1939) and other Nazi bureaucrats in the *Vermögensverkehrsstelle* (“Property Transaction Office”) set up a large and brutally efficient “Aryanization” machine to sell property and factories and assets of Jews—in summary, the so-called “Vienna Model” later emulated in Prague, etc. [7].

In the public arena, pictures of imprisoned Christian Social activists were forbidden and censored as well as images of the stigmatization and humiliation of Jews.

The unopposed entry of the German *Wehrmacht* on 12 March 1938 marked the definitive end of the mini-state. On the same day, Hitler, who was in Linz, decided to change his original plans and fully incorporate Austria because he saw nothing but hysterically cheering crowds and no resistance. Some 200,000 people welcomed Adolf Hitler at the Heldenplatz¹¹ in Vienna as their “liberator.”

Immediate events after the “Anschluss“

The first waves of arrests set in without delay; tens of thousands of Austrian men and women, political opponents as well as Jews, fell victim to these actions. On

⁸ Austrian Nazi politician who served as Chancellor of Austria for two days (11–13 March 1938) prior to the annexation by Germany.

⁹ <https://derstandard.at/2000075567518/1938-Mexiko-und-sein-einzigartiger-Akt-der-Solidaritaet>

¹⁰ Adolf Eichmann was a lieutenant colonel in the Nazi SS, and one of the major organisers of the Holocaust.

¹¹ A public square in front of the Hofburg Palace in Vienna.

1 April, the first deportations to the concentration camp in Dachau started. Amidst this mix of pan-German enthusiasm and terror, the propaganda stage was being set for the plebiscite on 10 April 1938 regarding the Anschluss. Its staggering, almost unanimous result (99.6 %) was the outcome of opportunism, ideological conviction, massive pressure, occasional vote rigging, and a successful propaganda machine that had been honed for previous plebiscites in Germany in 1933 and 1934 and that Austria's political culture had never experienced before.

At this stage, former Austrian citizens of Jewish origin were already deprived of their right to vote. Even Karl Renner, the First Republic's first Federal Chancellor, was trapped—for various reasons—in the mainstream of pan-German traditions. Not only did he publicly endorse Austria's Anschluss in a major interview published in the *Neues Wiener Tagblatt*¹² on 3 April 1938, but in radically nationalist diction he also argued for the Anschluss of *Sudetenland*¹³ in a propaganda pamphlet that has come down to us in the form of a galley proof.

The highest representative of the Roman Catholic Church in Austria, Cardinal Theodor Innitzer, also followed the mainstream, in an attempt presumably to preserve the Catholic hierarchy's politically privileged position by signing a statement endorsing the Anschluss with "Heil Hitler". He was immediately called to Rome by Pope Pius XI and forced to retract. When Innitzer subsequently told thousands of young Catholics on 7 October 1938, that "Jesus is your only leader," members of the Hitler Youth promptly ravaged the Cardinal's palace.

Post-war period

By 1945, hardly anyone was left who publicly questioned the need for Austria to separate itself from Germany. After the war ended, no distinct identity for small-state Austria was apparent. Austrian self-absorption was all the more strongly in evidence. The plight of the Austrians as victims, as prisoners of war, as the victims of bombing raids and the targets of Nazi repression took centre stage. Even the sufferings of the Jews—some 130,800 Jewish men and women had been driven into exile and around 65,000 had been murdered or had died from other causes—were quickly repressed by references to the Austrians' own sufferings and misfortunes. Only 5,263 Jews survived in Vienna. In total, the Documentation Archives of the Austrian Resistance (*Dokumentationsarchiv des Österreichischen Widerstandes*) estimates that more than 100,000 Austrians (Jews, Sinti, and Romanies, handicapped people, political and religious opponents, victims of military courts, gays and lesbians) were killed by the Nazis.

Austria's ambivalent position about its war experience manifested itself in Chancellor Karl Renner's very first

statement and was to remain a regular feature of Austrian self-interpretation for a long time. Addressing an inner circle of officials on 30 April 1945, Renner said [8] [..] "the idea of Anschluss as put forward in 1918, 1920, and subsequent years meant something quite different from what Hitler created. What the Austrian people had in mind was to join the community of all German peoples as a federation member with their state intact, as a Federal State in accordance with the Weimar constitution [..]. It was Adolf Hitler who first of all falsified the Anschluss and got it wrong, and in the end gambled it away forever. The three world powers [the United States, USSR and United Kingdom] agreed to restore an independent Austria, all other states in the world have with very minor exceptions joined them, and we are left with no option but to give up of our own accord the very idea of an Anschluss. This may well be hard for quite a few of us, but on the other hand, after what has happened, after this dreadful catastrophe, what is now a 'fait accompli' is for all of us at the same time a release and a 'fait libérateur'."¹⁴

There is not a single word here about collective responsibility, but lots of words about the others who have got it all wrong. As opinion polls on Austria shortly after the end of the war showed that the idea all Austrians were "victims" *and* victors took root very quickly; in the United States, it was felt there was no need to await the outcome of the political and legal clarification of Austria's share in the Nazi terror regime and in the Holocaust. The question "Do you believe the whole Austrian people shares guilt for the war, because it let a government come to power that wanted to plunge the world into war?" was answered in the affirmative by only 4 % of the population in December 1946, and by 15 % with partial affirmation. A clear majority, namely 71 %, saw no shared guilt at all, while 10 % abstained from any opinion [9].

In 2017, however, Austrian society has obtained a much more self-critical perception¹⁵: 50 % of the Austrian population believe that Austrians share a responsibility for the fate of Jews in the Holocaust. In 2007, the percentage was higher (56 %), a fact which supports the general trend towards authoritarian attitudes.

Nazi German Policies of Expansion and the Response of Europe's Great Powers

Sybille Steinbacher, Fritz Bauer Institute, Goethe-University, Frankfurt am Main,
sekretariat.steinbacher@fritz-bauer-institut.de

The aim of the following discussion is to locate Austria's "annexation" to Germany in 1938—the "Anschluss"—in its European context, inquiring into both the premises of German foreign policy and the approach taken by Europe's Great Powers to the Nazi regime's programme of

¹² Daily Viennese newspaper.

¹³ Historical German name for northern, southern and western areas of former Czechoslovakia inhabited predominantly by Sudeten Germans.

¹⁴ fait accompli (done deal), fait libérateur (liberating fact)

¹⁵ http://www.sora.at/fileadmin/downloads/projekte/2017_SO-RA-Praesentation_Demokratiebewusstsein.pdf

expansion. I here stake no claim to presenting new historiographical material; rather, I wish to offer a short overview of the events transpiring up to the summer of 1939 and, as far as possible, to take account of some relevant contemporary voices¹⁶. Several questions are central for an understanding of these events: How did the German policy of expansion unfold? How did the Great Powers react? What role did the Austrian “Anschluss” play in Germany’s foreign-policy programme? And—in the context of what the “Anschluss” would mean for them—what was the situation facing Austria’s Jews in 1938?

The end of German isolation

Initially, in respect to foreign policy, the Nazi advent to power in 1933 did not change much, despite the imperialist and expansionist programme Hitler had outlined in *Mein Kampf*. On the surface, the Nazi government placed itself firmly in the continuum of the Weimar Republic’s foreign policy. The new Nazi state was concerned with revising the territorial provisions and financial and military restrictions imposed on Germany at Versailles—the demands in play here had already been made during the Weimar period by all the important political forces except the Communists.

De facto, however, the Nazis were intent on steering the German Reich, in the most radical way possible, to rule over continental Europe and achieve world-power status. The declared main enemy was the Soviet Union, Hitler seeing three “visions” as tied to long-term plans for that country’s military conquest: the destruction of Bolshevism, a connected “final solution to the Jewish Question,” and the acquisition of “Lebensraum (territory) in the East.” Entirely oriented toward war, this programme set the guidelines for German policies stamped by a high degree of flexibility and tactical variability. In this respect, we should not forget that Hitler saw himself under time pressure, fearing he would not live long enough to realize his plans. A perceived need for haste thus contradicted the claim to creation of an eternal world-order, these two elements interacting in Nazism’s temporal understanding. The expression was radicalism and accelerated tempo.

By demonstratively embracing continuity—for example in retaining Konstantin von Neurath as foreign minister for a long time—Hitler pursued two goals: countering Germany’s isolation and finding suitable allies. He sought rapprochement with Italy, but initially Mussolini gave him the cold shoulder. He also wooed Great Britain as a preferred partner, firmly convinced that eventually the British would form an alliance with him. This would, he imagined, furnish the German Reich with a free hand in Eastern Europe, Great Britain in turn being able to expand and shore up its colonial empire, undisturbed by German colonial demands.

The British, however, did not swerve from their traditional political emphasis on equilibrium. They tried to integrate the German Reich into multilateral international legal agreements, here acquiescing with no hesitation in Germany’s revisionist demands. Meanwhile the Versailles Treaty’s provisions seemed unnecessarily harsh to Great Britain. The French felt the same and considered Germany’s demand for military equality to be reasonable. Great Britain and France both felt sure that by accommodating Hitler they could preserve peace in Europe and the world. When it came to the United States, the country had adapted strict neutrality after World War I and was not yet active again in Europe.

By 1934 at the latest, Hitler had shifted the coordinates of European policy and shaken the order imposed at Versailles. Germany had now withdrawn from both the League of Nations and the Geneva Disarmament Conference. Hitler deployed a policy aimed at encouraging appeasement in both East and West. He ceaselessly expressed his desire for peace, playing down his—aggressive and expansive—foreign policy aims. The German government was thus perfectly happy to reach an agreement with Poland and signed a ten years’ non-aggression pact with its eastern neighbour.

From Hitler’s perspective, the most important thing was gaining time to rearm, consolidate the economy, and prepare for war. This had to take place without Poland and France in particular feeling challenged. The referendum held in the Saar Basin territory in January 1935, supervised by the victorious signatories at Versailles, furnished Hitler with an unanticipated triumph: over 90 percent of those voting opted for return of the region to Germany—until then it had been under League of Nations’ supervision and part of the French economic sphere. This marked a significant gain in popularity for Hitler, which he used for a surprise coup: in March 1935 he terminated German adherence to the Versailles Treaty’s military provisions and reintroduced mandatory military service. This was an open breach of the treaty. In his diary, Reich Propaganda Minister Joseph Goebbels triumphantly spoke of a “historical moment”, declaring that “we are ... again a great power” [10].

France, Great Britain, and Italy reacted to the challenge by forming a front against Hitler—the only one until the war. In April 1935 in Stresa, Italy, the leaders of the three states met and agreed to oppose together any additional German treaty violations. But they never imposed sanctions; the Stresa Front would in any case be short-lived, the British already signing a bilateral naval treaty with Hitler in June 1935, thus further hollowing out the Versailles Treaty and seemingly accepting German rearmament. This was an astonishing act which unexpectedly ended the foreign policy isolation of Germany. Hitler fantasized about an impending alliance with the British. But at their core the interests of Germany and Great Britain could not have been more different: Hitler wanted war; the British to assure peace.

¹⁶ For discussion of the basic theme and important suggestions, I thank Birthe Kundrus (Hamburg).

German expansion

Hitler insisted he would not make any territorial demands but was only interested in Germans being accorded the right of self-determination like other peoples. Basing his policies on that right was a skilful clever move on his part, referring as it did to the principle of international law that Woodrow Wilson had defined as one of the lessons of World War I. The appeasement involved here succeeded, with London's determined conflict-avoidance playing a contributing role. The British, who faced an increasingly difficult economic situation at home, were focused on preserving their empire, which, it was clear to them, would be endangered by a European war giving impetus to independence movements in the colonies. Consequently, Great Britain wanted at almost all costs to have peace on the continent.

In October 1935 at the latest, Hitler would have been aware that a harsh stance of the British and French was unlikely. This is when Mussolini began his imperialist excursion into Abyssinia. Tied to Italy in the Stresa Front, Great Britain and France reacted half-heartedly, despite Abyssinia being a member of the League of Nations. Weak sanctions were imposed, but these did not discourage Mussolini in his imperial ambitions—rather, he looked around for other allies, quickly finding one in Hitler, who in any case admired the *Duce*. For his part, the *Führer* would now supply Mussolini with weapons and material, increasingly binding Italy to the Nazi state and its ambitions.

This development had a direct impact on Austria. In the summer of 1934, following the murder of Chancellor Engelbert Dollfuß—responsible for transforming the first Austrian republic into an authoritarian, neo-fascist state in coalition with the Christian Democrats and Home Guards—Mussolini, still understanding himself to be Austria's patron and protector, had troops march up to the Brenner Pass. In this way, he wished to dampen ambitions of Hitler directed at Southern and Southeastern Europe and ward off the German dictator's coveting of adjacent countries; Mussolini's intentions reflecting the claims he was himself staking to lead the Donau (Danube) region. Hitler's central concern was German restoration of military strength, not the realization of Austria's "annexation." Although he did repeatedly call for National Socialist participation in Austria's government, he assumed that the Nazis would in any case sooner or later take power in Austria. After all, calls within Austria for "Anschluss" were long-standing, across all political groupings.

In view of German military assistance, Mussolini made a pronounced shift to Hitler's side, no longer offering Austria protection. Therefore, in January 1936, he let the German ambassador in Rome know that he had no objections to Austria becoming a German "satellite." The July Treaty of 1936 followed—although Austria remained a State, its foreign policy now became dependent on Germany. Austrian Nazis had more and more space to ma-

noeuvre: circa 20 to 30 percent of the population was already actively Nazi.

Mussolini did something else as well. He declared that he had no objections to Germany marching into the Rhineland's demilitarized zone, which had been set up in 1919 at France's insistence. This amounted to a free ride for Hitler: in March 1936, in a surprise move he occupied the area, which was important for the armaments industry. The excuse was France's pact of assistance with the Soviet Union, ratified shortly before by the French Parliament—a pact reflecting increasing Soviet fears of the threat from Germany. Once again Hitler pointed to German rights of self-determination.

The affront perceived by France was substantial—after all, the demilitarized Rhineland had been its last guarantee of security in the Versailles Treaty. But for both domestic and military policy reasons, Paris could not react adequately to the German encroachment, which did progressing beyond protests. Great Britain considered it a domestic German matter and did not intervene because it did not see its interests affected. The principle of peace at any price continued to be embraced by both Paris and London. To soften the insult, Hitler once again underscored his peaceful intentions, offering to establish a new arrangement for the European states and even raised the possibility of German return to the League of Nations—which never happened.

Prelude to war for Lebensraum

As is well known, Neville Chamberlain—British Prime Minister since late May 1937—banked on policies of appeasement. His goal was preserving peace in Europe as long as possible by granting Hitler concessions, the hope at least being that he would be satisfied to some extent. In this way the chance passed to set limits Hitler would have understood. Every absent sanction simply encouraged him. And Germans were highly impressed by the way their *Führer* did away with the order established by the victorious powers in World War I, flouting the Versailles "diktat of shame" and quickly elevating Germany to a continental power.

Meanwhile the attention of all the European powers had turned to Spain, where a military coup led by Francisco Franco had been staged against the republican government, starting a civil war. Nazi Germany supported Franco, offering the German Luftwaffe an opportunity to gain fighting experience. Italy was also on Franco's side—the country had been overwhelmed by the demand of a war economy and had moved even closer to Germany. In autumn 1936, Mussolini announced a Berlin-Rome axis; soon after, Berlin and Tokyo signed an Anti-Comintern Pact that Italy also joined in 1937. Hitler was in the best conceivable position: he now had a strong military and an improved strategic starting position, and a foreign policy that gave him freedom to manoeuvre.

Once Nazi Germany's 1936 Four Year Plan was established, with its specification that the German army and economy would be war-ready within that time span, all

signs pointed to a new war in Europe. Hitler now moved to an undisguised expansionist foreign policy, its goal being a war for Lebensraum “in the East.” Great Britain and France were now strengthening their armaments industry—in the event of conflict they believed they could count on the United States. In the mid-term, Germany had less resources and productive capacity than the West. For Hitler, then, a major war had to take place soon, otherwise the balance of forces would quickly turn against Germany. He conveyed this to a small circle of military and foreign policy leaders in November 1937, explaining that he would solve the “German question of space” in 1943/45 at the latest, but that to that end he needed to take preparatory steps: first the annexation of Austria and second, even more important, the subjugation of Czechoslovakia. In neither case, he remarked, did he think Great Britain and France would intervene [11].

The Austrian “annexation” needs to be understood in the context of Hitler’s plans for a war in the East. The measure was seen as a first step in Southeastern expansion, and as a way of overcoming both Germany’s poor access to natural resources and its foreign-exchange difficulties. Against that backdrop, in February 1938 Austrian chancellor Kurt Schuschnigg, like Dollfuß a representative of Austrian fascism, was compelled to visit Hitler at the Berghof in order to have the overtly abusive German leader present him with a crass ultimatum in the form of the so-called “Berchtesgaden Agreement”: if he did not offer a free hand to Austria’s Nazi movement, appoint Nazi ally Arthur Seyß-Inquart as security minister (so he could control the police), and submit to the will of the Reich, Austria risked military intervention. Italy, Hitler spelled out, was behind him and neither England nor France would lift a finger for Austria. The Luftwaffe generals present at the Berghof rounded off the threatening scenario. It was a fact that in light of national rights of self-determination, the British saw no point in preventing an Austrian “Anschluss”—they thus signalled approval for a peaceful annexation of Austria to the Reich. Schuschnigg still offered some resistance, announcing a referendum. What happened then has been preserved in many film and photographic images: in the early morning of 12 March 1938, German troops marched into Austria, where they would be greeted jubilantly. In his diary, Goebbels noted that “history has been made in two days” [12].

In a report of 28 March 1938, the French chargé d’affaires in Austria, Jean Chauvel, noted that in Vienna the German troops were greeted “in a really warm-hearted way. The fact that people can now show the swastika on their button holes, make the Hitler salute, and sing the *Horst Wessel* Song gives them a feeling of freedom.” The “Anschluss,” Chauvel observed, had ended a long phase of uncertainty, created hope of an economic upswing, and offered young people the satisfaction of no longer belonging to a small unstable state but rather to a great people [13]. There were of course scattered dissenting voices. For example, in Thaya in the Lower Austrian *Waldviertel*, a 56-year-old pastor named Franz Bauer chronicled

his annoyance at the joyous torch procession greeting the “annexation” [14]: “So what do these fools believe? Will Hitler bring them paradise? He’s bringing war!”

The Greater German Reich now dominated Europe. The order established after World War I had been turned upside down. The reaction of the Great Powers to the “Anschluss” of Austria was as mild as possible. The British did express indignation at the military incursion, but accepted the situation, as here “Volk” had joined “Volk.” France quickly came to terms with the development once Hitler offered the assurance that Czechoslovakia would not be incorporated into the Reich. In Dresden, in late March 1938, Victor Klemperer, Professor of Romance languages, who was no longer allowed to teach because of his Jewish origins, made the following diary entry [15]: “The egregious act of violence of Austria’s annexation, the immense accretion of internal and external power, the helpless, trembling anxiety of England, France, etc. We will not witness the Third Reich’s end.”

Alongside a great deal of popularity, the “Anschluss” also supplied Hitler with the expected economic booty he had hoped for: manpower and raw material (above all iron ore), reserves of gold and foreign currency, together with access to Southern European markets. Furthermore, the *Wehrmacht* now had 60,000 additional soldiers. And Germany’s general geostrategic position was better, as the next region it was aiming for could be reached from three sides. That region was of course Czechoslovakia.

Eastward Expansion

Hitler intended to both support the circa three million Germans living in Czechoslovakia (Sudeten Germans) and at the same time destroy its alliance with France and the Soviet Union. The Austrian “Anschluss” represented a powerful boost for the Sudeten German Party, the strongest force in the country’s parliament. At the end of May 1938, the party’s leader, Konrad Henlein, was assigned the task of making demands so extreme the Czechoslovakian government could not possibly accede to them, thus again rendering German intervention “necessary.” But in fact, Hitler wished not only to incorporate the Sudetenland into the Reich but also destroy the Czechoslovakian state. Therefore, ten days after the “annexation” of Austria, Goebbels entered the following cynical comment into his diary [16]: “Poor Prague! Little is going to remain of it.” Germany now issued a direct threat of war. The British again invested their hopes in a peaceful solution, their desire to accommodate Hitler grounded in a sense that in the context of national rights of self-determination, the transfer to Nazi Germany of areas inhabited by Sudeten Germans was plausible.

In late May 1938, Czechoslovakian president Edvard Beneš mobilized the national army, believing that a German attack was imminent. In taking this step he had created facts. Now London, Paris, and also Moscow were faced with their clear responsibility to honour the commitments of mutual assistance they had signed with Prague. The British initially presented themselves as de-

terminated, which forced the crisis, Hitler threatening on 1 October to march into Czechoslovakia. Then, to avoid an escalation, in mid-September Chamberlain travelled to the Berghof and offered Hitler the proposal of transferring the Sudeten German areas to Germany. No sooner said than done: London and Paris together forced Beneš to accept the Sudeten German demands for autonomy and to hand areas with more than 50 percent German population to Germany. If the Czechoslovakian state was to survive, it had no choice. The development made one thing very clear: fearing for their empire, the British were handing the European continent over to Hitler.

The dictator was in any event unsatisfied, laying claim not only to the areas lived in by Sudeten Germans but also Bohemia and Moravia. A conference with the British in Bad Godesberg to discuss the problem failed, the situation then worsening to the point that war was really in the air. Chamberlain came up with one more solution, asking Mussolini for help, which mitigated things as the Nazi regime could not turn down a mediating offer from Italy. On 29 September 1938, Chamberlain, French Premier Edouard Daladier, Mussolini, and Hitler met in Munich. Beneš, whose country was being bargained away, was not invited.

The result of the Munich meeting was a formal agreement for the Sudeten region to be handed to the German Reich in a series of steps, with Poland and Hungary also benefiting from Czechoslovakian territorial transfer. Beneš had no choice but to acquiesce. What remained was a “rump” Czechoslovakian state that received a nearly worthless guarantee of existence from Great Britain and France. The Great Powers were still placing their trust in appeasement as the way to either prevent or at least put off war with Germany. Hitler once again voiced his love of peace and assured the British of his desire to use the negotiation path to settle differences. Chamberlain was delighted at again having found a solution to avoid war.

For most people in greater Germany, Hitler was a prince of peace and inspired diplomat. But he did feel that his possibilities of action had been limited by the Munich agreement. Furthermore, his aim of taking over Bohemia and Moravia had not been achieved. With the agreement four weeks behind him, he gave instructions to do away with the rump of Czechoslovakia. The Czechoslovakian state, already dumped by its putative alliance partners, was now handed over, defenceless, to the German Reich: its end came in March 1939, when German troops marched into Prague. The Reich Protectorate of Bohemia and Moravia was formed, under German control, and Slovakia, while not being incorporated into the Reich, was now its vassal. For the Reich, the occupation was both economically and militarily profitable, Nazi Germany benefiting from trade agreements for basic commodities and from foreign currency revenue, together with supplies of weapons and ammunition, gold reserves, and, in the Škoda works, one of Europe’s largest producers of machines and armaments.

It was now clear to the Great Powers that Hitler’s emphasis on rights of national self-determination was nothing other than an instrument for realizing limitless expansion. In a March 1939 meeting of the British cabinet, Chamberlain raised the possibility that Hitler’s protestations of peaceful intent were simply chicanery. Grave mistakes had been made until this hindsight, including the British and French not having invited Stalin to the Munich meeting. Stalin felt duped as a result, suspicious about the unity of the Great Powers, for which reason he considered driving a wedge into the grouping. In the end, Great Power policies oriented toward appeasement were responsible for Stalin sending out feelers to Berlin before finally, to the world’s surprise, signing a pact with Hitler in August 1939 that was nothing less than a commonly conceived and then realized plan for war.

The Situation of the Jews

Antisemitism, pan-German sentiment and desire for German annexation, glorification of the military, and longing for a “people’s community” (*Volksgemeinschaft*) were deeply entrenched in Austria before the Wehrmacht’s march into the country. Austro-fascism, which, we need to note, delimited itself from National Socialism, was supported by broad sectors of middle-class Austria, in particular by the Christian Social Party. Under the authoritarian regime of Dollfuß and Schuschnigg, from 1933 onwards internment camps were filled with political opponents ranging from leftists to Nazi Party members. Antisemitism was widespread in Austria. The Nazi movement was embraced with special warmth by young people.

In March 1938 around 200,000 Austrian Jews came under German control. Over ninety percent lived in Vienna, the largest Jewish community in German-speaking Europe, amounting to nearly ten percent of Vienna’s population. German and Austrian Nazis nurtured a strong conviction that Vienna was “*verjudet*,” “Jewified,” which is why they wished to forge a path of unprecedented extremity precisely here—Vienna quickly became a parade ground for anti-Jewish policies and measures that would serve as a template for the entire German Reich. Radicalizing impulses stemming from Vienna would henceforth define Nazi anti-Jewish policy. Exemplary in this respect were newly created administrative authorities such as the Central Office for Jewish Emigration and the so-called Property Transactions Office (*Vermögensverkehrsstelle*) set up to plunder Jewish property and hand it over to “Aryans”. Later both these authorities were also established in Prague and elsewhere, the goal being to extort as much Jewish property as quickly as possible while pressing the Jewish population to emigrate with the same speed. There were also new persecutory measures, for example the requirement that Jews perform forced labour in “enclosed work deployment.” One important feature of the Vienna model was a Jewish community being forced for the first time to cooperate with the Nazi authorities in order to itself execute their anti-Jewish measures on a prac-

tical level. Eventually, the so-called Jewish councils in the ghettos of conquered Eastern Europe would be set up on exactly the same lines, for the sake of facilitating the mass murder process.

Vienna's Jews already faced mortal danger with the "Anschluss," which immediately unleashed pogroms, plundering, raids on Jewish property, wild "Aryanization," extortion, synagogue desecration, and the public celebration of both rabble-rousing and orgies of assault and battery. The images of Jews on their hands and knees being forced to scrub the pavement (in order to remove words from Schuschnigg's referendum) are by now familiar. Acts of humiliation, spontaneous expropriation, unrestrained anti-Jewish rioting became so widespread that the Nazi authorities were themselves forced to call on the "Aryan" populace to exercise restraint [17,18]. It took little time to legalize the open plunder. Raids and arrests were on the daily agenda; the political opponents of the Nazi regime who were promptly sent to Dachau in 1938 included Zionist communal politicians and prominent members of the Jewish community. Jewish friends and relatives in the "Old Reich" could hardly believe how quickly the situation of Austria's Jews had deteriorated, as they were not yet experiencing something similar. One explanation is the fact that in Austria, unlike Germany, culture, intellectual-scientific life, and finance actually had a dominant Jewish presence, so that political anti-semitism had already had plenty of time to cultivate and intensify very deep popular and middle-class hatred and resentment of the Jews.

The Vienna municipality and other institutions played their role in pushing forward both plundering and social exclusion and abasement: the urban authorities expelled Jewish renters from their apartments, the expulsion—*Ausschulung*—of Jewish children from school began, Jews were chased out of the universities and forced out of their careers. One decree after another came into force. The Nuremberg Laws were introduced in May 1938, officially rendering Austrian Jews second-class citizens. Tens of thousands fled Austria, so that in the summer of 1939 only 95,000 Jews were still living in what the Nazis had renamed the *Ostmark*. Antisemitism formed a strong integrative element in Nazi rule. The expulsion and forced flight of the Jews alleviated social and economic needs among broad layers of society. Before the outbreak of World War II, around two thirds of Austria's Jews had managed to flee abroad, in total presumably nearly 130,000 people. Most went to Great Britain and the United States. But around 16,000 Austrian Jews fled to countries gradually occupied by German troops during the war—countries that became traps. Remaining in Vienna in squalid circumstances were above all women, children, and the very old.

In Evian on the shores of Lake Geneva, representatives of thirty-two nations conferred in July 1938 at the behest of the American president Franklin D. Roosevelt, to find a solution to the problem of Jewish refugees from Greater Germany. The conference ended inconclusively. Germany's main Nazi organ, the *Völkische Beobachter*, com-

mented scornfully [19]: "No one wants them." Hardly any countries viewed themselves as capable of taking in Jewish immigrants, particularly as they arrived without money, having been systematically robbed by the German authorities. The international economic crisis had left its traces everywhere; no politicians were ready to engage themselves against the general mood and push for generous immigration policies. With the USA failing to increase its quota for German-Jewish immigrants and most countries entirely closing their borders, the possibilities for Jews from the German-speaking areas to actively save themselves were thus not increased but radically decreased by the Evian conference: a renewed failure of the democratic world—a failure now looking forward to the Jewish catastrophe in Eastern Europe—in the face of Hitler

Recommended further reading

- Binder DA: "Austrofaschismus" und Außenpolitik. Die zu kurz geratene Diskussion, in: Wenninger A, Dreidemy L, editors. Das Dollfuß/Schuschnigg-Regime 1933–1938. Vermessung eines Forschungsfeldes. Wien Köln Weimar: Böhlau; 2013. p. 579–600.
- Bloch C. Das Dritte Reich und die Welt. Die deutsche Außenpolitik 1933–1945. Paderborn München Wien Zürich: Schöningh; 1992 (original French ed. 1986).
- Herbert U. Das Dritte Reich. Geschichte einer Diktatur. 2nd ed. München: C. H. Beck; 2016.
- Herbert U.: Geschichte Deutschlands im 20. Jahrhundert, 1st ed. München: C. H. Beck; 2014.
- Hildebrand K. Das vergangene Reich. Deutsche Außenpolitik von Bismarck bis Hitler. Stuttgart: Deutsche Verlags-Anstalt; 1995.
- Hildebrand K. Deutsche Außenpolitik 1933–1945. Kalkül oder Dogma? Stuttgart: Kohlhammer; 1990.
- Kundrus B. "Dieser Krieg ist der große Rassenkrieg." Krieg und Holocaust in Europa, München: C. H. Beck; 2018.
- Steinbacher S. Deportiert von Wien nach Minsk, in: Barton W, IM-MER, editors. Ermordet in Maly Trostinec. Die österreichischen Opfer der Shoa in Weißrussland, Wien: New Academic Press; 2012. p. 19–38.
- Studt C. Nationalsozialistische Außenpolitik bis zum Sommer 1938, in: Zarusky J, Zückert M, editors. Das Münchener Abkommen von 1938 in europäischer Perspektive, Berlin: De Gruyter Oldenbourg; 2013. p. 17–29.
- Studt C. Hitlers Außenpolitik, in: Möller H, Dahm V, Mehringer H, Felber AA, editors, Die tödliche Utopie. Bilder, Texte, Dokumente, Daten zum Dritten Reich. München: Stiftung zur wissenschaftlichen Erforschung der Zeitgeschichte; 2001. p. 327–61.
- Zarusky J, Zückert M, editors. Das Münchener Abkommen von 1938 in europäischer Perspektive, Berlin: De Gruyter Oldenbourg; 2013.

Panel discussion: Fortified Democracy 1939–2018

Participants

Gudrun Harrer, “Der Standard” (Viennese daily newspaper), gudrun.harrer@derstandard.at
Franz Vranitzky, former Federal Chancellor of the Republic of Austria, office@vranitzky.com
Wolfgang Schütz, Rector emeritus of the Medical University of Vienna, wolfgang.schuetz@meduniwien.ac.at
Marianne Enigl, “Profil” (Austrian weekly magazine), enigl.marianne@profil.at

Gudrun Harrer is Senior Editor at the Austrian daily newspaper “Der Standard”. She has an MA in Islam and Arabic studies; her doctoral thesis in International Relations dealt with the atomic program of Iraq. In 2006 during Austria’s presidency of the EU, Gudrun Harrer was Special Envoy and Chargé d’affaires in the Austrian Embassy in Baghdad. Harrer teaches modern history and politics of Near and Middle East at the University of Vienna and at the Diplomatic Academy Vienna.

Franz Vranitzky, Social Democrat, has been active in political functions in Austria for nearly three decades. From 1986 until 1997 he was Chancellor of Austria. Vranitzky became Chief of Government after Kurt Waldheim, highly disputed because of his role as officer in World War II, was elected President of the Republic of Austria in 1986. In that year Vranitzky ended the coalition of his Social Democratic Party SPÖ with the Freedom Party FPÖ after Jörg Haider was elected head of the FPÖ. For the following ten years Vranitzky led a coalition of SPÖ and Peoples’s Party ÖVP. Vranitzky is well remembered for his speech in the Austrian Parliament in July 1991 where he set an end to the official portrayal of Austria as “Hitler’s first victim”—and acknowledged that many Austrians had been responsible in the Holocaust. In 1994 a national referendum resulted in 66.64 % in favour of EU membership.

Wolfgang Schütz, pharmacologist, was Head of the Department of Pharmacology at the University of Vienna during 1995 and 2000. For two years (1994–1996) he served as chairman of the Ethics Commission of the University of Vienna and the Vienna General Hospital (AKH). As Dean of the School of Medicine at the Viennese University, 1996–2003, Wolfgang Schütz was highly involved in forming an independent Medical University of Vienna and, 2003–2015, served as Rector of the Medical University of Vienna.

Moderator Marianne Enigl, journalist and author, was editorial member of the Austrian weekly magazine “profil” for more than three decades. Enigl specialized in publishing articles and series on contemporary history.

Discussion

Moderator Marianne Enigl: Tonight, on the eve of 12th of March 2018, we are discussing times of multiple organ failure in society—and in medicine eight decades

ago. Austria’s annexation by the so-called German Reich (“Anschluss”) had consequences for each part of life. We will talk about “Democracy able to defend herself” on invitation of the then famous Medical University of Vienna. Medicine is existential for society. What is her identity in times of dictatorship? What is her identity in democracy? At the beginning I want to ask my guests, what the date 12th of March 1938 means to them as individuals today?

Gudrun Harrer: I feel affected that it took us so long to discuss our past in depth. In 1988, thirty years ago, for instance, there was nearly no discussion at all. It is amazing that also today there are still so many open research questions regarding our Nazi past. To me this occasion is a special moment in history. If we put it in context with what’s happening in the Middle East, where currently everything goes wrong that can go wrong, I think that we should try to recognize the danger of certain developments for our future. My feeling regarding our democratic society is: Do not take anything for granted.

Moderator: Mr Vranitzky, you have been a child in the year 1938.

Franz Vranitzky: On the 12th of March 1938 I was 159 days old. Therefore I cannot fulfil the role of a witness. My parents clearly were anti-Nazi, anti-fascists. My father was worker; he had lost his job in 1934 and did not receive any state money. He was called into the unified armed force of Nazi Germany “Wehrmacht” in 1939. Growing up I felt “Angst” and danger, for instance, when we as schoolchildren had to run into bomb shelter. All together for my family the 12th of March 1938 was terrible and we welcomed the end of Nazi dictatorship and World War II.

Wolfgang Schütz: For me, the meaning of the year 1938 is that, as an aftermath of the “Anschluss”, Austrian universities are hit by intensive purges; the Medical Faculty of the University of Vienna was strongest hit with a total of 52 % of their teaching staff. What remained, or what happened in lieu of the expelled, was reflected in a politicizing or politicized clique of Nazi professors and Nazi doctors, who had to fetch and carry science prescribed by politics and—in the end—fully submitted to the new regime. The scientific development in Austria, after a blossom of science in this small remnant of the former Habsburg monarchy following World War I, with eight Nobel Laureates in medicine and natural sciences, was heavily damaged. Firstly, by the forced removal of the best minds from 1938 onwards; secondly, by the lack of any activity after 1945 that would have led to their recovery, but instead, by the reinstatement of NS-tainted professors and doctors to their earlier scientific position or even that further career steps were made possible for them. Thirdly, successor generations often indoctrinated by their fathers.

The result is a backlog in research and technology development in Austria that we still feel today.

Moderator: The international conference tomorrow also will discuss new research regarding medicine in Nazi society, titled “Compliant Science”. Mr. Schütz, why from

your view as long-time Rector of the Medical University of Vienna has medicine been especially compliant?

Schütz: The physicians at that time afflicted the heaviest blow to medicine in history, leading medicine to its rock bottom. How many of the crimes committed by physicians would have been prevented if the physicians as a closed community would have resisted the NS regime, would have held themselves to the simplest premise of medical practice only, namely to respect Hippocrates' universally understood rationale: primarily, do not harm, above all, patients who themselves entrust or are entrusted to you ("primum non nocere")! They didn't and that's what sets doctors in no way apart from other professions, in spite of the high ethical responsibility they should have. They didn't primarily for career reasons, and only partially due to existential threat or for life-threatening reasons, they accepted that state arbitrariness prevailed over medical ethics. Moreover, 60 % of the Austrian physicians were members of the NSDAP, many of them of SA and SS as well. There was no higher percentage for any other profession. However, it should be taken into consideration that many Jewish physicians were displaced before.

Moderator: Margarete and Alexander Mitscherlich, two doctors, in the year 1967 have broken the long-time taboo of compliance with their famous book "*The Inability to Mourn*". Why, Mister Schütz, has this process taken so long time?

Schütz: Mitscherlich referred to the Germans, but it applies to Austrians as well: when German people would have mourn then they would have been fallen into permanent melancholy of what they were afraid. Therefore, according to Mitscherlich, they have concentrated themselves onto the manic phase which was characterized by the economic growth of Germany after the war. This dominating manic phase prevented any occupation of their mind with analysis of the past. However, following the collapse of the German Democratic Republic, it was also observed that it takes at least one generation before a confrontation with the past took place in fact. Also in 1988, 50 years after the "Anschluss", there was no act of commemoration in any Austrian university, which is consistent with the theory that even two generations were still severely indoctrinated following such an exorbitantly terrible event as the Nazi era.

