UROLOGY
under the
SWASTIKA

Edited by
Dirk Schultheiss
Friedrich H. Moll
Foreword

It is a great pleasure to write a foreword for this impressive body of work and we would like to congratulate Dirk Schultheiss and Friedrich Moll for coordinating and editing this. It is clear that the authors have put an immense amount of effort and research into this topic. This book epitomises the tremendous expertise and dedication which members of the EAU’s History Office devote to contributing to our understanding of the past of our field, in such a passionate fashion.

It is clear that the rise of national socialism and fascism in Europe, the subsequent occupation of the continent by the Nazi-regime and the enormous disruption that occurred during World War Two had a huge influence on urology and its practice. It altered the whole life and career path of many urologists, not only during their training and formative years, but also as established practitioners.

This interesting and unique book documents the consequences of this, with reference to the countries involved in this global catastrophe. It is a fascinating academic achievement which provides new insight into the complexities of practice in Europe and beyond during this time.

As ever, looking at the past provides us with very valuable lessons for the future. We feel that this salutatory and very insightful document has an important place on everyone’s bookshelf. We hope you enjoy reading it as much as we did.

Christopher Chapple
EAU Secretary General

Manfred Wirth
EAU Executive Member, Communication
Introduction

More than six decades after the end of the Third Reich, medical associations all over Europe were just at the start of a period of intensive research on the topic of their involvement with the atrocities and their predecessors’ attitudes to their Jewish colleagues. During more recent years, attention has turned to issues of professional policy, such as the subordination of universities and medical organizations and the resultant expulsion of Jewish physicians and others who were unpopular with the system. Following Hitler’s rise to power, the subordination of the medical profession met with little resistance. In fact, the profession willingly participated in this process. The rise of National Socialism and Fascism in Europe and the subsequent occupation of the continent during the Second World War dramatically influenced and ruined the careers of urologists and with it the development of urology as an emerging medical specialty.

There is a dearth of analysis pertaining to urology in the interwar period and the war years for all of Europe, including the fascist dictatorships in Italy and Spain as well as the communist systems established in the Soviet Union and later in its affiliated satellite states. In the same way, the history of urology in the 1930s and 1940s remains undocumented for neutral nations such as Sweden and Switzerland.

Within several chapters from Europe and from other continents the international contributors to this book explore the history of urologists in general in their country in the early 20th Century or present the stories of people and the specialty of urology in the period of the Nazi rule. Further on, general aspects about sexuality or the situation of the urologists who immigrated to Israel, Great Britain or the US at the same time were a further field of research.

This publication will make a first attempt to examine these questions from the perspectives of urologists and medical historians. We hope this will act as a starting point and stimulate further scholarly research in order to shine more light on this disastrous part of European and worldwide history.

The editors want to express their thanks to the EAU Executive and Board, who made the publication of this edition possible. We thank them for their support and willingness, their vision and decisiveness to publish a theme which can be discussed from several perspectives up to now. We are grateful to our “trouble-shooter” Loek Keizer who solves any occurring problem immediately. Another “Thank you” goes to Katrien De Vreese from Davidsfonds for her close collaboration. She was so engaged to bring all these different chapters together and was always considerate of the particular requests of the editors.

Last but not least our thanks goes to the authors of this book who share their knowledge with us and hopefully will continue to research this field in the future. We hope our attempt will be of interest for all urologists and all who are connected with our specialty.

Dirk Schultheiss – Friedrich H. Moll

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Urologists in Nazi Germany

MATTHIS KRISCHEL

FRIEDRICH H. MOLL
Between 2009 and 2012, the German Society for Urology (Deutsche Gesellschaft für Urologie, DGU) funded research into the history of urology in Nazi Germany, including the biographies of colleagues who were forced out of the profession and the country and those who stayed and formed the leadership of the profession in the 1930s and 1940s. This research reflects trends in scholarship on the history of Nazi medicine since the 1980s, as well as more recent publications. In order to place urology within the context of medicine in Nazi Germany and to understand the political role of this comparatively small specialty, we will point to selected aspects of this complex relationship between medicine and politics which often provided resources for each other. We will emphasize three major, interwoven aspects, which were central pillars of Nazi health politics and ideology: the orientation on public health over individual patients’ wellbeing (Volksgesundheit), compulsory sterilization of those judged to suffer from hereditary diseases and the racist discrimination and expulsion of Jewish doctors.

In the 1930s, urology was one of the smallest recognized medical specialties in Germany. It was also young: the specialist title had only been established in 1924. Almost one third of all physicians who worked in the field of urology were classified as Jewish according to Nazi race laws and were subsequently forced out of their profession and homeland. Many of them committed suicide or, if they refused to flee, were murdered in concentration camps. At the same time, the first chaired professorship for urology at a German university was established in 1937 and urological departments were founded in many hospitals. A number of urologists contributed by scholarship and surgical practice to the compulsory sterilization of men according to the ‘law for the prevention of hereditarily diseased offspring’ (Gesetz zur Verhütung erbkranken Nachwuchses).

These points help to explain why the history of urology in Nazi Germany has become a research focus for German urologists. When the German Society for Urology celebrated its 100th anniversary in 2006, its Nazi past was first discussed broadly in the society. Subsequently, the society funded a research project that led to the publication of a two-volume book in 2011. The reconstruction of the development of urology under the Nazi regime can help to illustrate the speed and determination with which many medical societies adjusted to the new rulers after the spring of 1933. For those urologists who were not persecuted on racist grounds, the changing political environment offered possibilities to assert their personal and professional interests. Unfortunately, in many cases, moral principles were thrown overboard and physicians advanced their own careers and the specialty of urology at the expense of their Jewish colleagues and their patients. Only few used their scope of action to aid those in need. Urology under National Socialism can be described as an exchange of resources between the spheres of medicine and politics: urologists backed Nazi health and race policies and in exchange gained further professionalization for their specialty, including university positions and increased institutional independence from surgery.

The Deutsche Gesellschaft für Urologie and the Gesellschaft Reichsdeutscher Urologen

Medical societies have traditionally played important roles for the development and professionalization of medical specialties. While aspects of professionalization determine a society’s external profile, in-
ternally, they offer their members an identity and sociality. Since societies form through personal contacts, but direct interaction between all members is not necessary, societies, like clubs, are able to subsist despite the fluctuation of memberships over longer periods of time.9

For this reason, it is necessary to examine the history of professional societies under Nazi rule. This helps us to better understand the society’s member’s agency in an environment of social and political pressures. One aspect of this is the actions taken by professional societies against their ‘non-Aryan’ or politically unpopular members, who in the case of German urology were purged from professional genealogies and suffered a second injustice of damnatio memoriae.10 This kind of analysis allows us to call out past injustices and rehabilitate persons who have been forced out and forgotten.

There are many examples of Jewish doctors who played important roles in the pre-war German Society for Urology (DGfU). In court papers from the year 1930, the society is represented by its treasurer Alfred Rothschild (1866-1942) and its secretary Arthur Lewin (1866-1939). With the Nazi’s rise to power in 1933 and the introduction of the Nuremberg race laws, the pre-war Society for Urology (DGf) quickly aligned itself with the new regime. According to rules passed by this new regime, Jewish members of professional societies were no longer allowed to hold leadership roles. Rothschild and Lewin were both Jewish and stepped down from their posts in 1934.11

By 1935, the Society of Reichs-German Urologists (Gesellschaft Reichsdeutscher Urologen, GRU) was founded. Austrians, despite the fact that they had played key roles in the DGfU since 1907, were excluded from membership until the annexation of Austria to Germany in 1938. The new society was founded on the initiative of Ludwig Kielleuthner (1876-1972), professor extraordinary at the University of Munich and chief of the private Josephinum Clinic in Munich. Otto Ringleb (1875-1946) became president, Kielleuthner his deputy and Karl Heusch (1894-1986) was named secretary. Ringleb had been one of the founding members of the local Berlin Society for Urology in 1912 and became professor extraordinary at the University of Berlin in 1924. He became a supporting member of the SS in 1935 and a member of the uniformed SS in 1937, just a few months before receiving the first chaired professorship of urology in Germany at the University of Berlin. Heusch had been a member of the Nazi Physicians’ League12 since 1929 and a party member and supporting member of the SS since 1933, and he became a member of the uniformed SS in 1943. In 1935, he accepted a position as chief assessor for compulsory sterilization cases. In Heusch’s letter on the foundation of the GRU, he pointed out that “public health interests and the concerns for the specialty of urology”13 were key reasons to form the new society. This indicates that Heusch understood that he could garner support from the regime in exchange for compliance in its medical and social policies.14

The old society was never officially dissolved, but it did not meet anymore. For a few more years, the Zeitschrift für Urologie, the leading German language journal, continued to be published by the old DGfU, until in 1937 it became the official organ of the GRU. An important reason for founding the new society may have been that it provided a way to exclude Jewish Austrian urologists, who remained members of the DGfU after 1933.

Ringleb was elected chairman for the first congress of the GRU in Eisenach in 1936 and Eduard Pflaumer (1875-1957) chaired the second congress, also in Eisenach, a year later. The city had been chosen because it is the burial place of Maximilian Nitze (1848-1906), one of the inventors of the cystoscope. Otto Ringleb had been Nitze’s assistant for the last two years of his life and painted himself as Nitze’s rightful
heir. Hans Boeminghaus (1898-1979) was elected to preside over the third Reichs-German congress, but after the annexation of Austria, stepped back in favour of the Austrian Hans Rubritius (1876-1943), who had been elected president of the DGFU at its last congress in 1929 and remained in this position until his death in 1943. Rubritius intended to hold a congress of the re-united German and Austrian societies in Vienna, but the congress failed to convene because of the start of the war in 1939. There were no more congresses before the end of the war.

It was only with approval, if not active support of the National Socialist party and government bureaucracy, that urologists could advance to leading positions in this field. To express their political loyalty, many leading urologists became members of the Nazi party, the SA or the SS. The foundation of the GRU can be understood as an act of (self-) coordination of the institutional level of urology with the Nazi regime. The doctors involved, however, could expect to be rewarded by the state and Nazi party for their personal, medical and political concessions. This process has been described as a “supple adjustment”.

The programme of the first Reichs-German congress illustrates the society’s professional direction, as well as the degree to which it fell in line with state doctrine. In his opening speech, Ringleb called for the separation of urology from surgery in education and medical practice. He justified this by explaining that although in urology, like gynaecology, surgical techniques played a role, it was “endoscopic instruments and diagnostic and therapeutic measures, such as the catheter, the cystoscope, the treatment of urethral strictures and the cracking of stones” which constituted the specialty of urology. By choosing Eisenach as congress venue, Ringleb constructed a continuity that led from Maximilian Nitze to himself as Nitze’s last assistant and from Nitze’s invention, the cystoscope, to the specialty of urology. Already more than 26 years earlier, Ringleb had dedicated his habilitation thesis on the cystoscope to Nitze.

During the further presentations at the congress, it became apparent that explicit displays of Germanness and orientation towards public health measures were not limited to pure rhetoric, but also informed scientific work. In his presentation ‘Urology and the People’s Health’ (Urologie und Volksgesundheit), Karl Heusch emphasized the role of a professionalized urology for public health. He pointed out that, in international comparison, Germany held only the 14th place in regards to urological professorships per citizen and called for greater independence and more university positions for urology in Germany. Heusch also introduced other topics to be discussed at the conference. Those included “the raging epidemic of gonorrhoea” and in particular “the re-establishment of the potentia generandi in men”, operation techniques of the ureter and kidneys designed to treat pregnant women, hereditary diseases of the urinary tract, “legal action for the prevention of hereditarily diseased offspring” and measures to keep the workforce healthy. Those topics show that German urologists after 1933 acted in accord with Nazi health policies, which aimed to produce a large number of healthy German offspring, while eliminating those unwanted because of their cultural, racial or genetic background.
Compulsory Sterilization

A crucial part of National Socialist health politics was eugenics, which also played an important role for urology. Passed in July 1933, the ‘law for the prevention of hereditarily diseased offspring’ called for the compulsory sterilization of individuals who were judged to suffer from certain diseases that were considered hereditary. They included, in the words of the time, congenital mental deficiency, schizophrenia, manic-depressive insanity, hereditary epilepsy, Huntington’s Chorea, hereditary blindness, hereditary deafness, any severe hereditary deformity and severe alcoholism. Performed by general surgeons as well as urologists, vasectomy was almost exclusively the operation of choice to sterilize men. Therefore, it is no surprise that numerous articles on sterilization techniques were published in surgical and urological journals. Together with the gynaecologist Hans Naujoks, Hans Boeminghaus wrote a widely-used textbook on sterilization and castration. He also authored several articles on sterilization operations in urological journals during the 1930s. Boeminghaus was professor extraordinary at the University of Marburg from 1933. The same year, he became a member of the Nazi party and the SS. Boeminghaus became chief of a newly developed urology ward at Berlin Westend Hospital and professor extraordinary at the University of Berlin in 1939. After the war, he moved to Düsseldorf where he became chief of the private Golzheim Clinic in 1947 and taught at the Düsseldorf Medical Academy from 1949. He is the only urologist to have presided over two national congresses of the German Society for Urology: in 1948 and in 1951.

Expulsion of Jewish Urologists

Before the Nazi rise to power in 1933, about one percent of the German population was Jewish. At the same time, the proportion among the 52,000 doctors was much higher, with about 16 percent of medical practitioners either being Jewish or having Jewish ancestors. Because of this high proportion, physicians were among the chief groups of academic emigrants. They left Germany in three waves, coinciding with escalating discrimination. The ‘law for the restoration of the professional civil service’ (Gesetz zur Wiederherstellung des Berufsbeamtenstatus) of 1933 meant the end of the careers of ‘non-Aryan’ civil servants, including university teachers and physicians at public hospitals. Amendments to the law made a bad situation worse, until in 1938 the license to practice medicine was withdrawn from the remaining Jewish physicians.

Among German urologists, almost one in three was considered Jewish according to Nazi legislation. Julia Bellmann has identified 241 ‘non-Aryans’ among the 875 urologists practicing in Germany in the 1930s. Thorsten Halling has identified another 18 Jewish urologists from the Rhineland. This percentage appears to be the second-highest among medical specialties. The first place goes to paediatricians, with about 50% of Jewish specialists; dermatologists rank third with about 25%. Among Jewish urologists, more than three-quarters indicated
that they also worked in dermatology, while only ten percent indicated that they also worked in surgery.\(^{27}\) This shows that the majority of Jewish urologists in Germany worked in venereology, which was not prestigious medical work, but open to practitioners without extensive social capital.

More than half (129) of the Jewish urologists were able to emigrate from Germany. Most of them went to the USA (57), Palestine (27) or Britain (12). Many went to neighbouring countries like the Netherlands or France first and had to flee a second time when the war started. Of the émigrés, only two returned to Germany after 1945. At least 36 persons were deported to ghettos or concentration camps, only one of whom survived. At least ten persons committed suicide. Five urologists survived in Germany.\(^{28}\)

Very few of those driven into exile returned to Germany after 1945. This was in part due to their life circumstances, as they had either established careers elsewhere or were already at an advanced age, but also due to personal continuities at German universities and in the government, neither of which encouraged emigrants to return in large numbers.\(^{29}\) After some of the most talented and successful German urologists had been driven away in the 1930s, their positions were free to be staffed by those loyal to the Nazi regime, such as Otto Ringleb and Karl Heusch. As well as conducting themselves in a politically advantageous way, remaining urologists also profited from the fact that fewer colleagues remained to attend to patients, which gave them some bargaining power. The director of surgery at the Berlin Charité University Hospital, Ferdinand Sauerbruch (1875-1951), for instance, agreed to the creation of a chaired professorship for urology at the University of Berlin in 1937, in part to keep the hospital attractive to private urological patients after the emigration of the eminent urological surgeon Alexander von Lichtenberg that same year.\(^{30}\) Personnel changes also led to a shift in the treatment and research spectrum. Endoscopists and venereologists were often the targets of anti-Semitism and were forced to give up their positions, so that from that point on, despite Ringleb’s rhetoric to the contrary, urological surgeons took the upper hand.\(^{31}\) Illustrative cases for the fate of Jewish urologists include Leopold Casper (1859-1959), Alexander von Lichtenberg (1880-1949) and Eugen Joseph (1879-1933). Their biographies are exemplary, because they show the range of emigrants who could or could not continue to practice medicine in exile and those who stayed in Germany and died or were killed there. At the same time, they are all academic physicians from Berlin and were among the elite of the specialty before 1933. In some sense, they were more privileged than ‘regular’ doctors.
from smaller towns or Jewish craftsmen or workers, who in many cases faced similar discrimination, but had fewer possibilities to escape.

Leopold Casper was one of the founding fathers of German urology and the president of the third congress of the DGFU in 1913. He was also a founding member of the Berlin Society for Urology and its first president. Casper had been professor extraordinary at the University of Berlin from 1922 and the author of textbooks on urology and cystoscopy, as well as one of the founding editors of the Zeitschrift für Urologie.

Casper was 74 years old in 1933, when he was dismissed from his position as a university teacher, in the German Society of Urology and as a journal editor. Four years later, he emigrated via Zurich, Geneva and Nice to New York City, where he arrived in 1941. Casper did not encounter much support from the American Urological Association. Due to his advanced age, he did not work in the United States. Before his death at the age of 99, Casper accepted an honorary membership in the post-war German Society of Urology in 1953. This is in some ways remarkable, because the honorary membership was proposed to him by the president for the year, Karl Heusch, who had previously been secretary of the Society of Reichs-German Urologists.

Alexander von Lichtenberg was the son of a reputable physician from Budapest. He settled in Berlin after the First World War and became professor extra-ordinary at the University of Berlin in 1920. He was a pioneer of urological radiography, author of a textbook of urology and president of the DGFU in 1928. In the 1920s, he turned the urologic ward of the Catholic Saint Hedwig Hospital in Berlin into a 250-bed teaching clinic for the nearby Charité Medical School. Von Lichtenberg’s ward became the leading clinic of urology in Germany.

Von Lichtenberg, whose religious denomination is listed as Catholic in his personnel file at the University of Berlin, was nevertheless considered ‘non-Aryan’ by the Nazi authorities, because his father had been born a Jew. Since he had an excellent reputation as a clinician and was a Hungarian citizen, the dismissal of von Lichtenberg from his professorship was revoked in 1934. One year later, he went on a lecture tour to South America – an opportunity many Jewish scholars used to flee Germany in the 1930s. Von Lichtenberg returned to Berlin, but he was removed from his position as chief at Saint Hedweig Hospital that same year. He emigrated first to his native Buda-pest and two years later to Mexico, where one of his former students, Leonidas Almazán, had become state secretary of public health. There, he practiced urology and surgery until his death in 1949.
Eugen Joseph (1879-1933) is regarded as the inventor of chromocystoscopy and authored textbooks on endourology and urologic radiology. He was the director of the urology department at the surgical policlinic of the Charité in Berlin and, after military service in the First World War, became professor extraordinary there in 1921. Six years later, he hosted the American Max Stern (1873-1946), inventor of the transurethral resection of the prostate (TURP). This was significant, because after the war, Germany had been isolated from international scientific exchange. Joseph was a member of the German scientific establishment who tried to re-construct international ties. He was on the editorial boards of *Zeitschrift für Urologische Chirurgie* from 1921 and of *Zeitschrift für Urologie* from 1927. For the year 1928/29, he was president of the Berlin Society for Urology.

In 1933, Joseph was 54 years old. In the cause of legalized discrimination, he was removed from his position as professor at the University of Berlin and was no longer allowed to treat ‘Aryan’ patients. This was more than Joseph could bear and he took his own life on 24 December 1933. His wife Lilly and his daughter Marianne were deported to Auschwitz in December 1943. They did not survive.
Conclusion

Between 1933 and 1945, the majority of German physicians turned away from personal and professional ethical principles and participated in the expulsion of Jews from the medical profession, compulsory sterilization and, in some cases, the killing of patients and medical experiments without consent. Urologists did not back away from this general trend.

Until today, the role of medicine, medical societies and individual doctors under National Socialism ignites debates about personal and professional ethics. Historical studies must highlight past injustices, as well as write back into history victims of persecution. This can help us to educate medics about the ethical dimension of patient-care, collegiality and research today, as well as honour the lives and achievements of those who were forced out of their profession, homeland and lives.

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Urology and National Socialism in Austria

MICHAEL HUBENSTORF

Until now, the topic of urology and National Socialism in Austria has not been dealt with in any systematic way. On the one hand, this seems astonishing; but on the other hand, perhaps it is not so surprising.

It is astonishing when one considers the personalities produced by medicine’s second smallest specialty during this dark period. For example, the Vienna head of the department and urologist Friedrich Kroiss (1878-1960) was the founder of the National Socialist German Physicians Union for Austria (Nationalsozialistischer Deutsche Ärztebund für Österreich), a man who left his mark on many of his colleagues in Austrian urology. There was also the head of the urological department at the Wieden Hospital in Vienna, Koloman Haslinger (1889-1944), who was chairman of the Vienna Urological Association (Wiener Urologische Gesellschaft) from 1939 to 1944 and held an influential position within the newly founded national socialist Vienna Medical Association (Wiener Medizinische Gesellschaft). Other prominent Viennese National Socialists included Karl Gagstatter (1875-1968), Theodor Hryntschak (1889-1952), Rudolf Chwalla (1900-1966), Wilhelm Stöckl (1900-1965), Paul Deuticke (1901-1981), Herbert Henninger (1901-1962), Herbert Weber (1903-1973). Away from the capital in Linz, urologist Axel Brenner Jr. (1889-1944) became head of the city’s General Hospital. In Graz, not only was the head of the urological department at the regional hospital, Norbert Moro (1889-1957), an illegal National Socialist, but the hospital’s only lecturer, Hans Droschl (1909-1944), was the district physician of the Hitlerjugend (Hitler Youth) for the entire Steiermark region from 1937 to 1945. In Innsbruck, the only urologist in the Tyrol, Leopold Löffler (1893-post 1968) was leader of local Kreisärzteführ. Last but not least, the leading post-war urologist in Carinthia, Karl Rauchenwald (1912-1993), was once an illegal National Socialist and later an SS leader. Of these physicians, in 1949 Friedrich Kroiss, Bertrand Bibus, Rudolf Chwalla, Paul Deuticke, Herbert Henninger, Theodor Hryntschak, Herbert Weber (and later Karl Rauchenwald) were corresponding members of the German DGU. Of the urologists expelled from Austria, this honour was only accorded to Rudolf Paschkis (New York), Hans Gallus Pleschner (honorary member in 1949) and Rudolf Übelhör (corresponding member in 1949, honorary member in 1972). In this sense, the influence of National Socialism persisted into post-war times – until the mid-1960s, in fact – and is therefore relevant to any retrospective construction of the history of the speciality of urology.

