



## Disfranchisement, expulsion and persecution of pathologists in the Third Reich – A sociodemographic study<sup>\*</sup>

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### ABSTRACT

This sociodemographic study focuses on the disenfranchisement, expulsion and persecution of pathologists in the Third Reich – a group that has, until now, received little systematic attention in scholarly research. The paper attempts to determine the number of pathologists who suffered persecution, the characteristics they shared, and the effects the repression had on their lives – both in the period from 1933 to 1945 and in the post-war period.

The study is based on primary sources from numerous archives as well as on a systematic re-analysis of published secondary literature on the history of Nazi medicine. A total of 89 disenfranchised pathologists were identified and have been included. The vast majority of these pathologists (90%) were persecuted due to their Jewish ancestry or their relation to Jews. A good two-thirds of these pathologists were employed at a university until their disenfranchisement.

For two-thirds of these pathologists (n = 62; 70%), documentation of emigration was found. Twenty-four pathologists remained in their home country; of these, five died in concentration camps and two others committed suicide.

The preferred country for *direct* immigration was the United States (n = 19), followed by Great Britain (n = 13). Most of these pathologists were able to establish themselves professionally in their destination country, and little inclination to return to Germany after 1945 was shown. The reasons for this were a lack of career options in their home country, the lack of a welcoming culture among colleagues and universities, and the stigmatizing experiences of individual pathologists had during academic appointments and reparations proceedings in Germany. However, especially in recent decades and in part posthumously, these pathologists are being granted honorary, intangible recognition in Germany and Austria. Even though this recognition can no longer provide tangible reparations, it is nevertheless a sign of a gradual change in consciousness.

### 1. Introduction

Adolf Hitler's appointment as Reich Chancellor on January 30, 1933 marked the beginning of the Third Reich and the National Socialist dictatorship. On March 24, 1933, a nationwide *Gleichschaltung* ("standardization") and centralization of the medical profession was established [1]. This was accompanied by a proclamation in the *Völkischer Beobachter* newspaper which declared the suppression of Jewish doctors to be an objective [2]. It has long been known that a considerable number of German medical professionals endorsed and supported the National Socialist ideology. An estimated 45% of physicians joined the NSDAP between 1933 and 1945 – a percentage that, according to

current knowledge, was attained by no other academic occupational group [3,4]. Only dentists even came close [5–7]

Politically and racially persecuted physicians formed a counterpoint to those who joined the Nazi party. The radical implementation of anti-Semitic ideology and the aggressive persecution of political dissidents led not only to disfranchisement and forced emigration, but also to the suicides and murders of affected doctors. Rarely did the "Aryan", politically unsuspecting doctors show solidarity and support; much more frequently, they profited from these anti-Semitic repressions by advancing into the professional positions and practices vacated by their disenfranchised Jewish colleagues, thereby achieving significant professional renown [4]. This was also the case for the group of

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pathologists: For example, the pathologist Rudolf Jaffé was driven out of his position as head of pathology at the municipal hospital Berlin-Moabit in August 1933 by his SA-uniform-wearing colleague Berthold Ostertag (1895–1975) [8–11]. Chairs in pathology made vacant were occupied by supporters of the National Socialist regime, demonstrated by the fate of Walther Berblinger, who, following his dismissal, was succeeded by the National Socialist and later brigadier general of the SS Werner Gerlach (1891–1963) [12].

And yet, although research into the field of medicine during National Socialism has become fashionable, the followers of the Nazi regime have been far more thoroughly investigated in comparison with the victims of National Socialism, their fates and their lives after the war [13]. This is also – and especially – true for the group of pathologists. This group undeniably belongs to the most neglected medical collectives to date. Although several individual biographies have recently been published [12,14–18], a lack of quantified and systematic studies regarding the disenfranchisement of these pathologists remains.

This prosopographic study aims to close precisely this gap by answering the following questions: How many – and which – pathologists were repressed, persecuted, forced to emigrate, or murdered? What led to these repressive measures? What were the overarching similarities within this circle of individuals, and what were the differences? What was the impact of Hitler's seizure of power on the lives of these pathologists – up until 1945, but also afterwards? How many of these pathologists decided to return to Germany after the war? How were these pathologists treated in post-war Germany, and what was the position of the German Society for Pathology (*Deutsche Gesellschaft für Pathologie, DGP*)?

The present article will address these questions in four chapters:

First of all, it provides an overview of the sources and methods.

This findings for the period up to 1945 will be presented. In this section, the background of National Socialist persecution will be more closely examined. The starting point here is the question of what made the pathologists concerned victims of National Socialism; in this context, it is necessary to define common characteristics of the collective as a whole, as well as individual differences. Of equal interest are the career paths (academic or not), significant emigration phases and destinations as well as the careers followed by emigrants in their adopted country. In a comparative chapter, the fates of those pathologists who did not or were not able to leave the Third Reich will be examined. In addition, the number and names of the pathologists who met with a violent death will be determined. The next chapter will focus on the post-war period: The topics here are remigration and reparations; a further focus will be on how the German Society for Pathology treated the members who were forced to emigrate during the Third Reich.

In conclusion, a summarizing interpretation and discussion of the central findings of this study will be presented. We will explain and deepen the conclusions drawn using individual examples.

## 2. Materials and methods

This study drew upon sources from various university, federal, regional and municipal archives as well as a systematic evaluation of secondary literature relating to the history of National Socialist medicine, which was screened for any mention of disenfranchised pathologists and biographical data or references to this group.

The collective presented and examined here was assembled and biographically reconstructed during three consecutive research phases (Fig. 1). In total, the research period lasted a bit more than a year (February 2018 to March 2019).

During the first phase of research, a systematic analysis of academic literature relating to National Socialist medicine was conducted. In this phase, all doctors who had, at some point in their careers, worked in the fields of pathology, neuropathology, or experimental pathology, as well as those who had been active in the crossover field of pathology and forensic medicine, were included for consideration in this study. These

individuals were entered into the “SPSS table 1.0”; the basis of this table was a codebook which had been designed earlier and included biographic variables such as year of birth, year of death, gender, profession, political offices held, professional positions held, function at the DGP, career setbacks, university affiliation, relationship to National Socialism, memberships in the NSDAP and other Nazi organizations, means of death, and the primary location of these activities.

During the second phase of research, all those individuals from the first SPSS table a) who could be classified as victims of National Socialism and, additionally, b) for whom adequate biographical information could be found, were transferred to the “SPSS table 2.0”. A classification as victim was based upon the application of the criteria disenfranchisement, loss of employment, persecution or forced migration, which also included pro-actively fleeing the National Socialist threat. For these individuals, short biographies based on the systematic evaluation of archival and printed sources were compiled, with the intention of establishing and documenting as many of the aforementioned biographic variables as possible. Several more possible victims of Nazism were included on this list after a new, more targeted screening of secondary literature was conducted, resulting in the creation of the “SPSS table 3.0”.

During the third phase of research, the group of individuals was further refined, defined and evaluated. Following the compilation of the short biographies, a number of individuals for whom an unequivocal affiliation with the field of pathology as defined above was not able to be determined were removed from consideration. The remaining 89 pathologists were then entered into the final “SPSS table 4.0” and evaluated. These 89 individuals therefore comprise the base population of this study.

### 2.1. Criteria for inclusion

In this study, NS victims were considered who were described in contemporary sources as pathologists, neuropathologists or experimental pathologists or who worked at the interface of pathology and forensic medicine. The inclusion of the latter group can be explained by the fact that the boundaries between pathologists and forensic specialists were less distinct in the 1930s than they are today. Quite a few of the persons examined had passed through professional stations in both pathology and forensic medicine. The same applies to specialist areas within pathology. For example, the electropathologist Stefan Jellinek [9] was included in this group of pathologists. Also included were the persecuted neuropathologists some of whom already been listed in an earlier study by J. Peiffer in 1998 [19]. During the National Socialist era, the field of neuropathology was not yet regarded as its own independent discipline and was moreover closely intertwined with the fields of neurology, psychiatry and pathology [19].

The individuals included in this study were therefore often active in both neuropathology and general pathology. One exception was the German neuropathologist Friedrich Lewy (“Lewy bodies”) [19] who was an early specialist in neuropathology. This was also true for the Austrian neuropathologists, for whom specific post-doctoral research into neuropathology can be found. For the sake of simplicity, the term “pathologist” will be used for all of the subcollectives outlined here.

In addition, individuals needed to fulfill further criteria to be considered for inclusion in this study: They had to have completed their professional training before the end of the Third Reich and been professionally active within the original borders of the Third Reich (1933) or in the later occupied territories (until 1945). Thus pathologists from countries annexed or occupied by Germany until 1945 were also included; in these cases, the criteria for proactive flight from the National Socialist threat were applied, along with the criteria for job loss or forced migration.