Moderator: In other words, have physicians, the so-called "gods in white", become "gods in brown"?

Schütz: The principle "primum non nocere" was repeatedly and severely broken. Hence one must, unfortunately, say the physicians of that time have become "gods in brown" indeed.

Moderator: Opening issue of the international conference today is "Democracy able to defend herself 1938–2018". I want to note our distance to a platform "Austria able to defend itself" that was formed within the Austrian Army in the year 2016 and aims against uncontrolled immigration etc. In fact, democracy on national and international level is discussed intensely. Democracy seems to be in danger. One asks, what does democracy mean

to us today? How much freedom does democracy need? How much protection does democracy need? Is it possible for democratically-elected politicians to undermine democracy? This has been questioned, when the then candidate for the Austrian Presidency and today's Minister of Infrastructure in Austria, Norbert Hofer (FPÖ), cryptically said, we will wonder, what will be possible if he gets into the position of Austrian President. Here I want to remember that the Austrian State Treaty obliges Austria to maintain democracy. As an additional topic for our discussion tonight, I have chosen the title of a newly-published book, written by Hannah Arendt, "Freedom to be free." What does that tell us?

Vranitzky: Freedom is part of our democratic existence and also of our individual existence. In our democracy, freedom is granted by law. How we can defend ourselves in democracy is part of our discussion tonight. It is an incredible achievement of democracy, to develop and express our individual ideas, dissent from official understandings. At the same time—and this is a bridge to our issue tonight—we as citizens are obliged to add our individual efforts to the development of society. On the other hand, politicians are obliged not to ignore these revolutionary thoughts. Politicians have to check if they act in the best interests of their fellow countrymen and women. Are people able to live freedom of speech? Do they have fulfilling work and income? Is there a fair health system, a fair judicial system? All these are human aspects of Hannah Arendt's book "Freedom to be free" and they are factors of quality of democracy. In fact nowadays we have to watch how democratically-elected political movements are used to harm human values. In Poland, for instance, politicians misuse their political mandate and critical voices and demonstrations are silenced with the argument, "you have given us your votes". This is misuse of democracy.

Moderator: Hannah Arendt argued we only can be free if we are free of fear for our lives, free of hunger.

Schütz: What Hannah Arendt describes in her essay "The freedom to be free" is a two-step process: at first, there is the stage of liberation of the citizens from political constraints, but only in a second step can actual "free being" be achieved, namely when all citizens are also liberated from material misery, what gives them the possibility to share in political life. Thus, in the "Arab Spring" only the first stage was achieved, but the second has failed. A few nations in the world feel blessed at all to have the freedom to be free. To those Austria belongs as well as—still at least—every country of the European Union. In 2012, the EU quite rightly received the Nobel Peace Prize, because this federation of nations characterized by efficient democracies represents the best guarantee for peace in Europe, a peace now lasting for more than seven decades. Unfortunately, erosive forces can now be observed within the EU because the governments of Hungary and Poland are becoming increasingly authoritarian, also due to the wagging-finger treatment of the East by Western democracies.

Harrer: There is a main thing to add: not only social, economic and political freedom is relevant; I want to stress the importance of being able to think freely. We were convinced that political elections are a universal remedy in transition processes. But we see that people decide without being able to make free decisions, because of their religious, tribal bonds etc. And the main challenge is not holding elections but getting their results recognized. And we see powers using democratic circumstances for abolishing democracy. Until recently we did not imagine these developments could become issues again also in Europe.

Moderator: Mr Vranitzky, you took an important step regarding Austria's political identity in the year 1991 with your statement that Austrians had been responsible for Nazi crimes and the Shoah. How do you see this step today?

Vranitzky: I wanted to stand up against the so-called "Opferthese", the portrayal of Austria being Hitler's first victim. All Austrian governments had used this assumption, founded on the Moscow Declaration of 1943. If we look at the march of German Wehrmacht into Austria only, maybe one could use this impression. But if you look deeper into the "Anschluss" in 1938, you will see that the NSDAP, the Nazi Party, had been built in Austria long before the year 1938. Where did the hundreds of thousands of swastikas and flags on 11th and 12th of March 1938 suddenly come from? Who stood behind the extreme system of denunciation in those days? We see everything was well prepared. My next point was to remember Austria; with regret, how many Austrians have taken part in the Nazi terror? We know the names: Ernst Kaltenbrunner, Odilo Globocnik, Adolf Eichmann and many others have been involved from the very beginning. There was no collective guilt. But many Austrians have taken part in preparing for the "Anschluss" and they went on. If we look at all these political networks and the brutality: Austrians cannot hide behind a hypothesis that was wrong. My concern was, I did not want to be head of a government carrying this wrong fact.

Moderator: Was there an actual cause for your speech in the Austrian Parliament in 1991?

Vranitzky: The speech came lately, it should have come much earlier. Long time I had waited to do it. The occasion was our discussion on the brutal fights in Ex-Yugoslavia. What I said was, "how can we be overwhelmed by these brutalities when we forget that Austrians have been shooting Austrians and murdering in concentration camps?"

Moderator: What have been the reactions to your speech, in your party, the Social Democrats, from other political parties?

Vranitzky: Openly confessed, there nearly have been no reactions. Neither in my own party nor in the others: nobody dared to say anything against it.

Moderator: Your authority had been accepted. I may say, we are proud you finally delivered this speech.

Vranitzky: Authority was in my arguments. *Applause*

Moderator: Mr Schütz, connecting tomorrow's topic "Compliant Science" with our discussion of freedom, democratic and political developments: are the challenges for modern science bigger than ever?

Schütz: Yes, they are bigger than ever. This was also the reason for organizing this symposium, which have two intentions: (1) the intention to counteract the lack of knowledge of the Nazis' despotic role, a lack that increases due to the disappearance of contemporary witnesses. The crimes committed by cultural nations such as Germany and Austria at that time are far beyond the imagination of many young people. Some of them even say: "What does this time concern me? I was only born thereafter and, hence, have no responsibility for the crimes committed." But only with knowledge of this time will people be sufficiently sensitized against dictatorial tendencies associated with intolerance and contempt for mankind. (2) The intention is to raise the awareness that we still feel the aftermath of the "Anschluss" today. Thus, the proportion of students and academics in fencing fraternities doing homage to Germanness are still high, fraternities which now faithfully refer to the year 1848, but their meaning is 1938. Likewise, there are again worrying signs of antisemitism in Europe.

Moderator: Mrs Harrer, would you please give us the international perspective of developments. We all have welcomed in their beginning. We hoped, the "Arab Spring" 2010/2011 would bring liberation. Did we understand what was going on there?

Harrer: The "Arab Spring" doubtlessly was also a movement for freedom and political modernity. But we did underestimate the extent of social and economic problems. Even climate change played a role—the regime in Syria, for instance, had lost popularity in a dramatic period of drought when many moved from the rural areas into the towns. But already after the US invasion in Iraq in 2003, we could have recognized what we later learned in the "Arab Spring": The idea of the simple transfer of our successful western state model does not work. We thought that the collapse of the Soviet Union had resulted in the victory of the western system which would conquer the whole world. This belief is gone. We thought one could take elements like bricks from a construction kit and build new states, give them institutions, fill them with elections, establish free trade and everything will work fine. But it does not work.

Moderator: How much democracy does fit into Islam?

Harrer: This is a frequent question. As an answer I want to point at an example in international politics that is mostly forgotten: South Sudan. It was a huge international project to build South Sudan as a counterpart to the Muslim North Sudan. Lots of international money and energy were spent, but also this non-Muslim state has become a real disaster. So it's definitely not Islam alone which is making democracies fail. Oliver Rathkolb reminded us in his keynote this afternoon of the forgotten moments where history could have taken another turn: I want to point to Iran in 1953, when Western powers toppled Iranian Prime Minister Mohamed Mossa-

degh and his democratic government and reinstalled Shah Reza Pahlevi. It was a coup against democratic developments, out of geopolitical and economic reasons of the western world. So the Middle East could have taken a different development—and we, the West, played a role in the turn to the negative.

Moderator: So we share responsibility for the current situation?

Harrer: Yes. It is also important to know—and I take great lengths to explain it to my students—that the often-discussed political Islam is a product of our modern times. It played a big role in the western conflict with communism. When the Saudis started exporting their Wahhabism in the 1960s, the West saw this as a chance to break communist influence in the Middle East.

Moderator: Why does Europe seem completely powerless regarding the actual conflict and war?

Harrer: There seems to be a decision between two disasters. To interfere was disastrous and not to interfere is disastrous as well. In Syria both options end in the same number of victims. Later analyses are always easier. For instance—we see now how the overthrow of Saddam Hussein through the US under George Bush junior contributed to the rise of Iran in the region.

Moderator: Mr Vranitzky, how does a politician feel when he or she is confronted with power and powerlessness, for instance in Syria? When one sees this terrible conflict with hundreds of thousands of people fleeing their country?

Vranitzky: We are powerless. I share the analysis of Mrs Harrer regarding Syria: engagement or not—both is a disaster. I want to give you an example how different things work there. I once was on an official visit to Syria under the regime of Hafiz al-Assad, father of president Baschar al-Assad. We were invited to a dinner as if we were in “1001 nights“, when Mr. Assad asked me to stop an Austrian enterprise that built a hydro-electric dam at the river Euphrates. Syria would lose water through this dam, Assad argued. My answer was, that there were international contracts and according to our system of law they had to be fulfilled. Assad’s answer was: change the system then. Regarding today I have to criticise that Europe does not interfere, but European countries do sell weapons into this region. *Applause.* Let me add one thing: the big deficit of the governments in the European Union is the fact that they do not agree on one conclusion.

Harrer: Returning to the question: if democracy and Islam match, I want to express my opinion that in the first instance no religion matches with democracy. Not Islam, but Muslims have to come to terms with democracy.

Moderator: As many Muslims live in democratic countries in Europe, is there an export of democracy through them?

Harrer: I fear my answer is disappointing: it is “no“. For example, regarding the current protests of women against headscarves in Iran, there is barely support for them from Muslim women who live in the western world.

I wish there was support from Muslim communities here for freedom in the Muslim world—but it does not exist.

Moderator: My next question goes to Mr Schütz. I wanted to ask you how the big Vienna General Hospital (“AKH”) functions as a global place where so many different social and ethnic groups come together. There are patients from so many different backgrounds and also personnel from different backgrounds. How does the medical community meet this big challenge?

Schütz: Only a few data but no detailed studies exist to this matter. Anyway, in the context of their medical study the prospective doctors are also taught to fulfil all the duties of a competent physician with equal humanity towards everybody. In addition, these words they have to vow during their graduation ceremony. A vow that actually has to be actioned in today’s Europe. A look at the emergency department of the Vienna General Hospital indicates an average of 60 % of outpatients having a migrant background, and about 20 % of the patients only speak German very broken or don’t speak it at all. This proportion of people with a migrant background that are visiting the outpatient departments of the largest Viennese Hospital is significantly higher than their proportion among the Viennese (43 %) or the Austrian population (28 %). The reasons for this are (1) no registered doctors out of a hospital in their countries of origin, hence many migrants are accustomed to visit the next hospital if they feel ill, (2) a too low density of doctors on the panel, especially in the large-area districts of Vienna, (3) in hospitals, a more polyglot and open staff is awaited, [4] on average, migrants are younger than the native population and visit the emergency room also without urgency, but if they have time, preferably during evening hours and weekends.

The following features are dominant among migrants as patients: (1) Speech problems: often extremely cumbersome; children, other relatives or friends are acting as translators, sometimes “Dr. Google“. Professional interpreters are not always available, on the one hand due to the increasing variety of languages, on the other hand professional translation always must be held available for serious or irreversible decisions—especially in the field of obstetrics. (2) Patients are often of low education, of rural origin with a patriarchal foundation of values, religion has a high status (Islam or traditional tribal religion), and many patients experienced violence (war, flight, sexual violence, female genital mutilation). (3) Patients have subjective disease theories with attributions to fatalistic, external causes; often there is only little separation of body and soul (full body pain, Mediterranean syndrome for instance). (4) They expect a paternalistic doctor-patient relationship, decision-making on a partnership basis often is interpreted as an incompetence of the doctor. All told, this leads to serious conflicts with the modern conceptions of illness in western countries.

The dedication of our doctors to manage this difficult medical practice is great and they express their frustration associated with this extra work not to the patients but to the Rector.

Moderator: In your words, the challenges are met, “Wir schaffen das”, as German Chancellor Angela Merkel expressed, therefore the Vienna General Hospital could be seen as a model?

Schütz: Rather not. The problems I have described do not belong to the core tasks of our doctors; they are working already at their limits without that.

Moderator: At the end of our discussion I want to ask Mr Vranitzky where you see our democracy, our societies, in the coming decade?

Vranitzky: We all have to care and to watch out. In broad parts of society there is dissatisfaction: regarding immigration, regarding the rising gap between rich and poor. When there are voices in the political spectrum who use this dissatisfaction for cheap propaganda and simple arguments and when more and more people cannot be reached by real arguments, then noble motives of democracy are on the defensive. I also call for attention regarding ideas to change from plebiscite democracy to so called direct democracy. Attacks on the media, at the moment on the Austrian public radio and TV, ORF, have to worry us. Another fear is the fact that globalization and digitalization could lead to a backlash from European integration to nationalization. The 500 million inhabitants of the EU are in competition with big nations: China, India, Russia. If you take the model of a globe as it is used in schools you will not find Austria on it, it is too small. Maybe we will have tourists from China in our castles, but Austria’s eight million people will not play a role if the country stands there on its own. I miss understanding of European common interest. I am worried and I fear everything I mentioned is caused by missing capacity of decision-making of governments in the EU and by loss of importance of former big parties of the people. To bring our further development forward one has to find critical words and to take action.

Moderator: With these words of concern I say thank you to the participants of our panel. We all know that there have been deep concerns on the forefront of the Austria’s “Anschluss” eight decades ago, but too many did not want to listen. Today we have to take concerns regarding our democracy and our societies seriously—and every one of us bears responsibility.

2. Expulsion of Scientific Excellence

Vienna as Medical Contact Zone: American Doctors in the Austrian Capital in the Late 1930s

Carmen Birkle, Institute for English and American Studies, Philipps-University Marburg, birkle@staff.uni-marburg.de

Preliminary Remarks

The story the paper will tell is fragmented, like a puzzle that is still missing numerous pieces on its way to a complete picture. The pieces are connected and yet open to many combinations due to their versatility. Muriel Gardiner [20], the protagonist of the main plot, is one of these pieces, a crucial one, because she can be seen as a link between the U. S. and Austria, especially Vienna, and the politics of the 1930s. Furthermore, she connects the American Medical Association (AMA) of Vienna, the regular American medical students, and the psychoanalysis introduced and practiced in Vienna at the time, bringing together three medical domains inherently relevant to the capital. Muriel Gardiner’s identities are many; she is a wealthy American, female, mother, medical student, psychoanalyst, political activist, and saviour of many persecuted people [21]^{17,18}, and married to Joseph Buttinger. Following brief preliminary remarks on the methodology used, the paper will focus on the history of the AMA and the cases of Muriel Gardiner and additional American medical students in Vienna in the 1930s. Esther Menaker [22] will then serve as an example of a student of psychoanalysis in Vienna. As we will see, Muriel Gardiner, Esther Menaker, and many other American medical visitors were drawn to Vienna in pursuit of medical training, cultural attraction, and self-discovery through psychoanalysis.

Research Methodology

The approach toward the topic will be from a cultural studies’ perspective, juxtaposing testimonies published in the journal of the American Medical Association of Vienna, *Ars Medici* [23], drawing conclusions from the data found in the *Nationale*¹⁹ of the University of Vienna, and analyzing Gardiner’s and Menaker’s autobiographies. Rather than discussing statistics on a macro level

¹⁷ Berger J. Muriel Gardiner, who helped hundreds escape Nazis, dies. *The New York Times* 7 Febr. 1985.

¹⁸ Nowotny M. “Eine Amerikanerin im Widerstand.” 650 Jahre Uni Wien. Scienceorf.at. 21 Aug. 2015.

¹⁹ The *Nationale* is a registration form collected by the university for all students which they filled out each semester, indicating personal information, such as address, parents’ address, religion, nationality, and study-related information on the classes taken, the number of hours each class was studied, and the teachers.

[24], the focus will be on the micro level of individual life stories. This approach stands in contrast to Jean-François Lyotard's [25] conceptualization of "grands récits" (grand narratives) that tends to conceal individual biographies. Autobiographies can be understood as "little" narratives, which, similarly to pieces of a puzzle, indicate their interrelationships, linkages, and networks. The paper's discussion of the three groups mentioned above offers a specific perspective on the American presence in the medicine practiced in Vienna in the 1930s, based on the methodology of the New Historicism that allows for the crossing of "boundaries separating history, anthropology, art, politics, literature, and economics" [26], "demonstrating that social and cultural events commingle messily", thus focusing on "[c]irculation, negotiation, exchange". Furthermore, autobiographies are also biographies embedded in the respective social, historical, and cultural contexts. The idea of the autobiographical pact between reader, author, and narrator introduced by the French critic Philippe Lejeune in his study *Le Pacte Autobiographique* [27] assumes a life actually lived as a reference framework [28] and includes the nature of every narration as subjective. The present stories derived from historical data, journal articles, and auto/biographies thus constitute small pieces of the puzzle that was medicine in Vienna in the 1930s.

The American Medical Association of Vienna

In the nineteenth century, it was already important for American doctors to enhance their professional training by studying in Vienna. Maude E. Abbott (1867–1940), a Canadian woman, spent two years in Vienna (1895–97) and offered detailed descriptions of the privately organized courses, course fees, and the competition for participation in classes taught by popular teachers. She visited Vienna one last time in 1932, when she met with colleagues, visited hospitals, and went on excursions exploring the city as a tourist, noting down her experiences in a personal travel journal [29]. Her accounts do not convey any details of the political crisis in the First Republic.

The foundation of the American Medical Association (AMA) of Vienna in 1904 intensified international relations. Until 1938, 11,710 American medical students and 841 from other English-speaking countries came to Vienna with the help of the AMA. In 1936, 190,000 Austrian schillings were invested in tuition fees, and in 1937 290,000 [23]. As Fleck [30] points out, an "Ordinarius" (tenured professor) at the time earned up to 14,000 Austrian schillings per year. The majority of the American medical students travelled to Vienna in order to profit from the renowned expertise of the Viennese physicians, who offered special, fee-based courses in the English language. According to Mahan [31], "[a]lmost every prominent specialist in the United States of America has, at some time in his life, spent a period in Vienna". Franz Lackner [32] describes the Association's objective in the following manner: "[T]he object of [the] society [was] to

promote the social intercourse and scientific advancement of its members". An official certificate was provided by the medical faculty denoting the exact duration of stay. From 1927 onwards, the AMA was furthermore represented in a section within the medical journal *Ars Medici* that had been published in English since 1923 [23].

According to Lackner, *Ars Medici* served as a communication and publication organ for the AMA, routinely printing "monthly reports of arrivals and departures, officers, by-laws, courses and news of the organisation". In July 1937, the article "To Those Who May Come to Vienna" praised the AMA and the provision of excellent study opportunities, along with the thirty-year tradition and the democratic organization of the AMA and the excellent working conditions in Vienna. The relatively low cost of the courses—six U.S. dollars per hour in 1937 divided among the participants—and the small number of participants in the courses were emphasized. Even more compelling were the advertisements promoting the dissection of corpses that was still illegal in the U.S., yet already legitimized in Europe. Prospective students and physicians were informed that "[o]perative demonstrations on cadaver by instructors and professors are given with similar division of cost but these classes are small. Private instruction and direction while operating fresh cadavers and cadaver work without instruction is arranged. As a rule one days [sic] notice is enough when a group of few or many wish to start a course. The prompt co-operation and whole hearted [sic] willingness to teach of even the most famous professors is characteristic of Vienna and the highest spirit in medicine". Five key ideas summarize these advertisements: high quality of tuition, well-structured organization, relatively low costs, high motivation of the lecturers to meet the guests' needs, and fresh dissection material available at any time. However, see Foley and Fabricant [33] for the laxity with which rules, for example of attendance and fulfilment of tasks, were enforced.²⁰

In 1938, the AMA continued to work from the Café Edison in Alserstraße 9 in Vienna. In March 1938, in *Ars Medic* [23], one could read the following lines under the headline "How Polite and Obliging the Viennese Are!": "So I say 'God bless the Viennese.' And may the internal troubles of their country come to an end soon, for they deserve the best". For the first time, authors in the subsequent April issue voice considerable criticism of the conditions of study: "[...] it is clearly evident and understandable at the present that for this organization to continue on its present status and amount of expenditure a more attractive and cooperative adjustment is eminently necessary". In spite of hope of normalization, this issue only features four new arrivals, among which only two are American.

The May issue, 1938, sheds a more positive light on the contemporary state of the AMA, welcoming new members, and explaining that the study opportunities for AMA members have been newly structured: "And so we

²⁰ I owe this reference to Waldemar Zacharasiewicz.

have a right to expect that Vienna as always will continue to be the Worlds [sic] center of medicine because of her clinics which are rich in material and her teachers whose untiring efforts we are all grateful for“. The June issue includes no further commentary, but features the first woman treasurer as part of the executive committee, Dr. (Miss) Hope H. Nicholson from Luther, Michigan. In the July issue, 1938, the journal finally tells its readers: “*Ars Medici* Vienna has been replaced by *Ars Medici* Basle in consequence of the recent changes in Austria” [32]. The publisher Dr. Max Ostermann, like many others, had to leave the country.

American Medical Students in Vienna

In addition to the AMA, there were 48 American students in the Medical School of the University of Vienna in the winter semester 1937/38, 21 of whom were expelled from Austria and 27 allowed to stay [34]. It seems as if there was hardly any connection between the AMA and these students: they shared teachers and educational facilities, but had differently timed lectures.

Muriel Gardiner’s Code Name “Mary“

Muriel Gardiner (1901–1985, born Muriel Morris, married to Abramson, Gardiner, and Buttinger) was probably the most prominent and wealthiest American medical student in Vienna in her time. Her autobiography *Code Name “Mary“* (first published in German in 1978, in French in 1981, and only then in English in 1983) reveals the incentive behind her commitment to psychoanalysis and medicine in Vienna as well as her political investment and identification with socialism and the Austrian working class [20]. Her first contact with the University of Vienna was a petition asking for the support of starving students or students who had fallen ill in 1918. In order to help these students, Muriel Morris sold her books and sent the money to Austria. Her early and later failed first marriage to Harold Abramson in Oxford was the reason why she looked for psychoanalytic treatment in Vienna. This moment in her autobiography contains the only indication that she knew about American physicians in Vienna: “I had met a few young American doctors who had spent part of a year in Vienna doing medical work, some of whom had had a few months of analysis, but what they told me made very little sense to me“. Once she had arrived, Freud, already too ill to accept new patients, redirected her to Dr. Ruth Mack (later Dr. Brunswick). From 1926 onward, this resulted in years of often daily analysis, mostly in Vienna, occasionally in New York City. Following her divorce from Abramson, her second marriage to Julian Gardiner, with whom she had a child named Connie, followed almost immediately and was terminated even faster in 1931. In 1932, she decided to actively study psychoanalysis, initially with the support of private teachers and special courses for American students in the English language [35]. In the winter semester 1932/33, she officially enrolled in medical class-

es, also hiring a private tutor, Alexander Rogowski, for the natural sciences, and beginning her political double life in Rummelhardtgasse and Lammgasse in 1934.

In 1932 and 1933, the unrest at the University of Vienna did not remain without consequences for the American students and visiting scholars. An article published in the *New York Times*²¹, appeared under the title “2 Americans Hurt in Vienna Rioting“. After the riots, American students lodged a complaint with the American consulate, reprimanding the failure to ensure their protection. Chancellor Engelbert Dollfuß expressed his regret about the incident. The next day the *New York Times*⁵ published the following article: “American Students Protected in Vienna: University Rector Apologizes to Our Envoy—New Riot in Another School“. Klaus Taschwer reports [36] that the *Deutschösterreichische Tages-Zeitung* (*DÖTZ*) alleged that the event was actually not about Americans but about Jews, as their last names would immediately reveal. In the following, 87 names were given with information about their religious affiliation—either Mosaic or non-denominational, assuming, however, that they were all Jewish. As Taschwer suggests, the newspaper must have been given access to the student registration files, presumably by the bursar’s office, since the newspaper had detailed information also about the American students enrolled in special medical courses²², and in his study *Hochburg des Antisemitismus* he discusses the violence against Jewish students [37]. We can also read in *DÖTZ* [38]: “Die Juden sind bekanntlich eine Nation, die besondere Merkmale hat wie kaum ein zweites Volk. Und es ist daher mehr oder minder belanglos, wo der Jude zufällig heimatberechtigt ist, er ist und bleibt eben Jude“. On May 21, 1933, the *New York Times* furthermore reported²¹ about three American students who were forced to abandon their studies after only about one year in Vienna and had returned to the United States. Nazi students, as reported by the returnees, would gather through a “rallying call” in the sound of an “Indian war whoop” and subsequently attack Jewish students with previously concealed whips proclaiming a “free-for-all” fight²³. Linda Erker presents one case by the American psychology student Jesse Zizmor from New York City who witnessed attacks and beatings of Jewish students in October 1932 and accused the university of tolerating such violence [39].

Yet Muriel Gardiner fondly remembers the busy years of 1936 and 1937 [20]: “I became more involved in my medical studies and really enjoyed much of the clini-

²¹ 2 Americans Hurt in Vienna Rioting, The New York Times, October 27, 1932; American Students Protected in Vienna, The New York Times, October 28, 1932; 3 American Students Forced to Abandon their Study in Vienna, The New York Times, May 21, 1933.

²² I would like to acknowledge that Klaus Taschwer provided me with the article “Der ‚Amerikanismus‘ an der Wiener Universität” (1932).

²³ These statements are confirmed by notes and complaints that Josef Hupka, Professor of Economics in Vienna, who died in Theresienstadt in April 1944, collected from students, confirmed, and sent on to the rector.

cal work, not only in psychiatry but also in surgery, gynecology, and obstetrics. I had some excellent teachers, including Dr. Ludwig Adler, who had been my gynecologist and obstetrician. I, like all medical students, was required to take an *Internal*²⁴ in obstetrics, twice spending five or six days and nights in the General Hospital so as to be on hand for all the deliveries“. Yet, she was lacking closer contact with her fellow students and depicts this period in her life as her only “collegiate experience“. Busy with her daughter Connie and her underground activities, Gardiner was also significantly older than her fellow students.

With the completion of her tenth semester in the summer of 1937, Gardiner obtained the right to register for the *Rigorosen*, entailing eleven final exams, five in 1937, two in February 1938, two at the end of March, and the final two in May. Early in 1938, it was very obvious to her that “Vienna was seething with uncertainty and unrest, though not everyone was as convinced as Joe [Buttinger] and I were that the Nazis would soon be in power“. On March 13, early in the morning, Joseph Buttinger and Gardiner’s daughter Connie, as well as the nurse Fini Wodak and a friend of the family left for Switzerland in order to escape Hitler and his Nazi troops. Muriel Gardiner remained in Vienna.

After spring break, the university reopened its doors in May, yet without its Jewish professors. Similarly, many Jewish students from various countries did not return. The few remaining American students, “all Jewish“, were not permitted to graduate with the non-Jewish group [35]. For Gardiner, the only battle awaiting her was with bureaucracy. Hence, she writes: “Getting through Austrian bureaucracy had always been an ordeal; now that the red tape was compounded with Nazi demands, it had become a nightmare“. Nevertheless, when completing a bureaucratic form, she declares her father as Jewish in order to demonstrate her solidarity: “[...] I felt a sudden, unexpected sense of solidarity with my American colleagues, all of whom were Jewish. I don’t know why I felt this. I barely knew them, had no personal ties with any of them, and did not consider myself a Jew“. Even though she outed herself as a “*Mischling ersten Grades* [half-Jew]“, her graduation was authorized because “only” her father was Jewish and her former husband a Protestant after all. However, she was forced to declare in writing that she would never practise medicine in this country even if she acquired citizenship. After convincing a bureaucrat that Chicago was indeed in the United States and she, therefore, an American citizen, she had all the necessary documents and stamps for her graduation on June 18, 1938. Soon after, she left Vienna to meet Joseph Buttinger and her daughter in Paris. On March 23, 1939, she travelled with her daughter, the maid, and her dog to New York [35], where she passed the necessary American medical examinations to practise medicine in the United States.

The Nationale and the American Medical Faculty

A look at the *Nationale* of the 1930s reveals that many American students resided in Vienna, of which the majority declared their religion as “Jewish” or “Mosaic“. In her autobiography, Gardiner [20] mentions Harold Harvey (Katz) in a few passages. In the winter semester of 1934/35, both took an anatomy dissection class, working together. In October, Gardiner discovered that they lived in the same house in Rummelhardtgasse. She invited Harold to spend Christmas Eve with her and her daughter Connie and to decorate the Christmas tree together, then noting rather prosaically: “It was the beginning of a life-long friendship. Twenty-one years later Harold and Connie married“. In spring of 1935, she registered for a pathology class at 7 a. m. as well as a few other laboratory courses. Harold was present as well: “It was the custom to take cram courses, one at a time, in preparation for each examination. Each course took about an hour a day for a few weeks, and one studied that single subject furiously during that period. Harold Harvey and I often met for an hour in my apartment or in a café to test each other“.

Indeed, a Harold Katz, not Kutz, as Sheila Isenberg [35] mistakenly writes, appears in the minutes of the *Rigorosen* for March 4, 1938, under the number 3806²⁵. He finished his dissertation before almost two thirds of the faculty members of medicine were dismissed and the anatomist Eduard Pernkopf (1888–1955), known for his Nazi tendencies, was from 1938 to 1945 appointed Dean of the School of Medicine and later, from 1943 to 1945, Rector of the University [40]. The *Nationale* of each semester is available for Harold Katz starting in the winter semester 1932/33 up until the summer semester 1937, in which he is awarded the *Absolutorium*²⁶. Harold Katz was enrolled under this name for the entire period of his studies. At what time he altered his name from “Katz” to “Harvey” seems to be unknown. The change nonetheless must have occurred before his marriage with Connie Gardiner. As there was also anti-Semitism in the U. S. and a quota system for Jewish students, the name change might have been politically motivated since the name Katz indicates a Jewish background in spite of the fact that Katz himself always registered as “non-denominational“. “Harold Harvey completed his examination in early March [4 March 1938] and left immediately [8 March 1938]. I was sorry to see him go. He was the only colleague in medical school and the only American friend I had seen much of during these last four years“ [20].

In addition to Muriel Gardiner and Harold Harvey, there were further American medical students in Vienna at this time, for example, Edna Fleischmann (1913 in New York City—2004 in Bethesda, Maryland), who received a leaving certificate in November 1938. Several American medical students can be found in the university’s commemorative book for the victims of National Socialism

²⁴ This term refers to the fact that students had to live in the hospital in order to be at hand when necessary.

²⁵ Archiv der Universität Wien (UAW). Medizinische Fakultät: “Rigorosen.“ Microfilm 1929–41.

²⁶ Certificate attesting to the completion of a study programme.

in 1938²⁷. The category “expelled students” lists date of birth, nationality, birth place, parents, address in Vienna, semester, faculty, and date of issue of the *Absolutorium*. Without claiming completeness, there were 19 American students that were forced to leave the School of Medicine in 1938. Some received the *Absolutorium*, others a leaving certificate, for some the last semester of studies was accredited; in any case 12 students were still able to receive their medical degree in 1938, among them Muriel Gardiner. All of those students were of Jewish descent and could therefore only complete—with the exception of Gardiner—a *Nichtarierpromotion*²⁸. Bernard Jaffe (born May 20, 1908 in New York City, died November 24, 2000) had previously left the U. S. to study in Göttingen, Germany, because he was not able to afford the tuition costs in the U. S. and was rejected based on the quota system for Jewish students²⁹. After one year, he departed for Vienna, where he met his wife Clara Gottfriedt (1912–2006), also a medical student. He completed his studies but did not wait for the graduation ceremony. A fellow student, Dr. Samuel Schönberg, collected Jaffe’s diploma along with his own certificate and then hiked over the Alps into Switzerland. On July 15, 1938, Jaffe came to the U. S. with his wife. She never saw her relatives, who perished in the concentration camps, again. The student Emil M. Kaney, born in Kiev but raised in the U. S., registered as non-denominational at his enrolment in Vienna in the winter semester 1933/34, but described himself as “Mosaic” from the following semester onward³⁰.

Psychoanalysis in Vienna and Its American Participants

Several Jewish American psychoanalysts settled in Vienna, for example Dr. Ruth Jane Mack Brunswick (1897 in Chicago—1946 in New York City), who was a student of Sigmund Freud and simultaneously Gardiner’s analyst [20]. In 1938—around March 8—she had to escape, like many other Jewish physicians, and returned to the U. S., settling in Washington, D. C., as a psychoanalyst. Gardiner’s account of her analysis with Dr. Brunswick

gives insight into the methodologies used at the time. In this analysis, Dr. Brunswick expressed her opinions very openly to her patient, attempting not only to influence, but to control, her patient’s life. Gardiner developed an exceptional interest in the theories pertaining to psychoanalysis, leading to her instruction by Dr. Robert Wälder (1900–67). In addition to Wälder, she privately worked with Siegfried Bernfeld (1892–1953) and August Aichhorn (1878–1949) on the psychology of adolescents in 1934. In the last years of her stay, she became a part of the famous Wednesday evening meetings that had been initiated at the beginning of the twentieth century.

The circle around Sigmund Freud could not have been more international and interwoven. Dorothy Trimble Tiffany Burlingham (1891–1979), later a specialist in child psychology herself, built up a personal relationship with Freud, and especially his daughter Anna Freud, after her children’s analysis by the latter and her own by the former, even accompanying them into their exile in England [41]. In contrast, the American Esther Menaker (1907 in Bern, Switzerland—2003 in New York City) severely criticized Freud and his daughter, who became her therapist in 1930 [22].

Esther Menaker’s *Appointment in Vienna*³¹

The core element of Esther Menaker’s autobiographical account *Appointment in Vienna* [22] is a demystification of the discipline of psychoanalysis as it was celebrated and practised in Vienna before World War II: “Mine is but one story and one point of view. It is the story of much dissonance between my hopes and expectations and the reality of the personalities, the psychoanalytic organization, and the culture of Vienna of the early 1930s that I encountered“. Esther and Bill Menaker came to Vienna to get an education in psychoanalysis at the Viennese Psychoanalytical Institute. Menaker further explains: “What seems like a jargon-ridden cliché today was a glimpse into an unknown emotional life in the 1920s“.

Menaker uses her knowledge of psychoanalysis to interpret her personal education and maturation process. The first contact with the Viennese Institute was established through Dr. Helene Deutsch (1884–1982), whom Esther and Bill met in New York City in 1930. Helene Deutsch eventually became Bill’s and Anna Freud Esther’s analyst, respectively. The couple’s arrival in Vienna was rather disheartening: “The chilly sadness of the city turned our eager expectations into depressive doubts“. Even the first meetings with Helene Deutsch and Anna Freud seemed full of misunderstandings, doubts, and discomfort. Both Esther and Bill began studying clinical psychology at the Psychological Institute of the Univer-

²⁷ Memorial Book of the Victims of National Socialism at the University of Vienna in 1938. <http://gedenkbuch.univie.ac.at/index.php?L=2&id=435>

²⁸ This term refers to a doctorate obtained by someone who is not Aryan.

²⁹ Jaffe J. Bernard: A Centennial Celebration. Futility Infliedder: Jay Jaffe’s Baseball Journal 27 May 2008. <http://www.futilityinfliedder.com/wordpress/2008/05/bernard-jaffe-a-centennial-celebration.shtml>

³⁰ The following American students left the Vienna Medical School with a *Nichtarierpromotion*: Irving Diamond (on December 9, 1938), Bernard Jaffe (on June 28, 1938), Emil M. Kaney (on June 28, 1938), Samuel Kaufman (on July 21, 1938), Morris Levine (on October 31, 1938), Harry P. Loomer (on July 21, 1938), Joseph Eugene Rosenfeld (on October 31, 1938), Isidore J. Schwartz (on December 16, 1938), Martin Schweitzer (on July 21, 1938), Milton Simon (on October 31, 1938), Abbott Simmons (on December 16, 1938). No degrees were awarded to Oscar Baumgarten, Herman (Henry) Boral, Edna Fleischmann, Henry Juda Messinger, Meyer Moncheck, Albert E. Schnee, and David M. Weinstock.

³¹ Menaker’s autobiography was first published in 1989 as *Appointment in Vienna: An American Psychoanalyst Recalls Her Student Days in Pre-War Austria*, then as a revised edition in 1995 under the title *Misplaced Loyalties*, and finally translated into German in 1997 as *Schwierige Loyalitäten: Psychoanalytische Lehrjahre in Wien 1930–1935*. I here use the 1989 edition.

sity of Vienna with Karl (1879–1963) and Charlotte Bühler (1893–1974). The enrolment for the courses followed a known pattern: in addition to the question regarding religious affiliation, which was answered by Esther and her husband with “*Mosaisch*”, it was primarily the question of nationality that agitated Esther. Solely “American” was not sufficient; further ancestry needed to be indicated: “And so, since our ancestors came from Russia, we became Russian-Americans”.