However, the lack of attention paid to the topic of National Socialism in this history is not a surprise, if we consider how and by whom the history was written. Until recently, the historiography of the specialty was the almost exclusive preserve of the urologists themselves. Their sources were self-produced festschriften, monographs, textbooks, protocols and membership rosters. Within these sources, National Socialism appeared as a kind of mysterious outside agency: terrible, but not anything to do with us.

However, the files in the Vienna University archives, which were analyzed by Peter Paul Figdor in 2007, together with his biographical sketches of Austrian urologists, give a much clearer picture. This can now be supplemented with information from the files of the Berlin Document Centre and the so-called district files (Gauakten) of the Vienna NSDAP in the Austrian National Archives, which have revealed the political background of many of the strange developments in Austrian urology during the Nazi era. In this context, it must be said that a proper reading of the general medical journals is lacking within the historiography of Austrian urology. This would have helped to prevent some major errors. Until now, historians have not focused on urologists as a profession when writing about
National Socialist sterilization politics in Austria. They were subsumed among ‘physicians’ in general, like surgeons, gynaecologists or radiologists. This perception has had a significant impact on the way the specialty of urology is viewed in society today!

The radical German racial Tradition: Karl Gagstatter

Within the history of urology, Karl Gagstatter (1875-1968) is still something of a dark horse. In 1914, he became head of the urological outpatient clinic at the Rudolfstiftung Hospital, the first outpatient department at a general hospital in Vienna. Between 1921 and 1939, he was the head of the department of urology (Primarius) and in 1923 he became vice-president of the Vienna Urological Association, even though he had no habilitation from Vienna University. From 1926 onwards, he was a committee member of the DGU.

But if his background in urology was not always clear, he was not unknown in the political history of Austria’s student movements. Gagstatter was the son of an independent gentleman, also Karl Gagstatter, “a fanatic companion of Georg von Schönerer” in the early years and one of the initiators with Florian Albrecht (1870-1944) of the Waidhof Resolutions (Waidhofer Beschlüsse – “No satisfaction for Jews!”). Both were members of the Vienna students league ‘Teutonia’, but in 1895 left the organization in protest, when the league joined a more liberal students’ league: the ‘Dachverband Linzer Delegierten Convent’. The following year, Albrecht wrote the infamous article that provoked the Waidhof Resolutions and which led to Albrecht’s loss of his position as a demonstrator at the II Anatomical Institute and his relegation from the University of Vienna. Both men continued their studies in Innsbruck, where they became members of the ‘Germania’ students’ league and in 1897-98 converted to Protestantism at the request of von Schönerer. In Innsbruck, Gagstatter, his brother Otto (who was studying law) and Albrecht became the main organizers of the so-called Baden Affrays of 1898 against the government in Vienna. Gagstatter admitted his part in the preparations, which led to his permanent dismissal from the university, “because of his leading position in the preparation (of the strike) from 1 to 3 February 1898 and his blatant participation in the demonstration.” Gagstatter continued his studies in Kiel and Graz, where he defended his MD thesis on 20 December 1902. By then, he had also become a member of the local group of the ‘Teuton’ League (Germanenbund).

After this we lose track of Gagstatter as the racial student, but in view of his racial politics it is interesting to note that he not only received his general medical training at the II. Surgical Department of the Vienna General Hospital under the tutelage of Oskar Föderl (1866-1932), but also his urological training (up to the year 1910) at the department of Otto Zuckerandl (1861-1921) at the infirmary of the Jewish community in Vienna.

On 26 May 1932, he joined the NSDAP with the membership number 1.087.738. He left the party again for personal reasons on 1 May 1933, just before it was banned in Austria (on 19 June 1933). In 1936, he illegally started to pay back his arrears of membership dues. After the Anschluss (unification with Germany), on 21 May 1938 he applied for re-registration with the NSDAP in Austria, but it took until to 22 April 1943 before his membership was approved and backdated to 1 May 1938 (the joining date allocated to all the so-called ‘illegals’). Between 1934 and 1938, he acted “on behalf of the NSBO” (Nationalsozialistische Betriebszellen Organisation = National Socialist Company Cell Organization) as his infirmary’s member of the
home guard group of infirmary physicians within Vienna Homeland Security. This meant that he infiltrated the rival organization of the Vienna Home Guard, which was oriented on Italian Fascism. This secret double role can be traced in the archives on several occasions. For example, under the heading 'Activities' on his NSDAP membership application on 21 May 1938 he wrote: “donations and collecting activities during the illegal period; providing fugitives with medical credentials, etc.; forwarding news from the secret service of the VF to the SS group Standarte 89; support of the group by surrendering weapons; etc.” These ‘activities’ were the cause of six house searches by police during the years when the NSDAP was illegal.

Strong autobiographical elements can be found within the obituary of his friend and colleague as head of the internal department at the Rudolfstiftung Hospital, Rudolf Fleckseder (1877-1939). Gagstatter’s ideological beliefs remained unchanged throughout the years and we must assume this had an impact on his three interns: from 1921 to 1931 on Wilhelm Fritz (1902-1931), who died young and was the first secretary of the Vienna Urological Association; from 1931 to 1934 on Walther Brandesky (1877-1943), who ran the walk-in clinic at the Rot-Kreuz Spital (Red Cross Infirmary) between 1938 and 1943, when Friedrich Necker (1877-1948) was expelled for ‘racial reasons’; and from 1935 to 1939 on Hermann Weber (1903-1970), the successor to Rudolf Paschkis (1879-1964), who was also forced to leave his position at the walk-in clinic of Kaiser Franz Josef Infirmary for racial reasons.

The theme of the only contribution made by Gagstatter to a meeting of the Vienna Urological Association is significant. During a strong debate about the treatment of homosexuality by means of transplanting the testicles, it was recorded: “Gagstatter (Rudolf Infirmary) performed after an unsuccessful total hysterectomy a clitorectomy, in order to heal nymphomania by excising the labia minora with good success.” Today, this would be characterized as female genital mutilation, and both the indication and the ‘success’ seem open to question. In the light of the time, however, this statement is a not unsurprising confirmation of the coincidence of anti-Semitism with anti-feminism and misogyny.

Even after the end of the National Socialist period, Gagstatter persisted in his old attitudes: in 1950, he was the leading candidate on the list of the organization Unabhängige Ärzte (independent physicians) for the Vienna Medical Board, a list consisting almost exclusively of former National Socialists, but eventually he declined his mandate in favour of the paediatrician Helga Felkl (1900-1975). In 2007, Figdor commented: “After WWII, he visited the scientific sessions (of the ÖGU, the Austrian Urological Society), so I was able to experience him and his ideas at first hand. He died in Vienna on 22 September 1968 in his 94th year.” Even so, Gagstatter’s political history did not become evident to the younger generation of urologists after 1945.

**Friedrich Kroiss and the National Socialist Department in Vienna-Lainz**

Until 1995, the real political role of the Viennese urologist Friedrich Kroiss (1878-1960) was generally unknown. This is perhaps unsurprising in view of his prominent professional position within the specialty. Kroiss was born in Bohemia, studied medicine in Prague and defended his MD thesis in 1902 at the city’s German University. Later, he followed his surgical internship between 1903 and
1912 under Anton Wölfler in Prague and Hermann Schloffer in Innsbruck. Here, he held the position of the ‘first assistant’ (senior house officer) of the department. It was only the early death of Georg Kapsamer (1870-1911), who since 1907 had been designated as the head of department at the planned Kaiser Jubiläums Imfirmary in Vienna’s Lainz district, which cleared his way to become Primarius of this large (for the time) urological unit of 48 beds.21 Kroiss ran the department from April 1913 to 1937 and, following his dismissal for political (pro-Nazi) reasons, again from April/September 1938 to 1945. His nomination was supported by the Viennese mayor Josef Neumayer (1844-1923), who as the successor of Karl Lueger (1844-1910) belonged to the Christian Social Party, an Austrian spin-off from the German Nationalists.22 The Jubiläums Imfirmary in Lainz was the only municipal hospital in Vienna where the municipal (anti-Semitic) staffing policy of the Christian Social Party was effective. From 1938 to 1941, Kroiss was confirmed in his position by the NS administration. Some of his early scientific papers are mentioned in the surgeons’ roster of 1938, but within the specialty of urology he rarely stepped forward into the limelight.23 Kroiss cannot be compared with Anton von Frisch (1849-1917) at the Vienna General Policlinic and Otto Zuckerkandl (1861-1921) at the Rothschild Hospital, both of whom were active before 1913. From a professional view, Kroiss stood behind at least a dozen of his Jewish colleagues. True, he belonged to the editorial boards of the journals Zeitschrift für Urologie and Zeitschrift für urologische Chirurgie. Since the Munich meeting of 1929, he was also a member of the committee of the DGU.24 Equally significantly, he was member of the Union of German Physicians in Austria (Verein deutscher Ärzte in Österreich or VdÄiÖ), as were most of the urologists mentioned in this article. This union, which was founded in 1904, had a so-called Arierparagraph (Aryan paragraph) in its statutes, which discriminated against non-German Austrian nationalities (Czechs, Italians, Slovenians, etc). The union also published the influential Medical Reform Gazette (Ärztliche Reformzeitung), with articles by right-wing urologists like Karl Hofmann and Rudolf Chwalla.25 Between 1933 and 1938, after the Catholic socialist members had left it ranks, the Union of German Physicians in Austria served as a thinly-veiled camouflage organization for National Socialist physicians. In 1930, Kroiss joined the Nazi Party (party membership no. 3000.137)26 and became the founder and until 1933 chairman of the National Socialist German Physicians Union for Austria (Nationalsozialistischer Deutscher Ärztebund für Österreich).27 Like his fellow founder Ludwig Liebl (1874-1940),28 he later took a step back in the movement, but in 1932 became a candidate for the NSDAP for the Vienna state parliament, with second place on the voting list for the 8th district behind Franz Schattenfroh (1898-1974), who later served as a member of the Federal Assembly. In these circumstances, it is perhaps no surprise that six of the eleven assistants of Friedrich Kroiss (see table 1) also became members of the Nazi Party.29 The political example of Kroiss made a deep impression on Austrian urology.30

Table 1

<table>
<thead>
<tr>
<th>Years</th>
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<tr>
<td>1913-22</td>
<td>Siegfried Kraft (ca 1883-1922)</td>
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<tr>
<td>1915-19</td>
<td>Karl Allmeder (1887-1956)</td>
</tr>
<tr>
<td>1919-21</td>
<td>Norbert Moro (1889-1957)</td>
</tr>
<tr>
<td>1924-28</td>
<td>Leopold Löffler (1893-post 1968)</td>
</tr>
<tr>
<td>1919-28</td>
<td>Eduard Brecher (1895-1935)</td>
</tr>
<tr>
<td>1922-26</td>
<td>Rudolf Bayer (1896-1983)</td>
</tr>
<tr>
<td>about 1927</td>
<td>Anton Wurnerg (1892-post 1971)</td>
</tr>
<tr>
<td>1929-30</td>
<td>Hermann Meschede 1895-post 1961</td>
</tr>
<tr>
<td>1927-30</td>
<td>Rudolf Chwalla (1900-1966)</td>
</tr>
<tr>
<td>1930-36</td>
<td>Franz Hawlisch (1902-1962)</td>
</tr>
<tr>
<td>1936-47</td>
<td>Bertrand Bibus (1906-1973)</td>
</tr>
<tr>
<td>1938-45?</td>
<td>Walter Zeidler?</td>
</tr>
<tr>
<td>1941-46?</td>
<td>Ernst (von) Riedl (ca 1912-1956)</td>
</tr>
</tbody>
</table>
Within this list, it is noticeable that Kroiss did not always look for assistants who had studied in Vienna. This was an unusual step in what was the city’s only ‘municipal’ hospital, but is easily explainable in terms of Kroiss’s political agenda. His four non-Viennese interns (Karl Allmeder, Norbert Moro, Leopold Löffler and Hermann Meschede) gave him more influence in the other federal states of Austria, outside of Vienna.44

As far as the political beliefs of the interns are concerned, it is worth noting the comments on the application form of Rudolf Chwalla, dated 25 May 1938:

“Since April or May 1933 until now, I have been a member with continuous payment of dues to the NSBO45, 46 in the City of Vienna Hospital in the Lainz district, as a long-standing member of the infirmary. The physicians’ cell was founded by the applicant on promotion (attested by the former leader of the cell, Mrs Kosz). From 1932, I was a member of the NS Physicians Union until its ban, and have applied for admission again in March 1938 (a written testimony from the former leader of the NS Physicians Union is to hand). Since 1931 or 1932, I have been a continuous subscriber of the newspapers Kampfruf and Völkischer Beobachter, Reich editions. In 1931, I subscribed to Braunes Haus at Hirschengasse48 (a voucher can be provided) and was a member of the Kampfbund für Deutsche Kultur (Battle League for German Culture) in 1933. The applicant has always behaved in a national and patriotic way and during his job at the infirmary of the City of Vienna Hospital was never associated with the Reds or the Blacks.”47

In short, a model of scientific excellence and political correctness in accordance with the spirit of the times.

Not all of the residents were as vulnerable for Kroiss’s politics in the same way. One of the notable exceptions was Anton Wurning, a member of the Catholic students’ league. When Wurning started his residency in 1928, there was already an existing alliance of ‘national’ and Christian university graduates in the hospital to support him, but this fell away in 1932, making room for much more confrontation.48 In 1938, Wurning, who by then was a surgeon and head of department at the hospital in Bad Ischl, was forcibly transferred to Koenigsberg.

Franz Hawlisch, who after 1945 was head of the urology department at the Hanusch Hospital in the Wieden district, was more politically amenable to Kroiss. He was a member of the previously mentioned VdAiÖ between 1931 and 1938 and an ‘enforced’ member of the Vaterländische Front (Patriotic Front) from 1934 to 1938. In July 1938, he also became a member of the National Socialist organizations NSV and DAF, as well as the Reich air-raid protection unit. Last but not least, he was a candidate for the National Socialist Physicians Union. Even so, on 23 December 1938 the NSDAP district office for public health wrote:

“Dr. Franz Hawlisch is not a member of the party, in spite of making a request during the illegal period. The responsible office informs me that his membership of the VF was enforced and that he only declared for the movement just before the recent upheavals. In terms of professional requirements, he is acceptable.”49

Hawlisch’s career after 1945 is an example on how doctors with National Socialist sympathies could claim that they were not members of the party (even though they had made the request). This was part of the process of political compromise and rehabilitation after 1945.
Hans Rubritius, the Vienna General Policlinic and the DGU

Much more well-known than Kroiss – in fact, the leading figure in Austrian urology in the inter-war period – was Hans Rubritius (1876-1943). Rubritius was born in Klattau (Klatovay) in Bohemia, attended the Piarist college in Vienna and secondary school in Prague, where he also studied medicine, defending his MD thesis on 14 January 1901 at the city’s German University. Between 1902 and 1903, he was junior and later senior house officer at the surgical department in Prague under the tutelage of Anton Wölfler and Hermann Schloffer. He qualified as an academic teacher of surgery and gave lectures in 1910-1911, before undertaking a study tour to Germany, Paris, London and Copenhagen. From 1912 to 1914, he ran the urological department of the municipal hospital in the spa town of Marienbad. During the First World War (1914-1918), he was in Russian captivity as a prisoner of war, running a Russian military hospital in Omsk. At the end of 1918, he moved back to the garrison hospital at Prague, before relocating in 1919 to Vienna, where he eventually became head of the famous Vienna General Policlinic.49

Rubritius quickly made a name for himself in his adopted city. Already in 1921, he was appointed as deputy director of the Polyclinic and from 1931 to 1940 was its director, the highest ranking position of a urologist in Austria up to this time. Even so, he was not asked to serve as chair for the fifth and seventh meetings of the DGU, held in Vienna in 1921 and 1926, nor at the sixth meeting of the SIU in 1936. In 1921, it was Otto Zuckerkanzl (1861-1921), who died shortly before the meeting but was still the official chairman, and in 1926 and 1936 it was Viktor Blum (1877-1954), who was later forced to emigrate in 1938.50 However, Rubritius was asked to be vice-chairman alongside Blum in 1926 and was scheduled to chair the tenth meeting of the DGU in 1931. This meeting was delayed first to 1932, then to 193351 and was, in fact, never held. As a result, Rubritius formally remained the chairman of the DGU until the end of his life in 1943.

This came about in a way that says much about his position towards National Socialism, which had enormous significance for Austrian urology as a whole. When in 1933 from the secretary, Dr. Arthur Lewin, and the treasurer, Dr. Alfred Rothschild, were obliged to withdraw from their posts in the executive committee of the DGU as ‘non-Aryans’,52 Rubritius willingly agreed to stay on as chairman. In response, a rival organization to the DGU, the Gesellschaft Reichdeutscher Urologen (Society of Reichs German Urologists) was set up by Otto Ringleb, which held meetings in 1937 and 1938 in Eisenach/Thuringia (with the participation of ‘non-Jewish’ urologists from Austria53). In the meantime, Rubritius continued to consolidate his position. From 1933 onwards, he was on the editorial board of the Zeitschrift für Urologie, which later mutated from an institution of the DGU to an institution of the Society of German Urologists.54 Further, he was also a member of the editorial board of the Zeitschrift für urologische Chirurgie und Gynäkologie.55 This meant that for Austrian urology, Rubritius had become the most influential figure for those who wanted to gain access to publication in German journals. During 1938, Rubritius and Viktor Blum announced the first meeting of the (new) Austrian Association of Urology, scheduled to be held from 27 to 30 June 1938.56 The meeting was cancelled for political reasons, following the Anschluss in March 1938. At the same time, a meeting of the German Urologists in Vienna was announced.57

On 22 April 1938, the Munich Medical Weekly (Münchener Medizinische Wochenschrift) reported: “The planned meetings for urologists at the end of June in Vienna and from 6 to 8 October in Eisenach/Thuringia are cancelled. The German urologists are expected to come together as the German Society of Urology at the beginning of October in Vienna.”58
In July, a further meeting of the Society of German Urologists was announced, but was again cancelled in October/November 1938. The Munich Medical Weekly reported: "This years’ meeting of the Society of German Urologists, which had previously been in doubt, has now been dated for the 6, 7 and 8 October in Eisenach/Thuringia." The cause of this announcement was the so-called crisis of the Sudentenland in 1938. Last but not least, the tenth meeting of the DGU (not the third meeting of the Reichsdeutsche Urologen) under the chair of Hans Rubritius and meeting secretary Herbert Henninger was announced. However, as previously mentioned, this meeting was also cancelled due to the start of the Second World War.

Given the seniority of his position, Hans Rubritius cannot be assumed to be an opponent of Nazism. On the other hand, he received a clear affront in 1939, when he was not elected as the head of the urology group within the Vienna Medical Society (Wiener Medizinische Gesellschaft). This specialist group of the society normally held their meeting under the name of the Vienna Urological Association and Rubritius was the obvious choice to lead it, but on this occasion he had to give way to the NS party activist, Koloman Haslinger. Later on, in 1940, he was also required to give up his directorship of the Vienna General Policlinic, the running of which had been taken over by the City of Vienna, to Erwin Risak (1899-1968), secretary of the Vienna Clinical Weekly (Wiener Klinische Wochenschrift), vice-president of the Vienna Academy for Further Medical Education (Wiener Akademie für ärztliche Fortbildung). On the other hand, as a sop to his dignity, the leader of the Vienna Medical Society, Otto Planner-Plan (1893-1975), who was also district head (Gaumatsleiter) of the NSDAP district for public health, authorized Rubritius to act as the substitute leader of the urology specialty group in the absence of Koloman Haslinger.

When Rubritius died in 1943, the National Socialist tried to capitalize on his reputation for their own ends, claiming him as one of their own, as a man who had paved the way for the future. His obituary in the Zeitschrift für Urologie, written by Haslinger, reads: "During his 25 years as head of the urological department of the Vienna Policlinic, he attracted a great number of disciples, who he encouraged in scientific research and with whom he had a close relationship. Their names include: Brenner, Förster, v. Frisch, Henninger, Sitka and Wladika."