Additionally, the individuals must have completed training to become a pathologist, experimental pathologist, neuropathologist or forensic specialist. Included were also those who held medically relevant

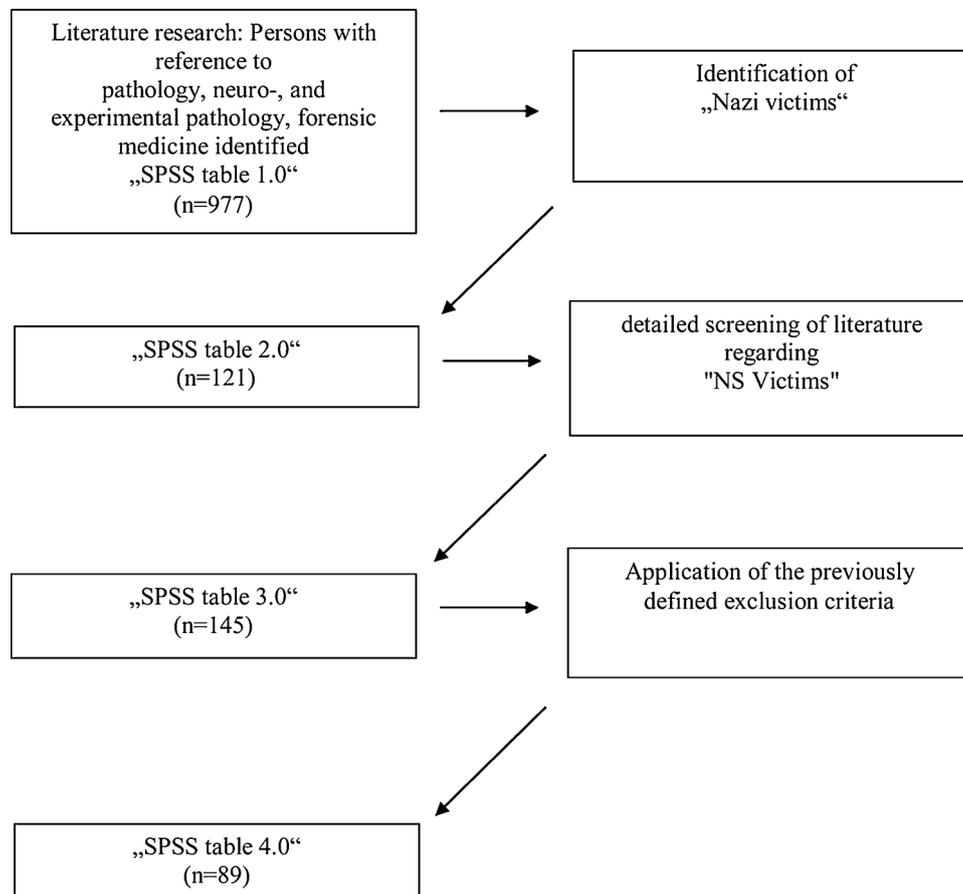


Fig. 1. Flowchart.

positions such as head of a dissection unit (*Prosector*), medical resident, medical or research assistant at universities, in hospitals, at medical institutes and coroner's offices, as well as those who had conducted post-doctoral research in these fields. As long as an appropriate background, certification or post-doctoral research in one of these areas was documented, the individual in question was included in this study, even if they were working at an institute with a different medical specialization at the time they were forced to flee Nazi persecution. Also included were those who had started a professional specialization in pathology and were forced to abort their studies due to the need to escape – independent of the fact if they were able to continue their work in their country of immigration or not. This was also the case for those individuals whose affiliation with the group was not able to be determined through historical sources and literature, but solely through the examination of the relevant information on passenger manifests.

## 2.2. Criteria for exclusion

Neither those individuals who began training to become a pathologist after their persecution and escape (usually in the country of immigration) nor those with only a passing association with pathology who were specialized in another medical field at the time of their disenfranchisement were included in this study. In addition, those individuals who had completed post-doctoral research in the fields of normal and pathological physiology, as well as in pathological chemistry were also not included.

Three individuals were eventually excluded due to their ambiguous status as victim of National Socialism *and* perpetrator: Although they were initially tracked by the National Socialists, these three men ultimately came to serve the regime and became perpetrators in several respects. These individuals can be counted in this special group: Hans

Scherer (1906–1945) [20], Hans Anders (1886–1953) [21–23] and Hans Koopmann (1885–1959) [24]. Such problems of classification – namely the coexistence of traits of both perpetrator and victim – can be found not only among pathologists, but also among other occupational groups [25].

## 3. Results

### 3.1. Expulsion, disenfranchisement and persecution during National Socialism: the situation until 1945

In total, 89 pathologists fulfilled the above-mentioned criteria (Fig. 1). 71 (80%) of the 89 were classified as (general) pathologists (GP); these individuals make up the overwhelming majority of this study. On the basis of their main areas of work, 10 were classified as neuropathologists (NP) and five as experimental pathologists (EP). Another three had additional ties to forensic medicine (FM).

The majority of these pathologists were male ( $n = 86$ ). In total, three women were investigated during the course of this study: Hedwig Stern [26], Ruth Silberberg (geb. Katzenstein) [27,28] and Rahel Anna Rodler (geb. Zipkin) [29,30] (Table 1).

The dates of birth of these pathologists vary widely; the oldest pathologist at the time of Hitler's seizure of power (1933) was 75 years old (Fritz Strassmann) [31], and the youngest was 20 years old (Franz Wenger) [32]; there was thus a span of two generations between the oldest and the youngest member. The mean year of birth was 1889; the median year of birth was 1880.

### 3.2. Reasons for persecution

For 74 of the 89 individuals, the exact reason for persecution was

**Table 1**  
Disenfranchised pathologists (n = 89) as defined by this study.

Name	Biographical data	category	Name	Biographical data	category
Bauer, Theodor	1885-1959	GP	Meyer, Oskar	1881-1957	GP
Bayer, Gustav	1879-1938	EP	Meyer, Robert	1864-1947	GP
Berblinger, Walther	1892-1966	GP	Neubürger, Karl Theodor	1890-1972	NP
Bettinger, Hans	1897-1975	GP	Oberndorfer, Siegfried	1876-1944	GP
Bielschowsky, Max	1869-1940	NP	Pagel, Walter	1898-1983	GP
Burkhardt, Ludwig	1903-1993	GP	Panofsky, Walther	1883-1951	GP
Casper, Julian	1899-1968	NP	Pick, Ludwig	1867-1944	GP
Corten, Martin Heinrich	1889-1962	GP	Pollak, Eugen	1890-1953	NP
Dietrich, Albert	1873-1961	GP	Pollak, Otokar, Jaroslav	1906-2000	GP
Ehrich Wilhelm (William) Ernst	1900-1967	GP	Popper, Hans	1903-1988	GP
Eichbaum, Franz	1906-?	GP	Pribram, Hugo	1881-1943	GP
Eisler- Terramare, Michael	1877-1970	GP	Puttschar, Walter	1904-1987	GP
Emmerich, Emil	1882-1937	GP	Reiter, Tiberius	1903-?	EP
Epstein, Emil	1875-1951	GP	Reuter, Fritz	1875-1959	FM
Von Gierke, Edgar	1877-1945	GP	Rezek, Philipp	1894-1963	NP
Goldschmidt, Edgar	1881-1957	GP	Ricker, Gustav	1870-1948	GP
Groß, Walter	1878-1933	GP	Rodler, Rahel, Anna	1878-1944	GP
Gruenwald, Peter	1912-?	GP	Rosenthal, Werner	1870-1942	NP
Güdemann, Josef	1897-1972	GP	Rothberger, Carl Julius	1871-1945	EP
Guggenheim, Albert	1902-?	GP	Rotky, Hans	1879-1965	GP
Haslhofer, Leo	1901-1970	GP	Schajowicz, Fritz	1912-1992	GP
Heim, Fritz	1900-?	GP	Schiller, Walter	1887-1960	GP
Heinrichsdorff, Paul	1876-?	GP	Schönheimer, Rudolf	1898-1941	GP
Herxheimer, Gotthold	1872-1936	GP	Schwartz, Philipp	1894-1977	GP
Jacoby, Fritz	1902-1991	GP	Silberberg, Ruth	1906-1997	GP
Jaffe, Rudolf	1885-1975	GP	Silberberg, Martin	1895-1966	GP
Jellinek, Stefan	1871-1968	GP	Silberstein, Friedrich	1888-1975	GP
Josephy Hermann	1887-1960	NP	Skubiszewski, Ludwig	?	GP
Kallmann, Franz Josef	1897-1965	NP	Spitzer, Alexander	1868-1943	GP
Karplus, Heinrich	1905-1965	GP	Stahr, Hermann	1868-1947	GP
Kaunitz, Hans	1905-1996	GP	Stern, Hedwig	1903-?	GP
Kimmelstiel, Paul	1900-1970	GP	Stern, Richard	1878-1942	NP
Kraus, Erich	1887-1955	GP	Strassmann, Fritz	1858-1940	FM
Kuczynski, Max	1890-1967	GP	Strassmann, Georg	1890-1972	FM
Ladewig, Peter	1909-?	GP	Strauss, Arnold	1902-1965	GP
Laser, Hans Willy	1899-1980	EP	Tannenber, Joseph	1895-1971	GP
Lasnitzki, Arthur	1896-?	EP	Ungar, Henry	1906-?	GP
Lesser, Arthur	1908-?	GP	Volk, Bruno	1909-1992	GP
Lewy, Friedrich	1885-1950	NP	Weinmann, Joseph Peter	1896-1960	GP
Loeffler, Louis	1893-1964	GP	Wenger, Franz	1913-1988	GP
Löwenstein, Ernst	1878-1950	GP	Von Wiesner, Richard	1875-1954	GP
Löwenthal, Karl	1892-1944	GP	Wohlgemuth, Julius	1874-1948	GP
Mathias, Ernst	1886-?	GP	Wohlwill, Joachim Friedrich	1881-1958	GP
Mayer, Edmund	1889-1987	GP	Wolff, Erich	1893-1973	GP
Meyer, Fritz	1875-1953	GP			

Caption: GP: general pathologists, NP: neuropathologists, EP: experimental pathologists, FM: forensic medicine, ? : Year of death could not to be determined.

able to be determined: “Jewish ancestry” was the primary cause of persecution for 63 of these 74; of particular note is the fact that two of the persecuted pathologists had expressed sympathies with National Socialism, namely the Jewish pathologist Gotthold Herxheimer [33] and Franz Josef Kallmann [34]. A further four pathologists suffered repression due to “Jewish ancestry of the wife”. Thus, in a total of 67 of the 74 cases (90%), the persecutions were due to a “racist”, or, in other words, anti-Semitic cause.