Her sharp criticism of psychoanalysis and its representatives at the time pervades her entire memoir. The couch, a strong symbolic feature of the analysis, is declared “an invitation to regression”; the analysts become “authority figure[s]”; the patients are reduced to children, alongside the constant, reductive reference points of childhood experiences, the relationship with the parents, and sexuality, which resulted in Menaker feeling misunderstood. However, networks emerged from within the Freudian circle. The Menaker family eventually left Vienna with doctorates from the philosophical faculty at a time when “psychoanalysis was not yet considered a legitimate branch of psychology”.

Concluding Remarks

The micro level of my analysis of the American presence in medicine in the Vienna of the 1930s demonstrates that the promises of an exceptional medical education were highly attractive for Americans. Not only did American physicians take advantage of the advanced education supplied by distinguished experts in the disciplinary branches of the field over the years, but additionally many American medical students and students wishing to engage in psychoanalysis, often from a Jewish background, came to Vienna. The AMA of Vienna brought in physicians with a university degree, usually for three or four months, who took private lessons with prestigious tutors, explored the city’s culture, and were actively engaged socially. The primary pull factors for those who enrolled as regular students were the excellent study conditions, the distinguished lecturers, and the provision of sufficient study material in the dissection courses.

Gardiner’s autobiography *Code Name “Mary”* unveils a network that she herself built up within a political activist group, however, with little connection to her American or other fellow students. As a single parent, she was consumed by the multiplicity of her interests and tasks—medical studies, self-analysis and training analysis, political activities, and personal romances. In contrast to Gardiner, Edna Fleischmann, Harold (Katz) Harvey, and Bernard Jaffe, Vienna did not present a very positive experience for Esther Menaker and her husband. Her memoir *Appointment in Vienna* testifies to the divergent schools of psychoanalysis and the tense atmosphere between lay analysts and the medically trained professional representatives. Menaker’s highly critical depiction of various central figures within psychoanalysis in Vienna—Sigmund and Anna Freud, Helene Deutsch, Willi Hoffer, among others—nevertheless cannot disguise the appeal

of psychoanalysis beyond national borders, especially in the U.S.

The substantial American presence and the contacts established as a consequence facilitated the escape and admission of Jewish people into the U.S. Reconstructing the history of the American presence in Viennese medical institutions in the 1930s remains an unfinished project, similar to a larger puzzle, whose pieces are assembled and put together step by step. Transcending its small position within the larger picture, every piece contains various as yet unexplored aspects which are worthwhile pursuing in an interdisciplinary analysis in the future.

The Medical School of the University of Vienna before and after the “Anschluss” 1938. Numbers and facts reflecting a dramatic decline

Klaus Taschwer, “*Der Standard*” (Viennese daily newspaper), klaus.taschwer@derstandard.at

Summarizing the lasting consequences of Nazism for academia and science in Vienna, two sentences by Bruno Kreisky describe this unique catastrophe in the clearest possible way: “The Nazification of German and Austrian universities seems to me to be one of the reasons for the intellectual impoverishment of Central Europe. An escape of scholars occurred that never had happened before like this,” the former Austrian chancellor wrote in his memoirs, published in 1986 [42]. Most dramatically hit were the University of Vienna and its Medical School after the “Anschluss” in March 1938. Up until 1945, Austria’s oldest and biggest university dismissed a total of about 320 professors and lecturers (more than 40 %) for racist and political reasons.

The School of Medicine was hit particularly hard and lost around 55 % of its faculty staff. Both in relation to the other faculties within the University of Vienna and to all the other medical faculties in Germany and Austria, this expulsion was unique both in relative and absolute numbers. Certainly, this loss was the most important reason for the demise of the once world-famous Medical School. Nevertheless, this most dramatic expulsion is by no means the only explanation for a decline that began much earlier than 1938 and lasted much longer than 1945.

The best years of the Medical School

Before reconstructing and accounting for the intellectual loss to Viennese medicine between 1938 and 1945, it seems helpful to first recapitulate the best times for this Medical School in the 20th century. During the 19th century, the “Second Viennese School of Medicine” reached international fame with contributions from physicians such as Karl Rokitansky, Josef Škoda, Ferdinand von Hebra, or Ignaz Semmelweis. The infrastructural basis for this success was the opening of the Vienna General Hos-

pital in 1784, which provided a new medical school that gradually developed into an important research centre. In the following decades the Medical School of the University of Vienna pioneered the expansion of basic medical science and its specialization. Some of the first new departments for dermatology, ophthalmology, and otolaryngology internationally were founded in Vienna, and their protagonists were world-famous. Compared to the other two non-theological faculties within the University of Vienna, Philosophy and Jurisprudence, the Medical Faculty was the only one with a considerable number of foreign students who came to study under leading physicians such as the surgeon Theodor Billroth, the anatomist Joseph Hyrtl, or the physiologist Ernst Brücke.

By the end of the 19th century, a surprisingly dense network of medical facilities and academic institutes (e.g. of Anatomy, Pharmacology, Chemistry, or Physics) had developed in the so-called *Medizinerviertel* (*Medical District*), forming a triangle between the newly-built University at the “Ringstraße”, the General Hospital in “Alser-Straße” and “Währinger-Straße”, and fostering new collaborations amongst physicians but also between physicians and natural scientists [43]. The benefits of this stimulating spatial arrangement were also acknowledged and praised by visitors from abroad such as Abraham Flexner, who guided the reform of medical and higher education in the United States and Canada before and after the First World War by transferring best practices from Germany, England, France and Austria [44].

From the turn of the 19th to the 20th century, the University of Vienna and especially its Medical School would most probably have ranked amongst the top five in the world, if there had been global university rankings—certainly by size and infrastructure, but most probably also by quality and excellence in teaching and research. Just to give a few examples: In 1900, the library of the University was the second largest in the world (with 560,000 volumes); in 1913 only the universities of Paris, Berlin und Moscow had more regular students than the University of Vienna. Within the German-speaking universities and most other international universities the Viennese Faculty of Medicine had more professors than any other faculty [44]. In 1907 there were already 62 professors (“ordinarii” and “extraordinarii”) and 159 lecturers (*Dozenten*) teaching there, attracting students from all over the world.

This also resulted in the foundation of the American Medical Association (AMA) of Vienna in 1904, which helped thousands of medical students and young medical doctors from the USA to attend postgraduate courses in Vienna. In those years before World War I, all four “Viennese” winners of the Nobel Prize in Physiology or Medicine before World War II—otolaryngologist Robert Bárány (1914), neurologist Julius Wagner-Jauregg (1927), pathologist Karl Landsteiner (1930), and pharmacologist Otto Loewi (1936)—made their most important discoveries [45]. This also applies to most of the physicians from the University of Vienna nominated for the most important prize in science before 1938, e.g. psychiatrist Sigmund Freud (33 nominations), pharmacologist Hans

	1913		1923	
1.	Paris	17.400	Columbia Univ./NYC	32.688 +581%
2.	Berlin	14.000	Paris	22.068
3.	Moscow	10.100	Minneapolis (U. Minnesota)	17.400 +188%
4.	Vienna	8.784	New York University	16.915 +303%
5.	St. Petersburg	8.235	Philadelphia (U. Penn)	15.000 +233%
6.	Munich	7.664	Athens (U. Georgia)	12.388
7.	Budapest	6.800	Ann Arbour (U. Michigan)	12.291
8.	Leipzig	6.095	Chicago	12.000
9.	Minneapolis	6.037	Madison (U. Wisconsin)	11.758
10.	Chicago	5.700	Urbana (U. Illinois)	11.083
			23. Vienna	8.074 -9%

Fig. 1 The ten largest universities of the world with the highest number of students 1913 and 1923 [47]

Meyer (11 nominations), orthopaedic surgeon Adolf Lorenz (8 nominations) and paediatrician Clemens von Pirquet (5 nominations). The only notable exception was endocrinologist Eugen Steinach (11 nominations), who worked at the *Biologische Versuchsanstalt*³² in the Vienna 2nd District from 1910 to 1938 and made many important discoveries during the interwar-period, supported financially by the German pharmaceutical company Schering [46].

First signs of decline after 1918

Only some of the excellent research in the School of Medicine extended well into the First Austrian Republic³³ which nevertheless continued to grow during and after World War I. In 1917 the Medical Faculty had 68 professors and 234 lecturers, ten years later the numbers had risen to 75 professors and 264 lecturers who were teaching there. Nevertheless, the general picture had changed dramatically for Austria in general and the University of Vienna in particular. After the collapse of the Austro-Hungarian Empire, a time of permanent economic and political crises began, with a hugely negative impact on higher education and science (including medical research) in Austria.

While universities all around the world were expanding rapidly around the years of the World War I, Austria’s biggest and oldest university was stagnating both in size and quality and hence losing ground. This is also reflected in massive changes in the global rankings of the biggest universities (based on the numbers of students) before and after World War I. In 1913 the first eight of the ten global universities with the highest numbers of students were located in Europe. Ten years later, nine out of the ten biggest universities were based in the USA. In just ten years the University of Vienna dropped in ranking from number 4 to number 23, losing 9 % of its students (Fig. 1). During the same period of time, New York City’s Columbia University grew by 581 % and became the university with the highest number of students in the world [47].

³² Institute for Experimental Biology.

³³ The First Austrian Republic was created after the signing of the Treaty of St Germain-en-Laye in Sept 1919 and ended in 1933 with the establishment of the Austrofascist Federal State of Austria.

As a consequence of shrinking budgets and political unrest in the first years of Austria's First Republic, students and professors were beginning to abuse academic autonomy in various ways. Anti-Semitic groups of students, mainly from German national fraternities, terrorized Jewish and leftist colleagues at the University of Vienna even more violently than before the World War I. One of the most prominent targets was the Institute of Anatomy of Julius Tandler, which was attacked with growing intensity from the year 1920 onwards [48].

In the early 1920s, networks of anti-Semitic professors were founded to thwart the promotion of Jewish and leftist scientists. These more or less clandestine groups of professors such as the “*Bärenhöhle*” (bear cave) or the academic section of a secretive organization called “*Deutsche Gemeinschaft*” (German Community), dominated the Faculties of Philosophy and Jurisprudence. As far as “habilitations”³⁴ and appointments of new professors were concerned, scientific merits became less important, whereas Aryan descent and the right (i.e. right-wing) political views became a precondition for academic careers [49].

The situation at the Medical School was slightly better. Nevertheless, in many departments and institutes Jewish or leftist physicians faced the same racist and political obstructions as their colleagues in other institutes and faculties of the university. Therefore, many excellent medical scholars of Jewish descent left Vienna long before 1938 because of discrimination, the anti-Semitic climate, and economic and political insecurities. Among the most prominent who emigrated years before Nazism were (just to name the winners of the Nobel Prize) Robert Bárány 1916, Karl Landsteiner 1919, and the biochemists Gerty and Carl Ferdinand Cori 1922, both Nobel laureates in 1947 [45].

In the early 1930s the University had become a stronghold not only of anti-Semitism, but also of National Socialism in Vienna. In 1931 the National Socialist student party won the elections at the University of Vienna and all other Austrian universities and colleges. After establishing the authoritarian “*Ständestaat*” (Corporative State, or Austrofascism) in 1934, Austrian Chancellor Engelbert Dollfuß tried to control higher education by means of new laws. His government also implemented strict austerity policies and severe cuts. Between 1933 and 1938 around 25 % of professorships at the University of Vienna were axed by forced retirements. The reduction in the Faculty of Medicine was particularly strong, with 22 out of 60 professors (36 %). Among those affected were notable professors such as Julius Tandler (for political reasons), Victor Hammerschlag, Max Neuburger, and Wolfgang Pauli senior. Their names were compiled by two anti-Semitic professors, hence it was no wonder that the percentage of “Jewish” professors at the University of Vienna who had to retire early in the years before the “Anschluss”, was particularly high [49, 50].

Two changes in the staff of the Medical Faculty in 1933/34 are noteworthy: Firstly, Eduard Pernkopf followed Ferdinand Hochstetter as Professor of Anatomy. Although he became a member of the NSDAP in the same year, Pernkopf faced no punishment for his illegal activities, which were rewarded with important posts after the “Anschluss”: In 1938 he became Dean of the Medical School and in 1943 Rector of the University, both times directly installed by the Nazi Party. Secondly, when Pernkopf succeeded Hochstetter he refused to take over Hochstetter's assistant, Konrad Lorenz, who had no Nazi inclinations at that time and was forced to continue his pioneering research in ethology without the support of the University of Vienna. Lorenz was awarded the fifth and—until today—last Nobel Prize in Physiology or Medicine obtained by a scientist affiliated with the University of Vienna for his studies especially during those years [51].

The “Anschluss” and the unique numbers of dismissals

Summarizing the 20 years before the “Anschluss” at the University of Vienna it should be acknowledged that the scientific excellence of the years around 1900 was long gone by 1938. One part of this loss can be explained by the political and economic crises in the years between 1918 and 1938. The other part was self-inflicted by the University and its representatives, as the recruitment of new staff was no longer guided by meritocratic principles but on racial and political grounds, in other words: on a corrosion of the *scientific ethos* (Robert K. Merton). In this respect the University of Vienna was quite well prepared for the “Anschluss” and the racial and political cleansing which was conducted between 12 March and 22 April, and which is unique. At no other university have so many scientists been dismissed for racist and—to a lesser extent—for political reasons in such a short time. On 22 April the University of Vienna and its five faculties received the names of 252 professors and lecturers who had to take leave immediately.

The list for the Faculty of Medicine was by far the longest. Over nine pages, 143 lecturers and professors were named, including those who had been retired in the previous years but still had their “*venia docendi*”. Until 1945, 175 of the 321 physicians who had belonged to the teaching staff of the University of Vienna as professors and lecturers until the “Anschluss”, were expelled “for reasons of the public good”, as it was stated cynically in the personal letters to the individuals affected. These 175 members of the Medical Faculty represent around 55 % of the 320 persons dismissed from the University of Vienna in general, and 55 % of all medical scholars ($n=321$) of the University of Vienna. About 125 of them managed to escape, most of them fleeing to the USA [52]. At least five physicians of the University of Vienna—Oskar Frankl, Wilhelm Knöpfelmacher, Walter Hausmann, Rudolf Leidler, Adolf Franz Hecht—committed suicide in 1938. And four former members of the Faculty died in the ghetto/con-

³⁴ *Venia docendi*—Authorizations to teach.

centration camp Theresienstadt: Viktor Hammerschlag, Fritz Schenk, Felix Reach, Alexander Spitzer [53].

A closer look at the numbers reflects a few peculiarities of the Medical Faculty compared to the other two non-theological faculties: At the Faculty of Philosophy the losses were significantly less dramatic: “only” 97 out of 335 scientists (29 %) had to leave up until 1945, which can be explained by the dominance of anti-Semitic and pro-Nazi professors in the previous years. At the Faculty of Jurisprudence, 44 out of 80 scholars (55 %) were expelled but included a higher percentage of dismissals for political reasons. At the Medical Faculty the percentage of dismissals for political reasons was particularly low (only 11 % compared to around 25 % in general across all faculties), and it was even lower within the group of lecturers. This indicates that it had already been very difficult for physicians with a Jewish background to attain a professorship in the interwar-period.

The numbers and percentages also differed between the various medical departments and institutes. The general trend in other fields as in the natural sciences, was that the younger and less prestigious subjects were hit hardest. As Michael Hubenstorf found out, the losses in Vienna (including all university-certified physicians) were particularly high in fields such as psychiatry-neurology and neuropathology, 92 %, general and experimental pathology, 86 %, pharmacology, 71 %, paediatrics, 68 %, or physiology, 67 %. On the other hand, more traditional or financially rewarding subjects were hit less, such as anatomy, 14 %, or surgery, 27 % [52, 54, 55]. These losses were hard to compensate, and as a consequence the number of medical professors and lecturers fell again. Consequently, the number of professors at the Medical Faculty dropped even further: from 60 in 1932 to 38 five years later, to 27 in 1942.

The last stages of the decline

But with the end of the Nazi regime, the decline of the University of Vienna and its Medical School did not come to an end—quite the contrary. Since many posts had to be filled at the Medical Faculty after the “Anschluss”, it is not surprising that most of them were given to members of the Nazi Party. After 1945 this caused problems: out of 29 professors of the Medical Faculty, 24 were affected by denazification, as they had joined the NSDAP or at least had tried to become party members. Right after World War II, former Nazi professors were removed from the University of Vienna and a complete restart after *Stunde Null* (“Zero Hour”) seemed possible.

In early 1946 there were already efforts to bring the displaced scientists back to Austrian universities. The allies in the USA and Great Britain put together the names of 370 and 175 émigré-scientists, respectively, from Austria, quite a few of them explicitly willing to return, and confronted both the Austrian Ministry of Education and the Rector’s Office of the University of Vienna with the two lists. The one with the 370 names (exclusively emigrants in the USA) included 159 physicians. But in almost

all cases, the re-migration failed: on the one hand for economic and political reasons, on the other hand, because another solution was preferred in Austria. Symptomatic was an “invitation” from the conservative People’s Party-led Ministry of Education, which caused irritation in the circles of emigré-scientists in the summer of 1946, as it was stated that physicians would be welcome in Austria although “it is assumed that the invited person is a Jew, even a Socialist” [56].

The very few who came back were rare exceptions, e.g. the psychiatrist Hans Hoff or the histologist Carla Zawisch-Ossenitz, who had been forced to leave because of her Catholic conviction. Her return from Switzerland was supported both by Leopold Arzt, Dean of the Medical School after 1945, and *Sektionschef* (Head of Ministry Department) Otto Skrbensky, who controlled university appointments. Arzt had been member of the anti-Semitic *Deutsche Gemeinschaft* and Rector during Austrofascism; Skrbensky had been responsible for political cleansings at Austrian universities after 1934. Another important official who thwarted remigration was Richard Meister, member of the *Bärenhöhle* before 1938, and after 1945 perhaps the most powerful academic in Austria. Other factors contributing to academic provincialization in the first decades of the Second Austrian Republic were economic hardships of the post-war period and political insecurities [49,52,56].

At the same time denazification was comparably strict for the professors of the Medical Faculty. The first and most prominent of those less tainted was the surgeon Leopold Schönbauer in 1947. The exemption provision in the National Socialist Prohibition Act, from which many other ex-Nazis profited, was called the *Schönbauer Paragraph*. Finally, of the 29 professors from 1945, ten were allowed back into the University, some of them after quite a long “embarrassing pause” of many years [57]. As a consequence, the number of professors and lecturers at the Faculty of Medicine continued to shrink further after 1945, additional to the heavy losses as a consequence of Austrofascism and Nazism. In 1949 only 23 professors and 93 lecturers were teaching there, and in the years to come the Faculty grew very slowly as the brain drain continued.

In 1962, a 23-year-old Socialist Party politician named Heinz Fischer wrote in the *Arbeiter Zeitung*³⁵: “The conservatism of the universities drives the best spirits abroad.” Fischer, much later federal president of Austria, complained about the departure of the philosopher Ernst Topitsch to Heidelberg. 30 years later, Topitsch wrote that the post-war years in Vienna had been a big disappointment intellectually: “Now, under Nazi terror, I had dreamed of restoring intellectual freedom in the spirit of a Christian humanism. But what really came was a suffocating provincial restoration. And a pitiful clericalism spread an almost palpable atmosphere of intellectual dishonesty in the halls of the Alma Mater, without encountering firm opposition” [58].

³⁵ The Austrian Socialist Party’s daily newspaper.

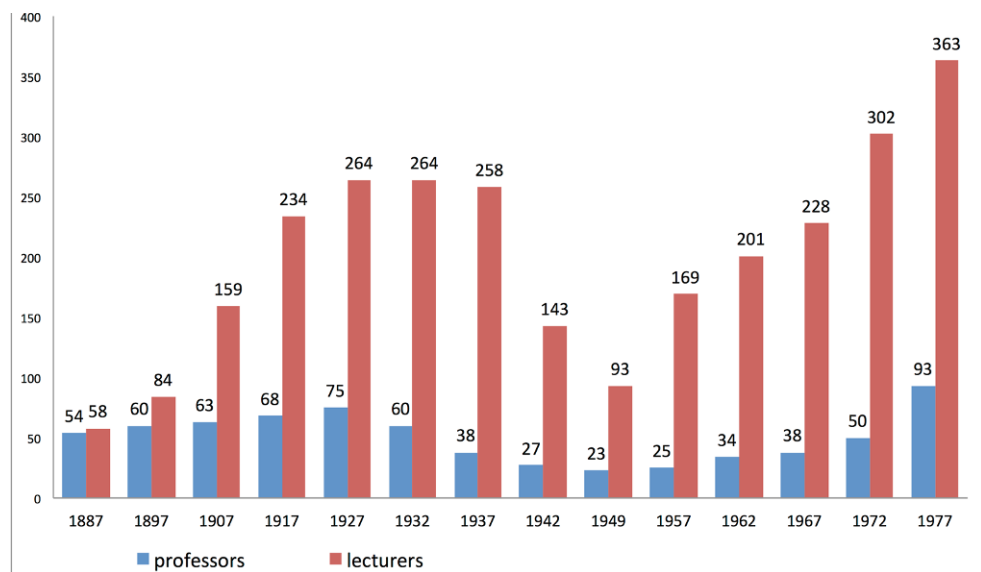


Fig. 2 Number of professors and lecturers at the Medical Faculty of the University of Vienna from 1881 until 1977

In fact, it was not until the 1970s that the quantity of professors and lecturers again reached the numbers of the 1920s (Fig. 2). Obviously, these numbers don't say anything about the quality of those newly-appointed members of the Medical Faculty. But they help us to understand why Austrian universities in 2018 still suffer from the unique destruction of scientific excellence by Nazism 80 years ago, but also from the heavy losses of scholars before 1938 and after 1945 that were caused by a political and economic atmosphere external to but also within academia that was anything but favourable towards excellent scholars and outstanding science.

The “Purge” of Vienna’s Medical Profession 1938–1945

Ilse Reiter-Zatloukal, Institute for Legal and Constitutional History, University of Vienna, ilse.reiter-zatloukal@univie.ac.at

Under National Socialism, physicians were assigned the task of “health leaders” (*Gesundheitsführer*) and “nurturers of national health” (*Erzieher zur Volksgesundheit*). This meant that Jews and political dissidents were to be removed from the health system. But it should not be forgotten that even before the “Anschluss” (annexation of Austria to the German Reich in 1938), a considerable “purge” of social democratic and in particular Jewish doctors had already taken place in Vienna’s hospitals [59].

As regards the starting point in terms of numbers, data for 1933 in the *Ärztliche Reform-Zeitung* (“Medical Reform Newspaper”) gives 8,620 doctors for Austria as a whole, 4,877 of whom were based in Vienna. The Austro-fascist regime saw ‘Red Vienna’ in particular as responsible for the high number of Jews among them, since under its last social democratic government, the city council had—for “purely party-political reasons”—naturalised

no fewer than 1,008 doctors, 80 % of whom were Jews, including over 500 so-called *Ostjuden*, or Jews from eastern Europe. This had resulted in a massive increase from the early 1930s onwards in demands for a *numerus clausus* (maximum number) for Jews studying medicine or being granted medical licenses. During the *Ständestaat* (corporative state) period in Austria (1933/34–1938), the situation for Jewish doctors deteriorated steadily. Without the legal situation concerning hospitals actually having changed yet, the health authorities, and in particular the Ministry of Health, engaged in a “practical anti-Semitism of deeds” (Richard Schmitz 1932): Jews were no longer taken on at all in public hospitals, were released from their contracts at the earliest possible opportunity, or were transferred to unpaid assistant posts, or were dismissed for (alleged) Social Democratic activity. In the hospitals run by the Vienna Hospital Trust (*Wiener Krankenanstaltenfond*), no Jewish doctors were hired or promoted after June 1933 and, according to data from the Association of Jewish Doctors (*Verein jüdischer Ärzte*), by December 1934 their numbers had been reduced by 50 %. From 1937 onwards, job applicants were required to present a certificate of baptism, effectively cutting off young Jewish doctors from working in public hospitals almost completely. And not only from hospitals; Jewish doctors were also forced out of other fields of public medicine in Vienna (for example school doctors) and were dropped by public health insurance providers, who in 1934 were granted the right to cancel contracts with any contracting party of fewer than ten years’ service “at any time” without giving a reason.

These political and economic difficulties, as well as severe anti-Semitism, therefore gave rise to the first waves of flight and emigration even before 1938, and in particular after the *Schutzbund* (German Defence League) uprising of 1934. Numerous doctors left Austria, among them many of Jewish faith or background, with a not inconsiderable proportion continuing the fight against fascism as members of the International Brigades in Spain, while

others went to Palestine. However, even at this time, emigration was anything other than straightforward since in most countries the medical profession was also already “oversubscribed” and there was no interest in bringing in foreign doctors, especially in light of the flow of refugees from Hitler’s Germany. The number of Jewish doctors who emigrated from Austria before the “Anschluss” of 1938 was therefore relatively modest; most remained in Vienna in spite of the repressions and increasing levels of anti-Semitism and attempted to carry out their profession.

Despite these considerable measures to exclude Jews from Viennese medicine, from the National Socialist point of view the “Jewish doctor” continued to present a “particular chapter in the Jewish question in Vienna”. According to Nazi figures, in 1938 there were in fact a total of 8,170 doctors in Austria, of whom between 4,550 and 4,900 were in Vienna, where “Jews or those of Jewish stock” made up around 3,200 of the total of 4,900 Viennese doctors (65 %). The proportion of “Jewish” doctors in Austria as a whole was estimated to be around a third.

Following the annexation of Austria to the Third Reich therefore, immediate measures were taken to “purge” the healthcare system [60,61]. These were accompanied by attacks on Jewish physicians, for example forcing them to scrub the streets as part of the so called *Putzscharen* (cleaning squads). One of the most famous examples of these *Reibepartien*—“scrubbing parties”—was Lothar Fürth, the owner of the Viennese Sanatorium Fürth, who had converted to Protestantism but was nevertheless regarded as “Jewish”, and his wife Susanne. They were forced to clean the street in front of the Sanatorium on 2 April 1938 and subsequently committed suicide. Clearly this is just one example from the hundreds which took place in the context of the “Anschluss Pogrom”³⁶. Evidently hoping to avoid such incidents, from the end of March 1938 the Economic Organisation of Viennese Doctors (*Wirtschaftliche Organisation der Ärzte Wiens*), a sub-organisation of Vienna’s medical board, issued letters of confirmation to their “Jewish” members who were still working stating that these doctors would not be forced to do any cleaning work.

Alongside the Nazification of Vienna’s university medical departments, as described by Klaus Taschwer in this volume, the most important measure taken against “Jewish” physicians was the “purge” of the hospitals, especially those run by the Vienna Hospital Trust. The actual legal course taken by the “purges” was, however, more complex than is generally presented because it depended on the status of the persons affected, for example whether they were a senior doctor (chief physician) with the status of a permanent civil servant, an assistant (junior doctor, trainee doctor) on a temporary contract, or a guest student or doctor with no employment contract at all (and therefore the easiest to dismiss).

Whatever the case, for physicians with a contract at one of the eight hospitals run by the Trust, a ministerial

decree was enacted as early as 16 March that Jews were not permitted to swear the oath to the *Führer*. All persons not permitted to take the oath were to be suspended from duty. In mid-April, doctors who had been suspended were then dismissed without notice, their pay was stopped as of 30 April 1938 and the vacant positions were filled as quickly as possible. People who were working in the hospitals without being paid—mostly young doctors who had not been able to find jobs before March 1938 because of being Jewish—were dismissed immediately.

For other forms of “cleansing” there was no waiting for the introduction in Austria of the German Professional Civil Service Restoration Act (*Gesetz zur Wiederherstellung des Berufsbeamtentums*) of April 1933—this was not introduced until September 1938. Instead, the Austrian Decree on the Reorganisation of the Austrian Civil Service (the so-called *Berufsbeamtenverordnung*) was used, which had been passed by the end of May 1938. This applied to all persons who, on 13 March 1938, were in the employment of the state under either public or private law or were employed by one of the former provinces or any other public body, for example a hospital trust. It affected “Jews”, “Jewish Mischlings” (half-breeds), and—now new—doctors married to “Jews” or “Jewish Mischlings”. Exceptions could be made in the case of mixed marriages or for “Jewish Mischlings” if the criteria for war veterans were met or if service had been rendered during the Nazi putsch of July 1934³⁷. The Civil Service Decree also affected people considered to be politically unreliable—another new addition.

From a legal point of view, these “cleansing” measures ranged from pensioning off—with or without claim to a pension (of differing amounts)—to dismissal (with severance pay), to termination of employment without notice. For the politically unreliable, transfer to another post was also a possibility and was the recommended option if the post-holder exercised “limited influence”.

While it appears that the dismissal of non-Aryan physicians was complete by summer 1938, the removal of politically suspect officials seems to have dragged on at least until the end of March 1939. As concerns “Jewish Mischlings”, their employment may indeed have been terminated—as detailed above—but young doctors among them at least retained the right to practise medicine in hospitals to complete their professional training. This was justified on the grounds that “Jewish Mischlings” were subject to compulsory military and labour service and it was therefore impossible for them to emigrate legally.

The second significant measure to deprive Austrian physicians of their rights was the so-called *Approbationsentzug*, the revocation of medical licenses. In the German Reich, the Reich Physicians’ Ordinance (*Reichsärzteordnung*) of 1935 had introduced the so-called *Bestallung*—the conferment of medical licenses. This excluded Jews, including so-called “quarter Jews” and doctors with

³⁶ The violent eight weeks following the Nazi takeover of Austria.

³⁷ Failed coup attempt by Austrian Nazis against the Austro-fascist regime.

“Jewish” spouses, and thus prevented those seen as undesirable from entering the medical profession. In contrast, the conferment of medical licenses in Austria had, until that time, been in the sole purview of the university medical Schools. In order to solve the “Jewish question”, the representative of the Reich Physicians’ Leader (*Reichsärztführer*) in Vienna, Rudolf Ramm, presented the draft of a decree to Joseph Bürckel, the Reich Commissar for the Reunification of Austria with the German Reich, as early as the beginning of May 1938. The result of Ramm’s pressure was the passing of the Fourth Decree to the Reich Citizenship Act (*4. Verordnung zum Reichsbürgergesetz*) on 25 July 1938. This stated that for the entire territory of the German Reich, the medical licenses of Jewish physicians would expire at the end of September 1938. As Ramm highlighted in a medical newspaper, the category of “Jew” as stipulated in the Fourth Decree was based solely on the Nuremberg Laws, which had come into force in Austria on 20 May 1938. Therefore, so-called “half” and “quarter” Jews were not affected, while “1st-degree Mischlings” married to a “Jew” definitely were. This Decree not only solved the “Jewish question” in Austria overnight but also drew a line under the question of licensing for “Jewish” physicians in the “Old Reich” (*Altreich*). Numerous doctors—over 800 in fact—pre-empted the termination of their license by de-registering from their provincial Medical Board of Registration before the end of September, often in conjunction with fleeing abroad.

Jews whose medical licenses had been terminated were no longer permitted to practise medicine. However, at the suggestion of the Reich Physicians’ Chamber (*Reichsärztekammer*), the Reich Minister of the Interior could permit those doctors whose licenses had been revoked to treat Jewish patients only as a so-called *Krankenbehandler*—meaning “treater of the sick”—or as a *Zahnbehandler*—a “treater of teeth”. This permission could be withdrawn at any time. They were not allowed to use the term “physician” or other official titles and they were no longer members of a professional association. They were under the control of the local health authority and subject to directives issued by the Commissar for Jewish *Krankenbehandler* and *Zahnbehandler* in the office of Reich Commissar Bürckel. In order to distinguish them clearly from “Aryan” doctors, the signs outside the practices of these “treaters of the sick” had to show a blue star of David in a yellow circle on a blue background [62].

The third key measure in the deprivation of rights was the cancellation of contracts with public health insurance providers, which occurred quite differently in Austria from the German Reich. While in the German Reich, physicians providing treatment via insurance providers were paid according to a system of individual or flat-rate fees, in Austria they were usually employed by the health insurance providers and had a fixed monthly salary and pension rights. In Austria, the termination of work for a public health insurance provider took place not through legislation, as in the German Reich, but by means of the cancellation of contracts. For example, the health in-

surance providers for employees and workers cancelled their contracts with physicians’ representatives as early as April and May 1938 with effect from the end of June and did so in order to renew the same contracts to the exclusion of “Jews”. At the latest from June 1938 onwards, a change of course can be noted in the expulsion of physicians working for public health insurance providers—possibly as a result of the objections made by the dismissed physicians. Whatever the case was, the Civil Service Decree was now used as the legal basis for cancelling contracts with public health insurance providers. The Decree stated that its provisions also applied to “holders of a public office where this does not represent the main source of employment”. If this was the case, they were to be dismissed from office without notice or severance pay. The decision on whether an activity constituted this form of public office lay with the Reich Governor in Austria and he decided this was the case for physicians working for public health insurance providers.

It is also important to note that while “Jewish Mischlings”, as mentioned above, were not affected by the revocation of medical licenses, their health insurance contracts were cancelled, as were those of politically unreliable doctors. Nevertheless, in mid-1940, over one hundred “Jewish Mischlings” were still practising medicine, mainly in Vienna.

As concerns the “cleansing” of private health insurers in Austria, research is still lacking due to the absence, to date, of relevant archives on this topic. Needless to say, purges also occurred in other professional medical fields also largely hitherto neglected in the research, such as public health officers (*Amtsärzte*), community physicians (*Gemeindeärzte*) and school doctors.

The majority of the doctors who had lost their licenses decided to leave the country. The Jewish Community in Vienna even established a helpdesk for physicians willing to emigrate and there was a welfare fund for doctors without financial means to which others still earning contributed. The Rothschild Hospital also ran retraining programmes where doctors could learn massage, cosmetics, laboratory work or nursing.

On 1 October 1938, Ramm was able to announce the “successful removal of Jews from the medical profession” in Austria. Of course, the “purges” had resulted in a tangible shortage of physicians. The Reich Physicians’ Chamber therefore made significant funds available in order to provide financial support, in the form of cheap loans, for doctors newly taken on by public health insurance providers in the *Ostmark*³⁸ or physicians who had “relocated” to it. In addition, the Vienna city council organised living and working space for them by evicting Jewish doctors from public housing. Nevertheless, an influx of ethnic Germans from abroad—from Transylvania or South Tyrol, for example—to replenish the Austrian medical profession was considered undesirable, since the population in those territories would lose their doctors and on

³⁸ See footnote no.2.

political grounds it was considered to be wrong to entrust ethnic German groups abroad to foreign doctors.

In terms of quantifying the ‚purges‘, the number of physicians persecuted on political grounds or for being a „Mischling“ or married to a „Jew“ is much smaller than for the group of so-called *Volljuden*³⁹. Among the around 4,200 doctors living in Austria in 1938 persecuted under National Socialism, around 3,400 were categorised as ‚Jews‘ under the Nuremberg Race Laws, according to the findings of a research project concluded in 2017 [63]. Just over 82 % were men and just under 18 % were women. Around 93 % of those persecuted were based in Vienna. In 1938, over 75 % of the doctor residents in Austria and persecuted as „Jewish“ were members of the Jewish faith, while 160 gave no religious affiliation. Those doctors persecuted as „Jews“ were working in the following fields: 484 in dentistry, 121 in internal medicine, 109 in dermatology, 107 in gynaecology, 73 in paediatrics, 64 in psychiatry and neurology, 60 in otorhinolaryngology, 47 in ophthalmology, 31 in radiology, 23 in urology, 21 in physical medicine, 19 in pulmonology, 31 in surgery, 11 in pathology, 10 in orthopaedics. The majority of the rest worked in general practice.

Only 107 „Jewish“ doctors survived in the country, usually protected by a „mixed marriage“ and 260 died in Austria during the National Socialist era, often due to suicide. 326 physicians from Vienna were deported and murdered, 80 of them from the countries they had fled to, and a further 44 were liberated from the camps in 1945. Regarding the remaining 2,710 doctors, it was found that the overwhelming majority fled from Austria, going mostly to the United States, namely 1,258, 371 to Great Britain—for example Sigmund Freud und Nobel prize winner Otto Loewi—and 220 to Palestine. But many also went to different European countries (77 to France, 26 to the Benelux countries and to Switzerland, respectively, 17 to Italy and to Yugoslavia, respectively, 11 to Sweden, 10 to Hungary, and 34 to others), 68 to Australia, 20 to Canada, 13 to New Zealand, 92 to countries in Latin America, 64 in Asia, 14 in Africa, and to many other places. In many of these countries, their colleagues were less than enthusiastic about welcoming new doctors to their areas, as Paul Weindling has shown for Great Britain. The different living and working conditions in the exile countries also become apparent through a closer look at the rates of remigration after 1945: 29 of the 77 doctors who fled to France were no longer alive in 1945 and of the remaining 48, 25 returned to Austria, whereas barely 10 % of the doctors who had fled to Great Britain returned from exile and only 3 % from the USA.

The emigration prompted by the „Anschluss“ led not only to huge professional and economic difficulties for those doctors who were able to escape the Shoah, but it also had fatal consequences for the medical profession in Vienna and it marked the definitive end of the world-famous Viennese School. With the exception of a few individuals, there was no concerted effort after the war to

bring back those driven out and remigration after 1945 also remained limited. The damage done to the medical profession in Vienna through this haemorrhaging of intellect proved to be irreparable.