These names bear some examination. The names that did not appear – the names of those prosecuted or forced to emigrate – were much more important: Alfred Zinner (1881-1967), Oswald Schwarz (1883-1949), Oskar Stricker-Barolin (1886-1972), Paul Blatt (1889-post 1972) and Felix Fuchs (1899-post 1938). As for the names that were mentioned, only the informed reader could detect the fraud perpetrated by Haslinger. To date, the physicians Sitka and Wladika remain unknown in Austria – presumably an invention of Haslinger. Axel Brenner (1889-1944) was only Rubritius’s assistant for a short time. Von Frisch was a confusion with the famous forerunner of Rubritius, Anton Ritter von Frisch (1849-1917). The Frisch mentioned in the obituary was Bruno Frisch (1891-1977), who was head of the urological outpatient clinic at the Vienna Wilhelminen Infirmary from 1945 to 1962. Förster, the youngest of Rubritius’s co-workers, became head of the urology department in Salzburg from 1953 to 1973 in the Brothers...
of Mercy Hospital. The only name of any real note was Herbert Henninger, who between 1939 and 1945 was first secretary of the Vienna Society under the leadership of Haslinger. In short, Rubritius seems to have played the role of an non-transparent sphinx, a urologist who was acceptable to the Nazis but who also had ‘another side’, which remained concealed after 1938. However, Rubritius also held another significant function, which has largely escaped attention up to now. Until 1933, he was leader of the Union of German Physicians in Austria (Verein deutscher Ärzte in Österreich) in Vienna. Most of the non-Jewish urologists of Vienna held membership of this union. This means that the most famous urologist of the decade, alongside the extremist Friedrich Kroiss, represented the ‘respectable’ section of Vienna’s German national physicians, who provided the legal foundation for his less scrupulous successor Franz Kazda (1888-1978) and the National Socialist Physicians Union. Viewed in this light, it is not surprising that Rubritius, notwithstanding conflicting evaluations by the security service of the SS, became a member of the NSDAP on 1 April 1940, having first been a member of the SA since September 1938. At this point, the representation of Austrian urologists within the board of directors of the DGU became obvious: they were exclusively from Vienna.

Until 1926, the number of Jewish and non-Jewish urologists was equal. In addition to the vice-chairman (and chairman from 1924-26) Viktor Blum, in 1921 the other Jewish committee members were Friedrich Necker (since 1911), Rudolf Bachrach (1879-post 1939) and Rudolf Paschkis. Of the non-Jewish members, Hans Gallus Pleschner (1883-1950)76 was second secretary, with Josef Preindlsberger (1863-1938), Helmut Prigl (1871-1926) and Hans Rubritius as ordinary committee members (1924-1926). From 1926 to 1929, there were only five Austrians on the board: the Jews Viktor Blum and Oswald Schwarz (1883-1949) and the non-Jews Hans G. Pleschner, Karl Gagstatter and Theodor Hryntschak. All of the non-Jews were members of the Verein deutscher Ärzte in Österreich (Union of German Physicians in Austria). It was clear that the marginalization of the Viennese Jews was already taking place as early as 1929, although no reference to this can be found in the protocol of the 1929 meeting in Munich.

**Institutions and Numbers of Urologists 1938-1945**

In the light of the three different German national settings within Viennese urology, what can be said about the organization of Austrian urology in general in 1938? In that year, 17 of the 20 urological institutions were in Vienna. Only six were departments in a hospital with different dimensions, with two urologic wards in surgical university departments. Nine of the Vienna institutions were hospital walk-in clinics, which only had a limited number of beds on a contractual basis. Nine Viennese institutions were run by the state or the City of Vienna, eight were run by institutes, unincorporated
associations, foundations or religious groups. The institutions were divided (long before 1938) into facilities with 'Jewish' and 'non-Jewish' urologists, as can be seen in Tables 2a-2c. Whereas five of the nine ‘non-Jewish’ urologists were heads of hospital departments, only three of the eight ‘Jewish’ urologists were departmental heads. Jewish urologists were employed more for the treatment of ambulatory patients. This different distribution becomes even more apparent if we look at the controlling authority for the institutions. Only two non-Jewish heads worked at non-state run institutions: Hans Rubritius at the Vienna General Policlinic, which was first run by the foundation association and later by the municipality, and Wilhelm Stöckl at the Brothers of Mercy Hospital. In contrast, six of the eight Jewish heads worked at non-state run institutions: the Israeli Community Hospital, the Rothschild Hospital, the Mariahilfer Ambulatorium and Hospital,78 the Vienna Merchants Hospital, the Red Cross Infirmary and the Childs Hospital.79 After 1938, it was the norm for non-Jewish urologists to work at state-run or municipal hospitals.

Correspondingly, four of the five hospitals run by private institutions or foundations disappeared. The Mariahilfer Walk-in-Clinic was closed in 1938. The Rothschild Hospital still had urologists after 1938 (Friedrich Necker, Richard Glas and Oskar Stricker-Barolin80) but had to permanently leave its ancestral home. For the Childs Hospital, a new urologist – Franz Hawlisch – was appointed in 1938-39, but a short time later it changed its name to the Pelikangasse Municipal Hospital, before later becoming a private institution again.81 At the Vienna Merchants’ Hospital, the habilitated urologist Karl Hutter (1892-1954) succeeded his teacher Robert Lichtenstern (1874-1952) in 1934, but in 1939 the hospital changed to a military hospital for the air force, where Wilhelm Stöckl ran the ward.82 After 1945, this institution was a military hospital for American troops. Only the Red Cross Infirmary
continued as the DRK-Billroth Hospital and until 1943 had a walk-in clinic under Walther Brandesky.

In terms of seniority, the Policlinic (1872) was followed by the Hospital of the Israeli Community (1902), the Mariahilfer Ambulatorium (1907), II. Urology Ward of the University Surgical Department (1910), the Kaiser Jubiläums Hospital in Lainz (1913) and the Rudolf Institute (1914-21). Later on, between 1919 and 1931, all the state-run hospitals in Vienna received a urological walk-in clinic. During this period, the last three urological institutions (Childs Hospital, the Brothers of Mercy Hospital and the I. ward of the University Surgical Clinic) were inaugurated. All these institutions were established by 1938. From this point on, there was a reduction in the number of institute-run or foundation hospitals, with the exception of the hospital in the Wieden district. Nevertheless, the number of scientific publications emanating from these institutions was above average.

The structure of human resource allocation after 1938 is shown in Table 3.

Outside Vienna, the establishment of urologic departments or wards in hospitals started in the middle of the 1920s in Linz and Graz. In Linz, the unit in the General Hospital was supplemented by a urology ward in the Sisters of Mercy Hospital.

### Table 3

**Human resource allocation within the institutions in Vienna 1938/39**

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<th>Institution</th>
<th>Period 1</th>
<th>Period 2</th>
<th>Period 3</th>
<th>Period 4</th>
<th>Period 5</th>
<th>Period 6</th>
<th>Period 7</th>
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### Table 4

**Urologist in Austria, 1915-1961**

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The general decline sustained by Austrian urology in the years after 1938 can be seen by the number of urologists in private practice (Table 4).

Until 1935, the number of urologists increased continuously, but after 1 October 1938 more than half of all the urologists in Vienna were not allowed to work and were forced to leave Austria immediately. As a result, 23 (equivalent to 56 percent) of the 41 urologists practicing in 1935 were obliged to cease their profession for racial reasons. 20 of them emigrated, and Hans Pleschner was discharged from service and gave up his private practice because of his Jewish wife. This meant that by 1940 only 14 (34 percent) of urologists active in 1935 were still practicing. This was partially offset by a smaller number of newly qualified urologists: Herbert Henninger (1935), Richard Übelhör and Herbert Weber (1937), Bertrand Bibus (May 1938), Paul Deutike (December 1939), and Josef Förster and Walter Zeidler (1940). Consequently, there were at least 21 urologists in Vienna at the start of 1941.

Outside Vienna, the situation remained largely unchanged. Johann Hellinek (Salzburg, dermatologist) and Karl Allmедер (Hadersdorf-Weidlingau, general practitioner) ceased practicing. Hans Droschl (1909-1993) received his license in April 1939 in Graz.

The National Socialist period represented an enduring break with the past for the specialty of urology. In Vienna, the profession was reduced by half; in the federal state of Oberösterreich (Upper Austria) only 60 percent of the 1935 specialists were still practicing in 1938. It took until 1956 for the specialty to recover to the 1935 level (50 urologists). In Vienna, it took even longer: it was only in 1965 that it matched the 1935 population, with 42 urologists in private practice.

Nevertheless, it should be remembered that Vienna, with 21 specialists in 1940, still had the highest number of urologists of any city in the German Reich, even more than Berlin (with just 18 specialists).88

The unquestioned leader of Vienna urology during the National Socialist period, Koloman Haslinger, was head of the urological ward of the II. Surgical Department from 1st August 1923 to 1st August 1931. After this, he was head of the urological walk-in clinic in the Wieden Hospital, which was established in 1840, making it the second oldest hospital in the city of Vienna. Haslinger was born on 30 June 1889 in the town Pusztapuszta Kerepecz near Munkás in Hungary (today Mukatschewe in the Ukraine) as the son of an economic officer in the service of the counts of Schoenborn. From 1901 to 1909, he attended the grammar school at Stockerau (in the federal state of Niederösterreich) and later studied medicine in Vienna, where he defended his MD thesis in December 1914.

This was followed by military service during the First World War, during which he served 36 months at the front. From December 1917 onwards, he was head of department for STD diseases at the central infirmary in Stryi (Galicia). On 1 December 1918, he was appointed as an intern (Operationszögling) at the II. Surgical Department of the University Clinic under the tutelage of Julius Hochenegg (1859-1940). From 1920, he worked on the urological ward and became the ward’s director in 1923, a position he held for eight years.89 What was Haslinger’s background? The department of Julius Hochenegg enjoyed an excellent reputation in the development of urology. Hochenegg was one of the early physicians to argue for a state doctorate in urology and to establish a separate ward for the specialty in his department.90 This department is documented consistently. It is noticeable that he had only ‘non-Jewish’ assistants with few exceptions:92 Karl (von Hofmann), Hans Gallus Pleschner, Koloman Haslinger, Wilhelm Stöckl, Richard
Übelhör and Rudolf Herbst. The three first were members of the Union of German Physicians in Austria (Verein deutscher Ärzte in Österreich). When he died in 1940, Julius Hochenegg was honoured in many respectful obituaries. His brother Carl Hochenegg (1860-1942) was closely connected with the right-wing Vienna students’ league ‘Libertas’. In contrast, Julius married a ‘half-Jewish’ woman, Julie Mauthner von Mauthenstein (1863-1942), the granddaughter of the famous Viennese paediatrician Willhem Mauthner (1806-1858). This was the why the NSDAP Reichsleitung later ordered ‘cautionary cards’ to be issued for his daughter and wife. His son-in-law, the surgeon Fritz Kaspar (1885-1943) used this as a reason for divorce in 1938. In other words, the Hochenegg department showed a clear tendency.

How does Haslinger fit into this pattern? “As a medical student he [Haslinger] belonged to a nationalist-oriented dinner club, and from 1919 [he was] the governor of the consistently nationalist orientated students league ‘Hansea’ in Vienna.” By his own admission, he was formally a member of the NSDAP from 1 March 1937 and an assessor with the Union of German Physicians (Verein Deutsche Ärzte in Österreich) from 15 March 1933. He was also a member of the DGU since 1924, and from 1926 served on the economic board (for Austria and the German speaking-regions of the former Austro-Hungarian monarchy), which was affiliated to the DGU board of directors. Even so, records show that after September 1929 there was only one meeting which “Dr. Haslinger (Wien)” attended.

The most striking event within the personal biography of Haslinger is the refusal of his state doctoral thesis in 1929. Figdor referred to this as “the strange story connected to Haslinger’s attempt to become an assistant professor.” Rubritius was the author of a very positive expert opinion for the medical faculty, and the faculty commission for state doctoral theses voted by 9 to 1 in favour of awarding the state doctorate to Haslinger. But when the request was discussed within the leading group of professors, Hochenegg had to leave the meeting as a result of a sudden ‘indisposition’. During his absence, Haslinger’s application was denied at the request of the embryologist Alfred Fischel (1868-1938). The reason officially given to Haslinger was: “The lack of scientific value in your research in relation to the regulations of the state doctorate norm turned the balance against you.” The ex-post intervention of Julius Hochenegg could do nothing to change the situation.

After the Anschluss in 1938, the interpretation of this event was less restrained.

“H …. suffered much under the pressure of the Jews. He was an assistant at the department of Hochenegg and should have received his state doctorate, but this was prohibited by the Jews... He is named the best urologist in Vienna and should now receive his state doctorate immediately and should also become a private lecturer.”

And in 1943 the leader of the NS Lecturers’ Association (NS Dozentenbund) judged:

“Haslinger is one of the most famous urologists in the city of Vienna... In former times, his state doctorate was prohibited by the Jewish professors of the Vienna Medical Faculty, who wanted to preserve urology as a Jewish domain. This was the cause of Haslinger receiving his state doctorate late.”

The prohibition of this ‘most famous urologist’ was seen by the National Socialists (although they were not alone in this) as a ‘Jewish conspiracy’. The complainant professor, Alfred Fischel, was officially without a religious confession, but had Jewish origins. However, among the 35 members of the council of professors there were 15 clinicians who were ‘non-Jews’ and only four with a Jewish background. This situation was reversed in the theoretics group, where there were six of ‘non-Jewish’ and ten of Jewish members. But in general, there was no question of Jewish domination or ‘predominance’.
The dean of the university was Leopold Arzt (1883-1954), a member of the Cartellverband (Catholic Academic Fraternity) and a personal friend of the later fascist Federal Chancellor of Austria, Engelbert Dollfuss. Arzt was a rare representative of political Catholicism in the medicine of the time.

After 1938, Haslinger received his state doctorate, but not immediately. He filed his application in his capacity as chairman of the Wiener Urologische Gesellschaft (Vienna Urological Society) on 30th December 1940. He was nominated ‘Dr. med. habil.’ on 5 February 1941 and received his lectureship on 2 July 1941, in a record speed. It cannot be confirmed if the council of professors had changed their opinion of Haslinger’s work or if this was result of political change. Nevertheless, it is noticeable that only five smaller pieces by Haslinger were published in this period and that political declarations dominated in 1939 and 1940.105

However, this is perhaps not surprising in view of the number of functions Haslinger held: first secretary of the Vienna Medical Association, chairman of the Vienna Urological Association and senator in the Vienna Academy for Further Medical Education. In addition, he enlisted in the army in August 1939 and took part in the campaign against Poland as the head of a military hospital in Reserve District IId, before becoming medical director of the Wieden Hospital in Vienna (from 3rd October 1940 to 15 August 1943). This makes clear that Haslinger was one of the most prominent representatives of Nazi medical policy in Vienna during the NS period, although this fact is not obvious in the text of Figdor, 106 who intentionally omitted all functions without a connection to urology.

The opening lecture of Haslinger to the new Vienna Urological Association107 – given on 22 February 1939 under the title ‘Aims and tasks of the Vienna Urological Association’ and introduced with the greeting “Parteigenossen, Berufskameraden!” (Party members and professional comrades!) – is the key document for National Socialist urology in Austria. Only some aspects can be mentioned here.108 For Haslinger, it was obvious that the association had accepted a “great inheritance” and was “faced with many important new tasks”.109 But this recourse to history, in which he referred not only to V(iktor) Ivánchich, H. Zeisel,110 (Johann Heinrich von) Dumreicher and (Leopold) Dittel, but mainly to the more politically appropriate Max Nitze and Julius von Hochenegg, merely served him as a thetic legitimization for what he was planning. At once, he started to talk about what he saw as the inner nucleus of disintegration at the heart of Viennese urology.

“Step by step within this society of urologists – as in other medical societies in Vienna – practices crept in, which were alien to our German character. Alien race elements came to the fore. They fought their way in, favoured their own, replaced their native colleagues and worked only for base economic interests. No wonder that our Aryan colleagues bowed out and no longer showed interest in the society. Fortunately, it was just before the total downfall of our specialty that the liberating act of our Fuhrer led Austria into the Reich.”111

This was a rejection of the essentials of a liberal understanding of professorship: a democratic discussion culture, founded on harsh criticism, counter-criticism and professional competition. The National Socialists made similar complaints about every medical specialty in 1938-39.112 But the ‘shameless’ instrumentalization of professional resources for one’s own business interests was not a specifically ‘Jewish’ characteristic. Outside of urology, this same tendency is noticeable in medical journals, where the regular use of brand names within the titles of articles was a specialty of German national and National Socialist physicians.113 Moreover, the withdrawal from the society before 1938 to which Haslinger referred was characteristic for only a minority of urologists (Haslinger himself, Kroiss). In fact, other ‘non-Jewish’ urologists (Chwalla, Hryntschak, Rubritius, Übelhör, Henninger, Bibus, Herbst) were very busy.
As far as the inner organization of the specialty was concerned, Haslinger proposed to apply the *Führerprinzip* (principle of leadership), based on authority and censorship:

“The work within our specialty should be changed in another way...We must take into account that long-winded case histories, the enumeration of countless negative findings and the weight of literature are exhausting. We must minimize the essentials of a presentation. We will not reduce the value of meetings by having too much; instead the programmes should be better attuned to the time available. We will learn from history, especially from the fact that the association has been bogged down by the too many ‘encore’ presentations we were forced to hear.”

This was the same argument that Friedrich Kroiss had put to the DGU in 1926. But at that time he met with the unanimous refusal of his colleagues:

“Just before and just after the war, there was a mass of presentations and papers. It is obvious that this must be stopped.”

In other words, ‘obnoxious’ presentations became a thing of the past after 1938. And one need not look far for the reason for the post-war lack of knowledge of the literature within the specialty when one hears such arguments. Last but not least, Haslinger spoke about National Socialist aims:

“My comrades, we are living in a National Socialist State and we have obligations to that State. The nationalism requested from physicians is that we look on each *Volksgenosse* (*Comrade among the German people*) as a valuable member of the *Volksgemeinschaft* (*Community of the People*). We do not have to see him only with his complaints but we must honour him as a human being, with his internal and external values and his race-preserving qualities. This is the direction in which we as urologists need to work very hard...”

With the displacement of Oswald Schwarz (psychotherapy and sexual research) and Robert Lichtenstein (testicular transplantation and rejuvenation theory according to Steinach), the society in Vienna had “cleared the air”. The new aim was “positive racial hygiene” for the “Community of People” and their *rassenerhaltende* (*race-preserving*) elements. The negative racial hygiene of forced sterilization, bars to marriage, exclusion from the social security system and the homicide of patients and Jews was not mentioned.

**Political Picture Puzzles:**

*the letzte Obmann (last chairman), Theodor Hryntschak (1889–1952)*

Whenever one talks about the urologists from Vienna who came through the Nazi period ‘unscathed’, the name of Theodor Hryntschak must be mentioned. From the many obituaries published in 1952-53 and the subsequent literature, a picture emerges of someone regarded as one of the most distinguished figures of Austrian urology in the 20th Century; a man characterized by his “vivid, conciliatory, Austrian-cosmopolitan attitude and his old Viennese urbanity” a man who could speak English and French fluently and publish in Italian, and so was almost ‘predestined’ for the role of secretary at the Sixth International Conference of Urology in Vienna in 1936. After 1945, he was hailed as the man who had put the *Deutsche Gesellschaft für Urologie* back on the map of international urology on the occasion of the international conference in Barcelona. But no word was mentioned that between 1945 and 1948 he was not allowed to work as a university lecturer. Nor that he received the title of ‘professor’ (which had undeservedly been held back for so long) by grace of the National Socialist authorities in 1939. He was often referred
to as being in the tradition of Frisch, Zuckerkandl and Rubritius, but never the direct successor of Koloman Haslinger.\(^{120}\)

In reality, Hryntschak was the last chairman of the Vienna Urological Association during the Nazi period in 1944-45, having been vice-chairman in 1930 and 1936-37. (Later, in 1950-52, he also became chairman of the Austrian Association of Urology.\(^{121}\)) Perhaps his skill as a urologist – he trained with Viktor Blum at the Sophien Hospital in Vienna between 1919 and 1927 and was widely praised for his implementation of suprapubic prostatectomy, known as the Harris Operation or the ‘prostatectomy in the modus of Harris-Hryntschak’ – might explain why critical questions were not asked after 1945. However, the files in the Austrian and German archives reveal a very different person. Theodor Hryntschak became an associate member of the SS on 9 May 1938,\(^ {122}\) which was the most common way for prominent urologists to support the NS regime.\(^ {123}\) Even so, his instinct for survival and his political flexibility made him a difficult man to pin down. An evaluation made in December 1938 by an officer of the criminal investigation department on the orders of the NSDAP Gaupersonalamt (NSDAP District Personnel Office) reported:

“His political attitude was Christian social in former times, and his brother was a Christian social member of the Federal Council. He was an assistant of the Jew Victor Blum at Vienna General Hospital....\(^ {124}\) He was member of the Union of Christian Social Physicians.\(^ {125}\) He is not an active opponent of the National Socialist movement. There is an earmark in the files of the N.S. Lecturers’ Association that he was a member of the illegal S.A. from January 1937 onwards. This cannot be proved. Dr. Marchet is of the opinion that Dr. Hryntschak is politically correct.”\(^ {126}\)

It is certainly true that he came from what might be described as a ‘liberal-conservative’ political background. His brother Alexander Hryntschak (1891-1974) was indeed from 15 January to 1 October 1929 and from 2 December 1930 to 2 May 1934 a delegate for the Christian Social Party in the National Council (not the Federal Council!). He held a leading position in industry and was a strong advocate of industrial interests within the Christian Social Party. In addition, he was vice-president of the Österreichisches Creditinstitut, was a member of the board of administration of the City of Vienna, a director of the Wiener Symphoniker (Vienna Symphony Orchestra) and the Wiener Konzertbauseellschaft (Vienna Concert Hall). As if this was not enough, he was a member of the Catholic Academicians’ Association and the Rotary Club.\(^ {127}\) In 1938, he was arrested for three months and this stained his brother’s reputation within urology. The ambitious Theodor determined that the mixture of half-truths, wrong information and myths about his person must be dispelled. As a result, from 1939 onwards Theodor Hryntschak presented himself in a different way. He began to make claims that were more in keeping with what the new regime wanted to hear. For example, that since his time as a student he had always attended nationalist societies and associations (the Union of German Physicians in Austria, the Vienna Academic Sports Club, the Alpine Club) and that he had only joined the Union of Christian-German Physicians ‘under constraint’. Later on, he declared his list of further activities for the NSDAP: “I have supported a workless SA man (Anton Mak) since December 1936 (food, clothing, money, later a flat). In 1936, I employed a member of the party (Aloisia Smejkal) as a house-
maid. I gave financial support to party member Josef Richter\textsuperscript{128} (holder of the Gold Party Medal). I am a supporting member of SS district XXXI, a preliminary member of the NS Physicians Association and a member of the DAF [German Labour Front, the National Socialist trade union].