Furthermore, three members of the resistance and three cases of political persecution were identified. In addition there was the case of the “Aryan” pathologist Albert Dietrich [17], who at the beginning of the Third Reich served as rector of the University of Tübingen, but was then replaced by a more politically committed National Socialist.

Both Fritz Meyer [35] and Walter Puttschar [36] were persecuted for two reasons: Mayer was not only “of Jewish descent” but was also “politically persecuted”. Puttschar, for his part, was married to a “woman of Jewish descent” and was also classified as a member of the opposition (for the statistical evaluation, the *anti-Semitic background* was counted in both cases).

### 3.3. University affiliations

The variable “university affiliations” sheds some light on the question of how many pathologists were active at various universities until the time of their disenfranchisement during the Third Reich. The following information was gathered for 85 of the 89 pathologists under investigation:

43 of the 85 individuals were university teachers and a further 15 were employed as (research) assistants at a university. In contrast, 26 pathologists were employed by hospitals or dissection units without any kind of university affiliation. Employment in a medical office was found in only one case (Rahel Anna Rodler) [29,30] – which was, for pathologists, an exception to the rule. In total, 58 individuals, or a good two-thirds (68%) of all pathologists in this study were employed at a university. Although he had retired in 1926, the pathologist Fritz Strassmann was included in this group, as he was also affected by National Socialist repression during the period under investigation; Strassmann was barred from teaching in the year 1935 [31].

If, however, one considers only the period from 1933 until shortly before the annexation of Austria – and thus the Third Reich in its original form – the numbers in both groups were approximately equal: 24 university-level instructors compared with 23 pathologists employed at

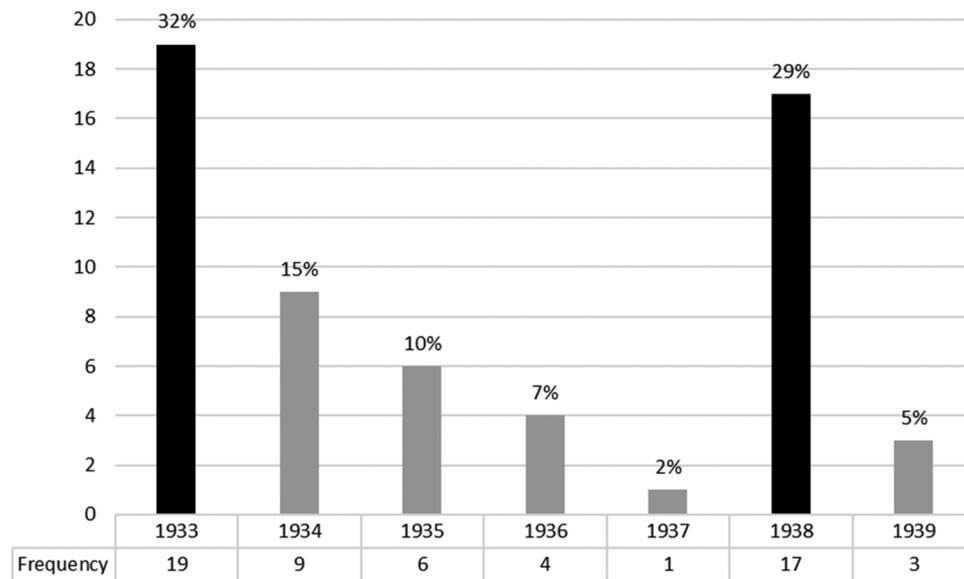


Fig. 2. Time distribution of emigrations, 1933–1939 (n = 59).  
 Note: For 3 of the 62 emigrants the emigration year could not be determined (n = 59)

hospitals or prosectors without any kind of university affiliation. Within the group of 24 university-level instructors, there were four full professors (*Ordinarien*), 13 associate professors (*Extraordinarien*), six assistant professors (*Privatdozenten*) as well as one adjunct professor. In the wake of the Austrian annexation, another 23 pathologists were subsequently added to the collective. Of these 23, 20 had a university affiliation, a fact which significantly shifted the weight in favor of the academic pathologists.

### 3.4. Waves of emigration and destination countries

Emigration can be documented for 62 of the 89 individuals (70%), and with the exception of three cases, the year of emigration can be documented as well. Three main waves of emigration were identified; these are distributed over the years 1933/34, 1935-37 and 1938/39, and end, cum grano salis, with the beginning of the second World War (Fig. 2).

1933/1934: In the year 1933, the largest wave of emigration took place, with 19 pathologists leaving; in 1934, 9 further pathologists sought safety through emigration.

The destinations were scattered: 16 destinations were in Europe, five in North America, four in Asia, two in Turkey; in addition, one case led to South Africa. In nine cases, the pathologists in question continued on to the United States; in three cases already after a short stay of a maximum of 24 months in the country of transit. Six individuals emigrated to the United States at a later date, although in two of the cases, a stopover in a second transit country was documented.

When considering the years 1933 and 1934, it is important to note that there were two cases in which the relevant source material indicated only “1933/34” as the date of emigration; we have classified these cases under the year 1933. The case of Max Bielschowsky is exceptional within this group. After an initial escape to the Netherlands in 1933, Bielschowsky suffered a stroke and returned to the Third Reich in the year 1936 – the only one of the emigrants to return. But after three years, Bielschowsky fled a second time, this time in the direction of Great Britain [9].

1935-1937: A total of 11 pathologists emigrated during this period. Their destinations lay increasingly outside European borders. During this time, only one pathologist emigrated to a European destination; further destinations were in North America (n = 6), Asia (n = 2), South America (n = 1) and Turkey (n = 1). There was only one case of a

pathologist continuing on to the United States following an initial period elsewhere; this was after a stay of eleven years in Turkey.

1938-1939: Austrian emigrants made up the majority during this period, and the United States stands out as the primary destination for the year 1938. A total of 20 instances of emigration can be documented for the years 1938/39, with nine pathologists traveling to North America, 10 within Europe, and one to Asia. Of the pathologists who initially remained in Europe, four travelled via Great Britain to the United States, with a stay in the transit country of not more than one year.

### 3.5. Cause of death

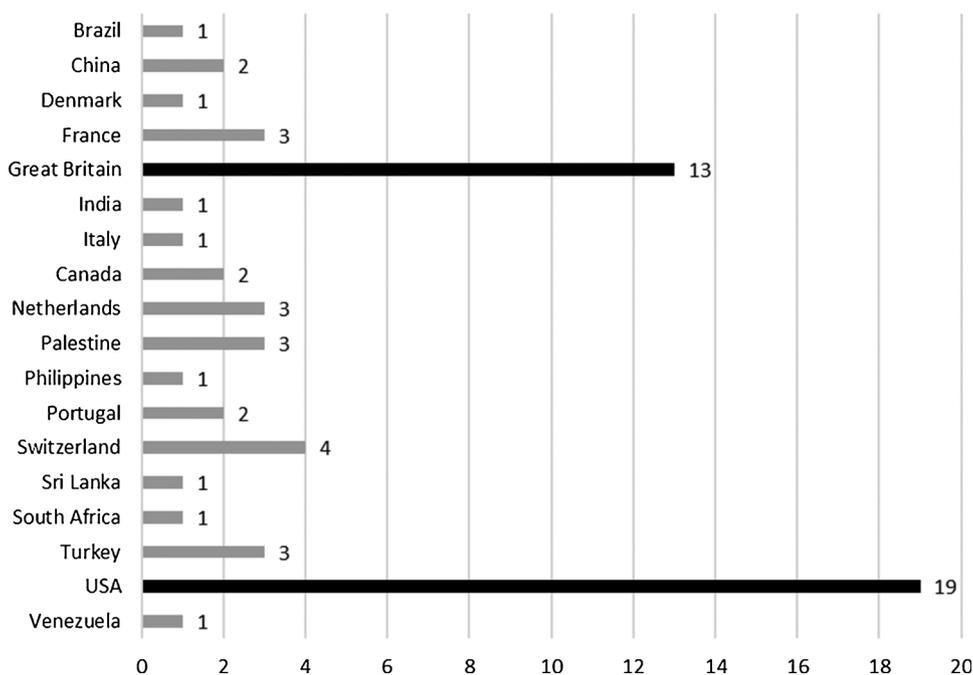
For 29 of the 89 pathologists in this study, the cause of death was able to be determined; cases containing inconsistent or vague information were not taken into consideration for the purposes of this study. The distribution of these 29 pathologists in itself provides useful information; 14 cases involve emigré pathologists, while 15 cases concern pathologists who, despite widespread repression in their home country, remained, or were forced to remain.