3. Sustained Injury to Medicine

Jewish Physicians in Vienna at the time of the „Anschluss“, and their Contributions to Health Care⁴⁰

Paul Weindling, School of History, Philosophy and Culture, Oxford Brookes University, pjweindling@brookes.ac.uk

Since the later nineteenth-century, Jews in the Habsburg monarchy found medicine a fulfilling study and profession, combining scientific knowledge with dedication to caring for the sick and disabled. Medicine provided professional opportunities with the expansion of sickness insurance and hospitals, as well as the social respect accorded to belonging to an educated profession. Jewish identity was a spectrum between religious orthodoxy and assimilation, while some physicians abandoned totally any vestige of Jewish belonging. With rare exceptions, Jewish physicians, and especially Jewish women doctors, remained marginal in the professional hierarchy, as Jews were mainly represented in newer specialisms like paediatrics, neurology and psychiatry, dental surgery, radiology or bacteriology, or were general practitioners. As director of the Vienna municipal welfare department from 1920 to 1934, Julius Tandler, the mercurial professor of anatomy, greatly expanded the public health care system with a range of innovative clinical institutions, such as for school medicine and dental surgery, and modernised the municipal hospital at Lainz [64].

The later Habsburg Empire and the ensuing First Austrian Republic saw strengthening of antisemitic prejudice, but were still periods favourable to Jewish doctors. Antisemitism remained evident in polarisation between the „Akademischer Verein jüdischer Mediziner“ and the nationalist „Verein deutscher Ärzte in Österreich“ [65]. The Association of Jewish Physicians („Vereinigung Jüdischer Ärzte in Wien“) was founded in November 1913; by the late summer of 1933 its priority became the defence of Jewish doctors. The Association also defended „non Aryans“, which was a stigmatising term used by the racial ultra-right to cover doctors who had converted to other faiths or whose identity was wholly secular, as

³⁹ Nazi term for a person with at least three Jewish grandparents.

⁴⁰ This contribution was supported by the Alexander von Humboldt-Stiftung for the Anneliese Maier-Forschungspreis; the Vienna Wiesenthal Institute for Senior Fellowship 2015–16, and IfK Kunstuniversität Linz in Wien for Fellowship by the City of Vienna, March to June 2018.

for many socialists, not least Tandler⁴¹. The Association of Jewish Physicians supported medical refugees from Nazi Germany; from May 1934 the Association vigorously defended Austrian Jewish physicians against increasing discrimination under the clerical and ultra-nationalist dictatorial *Ständestaat* of Engelbert Dollfuß and then Kurt Schuschnigg. State discrimination increased against Jews, who had in terms of the official mind-set neither “German blood” nor (for the most part) Christian affiliation as the twin ideological pillars of the authoritarian state. Very few Jews received paid positions in state or municipal hospitals, or could obtain sickness insurance fund contracts between summer 1934 and the lamentable capitulation of the *Ständestaat* to National Socialist Germany on 13 March 1938.

Employment difficulties meant that the “*Vereinigung Jüdischer Ärzte*” prophesied “economic misery, emigration or re-skilling”; its term “*Umschichtung*” was often used in connection with learning practical skills for migration to Palestine [66]. The Association campaigned against discrimination of Jewish doctors, and warned against studying medicine because the employment situation was so bleak [67]. An employment office provided support, because “Jewish physicians are only in the worst paid, non-established posts” [68]. In the summer of 1934 came a shocking blow which presaged worse to come: the Vienna municipality dismissed 58 contractually employed doctors—of these 56 were identified as Jews. This mass dismissal sent shockwaves through the Association [69]. The young paediatrician Ilse Zimmermann committed suicide after she had been dismissed from the occupational advice service of the city of Vienna. Her suicide marked the worsening professional misery of the young generation of Jewish doctors [70]. Continuing suicides occurred among young physicians who despite outstanding qualifications and abilities had failed to secure an appointment.

The Association collected evidence as to how widespread were unpaid positions. In 1935 the recently qualified pharmacologist David Lehr conducted a survey of unpaid positions at the Wieden hospital, as the official representative of recent graduates on the Committee of Jewish Physicians of Vienna [71,72]: “In view of the economic plight of young physicians, I was charged with the task of collecting detailed information on the number of young Jewish doctors serving as volunteers in the various hospitals of Vienna in order to obtain an estimate of the magnitude of the problem.”

The Association fundamentally questioned the racial stereotypes underlying antisemitism by setting out to scientifically refute Nazi racial stereotypes of the Jewish physician as a threat to German racial health. Harry Sicher (associate professor of dental surgery) supported a Society for the Sociology and Anthropology of the Jews to disprove anti-Semitic prejudices [73,74]. The ophthalmologist J. Borak, a physician-in chief, denounced “the

fiction of a distinct Jewish race” [75]. The radiologist Ignaz Zollschan, born in Lower Austria but with a career as radiologist at Karlsbad in Czechoslovakia, organised the scientific refuting of antisemitism on an international basis with initiatives in Czechoslovakia, France and Great Britain [76]. In 1936 the Austrian Academy of Sciences rejected Zollschan’s plans for a scientific examination of race theory and antisemitism [77]. More successful was the international conference on race in Jerusalem in 1936 [78].

The “*Anschluss*” of 12 March 1938 sounded the death knell for Jewish doctors within the Austrian medical community. Discriminatory measures were accompanied by sustained violence and the humiliation of “*Reibpartien*”—the rounding up of Jews to scrub streets, which was an Austrian speciality. Physicians and surgeons were favoured targets [79]. Jewish physicians were subject to racist demonization, violence, house searches and theft, property expropriation, loss of the professional right to practice, the abolition of their right to practice on the basis of their medical qualifications, and vicarious imprisonment. A wave of suicides resulted. The dermatologist, university professor, and director of the Syphilis Section of the *Poliklinik Gabor Nobel* committed suicide on 14 March 1938 [80]. Among other suicides of distinguished physicians were those of the paediatrician Wilhelm Knöpfelmacher of the *Carolinen Kinderspital* on 14 April 1938, on 7 August 1938 the associate professor for otology, Rudolf Leidler, and the paediatrician and Dozent at the University Children’s Department Adolf Franz Hecht on 19 December 1938⁴².

The Nazi onslaught against Jewish physicians was part of wider measures to exclude Jews from civil society, to terrorise them into emigrating while expropriating their assets, and to segregate the remaining Jews, facilitating eventual deportation [81]. A dental surgeon recollected how “There were continuous searches of Jewish doctors’ homes, arrests and interrogations. My dental equipment was smashed, the walls were smeared with filth.”⁴³ The Gestapo in Vienna conducted a wave of arrests, including the doctors Ernst Adler, Kurt Riegel, Ekkehard Oesterreicher, and Isidor Reichenfeld, and gynaecologists were especially targeted. In Graz the pharmacologist Otto Loewi was arrested; Loewi’s Nobel Prize was awarded in 1936 jointly with the British pharmacologist Henry Dale, who organised Loewi’s rescue [82]. Doctors and especially gynaecologists were rounded up and sent to Dachau concentration camp. Further mass arrests took place at the time of the November 1938 “*Kristallnacht*” pogrom. The arrested included Saloman Finkel, Eduard Deutsch, George Frank, Raoul Klugmann, Herbert Kulka, Schulim

⁴¹ <https://ub.meduniwien.ac.at/blog/?tag=vereinigung-juedischer-aerzte-in-wien>

⁴² For biographies see <https://gedenkbuch.univie.ac.at/index.php?id=433>

⁴³ Statement of Dr Emerich Weindling, [https://gedenkbuch.univie.ac.at/index.php?eID=tx_cms_showpic&file=uploads%2Ftx_uniwiengedenkbuch%2F40727_Weindling_Emerich_Staatsbuergerchaftsantrag.jpg&md5=bc2fed475b283c4d347e5093defe79a89f52d05b¶meters\[0\]=YTowOnt9](https://gedenkbuch.univie.ac.at/index.php?eID=tx_cms_showpic&file=uploads%2Ftx_uniwiengedenkbuch%2F40727_Weindling_Emerich_Staatsbuergerchaftsantrag.jpg&md5=bc2fed475b283c4d347e5093defe79a89f52d05b¶meters[0]=YTowOnt9), http://gedenkbuch.univie.ac.at/index.php?L=2&person_single_id=34403

Schatzberg, Erich Schindel, Eduard Sternbach, Hans Tauber, and medical students such as Jakob Niwes. Many were then sent to Buchenwald such as: Ludwig Stern-Grünberg, Richard Tauber, Emerich Weissman and Edgar Rhoden [83].

The exclusion of Jewish medical students from the University of Vienna resulted in so-called “Nichtarier-promotionen in der Medizin”—a racist concept in keeping with the wider scheme of depriving those deemed Jewish of the right to practice. These were awarded between July and December 1938. Fanny Knesbach was one of the 110 “Nichtarierpromovierten“:

“to our amazement, the Hippocratic Oath was read in Latin from a sheet lying on top of the pile ... I heard my own name and this time it was no courtesy title. I clutched my folder, shook hands and stepped back into line. We all stood to attention until the last diploma had been duly handed over and the last handshake had taken place. No music, no singing of *Gaudeamus Igitur*. The Dean inclined his head and both men left by the side door.” [84].

Internationally, the discriminatory “non-Aryan” taint was simply ignored, and counted as a full Vienna MD. Herbert Bach could practice from October 1941 in Birmingham UK for the rest of his life on the basis of his Nichtarierdiplom. Other holders of this discriminatory qualification travelled onwards to the United States, notably Wilhelm Weiss. Nina Bleiberg, Roman Kawalek, Franziska Weiss, Gerda Sgalitzer, Ephraim Racker, Hans Peter Schwarz, and Klara Selzer. Rita Smrčka stayed in Vienna and survived Theresienstadt⁴⁴. Although forced emigration was difficult, large numbers of Austrian physicians persecuted as Jewish were ultimately able to practice and engage in highly innovative medical research in their countries of refuge [85].

By July 1938 Jews forcibly had to vacate their dwellings and surgeries. On 30 September 1938 the Nazi authorities in the “Ostmark” deprived Jews of the right to practice medicine. On 1 October 1938 the Nazi official Rudolf Ramm announced the “successful de-judization of the medical profession ... so that there will no longer be a Jewish physician on German soil “...persons with German blood will no longer be at risk to have his or her body and soul poisoned” [86].

In May 1938 the “Jüdische Gemeinde Wien” was reopened in order to facilitate the Nazi official Adolf Eichmann’s system of mass emigration after being deprived of all assets; those who remained endured a series of measures to impoverish them and concentrate them in designated “Jewish houses“. The Emigration Department of the Physicians’ Advice Centre supported the Jewish doctors who after being deprived of rights were now

deprived of employment. Separate arrangements were made for so-called “non-Aryan” Christians [87].

The Nazi persecution caused mass poverty: 60,000 of the approximately 180,000 Vienna Jews were deemed in April 1938 to be in need of welfare. The impoverished Jews no longer received care from the municipality of Vienna [88]. Sick and disabled Jews could rarely find a country to which to flee. Those left behind became the responsibility of the overstretched health and welfare administration of the Jewish community.

A new system of “treaters of the sick” took shape under the Jewish community. This involved a hierarchy of a select number of medical personnel with specialists designated “Fach(kranken)behandler” (Fachärzte) und “Zahnbehandler” (Zahnärzte). Practitioners had to practice with a sign that they were “only permitted to treat Jews” with the names Israel and Sara required from 1 April 1939 [89]. By October 1938 there were 368 physicians forced into the system: these were 137 general practitioners, 81 specialists, 72 dental surgeons, 64 working for the Rothschild-Spital and 9 for the old people’s home at Seegasse 9, three worked for the children’s department, and there were two doctors for ritual ceremonies. Permission for their employment had to be given by the council administration of the “Reichsgau Vienna” and by the Reich Ministry of the Interior. These privileged practitioners of the Hospital of the Jewish Community and the Old People’s Home, as well as individual “Heilbehandler” were expected to make contributions to the “Ärztelhilfe” Fund (the designation “Arzt” was used in the community whenever possible) to support their unemployed colleagues and for winter assistance, even though the salary as “Heilbehandler” was hardly liveable: the system of solidarity payments continued to at least August 1942 [90].

Although those appointed as “Treaters of the Sick” were meant to stay in Vienna for at least six months, many—but not all—found countries of refuge. The “Heilbehandler” were not only too few in number and most were aged elderly. There was severe concern for the financial viability of the Jewish community. “Amtsdirektor” Josef Löwenherz outlined plans on 27 July 1938 to expand the Jewish health care system. He was faced by the need to separate Jewish patients from hospitals and welfare funds, and challenged the authorities that non-Jewish staff would have to cease being employed [91]. Dr Emil Tuchmann on 18 January 1939 proposed centralisation measures: that all “Krankenbehandler” should come under the welfare services of the Jewish community, and that there also should be a central office for Jewish district nurses. During 1940 Tuchmann became “Vertrauensarzt der Kultusgemeinde für den gesamten Gesundheitsdienst” [92, 93].

There were “Umschichtungskurse” given primarily for physicians at the Rothschild Hospital from 1 July 1938. The “Umschichtler” were offered cosmetics, massage, the serology of sexually transmitted diseases, and radiology, as well as language courses in preparation for “emigration” [94]. The Rothschild-Spital am Währinger Gürtel

⁴⁴ http://gedenkbuch.univie.ac.at/index.php?id=435&no_cache=1&L=2&person_single_id=12665&person_name=&person_geburtstag_tag=not_selected&person_geburtstag_monat=not_selected&person_geburtstag_jahr=not_selected&person_fakultaet=not_selected&person_volltextsuche=&search_person_x=1&result_page=123

was a major centre of Jewish health care. It was moved in October 1942 to Malzgasse 16 in the 2. District of Vienna, as here Jews were subject to segregation. The Rothschild-Spital had a distinguished staff, several of whom survived because of a non-Jewish wife. These included the surgeon Matthias Reich (1878–1957), the gynaecologist Josef Schifmann (1879–1954), the intern medicine specialist Julius Donath (1870–1950), the dermatologist Robert Otto Stein (1880–1951), and (after Theresienstadt and other camps) the neurologist Viktor Frankl. The hospital became a place of refuge for the starving and harassed Jews [95,96].

The approximately 3.200 Jewish physicians in January 1938 were by 1 February 1940 reduced to 201 “Kranken-/Zahnbehandler” [97]. In conclusion, the year 1938 marked a transition from comprehensive health care with full integration of Jewish doctors in the health care system to a system of racial exclusion in which a selected number of Jewish physicians were authorised to provide medical care for a diminishing Jewish population. Between March and October physicians endured the rapid imposition of policies of racial exclusion and dismissal accompanied by violence, theft and financial extortion. The Welfare Administration of the Jewish community had the difficult task of providing health care by appointing and financially resourcing “Krankenbehandler” [98]. Care became centralised through the remaining Jewish medical institutions, notably the Rothschild-Spital, and the home for care of the elderly in the Seegasse. How perilous the situation was can be seen in that destitute Jews were among the first to be “deported to the East” [99], and that Jews in psychiatric hospitals, notably the Steinhof with ca 400 Jewish patients were among the first to be killed⁴⁵. Providing health care in post-Anschluss Vienna became a challenging situation for the diminishing number of Vienna’s Jewish physicians. For the Nazi authorities, the Jewish welfare system was a step towards the wholesale destruction of the so-called “Jewish race”. But for the Jewish physicians, who sustained health care, this contributed to survival and thus represented anti-Nazi resistance. Physicians such as Viktor Frankl wrote false certificates to protect his elderly Jewish residents in the “Seegasse” Old Persons’ Home [100]. It was a situation when the Nazi authorities saw the Jewish welfare organization as a preliminary to deportation and death, whereas Jewish physicians worked to sustain health and life in the face of discrimination and persecution. Jewish physicians were for the most part deported to concentration camps and ghettos: examples are the paediatrician Martha Müller and Rita Smrčka in Theresienstadt, and the medical student Robert Prutzer in Annaberg. The physicians and medical students who served as prisoner doctors and medical orderlies merit biographical reconstruction and recognition for their medical dedication in the face of annihilatory measures. The medical consequences of the “Anschluss” were a turning point in

how emancipation of Jews entering medicine was transformed into their extermination.

Denazification—Reintegration—Political Fields of Action: NS-tainted Doctors after 1945

Margit Reiter, *Institute for Contemporary History, University of Vienna, margit.reiter@univie.ac.at*

1. (Insufficient) Denazification

The level of penetration of Austrian medicine with the ideology of National Socialism was very high. Over 60 % of Austrian doctors were members of the NSDAP or one of its organizations, about 18 % of the SA and 8 % of the SS [101]. For no other profession is a higher percentage documented. However, it is less well known that two “Gauleiters”⁴⁶ in the *Ostmark*⁴⁷ were originally physicians: Hugo Jury (of Lower Danube), pulmonologist and avowed advocate of eugenics, who committed suicide at the end of the war, and Gustav Adolf Scheel (of Salzburg), a native German who, although he temporarily lost his license to practise because he was “tainted”, as early as 1949 not only was politically active in Germany, but was also working as a physician again.

In the immediate post-war period there were some trials against doctors who were involved in medical crimes. The best-known was the “Steinhof Trial” of 1945/46 in the Viennese People’s Court, where Ernst Illing, former head of the “children killing centre”, “Am Spiegelgrund”, was sentenced to death due to “euthanasia”. His co-defendant, the paediatrician Marianne Türk, was sentenced to 10 years in prison, but as early as three years later, following several petitions for clemency, she was declared as unfit for prison and in 1952 finally pardoned by the Austrian Federal President. Although she was no longer working as a doctor then, she was given back her doctorate in 1957 together with her certification to practise. Margarethe Hübsch, a physician-in-chief, who was also accused, was acquitted and continued to work in her doctor’s office.

In the Nuremberg Doctors’ Trial, Wilhelm Beiglböck, specialist in internal medicine, was accused of saltwater experiments carried out in the Dachau concentration camp which he did together with his supervisor Hans Eppinger, Head of the Department of Medicine of the University of Vienna [102]. Eppinger committed suicide and Beiglböck was initially sentenced to 15 years in prison, but released in 1951 because his sentence was reduced. After full rehabilitation, he worked as a physician again in Germany.

Overall, even doctors deeply tainted with Nazi crimes got off lightly, as typically shown by the well-known cases of Heinrich Gross and Hans Bertha. In spite of having

⁴⁵ <http://gedenkstaettesteinhof.at/en/exhibition/09-euthanasia-and-holocaust>

⁴⁶ Party leader of regional Nazi Party

⁴⁷ See footnote no.2

been mass murderers, no legal action was taken against them, hence they were never convicted and could continue their careers without a break. These extreme cases show that the Austrian medical profession, but also society and politics, had few concerns after World War II about admitting even heavily-tainted Nazis to their organizations.

In addition to the prosecution of medical crimes, the complex difficulties of formal denazification of physicians had to be overcome, especially due to the high number of physicians involved in denazification [103], for instance, 24 of a total of 29 faculty members of the Medical School of the University of Vienna. Due to the Prohibition Act of 1947 former illegal National Socialists and higher-ranking SS and SA members should have been summarily dismissed, but only about half of them were in fact dismissed. Hence, many tainted Nazi doctors remained in office [104]. Further measures to purge these Nazi doctors included withdrawing their doctoral degrees, employment bans for medical practitioners, veterinarians, dentists, and pharmacists and sometimes transfers to other duties, measures that were, however, only partially implemented. The central argument against denazification of medical doctors was their alleged indispensability, meaning that medical care of the population during the critical post-war period could not and would not be maintained without these recognized experts. The consequences were a series of special rules, i. e. shortening or even cancelling of the employment ban. In addition, the Prohibition Act was only applied to those tainted professors who had proved to be intolerable on the basis of “inhuman practice and life-threatening experiments on the living body“. All the others were to be individually examined by a special commission, which would decide whether they could remain in office [105]. As far as the Medical School of the University of Vienna was concerned, there was a list of 24 individuals worth examining, including four Department heads who remained in office throughout: Leopold Schönbauer (surgeon and the “saviour of the Vienna General Hospital“), Viktor Patzelt (histology and embryology), Tassilo Antoine (gynaecology and obstetrics), and Arnold Pillat (ophthalmology). They obtained pardons because they were found to be indispensable or, as was the case for Schönbauer [106], were exempted from examination on the basis of §27 of the Prohibition Act (in contemporary usage revealingly called the “Schönbauer-paragraph“).

The vast majority (92 %) of those investigated were judged favourably by the Special Commission. Due to numerous requests for reinstatement or awarding of their license to treat, there was—in the long-term—a remarkable degree of staff continuity in the university medical schools and in hospitals. Those who were not successful in this could seamlessly continue their university career (such as Eduard Pernkopf), retire prematurely or switch over to activities in doctors’ offices or other hospitals. One example was the gynaecologist Alfred Amreich who, although forced to retire, was allowed by exception of the

Federal President to practise in a doctor’s office in Gars am Kamp and to publish in professional journals.

2. Networks and occupational reintegration

Some former Nazi officials, including a disproportionate number of academics, were interned after the war in the American detention centre, the Marcus W. Orr in Salzburg (known as “Glaserbach“), or the British camp Wolfsberg in Carinthia (“automatic arrest“). Glaserbach internees from the Medical School of the University of Vienna were, for instance, Eduard Pernkopf, infamous professor of anatomy, NS “Dozentenführer”⁴⁸ Alexander Pichler (anatomy), Friedrich Plattner (physiology), and Herbert Fuhs (dermatology). Wolfsberg internees were, among others, Alfred Amreich (see above), Otto Scrinzi, Sigbert Ramsauer, and Oskar Kaufmann. One physician in the Glaserbach detention centre was Erwin Risak, former SS physician, and the camp spokesman was Felix Rinner, former SS “Sturmbannführer”⁴⁹ and also physician, who, however, was employed in a pharmaceutical company because—due to his National Socialist activities—he was no longer allowed to work as a physician.

Contrary to many complaints afterwards, the conditions in the Glaserbach camp were reasonably bearable. There were adequate supplies of food, no obligation to work, cultural and recreational events and even a functioning camp hospital, headed by interned doctors and consisting of inpatient and outpatient facilities so that surgeries, dental care, radiological examinations and laboratory analyses could be carried out. Hence, during the post-war period an unusually high quality of medical care was guaranteed [107]. In addition, there were numerous presentations by lecturers and professors as well as measures for mutual retraining and education so the camp detentions had no need to be recorded as lost time. Subsequently, the Glaserbach internees hailed the camp as a “college” for an “intellectual elite” and were proud of the prominent professors detained with them, such as the well-known Hermann Siegmund, physician-in-chief at the Semmelweis hospital. After discharge they liked to maintain contact with the former Glaserbach networks, be it for medical treatment, for mutual help or for help with occupational reintegration.

Reintegration into the medical professions was often carried out with massive support from former, already de-nazified colleagues, as well as from prominent politicians, political parties or the church. One example of a successful network pertained to Sigbert Ramsauer (1909–1991), SS member and doctor in a concentration camp [108]. In the concentration camps of Dachau, Mauthausen, Neuengamme and the Loibl Pass he had evidently killed prisoners by means of gasoline injections. After an attempted escape he arrived in the Wolfsberg camp and, in 1947, was sentenced to life-long imprisonment by a British military court. Nevertheless, several

⁴⁸ NS leader of university lecturers.

⁴⁹ Assault unit leader.

politicians of the Austrian People's Party (ÖVP), Helfried Pfeifer from "Verband der Unabhängigen"⁵⁰ (see below) as well as his prominent colleagues, the physicians Leopold Schönbauer and Burghard Breitner, campaigned on behalf of Ramsauer who had an apparently good network. Additionally, the Archbishop of Salzburg, Andreas Rohrer, campaigned for him by justifying two proven "euthanasia" cases of Ramsauer as "humanitarian action" and "redemption". These campaigns were successful, because Ramsauer was finally pardoned in 1954 for so-called medical reasons. Helpful to his occupational return was Oskar Kaufmann, one of his camp mates from Wolfsberg, former illegal Nazi and SS officer. In 1953 the socialist Carinthia state government appointed Kaufmann as Director of the Regional Hospital of Klagenfurt and in 1954 he was elected as President of the Carinthia Medical Association. Kaufmann then helped the pardoned Ramsauer to receive a resident position in the Klagenfurt Hospital, and although he remained an obstinate Nazi throughout his life, in the following decades he advanced to physician-in-chief and up until his old age was practising in a doctor's office in Klagenfurt.

3. Political fields of action of former Nazi doctors

After their professional reinstatement, some former Nazi doctors again displayed political ambitions. After 1945, restoration of the academic elite of former Austrofascism was accomplished and many doctors who were traditionally close to the ÖVP took advantage of this. Some former Nazi doctors were admitted into the ÖVP, such as Leopold Schönbauer, a political "survivalist". He was Director of the Vienna General Hospital and, from 1959 until 1962, Member of Parliament. In addition, many professors affiliated to the ÖVP helped their NS-tainted colleagues in their post-war careers by allocating posts and honours [109].

The situation of the Austrian Social Democrats (SPÖ) after 1945 is more difficult because they had only a few academics and professionals close to the party, primarily due to the loss of expelled and murdered Jewish people. This explains to some extent the high proportion of former Nazi doctors in the Association of Socialist Academics ("BSA"); some of them could take advantage of this network and had steep post-war professional careers [110]. The rise of Heinrich Gross is the best-known example of this.

Particularly striking was the post-war life of those doctors who deliberately did not join one of the two major parties (ÖVP or SPÖ), but joined an association of so-called "independents" ("*Verband der Unabhängigen*" *VdU*), the forerunner of the Austrian Freedom Party (FPÖ) and a gathering place for former National Socialists as like-minded persons, including Nazi doctors [111].

Examples of post-war careers of tainted physicians are the following:

The obstinate: Otto Scrinzi

One example of a heavily-tainted doctor was Otto Scrinzi (1918–2012), not only politically active in the VdU and FPÖ, but also a right-wing extremist [112]. He was a member of the NSDAP and SA and after 1940 worked as an assistant at the Institute of Genetics and Racial Hygiene in Innsbruck. After his internment in the British detention camp of Wolfsberg he was denied an academic career, but, in spite of his Nazi past, was employed in 1947 as a "guest doctor" at the State Hospital of Klagenfurt. Although as a loyal National Socialist he despised all those who had pandered to the SPÖ, he readily drew on the SPÖ-FPÖ network, which until the 1980ies was typical for Carinthia. With that support, Scrinzi was able to make a career as a psychiatrist: in 1955, he became Physician-in-Chief at the Men's Psychiatric Department of the State Hospital of Klagenfurt (until 1983). For decades he was also an influential court-appointed expert and holder of the "grand golden Order of Merit" rendered for services to the Republic of Austria.

In addition, Scrinzi was politically active in the VdU since the foundation of this party in 1949, first as a Member of the Carinthian Parliament and then as Chairman of the Carinthian VdU. After being voted out in 1953, he applied himself to his occupational career, but in 1966 he returned to politics. As an FPÖ Member of Parliament from 1966 to 1979, he always represented the extreme right wing of the party. In 1986, Scrinzi ran for Federal Presidency and, due to his right-extremist slogans, had to vacate his FPÖ seat. Under Jörg Haider's FPÖ chairmanship, however, he became reconciled with the party, as indicated in a "Festschrift"⁵¹ of the Freedom Educational Institute on the occasion of Scrinzi's 75th birthday. After his death in 2012, FPÖ chairman Strache honoured him as a steadfast politician who had always incorporated the "values of our movement"⁵².

Burghard Breitner—"Candidate of the People"

In 1951, for the upcoming presidential election the VdU announced it would provide a "non-partisan" candidate: Burghard Breitner (1884–1956), a well-known physician, and from 1932 to 1955 Head of the Department of Surgery at the University of Innsbruck. Because of his activity during World War I, namely his voluntary care for prisoners of war in Russia, he was known to the wider public as the "Angel of Siberia". He was also President of the Austrian Red Cross. As a member of the Vandalia fraternity in Graz and, since 1939, member of the NSDAP, Breitner had to be politically affiliated to the German nationalist milieu. Since his name was deleted from the registration

⁵⁰ Federation of Independents, a political party active in Austria from 1949 to 1955.

⁵¹ A book honouring a respected person.

⁵² <https://diepresse.com/home/innenpolitik/zeitgeschichte/721055/Ehemaliger-FPOeVizeChef-Otto-Scrinzi-gestorben>

list in 1946, he could continue his professional career without interruption after the war⁵³.

During the electoral campaign, full use was made of Breitner's medical reputation and conscientiousness. In this manner, the party newspaper "Neue Front" wrote: "Burghard Breitner—candidate of the people". He refused making his own propaganda. While his competing candidates canvassed throughout Austria, Burghard Breitner continued performing his medical duties. He never left the department before 9 pm. He only worked for his patients. Hence, the VdU proclaimed "if he became president, then he would perform his duties towards the people with the same diligence" [113]. To underpin his alleged independence, a "committee on non-partisan unification" was founded, which, however, included many former Nazis.

As expected, Breitner was confronted with personal attacks by the ÖVP. On the one hand he was accused of having NSDAP membership, on the other hand he was also called a Mason and, in an anti-Semitic manner, rumours of his alleged Jewish origin were circulated. It was alleged that during the National Socialist period Breitner would not have been able to provide the "Great Aryan Certificate" due to the possible Jewish origin of his grandmother, but the NS regime would have treated him as equal as "people of German blood" [114].

In the elections on May 6 1951, Breitner obtained a respectable 15 % of the votes (in the city of Salzburg, he even received—in the first ballot—the absolute majority). In the subsequent runoff election between Heinrich Gleißner and Theodor Körner, both were vigorously soliciting for the votes of Breitner. Finally, Körner emerged as winner from the election.

After this electoral defeat Breitner was no longer politically active, but remained faithful to the milieu of former Nazis. Thus, Anton Reinthaller, subsequent founder of the FPÖ, asked him in early 1955 for political participation in his planned party, but Breitner refused. Shortly afterwards he died and a minute's silence was held on behalf of the act of foundation of the FPÖ in April 1956. The fact that Breitner was for decades highly esteemed within the FPÖ is illustrated by a hagiographic commemorative publication which appeared in 1994, in which Breitner was honoured not only as a physician, but also as a "politician against his will" and a "standard bearer of liberal thinking" [115].

While Breitner's NSDAP membership has now been unambiguously confirmed, further questions about his professional biography remain. A current research project carried out at the University of Innsbruck⁵⁴ raises the question as to whether and to what extent Breitner was responsible for forced sterilization and so-called "voluntary emasculation" (castration) according to the "Law for the Prevention of Offspring with Inherited Diseases",

which came into force in Austria on 1 January 1940. It has since been proven that Breitner, as Head of Department, in any case must have been aware of the forced sterilization and castration. Further investigations are required to establish to what extent Breitner himself was complicit in these enforcements.

Wolfgang Denk—betwixt and between

In the presidential elections of 1957, the FPÖ wanted to live up to the electoral success of Breitner and once more fielded a "non-partisan" candidate [116]. Again, an individual who was a physician as well as a university professor was presented. Initially, the FPÖ had considered the trauma surgeon Lorenz Böhler, also former member of the NSDAP, who had agreed. At the suggestion of the ÖVP, however, both parties agreed to a common candidate, namely Wolfgang Denk (1882–1970), Viennese professor of surgery. Politically, Denk was associated more with the clerical-conservative faction, but also had contacts in nationalist circles. During Austrofascism he was a Viennese councillor and member of the Fatherland Front, but he was not conspicuous by his political activities during the Nazi period. Professionally, he was Head of the Department of Surgery II of the University of Vienna, a position he held from 1945 until his retirement in 1953. After the war he was one of the few, namely five professors of the University of Vienna School of Medicine, not affected by measures of denazification. In 1947/1948 Denk was Deputy Dean of the School of Medicine and the following year Rector of the University of Vienna. As a recognized scientist and physician he received numerous decorations from the Second Republic of Austria.

For the FPÖ, Wolfgang Denk was by no means an unknown. In 1955 Reinthaller had asked him for political participation within the future FPÖ. Denk, however, wanted to keep his name out of the running at the moment, because—such was his reasoning—he was already regarded as a "national extremist" [117].

During the election campaign there was intense soliciting for the votes of former Nazis; Adolf Schärf was a candidate for the SPÖ. In this context, the electoral slogan "*Wer einmal schon für Adolf war, wählt Adolf auch in diesem Jahr*" ("Who once was for Adolf, this year also votes for Adolf") was used to catch votes from former National Socialists. Because of Denk's proximity to Austrofascism and to the ÖVP, he was particularly unpopular with national-minded Nazis, and, moreover, because he was a former authority figure of the Dollfuss regime this was used aggressively against him. Similarly to the campaign against Breitner six years earlier, there was an anti-Semitic campaign against Denk, with hints, amongst others, about his allegedly "Jewish wife". Thereupon, the FPÖ carried out a thorough investigation using National Socialist genealogy and finally announced in a circular letter that Denk's wife had only Aryan roots and was a "full Aryan" [118]. This approach demonstrates that, in FPÖ circles, having a Jewish origin was still considered as a severe accusation that should be immediately dis-

⁵³ Friedmann I. Burghard Breitner, unpublished manuscript 2017, with thanks to Ina Friedmann for the allowance of inspection in this manuscript.

⁵⁴ See footnote no. 53.

proved, indicating that those circles firmly adhered to racist NS doctrine and thinking. Contrary to expectations, Denk narrowly lost the election and the winner, Adolf Schärf, performed the role of Federal President until his death in 1965.

After the election, the FPÖ investigated the causes for Denk's defeat, whereby an interesting image emerged of how the Austrian physicians had voted [119]. A summary of their opinions obtained during the course of a medical congress revealed that, on the one hand, members close to the ÖVP-positioned "*Cartellverband (CV)*"⁵⁵ would have campaigned for Denk only to a minor extent, but members of the association of socialist academics ("*BSA*") were very supportive of Schärf. On the other hand, the national-minded physicians, and also the hospital staff, would have considered Denk close to ÖVP and, because of their anti-clerical attitude, rejected him. Overall, it can be said that Denk, because of his ambiguous political positioning, was sitting "betwixt and between" and therefore a bogeyman for some former National Socialists.

The Long Shadows of the NS-Period: Children with Disabilities at the "Steinhof" between 1945 and 1983

Hemma Mayrhofer, Institute for the Sociology of Law and Criminology Vienna, hemma.mayrhofer@irks.at

Introduction

In 2013, Pavilion 15 of the Psychiatric Hospital "Am Steinhof" became a matter of public interest in Austria. The media-attention to the so-called "Children's Pavilion" thirty years after its closing can be seen as an effect of various studies on grievances and abuse allegations in children's homes or boarding schools conducted in the preceding years. The accompanying debate has raised the overall awareness of violence and neglect of children in out-of-home care in the post-war period, with the effect that the—hitherto scarcely noticed—situation of children with disabilities in psychiatric institutions also became a topic of examination. The socio-historical study commissioned by the Viennese Hospital Association (Wiener Krankenanstaltenverbund—KAV) was carried out by the Institute for the Sociology of Law and Criminology from 2015 to 2016. In addition to Pavilion 15, a second psychiatric institution in Vienna was included in the study: The Ward for Children with Developmental Disabilities of the Neurological Hospital "Rosenhügel". However, this second sub-study is not the focus of this paper.

Until 1983/84, Pavilion 15 was part of the Psychiatric Hospital "Am Steinhof" and served as in-patient accommodation for children and adolescents with intel-

lectual disabilities. In 1963, the hospital was renamed "Baumgartner Höhe", and the current name is "Otto-Wagner-Spital". The research results clearly show this was the institution to which particularly those children were brought who had been classified as non-educable, or who had been considered intolerable in other in-patient facilities [120]. A remarkably high number of children were transferred to Pavilion 15 from other in-patient institutions such as children's homes or hospitals. The "Children's Pavilion" was the "final destination" in the institutional course of out-of-home-care "careers" for children with disabilities in Vienna [121].

The extensive research findings point out various continuities from the National Socialist era in Austria which contributed to the prevailing culture of violence and neglect until the 1980s. In this article the focus lies on those aspects which demonstrate the persistence of ideology, personnel, and practices from the NS-period into the following decades.

It needs to be said in advance that this article does not distinguish between different phases within the investigation period. This is due to the fact that the empirical data indicate few changes regarding the practice of treatment, nursing and care as well as the living conditions throughout the existence of the "Children's Pavilion" in the post-War era. Only from the second half of the 1970s onwards improvements are recognizable. However, these efforts were insufficient for forcing back the prevalent culture of extensive neglect at Pavilion 15 [122].

Methods

The database for the study and the results which are presented in this article consist of approximately 150 medical files of former patients of Pavilion 15. Additionally, selected samples of children's files of the Youth Welfare Office in Vienna, personnel files of former staff of the Pavilion under investigation, correspondence files and administrative documents, autopsy records, as well as relevant court files (e. g. files of the guardianship court), were examined. Moreover, a total of 100 interviews were conducted [123] with former patients of Pavilion 15, their relatives, and former members of the staff, as well as with other contemporary witnesses and experts from psychiatry, service institutions for disabled people, youth welfare etc. (concerning both institutions under investigation; many of the interviewees reported experiences with both institutions). These interviews were of great importance for a differentiated approach to the research topic, as they offer alternative and corrective views to those of the short and mainly pejorative entries on record in the official files.