Franz Kaiser, a member of the Nazi Party and a sports official who had known Hryntschak since 1921 at the Vienna Academic Sports Club (\textit{Wiener akademischer Sportverein}) and the Kayak Club (\textit{Kajakverband}) confirmed:

“He was always nationally-minded. His professorship was postponed twice for this reason.”\textsuperscript{130}

Vice-mayor Josef Richter confirmed at the request of the Burg & Rathausviertel party district group on 22 September 1938:

“Lecturer Dr. Theodor Hryntschak has provided his car for the NSDAP and the SA on several occasions and has repeatedly foiled the measures of the former authorities. His donations help to facilitate my continued action during the \textit{Kampfzeit} [time of struggle]. I can guarantee his fair-minded approach to the party; he is known for it.”\textsuperscript{131}

Similarly, the \textit{Zellenleiter} (group leader) of the NSDAP local group 5 described Hryntschak “as a fraternity-brother, a director at the Vienna Academic Sports Union – of which I am also a member – and a perfect \textit{Volksgenosse} [Comrade among the German People].”\textsuperscript{132} Consequently, he supported Hryntschak’s application to join the NSDAP.

However, other informants thought differently. Stefan Simon (1891-1978), a consultant radiologist at the children’s hospital and a lecturer for radiology between 1940 and 1945, confirmed to the Burg & Rathausviertel party district group:

“Lecturer Hryntschak is known for his strong Christian-social views.”\textsuperscript{133}

As a result, the \textit{Ortsgruppenleiter} (local leader of the NS party) and the \textit{Kreisleiter} (county leader of the NS party) initially refused to approve Hryntschak’s admittance to the party, although on 2 January 1939 \textit{SA Standartenführer} (colonel) Ritter von Stefenelli asked for “concessions to be made for lecturer Hryntschak at my personal request.”

The evaluation of the \textit{NS-Dozentenbundes} (NS Lecturers’ Association) by the anatomist Alexander Pichler (1906-1962) was much more differentiated:

“Hryntschak is extremely interested in sciences, and since his habilitation he has published about more than 60 papers, among them papers of an experimental origin which dealt with the physiology of the secretion of the urinary tract. His papers are valuable contributions to urological research. As an expert, he has a good reputation. In the field of policy, Hryntschak has not been effusive in his support, but without doubt he has nationalist sympathies. During the \textit{Systemzeit}\textsuperscript{134} (the period before the Nazis came to power in Austria)\textsuperscript{135} he was cautious, with no politically motivated connections. It is noteworthy that during the \textit{Systemzeit} he supported a dismissed SA member for more than one year. During this time, his predisposition for National Socialism was evident. At the present time, Hryntschak wishes to put his strength at the service of the movement, without meretricious ambitions.”\textsuperscript{136}

By the start of 1939, making a correct political assessment of Hryntschak became a matter of urgency. The staff of the \textit{Reichskommissar für die Wiedervereinigung Österreichs mit dem Deutschen Reich} (Reich Commissioner for the re-unification of Austria with the German Reich), the lecturer Otto Reisch (1891-1977), acting on behalf of the \textit{Staatskommissar beim Reichstatthalter} (State Commissioner of the Reich Governor), \textit{SS Standartenführer} Dr. Otto Wächter, and even the staff of the \textit{Stellvertreter des Führers} (Deputy of the German Führer) at Munich, requested a new political evaluation, since Hryntschak was proposed as a candidate for the occupancy of the chair in urology at the Turkish University in Istanbul.\textsuperscript{137} However, nothing ever came of this proposal.\textsuperscript{138} Instead, Hryntschak became a member of the NSV (National Socialist Social Welfare Union). In 1939, he relocated his
private practice to an ‘Aryanized’ villa at Bastien-
gasse 7 in Vienna-Pötzleinsdorf. Later that same
year, he was appointed as an extraordinary profes-
sor. Thereafter, he worked at the military hospital in
Vienna between September 1939 and 1941. By the
time he left the hospital with a certificate of third
degree disability from the

German Wehrmacht, the leaders of the local party
group and the county party group had changed
their opinion about Hryntschak. Their new evalua-
tion dated 7 June 1941 was now positive:

“The subject has always been an advocate of the
movement and during the Kampfzeit energetically
supported a jobless SA member with food, lodg-
ing and employment. After the reunification, more
active collaboration was not immediately possible
because of his engagement as a radiologist and his
military service. At present, he and his wife are se-
riously ill. He has been a member of the NSV since
6.10.1938, no. 11,117.013. His social and his po-
litical behaviour are correct and his generosity is
exemplary.”

District leader Hans Berner approved Hrynt-
schak’s application for membership on 8 February
1942 and on 11 July 1942 he became a member of
the Nazi Party, backdated to 1 May 1938 with the
number 6.299.486, as one of the so-called ‘illegals’.
Without this decision, it would have been impos-
sible for Theodor Hryntschak to succeed Koloman
Haslinger as chairman of the Vienna Urological As-
sociation and as head of the urological department
of the municipal Policlinic.

Yet while this favourable decision helped him
during the Nazi era, the opposite was true after
1945. This was now something he wanted to keep
quiet and, fortunately for him, the incriminating
material concerning his admission to the Nazi party
and his supporting membership of the SS was lo-
cated in Munich under American administration.

The files in Vienna only mentioned his qualifying
period, which was not so damaging. Subsequently,
the letter of admission from the Reichsleitung dated

on 11 July 1942 did appear. (However, the Regis-
tration Centre for National Socialists in the XVIII
Vienna district tipped him off that he was regis-
tered as a member of the Nazi party (Pg) and not a
candidate (PA).)

Once this was known, feverish activities were
started to exculpate Hryntschak from the stain of
National Socialism, activities that were largely suc-
cessful. The public authorities of Vienna failed to
ask the Berlin Document Centre for further infor-

mation, which was unusual in the circumstances,
and as an added precaution Hryntschak looked for
support and assistance from reliable persons among
his former patients. As a result, once the fuss had
died down and his health improved, he was able to
lecture as a private lecturer at Vienna University
from the summer term of 1948 onwards.

**Vienna Urological Society during National Socialism**

In contrast to previous years, the documented
demonstrations and presentations within Vienna
Urological Association between 1939 and 1944
showed a changing picture (Table 5).

Neither Karl Gagstatter nor Friedrich Kroiss
nor Theodor Hryntschak appeared. The same was
largely true for the disciples of Kroiss and Gagstat-
terre: Walther Brandesky, Herbert Weber (who pre-

presented just once), Franz Hawlisch, Bertrand Bibus
and Walther Zeidler. The only exceptions to this
trend were two other disciples of Kroiss: Rudolf
Chwalla (six times) and Ernst Riedl (four times).
The new centre of urological science in Vienna was
the urology ward of I. Surgical Department of the
University under the tutelage of Paul Deuticke.
Table 5

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<tr>
<th>Presentations, demonstrations &amp; patient demonstrations within the Vienna Urological Association, 1939-1944</th>
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<tr>
<td>Wilhelm Stöckl (1900-1965)</td>
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<td>Koloman Haslinger (1889-1944)</td>
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<td>Rudolf Chwalla (1900-1966)</td>
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<td>Karl Hutter (1892-1954)</td>
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<td>Hans Rubritius (1876-1943)</td>
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<td>Herbert Henninger (1901-1962)</td>
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<td>Ernst (von) Riedl (ca. 1912-1956)</td>
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<td>Hanns Smoler (ca. 1911-19??)</td>
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<td>Josef Förster (1908-n. 1974)</td>
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<td>Bruno Frisch (1891-1977)</td>
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<td>Demetrius Gostimirovic</td>
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<td>Karl Grolitsch (1908-n. 1944)</td>
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<td>Kurt Grossmann (1912-n. 1984)</td>
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<td>Otto Ringleb (1875-1946)</td>
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<td>Franz Roch (ca. 1914-19??)</td>
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<td>Erich Teltscher (1894-1967)</td>
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<td>Herbert Weber (1903-1970)</td>
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<td>Franz Hugo Weiss (1902-1957)</td>
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This ward alone was responsible for 17 of the 64 presentations in total (Deuticke himself, H. Smoler, K. Grolitsch and the radiologist F.H. Weiss). Twelve presentations came from the Policlinic (Rubritius, J. Förster, F. Roch) or from former assistants there (B. Frisch, H. Henninger). Fifteen presentations were made by former assistants of the urological ward of the II. Surgical Department of the University (K. Haslinger seven times, W. Stöckl eight times), whereas the department itself was only represented by Karl Hutter (five times), who was later called up for military service. With exception of the hospital at Wieden, (K. Haslinger, K. Grossmann), hospitals from the periphery were seldom represented. This was probably due to the fact that many urologists were in uniform.

Representatives of the political opposition are not to be found in the list: they were expelled from the association (either for political reasons or because they had Jewish relatives). Amongst those ‘purged’ were Hans Gallus Pleschner, Rudolf Herbst and Richard Übelhörr, although Herbst was ‘rehabilitated’ after his release in 1938 and became a member of the Nazi party on 1 April 1940 and a member of the NS Physicians League (NSD-Ärztebund) on 1 November 1941. The head of the II. Surgical Department at the University Clinic, Wolfgang Denk (1882-1970), tried repeatedly to have Richard Übelhörr restored to his lectureship.147
There was a small segment of ‘politically rehabilitated’ urologists who were still able to find a place in the society after 1945: Karl Hutter, who remained a lecturer and was made an extraordinary professor in 1946 (he died a year later from a stroke); Bruno Frisch, a former assistant of Hans Rubritius at the Vienna Policlinic, who was head of the walk-in clinic at the Wilhelminen Infirmary from 1945 to 1962 and vice-president of the Austrian Association of Urology in 1952-53; and Erich Teltscher, an assistant of Rudolf Bachrach at the Maria-Hilfer walk-in clinic from 1924 to 1938, who later worked in private practice and became 1947 treasurer of the ÖGU in 1947.148

Urology and forced Sterilization:
Paul Deuticke, Axel Brenner, Hans Droschl

Within the context of urology and National Socialism, the most explicit instance of involvement in forced sterilization in Austria relates to Hans Droschl (1909-1993)149, 150 of Graz, a urologist and lecturer for surgery. Droschl was born in Deutsch-Feistritz in the Steiermark region, studied medicine in Graz from 1927 to 1933, defended his MD thesis there and afterwards entered the surgery department at the city’s university clinic, where he remained as an assistant until 1945. Initially, he was under the tutelage of Peter Walzel-Wiesentreu (1882-1937), who was dismissed from his post in 1935-36 for political reasons (he was suspected of working for the Nazi party). Wiesentreu’s co-professor, Franz Spath (1899-1984) was released in 1938 as a political supporter of the Ständestaat (the Austrian corporate state before 1938). His successors were Hans von Seeman (1898-1972), Erich Brandstätter (1903-post 1978) and Adolf Winkelbauer (1890-1965). In 1937, Droschel attended the Surgical Clinic in Berlin151 and the department of urology at St. Hedwigs Hospital for two months. On 5 April 1939, he received his board certification. On 5 April 1943, he was elected as a lecturer of surgery, after he had received the title of ‘Dr. med. habil.’ On 22 June 1942, Droschel became the first academic representative of urology in Graz. His political engagement to National Socialism remained undiminished up to 1945. As early as 1926, he became a member of the Academian Legion Graz. From 1927 to 1933, he was a member of Steirischer Heimatschutz (Steiermark Homeland Security). On 1 May 1933, he became a member of the NSDAP (No. 1.620.001). He was also a Truppenführer (leader of a special troop) in the Motor-SA or NSKK (National Socialist Motor Corps). In 1936, he became member of the SS with the rank of Untersturmführer (equivalent to a lieutenant in military service). From April 1937 until the end of the war, he held the rank of Hauptgefolgschaftsführer, (equivalent to captain in military service) as head of the sanitary department of the HJ (Hitler Youth) and as HJ district physician for the entire Steiermark region. He gave instructional courses on racial policy and was a member of the staff of the Gauärzteführer” (NS district physicians leader) for the Steiermark. The fact that he was the authorized physician for forced sterilization at the Surgical Department of the University Clinic was only an additional function. Even so, this led to his habilitation, which was highlighted in the report by Adolf Winkelbauer, describing Droschel’s work in this field as technically innovative and “highly usable”.152 After 1945, he was tried in front of the Volkgericht (People’s Court) for his political activities during the war and afterwards worked in private practice in Graz.

Axel Brenner (1889-1944) of Linz was the son of a famous father,153 the surgeon Alexander Brenner (1859-1936), who was Primarius of surgery
from 1888 to 1928 at Linz General Hospital. He was also the director of the hospital, but always remained interested in urological problems and was a co-founder of the DGU, becoming an honorary member in 1926. After training between 1918 and 1922 under the tutelage of the friend and colleague of his father, Anton von Eiselsberg (1860-1939) at the I. Surgical Department of the University Clinic in Vienna and (supposedly) with Hans Rubritius (in 1919), the young Axel Brenner received his board certification in Linz. In 1923, he became head of the urological out-patient clinic at his father’s surgical department. In October 1927, he became head of the urological department at Linz and from 1933 to 1944 he was Primarius. In addition, Brenner Jr. collected various political functions in the Oberösterreich region: from January 1923 until 1938 he was a member of the Ärztekammer (medical board) for Oberösterreich, serving as its co-chairman in 1928-29; from January 1924 to 1938, he was chairman of the region’s medical clearing house; from 1926 to 1938 he was a delegate for the medical board of the county medical council (Landessanitätsrat). Between 1924 and 1938, Brenner was without doubt the best positioned urologist within the professional policy framework of the Austrian physicians. As a result, on 14 March 1938 he was appointed as a member of the advisory board of the leader of the Oberösterreich medical council, Edmund Gugenberger (1883-1970). And on 29 April 1938, he was proposed as a member of the newly formed Landessanitätsrat.

In March-April 1938, following the dismissal of the cancer researcher and internist Johannes Kretz (1897-post 1977), Brenner was made first the provisional and from 1 September 1938 the permanent director of the General Hospital in Linz, a post he held until his death in 1944. Together with Hans Rubritius (1931-1940, Policlinic Vienna), Friedrich Kroiss (1938-41, Lainz Hospital, Vienna) and Koloman Haslinger (1940-43, Wieden Hospital, Vienna), he was the fourth urologist in Austria who was director of a hospital. At the same time, he was an infirmary-referral officer and leader of advanced medical training, which was the duty of every physician at the NSDAP-Gauamt für Volksgesundheit (NS district office for public health). Like Droschel, his appointment as a physician for forced sterilization between 1940 and 1944 was again an additional function. As well as Brenner in Linz, four other surgeons and one urologist (Hermann Meschede, 1895-post 1961) at the Sister of Mercy Hospital were allowed to perform forced sterilization. Were it not for his sudden death due to cancer of the oesophagus in 1944, Brenner would no doubt have been held to account after the war for his actions during the NS period.

Although an influential physician during the NS period, the Vienna urologist Paul Deuticke (1901-1981) has remained something of a shadowy figure up to now. He was the son of the well known publisher Franz Deuticke, who on the one hand published the works of Sigmund Freud (who was a Jew by birth), but on the other hand emphasized in 1938 that his company had been under “Aryan ownership since its foundation and has never employed a Jewish assistant or employee”. Deuticke studied medicine in Vienna, obtained his MD in 1925 and followed medical training in several milieus: first from 1925 to 1927 at the III. Department of the University Clinic under Franz Chvostek (1864-1944), which was known as ‘the Swastika clinic’ and was dominated by Chvostek’s ‘Olympia’ students’ league; then a further year (1927-1928) under the ‘Jew’ Ernst Peter Pick (1872-1960) at his pharmacological institute (Pick was the most eminent physician in Austria at that time after Freud); and finally in 1928 at the I. Surgical Department of the University Clinic under the tutelage of Anton Eiselsberg. Deuticke remained in this department until 1953, under Egon Ranzi (1875-1939) from 1931 to 1939 and Leopold Schönbauer (1888-1963) from 1939 onwards. After 1933, Ranzi, as the new chair of the department, was keen to create a urological department, which at that
UROLOGY AND NATIONAL SOCIALISM IN AUSTRIA

Deuticke was sent for a half year to Lainz, where he underwent high-speed training in urology, nominally under Friedrich Kroiss but in reality under the tutelage of Rudolf Chwalla and Franz Hawlisch. As a result, from 1933 onwards – in the opinion of his 1935 habilitation assessor – Deuticke turned to the urological specialty. He became board certificated in 1939, received the title ‘Dr. med. habil.’ in 1940 and from January 1941 until 1945 he was a lecturer of urology. In 1941, he joined the Vienna Urological Association and became one of its most zealous presenters. Before that, in July 1938, Deuticke applied as a candidate for the NSDAP and on 17 September of that same year became a member of the NSV. However, it took until July 1940 before he was granted full membership of the NSDAP (no. 8.119.493), after having completed a second membership form.

After 1945, appearance of an evaluation made by the ‘severe’ local NS group in Rossau on 7 October 1941 created some negative publicity:

“So far inquiries have shown that lecturer Dr. Deuticke was imprisoned by prevailing policy several times during the Systemzeit as a result of his National Socialist attitude. We can recall him as a good advocate of the NS party. Nothing against him can be found.”

Although the burden of Paul Deuticke’s political ‘guilt’ seems less than, for example, the burden of Theodor Hryntschak, it took a year longer before he was allowed to teach again at the university. After confirmation of his lectureship at the end of 1948, he once again participated in courses and he was awarded the title of extraordinary professor (außerordentlicher Professor). One element in his case that was not important for his delayed reappointment but is regarded much more seriously today is the fact that from 2 June 1941 Paul Deuticke was the authorized physician at the I. Surgical Department of the University Clinic (along with his head of department, Leopold Schönbauer) for the performance of forced sterilizations, following the call-up of the neuro-surgeon Paul Sorgo (1908-1983) to military service. Between 1941 and 18 August 1942, Deuticke performed many sterilization operations.

In other words, it is possible to verifiably identify four urologists in Austria who performed forced sterilizations between 1940 and 1945. From the distribution and position of other urologists, it seems implausible that any further practitioners of the specialty were involved in the programme. With the exception of Deuticke, it is not known how many vasectomies each surgeon performed. On the other hand, numbers are of no significance in comparison with the political and moral implications of what was done. Yet it is surprising – perhaps even shocking – that something regarded as a highly serious matter today seems to have triggered hardly any discussion after 1945 within urologic circles.

The Situation in the Federal States (the Danube and Alps NS districts) outside of Vienna

There were no Jewish urologists in practice outside of Vienna. Before 1914, there was only one urologist of any description working outside the capital: B. Pressfreund, who had a private practice in Graz. By the middle of the 1920s, the situation had changed slightly: in 1926 there were five urologists outside of Vienna. By 1935, there were seven (or possibly nine: see below). Although few in total number, the majority of these urologists were influenced by National Socialism, in large part because of their training under Friedrich Kroiss (these included K. Allmeder, L. Löfler, N. Moro and possibly H. Meschede). Later on, some of them helped to implement the
NS forced sterilization programme (A. Brenner, H. Droschl, H. Meschede). As far as is known, the only urologists without any connection to National Socialism were the less well-known names of Bruno Pressfreund (1877-1962; MD 1902) in Graz; Egbert Frimmel (1886-post 1966; MD 1913) in Klagenfurt; and Hermann Kasseroller (ca. 1889-post 1941, MD 1914) in Salzburg. Of the urologists practicing outside Vienna, only Axel Brenner, Norbert Moro and Bruno Pressfreund were members of the DGU. With the exception of those who took part in the sterilization programme, nothing is known about the activities of the non-Viennese urologists. There was certainly no significant growth in numbers, although the strict new regulation that a physician could only be registered only for one specialty, so that it was not possible to work as a general practitioner at the same time, meant that two urologists who were practicing outside of Vienna were not officially accredited. The only official ‘newcomer’ was Hans Droschel in Graz. Regional migrations (for political reasons) changed the distribution of urologists slightly, but not remarkably so.

After 1945

After 1945, the new Austrian Urological Association was founded. The first chairman was Hans Gallus Pleschner, with Richard Übelhör as the co-chair. The secretaries were the ‘politically rehabilitated’ Franz Hawlisch and Franz Josef Oldofredi (1906-1983), with Erich Teltscher as the treasurer. Until 1948, there were only three lecturers in the whole of Austria who were allowed to give lectures at the university: Richard Übelhör and Karl Hutter in Vienna, and Hans Gallus Pleschner in Innsbruck. During this period, the community of urologists was represented by members who were either opponents of National Socialism and had lost their jobs or who were otherwise indifferent or elusive.

This changed from 1950 onwards on, largely because people were no longer interested in probing too deeply into the events of the 1930s and 1940s. In light of the information recently unearthed in the archives, it is now clear that with Theodor Hryntschak (1952-1953), Herbert Henninger (1954-1955), Herbert Weber (1961-1963) and Bertrand Bibus (1964-1966) the Austrian Urological Association had a succession of chairmen (not to mention vice-chairmen and first secretaries) with a clear NS history. In this context, it needs to be asked to what extent this was influenced by the decision of the first meeting of the DGU in Munich after the Second World War to make precisely this group of Austrian urologists ‘corresponding members’ of the German association.