Of the 29 individuals for whom a cause of death could be ascertained, 20 died of natural causes (69%). This was the case for 13 of the 14 emigré pathologists. The only exception amongst the emigrés was Rudolf Schönheimer, who committed suicide in 1941 while in exile. The most likely reason for his suicide was depression, which had surfaced at the time of his wife’s death; traumatic experiences associated with National Socialism were most likely not of primary cause [37].

A much different picture emerges when the focus is switched to those pathologists who remained in the Third Reich, and for whom a cause of death was documented: Eight of the 15 who remained – a scant majority – did not die of natural causes: Five individuals met their fate in concentration camps: Richard Stern in Auschwitz [38], Alexander Spitzer [39], Hugo Pribram [40] and Ludwig Pick [41] in Theresienstadt, and Rahel Anna Rodler also in Theresienstadt [29]. One individual met a violent death outside of the camps; Carl Julius Rothberger died after a bomb fell on his apartment [42]; and two others committed suicide: Walter Groß [43] and Gustav Bayer [44].

### 3.6. Date of death

The date of death was able to be determined for 75 of the 89



**Fig. 3.** Immigration countries with corresponding number of immigrants (n = 62).  
 Note: This figure shows only direct immigration countries (first destination) (in absolute numbers).

pathologists: The first death occurred in the year of Hitler’s seizure of power (Walter Groß) [43], and the last documented death in the year 2000 (Jaroslav Otokar Pollak) [45]. The spectrum is here, too, impressive.

It was, however, able to be established that 15 of the 75 individuals (20%) for whom a date of death was documented did not survive past 1945. Two-thirds of these 75 pathologists were dead by 1968.

### 3.7. Countries of immigration and places of residence

A total of 62 emigrant pathologists scattered to 18 countries (Fig. 3). The primary destinations were the United States, with a total of 35 emigrés, and Great Britain, with 16. Of the 35 emigrants who went to the United States, 19 emigrated directly, with no intermediate stops; Great Britain was in 13 of the 16 cases the direct destination. For the remaining cases of emigration to these two countries, intermediate stops were made in various countries of transit.

The destinations for the rest of the emigrants were spread out across Asia, South Africa, and America. It is striking to note that Palestine became the new homeland in only three cases.

As the United States was the primary destination, the question thus arose as to where the pathologists settled in the United States and if there were preferred states. Of the 35 pathologists for whom immigration into the United States can be documented, the exact state was able to be determined in 31 cases. The most popular states were New York, Illinois, Pennsylvania and Massachusetts – two thirds half of the immigrants found a new home in these four states (Fig. 4). It should be noted that three pathologists immigrated to the United States after the war was over: Peter Ladewig in the year 1946 [46], Philipp Schwartz in the year 1953 [18] and Friedrich Wohlwill [47] also in the year 1946.

### 3.8. Life in exile

How, though, did the careers of those pathologists who sought refuge in the United States continue in their new country of residence? The three pathologists who emigrated *after* 1945 were not considered in this section; nor was a colleague who was in the United States for only a short time while in transit. Of the remaining 31 individuals, 24 – and

thus three-quarters – were able to find work as pathologists in the United States. In fact, 15 of these 24 were able to almost seamlessly continue working in their original or a closely related field: In these cases, the time between arrival in the United States and commencement of specialized employment was less than 24 months. Five of the 24 were also able to continue their careers, although more than two years elapsed before they again found employment in their field; for four of the 24, the fact that they found pathology-related employment in the U.S.A. was documented, but not *when* they began working again.

Of the remaining seven individuals, documentation exists that two pursued work in different fields of medicine after arrival in the United States; namely, in the fields of biochemistry and psychiatry. Documentation also shows that two further pathologists found employment as medical practitioners, although the precise specialization was not able to be determined. For only three pathologists was there insufficient documentation available to determine if they were able to find employment in the United States.

In addition to the career paths of those emigrants who landed in the United States, the lives of those pathologists who emigrated to other countries is also interesting: How many of these doctors were able to continue their careers in their new countries of residence?

Further statements can be made for 45 of the 62 emigrated pathologists. The findings are surprising: 41 of the 45 individuals were able to continue their original career in their respective destination. For only four was this not the case, but even these four continued working in the field of medicine, and accepted positions as professors or physicians in different disciplines: One striking example is that of Edgar Goldschmidt, prosector at the Senckenberg Institute of Pathology in Frankfurt am Main since 1933, as well as associate professor of pathological anatomy and general pathology. Following his emigration in the year 1933, Goldschmidt accepted a position as professor of medical history in Switzerland [8].

Fritz Jacoby was an assistant in the department of pathological anatomy at the Urban Hospital in Berlin. Jacoby elected to emigrate to Great Britain and initially found employment in the field of physiology, although he later switched to histology [48].

Franz Kallmann, director of the prosector and the neuropathological laboratory at the Herzberge Mental Hospital in Berlin, found

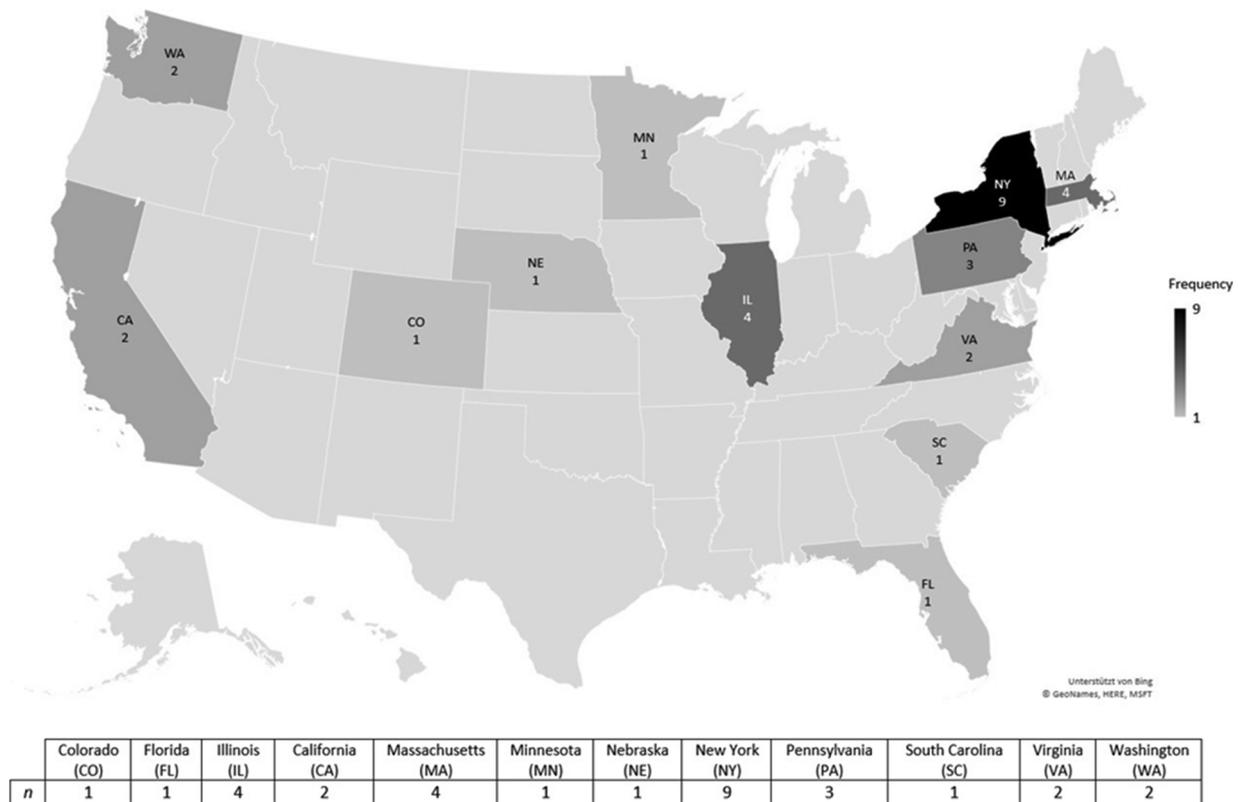


Fig. 4. Whereabouts of immigrants in the USA (US states), (n = 31).

	Colorado (CO)	Florida (FL)	Illinois (IL)	California (CA)	Massachusetts (MA)	Minnesota (MN)	Nebraska (NE)	New York (NY)	Pennsylvania (PA)	South Carolina (SC)	Virginia (VA)	Washington (WA)
n	1	1	4	2	4	1	1	9	3	1	2	2

employment at the psychiatric clinic at Columbia University in New York during his exile in the United States [34].