Pavilion 15 during the National Socialist era and shortly thereafter

Although the NS era was not the focal point of the study, it is indispensable to include the results already existing for this period of the institution under investigation. At

⁵⁵ "Cartellverband": fraternity type catholic student association.

the time, Pavilion 15 was part of the “Am Spiegelgrund” euthanasia centre, which initially consisted of nine pavilions. In 1942, two pavilions were formally split off to form the “Wiener städtische Nervenlinik für Kinder”⁵⁶. The *Kinderfachabteilung* (“Youth Welfare Institution”)—a euphemistic name for special facilities which were used for the children’s euthanasia programme—was also allocated to this institution [194].

Continuities in regard to the patients

Pavilion 15 is the pavilion in which most of the 789 documented euthanasia killings were committed. The “Spiegelgrund” and “Nervenlinik für Kinder” were at the centre of a widely ramified system of public and private welfare institutions which examined—and often selected and murdered—such children and adolescents who were considered economically, socially, and biologically “worthless” according to National Socialist ideology [194].

In the immediate post-war period, the historical sources indicate significant continuities in regard to the institutionalized children as well as to the staff of Pavilion 15. According to the files of the hospital directorate, the “Nervenlinik für Kinder” was formally dissolved on June 30, 1945. However, dissolution did not mean that there were no longer children at the Pavilion; it is very likely that there continued to be children there. Various historical sources underscore this assumption; at the same time they show that during National Socialist rule, as well as in the months afterwards, multiple transfers of children took place [121]. The sources do not allow a precise estimate how many children and young people who had survived the euthanasia at the “Nervenlinik für Kinder” still remained at the same place afterwards. However, it is obvious and there is no evidence to the contrary that some of the patients were the same as before—if they had not been murdered.

Even though in the post-war period the active killing of patients was no longer socially and legally acceptable, high mortality rates due to a catastrophic undersupply of food were reported, especially in the first post-war months, and possibly also in the first years after the NS era [125]. Available historical documents do not allow assumptions about the number of children who died of starvation as a consequence. Likewise, they contain no valid information about views on the extent to which the patients were perceived as “useless eaters” (*“unnütze Esser”*⁵⁷) and therefore experienced a poorer supply of food as was the case in other psychiatric hospitals in the post-war period [124]⁵⁸. However, a letter from the “Anstaltenamt” to the hospital’s directorate dated 11 December 1948, strengthens the assumption that at the

“Steinhof” the staff also “re-purposed” food originally intended for the patients for themselves: The letter defining the “meals quota” for 1949 states: “The hospital management’s attention is strongly drawn to the directive that (...) a reduction of the fosterlings/patients for the benefit of the staff is inadmissible.”⁵⁹

Personnel continuity

The end of the “Nervenlinik für Kinder Am Spiegelgrund” in 1945 did not mean a new beginning in terms of personnel. On 14 August 1945, the Administrative Director of the psychiatric hospital “Am Steinhof”, Karl Bock, wrote to the Asylum Administration of the City of Vienna: “As of 1 July 1945, all staff of the dissolved Children’s Department were taken over by the Psychiatric Hospital, Am Steinhof.”⁶⁰ The letter does not clearly state how many persons were taken on and which professional groups they belonged to, however most of the staff must have been care workers. Even though there was evidence of a few terminations and immediate dismissals [126], it can be assumed that overall the personnel remained the same as during the NS period. Furthermore, there is no indication that the staff underwent any ideological reorientation or were supported in any way in a critical reflection on the professional values and standards of the medical system during the NS era [127].

Pavilion 15 in the Second Half of the 20th Century Insufficient Staff Resources and Lack of Professional Standards

First of all it has to be said that psychiatric hospitals in general used to be less well equipped with material and personnel resources than other types of hospitals [128]. At the Children’s Pavilion “Am Steinhof” the majority of the staff consisted of care workers, and only one physician was permanently assigned to Pavilion 15 until shortly before its closing in 1983. In addition, other departments of the hospital provided medical treatment as far as this was possible in view of the overall inadequate medical staffing levels. In general, the human resources policy at the Children’s Pavilion was oriented towards care staff up to the very end, which meant that for the longest period there were no therapists or educators available at all to support and educate the children. However, an exception was only the special school for disabled children, founded at the end of the 1950s, which a

⁵⁹ In the original: “Die Anstaltsleitung wird nachdrücklichst darauf aufmerksam gemacht, dass (...) eine Verkürzung der Pflegelinge zugunsten der Angestellten unstatthaft ist.”—Schreiben M.Ab. 17-VII-4044/48 vom 11. Dezember 1948 betreffend die “Verköstigungsquote 1949”.

⁶⁰ In the original: “Mit 1. Juli 1945 wurde das gesamte Personal der aufgelösten Kinderklinik von der Heil- und Pflegeanstalt ‘Am Steinhof’ in Stand und Gebühr genommen.”—WStLA, Schreiben Direktor Karl Bock vom 14. August 1945, Karton Direktionsregistratur, M.Ab. 209—Otto Wagner Spital (Baumgartner Höhe, Steinhof), 1.3.2.209.2, 1945;1(8)900.

⁵⁶ Vienna Municipal Mental Department for Children.

⁵⁷ In the ideology of Nazi Germany, a person with a serious medical problem or disability, seen as requiring help from society but giving nothing back.

⁵⁸ at least until 1949.



© Austrian National Library/HWp2180

Fig. 3 Children at Pavilion 15 in cage beds; photography by Harry Weber, 1962



© Austrian National Library/HWp601

Fig. 4 Children at Pavilion 15; photography by Harry Weber, 1962

few children could attend [129]. There was also a significant lack of staff. In practice, the responsibility for the day-to-day running of the ward was *de facto* shifted to the carers [127].

Care Practice and Living Conditions of the Children

After an on-site inspection of Pavilion 15 on August 15, 1953, the head of the Viennese Youth Welfare Office at that time, Dr. Tesarek, wrote to the Executive City Councillor of the management group IV, vice-mayor Karl Honay: “The children’s ward “Am Steinhof” is irresponsible. (...) The equipment is totally insufficient. The caregivers have no idea what to do with the children. The children are wearing the oldest clothes (...). None of us can take responsibility for this state of affairs”⁶¹.

⁶¹ In the Original: “Die Kinderabteilung „Am Steinhof“ ist nicht zu verantworten. (...) Sie ist vollkommen unzulänglich eingerichtet. Die Pflegerinnen wissen sich mit den Kindern nichts anzufangen. Die Kinder sind in die ältesten Kleider gekleidet (...). Niemand von uns kann diesen Zustand verantworten.”—Schreiben des Jugendamtsleiters Dr. Tesarek an den amtsführenden Stadtrat Verwal-

The letter clearly demonstrates that, as early as 1953, the living and care conditions of the children at Pavilion 15 were regarded as utterly inadequate and not in accordance with contemporary standards. The collected data provide no evidence of any substantial improvement in the conditions between then and the second half of the 1970s. For most of the children this was true even up until the early 1980s [130].

According to the patient files and interviews, sedative medications were administered on a massive scale. Initially, the care staff was given enormous license by doctors in the actual administration of medication, as prescriptions often stated: “Double if needed.” In addition, sedative drugs were given to all children collectively by being stirred into their food [131]. Furthermore, physical restrictions of liberty in the form of cage beds, strait-jackets, and other kinds of body fixation were used on a large scale at the “Children’s Pavilion”. The primary objective of all these measures was to stop “annoying” behaviour in the daily routine on the ward and to simplify care work. Neglect of the children and sedation as well as restrictions of liberty were inextricably linked [132].

Even though there were certain differences in living conditions between children accommodated on the ground floor and those living on the first floor of Pavilion 15, all of them were subjected to surroundings which, being in an asylum, were absolutely not appropriate for raising children. The majority of the patients were permanently excluded from any kind of paedagogical attention or social affection. Interviews with contemporary witnesses made overwhelmingly evident that most of the children and adolescents were mainly left to themselves. They were subjected to a severe lack of environmental stimuli, emotional affection or learning impulses of any kind. The care staff did not consider education as part of their duty and apparently actively avoided the formation of personal relationships with the children, which meant that many of them were subjected to extensive deprivation. Often their only “toy” was their own body—at least if the liberty restrictions were not too severe. As a consequence, the children developed massive symptoms of “hospitalism”⁶², which were, however, interpreted as a manifestation of their disability [125].

The conditions of the children in Pavilion 15 is depicted in the Fig. 3 and 4.

Structural Reasons for the Inhuman Conditions

It is crucial to analyze the inhuman conditions in Pavilion 15 as caused by the system and not only by the misconduct of individual staff members. The contemporary psychiatric perspective on persons with disabilities provided an appropriate interpretation framework for the

tungsgruppe IV, Vizebürgermeister Karl Honay vom 28.07.1953, M. Abt.207, A1, Allgemeine Registratur, Faszikel IV/1953.

⁶² A paediatric diagnosis used in the 1930s to describe infants who wasted away while in hospital, mostly caused by a lack of social contact between the child and its caregiver.

reifying and dehumanizing perception of the patients. Their intellectual and social developmental capacity was left largely unfostered and they tended to be perceived as numb objects [133]. Furthermore, the extensive shift of responsibility from the doctors in charge to the care staff and the completely inadequate personnel resources have to be taken into account as systemic factors which caused extremely stressful working conditions and a permanent overload for the care staff, and also encouraged the use of violence and of measures for the restriction of liberty. Last, but definitely not least, Pavilion 15 was part of the large Psychiatric Asylum “Am Steinhof”: This special hospital provided the structural framework for the “Children’s Pavilion” and its staff members. Until the recent past, such psychiatric institutions served to segregate and detain persons with mental illnesses and intellectual disabilities [134].

Autopsies of Deceased Children and Studies of their Brains by Heinrich Gross

Research at the pathology department of the Psychiatric Hospital “Am Steinhof” (now Otto-Wagner-Spital) revealed a total of 70 autopsy records of children and adolescents who died at Pavilion 15 in the post-war era. It is certain that this number is incomplete due to the fact that autopsy record books which could provide information about the deceased children were only found for one third of the investigated period. Despite this, the quantity of autopsy records can be considered sufficient to allow meaningful insights [135]. In this paper one particular aspect of the outcome of the analysis will be stressed, as it shows the close connection to the “Spiegelgrund” during the National Socialist era.

In many cases, the autopsy record books verify that brains and sometimes parts of spinal cords, as well as other organs of the children who died at Pavilion 15, were regularly handed over to Heinrich Gross and his Ludwig Boltzmann-Institute for the Study of Abnormalities of the Nervous System [135]. Gross was found to be involved in the murder of children with disabilities at the “Spiegelgrund” and their misuse for research purposes during the NS era [136,137]. In 1955, he returned to the Psychiatric Hospital “Am Steinhof” and obviously found the appropriate institutional settings for continuing the research he had begun in the course of the “Children’s Euthanasia Programme” until at least the second half of the 1970s. It needs to be emphatically pointed out that this specific access to “patient material” (“Krankenmaterial”) is under no circumstances to be judged merely as the genuine task of medical research in an ahistorical approach. Although the accessible sources of data provide no grounds for suspecting deliberate killings of children during the period investigated, the results of this study clearly have to be classified as having continuity with the NS era.

Conclusion

It needs to be stressed that the inhumane conditions at Pavilion 15 described in this article cannot simply be reduced to the continuing activities of a few leftover Nazis. Pavilion 15 is not to be regarded as a societally isolated anomaly without any connection to other parts of society. On the contrary, the reigning system of negligence and violence was a manifestation of society’s view on people with disabilities in Austria up to the 1980s, which was characterized by extensive social devaluation, exclusion, and neglect. The accommodation and living conditions of children with disabilities at Pavilion 15 were not up to contemporary standards at all, however, they were known and tolerated by those in charge at both a political and professional level.

4. Submissive Medicine

Knowledge Landscapes of Anatomy in Periods of Political Change

Birgit Nemeč, Institute for History and Ethics in Medicine, University of Heidelberg, dx143@uni-heidelberg.de

When looking at anatomy in the Austrian period of National Socialism, we find that the anatomical atlas of Eduard Pernkopf (1888–1955) represents a key point. Extensive research has shown that the staunch National Socialist Pernkopf, in the production of his teaching atlas *Topographical Anatomy of the Human* [138], requested the corpses of victims of executions under the NS dictatorship to be delivered to his institute of anatomy. This practice was not uncommon but compared to other Chairs of Anatomy during National Socialism, as Sabine Hildebrandt has recently shown, the number of corpses was extraordinarily high in Vienna [139]. It is also known that Pernkopf and his artists included swastikas and SS runes in certain images in the atlas. The Pernkopf atlas represents an early phase of active engagement on the part of the University of Vienna with its own past⁶³, with a focus on ideological and structural aspects of a borderless science under National Socialism, such as the provenance of human remains in the anatomical collection in Vienna and Pernkopf’s involvement in the transformation of the University of Vienna in a National Socialist sense. His atlas to some extent became iconic for its compliant science, for its alliance of science with a regime of injustice. One image in particular from the atlas

⁶³ Akademischer Senat der Universität Wien. Senatsbericht der Universität Wien: Untersuchungen zur Anatomischen Wissenschaft in Wien 1938–1945: Senatsprojekt der Universität Wien, unpublished manuscript in the Library for History of Medicine, Medical University of Vienna, 1998.

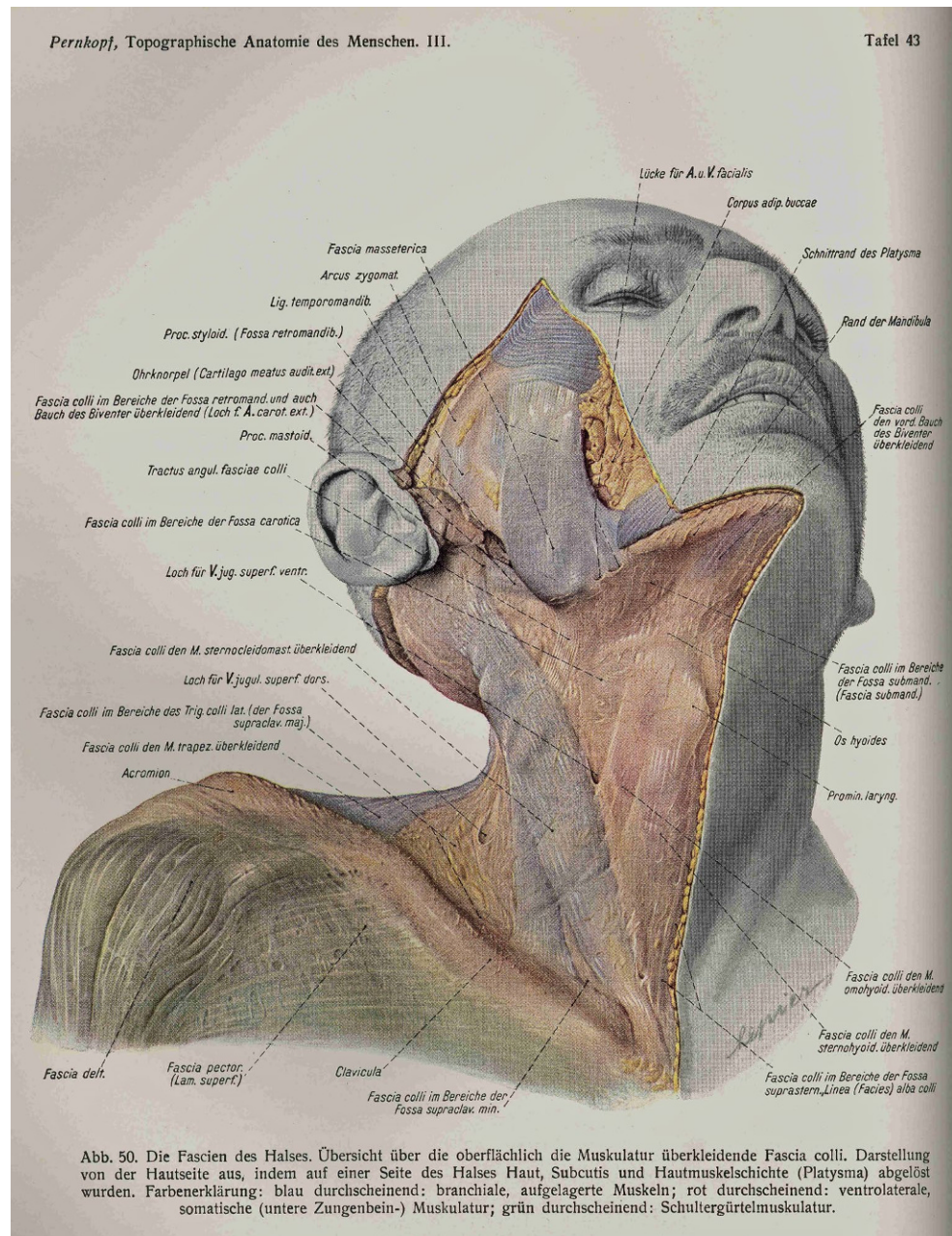


Abb. 50. Die Fascien des Halses. Übersicht über die oberflächlich die Muskulatur überkleidende Fascia colli. Darstellung von der Hautseite aus, indem auf einer Seite des Halses Haut, Subcutis und Hautmuskelschichte (Platysma) abgelöst wurden. Farbenerklärung: blau durchscheinend: branchiale, aufgelagerte Muskeln; rot durchscheinend: ventrolaterale, somatische (untere Zungenbein-) Muskulatur; grün durchscheinend: Schultergürtelmuskulatur.

Fig. 5 In the Pernkopf atlas [138], which was published during four different political phases, we find very different images. Some have strong similarities with the Toldt-Hochstetter atlas, others refer to the Tandler atlas. The third volume of the Pernkopf atlas is based on the scientific use of people that were murdered during the National Socialist regime and contains images that are different to its predecessors: some images suggest a violent opening of the body of a half-dead, emaciated person by medical experts, as the figure no. 43 in the 3rd volume of the atlas shown here, other images show the ideal, the healthy and the strong

is often quoted in print and online and shows an emaciated body with shaved head (Fig. 5). The question of how political changes shape practises of anatomical visualisation was apparently not in view at this time, but the question seems timely, considering the strong resonance of Pernkopf's atlas: the atlas is anything but out of use; it was reedited until the 1990s (containing a mix of original and newer images and texts), and it can be found on reference book shelves in most medical university libraries in the German speaking world and beyond. Yet recently there have again been calls for a broader ethical debate on the use of scientific images that are potentially problematic because of the context of their production [140]. Anatomical teaching atlases, the flagships of every institute of anatomy and the realisation of an anatomical perspective, show the structure and function of the normal

body. But how do these representations of the 'norm', these media of the visual culture of science, change in times of political change? Pernkopf's atlas was published in four political phases: 1933 (Austro-fascist corporative state), 1942 (National Socialist dictatorship), 1952 (time of the Allied occupation forces in Austria), and 1957 (Second Austrian Republic). This paper does not aim to offer an in-depth analysis of the making, use, and transformation of the atlas, but instead looks at the question by broadening the perspective to two further key sources, which were strongly shaped by processes of political change: *Toldt's Anatomical Atlas* [141] and *Tandler's Lehrbuch für systematische Anatomie (Textbook of Systematic Anatomy)* [142]. The aim here is to examine the making of anatomical images as a cultural practice in periods of political change, to situate Pernkopf's work with-

in visual cultures of anatomy in Vienna. I will conclude by suggesting that the strong resonance of Pernkopf's atlas can be explained by the fact that anatomical images visualise assumptions of norm and pathology, but also of reform and society that were and still are highly contested and political.

Toldt's anatomical atlas

In 1900, an anatomical atlas was published that can be regarded as a predecessor to Pernkopf's anatomical atlas and also, in a Viennese context with regard to the number of re-editions, as the most successful of the 20th century: Toldt's anatomical atlas, edited by Carl Toldt (1840–1920) and his successor and pupil Ferdinand Hochstetter (1861–1954). The book was re-edited until the 1960s for the German-Speaking world; it appeared in translation until the 1980s; the “Toldt-Hochstetter” can be found in some reference libraries even today.

In turn-of-the-century Europe, before the outbreak of the First World War and the subsequent restructuring of Europe, anatomist and anthropologist Carl Toldt developed a perspective on the body that was typical of the late 19th century, representing an interest in observation, systematisation and collection. During production of the atlas, Toldt's second Chair of Anatomy was committed to strict scientific objectivity, which was thought to be achievable through “original, true-to-nature images” based on several preparations, as indicated in the atlas' foreword. During this time, Pernkopf was being trained as a young student under Toldt's professorship.

The style of the four volumes conveys quality and tradition: high-quality paper, page-sized, precise woodcut prints (Fig. 6) with annotations in Latin, leather covers and golden embossing on cover and spine. In 1918, when the Habsburg empire fell apart and Vienna's anatomists found themselves in a much smaller, ethnically more homogenous Austrian republic, Toldt, a leading figure for *völkisch* (populist) students since the Badeni riots of 1897⁶⁴, campaigned for a big German “Kulturgemeinschaft”⁶⁵ and strong ties with the “sister-institutions in the Reich”⁶⁶. After Toldt's death in 1920, Hochstetter inherited the atlas and regarded himself as both a guardian of Toldt's anatomy and a new leading figure for the group of students and faculty members that sought close bonds with German universities. In the difficult post-war years, Hochstetter revised Toldt's ideal of truth-to-nature by applying photography as a means of *mechanical objectivity* [143] and as an objective reference system. In this phase of political change, the Toldt-Hochstetter atlas, as it was now called, stood to some extent for a separation from the Republic, but mainly for a sepa-

⁶⁴ Violent riots between different ethnic, language and national groups that followed a language legislation for the Habsburg Monarchy of Count Kasimir Felix Badeni.

⁶⁵ Cultural Society.

⁶⁶ Universität Wien, Bericht über das Studienjahr 1920/21. Durch den Prorektor Alphons Dopsch, Wien 1921, S.4.

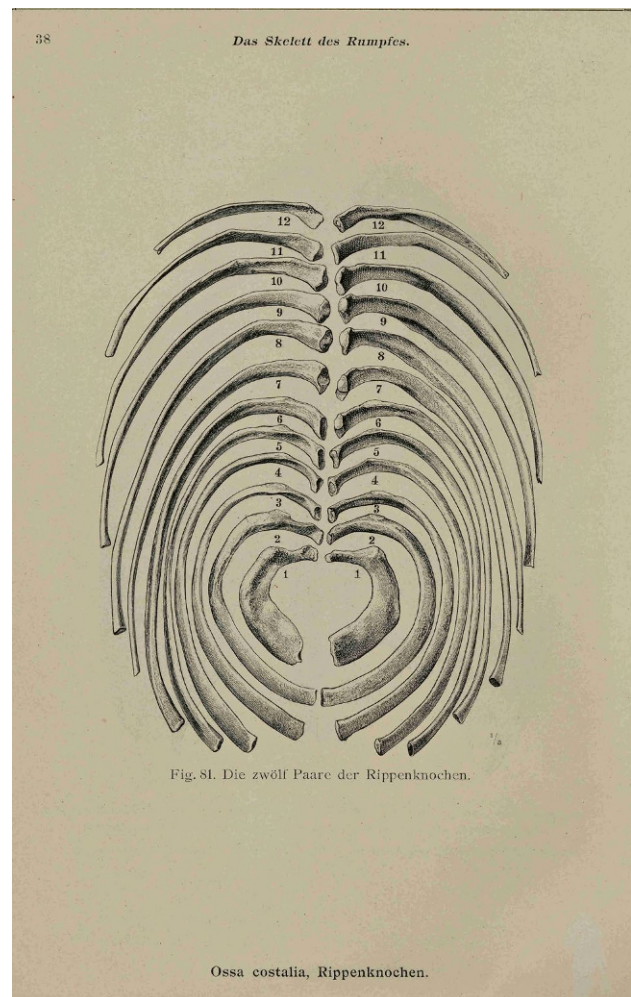


Fig. 6 In the Toldt-Hochstetter Atlas [141] the body is clearly described. Many of his images refer to collecting practises and true-to-nature archiving, as the figure no. 81 of the edition of 1918 of the atlas shown here

ration from popularisation and the utilitarianism of the new city government.

Tandler's anatomical textbook

In 1919, a predecessor to Pernkopf's project was published, which was more successful with regard to the longevity of the images. In a year when the politics and culture of the city—and of the state/confederation after the Social Democrats' election victory—went in different directions, the anatomy textbook of the Socialist ‘red’ city councillor Julius Tandler (1869–1936) was released at the Christian-Conservative “black” university of Vienna. The book deliberately broke with tradition: it presented an aesthetic of new objectivity, extreme illustrations, abstraction and didactics instead of naturalism; there was no descriptive view of the corpse, but a functional take on the active individual. The textbook received critical reviews and was thought to be too political by international scholars [144]; it was not re-edited and very few libraries today hold a copy (the volumes available look

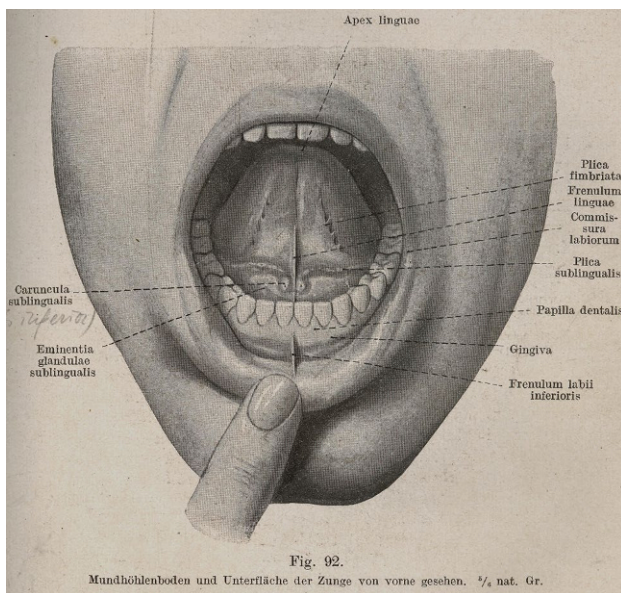


Fig. 7 In Tandler’s anatomy textbook [142] the living human is examined by the surgeon. The artist Karl Hajek, in his clear, photo-realistic visualisations of an idealised ‘type’, as the figure no. 92 in the 2nd volume of 1923 of the atlas shown here, drew from experience in his work for the *Deutsches Hygienemuseum* in Dresden

remarkably well-used, with tatty covers and notes made by previous owners), yet Tandler’s images survived and found their way into today’s anatomy books.

World War I led Tandler, by then Professor of the clinically and functionally oriented first Chair of Anatomy, to different conclusions to Hochstetter. We learn from archival sources⁶⁷ and Tandler’s empathetic speeches and publications that he developed his perspective on the anatomy of the “new socialist” men and women, as I suggest we call it, from his constitutional research with soldiers during the war and his contact with philosophical and left-wing social-biological thinkers such as Ernst Mach and Rudolf Goldscheid [144]. He did not need an archive or a knowledge base reserved for experts, but a tool to make the function and structure of the body universally understandable (with everyday language, a low retail price, and distribution in non-academic contexts) and applicable (Fig. 7). The anatomy textbook had become a locus for the reform of subjectivity, health and society. Tandler was a social climber; as a neo-Lamarckist⁶⁸ and eugenicist⁶⁹ he believed in an improvement of *constitution* and *condition* through changes in the surroundings. Environment and organism were not to be observed and conserved but changed.

We do not have space here for a close comparison of the two books, but it is important to note that they show

⁶⁷ Nachlass Julius Tandler, Privatarchiv Karl Sablik, Spillern (NÖ).

⁶⁸ Lamarckism is the theory that an organism can pass on characteristics acquired during its lifetime to its offspring. Named after the French biologist Jean-Baptiste Lamarck (1744–1829).

⁶⁹ The idea that it is possible to improve the hereditary quality of humans.

very well how different notions of the ‘norm’ and the body were being contested in various social, political, and scientific camps of the city when Pernkopf started his atlas project. With his atlas, Tandler promoted a practical-utilitarian approach that challenged the theoretical-analytical approach of the German scientific community [143–145]. Growing ideological segregation at the medical faculty had made Tandler’s professorship a meeting point of Jewish and Social Democrat students; these were regarded as the enemy by German National and Catholic Conservative groups, which were exactly the groups that Hochstetter was promoting at his analytic-descriptive Chair [143,145–147]. With his atlas Tandler promoted a restructuring within the borders of the First Austrian Republic and the integration of students from the former crown lands; while Hochstetter promoted an affiliation with the German Reich. Pernkopf developed his anatomical atlas in this context of an interconnection of political views, confessional backgrounds, and research traditions in a time of social radicalisation in the inter-war period, which made the institutes of anatomy, in particular, a hotspot for violent riots.

Pernkopf’s Atlas

When Pernkopf followed his mentor Hochstetter as Professor of the second Chair of Anatomy in 1933, the influence of the Clerical Fascist government on universities was beginning to be felt; but while Tandler became a political émigré after the Civil War and his atlas an icon of dismissals and eviction⁷⁰, Pernkopf profited from the political change. Pernkopf was known as an early opponent of the Republic and a leading figure in the early anti-Semitic and National Socialist conversion of the University, and as such of the ideological disintegration of both Chairs of Anatomy [146, 148]. However, as a look in the university calendar reveals, he subtly managed to act as a collaborator of the Conservative Fascist government⁷¹. He profited from the political dismissals at the first Chair of Anatomy and soon found himself in a financially and structurally dominant position in the anatomy building and in the faculty⁷², which paved the way for a new atlas project: Pernkopf signed a contract with the prestigious publisher Urban & Schwarzenberg and hired established local illustrators with whom Hochstetter had already worked (Tandler, instead, had hired an outsider to the Vienna publishing scene) and who were capable of transforming his sketches into precise, aesthetic, artistic, clear, and rich images, for which the atlas became famous.

⁷⁰ Michael Bevan, Interview mit Frederick Barber, 1905–1993. Oral History of the General Practice, 05.02.1993 und 23.02.1993, Tondokument (Kassette), London, British Library.

⁷¹ Vorlesungsverzeichnisse der Universität Wien, 1934–38, University Archive Vienna.

⁷² cf. also Anonymous: Zusammenlegung der Lehrkanzeln von Tandler und Pernkopf, o.D. (approx. 25.03.1934), Collections of the Medical University of Vienna, Autographs Collection No-4032-11.

Pernkopf's perspective, as we can see in the first volume published in 1937 [149], was clearly shaped by Hochstetter's analytic-descriptive precision and understanding of scientific objectivity (Pernkopf dedicated all volumes to his "mentor" Hochstetter) and his admiration for the functional aesthetics of the body in movement of Heidelberg's Hermann Braus (Pernkopf's artistic bent is renowned). Yet Pernkopf aimed to go beyond description. In his inaugural lecture, he had emphasized the normative role of anatomy in phases of political change [150]; like Tandler, he had practical application in mind: societal change through the administration of a whole; as with Tandler, the atlas was an important project to him. He made visual references to Tandler's topographical perspective, but based on another epistemological framework. In contrast to Tandler's conception of variable units of the hereditary makeup of "human capital", Pernkopf was influenced by radical negative eugenic writings such as Otmar von Verschuer's *Erbpathologie* (Pathology of inheritance) [144]. And in contrast to Tandler's ambivalent and inconsistent considerations of "ethical and humanitarian" motives as counterarguments to his eugenic calculations [151], Pernkopf in April 1938 suggested interventions in the people's body ("Volkskörper") through the promotion of people of so-called "high hereditary quality" ("Erbhochwertigen") and elimination of people of so-called "low hereditary quality" ("Erbminderwertigen") "by sterilisation and other means" [152].

After 1938, this radical, inhuman approach received extraordinary moral, financial, and structural support during the National Socialist dictatorship. Pernkopf and his team had finished the second volume (published in 1941) and started work on the third volume (published belatedly, in 1952), when, according to oral history interviews, Pernkopf's request led to a notable increase in the delivery of corpses of victims of executions to the institute of anatomy⁷³. And while his publications and archival material suggest that Pernkopf was not entirely established as a voice in scientific discourse, he focused his energy in the following years on his atlas and his (university) political visions.

It is thus the third (published in 1952) and the fourth volume of the atlas (1957), after the end of the Austrian NS period, published after Pernkopf's dismissal from office, imprisonment and reintegration as so called "less incriminated" ("*minderbelastet*") [144], that were based on the scientific use of people that were murdered due to racial stigmatisation or politically-motivated resistance during the National Socialist regime of injustice—images that were produced of corpses and parts of corpses that were used at the anatomy building in Vienna until long after 1945. Pernkopf's links to leading professors in medical departments in Vienna were intact [153]; he had a desk at Hans Hoff's Department of Psychiatry and Neurology and, together with his illustrators (some of whom were also regarded as politically incriminated), assis-

tants, and students, produced the volumes that contain these images, which students find disturbing even today: relentless representations of half-dead, deformed bodies, of rigorous scientific intervention in personal integrity and human rights, such as the right to physical integrity, freedom, self-determination; images that suggest a forceful opening of the body by experts, an invasive view that seems designed to deliberately intimidate (Fig. 5).

Pernkopf's perspective shows both the ideal constitution and the deviant—an analysis *ex-positivum* and *ex-negativum*, of the body in movement and the dead body—which corresponds to his interest in norm-types, but also to a conception of a bio-organic collective subject (the "Volk") that was common during the NS period: the collective was imagined to consist of healthy and strong, but also of weak, degenerate elements. In the atlas, Pernkopf thus seized on the connection between apocalyptic and eschatological⁷⁴ elements in the biopolitical diagnosis and prognosis of society, an oscillation between the chimera of degeneration and the dream of scientific control (of selection and evolution) that Hans Walter Schmuhl has described so well as the characteristics of NS racial hygiene [154]. Thus, even if explicit NS symbolism was removed in re-editions, some of Pernkopf's images still stand as inscriptions to the short paths to power of the biosciences, typical of the NS Regime, which helps us understand the ambivalent feelings of some of today's readers.

Conclusion

Anatomical images show the structure of the normal human, the "norm" [155]. At the same time, anatomical images are part of dynamic knowledge landscapes; they undergo transformations and moments of transfer and exchange with their environment. Zygmunt Bauman characterises the steady re-conception of the human as characteristic of modernity [156]. In the field of anatomy, the visual re-conception of the body and norms as a process was largely shaped by the co-production of knowledge in the fields of science, politics, and with the general public [157]. In the early and mid 20th century, the period of interest here, in the complex entanglement of Democratic, Fascist, Catholic, Socialist, Populist and anti-Democratic positions, these re-conceptions played an important role. Anatomical atlases presented, at this time, powerful images that shaped the configuration of the perceptible and the evident [158], and thus of notions of reform in moments of political change. In the case of Pernkopf's atlas, it is difficult to link it to one political time-period; drawing on Max Weber⁷⁵, it could be characterised as a project in which alliances of science with forms of legitimate sovereignty are tied to forms of illegit-

⁷⁴ Relating to the end of the world (apocalyptic) and to the hope of perfection of the individual or society (eschatological).

⁷⁵ Max Weber (1864–1920) was a German sociologist, philosopher, jurist and political economist, whose ideas profoundly influenced social theory and social research.

⁷³ see footnote no. 63

imate sovereignty. This might help us to understand how anatomical images were—and still are—very much contested images, which should continue to make us question how individual appreciation (of the deceased) can be better implemented in future scientific practice.

The “Nazification” of Austrian Psychiatry

Georg Psota, *Psychosocial Services Vienna*,
 chapost@psd-wien.at
 Susanne Schuett, *Psychosocial Services Vienna*,
 susanne.schuett@psd-wie.at

Introduction

The *Anschluss* of Austria to Nazi Germany happened 80 years ago. And there are many different historical interpretations of the development up to the *Anschluss* and of the *Anschluss* itself. The present article concerns itself with the “Nazification” of Austrian psychiatry as a processual development that had been happening long before this particular day, or rather night, in history (11/12 March 1938). It is argued that not only was Austria’s psychiatry “nazified” but also Austria’s society as a whole. The assumption that political developments of a region precede the developments of medical subjects is found to be very likely and is, therefore, of timely and timeless importance.

In this historical context, the “Nazification” of Austria, of its society, of its psychiatry, is understood as a parallel process of right-wing radicalization over many years. Its political-ideological basis can be defined as German nationalism, antisemitism, and racial hygiene/biology. “Psychiatry” in this context is understood as the traditional combination of psychiatry, neurology and neurosciences in Austria.

“The “Nazification of Austrian Psychiatry” builds on and adds to the burgeoning literature about the darkest period in this discipline’s history. Much of what we know about Nazi psychiatry today we owe to the comprehensive (though by far incomplete) body of research and knowledge that has grown since the 1980s [159–161]. The first to publish about *Austrian* Nazi psychiatry were Wolfgang Neugebauer [162], Michael Hubenstorf [163] and Hartmann Hinterhuber [164], followed by Eberhard Gabriel [165–167] as well as Herwig Czech and Paul Weindling [161]. All these authors deserve to be commended for ultimately furthering remembrance and responsibility.

Demystifying “Nazification”

The possibly greatest myth surrounding the “nazification” of Austrian psychiatry is that it was a sudden political takeover by German Nazi psychiatrists. But the “nazification” of Austrian psychiatry must not be understood as a “special import” of “Nazi psychiatry” and “Nazi personnel” from the *Altreich* (pre-1938 Nazi Germany). It

had its roots in a political-ideological development in Austria and in Austrian psychiatry itself [195].