In much the same way, it is also noteworthy that when the ‘old’ DGU was disbanded by its former members during a meeting in Hamburg on 4 September 1955, only Rudolf Chwalla was present for Austria, even though many other former DGU members, some of them still professionally active, were still alive: Bruno Frisch, Wolfgang Denk, Karl Gagstatter, Alois Glingar, Friedrich Kroiss, Leopold Schönbauer, Oskar Stricker-Barolin and Erich Teltscher in Vienna; Paul Blatt, Rudolf Paschkis, Gottwald Schwarz and Alfred Zinner in New York; Dora Brücke-Teleky in Stäfa (near Zurich); and Richard Glas in Tel Aviv/Israel. People were not interested in raking up the past – with the possible exception of the most paradigmatic National Socialist among the Austrian urologists, Rudolf Chwalla, who had become a member on 28 September 1929, during the last regular meeting. Perhaps he, like the 16 other attendants at the liquidation meeting (including one from Italy and one from Sweden) was still affected by a nostalgic post-Nazi mentality.
### Table 6

<table>
<thead>
<tr>
<th>NAME</th>
<th>DATE OF BIRTH</th>
<th>EMIGRATION</th>
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<tbody>
<tr>
<td>Bachrach, Robert 176</td>
<td>27.11.1879</td>
<td>London, New York</td>
</tr>
<tr>
<td>Blatt, Paul</td>
<td>14.03.1889</td>
<td>Paris, USA, Cincinnati (+1981)</td>
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<tr>
<td>Blum, Viktor 177, 178</td>
<td>10.11.1877</td>
<td>USA, Chicago (+1953)</td>
</tr>
<tr>
<td>Brücke-Teleky, Dora 179</td>
<td>05.07.1879</td>
<td>USA, then Switzerland (+19.04.1963)</td>
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<td>Felber, Ernst</td>
<td>04.04.1887</td>
<td>USA</td>
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<td>Fuchs, Felix</td>
<td>08.02.1899</td>
<td>USA (+1980)</td>
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<td>Glas, Richard</td>
<td>29.04.1890</td>
<td>Palestine</td>
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<td>Gottfried, Siegmund</td>
<td>19.02.1884</td>
<td>Java</td>
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<tr>
<td>Kneucker, Alfred Walter</td>
<td>30.07.1904</td>
<td>China, USA (+1960)</td>
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<tr>
<td>Kornitzer, Ernst</td>
<td>15.01.1899</td>
<td>USA, New York (+1957)</td>
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<td>Latzko, Wilhelm</td>
<td>03.03.1863</td>
<td>Argentina, later USA, (+12.02.1945)</td>
</tr>
<tr>
<td>Lichtenstern, Robert 181</td>
<td>02.02.1874</td>
<td>Switzerland (+1952)</td>
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<td>Lieben, Anton</td>
<td>09.09.1881</td>
<td>Italy</td>
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<td>Lion, Karl</td>
<td>24.10.1879</td>
<td>GB, London</td>
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<td>Necker, Friedrich</td>
<td>02.02.1877</td>
<td>GB, London</td>
</tr>
<tr>
<td>Paschkis, Rudolf 182, 183</td>
<td>19.01.1879</td>
<td>GB, USA (New York) (+04.02.1964)</td>
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<tr>
<td>Pleschner, Hans Gallus</td>
<td>03.01.1883</td>
<td>venia legendi withdrawn (+01.04.1950)</td>
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<td>Ravich, Abraham 184, 185</td>
<td>10.09.1899</td>
<td>USA, New York (+Dec.1984)</td>
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<td>Schüller, Hugo</td>
<td>05.09.1895</td>
<td>USA (+1968)</td>
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<td>Schwarz, Oswald 186</td>
<td>31.10.1883</td>
<td>GB (+14.10.1959)</td>
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<td>Schwarzwald, Raimund Theodor</td>
<td>10.12.1871</td>
<td>Switzerland</td>
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<td>Sternbach, Karl</td>
<td>12.06.1897</td>
<td>Poland</td>
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<td>Stricker-Barolin, Oskar</td>
<td>11.03.1886</td>
<td>Jewish Krankenbehandler (+1972)</td>
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<td>Tintner, Friedrich (Fritz)</td>
<td>15.01.1873</td>
<td>died in Vienna (1943)</td>
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<td>Weingarten, Herbert</td>
<td>08.02.1909</td>
<td>Uruguay</td>
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<td>Weiser, Arthur</td>
<td>19.03.1896</td>
<td>Hungary, Budapest</td>
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<tr>
<td>Zinner, Alfred</td>
<td>20.08.1881</td>
<td>Philippines</td>
</tr>
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</table>

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5 ‘Primarius’ is the Austro-German expression for the head of a department or outpatient department.


12 VF = Vaterländische Front (Fatherland Front), a political unity organization of Austro-Fascism from 1933-1938.


14 13 May 1938 was the declaration day of Austria’s inclusion in the German Reich, commonly known as the Anschluss.


16 ‘Spital’ is a special Austrian-German noun which means infirmary

17 Quoted after Figdor P.P. (1994/2007), 75 Jahre Österreichische Gesellschaft für Urologie, manuscript, 8; protocol in Wiener Klinische Wochenschrift, 33 (1930), 809 and Wiener Medizinische Wochenschrift, 71 (1921) 895. The urological competence was derived from the diagnosis of enuresis due to sexual abstinence of the affected housemaid.

18 Österreichische Ärztezeitung 5 (1949/50), Sondernummer Juni-Juli 1950, 27.


21 Originally under the tutelage of Kapsamer, provision for just 130 beds provisions was made.


26 Due to the research of Prof. Hubensdorf; Kroiss was the 11th member of the Nazi Party in Austria since the party's new foundation in 1926.


29 For three others, no exact statement could be made (2001).


43 Ba-B (ehem. BDC) DS /Wiss., B 31, Nr. 2144 (Koloman Haslinger, Prof. Maximinian de Crinis zu Gauamtsleiter Dr. (Otto) Planer-Pann) (Wien), 20.6.1944; Figdor P.P. (2007), Biographien österreichischer Urologen, Universimed publ., Vienna, 145.

44 From the Vienna General Policlinic (H. Rubritius), this includes Axel Brenner in Linz from 1921 and Josef Förster after 1945 in Salzburg; from the II. Surgical Department, Rudolf Herbst (1949 to Graz); from the Sophienspital, H. Mesched (to Linz); and from the Rudolfspital, Bernard Knauer (after 1945 to Graz).

45 Nationalsozialistische Betriebszellen Organisation (NSBO or National Socialist Cell Organization). This organization did not play a major role after 1933, when it was incorporated into the DAF (Deutsche Arbeitsfront, the NS General Union), during the 'illegal' time in Austria the NSBO cells were the most important networks of the NS party.

46 The headquarters of the Vienna group of the NSDAP.

47 BA-B (ehem. BDC) PK, B0196, Nr. 702, 704.: 'red' means the social-democrats, 'black' means the Catholic nationalism. It is not clear why the leaders of Schottenfeld-Nord and Kreis I did not accept the application for membership; later, the NS Party Court overturned this rejection on 8 August 1940, so that he was accepted retrospectively from 1.5.1938.


55 Rubritius was mentioned in the editorial board from 1921 to 1932 as an editor; other Austrian editors up to 1938 were Viktor Blum and Rudolf Paschkis; after 1939 the editors were Julius von Hochegg (1859-1940) and Friedrich Kroiss, supplemented by Rudolf Chwalla, Koloman Haslinger and Theodor Hrynyschak.

56 Up to Vol. 41 (1936) for the Zeitschrift für urologische Chirurgie, Rudolf Bachrach, Viktor Blum, Friedrich Necker, Rudolf Paschkis, Raimund Theodor Schwarzwald and the gynaecologist Wilhelm Latzko, as well as the Vienna-based Karl Gagstatter, Koloman Haslinger, Julius von Hochegg, Theodor Hrynyschak, Friedrich Kroiss, Hans Gallus Pleschner and Hans Rubritius were members of the editorial board.


59 Tagesgeschichtliche Notizen, Münchner Medizinische Wochenschrift, 85, (1938), 616.


on the other hand, in Zeitschrift für Urologie, 33, (1939), 192.
Hans G. Pleschner was expelled in 1938-39 in Vienna as a
university lecturer and as the head of the walk-in clinic of
Kaiseric Elisabeth Infirmary because of his Jewish wife. But
this seems not to have been known before 1938, because he was
admitted as a member of the Union of German Physicians in
Austria.
77 The urological walk-in clinic of the hospital in Wieden, which
was founded in 1931, became a department in 1938-39.
78 The infirmary of the Mariahilfer Ambulatorium had 43 beds,
which were organized by two urologists.
79 The S.C. Childs Hospital was established by the Jewish
philanthropist Samuel Canning Childs to help with cancer
research.
80 Bestallungsentzug der jüdischen Ärzte und Zahnärzte.
Ärzteblatt für die deutsche Ostmark I (1938), 229; Figdor P.P.
(2007), Biographien österreichischer Urologen, Universimed
publ., Vienna, 191.
81 Jahrbuch für die Ärzte und Beamten der Spitäler, Sanatorien
und Heilanstalten in der Ostmark 1939, Jahrgang 31
(1938), Selbstverlag, Wien, 61; Handbuch Reichsgau Wien,
Jahrgang 1940, 455.
82 Jahrbuch für die Ärzte... 1939, 60; Lautsch H. & Dormneder
H. (eds. 1941), Verzeichnis der deutschen Ärzte und Heil-
anstalten (Vormals Reuchs-Medizinal-Kalender für Deutsch-
land, Teil II). Nachtrag 6 zum Kalender für Deutschland, Teil
II). Nachtrag 6 zum Ärzteverzeichnis 1937. Verzeichnis der
Ärzte und Heilanstalten der Ostmark, G. Thieme, Leipzig,
90 ($170); Stöckl W. (1942), Atypische Metastase bei
Hypernephrom, Zeitschrift für Urologie, 36, 244-246.
83 Only the St. Rochus Infirmary in XIII district (from 1939 XIV
district) received no clinic.
84 In the date sheet of 63,200 victims of the Holocaust in Austria
(http:// de. doew. Braintrust. at/shoahopferdb. html) there are
no urologists. See the paper by Butta-Bieck F., "Juden sind nicht
erwünscht" Vertreibung jüdischer Urologen aus Österreich,
in: Krischel M., Moll F., Bellmann J., Scholz A. & Schultheiss
D. (eds.) (2011), Urologen im Nationalsozialismus Zwischen
Anpassung und Vertreibung, Henrich und Henrich, Berlin,
123-137.
85 Eduard Brecher (1895-1935), Max Louis Schlichte (1865-
1936) and Karl (von) Hoffmann (1869-1940).
86 Lautsch H. & Dormneder H. (eds.)(1941), Verzeichnis
der deutschen Ärzte und Heilanstalten (vormals Reuchs-
Medizinalkalender für Deutschland), Teil II, Nachtrag
6 zum Ärzteverzeichnis 1937. Verzeichnis der Ärzte und
Heilanstalten der Ostmark, G. Thieme, Leipzig, 13-44.
87 BA-B (former BDC), RÄK, Hans Droschl, 12.2.1909.
88 Kann E. van (1940), Zahl und Gliederung der Fachärzte
Deutschlands im Jahre 1940.Ärzteblatt für die deutsche
Ostmark 3, 287-288. The number of urologists mentioned
in table IV is wrong in the district of Tyrol-Vorarlberg. Apart
from Leopold Löfler in Innsbruck, there was only Hans
Gallus Pleschner at Seefeld/Tyrol, who had no private practice
or panel practice. See Lausch H. & Dormneder H. (eds.)
(1941), Verzeichnis der deutschen Ärzte und Heilanstalten
(vormals Reuchs-Medizinal-Kalender für Deutschland), Teil II,
Nachtrag 6 zum Ärzteverzeichnis 1937. Verzeichnis der Ärzte
und Heilanstalten der Ostmark, G. Thieme, Leipzig, 84.
89 The article of Krischel M. within this book.
90 (§1701); Stöckl W. (1942), Atypische Metastase bei
Hypernephrom, Zeitschrift für Urologie, 36, 244-246.


92 Arthur Weiser (1896-post 1938), born in Budapest, MD thesis in Vienna in 1921, was a member of the department from 1923 to 1927; thereafter worked in private practice in Vienna and escaped in 1938 to Budapest. The first head of the ward, Robert Lenk (1871-1911), might also have been of Jewish origin.


94 In 2008, the Carl von Hochengen grant was awarded to the Bund freier Jugend.

95 BA-B (former BDC), PK E0248, Nr. 2083-2090; Haslinger K. (1939), Mein Lebenslauf, Wien, 1 Oktober 1942; BA-B (former BDC), PK E0010, Nr. 472.

96 In 1936, the Carl von Hochengen grant was awarded to the Bund freier Jugend.

97 Haslinger K. (1943), Mein Lebenslauf, Wien, 1 Oktober 1942; BA-B (former BDC), PK E0010, Nr. 472.

98 Ärztliche Reformzeitung, 325 (1933), 108.


100 Figdor P.P. (2007), Biographien österreichischer Urologen, Universimed publ., Vienna, 112.


102 ÖstA, AdR, 027B MI, Gaukrt Nr. 51, 571, SD-Leitabschnitt Wien an Gaupersonalamt, 6.2.1941.


105 Evaluation of a survey of academic institutions, professors, private lecturers, teachers and officers at the university for the years 1928-29, A. Holzhausens Nachf., Vienna, 1928, 16-19. On the basis of rank within the university, the discrepancy was much more obvious: 19 ordinary ‘non-Jewish’ professors against five and two extraordinary ‘non-Jewish’ professors against nine.

106 List of the scientific papers (Verzeichnis wissenschaftlicher Arbeiten) of lecturer Dr. med. habil. Koloman Haslinger (1. Oktober 1943; BA-B (chem.) BDC), PK E0010, Nr. 474-480.


111 Haslinger K (1939), Ziele und Aufgaben der Wiener Urologischen Gesellschaft, Zeitschrift für Urologie, 33, 305. The urologist Hermann Edler von Zeissl (1817-1884) was the first Jewish lecturer at the medical faculty in Vienna. In Haslinger K. (1943), Nachruf für Prof. Rubritius, Zeitschrift für Urologie, 37, 220, the name of Leopold Dittel changed against five and two ordinary ‘non-Jewish’ professors against nine.
119 Fest G. (1952), Theodor Hryntschak, Münchner Medizinische Wochenschrift, 94, 2234.
120 Fest G. (1952), Theodor Hryntschak, Münchner Medizinische Wochenschrift, 94, 2233.
122 Figdor P.P. (2007), Biographien österreichischer Urologen, Universimed publ., Vienna, 123.
123 BA-B (ehem. BDC), PK F 0051, Nr. 904, 921.
124 See the chapter of Krischel M. in this volume; Öst A, AdR, 02/ BMI, Gaukrt Nr. 49.800 and BA-B (ehem. BDC) PK, F 0051; Nr. 885-921.
125 Löschler M. (2009), „... der gesunden Vernunft nicht zuwider...“, Katholische Eugenik in Österreich vor 1938, Studien-Verlag, Innsbruck.
126 The Union of Christian-social Physicians was founded in 1934 and was engaged within political Catholicism and professed a ‘fatherland-first’ policy.
129 1938, Vice-mayor, City of Vienna, 1925 NSDAP (Nr. 51480), Sanitäts-Sturmführer der SA-Brigade 91.
130 BA-B (ehem. BDC) PK, F 0051, Nr. 915-916.
131 BA-B (ehem. BDC) PK, F 0052, Nr. 915-916.
134 BA-B (ehem. BDC) PK, F 0051, Nr. 900, Ortsgruppenleitung Burg & Rathausviertel, vom 30.7.1938.
135 BA-B (ehem. BDC), PK, F 0051, Nr. 913-914, Ritter von Steffenelli an Pg Spieß, 2.1.1939.
136 „Systemzeit“ means the dictatorship of Austro-fascism between 1934 and 1938 in Austria.
138 Öst A, AdR, 02/BMI, GA Nr. 49.800, Stab Stellvertreter des Führers an Gauleiter Wien, 3.12.1938, und Urgenz vom 16.1.1939. Die Antworten vom 8.1. und 18.2.1939, at the same location
140 „fatherland-first“ policy.
141 Löscher M. (2009), „... der gesunden Vernunft nicht zuwider...“, Katholische Eugenik in Österreich vor 1938, Studien-Verlag, Innsbruck.
142 The Union of Christian-social Physicians was founded in 1934 and was engaged within political Catholicism and professed a ‘fatherland-first’ policy.
145 1938, Vice-mayor, City of Vienna, 1925 NSDAP (Nr. 51480), Sanitäts-Sturmführer der SA-Brigade 91.

141 BA-B (chem. BDC) PK F0051, Nr. 898, Einlegeblatt zum Erfassungsantrags-Fragebogen (separate sheet for the questionnaire).

142 ÖstA, AdR, 02/BMI, GA Nr. 49.800, NSDAP-Reichsleitung, Amt für Mitgliedschaftswesen-Schiedsamt an Gauschatzmeister Wien, 11. 7.1942 (original); BA-B (chem. BDC), PK F0051, Nr. 896 (copy).

143 BA-B (chem. BDC) PK F0052, Nr. 885-921. it is not clear why parts of the local correspondence of the Nazi party, which should have been collected in the Gauakt, can now be found in Berlin within the central correspondence of the Nazi party; on the other hand, within both inventories there is a lack of correspondence Vienna-Munich from 1939-1942; for example, the letter of the Vienna district treasurer of 21.4.1942, in which the application form was forwarded.

144 ÖstA, AdR, 02/BMI, GA Nr. 49.800, Th. Hryntschak an Magistratisches Bezirksamt (XVIII), Registrierungsstelle für NS, 22.2.1947. The original acceptance letter of 11 July 1942 has the later signature ’293/29’ and on the cover is mentioned ’united with 293/29’, which was done later on.


147 The latter’s only presentation was the obituary of Koloman Haslinger on 22.3.1944; see Hryntschak T. (1944), (obituary K. Haslinger), Protokoll der Sitzung der Fachgruppe Wiener Urologische Gesellschaft, 22. 3.1944, Zeitschrift für Urologie, 38, 331-333.


150 Collected from the protocols of the Zeitschrift für Urologie or the announcements in the Wiener Klinische Wochenschrift, 1939-1944.


152 Spath F. (1986), Zur Geschichte der Chirurgie an der Karl-Franzens-Universität Graz, Publikationen aus dem Archiv der Universität Graz, Akademische Druck- und Verlagsanstalt, Graz, Vol. 18, 131; here the difference between the surgical department in Berlin Ziegelstrasse (Prof. Paul Rostock) and the department at Charité (Prof. Ferdinand Sauerbrauch) is not mentioned.


155 Mitteilungen des Volksgesundheitsamtes Wien, (1926), 215; Figdor P.P. (2007), Biographien österreichischer Urologen, Universimed publ., Vienna, 128,192; needless to say, Karl Hutter was member of the NSV and the DAF.


157 Andreas Plenk (1892-1959) and Julius Stecher (1883-1947)


161 ÖstRA, AdR, 02/BMI, GA Nr. 232.768; this , Reichs-ärztekammerkarteikarte’ shows him as an NSDAP applicant; a BDC document does not exist, but it can be assumed that there would be documents in the missing correspondence Vienna-Munich in 1938-39.


163 BA-B (former BDC), RAK Wolfram Sorgo, 29.1.1908.


165 If one includes Austrian towns before 1918 – Triest (Giorgio Nicollch, Carlo Ravasini), Brünn (Ignaz Saudek), Prague (Emanuıl Chocholka, Artur, Göätzl, Alfred Hock, Hans Rubritius), Karlsbad (Richard Hofmeister, Jakob Wasserrhal), Cracow (Tadeus Pisarski) and Lemberg (Samuel Hans Rubritius), Karlsbad (Richard Hofmeister, Jakob Wasserrhal), Cracow (Tadeus Pisarski) and Lemberg (Samuel Hans Rubritius) – this would give a different picture. Budapest, Bratislava and Zagreb were situated in the Hungarian part of the Austro-Hungarian monarchy.

166 Compare the chapter about Friedrich Kroiss.

167 Lautsch H. & Dornedden H. (eds.) (1941), Verzeichnis der deutschen Ärzte und Heilanstalten (Vormals Reichs-


168 Lautsch H. & Dornedden H. (eds.) (1941), Verzeichnis der deutschen Ärzte und Heilanstalten (Vormals Reichs-

Medizin-Kalender für Deutschland, Teil II.), Nachtrag 6 zum Ärzteverzeichnis 1937, Verzeichnis der Ärzte und Heilanstalten der Ostmark, G. Thieme, Leipzig, 63.

169 Hermann Meschede became a corresponding member after 1945.

170 Protokoll, Wiener Klinische Wochenschrift, 60 (1948), 295.

171 For Oldofredi, see Figdor P.P. (2007), Biographien österreicherischer Urologen, Universiméd. pub., Vienna, 159 f.

172 The chairman of 1958-59, Rudolf Herbst had also become a member of the NSDAP, certainly after his release for political reasons before 1938.

173 In addition, Rudolf Chwala, who was never rehabilitated after 1945, and his teacher Friedrich Kroiss were honorary members!


175 Evaluation of Verzeichnis der Mitglieder der Deutschen Gesellschaft für Urologie, in: Verhandlungen der Deutschen Gesellschaft für Urologie. IX Kongreß in München, 26-28. September, G. Thieme, Leipzig, 1930, 7-32. We can assume that there were further members still alive in 1955, who were forced to emigrate in 1938: Ernst Felber, Siegmund Gottfried, Ernst Kornitzer, Anton Lieben, Karl Lion and Arthur Weiser.


186 Schwarz O. (1949), The Psychology of Sex, Pelican, Harmonds-
The Suppression of Sexual Science. Effects on the professional Development of Andrology and Sexual Medicine

DIRK SCHULTHEISS

In the 1920s, the young discipline of sexual science reached a high point in Germany, which held a world-leading position in the field. When the National Socialist regime violently shut down the Institut für Sexualwissenschaft (Institute for Sexual Science) in Berlin in 1933 and systematically suppressed all liberal sexual science activities, they managed to almost entirely eliminate this 'Jewish' discipline. It was replaced by the Nazi's deliberately propagated sexual policy, which prioritised the well-being of the people and supported only genetically healthy and 'Aryan' offspring.