Rudolf Schönheimer had been employed since 1926 at the Institute of Pathology at the University of Freiburg, where he was appointed head of the department of chemical pathology. After Schönheimer's emigration, he found a new position in the department of biochemistry, also at Columbia University [37].

For the last two, a certain affinity with their later specializations (psychiatry and biochemistry, respectively) was apparent prior to their emigration.

### 3.9. Lives of pathologists who remained in the Third Reich

24 of the 89 investigated persons demonstrably did not emigrate; for three persons the stay in Germany was at least highly probable.

Initially, the intent here was to establish if, and if yes, how many pathologists were able to continue or re-start working in their field despite the repressive measures. Two of the twenty-four committed suicide at the time either of Hitler's seizure of power (1933), or of the annexation of Austria (1938), respectively, reducing the number of pathologists under consideration in this section to 22. Of the 22, 13 were able to continue working until 1945, and most of them were able to continue in their specialized field; seven were not able to find work. In the case of two others, no definitive documentation was found as to how the time following their disenfranchisement was spent; here it can be assumed that no (official) employment was found.

In fact, it became increasingly difficult for those Jewish doctors who did not emigrate to continue working: Once the "Fourth Ordinance to the Reich Citizenship Act" was passed on July 25, 1938, all Jews had their medical licenses revoked. From that point on, they were only allowed to call themselves *Krankenbehandler* (Jewish doctors who were licensed only to treat fellow Jews). In the best cases, these Jewish doctors were allowed to work in Jewish hospitals and other, related institutions, where they were only allowed to treat "non-Aryan

patients" [4]. One such situation ("best case" as measured by the repressive politics of the time), for example, could be established in the case of the pathologist Martin Heinrich Corten: In 1933, Corten was dismissed from his position as head of the Pathological and Neuro-pathological Institute at the Hufeland Hospital in Berlin. Starting in 1936, he was again allowed to resume practice as a prosector at the Israelite Hospital in Hamburg, until his medical license was revoked in 1936 and he was recognized only as a *Krankenbehandler*. In this capacity, Corten was allowed to continue working at the Israelite Hospital and assumed the directorship in 1943 [49].

### 3.10. The German Society for Pathology (DGP) in the Third Reich and treatment of disenfranchised members

At the time of the National Socialists' seizure of power, Gotthold Herxheimer, a Jewish pathologist, was chairman of the *Deutsche Gesellschaft für Pathologie* (German Society for Pathology, or DGP) – at the time still known as the *Deutsche Pathologische Gesellschaft*; Herxheimer was elected to this position in April 1931, before the Nazis took power. Under his chairmanship, the board of the society met in Wiesbaden on April 18, 1933, where Herxheimer announced that although he was prepared to continue as chairman, he did not want to cause any problems for the Society nor did he want to anger any members and was therefore prepared to step down [50,51]. The board thereupon decided to postpone the annual meeting planned for 1933 in Rostock – a final act of solidarity by the board, which could nevertheless not prevent Herxheimer's resignation [50]. This was followed by the *Gleichschaltung* of the Society; beginning in 1934, all Society elections and decisions were subject to approval by the National Socialist regime.

The German Society for Pathology met again in 1934, this time under the chairmanship of Werner Hueck (1882–1962). Hueck presented members with a new charter, which had been approved by the Reich Ministry of the Interior. According to the new regulations, the

election of the chairman henceforth required confirmation by the Reich Minister of the Interior [50]. Hueck's speech contained plenty of German nationalistic ideas, yet he expressed appreciation for his deceased colleagues Carl Benda (1857–1932) and Otto Lubarsch (1860–1933), both of Jewish descent [52,53]. Hueck also offered his Jewish colleagues continuation of their memberships. In fact, it has been documented that some pathologists who had been dismissed from their jobs remained members of the Society at least until the last conference before the outbreak of the Second World War took place in 1938 [41]. In the “Proceedings of the German Pathological Society” from the 27th meeting in 1934, the names of 41 of the 89 pathologists here under investigation were found on the list of members [54]. At the 31st meeting in 1938, 18 of these persons were still listed as members [55].

After 1933, obituaries of (former) Jewish members were still to be found in the Society's publications: Herxheimer himself received an honorable obituary in the proceedings of the German Society for Pathology after his death in 1936 – authored, remarkably, by Ludwig Aschoff (1866–1942) [33], who was himself closely associated with the National Socialist ideology [56]. An obituary of the pathologist Walter Groß, who had died in 1933 and had also been disenfranchised, had already been published by this time [57].

A complete evaluation of the Society's annually published journals showed that a total of 21 of the pathologists examined here received an honorable obituary in the “Proceedings of the German Society for Pathology” (cf. Chapter 4).

### 3.11. Career paths, remigration and reparations in the post-war period

How did post-war Germany and the German scientific community behave towards disenfranchised pathologists? How many pathologists decided to remigrate, which disenfranchised university professors were offered chairs or other forms of appreciation in Germany, how many pathologists initiated reparations claims and how did these end?

### 3.12. Career paths of the pathologists remaining in Germany after 1945

Initially of interest was what happened after 1945 to the 22 disenfranchised pathologists who had remained in Germany. In point of fact, this question can only be answered for 13 of the 22, as nine had died by 1945 – whereby eight, as mentioned above, had suffered non-natural deaths.

Of the remaining 13 pathologists, six were able to return to the jobs they had held prior to their disenfranchisement; namely, Walther Panofsky [58], Michael Eisler-Terramare [59], Emil Epstein [59], Leo Haslhofer [60], Fritz Reuter [59] and Richard von Wiesner [59]. It is interesting to note that five of these six pathologists were Austrians. The only German in this group was the pathologist Walther Panofsky. Due to his Jewish ancestry, he had been forced to leave the Pathological Hygiene Institute at the Chemnitz Hospital in 1937. In post-war Germany, Panofsky was re-appointed head of the Institute [58].

Only the post-1945 career path of Gustav Ricker was not able to be reconstructed to the extent of determining whether or not he returned to pathology in the post-war years. Most likely not, as Ricker suffered from serious radiation sickness as he reached a more advanced age, and died on September 23, 1948 [61]. Of the remaining six of a total of 13 individuals, Albert Dietrich [17], Ludwig Burkhardt [62], Hermann Stahr [63] and Oskar Meyer [64] returned to pathology after 1945, albeit in different positions. Martin Heinrich Corten, already mentioned above, belongs to this group and worked as a general practitioner [49] during the post-war period. Hans Rotky had a private practice in post-war Germany; whether his work there (also) included pathology was not able to be determined [45,65].

### 3.13. Career paths of emigrants after 1945

How did the lives of the emigrants continue after 1945? Remarkably, not one instance of remigration could be documented. The places of death provide information about the final countries of residence for the respective individuals.

Of 62 emigrants, it was possible to determine the exact place of death for 50 of them. All of the locations were abroad, although in five cases, the individuals in question died before 1945. In the case of 43 individuals, the place of death was the same as the direct or secondary country of immigration. For two individuals, the place of death was not in the original country of immigration, but was still outside Europe.

It was not possible to determine a place of death for 12 individuals. In these cases remigration cannot be ruled out, but must be counted as unlikely, because despite extensive research conducted in the richly sourced and well-documented German-speaking area, no references to these individuals could be found.

Even if the tendency to return to Germany was very slight, contact with post-war Germany and Austria can be documented for a handful of individuals: Walther Putschar, for example, who had emigrated to the United States, spoke at the 47th conference of the German Society for Pathology in 1963 [51]. The electropathologist Stefan Jellinek made regular visits to his former home country of Austria, where he was appointed guest professor in 1948; from 1951 to 1967 Jellinek also held seasonal guest professorships at the Vienna University of Technology [59]. The emigrant pathologist Rudolf Jaffé maintained a good relationship with his former colleagues and regularly visited his old homeland; he also took part in the proceedings of the German Society of Pathology [51]. Hans Popper made repeated visits to Germany in the 1970s and 80s as laudator for the Eppinger Prize [16]. None of these individuals, however, opted for remigration.

### 3.14. Reparations claims

Lastly, it needs to be clarified to what extent the disenfranchised pathologists in post-war Germany filed claims for reparations. The legal background for such claims in the Federal Republic of Germany was the *Gesetz zur Regelung der Wiedergutmachung Nationalsozialistischen Unrechts für Angehörige des öffentlichen Dienstes* (In English roughly: Law Regarding the Regulation of Restitution of National Socialist Injustice for Members of the Public Service) of May 11, 1951 in the version of December 23, 1955 [66]. This law was intended to compensate for the material damages and missed career positions suffered by those employees dismissed under the Nazi state of injustice. It should to grant them, according to their presumed career, the legal status which they had been denied as a result of their expulsion and repression. Such reparations proceedings were conducted at German universities in the 1950s and 1960s. Documentation for such reparations proceedings were found for only six of the pathologists here under investigation – a fact which, like other results introduced above, will be discussed below and contextualized using individual examples.