As a matter of fact, the “Nazification” of the professional group (psychiatry) by the political group (Nazi psychiatry) actually had its beginnings in the 1920s. Back then, Austrian academia was dominated by racial hygiene/biology, German nationalism, and antisemitism—the political-ideological basis of Nazi psychiatry in Austria (Fig. 8).

Long before 1938, the majority of Austrian Nazi psychiatrists and “euthanasia” perpetrators, as well as their mentors, had also already been members of the NSDAP or of its organisations and/or were part of the German nationalist, social nationalist and antisemitic milieu that had existed since the 1920s. In other words: “from the first hour onwards, there were personnel available” in Austria.

Psychiatry “Nazified”: Graz, Innsbruck, and Vienna

The closest, most influential group of Austrian Nazi psychiatrists and main “euthanasia” perpetrators (all of whom had been illegal national socialists before 1938) emerged from the milieu of Graz psychiatry. This particular milieu was personified by Gabriel Anton (1858–1933) and his student and successor Fritz Hartmann (1871–1937) (Fig. 9).

From the beginning of the 20th century, the majority of medical staff of the Graz psychiatric hospital had belonged to right-wing extremist fraternities. Hartmann, its long-standing director, played a central role in this context, representing the radical German nationalist wing. The transition to National Socialism was therefore remarkably short. Also four of the seven Austrian T4 (= euthanasia programme) experts emerged from the Anton/Hartmann-’school’. In total, there were 40 T4 experts deciding over life and death. Thus, Austria clearly had a higher percentage than the *Altreich*. But not a single one of these seven Austrian T4 experts (in alphabetical order: Oskar Begusch, Hans Bertha, Erwin Jekelius, Rudolf Lonauer, Otto Reisch, Ernst Sorger, Anton Fehring-er) was brought to justice after 1945 [168]. Important T4 protagonists also emerged from the milieu of Innsbruck psychiatry under Carl Mayer (1862–1936). Before 1900, Innsbruck psychiatry was already dominated by an old antisemitic tradition and German nationalism (Fig. 10).



Fig. 8 The political-ideological basis of Nazi psychiatry in Austria.

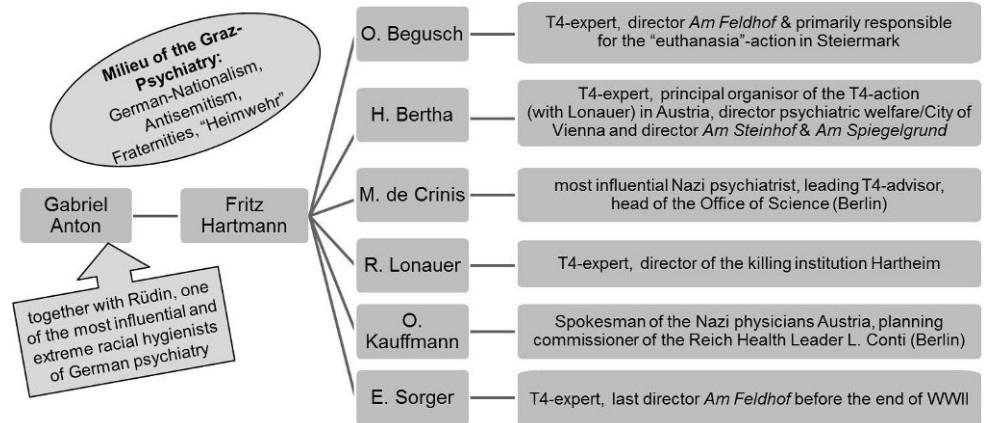


Fig. 9 Psychiatry in Graz

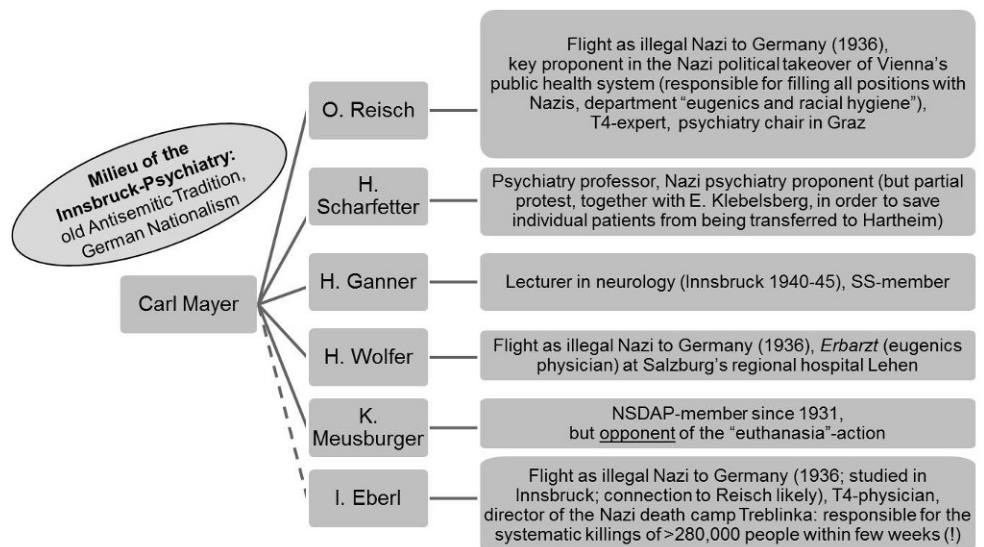


Fig. 10 Psychiatry in Innsbruck

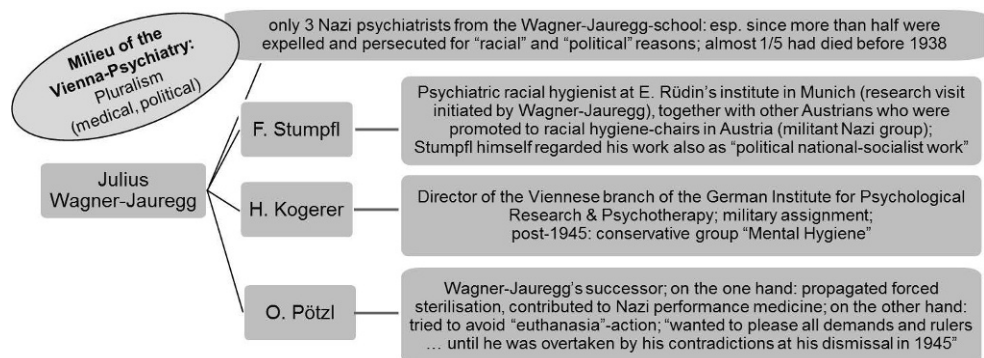


Fig. 11 Psychiatry in Vienna

Almost all Austrian Nazi psychiatrists and "euthanasia" perpetrators seemingly belonged to the tradition of Theodor Meynert (1833-1892) via Anton/Hartmann, Graz, and Mayer, Innsbruck, who also followed the stood tradition of Richard Krafft-Ebing (1840-1902). Max de Crinis and Hans Bertha especially claimed Meynert for Nazi psychiatry—as "scientific figurehead of a national socialist tradition of psychiatry", which is simply not true. So not all belonging to the Meynert tradition became Nazi psychiatrists; on the contrary (see, e. g., Arnold Pick and his school, Sigmund Freud and his students, Viktor Adler, and many more) [195].

There are also contradictions regarding both the consequences of particular psychiatric schools as well as persons acting alone. And, from a particular point of view, some of these contradictions will remain. This holds especially true for the school of Julius Wagner-Jauregg and the psychiatry in Vienna at the time. Its milieu may be described as medical and political pluralism (Fig. 11).

"Nazification" as Process

Ultimately, it was the political-ideological climate at the time—dominated by racial hygiene/biology, German

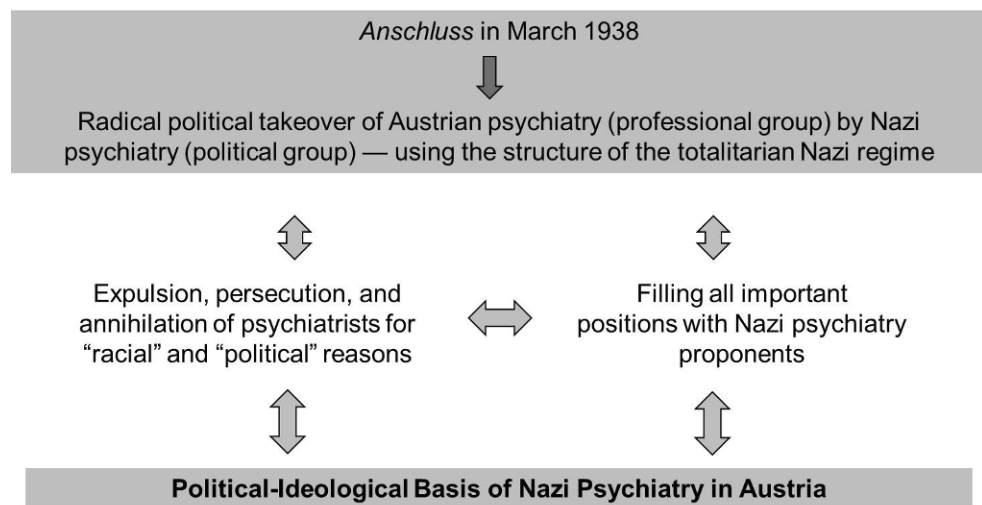


Fig. 12 The process of “nazification” of Austrian psychiatry

nationalism and antisemitism—that was decisive in preparing Austrian Psychiatry for the takeover by Nazi psychiatry. The “nazification” of Austria and its society was a political development that preceded and went hand-in-hand with the “nazification” of Austrian psychiatry. It can be understood as a parallel process of right-wing radicalization occurring over many years. The pre-1938 political-ideological basis of Nazi psychiatry in Austria made possible “from bottom-up” and what happened after the Anschluss in March 1938 “from top-down”. The process of ‘nazification’ of Austrian psychiatry and its elements is illustrated in Fig. 12.

Only a few weeks after the *Anschluss*, 3,200 physicians (out of a total of 4,900 physicians) and over half of the medical faculty of the University of Vienna were forced out of Vienna, out of Austria, for “racial” and “political” reasons. Most of them fled to the United States (>2,200) and United Kingdom (>350). But we must not forget that what happened after 1938 was only a radicalisation of what had happened already before 1938: at least since the parliament shut-down in March 1933, the civil war and the ensuing authoritarian *Ständestaat*⁷⁶, physicians of Jewish descent (especially in rural regions, institutions, and in the public health service) as well as socialists and social democrats had been discriminated against, deemed “illegal” and persecuted [169, 170].

Austrian psychiatry, alongside paediatrics, suffered the greatest loss of physicians, namely about 75 %. Between 1934 and 1940, over two thirds of all psychiatrists in private practice, half of the 29 institutional psychiatrists, and two thirds of the 21 institutional and privately practising psychiatrists were forced to emigrate, were persecuted or died (with Sigmund Freud being the most prominent victim). The psychiatric schools most affected in or from Austria were the school of neurologists under Heinrich Obersteiner and the group of psychiatrists under Arnold Pick, who were almost completely forced to

emigrate or were victims of Nazi persecution (at least five died in the concentration camps Theresienstadt and Auschwitz). Over half of the school of Julius Wagner-Jauregg was dismissed, persecuted or forced to emigrate (among others, Josef Gerstmann, Karl Grosz, Richard Stern, Hans Hoff, Helene Deutsch and Martin Pappenheim had already emigrated in 1934) [195].

In a parallel “process”, all important positions were filled with proponents of Nazi psychiatry. Although the “national socialist actions of forced sterilisation and patient killings” in Austria did not require a special import of personnel from Germany, it was not long after the *Anschluss* that some key positions were filled with Nazi psychiatry proponents from the *Altreich* [195].

- German Nazi “public health service” experts: H. Vellguth, A. Lang, R. Günther, M. Gundel, G. Renno.
- German Nazi psychiatrists/neurologists: E. Illing, O. Gagel, H. Geyer, K. Albrecht.
- Austrian Nazi psychiatrists who fled/moved to Germany before 1938 and returned after the *Anschluss*: O. Reisch, Austrian racial hygienists under Rüdin (esp. F. Stumpfl), H. Bertha, H. Wolfer; two stayed in Berlin: M. de Crinis and O. Kauffmann.

From “Nazification” to Psychiatric Genocide

The “nazification” of psychiatry brought about the greatest catastrophe in the history of Austrian psychiatry. Between 1938 and 1945, Nazi psychiatrists committed crimes against their colleagues and against their very own patients. They committed crimes against humanity. What follows is a “demystifying” summary of the role of psychiatry in Nazi programmes “from exclusion to extermination” [159, 161, 194]:

- Exclusion, expulsion, persecution, and annihilation of physicians for “racial” and “political” reasons
- Forced sterilisation of over 360,000 so-called “hereditarily diseased people”: in Austria, there were proportionally fewer forced sterilisations than in the *Altreich*.

⁷⁶ The corporative authoritarian system under the leadership of the Fatherland’s Front. It meant the end of democratic parliamentarianism and party pluralism.

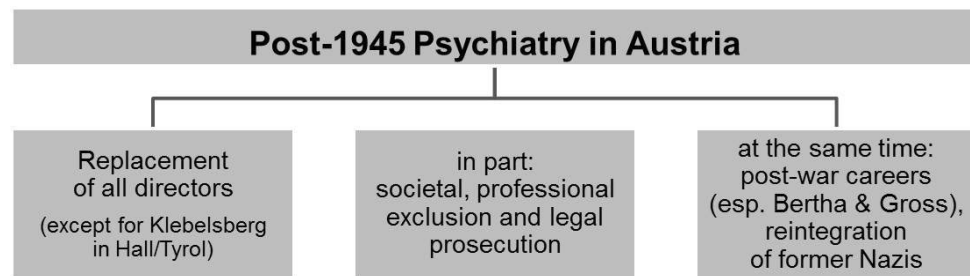


Fig. 13 Psychiatry in Austria after 1945

- Systematic killing and mass murder of at least 300,000 mentally ill and disabled children and adults as well as other “lives not worth living” under the disguise of the euphemism “euthanasia”: in Austria, there were proportionally more victims than in the *Altreich*, at least in “children’s euthanasia” and the T4 action. The main “euthanasia” killing centre in Austria was Hartheim castle. Not even one year after the *Anschluss*, Hartheim castle was seized by the Nazi authorities and thereafter chosen to be one of the six “euthanasia” killing centres, directed by Rudolf Lonauer. It was in Hartheim, the declared *Musteranstalt (model institution)*, where not only most “euthanasia” victims were killed but where the killings also continued until the end of 1944, long after the “T4 action” was officially ended in August 1941. These killings were part of the unofficial and de-centralised, so-called “wild euthanasia”, carried out by a few central figures with some insider helpers: mainly in Linz-Niedernhart (R. Lonauer; NSDAP/SS member since 1931/33), Klagenfurt (F. Niedermoser; NSDAP member since 1933), Mauer-Öhling and Gugging (Emil Gely; NSDAP/SA member since 1932). The main “children’s euthanasia” killing centres in Austria were *Am Spiegelgrund*⁷⁷ (directors: E. Jekelius, H. Bertha, E. Illing (all NSDAP members since 1933) with H. Gross (SA member since 1933) as notorious “children’s euthanasia” physician (H. Asperger was involved in transferrals there), and *Am Feldhof*⁷⁸ (director: O. Begusch; NSDAP member since 1924).
- Medical research on so-called “inferior people”.
- Ultimately: “euthanasia” as the “definite template of the Holocaust” [171].

These crimes have long been surrounded by the following three myths [159]:

- (1) “Medical crimes were perpetrated by a few fanatical Nazi doctors, and they were essentially the result of an irrational policy forced on the field of medicine from the outside.”
- (2) “The forced sterilisation programmes and killings of patients were the expression of an ideology, which had little or nothing to do with the contemporary state of medical knowledge and actions at the time.”

- (3) “The research activities of doctors in concentration camps had nothing to do with the contemporary standards of biomedical sciences.”

Historical research has refuted these myths altogether. Its results have been interpreted “that the boundary transgressions between 1933 and 1945 were not specific to the period of National Socialism; rather, they can be understood as examples of an extreme manifestation of potentials present in modern medicine in general” [159].

The Long Road to Remembrance and Responsibility

The road to “nazification” and psychiatric genocide was relatively short—especially when compared to the long road it took to remembrance and responsibility.

In the spring of 1945, the Third Reich ended. And so did the careers of the directors of psychiatric institutions in academia and practice in Austria. But they did not really end. They were rather discontinued for some time and renewed again after 1950 in a different place. Both NS discontinuities and continuities have been identified. After 1945, some former Nazis were socially and professionally excluded, some were legally prosecuted. But others were not. Those others were reintegrated and had stunning careers (Fig. 13).

The continuity of the dominance of “catholic-conservative tradition” (CV⁷⁹) since before 1938, the concomitant absence of socialist/social democratic academics (especially among physicians) and the lack of remigration of the expelled “old” Jewish and social democratic intelligentsia after 1945 may explain but cannot excuse social democracy’s (SPÖ⁸⁰/BSA⁸¹) reintegration of former Nazis in the late 1940s and early 1950s, especially the case of H. Gross who was a BSA member until 1988 [168, 172]. It may also explain, and again cannot excuse, why Friedrich Zawrel (1929–2015)—possibly the “most famous” victim of “children’s euthanasia” in Austria and the “most famous” victim of H. Gross—“has told a hundred times that everybody knew of the murder *Am Spiegelgrund* and of the murder in the *Anstalten (institutions)*. And that those hundred confidants from medicine, nursing, and judiciary remained silent and did nothing: before 1945, after 1945” [173].

⁷⁷ Children’s department in Psychiatric Hospital “Am Steinhof” in Vienna.

⁷⁸ Graz psychiatric hospital.

⁷⁹ See footnote no. 56.

⁸⁰ Socialist Party of Austria.

⁸¹ Federation of Social Democratic Academics, Intellectuals and Artists.

It was not until 2013 that the Austrian Society for Psychiatry, Psychotherapy and Psychosomatics (ÖGPP) organised the first remembrance ceremony “Psychiatry under National Socialism“. In 2016, the ÖGPP, together with the Documentation Centre of Austrian Resistance (DÖW), presented the travelling exhibition “*registered, persecuted, annihilated. The Sick and the Disabled under National Socialism*” of the German Association for Psychiatry, Psychotherapy and Psychosomatics (DGPPN)—combined with the Austrian part of the exhibition developed by the DÖW [174]. In the same year, the ÖGPP as a medical professional society decided unanimously on a special introduction of their statutes: “The Austrian Society for Psychiatry, Psychotherapy and Psychosomatics is conscious of its special responsibility for the dignity and rights of mentally ill people and their relatives. This responsibility results, not least, from the historical involvement of psychiatry in abuses, forced sterilisations and medical murders under National Socialism and from the deficient reprocessing thereof in the decades after 1945. The ÖGPP is going to do anything in its power that the same will not happen again.”

Conclusion: Timely and Timeless Lessons for a “Never again“

The ethical lessons—for psychiatry, for medicine, and for our society in general—remain constantly relevant. What happened must happen “Never Again” [161]:

“We cannot undo pain, injustice and death. But we can learn lessons, and we have learned a great many—in the psychiatry profession, in medicine as a whole and in politics and society. And we can commemorate the victims by coming together to advocate humane, patient-oriented psychiatry and by working together to fight the stigmatisation and marginalisation of mentally ill people” [175].

We need to walk the walk of remembrance and responsibility. And we must be wakeful. Because, to use Primo Levi’s (Italian Jewish chemist, writer and Holocaust survivor) words, “it happened, therefore it can happen again. ... It can happen, and it can happen everywhere” [176].

The Anschluss in 1938 and the Diaspora of Pharmacology in Vienna

Michael Freissmuth, Centre of Physiology and Pharmacology, Medical University of Vienna, michael.freissmuth@meduniwien.ac.at
Harald H. Sitte, President of the Alumni Club, Medical University of Vienna, harald.sitte@meduniwien.ac.at

Antisemitism has had a long history in Austria, which was interrupted by bouts of enlightenment, for example, by the edict of tolerance issued by Emperor Joseph II in

1782. This legislation by imperial *fiat*⁸² opened the universities to the Jewish citizens of the realm. Their enrolment increased continuously during the 19th century, in particular at the medical school (since 2004 the Medical University of Vienna). This was met by active resistance, spearheaded by prominent faculty members, in particular the eminent surgeon Theodor Billroth (1829–1894). His diatribes against Jews from Eastern Europe are full of despicable and revolting condescension. These views were opposed by the outstanding pathologist Karl von Rokitansky, whose liberal attitude ensured a meritocratic treatment of all students and young physicians. It has to be said though that, at the very end of his career, Theodor Billroth’s views took an amazing turn: in 1892, he joined the newly founded Austrian League against Antisemitism (“österreichische Verein zur Abwehr des Antisemitismus“). The meritocratic approach of Karl von Rokitansky shaped the medical faculty in such a way that many Jews rose to prominent positions. This was also to be seen in the Institute of Pharmacology, which was established in 1904: Hans Horst Meyer (1853–1939) was appointed as the first Chair. Hans-Horst Meyer was of Prussian extraction, he was trained by Oswald Schmiedeberg (1838–1921) in Strasbourg, where he also met John Jacob Abel (1857–1938), the founder of American pharmacology. Their life-long friendship can be observed, for instance, in a paper which Hans Horst Meyer contributed as a septuagenarian to a special issue of the *Journal of Pharmacology and Experimental Therapeutics* dedicated to John Jacob Abel [177]. Hans Horst Meyer was a remarkable scientist for many reasons including his lipid theory of narcosis. Based on ingenious experiments, Hans Horst Meyer deduced that general anaesthetics dissolved in a lipid phase to elicit their action; there was a perfect correlation between lipid solubility and potency. His interpretation was also supported by observations on the effects of temperature and pressure. For a century, the lipid theory of narcosis stood the test of time [178]; its shortcomings only became evident in the late 1990s, when general anaesthetics were found to also interact directly with channel proteins.

Hans Horst Meyer contributed to many other research areas and attracted many talented people. Both the diversity of the research and the talent pool can be gauged from the fact that five people who trained with Hans Horst Meyer were awarded a Nobel Prize: (i) in 1934, George Hoyt Whipple (1878–1976) for the treatment of pernicious anaemia with liver extracts; (ii) in 1936, Otto Loewi (1873–1961) for the discovery of chemical neurotransmission; (iii) in 1938, Corneille/Corneel Heymans (1892–1968) for the description of chemoreceptors and baroreceptors; (iv & v) in 1947, Gerty and Carl Ferdinand Cori for their work on glucose metabolism (Cori ester and Cori cycle).

When Hans Horst Meyer became an emeritus in 1924, he had built a highly visible Institute. Experimental pharmacology was firmly established as a scientific discipline

⁸² edict.

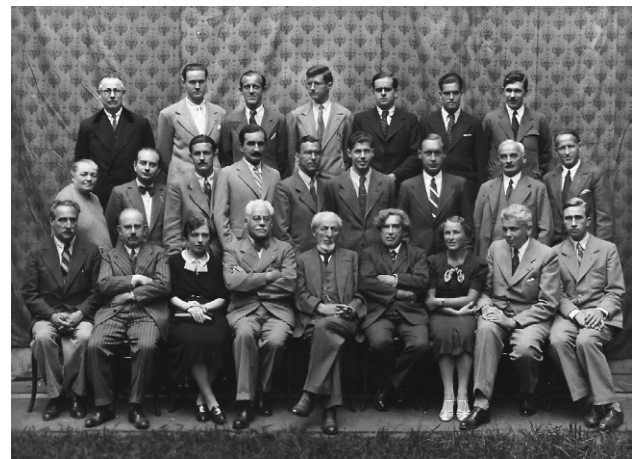
in Austria. Hans Horst Meyer was succeeded by Ernst Peter Pick (1872–1960), who had joined the Institute in 1911 after a stint in physiological chemistry in Strasbourg and eleven years at the Serotherapeutic Institute in Vienna, where he also worked together with Karl Landsteiner. The level of international exchange can be gauged from the fact that Japanese postdocs were not unusual in the Institute in Vienna; there are at least three who can be identified on photographs from the 1920s and/or traced in publications, e.g. [179]. Among the many scientific contributions of Ernst Peter Pick which had a lasting impact was the discovery that it was possible to raise antibodies against chemically modified endogenous (serum) proteins [180]. This observation paved the way to the concept of haptens and their role in allergy to drugs. It also allowed for preparing antibodies to detect small molecules in tissue sections or by radioimmunoassay (RIA) or enzyme-linked immunosorbent assay (ELISA).

Hans Horst Meyer was a Lutheran protestant, his Jewish background only mattered in 1938 (see below). In contrast, Ernst Peter Pick was a Moravian Jew: when he was elected Dean of the medical faculty, German Nationalist student fraternities circulated debasing open letters and pamphlets urging him to resign. One of these despicable pamphlets circulating in 1932 was signed by Josef Klaus (then 22 years old), who was Chancellor of the Republic of Austria between 1966 and 1970 and who prided himself on his Catholic piety. Thus, while Jews were not persecuted in Vienna before the Anschluss, the political climate condoned vile racism and relished in anti-intellectualism. It is therefore not surprising that some members of the Institute had already left before 1938: this included Hans Molitor (1895–1970), who moved in 1932 to the USA to work at the Merck Institute (Rahway, NJ), and Hans Sigmund Heller (1905–1974), who moved to the University College of London and later to the Department of Pharmacology of the University of Bristol. However, the situation was worse in Germany, where the racist persecution had already started in 1933 [181]. This also resulted in an influx of people into Austria. The Institute in Vienna benefitted—albeit briefly—by recruiting Klaus Unna (1908–1987), who worked here for four years before emigrating to the USA. The Anschluss in March 1938 eliminated this brief respite: Eleven active members or associates of the Institute of Pharmacology lost their positions (Table 1).

Seven of these and Klaus Unna are marked by asterisks on the photograph taken in 1937 (Fig. 14), and Hans Sigmund Heller and Hans Molitor are marked in the photograph taken in 1928 (Fig. 15).

The insidiousness of the National Socialist rulers and their acolytes can be gauged from the wickedness of their actions, highlighted by two examples: Hans Horst Meyer, who considered himself a German patriot, whose sons had served in the First World War and who had made so many outstanding contributions to medical sciences in both Germany and Austria, was evicted from his 19th District villa at the age of eighty-four because of his Jewish/non-Aryan origins. Hans Horst Meyer resigned from

all of his (very numerous) memberships in academies and learned societies to pre-empt his expulsion (as did Ernst Peter Pick and Alfred Fröhlich). Hans Horst Meyer was interned in a barracks, where he died in 1939. Hans Molitor, Hans Sigmund Heller and Klaus Unna, who were out of the reach of the National Socialist regime, lost their *venia docendi* (*authorization to teach*): their habilitation (qualification as lecturer) was nullified for racial reasons. The fate of the other pharmacologists is compiled in Table 1. We should point out that we do not mention exiled persons other than those who were directly linked to



© Center for Physiology and Pharmacology, Medical University of Vienna

Fig. 14 The members of the Institute of Pharmacology of the University of Vienna (since 2004 Medical University of Vienna) in 1937. Asterisks mark those who lost their position after the Anschluss. Back: Gusenbauer, Adari, Warnicki, Winiwarter, Redlich, Gutmann, Walterskirchen. Middle: Serban, Feitelberg, Karády, Warsberg, Konzett, Lehr*, Hueber, J. Schneider, O. Schneider. Front: Königstein, Pollak*, Glaubach*, Pick*, Meyer*, Fröhlich*, Flaum, Mauthner*, Unna*



© Center for Physiology and Pharmacology, Medical University of Vienna

Fig. 15 The members of the Institute of Pharmacology of the University of Vienna (since 2004 Medical University of Vienna) in 1928. Drs. Heller and Molitor left in 1934 and 1932, respectively. Their *venia docendi*/habilitation was revoked after the Anschluss. Back: Deuticke, Buschke, Wermer, Heilig, Gusenbauer, Stumpfl. Middle: J. Schneider, Urbach, Mauthner, Kunz, Paschkis, Glass, Nogaki, Heller*. Front: Donath, Graff-Panczowa, Pick, Meyer, Fröhlich, Glaubach, Molitor*

Table 1 The exiled members and associates of the Vienna Institute of Pharmacology and their fate in the diaspora resulting from the Anschluss in 1938

Alfred Fröhlich (1871–1953)	Emigration to the USA in 1939; appointment at the Mey Institute of Medical Research of the Jewish Hospital, University of Cincinnati, OH.
Susi Glaubach (1893–1964)	Emigration to the USA in 1938; appointment at the Newark Beth Israel Hospital and College of Physicians and Surgeons, Columbia University, New York, NY.
Walther Hausmann (1877–1938)	Nullification of his <i>venia docendi</i> /habilitation in Physiology and Pharmacology, and dismissal from his position as director of the Institute of Photobiology and Pathology and as officer in the Ministry of Social Affairs; committed suicide in 1938.
Hans Sigmund Heller (1905–1974)	Emigration in 1934 to the UK; appointment at the University College Hospital, London, and subsequently at the Beit Memorial Fellow for Medical Research, Department of Pharmacology, University of Bristol.
David Lehr (1910–2010)	Emigration to Lund, Sweden and then in 1939 to the USA; appointment at the Newark Beth Israel Hospital, NJ, and Department of Pharmacology and Physiology, New York Medical College, NY.
Hans Mautner (1886–1963)	Emigration to the USA in 1938; appointments at Middlesex University Medical School, Waltham, MA, Wrentham State School, Wrentham, MA and Pineland Hospital and Training Center, Pownal-New Gloucester, ME.
Hans Horst Meyer (1854–1939)	Evicted from his villa and interned in a barracks, where he died on October 6th, 1939.
Hans Molitor (1895–1970)	Emigration to the USA in 1932, appointment at the Merck Institute of Therapeutic Research, Rahway, NJ.
Ernst Peter Pick (1872–1960)	Forced retirement in 1938; interned in a barrack; emigration to the USA; appointment at Columbia University Medical School, New York, NY, and consultant at the Merck Institute of Therapeutic Research, Rahway, NJ.
Leo Pollak (1878–1946)	Emigration to the UK in 1939; appointment at the White Lodge Hospital, Newmarket, Suffolk.
Klaus Robert Walter Unna (1908–1987)	Emigration to the USA in 1937; appointment at the Merck Institute of Therapeutic Research, Rahway, NJ, and subsequently at the Department of Pharmacology, University of Pennsylvania, PA, and the Department of Pharmacology, University of Illinois College of Medicine, Chicago, IL.
Richard Balthasar Wasicky (1884–1970)	Dismissal/forced retirement from his position as Chair of the Institute of Pharmacognosy of the Universität Wien, „Zwangspensionierung“ 1938, because of his non-Aryan wife, emigration to Brasil in 1940 via France; appointment at the University of Sao Paulo and subsequently at the University Rio Grande do Sul, Santa Mar.
Emil Rudolf Zak (1877–1949)	Emigration in 1939 to the USA, private practice as Cardiologist.

the Institute of Pharmacology of the University of Vienna; Otto Loewi, whose shameful treatment by the National Socialist regime became a well-known scandal, is not named in the list of Table 1, because he was exiled as the Chair in Pharmacology of the University of Graz.

Several important points are evident from a glance at Table 1:

(i) The vast majority of the exiled pharmacologists managed to re-establish themselves as productive scientists. They represent what has been termed by Jean Medawar and David Pyke as “Hitler’s gift” to the development of scientific enterprise in the UK, USA, Canada and in other countries of the Americas [182]. We substantiate this claim by citing a few—possibly less well appreciated—examples to highlight some contributions to basic science which had a long-term impact: Susi Glaubach was involved in developing a tetrazolium analogue, referred to as Neotretazolium, as a reagent to monitor cellular activity [183]. After some 70 years, this is still the basis for measuring cell proliferation by tracking cellular activity colorimetrically using MTT (3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyl tetrazolium), which is reduced to (insoluble, purple) formazan.

As mentioned earlier, Ernst Peter Pick had a legendary depth of knowledge and command of experimental pharmacology. *Ryania speciosa* is a flowering plant of the *Salicaceae* family, which is native to South America. Before the advent of synthetic insecticides such as DDT,

extracts of *Ryania speciosa* were used as insecticide. In 1948, purified ryanodine became available [184]. Ernst Peter Pick embarked on a project to characterize the effect of ryanodine on mammalian skeletal muscle; the resulting paper is remarkable for several reasons, not the least of which is the fact that Ernst Peter Pick was almost 80 years old when the paper was published. The insights into the mechanisms underlying ryanodine-induced muscle rigidity were instrumental for understanding muscle physiology [185]. Ryanodine became the pharmacological tool to explore electromechanical coupling and to eventually identify the eponymous ryanodine receptor, i. e. the calcium release channel in the sarcoplasmic reticulum.

Klaus Unna was a beacon of academic decency and restraint. His paper on the structure-activity relation of phenylethanolamine analogues (Sympatol® and related compounds) was published in 1951—some 14 years after its completion—with a footnote explaining that the work for the paper had been carried out in 1937 in Vienna but that its publication had been delayed by external causes [186]. At the Merck Institute of Therapeutic Research, Klaus Unna was given the task of characterising nalorphine, which had been synthesized in Rahway following up on information provided by Chauncy D. Leake. While Chauncy D. Leake was apparently scooped by the chemists, the introduction of Unna’s paper meticulously documents the historical hints for the existence of opioid an-

tagonists and scrupulously gives Chauncy D. Leake his well-deserved credit [187]. The paper is also outstanding for its correct classification of nalorphine as a μ -opoid receptor antagonist.

(ii) We are not aware of any initiative after 1945 to rectify the misdeeds and the injustice. We have for instance not heard of any apology issued by the Chancellor Josef Klaus (1910–2001). The slogan “a true Austrian“, with which Josef Klaus ran his election campaign in 1970, has a particular ring of bitter irony in this context: suffice it to say that Josef Klaus enjoyed a handsome pension for some 30 years while, to the best of our knowledge, the émigrés were neither awarded their well-deserved pensions nor given back their properties. Ernst Peter Pick and Alfred Fröhlich, for instance, had owned well-kept villas in Vienna’s 19th District.

(iii) There is a stark contrast between the shameful pettiness of the post-war political establishment and the magnanimity of the émigrés. In the post-war period, the two then aspiring, now famous, Austrian pharmacologists Hans Winkler and Oleh Hornykiewicz benefitted from training and mentoring from Hugh (originally Hermann Felix) Blaschko (1900–1993), who left Germany in 1933 and was a towering figure in pharmacology in Oxford. Ernst Peter Pick, Otto Loewi and Hans Molitor were helpful in supporting the Institute of Pharmacology in Vienna in the 1950s. It is difficult to envisage how the discipline of pharmacology, in particular, and basic sciences, in general, would have evolved in Austria without the diaspora induced by the National Socialists and their acolytes. The loss to Austrian pharmacology and to Austrian cultural life can be estimated by studying the obituary of Alfred Fröhlich [188]. Ernst Peter Pick, Otto Loewi and Josef Warkany describe a man of many talents, who was an accomplished physician (“a celebrity“) at the age of 30 with his own eponymous clinical syndrome and who subsequently switched to basic science, where he had a major impact. For instance, Alfred Fröhlich and Otto Löwi described the potentiation of the action of adrenaline by cocaine [189]. Their work paved the way to understanding how neurotransmitters are inactivated by reuptake into the presynaptic specialization, but this took another 50 years [190]. However, Alfred Fröhlich was not only an impressive physician and scientist. He was also a man of the arts, who studied harmony with Anton Bruckner and took an interest in literature to the point of befriending Rudyard Kipling.

It is interesting to note that, according to the three authors of the obituary, Alfred Fröhlich maintained a lifelong friendship with Sir Charles Sherrington, Harvey Cushing and other colleagues but there was no hint of any cultivation of political contacts by Alfred Fröhlich. Thus, the contrast to post-war (and later day) sycophants is stark.

For those who, like us, had the privilege to be born into a peaceful time, the events in 1938 hold many lessons. First of all, the resilience with which the vast majority of the émigrés mastered their fate is a source of inspiration. The same is true of the magnanimity which they

displayed towards the subsequent generations. The wickedness of the National Socialist regime and the shameful behaviour of the post-war Austrian authorities is also a lesson to ensure that scientific enterprise must be governed by meritocratic fairness rather than political ideology and cronyism. Finally, a minimum standard of decency must shape political discourse. We believe that we and our colleagues in the Austrian Pharmacological Society have learned our lessons. We are sometimes not so sure about the political personnel in this and other countries.

Paediatrics and Curative Paedagogy in National Socialist Vienna⁸³

Herwig Czech, Ethics, Collections and History of Medicine, Medical University of Vienna, herwig.czech@meduniwien.ac.at

Introduction

Paediatrics, along with fields such as psychiatry, neurology and gynaecology, played a key role in the implementation of core elements of National Socialist “race hygiene“. After the profession was purged of its many Jewish members (defined according to Nazi racial legislation), its main focus became the care of the “fit“ and “valuable“ children, who were considered full members of the German body politic and the biological basis for the future reign of National Socialism [191]. At the same time, a considerable number of children were declared “unworthy to live“ and killed in special institutions such as the “Spiegelgrund“ [192–194]. In Vienna, both the implementation of this “child euthanasia“ programme and the coordination of the extermination of thousands of psychiatric patients in the so-called “Aktion T4“ was in the hands of a paediatrician, Erwin Jekelius (1905–1952).