This involved the consistently conducted practice of forced sterilization of men and women. It is worth noting that for the first time, these forced sterilizations enabled some physicians to intensify research into male fertility on a large number of patients and/or victims. As it happens, the chemical identification and synthesis of androgens also occurred during the National Socialist period, which allowed for the effective hormonal treatment of certain andrological diseases for the first time, including androgen deficiency in aging men. This state, also known as Climacterium virile, had already been controversially discussed at the time.

Thus, the essential character and scientific orientation of two important aspects of modern-day andrology were established during the National Socialist period. Due to the associated ethical problems, activities in the field of andrology and sexual medicine post-1945 were undoubtedly resumed very late and with great reservations.

Andrology and Sexual Medicine: Terminology and Establishment of the Specialities

The closely linked specialist areas of andrology and sexual medicine established themselves in the German medical landscape, as well as in other countries, mainly in the 1970s and have gained considerable importance in recent years. Meanwhile, they have been represented by their own expert associations on a national and international level, featuring far-reaching interdisciplinary collaboration within various branches of medicine. However, in the first half of the 20th Century, these two terms were not commonly used or found in medical terminology in Germany or abroad. Nevertheless, relevant medical content was still present and described in other terms.

As early as 1891, the Congress of American Physicians and Surgeons established an Andrology Section, later named American Andrological Association, as reported in an editorial entitled ‘Andrology as a Specialty’ in the Journal of the American Association of Medicine (JAMA). However, this did not last long. In 1923, Carl Posner (1854-1928) used the term in a lecture entitled Die Sexualkonstitution in der Andrologie (Sexual constitution in andrology) held at the Ärztlichen Gesellschaft für Sexualwissenschaft (Medical Society for Sexual Science) in Berlin. The ultimate adoption of the term ‘andrology’ as its own medical specialty is generally attributed to the gynaecologist Harald Siebke (1899-1964) from Bonn, who considered it a counterpart to gynaecology in 1951. Apart from physicians in the gynaecological field, a number of well-known dermatologists were interested in men’s reproductive capacity in the immediate post-war period in Germany. Among them was the Hamburg dermatologist Carl Schirren (b. 1922) with his work Fertilitätsstörungen des Mannes – Diagnostik, Biochemie des Spermaplasmas, Hormontherapie (Fertility disorders of the man – diagnostics, biochemistry
of sperm plasma, hormone therapy). Schirren was an essential driving force for andrology in Germany and was the first president of the Deutschen Gesellschaft für Andrologie (DGA) (German Society for Andrology), founded in 1975. The Nordic Association for Andrology had already been established in Scandinavia two years earlier. The following year, the American Society of Andrology was founded in Detroit and finally, in 1978, the International Society of Andrology was formed. While the focus of these andrological societies was initially on fertility disorders, increasing attention was paid to the effective treatment of erectile dysfunction through the development of penile implant surgery in the 1970s and the use of intracavernous injection therapy in the 1980s. These therapies were mostly carried out by urologists, who had played a pivotal role in fertility treatment since the 1980s through microsurgical procedures for sperm retrieval and refertilization.

The term ‘sexual medicine’ was also used in early literature, but it referred to completely different content. Johannes Werthauer (1866-1938), a lawyer who later worked together with the Hirschfeld Institute in Berlin on legal issues, published Forensische Sexualmedizin (Forensic sexual medicine) in the first issue of the Zeitschrift für Sexualwissenschaft (Journal of Sexual Science) in January 1908. From a purely legal perspective, this article discussed the case of sexual offenders and their medical assessments in court. The term ‘sexual medicine’ is not mentioned at all in the edition’s introductory article Über Sexualwissenschaft (On sexual science), published by Magnus Hirschfeld, nor in a following article entitled Bemerkungen zur Nomenklatur der Sexualwissenschaft (Remarks on the nomenclature of sexual science). It wasn’t until 1970 that the concept appeared in international circles. It was first used officially by Volkmar Sigusch (b. 1940) in the title of his book publication Ergebnisse zur Sexualmedizin (Findings on sexual medicine). In September/October 1973, the first edition of the British Journal of Sexual Medicine was published.

The Development of Sexual Science until 1933

The foundations for the new discipline of sexual science had already been laid before 1900 by physicians such as Paolo Mantegazza (1831-1910), Richard Freiherr von Krafft-Ebing (1840-1902) and Sigmund Freud (1856-1939). After the First World War, Berlin flourished into a lively, liberal metropolis and played a leading role in many branches of medicine. In the field of sexual science, a group of physicians – two of them dermatologists – were active in Berlin before 1933: Iwan Bloch (1872-1922), Magnus Hirschfeld (1868-1935), Albert Moll (1862-1939) and Max Marcuse (1877-1963). Like many of the leading dermatologists and urologists of the time, they, along with most of their colleagues and scholars, were of Jewish faith or at least of Jewish descent. Thus, their work – if not their lives – ended abruptly after 1933. For a long time, they were forgotten. Only after the Second World War did they receive the recognition they deserved, particularly from researchers in the United States.

The term ‘sexual science’ had already been used by Sigmund Freud in 1898 in an essay on the importance of sexual experiences for the development of neuroses, but it was only in 1907, with the publication of dermatologist Iwan Bloch’s book Das Sexualleben unserer Zeit (The sexual life of our time) that it became a permanent part of literature and was introduced into language use. In this book, he stated that this science must be regarded “not merely from the point of view of the physician, but also from that of the anthropologist and cultural historian.” Bloch also initiated the monograph series Handbuch der gesamten Sexualwissenschaft (Complete handbook of sexology), in which he penned the first volume Prostitution in 1912. He was also responsible for the reintroduction of the Zeitschrift für Sexualwissenschaft (Journal of Sexual
Science) (see above). In addition, Bloch was a bibliophile scholar with a private library of an estimated 40,000 books and was responsible for the rediscovery and publication of the manuscript The 120 Days of Sodom by the Marquis de Sade.\textsuperscript{13,14}

The most well-known and important sexual scientist of the group, Magnus Hirschfeld, who founded the Wissenschaftliche humanitäre Komitee (Scientific Humanitarian Committee) as early as 1897, was committed to research and the decriminalization of homosexuality. In 1908, he published the aforementioned Zeitschrift für Sexualwissenschaft for one year and together with Iwan Bloch founded the Ärztliche Gesellschaft für Sexualwissenschaft und Eugenik (Medical Society for Sexual Science and Eugenics) in 1913. In 1921, Hirschfeld successfully organizing the first international sexual research congress. The meeting took place at the Langenbeck-Virchowhaus in Berlin and laid the foundation for later international cooperation in the field of sexual science. Between 1926 and 1930, he wrote the most comprehensive standard work on the topic of sex, entitled Geschlechtskunde. Together with director Richard Oswald (1880-1963), Hirschfeld also created sexual films. Their most famous film, Anders als die Anderen (Different from the others), was produced in 1919. In it the famous silent film star, Conrad Veidt (1893-1943), plays a homosexual musician who is driven to suicide.\textsuperscript{15,16}

Hirschfeld's most significant achievement was founding the world-famous Institut für Sexualwissenschaft in 1919.

Located in a Berlin-Tiergarten villa, it served as a public training and information centre, patient treatment facility, centre of expertise, and simultaneously as a scientific research facility. A number of scholars and physicians lived and worked here, the majority of them Jewish, such as Felix Abraham (1901-1938), physiologist Hans Friedenthal (1870-1943), psychiatrist Arthur Kronfeld (1886-1941), gynaecologist Ludwig Levy-Lenz (1889-1966) and the dermatologist Bernhard Schapiro (1885-1966).\textsuperscript{17} Also of Jewish descent was August Bessunger (1887-1943?), who, after being educated as a dermatologist in Bonn, worked at the Hirschfeld Institute and became certified in urology in 1924. He is listed in the 1937 Reichsmedizinalkalender (German medical almanac) as having his own urology practice.\textsuperscript{18,19}

Under the influence of National Socialism, the mood in Germany was increasingly hostile toward Hirschfeld and his colleagues towards the end of the 1920s. Der Stürmer described him as the “apostle of fornication” and Hirschfeld's own homosexuality was used as a further point of attack in addition to his professional activity and Jewish descent. Consequently, Hirschfeld left Germany to study and give lectures on various continents from 1930-1932. In the meantime, he became known worldwide as the “Einstein of sex”. In May 1933, Hirschfeld's Institute was plundered by the Nazis and his library carted off for destruction. At the time, Hirschfeld was already in exile in Paris, where the remains of his institute were transferred in 1934. For various reasons, he did not succeed in establishing a comparable centre for sexual science and died a year later in Nice.\textsuperscript{20}

In rivalry with Bloch and Hirschfeld was the conservative neurologist Albert Moll, who is also
considered one of the driving forces behind the sexual sciences. Even before 1900, he had written monographs on hypnotism, homosexuality and libido sexualis. He published the *Handbuch der Sexualwissenschaften* (Handbook of sexual sciences) in 1911 and, in response to Bloch and Hirschfeld’s activities, he founded the *Internationale Gesellschaft für Sexualforschung* (International Society for Sexual Research) in 1913. In 1926, he organised the International Congress for Sex Research in Berlin, which held its opening ceremony in the Reichstag building. Although he had been baptised a Protestant in 1895 and had left the Jewish faith, he was still subject to the Nazi’s anti-Jewish laws, which deprived him of his licence in 1938. He died in 1939 in Berlin, living in poor conditions.21 Neither his German nationalistic attitude nor his excellent personal contacts within the highest circles of Berlin society and politics could save him from this fate.

There is one incident that makes Moll’s dislike for Hirschfeld particularly clear. In 1995, Sigusch referred to Moll’s 1934 correspondence with the Dean of the Parisian Medical Faculty, in which Moll denounced Hirschfeld’s emigration to Paris and seemingly expressed the hope that he would not be able to re-establish himself in France. “Magnus Hirschfeld, according to my information, has left Germany for quite different reasons, not because he was persecuted as a Jew, nor because he is a social democrat, but because he has been reproached for misdeeds of a very different nature.”22 With this statement, Moll not only alleged that Hirschfeld was a physician of ill repute but also a political opportunist.

A fourth central figure in sexual sciences in Berlin was dermatologist Max Marcuse, an early follower of the Women’s Movement who, in close collaboration with Helene Stöcker (1869-1943), entered into combat against Paragraph 218 of the German anti-abortion legislation.

In 1908 Marcuse became editor of one of the first journals on sexual science entitled *Sexual-Probleme* (Sexual problems). On the subject of the aging male, his 1916 article *Zur Kenntnis des Climacterium virile, insbesondere über urosexuelle Störungen und Veränderungen der Prostata bei ihm* (On knowledge of the Climacterium virile, particularly urosexual disorders and changes of the prostate) still carries particular interest today.23 As early as 1931, Marcuse was able to present a completely revised second edition of his monograph on contraception: *Der Präventivverkehr – In der medizinischen Lehre und ärztlichen Praxis* (Preventive intercourse – in medical teaching and practice) (1st edition of 1917: *Der eheliche Präventivverkehr* (Marital preventive intercourse).24 In 1933, Marcuse emigrated to Palestine, where he was largely forgotten by the scientific world and lived until 1963. However, he still published a small dictionary of sexual terms in Tel Aviv in 1962, entitled *ABC – Führer durch Sexualität und Erotik* (ABC – Practical guide to sexuality and eroticism).25

**Andrological Work in Germany and Austria until 1933**

One of the first monographs on andrology was written in 1890 by urologist Leopold Casper (1859-1959), under the title *Impotentia et Sterilitas virilis.*26 This book dedicates 168 pages to clearly explaining in detail two complexes: erectile dysfunction (*Impotentia virilis*) and male infertility disorder (*Sterilitas virilis*). The clear insistence on always involving the man as well as the woman in investigations into childless partnerships was remarkable for its time:

“The old notion that a sexually active man must also be capable of fertilization still leaves us with many cases in which, in a childless marriage and the man’s potentia coeundi, the only object of inquiry
is the woman, and it is often she who undergoes treatment for many years. Since we now know that potentia coeundi does not include the potentia generandi, and since the incapacity for fertilization is not so rare in cases of preserved potency in copulation, the doctor’s challenge in any case of a childless marriage is to bring both man and woman into the circle of his investigations.”

After 1900, the well-known urologist Carl Posner (1854-1928) dealt with the differential diagnosis of azoospermia, as well as microscopic examination of the ejaculate by means of dark field illumination. He published his lectures on the *Hygiene des männlichen Geschlechtslebens* (The hygiene of male sex life) in several editions, starting in 1911. In the preface, he states:

“The lectures on the hygiene of the male sex life published here originated thanks to an invitation by the Berlin University Teachers’ Association to hold public courses on the subject. I venture to say right from the beginning this experiment seemed achievable to me. Not only have I given these lectures on numerous occasions before an exceedingly large audience of men of all standings in various age groups, but also in an expanded form and with a deeper approach to detail in the form of a lecture series to the students of all faculties.”

In 1920, Posner was elected chairman of the Ärztliche Gesellschaft für Sexualwissenschaft (Medical Society for Sexual Science).

In the German-speaking world, many of the origins of andrology emerged from dermatology, which dealt with questions of infertility and sexuality through treating sexually transmitted diseases and their consequences. For example, it is noteworthy that in the *Handbuch der Urologie* (Handbook of Urology), published in 1906 by the Viennese urologists Anton von Frisch (1849-1917) and Otto Zuckerkandl (1861-1921), the andrological chapter *Störungen der Geschlechtsfunktionen des Mannes* (Disorders in the sexual functions of the male) was written by dermatologist and venereologist Ernest Finger (1856-1939).
Similarly, the dermatologist and orthodox Jew Bernhard Schapiro (1885-1966) may rightly be called an early andrologist. Following his training at the dermatology clinic in Breslau under Joseph Jadassohn (1863-1936), he worked at the Hirschfeld Institute for Sexual Science in Berlin from 1922 to 1933, where he eventually led the Department of Potency Disorders and dealt extensively with endocrinological issues. His most significant contribution to medical history was probably the establishment of hormonal therapy for Maldescensus testis (congenital undescended testicle) with pituitary extract in 1930. He also treated erectile dysfunction and ejaculation disorders with various hormonal organ extracts, since the individual hormones had not yet been biochemically identified at this time and were not available in pure form for therapy. The best known was Testifortan, which was introduced by Magnus Hirschfeld (1880-1944) and Bernhard Schapiro in the article Über die Spezifität der männlichen Sexualhormone (On the specificity of male sexual hormones).

In addition to freeze-dried and powdered pituitary anterior lobe and testicular tissue, this also contained yohimbine and other tonics, and it remained in commercial use in Germany until the 1980s. Notably, Testifortan was used in ‘Titus Pearls’, a prescription-free analogue for the common man that was a commercial success the early 1930s. This provided a good source of revenue for the inventors, Hirschfeld and Schapiro, as well as for the Hirschfeld Institute. With the destruction of the institute, the state took over the licensing rights for the substances and in turn made a substantial income. As a Swiss citizen, Schapiro was able to emigrate to Zurich with his family in 1933, before moving to New York in 1940 and finally to Jerusalem in 1951. Wherever he lived, he continued to publish on andrological subjects; for example, on Ejaculatio praecox.

One example of a widely-circulated publication for the broad medical profession is the monograph Die Impotenz des Mannes – Für Ärzte dargestellt (The
impotence of the male – presented for physicians) by Berlin specialist Paul Orlowski, which ran to four editions between 1907 and 1928. This well-known urologist and dermatologist propagated his theory of colliculus hypertrophy as the cause of male impotence and examined no fewer than 1,200 private practice cases, which he diagnosed with urethroscopy posterior and partially treated with endoscopic colliculus caustics. In the 1937 Reichsmedizinalkalender, Orlowski was only registered as a dermatologist and no longer held the regional designation in the urological field, like many of his colleagues.

Sexual disorders were often referred to psychiatrists, among whom Sigmund Freud (1856-1939) of Vienna is the most famous. However, Freud’s extensive and complex role in sexual science will not be addressed here. Although sexuality played a central part in his theories and methods, he was by no means a sexual scientist. A more genuine pioneer of sexual psychology and sexual pathology was the well-known Munich psychiatrist Leopold Löwenfeld (1847-1924). After finishing his studies, he worked in the United States from 1872 to 1875, and then returned to his native city, where he worked mainly as a practitioner and specialist in nervous diseases and electrotherapy. In 1891, he published for the first time a monograph entitled Die nervösen Störungen sexuellen Ursprungs (Nervous disorders of sexual origin), devoted to the questions of abstinence, excess, onanism, preventive intercourse and sexual neurasthenia therapy. This work was greatly expanded in 1922 under the title Sexualleben und Nervenleiden (Sex life and nervous disorders), which ran to a total of six editions. In addition to his friendly relationship with Sigmund Freud, Löwenstein also maintained intensive scientific contact with Magnus Hirschfeld and Max Marcuse.

It was again a neurologist who took up the research challenge of the ‘aging male’ in 1910, a subject which had already been considered by some 19th Century physicians. In his essay Die Wechseljahre des Mannes (Climacterium virile) (The menopause in men (Climacterium virile)), Kurt Mendel (1874-1946) evaluated his experiences with patients at his thriving private practice in Berlin. Mendel’s father, the well-known professor of psychiatry and neurology Emanuel Mendel (1839-1907), had already described this clinical picture and presented it in his lectures. At first, Kurt Mendel postulated a definite endocrinological mechanism for these age-related changes and connected the diminishing gonadal function to the climacteric symptoms. He wrote: “Hence, I consider the hypofunction of the gonads as the basic cause of the described clinical picture.” As previously mentioned, Max Marcuse also associated changes in the male genital tract with climacteric symptoms; however, he assigned a more important role to the prostate.

The Climacterium virile sparked a lively controversy over the next two decades. (It should be borne in mind that the concept of the hormone was not introduced until 1905 and none of the hormones known today were chemically isolated until 1930). One of Mendel’s most active critics was the Freiburg psychiatrist Alfred Erich Hoche (1886-1943), whose monograph Die Wechseljahre des Mannes, first published in 1928, rejected such a ‘discrete’ clinical picture for medicine as unobtainable and relegated this phase in a man’s life to either normal or pathological changes. The Viennese urologist Victor Blum (1877-1954) also spoke out against the concept of Climacterium virile in 1936, calling it nothing but “a chaos of confessions of ignorance.”

At the beginning of the 20th Century, several procedures for the hormonal rejuvenation of aging men based on the administration of testicular extracts and the transplantation of testicular tissue were propagated. The Viennese physiologist Eugen Steinach (1881-1944) pursued another rejuvenation concept, by assuming that following the ligature of the vas deferens, the gonad’s dwindling secretory waste was replaced by increased incretory performance. With this theory of ‘autoplastic age
control’, he finally gained worldwide recognition. With the collaboration of the Viennese urologist Robert Lichtenstern (1874-1938?), Steinach conducted the procedure on a patient for the first time in 1918 and thus triggered a wave of rejuvenation vasectomies in the following two decades. Both Steinach and Lichtenstern were able to emigrate to Switzerland during the National Socialist period.

The isolation of the first known androgen, ‘Androsterone’, from urine was successfully carried out in 1931 under the scientific direction of the German biochemist Adolf Butenandt (1903-1995) in Göttingen. Four years later, the chemical synthesis of testosterone was published by several working groups, and in the following years effective androgen derivatives were also available in medicine for effective androgen therapy. Together with his colleague Leopold Ruzicka (1887-1976) from Zurich, Butenandt was awarded the Nobel Prize for Chemistry in 1939 for this work. However, Butenandt had to reject the honour under pressure from the Nazi government and was not able to accept the award until 1949.46

In Nazi Germany, the testosterone enantate marketed as Testoviron® by Schering in Berlin was quickly produced in large quantities. In 1943, nearly 700,000 ampoules of this hormone preparation were manufactured. The Bonn medical historian Hans-Georg Hofer has not yet been able to sufficiently clarify the medical institutions and contexts in which it was used. Nevertheless, it is assumed that the rapid and widespread use of Testoviron at the beginning of the Second World War was closely related to the National Socialist labour, defence and medical services. In ‘total war’ the injection of sexual hormones, which also had an anabolic effect, aimed to reactivate and maintain maximum physical performance. At the same time, the preparations were used in military hospitals to support faster convalescence and to treat anaemia in the wounded.47

The endocrinological work of the Viennese urologist Rudolf Chwalla (1900-1966), who had been studying the developmental history of the urogenital tract since 1930, deserves special attention in the German-speaking world.48 After being discharged from his last position as head of the Urological Department in the Wieden Hospital in 1945, he published the comprehensive monograph *Urologische Endokrinologie* (Urological endocrinology) in 1951, which he dedicated to his former urology teacher, Friedrich Kroiss.49 The active role taken by Kroiss and by his student Chwalla under National Socialism is described in detail elsewhere.50

**The Research and Treatment of male fertility Disorders under National Socialism**

National Socialism was marked by an intentional population policy aimed at the promotion of ‘Aryan’ and ‘genetically healthy’ procreation. This involved various measures such as financial support for families through marriage loans and child allowances, prohibiting contraceptives, combating sexually transmitted diseases, promoting early marriage and allowing equal legal rights for legitimate and illegitimate children.51 In 1936, infertility of the wife was recognised as a disorder and the costs of treatment were covered by health insurance. This was extended to men and unmarried women in 1942.52

On the other hand, the *Gesetz zur Verhütung erbkranken Nachwuchses* (Law for the prevention of hereditarily diseased offspring) had already been passed in July 1933, which initiated aggressive measures of forced sterilization. In the following years, it was carried out on about 400,000 people.53

In infertility diagnosis and therapy, the woman had long been the focus of medicine, whereas the medical treatment of the man did not enter the field
until very late. Interestingly, examinations of ejaculate in cases of male sterility were only conducted sporadically before 1930 using rudimentary means, such as Carl Posner’s 1908 study *Zur Kenntnis der menschlichen Spermien nach Untersuchungen mittelst der Dunkelfeld-beleuchtung* (On knowledge of human sperm after examinations using dark field illumination)\(^{54}\) and Paul Fürbringer’s 1909 work *Zur Würdigung der Spermabefunde für die Diagnose der männlichen Sterilität* (The value of sperm findings for the diagnosis of male sterility).\(^{55}\)

Systematic and extensive studies that not only described the sperm’s motility but also its morphology in terms of male fertility had been intensively studied abroad and published in monographs since 1926 by the gynaecologist Gerhard Ludwig Moench in New York, who had previously worked in Tübingen (*Studien zur Fertilität – Studies on fertility, 1931*)\(^{56}\) and since 1937 by Charles A. Joël at the University of Basel Women’s Health Clinic, who had been expelled from Germany as a Jew (*Studien am menschlichen Sperma – Studies on human sperm, 1942*).\(^{57}\)

In veterinary medicine, extensive experience had been gained back in the 1920s with the processing, preservation and insemination of ejaculate, which was also successfully used to increase productivity in animal breeding.\(^{58}\)

Under National Socialism, there were a number of physicians who were intensively concerned with the diagnosis and treatment of male fertility disorders and who also had direct access to patients under the *Gesetz zur Verhütung erbkranken Nachwuchses* (Law for the prevention of hereditarily diseased offspring). Examples of this can be traced back to the surgeon Hans Stiasny, gynaecologist Boris Belonoschkin (1906-1988) and urologist Hans Boeminghaus (1893-1979).