## 4. Case discussions and conclusions

The results of this study can be summarized in several key statements, which will be discussed critically and further illuminated using examples.

**1 Individuals identified and validity of biographical information:** Within the scope of this study, 89 pathologists were identified and their biogeographical data reconstructed. From a methodological point of view, it should be noted that this study does not claim to be complete. Only those individuals for whom sufficient biographical data could be gathered were taken into consideration. The validity of the data was quite mixed: Some information, for example, was drawn exclusively from passenger manifests and could not be

further substantiated. In addition, a precise classification within the various disciplines was not always straightforward – the field of neuropathology, for example, did not yet exist on its own, and as such, fluid transitions between pathology, neurology and psychiatry existed. The same applies to the distinction between pathology and forensic medicine which today is much more pronounced than in the past. Not all detailed questions could be clarified: For the Austrian Hans Kaunitz, for example, the extent of his involvement in the field of pathology before his expulsion could not be determined. Kaunitz worked as an assistant physician at the Vienna University Hospital and was head of a clinical laboratory there, although his capacity regarding clinical-pathological questions remains unclear. Kaunitz was included in this study due to the presumed pathological orientation of his work as well as his documented cooperation with the hepatopathologist Hans Popper [67]. In addition, it is documented that Kaunitz devoted himself entirely to pathology after emigrating [68]. Also to be taken into consideration is the fact that, in two cases, German citizenship could not be unequivocally ruled out nor excluded due to a lack of sources. These pathologists were nevertheless included in this study (Ludwig Skubiszewski, Jaroslav Otokar Pollak). The significant number of university professors included in this collective also necessitates critical commentary: The selection of pathologists suitable for inclusion was ultimately based on the availability and accessibility of sources. In actual fact, it can be assumed that university professors, by virtue of their prominence, their functions and offices, as well as their publications, left many more marks in relevant source documents than less prominent pathologists in non-university positions. In this respect, a certain bias is to be expected when investigating these individuals; the authors tried to counteract this bias as much as possible by means of a broad evaluation of primary and secondary sources.

The decision to classify three individuals with documented National Socialist leanings amongst the victims of National Socialism is debatable; the main question here, however, was whether the individuals concerned were dismissed, expelled or disenfranchised by the National Socialists. These cases shall therefore be addressed: The Jewish Franz Josef Kallmann was, at the time of his dismissal, director of the prosector and the neuropathological laboratory at the Herzberge Mental Hospital in Berlin. By this time, Kallmann had already developed an interest in genetic purity within the field of schizophrenia, and maintained a good relationship with the National Socialist Ernst Rüdin, who was the head of the *Deutsche Gesellschaft für Rassenhygiene* (“The German Society for Racial Hygiene”). Kallmann called for a massive expansion of the *Gesetz zur Verhütung erbkranken Nachwuchses* (“Law for the Prevention of Hereditary Diseases”), which aimed to standardize forced sterilization, and thus shared a central conviction with the new regime – nevertheless, he was dismissed in 1935 because of his Jewish ancestry. Kallmann fled to the United States, where he found success as a psychiatrist and geneticist [34]. Another borderline case is that of the “Aryan” pathologist Albert Dietrich. He was confirmed by the National Socialists in 1933 as rector of the University of Tübingen and declared himself loyal to the regime, but refrained from making public declarations in support of National Socialism and was therefore forced to resign his position that same year. In 1938, Dietrich was retired after reaching the age limit of employment without the hoped-for extension of his service [17]. Gotthold Herxheimer also proclaimed his loyalty to National Socialism, but, being of Jewish ancestry, was dismissed from the prosector in Wiesbaden in 1933 and resigned that same year as chairman of the German Society for Pathology – thus avoiding dismissal [50,51]. In 1934, Herxheimer lost his position as director of the Pathological-Anatomical Institute at the Wiesbaden Municipal Hospital. He died of a heart attack in Simon's Town near Cape Town, South Africa in 1936 [69]. In the end, all three of them were clearly victims of National Socialism and therefore included in this study.

2 Sociobiographical profile of the collective: Among the persecuted pathologists, those individuals with a Jewish background predominated (90%). Members of the resistance and politically persecuted persons were far fewer in number (8%).

A good two-thirds of the pathologists were employed at a university until their disenfranchisement; pathologists who had been employed at hospitals or prosecutors remained in the clear minority. This imbalance can be attributed to the wave of dismissals of “non-Aryan” university professors in the German Reich (1933) and in Austria (1938). If, on the other hand, only the pathologists within the original borders of the “German Reich” (from 1933 until the annexation of Austria) are considered, both groups – university and non-university pathologists – were affected to roughly the same extent.

The vast majority of pathologists (n = 62) chose to emigrate. Of the 89 pathologists in this study, 86 were male. The fates of each of the three female pathologists were quite varied, and they will be examined here in a comparative way: The Jewish Ruth Silberberg started her career as an assistant at the Pathological Institute in Breslau. She fled first to Canada in 1934, where she found employment as a pathologist. In 1937 she emigrated to the United States, where she became a professor of pathology [27]. The life of the pathologist Anna Rahel Rodler – also Jewish – ended abruptly in the Theresienstadt concentration camp: Rodler died there; previously, she and her husband (a specialist in dermatology and sexually transmitted diseases) had operated an institute for medical examinations in Nuremberg [29,30]. Hedwig Stern was employed as an assistant doctor at the Pathological Institute of the Rudolf Virchow Hospital until her disenfranchisement in 1933: She emigrated to Great Britain in the same year, and from there, vanished without a trace [26].

3 Classification according to life experiences: From a biographical perspective, this circle of individuals can be divided into three groups, whose lives were each marked by similar fates:

The first group includes all pathologists who, for political and racial reasons, were forced to give up their careers within the borders of the “German Reich” and were able to flee to destinations abroad. In this way, these pathologists ensured their survival, and for the most part, regained a career foothold in their country of immigration. A particularly impressive example from this first group is the pathologist Rudolf Jaffé, already mentioned at the beginning of this article. In 1933, Jaffé lost his job as director of the Pathological Institute at the Berlin-Moabit Hospital. In 1935, at the age of 50, he emigrated to Venezuela, where he was appointed professor of pathological anatomy at the *Universidad Central de Venezuela*. After the Second World War, Jaffé was responsible for the professorial appointments of several German physicians in Venezuela, where he also played a decisive role in setting up prosecutors throughout the country. In 1967, Jaffé was awarded the *großes Bundesverdienstkreuz* (Federal Cross of Merit) by the Federal Republic of Germany for his efforts in aiding refugees [8,9].

The pathologists who were not or no longer able to flee for various reasons form a contrast to the first group of emigrant pathologists. Members of this second group remained in the (Greater) German Reich, and ultimately died there. A particularly prominent example from this group is the internationally renowned pathologist Ludwig Pick, who lent his name to the “Niemann Pick Disease” and first described the “Pick's Adenoma”. Pick was considered a *Volljude* (roughly: “full Jew”) and lost his life in the Theresienstadt concentration camp [41]. In total, five of the ten pathologists who were deported to a concentration camp died there. Two of the pathologists who remained in the Reich committed suicide. The first, Walter Groß, took his own life on September 14, 1933, after becoming the victim of his three National Socialist assistants, who incited a slander campaign which ultimately broke him [9,43]. The second victim of suicide, the Austrian Gustav Bayer, ended his life in light of the expected invasion of Austria by German troops

[44].

The third and last group is made up of those who remained within the borders of the Reich during the war and were able to survive. Edgar von Gierke, for example, is known for the discovery of the eponymous “von Gierke's disease”, or glycogen storage disorder type 1. He was considered a *Halbjude* (roughly: “half-Jew”) and was forced to bow to increasing repression by the National Socialists. In 1937, he was coerced into retirement. In 1939, despite suffering severe heart disease, von Gierke was ordered by the Nazi regime to return to the management of the prosector at the municipal hospital, as otherwise no suitable medical staff was available. He was barely able to carry out his duties. Although von Gierke survived the Third Reich, he died in autumn 1945 at the age of 68 from heart disease [70,71].

**4 Parameters and characteristics of emigration:** The emigration of pathologists increased in the years 1933f., 1935f. and 1938f. This corresponds *cum grano salis* with the waves of National Socialist persecution, which in turn, was the result of legislation passed during the Third Reich:

The first wave of emigration took place in 1933 and 1934, with the main reason being the dismissal of pathologists on the basis of the law enacted on April 7, 1933, which intended to reestablish the professional civil service [72]. This law was intended to oust all “non-Aryan” individuals as well as political opponents of the National Socialist regime from their professional positions [73]. The aim was to create a National Socialist civil service. There were also, however, exceptions to the law, one such exception being that Jewish front fighters from the First World War were, for the time being, spared dismissal [36]. This front fighter clause was applicable for four pathologists: Edgar von Gierke [74], Karl Neubürger [75], Franz Josef Kallmann [34] and Hermann Josephy [76]; these four were able to temporarily retain their professional positions on the basis of this clause.