Paediatrics on the way to the “Anschluss“

The year 1938 marked the culmination of developments that had been years in the making, particularly with regard to the Vienna University Children’s Department, which had achieved international renown under its director Clemens von Pirquet (1874–1929) [195, 196]. After Pirquet’s suicide in 1929 and the appointment of Franz Hamburger (1874–1954) as chair in 1930 (Fig. 16 and 17), the Children’s Department became a stronghold of Nazi ideology and anti-Jewish tendencies long before the Nazi takeover [197].

As a result, there was a sharp decline in scientific standards and output. Hamburger was a long-time adherent of the extreme right, who joined the NSDAP in 1934, during a period in which the party was regarded

⁸³ Research for this contribution was supported by a grant from the Austrian Society of Paediatrics and Adolescent Medicine (ÖGKJ).

© Josephinum – Ethics, History and Collections of the Medical University of Vienna



Fig. 16 Prof. Franz Hamburger (1874–1954) at his inaugural lecture on 13 May 1930

© Josephinum – Ethics, History and Collections of the Medical University of Vienna



Fig. 17 Memorial for the 60th birthday of Clemens (von) Pirquet (1874–1929), five years after his early death. For the public, Franz Hamburger tried to claim Pirquet’s heritage

as an illegal underground organisation by the Austrian state⁸⁴. Pirquet’s former collaborators, many of them Jewish, were pushed out and replaced with Nazi loyalists. The Children’s Department’s *Heilpädagogische Station* (Therapeutic Paedagogy Ward), established in 1911 by Erwin Lazar (1877–1932), lost two long-time employees—the psychologist Anni Weiß (1897–1991) left for the United States in 1935, followed by the paediatrician Georg Frankl (1897–1976) in 1937. This is significant because after his emigration Frankl came to work closely with Leo Kanner at Johns Hopkins University, which helps explain why, in 1943/1944, two publications from Baltimore and Vienna almost at the same time described a hitherto unknown syndrome, with both authors—Leo Kanner and Hans Asperger—referring to the term “autistic” to name it [198–200]; on Asperger, see also [201, 202].

The political orientation of Hamburger’s recruits is highlighted by the fact that among those who attained the highest academic qualification (*Habilitation*), all but one were dismissed in 1945 as former members of the NSDAP or SS, the exception being Hans Asperger, 1906–

⁸⁴ Municipal and Provincial Archives Vienna (WSStLA), 2.7.1.4.K1, Kartei zu den Gauakten, Prof. Franz Hamburger.

1980 [195]. Asperger did not join the Nazi party, but as a Catholic of pan-German nationalist/*völkisch* orientation he shared considerable common ground with National Socialism. He enjoyed Hamburger’s unwavering support in the pursuit of his career after he joined the department in 1931. In 1932 he began working at the Heilpädagogik ward, becoming its director in 1935 [201]. Another of Hamburger’s new hires was Erwin Jekelius (1905–1952), who was later responsible for the deaths of thousands of psychiatry patients and mentally disabled children. He worked at the Children’s Department from August 1933 to February 1936, spending part of this time at the Heilpädagogik ward⁸⁵.

After the “Anschluss”—persecution, expulsion, exile

With the “Anschluss” of March 1938, Nazi ideology became official doctrine in annexed Austria, and the discrimination and persecution of the Jewish population was implemented as state policy. This was enthusiastically supported by Nazi activists, who were now scrambling to push out their Jewish colleagues and take advantage of the career opportunities opening for them. Approximately 65 % of Viennese physicians were classed as Jewish according to the Nuremberg Laws. Of these, 77 were paediatricians, representing 70 percent of the field [197]. Among the teaching staff dismissed from the Vienna Medical Faculty were ten paediatricians. One of them—Herbert Orel (1898–1976)—was removed in 1940 because of his political ties to the Austrofascist regime [203]. The other nine lost their *venia docendi*⁸⁶ for so-called “racial” reasons—because they were classified as Jewish (or, in two cases, as “Mischlinge” or “half-Jews”) according to Nazi legislation. Tellingly, all of these nine university lecturers (*Dozenten*) and professors had obtained their qualification (*Habilitation*)⁸⁶ long before Franz Hamburger’s appointment as head of department—in the case of Wilhelm Knöpfelmacher as early as 1901, still under Pirquet’s predecessor Theodor Escherich (1857–1911)⁸⁷. Also, not one of those dismissed as Jewish in 1938 still had the centre of their professional activities at the university, the possibilities there having been blocked for Jews long before [197].

In total, the paediatric field in Vienna lost two thirds of its qualified university teachers and professors—an unprecedented destruction of scientific knowledge and experience⁸⁸. How unbearable the situation had become for

⁸⁵ Municipal and Provincial Archives Vienna (WSStLA), 1.3.2.202, Personalakt Erwin Jekelius.

⁸⁶ See footnote no. 34.

⁸⁷ Collection of biographies compiled for the exhibition “The Vienna Faculty of Medicine 1938 to 1945” (Josephinum, 13 March to 6 October 2018), based on the Memorial Book for the Victims of National Socialism at the University of Vienna 1938 (Herbert Posch/Katherina Kniefacz/Andreas Huber) [<https://gedenkbuch.univie.ac.at>], with additional research by Barbara Sauer.

⁸⁸ At present, little data are available on staff who had not obtained a habilitation—a regrettable gap in the scholarship that should be filled as soon as possible, the considerable difficulties concerning sources notwithstanding.

the victims of anti-Jewish hatred and persecution is evident from the fact that of the nine paediatricians stripped of their *venia* for “racial” reasons, two committed suicide. Relatively well-known is the fate of Wilhelm Knöpfelmacher. On 2 April 1938, a mob forced him to scrub the pavement outside the internationally renowned Sanatorium Fürth, together with the owner Lothar Fürth (1897–1938) and his wife Susanne (1904–1938). On the day after this humiliation, the Fürths took their own lives; on 14 April, Knöpfelmacher followed suit, ingesting an overdose of sleeping tablets⁸⁹.

Adolf Franz Hecht, another of the Medical Faculty’s lecturers in paediatrics, committed suicide in December 1938. He had not only lost his livelihood, but also his brother, who was killed at Dachau concentration camp.

Richard Lederer (1885–1941) made his way to Baghdad, where he obtained a professorship at the Royal College of Medicine and became personal physician to the heir to the throne, but he soon died far from home, without seeing his family again. Rudolf Neurath (1869–1947) and Hans Abels (1873–1942) both died in exile in New York. Due to their advanced age and the persecution they had suffered, they were not able to work in their profession again. On the other hand, Heinrich Lehndorff (1877–1965), Edmund Nobel (1883–1946), Hans Mautner (1886–1963) and Richard Wagner (1887–1974), who were between 51 and 61 years old in 1938, managed to gain a professional foothold again in their host countries (Nobel in the United Kingdom, the others in the United States).

Paediatrics under National Socialism—care for the “fit” and “valuable”

After the Anschluss, Nazi activists such as Franz Hamburger could openly declare their allegiance to Adolf Hitler and the Nazi Party. In a programmatic speech in 1939 (“National Socialism and Medicine”) he stressed how central Nazi ideology was to his professional credo: “A teacher of obstetrics, a teacher of paediatrics, internal medicine or neurology has to be a true National Socialist. He has to be completely permeated with the foundations of National Socialist life and health leadership” [204]. Hamburger was one of the NSDAP’s figureheads within the Vienna Faculty of Medicine and had considerable influence within the Nazi medical establishment both in Vienna and—thanks to his position as President of the German Association of Paediatrics—in Germany overall [197].

Nazi propaganda projected an image of the German Reich as a community of the healthy, fit and “racially valuable”. Physicians, including paediatricians, were touted as “health leaders of the German people”. Health care during pregnancy and childhood was promoted and designed to reach the remotest corners—for example via “motorized mother counselling” (*motorisierte Mutterberatung*), operated by the Children’s Department [197]. Like the numerous stationary mother coun-

selling offices and many other initiatives in this context, an important goal was the collection of information for the Public Health Office’s “hereditary registry” (*Erbbestandsaufnahme*), which in Vienna covered over 700,000 inhabitants [205]. Clearly, medical care for healthy offspring as the biological basis of German power had a reverse side—the classification of the population along criteria of racial and biological “fitness” or “worth”, including the selection and extermination of alleged “life unworthy to live”.

While the actual killing operations (euphemistically referred to as “euthanasia”) were implemented in secret, the underlying principles that enabled these policies were communicated quite openly. In the 1940 edition of their paediatrics textbook, Franz Hamburger and Richard Priesel (Hamburger’s counterpart in Innsbruck, 1890–1955) denied babies with malformations or mental disabilities the right to live: “For the time being, you have still the duty as a physician to preserve the child’s life under any circumstances. However, time and again, you will have to explain to the parents, at least to the less sentimental father, that it would be better for the respective child to die, that it must be sterilised to prevent hereditary-defective progeny” [206]. While this call for the death of children deemed unworthy sounded like wishful thinking, the regime in 1939 had already started to implement the “child euthanasia” killing programme.

“Child euthanasia” at Vienna’s “Spiegelgrund”

In July 1940, in the premises of the Steinhof psychiatric hospital, the Vienna municipal administration founded the Vienna Municipal Youth Welfare Institution “Am Spiegelgrund”. Selecting and killing children for the “child euthanasia” program was one of its core functions. The necessary space for the new institution was created by the murder of over 3,000 patients in the gas chamber of the “T4” extermination center at Hartheim castle near Linz [192–194]. The “T4” programme—named after the headquarters of the secret organization tasked with implementing it, located at Tiergartenstraße 4 in Berlin—named as its Vienna coordinator, a paediatrician, the aforementioned Erwin Jekelius [194]. This was unusual, since T4 mostly relied on psychiatrists. Jekelius, who had received his training in Hamburger’s department, also became Spiegelgrund’s first director.

The Spiegelgrund “euthanasia” centre and Hamburger’s university department maintained close ties. When the Viennese Association for Therapeutic Pedagogy was established in 1941, Jekelius became its first chairman, while Hamburger and Asperger represented the Children’s Department [197]. More importantly, numerous children and adolescents were transferred from the Children’s Department to the Spiegelgrund institution for observation, assessment, and, all too often, to be killed. Ernst Illing (1904–1946), who succeeded Jekelius as director after the latter’s fall from grace due to a romantic relationship with Hitler’s sister Paula, gave the following statement after his arrest in 1945: “I point out that my de-

⁸⁹ See footnote no. 87.

partment [Spiegelgrund] was always overcrowded, since other clinics [...], including the University Children's Department, transferred—or wanted to transfer—such hopeless cases, evidently because they believed that in my department euthanasia was possible on account of the mentioned circular, while they were not allowed to practice euthanasia.⁹⁰

Currently, patient files of 562 children who died at Spiegelgrund are available for analysis (the documented number of victims is 789). In this sample, 44 files (7.8 %) contain evidence of admission to the Children's Department before being transferred to Spiegelgrund. On this basis, an estimate of approximately 62 such cases in total is plausible⁹¹. A typical note from 1943 in one of the case files reads as follows: "Esteemed colleague! I permit myself to send you the child Adolf Prem because of debility and seizures." Four weeks later, the boy was dead⁹².

Another example is Gerlinde Hawlitschek, born on 29 July 1939 in Znojmo (Znaim) in Czechoslovakia. On 9 May 1944, Hamburger had her transferred to Spiegelgrund, where she was diagnosed with severe disabilities, attributed to perinatal brain damage. One month later, Spiegelgrund Director Ernst Illing informed the authorities that in his view, Gerlinde would remain "permanently uneducable and in need of care", which under the circumstances amounted to a death sentence. Gerlinde's father, in the meantime, tried in vain to obtain her discharge; in September 1944, Gerlinde died at Spiegelgrund. The registered cause of death was pneumonia, which often concealed poisoning with barbiturates, the killing method of choice in the "child euthanasia" programme⁹³. For two such referrals—also with a deadly outcome—direct responsibility falls on Hans Asperger. These cases represent only a tiny fraction of the Spiegelgrund "euthanasia" murders, but they are significant because Asperger syndrome is one of the most widely-used medical eponyms from the German-speaking world, and because of Asperger's reputation as a principled opponent of National Socialism and its race hygiene policies, which, however, is not supported by historical evidence [201, 202, 207].

Unethical experiments at the Vienna University Children's Department

The Spiegelgrund killing institution enabled doctors, hospitals and children's homes to send unwanted patients to their deaths without having to assume direct responsibility. One of the consequences was a serious undermining of medical ethics. Hamburger's assistant Elmar Türk (1914–2003), for example, used the opportunities offered by the "child euthanasia" programme to

test the reliability of the BCG vaccine against tuberculosis. In two series of experiments in 1941 and 1942, Türk intentionally infected five children with virulent tuberculosis bacilli, three of them after receiving vaccinations, and two (as controls) without any protection. The results were discussed on several occasions by the Viennese paediatric community and published in two papers, in 1942 and 1944. In this context, Türk was quite open about the fact that he was reporting on the results of dangerous experiments performed on children with mental disabilities. All five children were sent to the Spiegelgrund institute after the experiments, where they died. There is evidence that some, if not all of them, were intentionally killed in order to supplement the clinical observations by post-mortem examinations [208, 209].

For a series of experiments on the effect of vitamin D as a remedy and prophylaxis against rickets, Türk used premature infants as his subjects. Assuming "a practically 100 per cent susceptibility" to rickets in the absence of countermeasures, he denied 15 babies in the control group any treatment at all until 13 of them had, in fact, developed rickets that could be detected in their X-rays. To prevent parents or other physicians from intervening and distorting the research results, he systematically deceived them, including falsifying medical records [209].

Experiments on children deemed unworthy of medical care due to their poor physical and mental condition were evidently common practice at the Children's Department. Heribert Goll (1912–?), another of Hamburger's assistants, through a series of experiments tried to answer why vitamin A deprivation in some children leads to keratomalacia. In an attempt to elucidate the cause of the disease, Goll performed several series of experiments. In one instance, he kept babies on a diet as low in vitamin A as possible, inducing an artificial vitamin deficiency that lasted up to several months. As a consequence, several of his experimental subjects developed xerophthalmia, the early stage of keratomalacia—a result that was neither unexpected nor original, given the existing knowledge on vitamin A deficiency at the time. In a second series of experiments, Goll tested the hypothesis that keratomalacia was caused by an infection facilitated by the vitamin deficiency; for this purpose, he took exudate from a young patient's eyes (the child lost her eyesight to the disease) and smeared it into the eyes of four children he used as experimental subjects. Since this intervention failed, he repeated the experiment with cocci bacteria cultivated from the exudate. Fortunately for the children, the disease could not be transmitted in this way. Goll openly admitted to experimenting on children with disabilities, insisting that he chose "only infants unfit to live, afflicted with meningocele and similar conditions" [209].

Goll pushed his experiments even further, keeping 20 children on a diet that was not only free of vitamin A, but also of vital fats. One of the children, a ten-month-old infant, was subjected to this regime for nearly 300 days. Goll's aim was to examine the body's capacity to store vitamin A in the liver, which required autopsies after the ba-

⁹⁰ Documentation Centre of the Austrian Resistance, DÖWE 18.282, Vernehmung des Beschuldigten Dr. Illing, 22 October 1945.

⁹¹ WStLA, 1.3.2.209.10, Nervenklinik für Kinder, Krankengeschichten: verstorbene Mädchen und Knaben 1940–1945.

⁹² *ibidem*, Krankengeschichte Adolf Prem.

⁹³ *ibidem*, Krankengeschichte Gerlinde Hawlitschek.

by's deaths. One of his research subjects was Anna Mick, who was admitted to the children's department in February 1941, aged a little over six months. Born with hydrocephalus, her physical development up to this point was described as "robust", but her mental capacities were "stunted". During the 114 days she stayed as in-patient, Anna was kept on a diet of systematic malnutrition, required by Goll's experiments. After her death, the autopsy report simply stated: "The child died under increasing feebleness". Although Goll himself claimed in both publications that he chose infants who had no chance of survival (and who were, in his own words, "mostly idiotic"), it seems implausible at best to assume that this, as other cases, was a "natural death", given the regime of systematic malnutrition to which the children had been subjected [209].

Conclusions

Paediatrics was one of the medical disciplines that were considered of central ideological and political importance to the Nazi regime and its biopolitical agenda. Nazi-fication of the leading institution in the field, Vienna University's Children's Department, had started years before the Anschluss, with the appointment of Franz Hamburger as chair in 1930. When discrimination and persecution of Jewish doctors became state policy in 1938, the field lost the majority of its representatives; many of those remaining were Nazi activists or at least sympathizers who were often willing to participate in activities such as unethical human experiments and the "child euthanasia" programme.

The Aftermath of the Anschluss" on Austrian Medicine from 1945 to today

Markus Müller, Rector of the Medical University of Vienna, markus.mueller@meduniwien.ac.at

"A nation that forgets its past has no future" Winston Churchill

March 2018 marks the 80th anniversary of the "Anschluss" of Austria to the National Socialist German Reich, an event that was a profound turning point in the history of the Austrian scientific landscape, especially in medicine. Symptomatic of the attitude of National Socialism to science is a quotation attributed to Adolf Hitler on the occasion of a personal conversation in 1933 with Max Planck, who tried to intervene with Hitler on behalf of Jewish colleagues: "If the dismissal of Jewish scientists means the annihilation of German science then we shall do without science for a few years" [210]. This consistently racist and anti-Semitic attitude, which prevailed particularly at the universities, led to a loss of more than half of the faculty at the Medical School of the University of Vienna [211]. For many decades the long lasting effects of

this serious breach in 1938 were concealed in Austria. So what were the actual manifestations of the aftermath of the year 1938 after 1945?

Lack of infrastructure, displaced intelligence, and the narrative of Austrian medical history after 1945

An obvious problem for Austrian medicine after 1945 was a blatant lack of infrastructure. Already the years after 1918 were characterized by great poverty, political insecurity and lack of investment in research infrastructure, a situation that was intensified as a result of an increasingly science-averse climate after 1938 and after the end of the war in 1945. This deficit after 1945 is vividly described in the autobiography of Karl Fellingner, Rector of the University of Vienna, in the anniversary year 1965 [212]: "... by an indiscretion I got a copy of the report of the Americans. ... it was reported that my, clinic' was in a deplorable and primitive state ... the Americans therefore concluded that under the given circumstances ... a resurgence of the Vienna hospitals could hardly be expected.". Karl Fellingner was one of the few professors who was not tainted by a National Socialist past because, as he writes in his autobiography, he "was politically on the wrong side" [208] and therefore he lost his leading position in March 1938. As stated in the files of the Vienna General Hospital (AKH) inquiry committee, Fellingner was a major proponent for the idea of a new, modern central hospital, a "new AKH". The first plans for this project date back to the 1950s, and the spatial and functional design of the new AKH were finally completed in 1959. Soon a problem emerged which still exists today: a dual political responsibility introduced in 1938 between the federal government and the city of Vienna. In a letter addressed to the Dean, Leopold Schönbauer, in 1969, Fellingner refused any "attempts by the City of Vienna to interfere in university affairs". In any case, the opening of the AKH in 1992 was probably the most important infrastructural achievement of Austria in the field of medicine for over a century. The years 1945 to 1992, however, were characterized by a non-competitive infrastructure, which among other factors led to the fact that the medical scientific output of Austria ranked 40 % below the world average in 1985⁹⁴. By far the most devastating consequence, however, was the massive lack of renowned experts and talents after 1938. As a result of racial delusion among the National Socialist party, all Jewish professors and those who did not agree with the government, in total more than 50 % of the faculty were removed from office and many young talents were expelled [211]. Among many others, Max Perutz, Nobel Laureate of the Year 1962, Eric Kandel, Nobel Laureate of the Year 2000, Otto Loewi, Nobel Laureate of the Year 1936, Carl Djerassi, inventor of the "Pill", Eugene Braunwald, later Chair of Cardiology at Harvard University and publisher of the most important textbook of internal medicine, Sigmund Freud, founder of psychoanalysis, and his physician and biographer Max

⁹⁴ <http://archive.sciencewatch.com/ana/fea/pdf/09sepoctFea.pdf>

Schur were forced to emigrate from Austria. Also characteristic of the xenophobic attitude was the dissolution of the office of the “American Medical Society of Vienna”, an organization that had been founded in Vienna in 1879 and in which more than 32,000 foreign colleagues had undergone postgraduate training until 1938 [212]. As in Dickens’ novel “A tale of two cities”, in the post-war decades a boom of academic medicine began in the US and England and a dramatic crisis manifested itself in Austria, which had formerly under van Swieten and Rokitsky been a cradle of science-based medicine. Max Perutz founded the first molecular biology lab in Cambridge, UK, an institution that produced 15 Nobel Prize winners, including Watson and Crick. The upward movement of clinical medicine in the USA is described impressively in Tom Lee’s biography of Eugene Braunwald’s “*Eugene Braunwald and the Rise of Modern Medicine*” [213]. In Austria, by comparison, hardly any experimental papers were written. The two dominant personalities of post-war medicine, the internal medicine specialist Karl Fellingner and the surgeon Leopold Schönbauer, although respected physicians, wrote mostly educational articles in German but no original papers of international significance. A striking exception was the pharmacological work on dopamine and Parkinson’s disease by Hornykiewicz and Ehringer 1960 [214], and the subsequent clinical studies by Hornykiewicz and Birkmayer [215], who in 1961 laid an essential foundation for modern therapies for Parkinson’s disease. Birkmayer, however, was a former member of the NSDAP after 1932, and after 1936 a captain in the SS (Hauptsturmführer) and chief officer in the racial-political office of the NSDAP. Birkmayer’s career was symptomatic of the post-war career of a former Nazi who, as Birkmayer stated, “(wanted to exterminate) *everything morbid, impure and decaying from the people*” and who in 1953 became a member of the BSA (Austrian Academic Socialist Association), in 1954 a titular professor and a popular television doctor in the TV show “Seniors Club” in the 1980s.

Birkmayer’s curriculum vitae was typical of the reintegration of many fanatical National Socialists after the war. The period between 1938 and 1955 was considered to be the “great Austrian taboo” [216]. Also, the life of Leopold Schönbauer, already mentioned above, who was Rector of the University of Vienna in 1953, but also Vice Dean 1939–1945, fits in well into the picture. Schönbauer, NSDAP party contender, was probably not a fanatical National Socialist but an opportunistic follower; he was able to build up a positive, personal image in 1945 as the “saviour of the AKH”. Although classified by the occupying powers as politically tainted, under the later Federal President, Adolf Schärf, on the basis of §27 of the NS Prohibition Act, popularly also called “Schönbauer Paragraph”, he was considered to be “less burdened” and was able to continue his career. Interestingly, after the war, Schönbauer devoted himself to intensive medical history work, especially the well-known work “*Das medizinische Wien*” [217], which does not mention the time after 1938 at all. Until the turn of the millennium, Austrian medi-

cal history was romantically influenced by the glorious years of the 1st and 2nd Viennese Medical School of the 18th and 19th century. Erna Lesky, honoured Professor for the History of Medicine after the war and previously a member of the NSDAP, wrote her 1981 work “*Milestones of Viennese Medicine*” [218] which, like Schönbauer’s book, excludes the Nazi era and tries to seamlessly link the post-war years to the 1st and 2nd school of medicine. Another interesting example of the popular narrative of Austrian medical history is the book “*Van Swietens Erbe*” [219], published in 1982, and still in 2013 praised in an obituary of the Vienna Medical Academy as a “standard work”. It was written by the former SS member and Professor of Chemotherapy from 1979–87, Karl Hermann Spitzzy. In the preface, Spitzzy and Lau write: “... *The terrible intellectual losses of the Viennese faculty in the years 1938–1945 were difficult to compensate, but obviously all the representatives have kept their place in the tradition on whichever side they were: a sign of generous tolerance, which is not necessarily one of the most common features in academic circles.*” No other mention of the period 1938–45. Another work published in 2007 on the “*Chronicle of the Viennese Hospitals*” describes in chronological order the series of institutes, partly dating back to the 12th century until today, without substantive evaluation of the years 1938–1945 and with purely descriptive, lexical narrative, e.g. on the personality of Hans Eppinger, a participant in salt-water experiments in Dachau [220].

New beginnings in the 1990s

It took a very long time until the academic establishment in Austria faced up to the historical facts and the intellectual history of March 1938. The first signs of a turning point from the “taboo” emerged in 1978 on the occasion of a lawsuit of a victim of the Nazi euthanasia doctor Heinrich Gross, Friedrich Zawrel, which was reported in the Austrian daily newspaper *Kurier* on 17 December 1978 under the title “A doctor from the Nazi murder children’s department”. Around the same time, the working group “Critical Medicine” was founded with the support of the trauma surgeon Werner Vogt, and there was a review of the Nazi crimes at the “Am Spiegelgrund” children’s clinic in Vienna. Under the impression of shocking artistic impulses, such as the works of Thomas Bernhard, e.g. the quote from 1983 that his compatriots “... *seem to be nice people but they only dream of extermination and gas chambers ...*” [221] and the Waldheim affair in 1986, there was gradually an increasing interest in the facts and consequences of 1938 for Austrian medicine. The first, personally-remembered discussions, started at the School of Medicine on the occasion of a publication by a former head of Department, Edzard Ernst, in 1995 in “*Annals of Internal Medicine*”, on the decline of Viennese medicine and the aftermath of the “spirit” of the National Socialist period [211]. In 1998, the *Wiener Klinische Wochenschrift*, once a prestigious journal in which the first description of the blood groups by Karl Landsteiner was published, published an editorial by Wilfred Druml

on the history of the Wiener Klinische Wochenschrift that had first been published between 1938 and 1945 [222]: The “Anschluss” Issue 7/1938, edited by the fanatical Nazi doctors Hans Eppinger and Eduard Pernkopf appeared under the title “the Ostmark has returned home to the motherland”. On the initiative of the Yad Vashem Memorial Organization, in 1998 a committee established by the Academic Senate of the University of Vienna submitted a report on the Anatomical Atlas of Pernkopf stating that “the bodies of executed men from the Vienna Regional Court have been made available to the anatomy department, including many victims of National Socialist justice”⁹⁵; this report led to several publications, discussions and statements on the “Pernkopf Atlas” [223, 224]. In 2000, the Dean, Wolfgang Schütz, wrote a much-noted article on the Faculty of Medicine 60 years after the annexation of Austria [216] and in 2004 the book “The Will to Uphold” by the Austrian Academic Socialist Association BSA [225] described in detail the reintegration of former Nazi doctors by the BSA, including Gross and Birkmayer. A recent article, published in 2018, is dedicated to the biography of the illicit NSDAP member Alfred Pischinger, from 1958–1970 Director of the Histological Embryological Institute in Vienna [226]. All in all, these publications form the basis for a fundamentally new position on the intellectual history of the Anschluss in 1938 and the years 1938–1945 [227]. In March 1979, reports of unethical “experiments with babies” in the daily newspaper Kurier reached the public; this led to the establishment of an ethics committee for reviewing clinical study protocols at the Medical Faculty of Vienna. The following formalization and professionalization of clinical and pre-clinical research activities, together with a modern infrastructure at the newly built “new AKH” and several other locations, as well as a generation change and increasing internationalization led to a dynamic upward movement of academic medicine in Austria. A 2008 Thompson Reuters analysis of dynamically growing areas of science worldwide concluded, “... none surpassed clinical medicine, in which the impact of Austria-based research rose to more than 40 % above. The progress is even more striking if one looks back to 1981–85, when Austria’s impact on clinical medicine was 56 % below the world baseline.”⁹⁶

Today the Medical University of Vienna, as the leading Austrian academic medical institution, is among the 100 best medical schools in the world in most analyses and rankings, a result of a remarkable catching-up process that, however, was unable to reach the pre-1938 level [228]. Still there is also ample room for historical research on the effects of this time as a recent article by Czech on Hans Asperger shows [201]. In the interwar period, four Nobel Prizes had been awarded to Austrian physicians. Therefore, the devastating effects of 1938 are above all a warning from history to future generations. The lesson we need to learn from this is that (a) an open attitude based

on the Kantian imperative, (b) the promotion of talent, regardless of origin, and (c) a competitive infrastructure are indispensable characteristics for universities. I would like to conclude with a quote from Albert Einstein: “Most people say that it is the intellect which makes a great scientist. They are wrong; it is character.”

Funding. Open access funding provided by Medical University of Vienna.

Conflict of Interest: All authors declare that they have no conflict of interest.

Open Access This article is distributed under the terms of the Creative Commons Attribution 4.0 International License (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license, and indicate if changes were made.

References

- Schmidl EA. Der „Anschluß“ Österreichs. Der deutsche Einmarsch im März 1938. 3rd ed. Bonn: Bernard und Graf; 1994. pp. 11–31.
- Luža R. Austro-German Relations in the Anschluß Era. Princeton: Princeton University Press; 1975.
- Rathkolb OR. The Austrian Foreign Service and the Anschluß in 1938. Ger Stud Review. 1990;13(1):55–83.
- Lassner AN. Peace at Hitler's Price: Austria, the Great Powers, and the Anschluss, 1932–1938. Ph.D. thesis. Ohio: Ohio State University; 2001.
- Kindermann GK. Hitler's defeat in Austria, 1933–1934: Europe's first containment of Nazi expansionism. Kindermann GK; translated by Brough S and Taylor D. London: Hurst; 1988.
- Moos C. Habsburg Post Mortem. Betrachtungen zum Weiterleben der Monarchie. Wien: Böhlau; 2016. p. 70.
- Safrian H. Eichmann's Men. New York: Cambridge University Press; 2010.
- Knight R. Ich bin dafür die Sache in die Länge zu ziehen. Die Wortprotokolle der österreichischen Bundesregierung von 1945 bis 1952 über die Entschädigung der Juden. Frankfurt/Main: Athenäum; 1988. p. 73.
- Wassermann HP. Naziland Österreich? Studien zu Antisemitismus, Nation und Nationalsozialismus im öffentlichen Meinungsbild. Innsbruck: Studienverlag; 2002. p. 137.
- Fröhlich E., editor. Die Tagebücher von Joseph Goebbels. vol.3/I, April 1934–Februar 1936, 18.März 1935. München: K.G. Saur; 2005, p.201
- Hitler's remarks are preserved in the “Hoßbach-Protocol”: Minutes of discussion in the Reich Chancellery, 5 November 1937, 4:15–8:30 p.m. Akten zur deutschen auswärtigen Politik 1918–1945, series D (1937–1945), vol. 1: Von Neurath zu Ribbentrop (Sept. 1937–Sept. 1938). Göttingen: Vandenhoeck & Ruprecht; 1950. pp. 25–32.
- Goebbels. Tagebücher, vol. 5: Dezember 1937–Juli 1938, 15 March 1938, München: K.G. Saur; 2000. p. 209.
- Bajohr F, Strupp C, editors. Fremde Blicke auf das “Dritte Reich.” Berichte ausländischer Diplomaten über die Herr-

⁹⁵ <http://geschichte.univie.ac.at/de/personen/eduard-pernkopf-prof-dr>

⁹⁶ <http://archive.sciencenews.com/ana/fea/pdf/09sepoctFea.pdf>

- schaft und Gesellschaft in Deutschland 1933–1945. Göttingen: Wallstein; 2011. p. 479.
14. Schweitzer F. 50 Jahre danach. Nationalsozialismus, Zweiter Weltkrieg und die Nachkriegszeit auf dem Lande, erlebt in der Landpfarre Thaya/Thaya im niederösterreichischen Waldviertel. Thaya: Marktgemeinde Thaya; 1995. p. 15.
 15. Klemperer V. In: Nowojski W, Klemperer H, editors. Ich will Zeugnis ablegen bis zum letzten. Tagebücher 1933–1941, 1942–1945. Vol. 1. Berlin: Aufbau; 1995. p. 399.
 16. Goebbels. Tagebücher, vol. 5: Dezember 1937–Juli 1938, 24 March 1938, München: K.G. Saur; 2000. p. 227.
 17. Freund F, Safrian H. Die Verfolgung der österreichischen Juden 1938–1945. In: Tálos E, Hanisch E, Neugebauer W, Sieder E, editors. NS-Herrschaft in Österreich. Ein Handbuch. Wien: öbv und hpt. 2000. pp. 767–94.
 18. Rabinovici D. Instanzen der Ohnmacht. Wien 1938–1945. Der Weg zum Judenrat. Frankfurt am Main: Jüdischer Verlag im Suhrkamp Verlag; 2000. p. 77.
 19. Völkischer Beobachter, Keiner will sie haben. 13 July 1938.
 20. Gardiner M. Code Name “Mary”: Memoirs of an American Woman in the Austrian Underground. New Haven: Yale University Press; 1983.
 21. Glaser E. Die Zeit der Illegalität: Muriel Gardiner (1901–1985) und Ilse Kulcsar (1902–1976). In: Ingrisch D, Korotin I, Zwiauer C, editors. Die Revolutionierung des Alltags: Zur intellektuellen Kultur von Frauen im Wien der Zwischenkriegszeit. Frankfurt/Main: Peter Lang; 2004. pp. 57–74.
 22. Menaker E. Appointment in Vienna: An American Psychoanalyst Recalls Her Student Days in Pre-War Austria. New York: St. Martin’s Press; 1989. Revised edition: *Misplaced Loyalties*. New Brunswick: Transaction P, 1995.
 23. *Ars Medici* 1937;15, 1938;16; English edition at Max Ostermann, Wien 1927–1938.
 24. Depkat V. The Challenges of Biography and Migration History. In: Bischof G, editor. Quiet Invaders Revisited: Biographies of Twentieth Century Immigrants to the United States. Innsbruck: Studien Verlag; 2017. pp. 299–309.
 25. Lyotard JF. La Condition Postmoderne: Rapport sur le Savoir. Paris: Éditions de Minuit; 1979.
 26. Veesser AH, editor. Introduction. The New Historicism. New York: Routledge; 1989. pp. ix–xiv.
 27. Lejeune P. Le Pacte Autobiographique. Paris: Seuil; 1975.
 28. Eakin PJ. Mapping the Ethics of Life Writing. Introduction. In: Eakin JP, editor. The Ethics of Life Writing. Ithaca, New York: Cornell University Press; 2004. pp. 1–16.
 29. Birkle C. Capitals of Medicine: North American Medical Women and their Encounters with Europe (1850s–1930s). In: Zacharasiewicz W, Staines D, editors. Narratives of Encounters in the North Atlantic Triangle. Wien: Verlag der Österreichischen Akademie der Wissenschaften; 2005. pp. 85–105.
 30. Fleck C. Transatlantische Bereicherungen: Zur Erfindung der empirischen Sozialforschung. Frankfurt: Suhrkamp; 2007.
 31. Mahan JA. Vienna of Yesterday and Today. Vienna: Halm and Goldman; 1928.
 32. Lackner FX. Exploring Vienna between the Two World Wars – Doctors of the American Medical Association and Their Families. In: Zacharasiewicz W, Staines D, editors. Narratives of Encounters in the North Atlantic Triangle. Wien: Verlag der Österreichischen Akademie der Wissenschaften; 2015. pp. 107–25.
 33. Foley M, Fabricant N. American Doctors in Vienna. *Am Mercury*. 1931;24(95):284–9.
 34. Posch H, Ingrisch D, Dressel G. “Anschluss” und Anschluss 1938: Vertriebene und verbliebene Studierende der Universität Wien. Wien: Lit; 2008.
 35. Isenberg S. Muriel’s War: An American Heiress in the Nazi Resistance. New York: St. Martin’s Press; 2010.
 36. Taschwer K. Nachrichten von der antisemitischen Kampfbzone: Die Universität Wien im Spiegel und unter dem Einfluss der Tageszeitungen, 1920–1933. In: Grandner M, König T, editors. Reichweiten und Außensichten: Die Universität Wien als Schnittstelle wissenschaftlicher Entwicklungen und gesellschaftlicher Umbrüche. Göttingen: Vienna University Press; V & R impress; 2015. pp. 99–126.
 37. Taschwer K. Hochburg des Antisemitismus: Der Niedergang der Universität Wien im 20. Jahrhundert. Wien: Czernin; 2015.
 38. Der “Amerikanismus” an der Wiener Universität. *DÖTZ* 29 Oct. 1032: n.pag.
 39. Erker L. “Jetzt weiß ich ganz, was das “Dritte Reich” bedeutet – die Herrschaft schrankenloser, feiger Brutalität”: Eine Momentaufnahme der Universität Wien im Oktober 1932. In: Dreidemy L, Hufschmied R, Meisinger A, et al., editors. Bananen, Cola, Zeitgeschichte: Oliver Rathkolb und das lange 20. Jahrhundert. Wien: Böhlau; 2015. pp. 177–90.
 40. Ernst E. A Leading Medical School Seriously Damaged: Vienna 1938. *Ann Intern Med*. 1995;122(10):789–92.
 41. Burlingham MJ. The Last Tiffany: A Biography of Dorothy Tiffany Burlingham. New York: Atheneum, 1989. Republished as: *Behind Glass: A Biography of Dorothy Tiffany Burlingham*. New York City: Other Press; 2002.
 42. Kreisky B. Zwischen den Zeiten. Erinnerungen aus fünf Jahrzehnten. Vienna: Siedler und Kremayr & Scheriau; 1986.
 43. Rentetzi M. The city as a context for scientific activity: creating the Mediziner-Viertel in fin-de-siècle Vienna. *Endeavour*. 2004;28(1):39–44.
 44. Flexner A. Medical Education in Europe. A Report to the Carnegie Foundation for the Advancement of Teaching. Boston: D.B. Updike, The Merrymount Press; 1912.
 45. Angetter D. Die österreichischen Medizinernobelpreisträger. Vienna: Verlag der ÖAW; 2003.
 46. Walch S. Triebe, Reize und Signale. Eugen Steinachs Physiologie der Sexualhormone. Vom biologischen Konzept zum Pharmapräparat, 1934–1938. Vienna: Böhlau; 2016.
 47. Sparr E. Las universidades con más de 4000 estudiantes: su distribución geográfica sobre la tierra y crecimiento del numero de matriculados en los últimos diez años (1913 a 1923–1924). Contribución a la historia de la cultura espiritual del siglo XX. Córdoba: Academia Nacional de Ciencias; 1925.
 48. Nemeč B, Taschwer K. Terror gegen Tandler. Kontext und Chronik der antisemitischen Attacken am I. Anatomischen Institut der Universität Wien, 1910 bis 1933. In: Rathkolb O, editor. Der lange Schatten des Antisemitismus. Kritische Auseinandersetzungen mit der Geschichte der Universität Wien im 19. und 20. Jahrhundert. Göttingen: Vienna University Press; 2013. pp. 147–71.
 49. Taschwer K. Hochburg des Antisemitismus. Zum Niedergang der Universität Wien im 20. Jahrhundert. Vienna: Czernin; 2015.
 50. Erker L, Taschwer K. „Eine wirklich befriedigende Lösung der Judenfrage!“ Antisemitische Personalpolitik an der Universität Wien vor und nach 1933. In: Enderle-Burcel G, Reiter-Zatloukal I, editors, editors. Antisemitismus in Österreich 1933–1938. Vienna/Cologne/Weimar: Böhlau; 2018. pp. 745–61.
 51. Taschwer K, Föger BKL. Eine Biographie. Vienna: Zsolnay; 2003.
 52. Hubenstorf M. Ende einer Tradition und Fortsetzung als Provinz: Die Medizinischen Fakultäten der Universitäten Berlin und Wien 1925–1950. In: Meinel C, Voswinckel P,