In 1937, Hans Stiasny was working as an assistant physician in the surgical department at the Urban Hospital in Berlin under the direction of Erwin Gohrbrandt (1890-1965) and had already dealt with the subject of vasectomy in 1933.\(^{59}\) Stiasny had a doctor’s degree for human and veterinary medicine and possibly contributed to a transfer of knowledge between these two sciences. In 1937, he first published the monograph *Erbkrankheit und Fertilität – Mikropathologie der Spermien erbkranker Männer* (Hereditary disease and fertility-micropathology of sperm in genetically ill men), together with Konstantin D.J. Generales Jr. (from Lowell, Massachusetts, USA).\(^{60}\)

Generales had completed his dissertation in Berlin that same year and worked as a volunteer assistant at the Urban Hospital. Both physicians were able to examine a sample of 126 men, who were compulsorily sterilized in their department in April 1936, mostly due to epilepsy, congenital mental deficiency or schizophrenia. Photographs of eight patients standing fully undressed are found in this book.

In terms of recovering sperm for investigation purposes “... difficulties were initially encountered in cases of genetically ill patients, especially those...”
with mental deficiencies. An ejaculate could only be obtained in very few cases.” The authors circumvented the problem by placing a screen catheter in the prostatic urethra, which closed the bladder. Then they passed a saline solution through the opened ductus deferens, thereby rinsing out and directly collecting the sperm from the central seminal ducts and seminal vesicles. In microscopic examination of the ejaculate or the obtained irrigation solutions, the spermatozoa were differentiated according to number, morphology and motility. The morphology in particular was subdivided into approximately 200 different anomalies in the head, neck and caudal region and presented in a small atlas on 16 colour tables in the appendix. To simplify the counting and differentiation of the spermatozoa in the ejaculate sample, the authors devised a ‘spermiogramm’, which showed all deviations of the above spermatozoa morphology and aimed to assist the assessment of fertility status.

In 53 case studies of patients with hereditary illnesses the clinical symptoms were then related to the spermiogramm by the authors. They found that on average, among healthy fertile men, 81% had normally formed sperm and among those with hereditary illnesses, only 37.1%. It is noteworthy that the technical term ‘spermiogramm’ has been retained in the German-speaking world for the microscopic examination of ejaculate (sperm count). The effect of X-rays and radium rays on the motility and morphology of human sperm was also examined by Stiasny and Generales until the end of 1937. In 1944, Hans Stiasny published a second monograph entitled Unfruchtbarkeit beim Manne – Diagnostik und Therapie mit Verwendung des Spermiogramms (Infertility in man – diagnosis and therapy using the spermiogramm). The manuscript was completed in the winter of 1941, when its author – as one can infer from the closing remarks – obviously served as a German officer in Russia.61 This comprehensive textbook on the topic presents the spermiogramm in a somewhat simplified form.
Born in Manchuria, Boris Belonoschkin was already occupied with experimental studies on spermatozoa during his medical studies in Würzburg. In 1929, he published on the sexual pathways and behaviour of spermatozoa in marine animals during his work at the city’s Anatomical Institute. He was particularly interested in the lifespan of spermatozoa and later carried out numerous investigations as an assistant physician at the Danzig State Women’s Hospital in Langfuhr until 1939. In this case, ejaculate was placed ‘artificially’ or by means of a ‘normally performed copulation’ in the woman’s vagina and then microscopically examined after a defined time. After obtaining his state doctorate at Breslau in 1940, Belonoschkin moved to the University of Poznan in 1942, which had been founded a year before as a training centre for the education of the German ‘master race’ in eastern Europe. Here, he became senior physician of the regional gynaecological clinic and midwifery school. This offered him another opportunity to investigate the survival time of human spermatozoa, which he described in the 1944 monograph *Biologie der menschlichen Spermatozoen im Konzeptionsgeschehen* (Biology of human spermatozoa at conception) as follows: “We were able to carry out investigations on fresh human testes in 14 cases of decapitation. The testicles came into the laboratory in life-like condition. The age of the healthy men was between 21-44 years. The time between death and examination was 50 minutes to 5 hours.”

In addition to numerous investigations, he also tabled the movement time of the spermatozoa to the testicles and epididymis and the detention time in his dead subjects. In the chapter *Seelische Beeinflussung der Hodenfunktion* (Emotional influence on the testicular function), he also concluded that “In a 27-year-old man, good-moving sperm was demonstrated after a three-year period of imprisonment, but in smaller amounts in the testes and epididymis. This indicates that the emotional distress of the person concerned, due to detention and the promulgation of the death sentence 25 days before the execution, was not so effective as to cause the spermiogenesis to completely cease.” Such studies on executed prisoners were particularly common in Poznan and not limited to a single case. After the war, Belonoschkin and his family left for Sweden, where he was given a position at the Women’s Health Centre of the Karolinska Hospital in Stockholm. In 1949, he published an almost 300-page monograph, *Zeugung beim Menschen – Im Lichte der Spermatozoenlehre* (Procreation in humans – in the light of spermatozoa research). However, he did not explicitly mention his above-described investigations on 14 executed subjects. In 1955, he became a corresponding member of the German Society for Urology, and from the 1960s onwards mainly dealt with topics of medical history.

In his ‘andrological’ research, the urologist Hans Boeminghaus focused on perfecting the vasectomy, and his proposed use of intraoperative Rivanol-rinses of the seminal ducts was widely ap-
plied to kill extant spermatozoa. His role in National Socialism has been described elsewhere. It is interesting to note, however, after 1937, Boeminghaus no longer published on the topic of sterilization but devoted himself during the war years to specialist articles on conservative and surgical therapy for male infertility.

Between 1937 and 1939, he carried out six procedures Zur chirurgischen Behandlung mechanisch bedingter Unfruchtbarkeit des Mannes (Azoospermie) (for the surgical treatment of mechanically induced infertility of the male (azoospermia)) and his subsequent publication of the same name presented the existing techniques for the refulilitation of occlusive azoospermia and discussed them in detail. From this, one can conclude that, given the historical context, a stronger interest in the treatment of infertility – and therefore in the strengthening of the German people – was also in demand in German medicine.

In sum, the partial link between the widespread use of forced sterilization and certain studies of male fertility produced scientific evidence that in some ways is still remarkable when viewed from today’s perspective, but nonetheless remains a moral stain.

**Sex Education under National Socialism**

With the early suppression of modern sexual science in 1933, the National Socialist powers eliminated every well-founded activity to promote a self-determined and all-round form of individual sexuality. Sexual researchers and their publishers who remained in Germany were banned from publishing their research. This also applied to popular science works which aimed at sexual education and liberalisation, which had previously been widespread in the Weimar Republic until 1933. Liberalisation was naturally against the interests of National Socialist population politics, which were aimed at providing optimal support for ‘Aryan’ families with many children. Contrary to the general assumption of prudishness and the rejection of any form of sexuality, the Nazis promoted unrestricted sexuality as long as it related to reproductive, genetically healthy, heterosexual people. The three most striking examples of popular scientific publications on sex education during National Socialism are briefly presented here. In the case of two of them, it was (astonishingly) only a matter of recovering earlier successful writings, which were ‘cleansed’ and updated according to the National Socialist vision.

In 1890, the translation of *Die sexuelle Hygiene und ihre ethischen Konsequenzen* (Sexual hygiene and its ethical consequences), published two years previously in Sweden by the Swedish physician and university lecturer Seved Ribbing (1845-1921), was released in Germany with great success. Ribbing had been a professor of internal medicine in Lund since 1888 and was a supporter in principle of sexual restraint and abstinence. In 1911, Carl Posner praised his work in the forward of his *Vorlesungen zur Hygiene des männlichen Geschlechtslebens* (Lectures on the hygiene of male sex life). Ribbing’s book was divided into two different volumes: *Gesundes Geschlechtsleben vor der Ehe* (Healthy sex life before marriage) and *Ehe und Geschlechtsleben* (Marriage and sex life).

The books were recommended by the *Reichsausschuss für Volksgesundheitsdienst* (Reich Committee for the Public Health Service). The German writer Hanns Martin Elster (1888-1983) had already achieved wide circulation in the 1920s with his book *Liebe und Ehe – Ein Buch für Eheleute und solche, die es werden wollen* (Love and marriage – a book for married couples and those who would like to be). This work was characterised by the lofty language typical of Nazi ideology.
The struggle for survival, selection and racial unity are central concepts in his explanations in this ‘love and marriage’ manual.

The 1940 book *Geschlecht Liebe Ehe – Die Grundtatsachen des Liebes- und Geschlechtslebens* (Sex, love and marriage – the basic facts of love and sex life) by the Berlin psychiatrist and psychotherapist Johannes Heinrich Schultz (1884-1970) presented the first comprehensive sex guide written by a Nazi physician according to Nazi ideology, which had not already been published before 1933.

He impressively – or rather ominously – describes the physician’s role and tasks in this system: “The doctor has an especially close interest in the destiny of our people. No longer is he a hygienic adviser to individuals based on a private contract, but has very different, bigger and more difficult tasks within the National Socialist state.” The author’s final wish in his preface – “May the writing of this book make some small contribution to freeing the pathway to the light for our new-found fatherland” – should never have been put into practice.
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Italian Fascism and Urology

RENATO JUNGANO
The relations between urologists and the Italian authorities during the Fascist regime should certainly be investigated, while at the same time taking into account the interactions between those same authorities and healthcare practitioners in general, as well as between Fascist authorities and civil society as a whole.

Therefore, an attempt is made here to mention – albeit in a cursory fashion – the main historical events which took place at that time, as well as the laws passed and their ideological nature, which affected the aforementioned relations.

**Historical events**

- 23 March 1919: in Piazza San Sepolcro, in Milan, the Fasci of Combat (Italian: Fasci di Combattimento) are founded, as the first Fascist movement led by Mussolini.
- 1921: Fascists win the elections and the Fascist movement becomes a political party.
- 28 October 1922: 70,000 Blackshirts march on Rome.
- 29 October 1922: King Vittorio Emanuele III of Savoy hands over power to Mussolini and asks him to form a new government.
- 16 November 1922: Mussolini introduces his new government in parliament and wins a vote of confidence.
- 1925-1926: A number of laws are passed, which turn Fascism into a totalitarian regime, without any opposition from the King. Subsequently, the Grand Council of Fascism (Italian: Gran Consiglio del Fascismo) becomes a ‘constitutional authority of the state’ and the King himself is partially deprived of his powers.
- 14 June 1934: the first meeting between Mussolini and Hitler is held in Venice.
- 1935: the military campaign against Ethiopia begins.
- 1936: Mussolini and Hitler create the Rome-Berlin axis.
- 10 June 1940: Mussolini announces that Italy will become involved in the war alongside Nazi Germany.
- 8 September 1943: armistice with the Anglo-American army.
- 9 September 1943: the royal family and the members of the government leave Rome.
- 10 September 1943: the German army occupies Rome.
- 18 September 1943: Mussolini founds the Italian Social Republic (Italian: Repubblica Sociale Italiana).
- 13 October 1943: The government led by Badoglio declares war on Germany.
- 1943-1945: a civil war is waged in Italy between Mussolini’s Social Republic and anti-Fascist liberation forces.
- 25 April 1945: Italy is freed from Nazi-Fascism.

**Fascism and Healthcare**

**Hospitals**

The Fascist regime prompted the restoration and reorganization of hospitals. On 30 September 1938, a law was passed which met the demands of healthcare practitioners with regard to regulations, hierarchy, salaries and facilities, and also attempted to reorganize hospitals based on the needs of modern medicine.
Medical Organizations

One of the main goals of the Fascist regime was to overcome the previous division of society into classes by establishing ‘corporazioni’; these were trade unions, which included workers operating in specific professions or fields of production. Medical associations were therefore abolished in 1935 and replaced with these regime-controlled unions. At that time, physicians were not state employees and private medical practice was their only source of income; however, when hospitals were reorganized and healthcare was socialized by the regime, they also started to receive payments from hospitals, as well as modest fees from state-run insurance bodies.

Code of Conduct

The first Italian code of conduct was written at the Sassari Medical Association by Angelo Roth, the first President of the Italian Urology Society from 1908 to 1909. In 1924, the unified (national) code of medical conduct was written, followed by the first Fascist code of medical conduct, issued in 1935. This code was subsequently commented on by Roberto Alessandri, President of the Italian Urology Society from 1926 to 1928.

Public Healthcare Organizations

Fascism laid the foundations of public health care, which would later become the social health care system of the Italian welfare state. The purposes underlying this policy were to strengthen the State and increase public support for the regime.

Under the liberal political system that preceded the rise of Fascism, many charitable organizations, especially Catholic ones, had appeared, but the idea of ‘public healthcare’ had not yet been properly developed. It was in such a context, where no coordination existed between the various organizations, that the regime imposed its new policy. When the authorities began to reorganize and reshape the system, most health care was being provided by private and Catholic organizations, while the state was almost completely uninvolved. The regime had to face a major hurdle, since the religious organizations took up a position against the imposed changes, in order to retain their social influence through the so-called ‘opere pie’ (Catholic charitable organizations).

Notwithstanding this opposition, the regime established several state-run organizations:


These public organizations did not grant health care and social security to everyone, but it is safe to say that in the 1940s about 40% of the total population was covered by state welfare provisions.
Relations between Fascism and Urology

Medical organizations, like every other social group, showed broad support for the Fascist regime. Indeed, being a member of the Fascist party was mandatory for any Italian citizen who wanted to hold public office, both at state and local level, although some rare exceptions did occur.

The following texts are excerpts from the records of the Italian Urology Society:

In 1924, during the second Conference of the International Urology Society, the Italian representative, Giorgio Nicolich, “after the toast of the other representatives, shouted a single sentence: ‘Long live Mussolini!’; an utterance that clearly revealed his patriotic Italian spirit and his wholehearted Fascist background and attitude.”

“Upon opening the seventh Conference of the Italian Urology Society, the president, Professor R. Alessandri, stated that the Urology Society and the Surgery Society were the first societies to join the Fascist Federation, thus becoming involved, together with other cultural and scientific organizations, in those intellectual activities of the nation, now gathered together under the old and new signs of Rome, which uphold the Italian name, science and culture.” Rome, 1928, VI year of the Fascist Era.

“I am proud to open in Trieste the fifteenth Conference of the Italian Urology Society, in a glorious period for our country. May our first thoughts go to his Majesty the King and Emperor, to the Duce, who gave us the empire, to the military commanders, to the army, and to all those who achieved an overwhelming victory at the end of such an extraordinary series of epic deeds.” Carlo Ravasini, Trieste, 1 October 1936, fourteenth year of the Fascist Era.

President Paolo Lilla, in 1939, in Naples: “Comrades... After receiving orders from the Duce... I hereby declare the eighteenth Conference of the Italian Urology Society open.”

Professor Bonanome, President of the Italian Urology Society, in 1938, in Turin: “Ours is a great social undertaking, in compliance with the directives issued by our great leader of Fascism...”

This was the reality of the situation at that time, and urologists, like everyone else, adapted to it: Roberto Alessandri, President of the Italian Urology Society from 1926 to 1928, was a Senator of the Kingdom during the Fascist period, but when the regime collapsed he was removed from his office in 1944 by the High Court of Justice for the Sanctions against Fascism.

Under the Fascist regime, several urology departments were established:

- Costanzo Ciano Hospital in Livorno, Professor Lilla.
- Professorship of Urology at the University of Palermo, Professor Pavone.
- The Institute of Urology and the department of urology at the General Surgical Clinic of the Royal University of Turin, Professor Caporale.
- Hospital urology department in Novara, Professor Rinaldi.
- Urology department at the Littorio Hospital, the Urology Institute of the Royal University of Rome, Professor Mingazzini.
- Urology department at the Umberto I General Hospital in Rome, Professor Raimoldi.
- Special urology department at the Galliera Hospital in Genoa, Professor Rolando.
- Municipal urology department at the Fondazione Rossi in Turin, Professor Colombino.
- Cardinal Ascalesi Hospital in Naples, Professor Jungano.

During the twenty years of the Fascist regime, specialization schools for urologists, directed by surgeons, existed in Padua, Milan, Turin, Pisa and Rome.

In 1932, urology was officially included in the list of subjects taught at the Medical School of Palermo.
University, and the list was approved by the Ministry of National Education.

In 1925, Gardini, Lasio and Nicolich founded a urology journal under the name Archivio Italiano di Urologia (Archive of Italian Urology).

In 1935, De Gironcoli founded a second journal with the title Urologia.

The Fascist regime never adopted a repressive attitude towards medical and surgical unions and associations, and even showed a certain degree of tolerance when dealing with physicians who were not members of the Fascist party.

However, freedom of thought and – sometimes – even life came to be threatened as many of Italy’s intellectuals moved towards increasingly Fascist positions. University professors ‘disloyal’ to the regime were banned from their universities. Amongst the twelve university professors who refused to swear loyalty to Fascism in 1931, there were four Jews: Giorgio Errera, Giorgio Levi della Vida, Vito Volterra, and Fabio Luzzatto. Others like the urologist Carlo Calef from Naples agreed to sign this paper of loyalty.

Racist laws started to be applied, which led to the persecution of many Jews, including physicians.

As far as eugenics are concerned, the attitude of the Fascist regime was well outlined by the ideas of Professor Nicola Pende. Unlike the Germans, he rejected coercive eugenic practices aimed at birth control in order to select better individuals, but instead advocated eugenic practices within families (the so-called ‘eugenic marital remediation of race’), under which Italians were only supposed to have sexual relations with other Italians, “in order to keep intact and improve the pure and civilized characteristics of the descendants of Rome.”

The Fascist racist policy officially began in April 1938, when the Council of Ministers approved the draft of a decree to establish in Rome the headquarters of the Institute for Human Remediation and Orthogenesis (Italian: Istituto per la Bonifica Umana e l’Ortogenesi).
As early as 1925, the press had emphasized the importance of the Manifesto of Fascist Intellectuals, an historical and ideological apology of Fascism, which by now had turned into a totalitarian regime. The Manifesto was endorsed by several leading intellectuals, including some Jews. However, a short time later, a solitary newspaper also published the Manifesto of Anti-Fascist Intellectuals, which rejected the moral and cultural falsifications of Fascism and upheld the values of truth and freedom.

On 5 August 1938, the first issue of a journal named *La difesa della razza* (Defence of the Race) was published. It included a document prepared by a number of Fascist scholars teaching at Italian universities and selected by the Secretary of the Fascist party, which outlined the basic principles of Fascist racial policy from a ‘scientific’ and a bio-political perspective. This document, known as the *Manifesto of Fascist Scientists* (Italian: *Manifesto degli Scienziati Fascisti*), was signed by professors of demography, statistics and zoology, but above all by medical doctors, including Senator Luigi Pende, director of the Medical Pathology Institute at the University of Rome (although Pende later denied making this endorsement in 1939).

The term ‘racism’ did not have the negative connotation it does today, but conveyed instead the highly positive idea of anthropological and social progress.

It is also worth mentioning that the equality of the Jews had been enshrined in several decrees issued by the Kingdom of Sardinia (Italian: Regno di Sardegna) in 1848, and had thereafter been ratified by the newly established Italian Kingdom in 1870, after Rome had been freed from the control of the Pope.

Under the terms of the Sino Law (19 June 1848, no. 735), it was declared that: “Differences in religion shall not affect civil and political rights, and have no effect on eligibility for civilian and military offices.”

By 1938, the Fascist Government had decided to introduce laws against the Jews and had taken some measures to effectively pursue such a policy. The first important step was taken in July of that year, with the transformation of the Central Demography Office (Italian: *Ufficio Centrale Demografico*) into the General Directorate for Demography and Race (Italian: *Direzione Generale per la Demografia e la Razza* known as the *Demorazza*). This was followed by the reorganization of the Ministry of the Interior, which became the body charged with devising and implementing the new measures.

The Demorazza carried out a census in August 1938, which was the first serious action of the government aimed at all the Italian and foreign Jews living in Italy.

The entire process was a political rather than an administrative one, and it laid the foundations for a series of laws that would come into force in the following months. Not only were personal data recorded, but information concerning the date of enrolment in the Fascist party (if any) and other patriotic ‘merits’ were also collected. The census was extended to every sector of public life: all official bodies, academies, public and private institutions and offices were asked to report the existence of Jews in their ranks. The data were repeatedly updated during the following years, and by the time the Nazis occupied Italy in 1943, all the Jews had been identified, which, in turn, made their subsequent arrest and deportation to the death camps much easier.