The second wave of emigration followed from 1935 to 1937. This second wave was the result of the Nuremberg Laws, which led to the dismissal of those pathologists who had been able to continue working until this point. In particular, the legal regulation of September 15, 1935, which prohibited “racially mixed marriages” and degraded all Jews to people of lesser rights, was decisive. The new legislation led to all “non-Aryan” physicians who had been able to keep their jobs under the clausal provision of the Civil Servants Act of 1933, now also losing their jobs [2,13,77,78].

The third and final wave of emigration took place in 1938 and 1939 and mainly involved Austrians. Following the annexation of Austria on March 13, 1938, fourteen pathologists left the country. In addition, all Jewish physicians lost their license to practice medicine after the “Fourth Decree of the Reich Citizenship Law” was passed on July 25, 1938. The *Reichspogromnacht* in November 1938 marked the climax of the public persecution of Jews; numerous Jews, including doctors, were subsequently arrested and deported to concentration camps [2,73,77,78]. On October 23, 1941, emigration was forbidden altogether, having already been made considerably more difficult [79].

**5 Countries of immigration and characteristics:** The United States emerged as the primary country of immigration: In 19 cases, the United States was the pathologists' direct destination; in a further 16 cases, immigration to the United States followed via at least one transit country. The main countries of transit were primarily destinations within Europe, above all, Great Britain. It is striking that the United States became increasingly more attractive as the years went by: In 1933 and 1934, only three pathologists headed directly to the United States, whereas by 1935 and 1936 this number had already grown to six, and this was followed by the great rush of 1938 and 1939, with nine direct emigrations to the United States. The exact locations for 28 pathologists in the USA until the year 1945 were pinpointed, with the East Coast most strongly represented, in

particular New York, Illinois and Massachusetts.

The reason for the mass emigration to the United States was first and foremost the lack of doctors there [80]. Secondly, due to their knowledge and the good international reputation of German pathology in the States, these immigrants had very good career opportunities in the USA. Thirdly, American colleagues were open to immigrants [81]. Requirements for medical practitioners were particularly liberal on the east coast [80]. Until October 15, 1936, the state of New York had a very permissive licensing system that was also supported by American doctors. Shortly after the “seizure of power” in Europe, American physicians stood up for their Jewish colleagues and, in a document released on July 9, 1933, pronounced their support for displaced German medical professionals.

Bernhard Sachs, President of the New York Medical Academy, took a further step towards promoting physicians who had been expelled from their home countries. On October 19, 1933, he established an “Emergency Committee to Support Displaced Physicians”, which provided assistance in securing various jobs [81]. In view of the rush to emigrate, however, this willingness to accommodate doctors lasted only a few years. At the end of 1936, a moratorium on granting medical licenses to immigrants was passed in New York, and from then on, proof of having passed the American medical examination was the prerequisite for the licensing of foreign doctors [80]. For most pathologists, this regulation did not seem to pose any significant problems; the vast majority was able to gain a professional foothold soon after immigration. In only one case, that of Hermann Josephy, who had reached New York at the unusually late date of the end of October in 1940 [19,76], was documentation found proving that he had passed the American state examination. In the reconstructed biographies, isolated references were made to the lack of pathologists in the United States, such as in the case of Arnold Strauss: After leaving Europe in 1935, he accepted a position at a small hospital in Montgomery, West Virginia, where he was the “only” pathologist in the service of this institution [82].

The second most popular country of immigration was Great Britain, and 13 immigrants were able to travel there directly. In five cases, Britain was used as a transit base before continuing on to the United States. Despite the much less arduous journey as well as the proximity to home, Great Britain was not nearly as popular as the United States. One reason was Britain's restrictive attitude towards refugees. Doctors had to pass the British exam in order to be granted a medical license, and, in addition, experienced resistance from the British medical professional organization. At that time, Great Britain was a leader in the scientific fields of biochemistry, physiology and pharmacology and readily admitted only those Jewish scientists with sought-after professional profiles [80]. This was presumably the case for at least some of the pathologists, such as the experimental pathologist Hans Willy Laser, for whom the discipline of experimental pathology at the University of Heidelberg had been specially established in 1930. This field subsequently came into its own, with several research institutes, especially abroad. After his arrival in Great Britain, Laser found a research position at the Molteno Institute of Biology and Parasitology at Cambridge University [75].

When considering the later years of emigration from 1937 to 1939, four cases stand out: Those of Walther Berblinger, Robert Meyer, Karl Neubürger and Hermann Josephy. The first three have one thing in common, which explains the late emigration from Germany and will be discussed here in more detail:

For a time, these three pathologists had been under the protection of their National Socialist superiors: Walther Berblinger, disenfranchised as a result of his unwavering loyalty to his “non-Aryan” wife, enjoyed the protection of the new rector, and staunch anti-Semite, Wolf Meyer-Erlach (1891–1982) at the University of Jena [12]. The Jewish gynecological pathologist Robert Meyer was able to continue his work at the University of Berlin under the protection of the renowned gynecologist Walter Stoeckel (1871–1961) [83] and, as the last remaining Jewish

employee, was forced to leave the university only at the end of 1938. Meyer chose to emigrate to the United States, and was welcomed there with open arms, becoming a professor at the University of Minneapolis [84,85]. In March 1933, Karl Neubürger, a Jewish pathologist, was barred from entering the neuropathological dissection unit of the *Deutsche Forschungsanstalt für Psychiatrie* (DFA) (“German Research Institute for Psychiatry”), in the Harr Eglfing mental hospital near Munich [75]. But thanks to the support of Walther Spielmeier (1879–1935) [75,86], then director of the DFA, and Ernst Rüdin (1874–1952) [75,87], Institute director and head of the German Society for Racial Hygiene, he was able to continue working until 1938. Ultimately, Neubürger was also forced to emigrate to the United States, where he immediately found a job at the University of Colorado in Denver [75]. Following Hermann Josephy’s dismissal as head of the dissection unit and the neuropathological department at the psychiatric clinic of the University of Hamburg in 1933, he was nevertheless able to continue working as a consultant at the Israelite hospital. After a brief period of internment at the Sachsenhausen concentration camp in 1938, Josephy escaped to Great Britain. Due to a persistently precarious employment situation there, Josephy continued on to the United States in 1940. After passing a round of exams in his new country of residence, Josephy was appointed associate professor of neurology at the Chicago Medical School in the late 1940s [19,47,76].

6 *Compensation in post-war Germany*: Documentation of reparations proceedings were found for only a few of the pathologists ( $n = 6$ ), and which, moreover, were seldom to the satisfaction of those concerned. This will be illustrated more thoroughly using specific examples: The recently published case of the Jewish pathologist Paul Kimmelstiel [15] by our working group can be regarded as a prime example. Following his dismissal from the University of Hamburg in 1933, Kimmelstiel emigrated to the United States in 1934, where he quickly made a name for himself in the field of pathology. In 1936, in collaboration with Clifford Wilson, Kimmelstiel laid the scientific foundation for the detection of diabetic glomerulosclerosis, and together, they named the Kimmelstiel-Wilson Syndrome. After 1945, Kimmelstiel was named as a possible candidate for the open chair of pathology in Hamburg, but was the only one of the five candidates not on the final appointment list. In 1960/61, Kimmelstiel filed a claim for reparations, demanding the legal status of a full professor. Kimmelstiel’s case [15] reveals a fundamental problem in the reparations cases: The amount of compensation was intended to be determined on the basis of the presumed further academic career in Germany (supposing that the victim had not been forced to emigrate). Thus the victim had to prove how successful his career would have been had he not been disenfranchised – a difficult undertaking and ultimately a reversal of the burden of proof. This arrangement often led to embarrassingly low compensation payments and thus to fresh humiliation and stigmatization [36]. The former National Socialist Carl Krauspe (1895–1983), of all people, who had been given the chair of pathology in Hamburg in 1948, was entrusted with passing final judgement in the Kimmelstiel case. Krauspe recommended that Kimmelstiel (who had a much more prominent international profile) only be granted the legal status of an associate professor, and this recommendation was ultimately approved. This particular case exposes two central aspects of the reparations process: (1) Apparently, German authorities had no reservations about entrusting a former NSDAP member to pass judgment on a victim of National Socialism, and (2) German professors found it difficult to welcome colleagues who had emigrated during the war back into their ranks [15]. These problems arise in other cases as well: Krauspe, for example, appears in a second case: He rejected Friedrich Wohlwill’s 1957 claim for the legal status of a full professor. Despite a positive third-party assessment of Wohlwill, Krauspe insisted on including further expert opinions, and in the end, Wohlwill’s claim was rejected. After

Wohlwill had lost his position as attending physician at the Pathological Institute of the AK St. Georg Hospital in Hamburg in 1933, he emigrated first to Portugal and later to the United States. Wohlwill died in 1958 in the United States; two years later, his family was able to reach a settlement with the Senate in Hamburg. Those responsible in Hamburg posthumously classified Wohlwill in salary grade H2, which allowed surviving dependants to receive a certain amount of compensation [88]. The case of the pathologist Walter Pagel was similar: In the fifties, Pagel also applied for reparations [14], but was forced to accept minimal compensation. The renowned Pagel, like Kimmelstiel, was also not considered for a post-war appointment at his home university [14]. A third example is provided by Philipp Schwartz, who was appointed to a chair in Istanbul in 1934 after fleeing to Turkey: His reparations hearing at the University of Frankfurt dragged on for many years. When it was finally over, university officials no longer considered him eligible for a chair for “reasons of age” [18]. The experimental pathologist Hans Willy Laser (1899–1980) also sought restitution. His lawyer argued to the Max Planck Society that Laser had had great prospects of securing a permanent civil servant position at a university or a state research institute. In the end, Laser’s case was not successful; to his great disappointment, the case ended in a settlement [75]. In the case of Werner Rosenthal, who had been expelled from Göttingen University in 1934 and died in 1942, his family’s claims for compensation in the post-war period were not taken into account [89]. The above-mentioned cases show the difficult situation of displaced persons in post-war Germany – at least with regard to legal practice.