- editors. *Medizin, Naturwissenschaft, Technik und Nationalsozialismus: Kontinuitäten und Diskontinuitäten*. Stuttgart: GNT; 1994. pp. 33–53.
53. Huber A. Rückkehr erwünscht. Im Nationalsozialismus aus „politischen“ Gründen vertriebene Lehrende der Universität Wien. Vienna: LIT; 2016.
 54. Hubenstorf M. Vertriebene Medizin – Finale des Niedergangs der Wiener Medizinischen Schule? In: Stadler F, editor. *Vertriebene Vernunft II. Emigration und Exil österreichischer Wissenschaft*. Vienna/Munich: Jugend & Volk; 1988. pp. 766–93.
 55. Hubenstorf M. Medizinische Fakultät 1938–1945. In: Heiß G, Mattl S, Meissl S, Sauer E, Stuhlpfarrer K, editors, editors. *Willfähige Wissenschaft. Die Universität Wien 1938–1945*. Wien: Verlag für Gesellschaftskritik; 1989. pp. 233–82.
 56. Fleck C. Autochthone Provinzialisierung. Universität und Wissenschaftspolitik nach dem Ende der nationalsozialistischen Herrschaft in Österreich. *ÖZG*. 2003;7(1):67–92.
 57. Pfefferle PRH. Glimpflich entnazifiziert. Die Professorschenschaft der Universität Wien von 1944 in den Nachkriegsjahren. Göttingen: Vienna University Press; 2014.
 58. Topitsch E. Naturrecht im Wandel des Jahrhunderts. *Aufklär. Krit.* 1994;1(1):1–13.
 59. Reiter-Zatloukal I. "Bodenständigkeit vs. "Verjudung". Antisemitismus und Ärzteschaft 1918 bis 1938. In: Enderle-Burcel G, Reiter-Zatloukal I, editors. *Antisemitismus in Österreich 1933–1938*. Vienna-Cologne-Graz: Böhlau; 2018. pp. 695–727
 60. Reiter-Zatloukal I, Sauer B. NS-Entrechtung österreichischer Ärzte und Ärztinnen. In: Czech H, Weindling P, editors. *For the Documentation Centre of Austrian Resistance, Österreichische Ärzte und Ärztinnen im Nationalsozialismus, DÖW Yearbook*. 2017. pp. 23–46.
 61. Reiter-Zatloukal I, „Alles nur für das deutsche Volk“ Die „Säuberung“ der österreichischen Ärzteschaft unter der NS-Herrschaft, in: *Beiträge zur Rechtsgeschichte Österreichs*, vol. 2; 2015. pp. 112–150.
 62. Angetter G, Kanzler C. "... sofort alles zu veranlassen, damit der Jude als Arzt verschwindet". Jüdische Ärztinnen und Ärzte in Wien 1938–1945. In: Czech H/Weindling P, (ed.), *for the Documentation Centre of Austrian Resistance, Österreichische Ärzte und Ärztinnen im Nationalsozialismus, DÖW Yearbook*; 2017, pp. 47–46.
 63. Reiter-Zatloukal I, Sauer B. Wien 1848 bis 1941. Ziel und Ausgangspunkt ärztlicher Migration. In: Daniela Angetter, Brigit Nemeč, Posch H, Weindling P, editors. *Strukturen und Netzwerke – Medizin und Wissenschaft in Wien 1848–1955*. Göttingen: Vienna University Press | V&R unipress; 2018.
 64. Schwarz P. Julius Tandler. Zwischen Humanismus und Eugenik. Vienna: Edition Steinbauer; 2017.
 65. Mitglieder-Verzeichnis des Vereines Deutscher Ärzte in Österreich. Vienna: Verlag des Vereines; 1926.
 66. Warnung vor dem Medizinstudium an jüdischen Abiturienten. *Mitteilungsblatt der Vereinigung jüdischer Ärzte*. 1937;41(41):8–9.
 67. Aus der Vereinsarbeit. *Mitteilungsblatt der Vereinigung jüdischer Ärzte*. 22(2):2–3.
 68. Die jüdischen Ärzte bei der Gemeinde Wien. *Mitteilungsblatt der Vereinigung jüdischer Ärzte*. 1936;3(25):7.
 69. Für die Gleichberechtigung der jüdischen Aerzte. *Mitteilungsblatt der Vereinigung jüdischer Ärzte*. 1934;10(1):1–2.
 70. Wieder ein Selbstmord unter den Jungärzten Wiens. *Mitteilungsblatt der Vereinigung jüdischer Ärzte*. 1937;46(4):1.
 71. Lehr D. *Austria Before and After the Anschluss: Personal Experiences, Observations, and Comments*. Pittsburgh: Dorrance; 2000. pp. 102–3.
 72. Jellinek G. Unsere Tätigkeit im abgelaufenen Jahr. *Mitteilungsblatt Ver Jüdischer Ärzte*. 1936;30(3):3–4.
 73. Sicher H. Gesellschaft für Soziologie und Anthropologie der Juden. *Mitteilungsblatt Vereinigung Jüdischer Ärzte*. 1935;21(2):6–7.
 74. Silverman HDL. *Interwar Vienna: Culture between Tradition and Modernity*. Weindling P. *A City Regenerated: Eugenics, Race and Welfare in Interwar Vienna*. New York: Camden House; 2009. pp. 81–113.
 75. Borak J. Die Gleichwertigkeit der europaischen Rassen. *Mitteilungsblatt Ver Jüdischer Ärzte*. 1935;19:2–3.
 76. Swetlitz CGM. *Jewish Tradition and the Challenge of Darwinism*. Weindling P. *The Evolution of Jewish Identity: Ignaz Zollschan between Jewish and Aryan Race Theories, 1910–1945*. Chicago: Chicago UP; 2006. pp. 116–36.
 77. Archiv der Österreichischen Akademie der Wissenschaften (AÖAW), Allg. Akten, No. 312/1934.
 78. Der Ärztekongress zur Rassenfrage. *Mitteilungsblatt*. Sept 1936, Nr 31.
 79. Gedye G. *Fallen Bastions: The Central European Tragedy*. London: Gollancz; 1939. p. 38.
 80. Voswinckel P. *Biographisches Lexikon der hervorragenden Ärzte der letzten fünfzig Jahre von Isidor Fischert*, Berlin und Wien 1932–1933, Nachträge und Ergänzungen. Hildesheim: Olms; 2002.
 81. Feikes R. Von der Diskriminierung zur Vertreibung, Verfolgung und Exil der Wiener jüdischen Ärzteschaft. *DOEW Jahrbuch*. 1917. pp. 89–108.
 82. Bodleian Library Oxford, MS SP5L 414/10.
 83. Wiener Library London, Nr 1468 Brief from Buchenwald.
 84. Stang F. *Fräulein Doktor*. Sussex: Book Guild; 1988.
 85. Sauer R-ZIB. *Ärzte und Ärztinnen in Österreich 1933–1945. Entrechtung, Vertreibung, Ermordung*. Weindling P. *Austrian medical refugees in Great Britain, 1938–1945*. in press.
 86. Ramm R. Sechs Monate ärztliche Aufbauarbeit in der Ostmark. *Ärzteblatt für die deutsche Ostmark*. 1938: p. 219–21.
 87. Reiter-Zatloukal I, Sauer B. "... sofort alles zu veranlassen, damit der Jude als Arzt verschwindet" *Jüdische Ärztinnen und Ärzte in Wien 1938–1945*. *DOEW Jahrbuch 2017*: p. 23–46.
 88. Gruner W. *Öffentliche Wohlfahrt und Judenverfolgung. Wechselwirkungen lokaler und zentraler Politik im NS-Staat (1933–1942)*. Munich: Oldenbourg; 2002.
 89. Israelitisches Kultusgemeinde (hereafter IKG) Archive, A/W 2620 Auswanderung, letter head of Otto "Israel" Lederer, 1 Nov 1941.
 90. IKG Archive, A/W 2621–22 Collection from Altersheim, Seegasse, 5 Nov 1940.
 91. IKG Archive, A/W 2616 Amtsdirektor Josef Loewenherz regarding numbers of Krankenbehandler 1 Oct. 1938.
 92. IKG Archive A/W 1822 Emil Tuchmann to Amtsrat Emil Engel 16 Jan. 1939.
 93. Angetter D, Kanzler C. „... sofort alles zu veranlassen, damit der Jude als Arzt verschwindet“. *Jüdische Ärztinnen und Ärzte in Wien 1938–1945*. *DOEW Jahrbuch*, 2017. pp. 47–66.
 94. IKG microfilm 0904/0303 Umschulungskurse beim Rothschildspital, ab 30. Juni 1938.
 95. Raggam-Blesch M. *Topographie der Shoah. Gedächtnisorte des zerstörten jüdischen Wien*. Vienna: Mandelbaum; 2015.
 96. IKG A/W 409 Liste der zugelassenen Krankenbehandler, die arisch versippt sind.
 97. KG A/W 2419 Aerzteberatung.
 98. Raggam-Blesch M. *Zwischen Rettung und Deportation Jüdische Gesundheitsversorgung unter der NS-Herrschaft in Wien*. *DOEW Jahrbuch*. 2017. pp. 67–88.

99. Gruner W. Öffentliche Wohlfahrt und Judenverfolgung. Wechselwirkungen lokaler und zentraler Politik im NS-Staat (1933–1942). Munich: Oldenbourg; 2002.
100. Pytell T. Viktor Frankl's Search for Meaning: An Emblematic 20th-Century Life. New York: Berghahn; 2015.
101. Hubenstorf M. Kontinuität und Bruch in der Medizingeschichte. Medizin in Österreich 1938 bis 1955. In: Stadler F, editor. Kontinuität und Bruch 1938-1945-1955. Münster: LIT; 2014. pp. 299–332.
102. Weindling P. „Unser eigener ‚österreichischer Wer‘“: Die Meerwasser-Trinkversuche in Dachau 1944, in: Österreichische Ärzte und Ärztinnen im Nationalsozialismus. In: Czech H, Weindling P, editors. Österreichische Ärzte und Ärztinnen im Nationalsozialismus, Wien; Jahrbuch des Dokumentationsarchivs des Österreichischen Widerstandes. 2017. pp. 133–77.
103. Czech H. Braune Westen, weiße Mäntel. Die Versuche einer Entnazifizierung der Medizin in Österreich. In: Czech H, Weindling P, editors. Österreichische Ärzte und Ärztinnen im Nationalsozialismus, Wien; Jahrbuch des Dokumentationsarchivs des Österreichischen Widerstandes. 2017. pp. 179–201.
104. Pfefferle R, Pfefferle H. Glimpflich entnazifiziert. Die Professorenschaft der Universität Wien von 1944 in den Nachkriegsjahren. Göttingen: Vienna University Press; 2014.
105. Arias I. Die Wiener Medizinische Fakultät von 1945 bis 1955. Entnazifizierung, Personalpolitik und Wissenschaftsentwicklung. Wien: Diss. phil. University of Wien; 2014.
106. Arias I. Entnazifizierung an der Wiener Medizinischen Fakultät: Bruch oder Kontinuität? Das Beispiel des anatomischen Instituts. Zeitgesch. 2004;31(6):339–69.
107. Dohle O, Eigelsberger Camp PMW. Orr "Glasenbach" als Internierungslager nach 1945. Linz-Salzburg: Oberösterreichisches Landesarchiv; 2009.
108. Retzl L, Pirker P. "Ich war mit Freuden dabei." Der KZ-Arzt Sigbert Ramsauer. Eine österreichische Geschichte. Wien: Milena; 2010.
109. Erker L. Die Rückkehr der „Ehemaligen“. Berufliche Reintegration von früheren Nationalsozialisten im akademischen Milieu in Wien nach 1945 und 1955. Zeitgesch. 2017;44(3):175–92.
110. Neugebauer W, Schwarz P. Der Wille zum aufrechten Gang. Offenlegung der Rolle des BSA bei der gesellschaftlichen Reintegration ehemaliger Nationalsozialisten. Wien: Czernin; 2005.
111. Reiter M. Inklusion und Exklusion. Zur politischen Formierung ehemaliger NationalsozialistInnen im Verband der Unabhängigen (VdU) und in der frühen FPÖ. Zeitgesch. 2017;44(3):143–59.
112. Stiftung Dokumentationsarchiv des Österreichischen Widerstandes, editor. Handbuch des österreichischen Rechtsextremismus. Wien: Deuticke; 1994. pp. 321–2.
113. Die Neue Front, 24 Apr 1951.
114. Piringer K. Der VdU. Eine Dokumentation. Wien: Freiheitliche Akademie; 1999. pp. 74–5.
115. Höbelt L. Festschrift für Burghard Breitner. Wien: Freiheitliches Bildungswerk; 1994.
116. Falter M. Zwischen Kooperation und Konkurrenz. Die „Ehemaligen“ und die Österreichische Volkspartei. Zeitgeschichte. 2017;44(3):160–74.
117. Oberösterreichisches Landesarchiv (OÖLA), NL Reinthaller, VdU/FPÖ. Wolfgang Denk an Anton Reinthaller, 2 Feb 1955.
118. Oberösterreichisches Landesarchiv (OÖLA), NL Reinthaller, VdU/FPÖ. FPÖ-Rundschreiben Nr. 15/57.
119. Oberösterreichisches Landesarchiv (OÖLA), NL Reinthaller, VdU/FPÖ. Zur Bundespräsidentenwahl.
120. Mayrhofer H, Wolfgruber G, Geiger K. Kinder und Jugendliche auf Pavillon 15: Zusammensetzung und Wege in die Anstalt. Schriften zur Rechts- und Kriminalsoziologie. 2017;8:93–132.
121. Mayrhofer H. Geschichte und Struktur des "Kinderpavillons". Schriften zur Rechts- und Kriminalsoziologie. 2017;9:60–72.
122. Mayrhofer H. Executive Summary - Zusammenfassung zentraler Erkenntnisse. Schriften zur Rechts- und Kriminalsoziologie. 2017;8:13–34.
123. Mayrhofer H, Wolfgruber G, Geiger K. Methodik und erschlossene Daten. Schriften zur Rechts- und Kriminalsoziologie. 2017;8:42–58.
124. Faulstich H. Hungersterben in der Psychiatrie 1914-1949: mit einer Topographie der NS-Psychiatrie. Freiburg im Breisgau: Lambertus; 1998.
125. Mayrhofer H. Lebensalltag und Betreuungssituation der Kinder und Jugendlichen auf Pavillon 15. Schriften zur Rechts- und Kriminalsoziologie. 2017;8:147–98.
126. Leo R. Die NS-Vergangenheit des Personals am Pavillon 15 „Am Steinhof“ und an der „Rett-Klinik“. Schriften zur Rechts- und Kriminalsoziologie. 2017;8:581–602.
127. Mayrhofer H, Wolfgruber G. Personal und Entscheidungsstrukturen. Schriften zur Rechts- und Kriminalsoziologie. 2017;8:73–92.
128. Schäfer G. Finanzströme spiegeln die Gesellschaft wider - finanzielle und personelle Ressourcen der Psychiatrie in Wien zwischen 1945 und 1970. Virus. 2016;14:335–42.
129. Wolfgruber G. Pädagogische Angebote: Schule und Kindergarten. Schriften zur Rechts- und Kriminalsoziologie. 2017;8:255–73.
130. Mayrhofer H. Arbeitshaltung und Handlungsrouninen des Pflegepersonals - systemstabilisierende Mechanismen. Schriften zur Rechts- und Kriminalsoziologie. 2017;8:221–39.
131. Wolfgruber G, Geiger K. Medizinische Standards und Versorgung. Schriften zur Rechts- und Kriminalsoziologie. 2017;8:133–46.
132. Mayrhofer H. Freiheitsbeschränkende Praktiken auf Pavillon 15. Schriften zur Rechts- und Kriminalsoziologie. 2017;8:199–220.
133. Feuser G. Bildungsunfähigkeit. In: Dederich M, Jantzen W, editors. Behinderung und Anerkennung. Stuttgart: Kohlhammer; 2009. pp. 233–9.
134. Berger E, Hochgatterer P, Leithner K, Maryschka C, Grassl R. Die Reintegration behinderter Menschen durch Ausgliederung aus Psychiatrischen Einrichtungen - das Wiener Deinstitutionalisierungsprojekt. Medizin Für Menschen Mit Behinderung. 2006;3:17–27. <http://bidok.uibk.ac.at/library/berger-deinstitutionalisierung.html>.
135. Geiger K, Mayrhofer H, Wolfgruber G. Todesfälle, Obduktionen und Untersuchungen an Gehirnen verstorbener Kinder. Schriften zur Rechts- und Kriminalsoziologie. 2017;8:300–15.
136. Czech H. Forschen ohne Skrupel: Die wissenschaftliche Verwertung von Opfern der NS-Psychiatriemorde in Wien. In: Gabriel E, Neugebauer W, Ganglmair S, Lamsa W, editors. Von der Zwangssterilisierung zur Ermordung: Zur Geschichte der NS-Euthanasie in Wien Teil II. Wien: Böhlau; 2002. pp. 143–63.
137. Czech H. Erfassung, Selektion und "Ausmerze": Das Wiener Gesundheitsamt und die Umsetzung der nationalsozialistischen "Erbgesundheitspolitik" 1938 bis 1945 [Forschungen und Beiträge zur Wiener Stadtgeschichte. Wien: Deuticke; 2003.
138. Pernkopf E. Topographische Anatomie des Menschen; Lehrbuch und Atlas der regionär-stratigraphi-

- schen Präparation. Band III. 2nd ed. Berlin-Wien: Urban&Schwarzenberg; 1952.
139. Hildebrandt H. *The Anatomy of Murder. Ethical Transgressions and Anatomical Science during the Third Reich.* New York/Oxford: Berghahn; 2016.
 140. Gibelli D, Sforza C. Students' opinion towards the Pernkopf atlas. *IJAE.* 2016;121(2):133–7.
 141. Toldt C, editor. *Anatomischer Atlas für Studierende und Ärzte (4 Bände).* Berlin/Wien: Urban & Schwarzenberg; 1900.
 142. Tandler J. *Lehrbuch der systematischen Anatomie (4 Bände).* Leipzig: F.C.W. Vogel; 1919–1929.
 143. Buklijas T. *The Politics of Fin-de-Siècle Anatomy;* 2012. In: Ash MG, Surman J, editors. *The Nationalization of Scientific Knowledge in the Habsburg Empire.* Chapter. Basings-toke: Palgrave Macmillan; 1848. pp. 209–45.
 144. Nemeč B. *Anatomical Modernity in Red Vienna: Julius Tandler's Textbook for Systematic Anatomy and the Politics of Visual Milieus.* *Sudhoffs Arch.* 2015;99(1):44–72.
 145. Nemeč B, Taschwer K. *Terror gegen Tandler: Kontext und Chronik der antisemitischen Attacken am I. Anatomischen Institut der Universität Wien, 1910 bis 1933.* In: Rathkolb O, editor. *Der lange Schatten des Antisemitismus.* 2013.
 146. Hubenstorf M. *Medizinische Fakultät 1938–1945.* In: Heiss G, Mattl S, editors. *Willfähige Wissenschaft: Die Universität Wien 1938–1945.* Wien: Verlag für Gesellschaftskritik; 1989. pp. 233–82.
 147. Höflechner W. *Die Baumeister des künftigen Glücks. Fragment einer Geschichte des Hochschulwesens in Österreich vom Ausgang des 19. Jahrhunderts bis in das Jahr 1938.* Graz: Akademische Druck- und Verlagsanstalt; 1988. p. 430.
 148. Arias I. *Entnazifizierung an der Wiener Medizinischen Fakultät: Bruch oder Kontinuität? Das Beispiel des anatomischen Instituts.* *Zeitgesch.* 2004;31(6):339–69.
 149. Pernkopf CHE. *Nachruf.* In: *Almanach der Österreichischen Akademie der Wissenschaften,* editor. *Österreichische Akademie der Wissenschaften.* Wien: Verlag der Österreichischen Akademie der Wissenschaften; 1955. pp. 400–8.
 150. Pernkopf E. *Aus der Werkstatt des Anatomen [Antrittsvorlesung, gehalten bei der Übernahme der II. Anatomischen Lehrkanzel in Wien am 4.5.1933.* *Wien Klin Wochenschr.* 1933;21:641–6.
 151. Tandler J. *Ehe und Bevölkerungspolitik.* *Wien Med Wochenschr.* 1924;4:211–4.
 152. Pernkopf E. *Nationalsozialismus und Wissenschaft [Antrittsrede als Dekan, gehalten am 6.4.1938.* *Wien Klin Wochenschr.* 1938;20:545–8.
 153. Erker L. *Die Rückkehr der „Ehemaligen“: Berufliche Reintegration von früheren Nationalsozialisten im akademischen Milieu in Wien nach 1945 und 1955.* *Zeitgesch.* 2017;44(3):175–92.
 154. Schmuhl HW. *Die Gesellschaft Deutscher Neurologen und Psychiater im Nationalsozialismus.* Berlin, Heidelberg: Springer; 2016.
 155. Canguilhem G. *Das Normale und das Pathologische.* Berlin: Kadmos; 2013. p. 125. Orig. 1943 und 1963–66.
 156. Bauman Z. *Flüchtige Moderne.* Frankfurt am Main: edition suhrkamp; 2003. p. 43.
 157. Rancière J. *Politik der Bilder.* Berlin: Diaphanes; 2005.
 158. Ash MG. *Wissenschaft und Politik als Ressourcen für einander.* In: *Vom Bruch R, Kaderas B, editors. Wissenschaften und Wissenschaftspolitik: Bestandsaufnahmen zu Formationen, Brüchen und Kontinuitäten im Deutschland des 20. Jahrhunderts.* Stuttgart: Franz Steiner; 2002. pp. 32–51.
 159. Roelcke V. *Psychiatry during National Socialism: Historical Knowledge and some Implications.* *Neurol Psychiatry Brain Res.* 2016;22:34–9.
 160. Gabriel HE. *NS-Euthanasie in Österreich von 1938–1945 (Teil 1).* *psychopraxis. neuropraxis.* 2016a;19:21–4.
 161. Czech H, Weindling P, editors. *Österreichische Ärzte und Ärztinnen im Nationalsozialismus.* Wien: DÖW; 2017.
 162. Neugebauer W. *Zur Psychiatrie in Österreich 1938–1945: „Euthanasie“ und Sterilisierung.* In: *Weinzierl E, Stadler KR, editors. Justiz und Zeitgeschichte.* Wien: Ludwig Boltzmann-Institut für Geschichte der Gesellschaftswissenschaften; 1983. pp. 197–285.
 163. Hubenstorf M. *Kontinuität und Bruch in der Medizingeschichte. Medizin in Österreich 1938 bis 1945.* In: *Stadler F, editor. Kontinuität und Bruch 1938–1945–1955.* Wien: Jugend und Volk; 1988. pp. 299–322.
 164. Hinterhuber H. *Ermordet und Vergessen: Nationalsozialistische Verbrechen an psychisch Kranken und Behinderten in Nord- und Südtirol.* Innsbruck, Wien: Verlag Integrative Psychiatrie; 1995.
 165. Gabriel HE, Neugebauer W, editors. *NS-Euthanasie in Wien.* Wien: Böhlau; 2000.
 166. Gabriel HE, Neugebauer W, editors. *Vorreiter der Vernichtung? Eugenik, Rassenhygiene und Euthanasie in der österreichischen Diskussion vor 1938.* Wien: Böhlau; 2005.
 167. Gabriel HE, Neugebauer W, editors. *Von der Zwangssterilisation zur Ermordung.* Wien: Böhlau; 2002.
 168. Gabriel HE. *NS-Euthanasie in Österreich von 1938–1945 (Teil 2).* *psychopraxis. neuropraxis.* 2016b;19:58–63.
 169. Neugebauer W, Schwarz P. *Der Wille zum aufrechten Gang: Offenlegung der Rolle des BSA bei der gesellschaftlichen Integration ehemaliger Nationalsozialisten.* Wien: Czernin; 2005.
 170. Hubenstorf M. *Der Wahrheit ins Auge sehen/Medizin ohne Menschlichkeit.* *Wien Arzt.* 1995;5/6(14–27):16–30.
 171. Robertson M, et al. *Psychiatry, Genocide and the National Socialist State: Lessons Learnt, Ignored and Forgotten.* In: *Marczac N, Shields K, editors. Genocide Perspectives V. Australia: UTS ePRESS;* 2017. pp. 69–89.
 172. Gabriel E, et al., editor. *VIRUS Beiträge zur Sozialgeschichte der Medizin: Gesellschaft und Psychiatrie in Österreich 1945 bis ca. 1970.* Vol. 14. Leipzig: Leipziger Universitätsverlag; 2016b.
 173. Vogt W. *Wer die Täter enttarnet: Friedrich Zawrel, 1929–2015, eine Trauerrede.* *Die Presse* 2015; 18.04.2015:IV.
 174. Schneider F, Lutz P, editors. *Registered, persecuted, annihilated. The Sick and the Disabled under National Socialism.* Berlin: Springer; 2014.
 175. Schneider F. *Psychiatry under National Socialism: Remembrance and Responsibility.* Berlin: Springer; 2011. p. 36.
 176. Levi P. *The Drowned and the Saved (translated by Raymond Rosenthal).* New York: Schuster & Schuster; 2017. p. 186.
 177. Meyer HH. *Ueber Curarin.* *J Pharmacol Exp Ther.* 1926;29(1):1–3.
 178. Lipnick RL. *Hans Horst Meyer and the lipid theory of narcosis.* *Trends Pharmacol Sci.* 1989;10(7):265–9.
 179. Ishihara M, Pick EP. *Zur Pharmakologie der Purkinjeschen Fäden.* *J Pharmacol Exp Ther.* 1926;29(1):355–72.
 180. Obermayer F, Pick EP. *Über die chemischen Grundlagen der Arteigenschaften der Eiweißkörper. Bildung von Immunpräzipitinen durch chemische veränderte Eiweißkörper.* *Wien Klin Wschr.* 1906;19(2):327–33.
 181. Löffelholz K, Trendelenburg U. *Verfolgte deutschsprachige Pharmakologen 1933–1945.* 2nd ed. Frechen: Dr. Schrör; 2008.

182. Medawar JS, Pyke D. *Hitler's Gift: The True Story of the Scientists Expelled By the Nazi Regime*. New York: Arcade; 2001.
183. Antopol W, Glaubach S, Goldman L. Effects of a new tetrazolium derivative on tissue, bacteria, and onion root tips. *Public Health Rep*. 1948; 63(38):123–8.
184. Rogers EF, Koniuszy FR, Shavel J, Folkers K. Plant insecticides; ryanodine, a new alkaloid from *Ryania speciosa* Vahl. *J Am Chem Soc*. 1948;70(9):3086–8.
185. Pick EP, Tullius EJ. Pharmacological studies on the rigidity of striated muscle produced by ryanodine. *Arch Int Pharmacodyn Ther*. 1951;86(2):121–36.
186. Unna K. Pharmakologische Untersuchungen über neue Sympatolabkömmling. *Naunyn Schmiedebergs Arch Exp Pathol Pharmacol*. 1951;213(3-4):207–34.
187. Unna K. An antagonistic effect of N-allyl-normorphine upon morphine. *J Pharmacol Exp Ther*. 1943;79(1):27–31.
188. Pick EP, Loewi O, Warkany J. Alfred Froehlich; 1871–1953. *Science*. 1953;118(3064):314.
189. Fröhlich A, Loewi O. Über eine Steigerung der Adrenalinempfindlichkeit durch Cocain. *Arch Exp Pathol Pharmacol*. 1910;62(2-3):159–69.
190. Hertting G, Axelrod J. Fate of tritiated noradrenaline at the sympathetic nerve-endings. *Nature*. 1961;192:172–3.
191. Schmuhl H-W. Der Nationalsozialismus als biopolitische Entwicklungsdiktatur – Konsequenzen für die Kinderheilkunde, in: Im Gedenken der Kinder. Die Kinderärzte und die Verbrechen an Kindern in der NS-Zeit. Begleitheft zur Gedenkveranstaltung und Ausstellung der DGKJ. *Monatsschrift Kinderheilkunde*. 2011;159(Suppl.1):9–12.
192. Dahl M. Endstation Spiegelgrund. Die Tötung behinderter Kinder während des Nationalsozialismus am Beispiel einer Kinderfachabteilung in Wien. Wien: Erasmus; 1998.
193. Czech H. Selektion und Kontrolle. Der "Spiegelgrund" als zentrale Institution der Wiener Jugendfürsorge zwischen 1940 und 1945. In: Gabriel E, Neugebauer W, editors. *Von der Zwangssterilisierung zur Ermordung. Zur Geschichte der NS-Euthanasie in Wien Teil II*. Wien/Köln/Weimar: Böhlau; 2002. pp. 165–87.
194. Czech H. Der Spiegelgrund-Komplex. *Kinderheilkunde, Heilpädagogik, Psychiatrie und Jugendfürsorge im Nationalsozialismus*. *Österreichische Zeitschrift Für Geschichtswiss*. 2014;25(2):189–214.
195. Hubenstorf M. Tote und/oder lebendige Wissenschaft. Die intellektuellen Netzwerke der NS-Patientenmordaktion in Österreich. In: Gabriel E, Neugebauer W, editors. *Von der Zwangssterilisierung zur Ermordung. Zur Geschichte der NS-Euthanasie in Wien Teil II*. Wien/Köln/Wiemar: Böhlau; 2002. pp. 237–420.
196. Lazar E. Die Heilpädagogische Abteilung der Kinderklinik in Wien. *Zeitschrift Für Kinderforsch*. 1923;28(2):161–74.
197. Hubenstorf M. Pädiatrische Emigration und die "Hamburger-Klinik" 1930–1945. In: Widhalm K, Pollak A, editors. *90 Jahre Universitäts-Kinderklinik am AKH in Wien. Umfassende Geschichte der Wiener Pädiatrie*. Wien: Literas Universitätsverlag; 2005. pp. 69–220.
198. Asperger H. Die "Autistischen Psychopathen" im Kindesalter. *Psychiatr Nervenheilkd*. 1944;117:76–136.
199. Kanner L. Autistic Disturbances of Affective Contact. *Nerv Child*. 1943;2:217–50.
200. Kanner RJE, Asperger, Frankl. A third man at the genesis of the autism diagnosis. *Autism*. 2016; 1–10. <https://doi.org/10.1177/1362361316654283>.
201. Czech H. Hans Asperger, National Socialism and "race hygiene" in Nazi-era Vienna. *Mol Autism Brain Cogn Behav*. 2018;9(29) <https://doi.org/10.1186/s13229-018-0208-6>.
202. Sheffer E. *Asperger's Children. The Origins of Autism in Nazi Vienna*. New York/London: W. W. Norton & Company; 2018.
203. Huber A. Rückkehr erwünscht. Im Nationalsozialismus aus "politischen" Gründen vertriebene Lehrende der Universität Wien. Wien: LIT; 2016.
204. Hamburger F. Nationalsozialismus und Medizin. *Wien Medizinische Wochenschrift*. 1939;89:141–6.
205. Czech H. Die Inventur des Volkskörpers. Die "erbbiologische Bestandsaufnahme" im Dispositiv der NS-Rassenhygiene in Wien. In: Mayer T, Hofer V, Baader G, editors. *Eugenik in Österreich – Biopolitische Methoden und Strukturen von 1900–1945*. Wien: Czernin; 2007. pp. 284–311.
206. Hamburger F, Priesel R. *Kinderheilkunde. Lehrbuch für Ärzte und Studenten*. Wien: Franz Deuticke; 1940.
207. Czech H. Dr. Hans Asperger und die "Kindereuthanasie" in Wien – mögliche Verbindungen. In: Pollak A, editor. *Auf den Spuren Hans Aspergers. Fokus Asperger-Syndrom: Gestern, Heute, Morgen*. Stuttgart: Schattauer; 2015. pp. 24–9.
208. Czech H. Abusive Medical Practices on "Euthanasia" Victims in Austria During and After World War II. In: Rubenfeld S, Benedict S, editors. *Human Subjects Research after the Holocaust*. Cham/Heidelberg/New York u.a.: Springer; 2014. pp. 109–25.
209. Czech H. Beyond Spiegelgrund and Berkatit: Human Experimentation and Coerced Research at the Vienna School of Medicine, 1939 to 1945. In: Weindling P, editor. *From Clinic to Concentration Camp. Reassessing Nazi Medical and Racial Research, 1933–1945*. Abingdon/New York: Routledge; 2017. pp. 138–62.
210. Medawar J, Pyke D. *Hitler's gift. Scientists who fled Nazi Germany*. London: Piatkus; 2000.
211. Ernst E. A leading medical school seriously damaged: Vienna 1938. *Ann Intern Med*. 1995;122(10):789–92.
212. Fellingner K. *Arzt zwischen den Zeiten*. Paul Szolnay, 1984.
213. Lee T. *Eugene Braunwald and the rise of modern Medicine*. Boston: Harvard University Press; 2013.
214. Ehringer H, Hornykiewicz O. Distribution of noradrenaline and dopamine (3-hydroxytyramine) in the human brain and their behavior in diseases of the extrapyramidal system. *Klin Wochenschr*. 1960;38:1236–9.
215. Birkmayer W, Hornykiewicz O. The L-3,4-dioxyphenylalanine (DOPA)-effect in Parkinson-akinesia. *Wien Klin Wochenschr*. 1961;73:787–8.
216. Schütz W. The Medical Faculty of the University of Vienna 60 Years Following Austria's Annexation. *Perspectives Biol Med*. 2000;43(3):389–96.
217. Schönbauer L. *Das medizinische Wien*. Wien: Maudrich; 1946.
218. Lesky E. *Meilensteine der Wiener Medizin*. Wien: Maudrich; 1981.
219. van Spitzky KH. *Swietens Erbe*. Wien: Maudrich; 1982.
220. Tragl KH. *Chronik der Wiener Krankenanstalten*. Wien: Böhlau; 2007.
221. Bernhard T. in einen Interview mit Jean-Louis de Rambures für *Le Monde*; *Frankfurter Allgemeine Zeitung* (1983).
222. Druml W. The Wiener Klinische Wochenschrift from 1938 to 1945. On the 50th anniversary of its reappearance in 1946. *Wien Klin Wochenschr*. 1998;110(4–5):202–5.
223. Hildebrandt S. How the Pernkopf controversy facilitated a historical and ethical analysis of the anatomical sciences in Austria and Germany: a recommendation for the continued use of the Pernkopf atlas. *Clin Anat*. 2006;19(2):91–100.
224. Angetter DC. Anatomical science at University of Vienna 1938–45. Senate Project of the University of Vienna. *Lancet*. 2000;355(9213):1454–7.

225. Neugebauer W, Schwarz P. Der Wille zum aufrechten Gang. Offenlegung der Rolle des BSA bei der gesellschaftlichen Reintegration ehemaliger Nationalsozialisten. Wien: Czernin; 2005.
226. Hildebrandt S, Czarnowski G. Alfred Pischinger (1899-1983): An Austrian career in anatomy continuing through National Socialism to postwar leadership. *Ann Anat.* 2017;211:104-13.
227. Dokumentationsarchiv des österreichischen Widerstandes. Hrsg. Österreichische Ärzte und Ärztinnen im Nationalsozialismus. Wien, Österreich. (2017).
228. Müller M. Inauguration speech as Rector of the Medical University of Vienna. *Wien Klin Wochenschr.* 2016;128(1-2):2-4.