7 *Lack of interest in a return to Germany after 1945 and reasons*: A permanent return to Germany could not be documented for a single pathologist. This corresponds *cum grano salis* with earlier studies on the return of displaced German-speaking physicians. According to these studies, only 4–5% of emigrants returned to Germany after the end of the Third Reich [2,80]. There are three main reasons for this:

First and foremost, most of those affected – as the aforementioned cases of the Jews Paul Kimmelstiel [15], Walter Pagel [14] and Philipp Schwartz [18] illustrate – failed to find any real career opportunities in post-war Germany. In contrast, they had succeeded in – often with considerable effort – establishing new lives elsewhere; lives that they did not want to, nor could not, simply abandon. The USA in particular also offered better economic conditions in many cases. For several pathologists, emigration had led to career advancements, as was the case for Kimmelstiel, Pagel, and Schwartz. The Jewish pathologist Hans Popper [16] is a further example of this: Although Popper had been drawn early on to pathology, he worked at the 1. Medical University Clinic at the Vienna General Hospital under the internist Hans Eppinger (1879–1946) from 1933 until his dismissal in 1938. Popper achieved world fame as a pathologist in the United States and, today, is still regarded as the “father of modern hepatopathology”. Looking back, Popper saw his emigration as the great impetus in the evolution of his career as a pathologist. In a 1966 interview, he expressed his belief that without the National Socialists’ seizure of power, he probably would have remained an internist for the rest of his life [16].

Second, the post-war political and social climate in both German states as well as in Austria did not encourage remigration: Universities and civil courts had difficulty dealing with those scientists who had been marginalized during the Third Reich and were also, by the end of the 1940s at the latest, making a conspicuous effort to “cleanse” even the most politically burdened scientists within the framework of the denazification procedures, thus enabling them to further pursue their careers [90]. Only very few medical professionals and concentration camp doctors had been charged in the much-cited Nuremberg medical trial [91]; most physicians escaped conviction, regardless of the degree of their complicity. This was true even for the personal physicians of Nazi leaders [83]. The hostile behavior shown by German post-war authorities and medical professionals, who had rarely shown solidarity

**Table 2**  
Immaterial Honours to Disenfranchised Pathologists after 1945.

Name	Honours	Year
Berblinger Walther	honorary doctorate [12]	1958
Corten Martin Heinrich	Stumbling block (Hamburg) [100]	?
Dietrich Albert	Paracelsus Medal [17]	1952
	Cross of Merit of the Federal Republic of Germany [17]	1953
Ehrich Wilhelm (William) Ernst	honorary doctorate (University of Freiburg) [101]	1957
Von Gierke Edgar	Edgar-von-Gierke-Straße Karlsruhe [99]	1963
Jaffe Rudolf	Grand Cross of Merit of the Federal Republic of Germany [9]	1967
Jellinek Stefan	Austrian Cross of Honour for Science and Art 1st Class [9]	1960
	The Alvensleben-Jellinek Medal of Honour [102]	1997
Kaunitz Hans	Grand Decoration of Honour for Services to the Republic of Austria [66]	1973
Kimmelstiel Paul	Stumbling block (Hamburg) [15]	2014
Löwenstein Ernst	Löwensteinstraße (Wien) [103,104]	1955
Neubürger Karl Theodor	Goldene Kraepelin Medal [73]	1966
Pagel, Walter	Robert Koch Medal [105]	1982
	Honorary Doctorate (University of Heidelberg) [14]	1965
Pick, Ludwig	Stumbling block (Berlin) [106]	2011
Popper Hans	Honorary Doctorate (University of Wien)	1965
	Honorary Doctorate (University of Hannover)	1974
	Honorary Doctorate (University of Tübingen)	1977
	Honorary Doctorate (University of Münster)	1981
	Honorary Doctorate (University of Freiburg)	1984
	Honorary Doctorate (University of Göttingen)	1987
	Honorary Doctorate (Humboldt University of Berlin) [107]	1988
	Hans Popper Lecture [16]	2013
	Hans Popper Price (Austrian Society for Pathology) [108]	
Schajowicz Fritz	travel scholarship (Austrian Society for Pathology) [109]	2013
Ricker Gustav	Prof. Ricker Straße (Dresden) [110]	1953
	Gustav-Ricker-Straße (Magdeburg) (google maps)	?
	Gustav- Ricker- Hospital (Magdeburg) [111]	1948
Rosenthal Werner	Werner Rosenthal Price (German Society of Neuropathology) [89]	2010
Schönheimer Rudolf	Schönheimer Medal (German Society for Arteriosclerosis Research) [112]	1998
Schwartz Philipp	Grave of honour Zürich [18]	2014
	Place of memory Goethe University Frankfurt [18]	2014
	Plaque on the former residential building in Frankfurt Nierrad [18]	2017
	Alexander von Humboldt Foundation with an initiative named after Schwartz [18]	2016
Strassmann Fritz	Fritz Strassmann Medal [31]	2004
Wohlwill Friedrich	Hermann Kümmel Medal (Hamburg) [47]	1957
	Stumbling block (Hamburg) [100]	2014

?: The year of the honor cannot be determined.

with their disenfranchised colleagues during the National Socialist era, often resulted in further alienating the German emigrés.

This is exactly what has been said of, for example, Walther Berblinger, a pathologist who emigrated to Switzerland [12], but also of many other physicians, such as Hans Türkheim or Alfred Kantorowicz [7,92]. These impressions were reinforced by the fact that many German professors who had been loyal to the National Socialist regime covered for each other in the post-war period [93] – a situation that Friedrich Wohlwill, for example, addressed. In 1949, Wohlwill wrote a letter to his former colleague Arthur Lippmann criticizing his former medical colleague Hermann Holthusen, who had been appointed medical director of the AK St. Georg Hospital in Hamburg in the post-war period: ... “This is one of the laziest opportunists. He played - certainly against his better judgement - the 100% Nazi. Now, of course, he is one of those who never were...” [88]. Against this background, it

is hardly surprising that, after 1945, many professorial chairs went (again) to individuals who had clearly profited during the Third Reich [94–96].

Third, many emigrants felt a sense of commitment to their new home and to the mentors who had helped them get their bearings: Colleagues and friends had often been personally involved in helping the new immigrants establish themselves. Quite a few scientists of German descent received research funds in the country of immigration and were recommended for important positions there [15,16]. Pathologists in particular were, for the most part, well-integrated.

8 (Belated) honors and recognitions: While the majority of emigré pathologists in the post-war period received neither reparations of consequence nor attractive job offers in Germany, they were, to a greater extent, recipients of more intangible honors and distinctions, both in academic circles as well as in the public sphere.

The German Society for Pathology made reconciliation attempts and gestures of appreciation, especially in later years. Many honorable obituaries can be found in the annual journals of the Society; for example, the pathologists Franz Wenger and Walter Putschar received such obituaries in 1989. Putschar even received an additional obituary in the following year [32,97,98]. The pathologist Ludwig Burkhardt [62] was the subject of the final obituary for a member of this group, published in 1994. In addition, 21 pathologists in this study received honors of some kind (Table 2).

These honors, for the most part free from any associated scholarships or stipends, included honorary memberships in professional societies, honorary doctorates, honorary medals, prizes and the obituaries mentioned above, but also public honors in the form of *Stolpersteine* (“stumbling stones” or memorial cobblestones), commemorative plaques, the renaming of streets or the awarding of national crosses or orders of merit. Here, too, individual examples can be found: A street in Karlsruhe was named after Edgar von Gierke in 1963 [99]; in 1958 and 1965, Walther Berblinger and Walter Pagel both received honorary doctorates from their former universities in Jena and Heidelberg [12,14]. Philipp Schwartz and Paul Kimmelstiel, on the other hand, were honored much later: Schwartz was commemorated posthumously (2014) with a memorial on the grounds of the Goethe University Frankfurt, whereas Kimmelstiel – also posthumously in 2014 – was honored with a stumbling stone on the campus of the University Hospital Hamburg-Eppendorf [15,18]. Another example is provided by Hans Popper: In 2011, the Medical School in Vienna launched the annual “Hans Popper Lecture” – 23 years after his death [16].

In almost all cases, these are comparatively late awards, from which the honorees did not profit materially, and which in some cases were bestowed posthumously. Even if these honors could not and cannot make amends, they are to be interpreted as signs of a gradual change in consciousness and the establishment of a positive culture of remembrance.

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