The first principle of the anti-Jewish laws was the definition of the term ‘Jew’. Based on the biological view adopted by Fascism, it was blood that determined whether a person was regarded as a Jew or not. Consequently, the problem of mixed marriages was a thorny one.
In September 1938, the first decrees were passed: they expelled Jewish students and teachers from schools and universities, and forced foreign Jews who had come to Italy after 1918 to leave the country within six months. On 17 November 1938, a further and more stringent law prevented Jews from marrying non-Jews, from owning companies relevant for national defence or with more than 99 employees, and from owning plots of land or buildings exceeding the limits specified in the law’s provisions. In addition, it became illegal for Jews to have non-Jewish servants and to work in either the public administration or the military.

By the following June, under the terms of new employment legislation – in particular, the law enacting Regulations Concerning the Professions Conducted by Citizens of the Jewish Race (Italian: Disciplina dell’esercizio delle professioni da parte dei cittadini di razza ebraica) – Jews were removed from the registers of most professions and henceforth were only allowed to provide their services to other Jews. Jews with special merits were exempted from some of these restrictions and received the so-called discriminazione.

During subsequent months and years, many additional restrictions were imposed, often by means
In 1939, the Ministry of Education now declared that Dr. Olper was ‘decadent’, because of his Jewish origins. Ibidem: Fascicolo personale Leone Olper, busta 354.

The bureaucracy was very slow, as in the case of the Jewish urologist Carlo Calef; this document relating to his rehabilitation was written in 1961; in other words, 18 years after the end of Fascism! Ibidem: Fascicolo personale Carlo Calef, busta 87.

of new administrative acts. Jewish religious practices, such as the kosher ritual, became illegal (October 1938) and by the end of that year no Jewish newspaper was still publishing in Italy.

From 1938 to 1943, Jews were expelled from public schools, show business, cultural and sporting associations, publishing houses, cooperatives, public bodies and, gradually, even from private businesses. Foreign Jews were persecuted as well, but the regime mainly targeted Italian citizens of Jewish extraction.

The persecution was so extensive that within weeks 200 professors at all levels, 400 public officials and employees, 500 private employees, 150 military personnel in permanent service and about 2,500 freelance professionals found themselves in difficulties. About 5,600 students became the target of the new Fascist laws, not including foreign Jews (De Felice).

The Ministry of Interior ordered the removal of foreign Jewish doctors from professional registers.

Some non-Jewish citizens attempted to oppose the laws against the Jews, but their number was extremely small.

The Holy See also contributed to the persecution of Jews. In 1938, Father Agostino Gemelli – an
The available data indicate that there were nine Jewish urologists at that time:

– Ruggero Ascoli
– Carlo Calef
– Augusto Cassuto
– Hertz De Benedetti
– Mario Donati
– Otello Finzi
– Raffaele Lattes
– Leone Olper
– Gabriele Scerdote.

These urologists were members of the Italian Urology Society in 1937, but all of them had been removed by 1938.

The Repeal of racial Laws

Despite what one might think, it took more than half a century before the Italian racial laws were finally repealed. Only then was the persecution suffered by the Jewish community fully recognized and compensation granted. The associated legal proceedings were long and sometimes had complex and contradictory outcomes. While those who had held relevant offices under the Fascist regime were reinstated in a fast and effective way, most members of the Jewish community – who had suffered persecution and humiliation, had lost their jobs, and whose possessions had been seized – faced a very different reality.
My special thanks and gratitude go to Dr. Annalisa Capristo of the American Studies Center of Rome, one of the leading historians of the relationships between fascism, institutions and the civil world. With her help, it was possible to reconstruct the events described in my article.

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Urology during the Civil War and under Franco’s Regime in Spain

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The political Situation in Spain before the Civil War

Alfonso XIII of Spain (1886-1941), known as ‘the African’, was king of Spain from his birth until the proclamation of the Second Republic in 1931. He assumed power when he reached sixteen years of age, on 17 May 1902. Spain experienced several problems of major importance during his reign, problems that would see the end of the liberal monarchy. These problems included the Rif War (Morocco, 1921-1927), Catalan nationalism, the lack of political representation for large social groups and the terrible living conditions of the working classes. The growth of political and social turbulence began with the Disaster of 1898 and ultimately led to the establishment of the dictatorship of Primo de Rivera (1870-1930) between 1923 and his resignation in 1930. At this point, Alfonso urged for a return to democratic normality, with the intention of regenerating his regime. However, he was abandoned by the entire political class, which felt betrayed by the King’s support of the Primo de Rivera dictatorship. Alfonso XIII voluntarily fled into exile after the municipal elections of April 1931, which were effectively a plebiscite to decide between the monarchy or a republic. He died ten years later in Rome, still considered by most of his subjects as nothing more than a ‘puppet’ king.¹

The Second Spanish Republic was the democratic political regime that existed in Spain from 14 April 1931, the date of its proclamation in place of the monarchy of Alfonso XIII, and 1 April 1939, the date of the end of the civil war, which led to Franco’s assumption of power. The use of the term ‘Second’ is to distinguish this new republic from its predecessor, the First Spanish Republic of 1873-1874. Between April and December 1931, a Provisional Government drew up and approved the so-called 1931 Constitution. Three periods can be distinguished during the years (1931-1936) when the Second Spanish Republic was ‘at peace’. The first period was the Biennium of 1931-1933, during which the republican-socialist coalition headed by Manuel Azaña (1880-1940) carried out several reforms intended to modernize the country. During a second period (1933-1935), often referred to as the Black or Dark Biennium, the radical republican Lerroux Alejandro (1864-1949) ruled with the support in parliament of the Catholic right, united in the Spanish Confederation of Autonomous Rights (CEDA), which aimed to ‘rectify’ the reforms of the first biennium. This provoked serious protests and even outbursts of violence, such as the anarchist and socialist insur-

A French postcard showing the puppet ‘Caramba XIII, a bourgeois king’ (referring to Alfonso XIII). This card belonged in 1931 to Pedro Cifuentes (document donated to Asociación Española de Urología).
rection known as the Revolution of 1934, which was finally quelled by the government with military support. The third period started with the victory of the leftist coalition known as the Popular Front in the general election of 1936. However, the Front only governed for five months, until the army-sponsored coup of 17 and 18 July 1936, which eventually led to the Spanish Civil War (1936-1939). \(^1\) \(^2\)

Officially, the Second Spanish Republic continued throughout the civil war years, with three separate governments. The first was chaired by the republican leftist José Giral (1879-1962), although during his short tenure of office (July to September 1936) real power was in the hands of hundreds of local committees that were formed when the Spanish social revolution of 1936 finally erupted. The second was headed by the socialist Francisco Largo Caballero (1869-1946), leader of the General Union of Workers (UGT). The third ruled under the mandate of the socialist Juan Negrín (1892-1956) and lasted until early March 1939, when the coup led by Colonel Segismundo Casado (1893-1968) effectively ended Republican resistance in the Civil War, paving the way for the victory of General Francisco Franco (1892-1975).

The Spanish Civil War

The Spanish Civil War was fought from 1936 to 1939. It was essentially a conflict between the Republicans, who were loyal to the democratic and left-leaning Second Republic, and the Nationalists, who were led by General Franco. After a bitter struggle, the Nationalists eventually won and Franco ruled Spain for the next 36 years, from April 1939 until his death in November 1975. The war began after a declaration of opposition to the republican regime of President Manuel Azaña was proclaimed by a group of nationalist generals in the Spanish Armed Forces, initially under the leadership of José Sanjurjo (1872-1936). The Nationalists were supported by a number of conservative groups, including the CEDA, monarchists like the religiously conservative (Catholic) Carlists, and the Falange Española Tradicionalista y de las Juntas de Ofensiva Nacional Sindicalista, a fascist group usually known simply as the Falange. Sanjurjo was killed in a mysterious aircraft accident while attempting to return from exile in Portugal, following which Franco emerged as the Nationalists’ leader. The military coup was supported in Morocco (which at that time was a Spanish protectorate) and in several Spanish provinces, such as Burgos, Cadiz, Cordoba, Valladolid, Pamplona, Seville and Zaragoza. However, other provinces and capitals, such as Madrid, Barcelona, Bilbao, Valencia and Malaga, remained under the control of the Republican government. Spain was thus left militarily and politically divided. \(^3\) \(^4\)

The Nationalist forces received munitions and soldiers from Nazi Germany and fascist Italy, while the communist Soviet Union and socialist Mexico supported the Republican side. Other countries, such as the United Kingdom and France, operated an official policy of non-intervention, but often provided substantial unofficial aid to the Republicans. As a result, the political divisions that later split Europe and the world during the Second World War first became evident in Spain. \(^5\)

The Civil War was to become notorious for the many atrocities committed on both sides. Organized purges occurred in territory captured by Franco’s forces, in order to consolidate the future of his regime. The Nationalists also besieged Madrid for much of the war. After large parts of Catalonia were captured in 1938 and 1939, the conflict ended with the victory of the Nationalists and the exile of thousands of leftist Spaniards, many of whom fled to refugee camps in southern France. Those asso-
ciated with the defeated Republicans were cruelly persecuted by the victorious Nationalists. With the establishment in the aftermath of the war of a dictatorship led by General Franco, all the right-wing parties were fused into the structure of the Generalissimo’s regime, which survived until his death in 1975. 6-8

Only two countries openly and fully supported the Republic during the civil war years: Mexico and the USSR. It was from these sources, especially the USSR, that the Republic received diplomatic support, volunteers and the opportunity to purchase weapons. Other countries remained neutral, although this neutrality was greatly distressing to the intelligentsia in the United States and the United Kingdom (and, to a lesser extent, in other European countries) and to Marxists worldwide. This intellectual distress led to the formation of the International Brigades, in which thousands of foreigners of many different nationalities went to Spain to fight for the Republican cause. These brigades gave a huge boost to the Republic’s morale but were not significant militarily. The Republic’s supporters within Spain ranged from centrists who supported a moderately-capitalist liberal democracy to revolutionary anarchists who opposed the Republic but sided with it against the coup forces. Their base was primarily secular and urban but also included landless peasants and was particularly strong in industrial regions like Asturias, the Basque country and Catalonia. 8

German involvement in the Spanish Civil War was considerable. Adolf Hitler (1889-1945) quickly sent powerful support to assist the Nationalists, most notably the Condor Legion, a unit composed of volunteers from the German Air Force (Luftwaffe) and the German Army (Heer). 9 This German involvement began just days after the fighting broke out in July 1936. The Condor Legion was closely involved in the Battle of Toledo in 1936 and in the terrible bombing of Gernika (Guernica) on 26 April 1937, when some 300 civilians were killed. German efforts to move the Army of Africa to mainland Spain proved successful in the war’s early stages. The war also provided combat experience for German troops and pilots, as well as a testing ground for the latest German military technology. However, the intervention also threatened to escalate into a new world war, a war for which Hitler was not yet ready. He therefore decided to limit his aid, and instead encouraged Benito Mussolini to send Italian units to help the Nationalists. Even so, the Condor Legion was instrumental in many of the Nationalist victories. It has been calculated that approximately 50,000 Nationalist soldiers were trained by German detachments, and also than some 16,000 German citizens fought in the war, of whom around 300 were killed. In addition, Germany provided the Nationalists with 600 planes, 200 tanks and huge amounts of financial aid. After the end of the Civil War, Franco’s regime had to repay this help to Hitler in the shape of tungsten, iron, and workers sent to Germany to replace the shortfall of men in the German industry. Even so, the bulk of the debt remained unpaid, but notwithstanding this and notwithstanding the fact that Franco was by and large pro-Nazi, he still managed to keep his regime officially neutral during the Second World War. 10, 11 Mussolini was more generous and rescinded the Civil War debt. 5

In October 1937, Nationalists troops launched a major offensive towards Madrid. As a result, on 6 November the Republican government was forced to move to Valencia, outside the combat zone.
However, the Nationalist attack on the capital was repulsed after fierce fighting, in which the International Brigades and their 3,000 foreign volunteers were heavily involved. Having failed to take the capital, Franco bombarded it from the air and surrounded it on the ground. So began a siege that would last for almost two years.7

Elsewhere, the Republican cause fared less well. The Republican Army in the Basque Country surrendered and Franco progressively won ground in the north. Nationalist troops closed in on Valencia and the Republican government had to move again, this time to Barcelona. But it was postponing the inevitable. Franco’s troops also conquered Catalonia during the first two months of 1939. The United Kingdom and France recognized Franco’s regime as the official government of Spain on 27 February. On 28 March, the Nationalists occupied Madrid and Franco proclaimed victory in a radio speech broadcast on 1 April, when the last Republican forces surrendered.8

Spanish Fascism after the Civil War

The political organization known as the Falange was founded by José Antonio Primo de Rivera in 1933. Unlike other members of the Spanish right, the Falange was initially republican and modernist, similar to the original spirit of Italian fascism. Its uniform and its aesthetics were comparable to other contemporary European fascist and national socialist movements. Later, the leadership of the Falange was taken over by General Franco, who consolidated it with the Carlists. The Falange kept many of the external aspects of fascism, but ceased to have a fascist character. Although he was a dictator, Franco was also a monarchist and carefully prepared the young Prince Juan Carlos (later King Juan Carlos I) to succeed him. National socialism was truly revolutionary, and this held no interest for Franco.11

In part for this reason, Franco did not officially bring Spain into the Second World War on the side of Nazi Germany. However, he did permit volunteers to join the German Army (Wehrmacht), on condition that they would only fight against the Soviet Union on the Eastern Front, and not against the Western Allies or any of the occupied populations of Western Europe. In this way, he was able to placate the Allies, whilst at the same time not only showing his gratitude for German support during the Spanish Civil War, but also providing an outlet for the strong anti-Communist sentiments of many Spanish nationalists. These nationalist volunteer corps were grouped together in the División Azul (the Blue Division: a reference to the blue shirt of the Falangists) and more than 18,000 men, including 2,612 officers, served in their ranks. About half of the officers were professional soldiers, veterans of the Spanish Civil War, and many others were members of the Falange. In the field, these soldiers wore the German Army’s grey uniform, but with a shield on the upper right sleeve bearing the word España and the Spanish national colours, so that they could be easily identified if they were taken prisoner.12

The Allies and the Nazis both worked hard to gain Franco’s direct support, although they used different strategies. The large group of German citizens in Spain, principally in Madrid and the major provincial capitals, were the initial target of the sophisticated Nazi propaganda, but in a later phase the ideas of the Third Reich were aimed indiscriminately at the Spanish population in general, emphasizing the apparent similarities with the doctrine of the Falange.10, 11

At the beginning of the Second World War, there were some 12,000 Germans officially registered in Spain, but the actual German presence is estimated at about 80,000. Taking into account peo-
The Fascist salute raised in farewell to the volunteers of the Blue Division in Madrid, summer 1941.

The insignia of the Falange (left), the Nationalsozialistische Deutsche Arbeiterpartei (NSDAP) or Nazi Party (centre) and the Blue Division (right). The military symbols of the Blue Division clearly share the aesthetics of the other two.
ple with dual nationality, it is possible that this figure might actually have exceeded 120,000, with significant concentrations in the major urban centres. Even so, official membership of the Falange reached its peak of almost a million in 1942, slowly declining thereafter. Despite the formal unification of the various nationalist factions within the party in 1937, tensions continued between die-hard Falangists and other groups, particularly the Carlists.

By the middle of the Second World War, Franco and leading Falangists were keen to distance themselves from the European fascists, preferring to profile themselves as a unique Spanish Catholic movement. However, when relations with the United States started to improve, the Falange gradually fell into decline and a group of relatively young technocrats began to rise to prominence within the Spanish government. Sustained economic support from the Allies, particularly the US, proved to be more powerful than ideology. This was something that Franco understood. He had been clever enough not to enter the fascist Axis, because he realized that he was probably considered by the Allies as being the lesser of two evils.13-15 This meant that in spite of the relatively strong position of the German nationalists before the Civil War and during the Second World War, once Germany was defeated the Nazis did not feel comfortable in Franco’s Spain and often only came to the country in transit on their way to Argentina, Brazil or Chile.16-18 This neutral stance on Franco’s part is reflected in the fact that there is no evidence of the Spanish persecution or deportation of Jews by the Franco regime. Decisions to grant or refuse aid to Jews were taken with knowledge of the true threats facing these people. In general, Spain’s position was characterized by a willingness to give them transit visas, often through Gibraltar or Portugal, in order to avoid a more lasting stay. The number of Jews who crossed Spain, either legally or illegally, on their way to other and safer destinations is estimated at as many as 20,000, including those who fled to North Africa with the help of Jewish associations.19,20

In this respect, one special case worth mentioning was the Miranda de Ebro Camp in Burgos, which was created by the Franco regime during the Civil War and continued to operate until 1947. The camp was initially a holding centre for Spanish Republicans, but was used later for refugees from Europe and, from 1943 onwards, for Germans and Italians who tried to escape from their impending defeat in the war. Any doctors who were refugees were obliged to spend lengthy periods in the camp, since at the time doctors were scarce in Spain. Relatively few Jews were detained in Miranda de Ebro. They received good treatment and were protected by the British Embassy and the Spanish doctor Eduardo Martinez Alonso (1903-1972), who collaborated with the British secret services to help secure their freedom.21 We have not been able to find evidence of any German urologists among these doctors or refugees.

How the Civil War and Franco’s Regime affected Urology in Spain

When studying this period of Spanish history in the context of urology, it is perhaps appropriate to start by mentioning the repression suffered during the Civil War by doctors on both sides. This included imprisonment, demotion or dismissal, and, in extreme cases, even death. 165 doctors were killed during the conflict in the areas under the control of the Nationalist forces, mainly in 1936 and 1937. After the formal end of hostilities in 1939, another 103 doctors were shot between 1 April 1939 and 30 June 1944, according to the official
records of the Franco regime’s Ministry of Justice. An unknown number of doctors were also killed by the Republicans.\textsuperscript{22}

In other words, many urologists and medical practitioners, whether Nationalist or Republican, were severely affected in one way or another by the consequences of the Civil War. For example, the urologists Manuel González Ralero (1901-1978) and Alberto Montalvo Blanco (1904-?) both served as soldiers and were made prisoners, although they survived. Salvador Pascual Ríos (1887-1938) was less fortunate. Ríos was a founder of the \textit{Asociación Española de Urología} (Spanish Urological Association or AEU), its vice-president from 1928 to 1932, and holder of the Chair of Urology in the Cruz Roja (Red Cross) Central Hospital in Madrid from 1926 onwards. When the Civil War started, he moved to Burgos to run the laboratories in the campaign hospitals there, but unfortunately he died of sepsis acquired in the course of his medical duties.\textsuperscript{23}

After Franco’s victory, many doctors went into exile. In essence, there were two different types of exile. The first was external exile, which saw doctors flee mostly to other Spanish speaking countries. The second was internal exile, where doctors chose to remain in Spain and face the consequences of possible repression. This resulted in many cases in the doctors in question losing their job and their social position, sometimes temporarily (until they were rehabilitated) and sometimes permanently. Conversely – and in stark contrast to the persecution of Republican medics – the majority of urologists and doctors who had worked closely with the Nationalists during the Civil War received advancement after 1939. We will look later in more detail at those who were exiled or who lost their positions. Franco was advised by his coterie of intellectuals and lawyers that a general amnesty was not the best way to ‘forgive’ professionals who had offended by serving against the Nationalist cause. Instead, on 9 February 1939 he promulgated the Law of Political Responsibilities for the Purification of the Public Services. This Law punished all ‘improper’ activity before 18 July 1936, which effectively meant any opposition to the National Movement, even passively.\textsuperscript{24, 25}

Those who worked on the Republican side but also served in Nationalist areas or those who escaped because they felt their lives were in danger were easily ‘purified’ and allowed to practice again after the Civil War.\textsuperscript{26} Josep Maria Bartrina Thomàs (1877-1950) was one of the early promoters of urology in Catalonia. A member of the Barcelona Royal Academy of Medicine and a pupil and friend of Joaquín Albarrán (1860-1912), in 1911 he became professor of surgery but was purged by the Republican authorities, before eventually being rehabilitated and reappointed in February 1938. Salvador Gil Vernet (1893-1987) was another famous Catalan anatomist and urologist. In 1933, he was appointed professor of urology at the Autonomous University of Barcelona. A few weeks after the outbreak of the Civil War, he was dismissed by the left-wing Catalan government because of his conservative ideas and was relieved of all responsibilities. He eventually decided to live in exile in Italy but after the war was rehabilitated by Franco’s authorities and achieved international recognition for his work in the field of urogenital, anatomical and clinical research.

Other professionals who were always on the Nationalists’ side were openly favoured by the Franco regime, either because of their political ideas or the positions they had held during the conflict. Rafael Alcalá Santaella (1896-1959) was a delegate of the Falange for Valencia, Enrique González Rico de la Grana (1882-1953) was President of the College of Physicians in Oviedo, Pedro Ordis Llach (1913-2000) was mayor of the city of Gerona, José Muñoz Ávila (1923-2011) was mayor of the city of Burgos.\textsuperscript{27} It would have been impossible for them to reach such high political office during Franco’s time without sharing his ideology.
Professor Leonardo de la Peña (1875-1957), President of the AEU from 1923 to 1928, was appointed director of San Carlos Hospital Clinic in 1940 as reward for having participated actively in the ‘debugging’ process of the famous internist Carlos Jimenez Diaz (1898-1967), as well as other noted professors from the faculty board, such as the pharmacologists Teófilo Hernando Ortega (1881-1976) and Isidro Sanchez-Covisa (1879-1944).25-28 His son (and later successor), Alfonso de la Peña Pineda (1904-1971), had served as a surgeon in the Republican hospitals at Arganda and Morata de Tajuna, but possibly as a result of his family connections he did not need to obtain his certificate of purification until he was appointed to replace his father in 1946. He was then promptly issued with his ‘certificate of cleanliness’ by ministerial order.27,28

Before the Civil War, Pedro Cifuentes was openly liberal. In 1921, he toured Belgium, Germany and France to visit hospitals and he possibly even considered living abroad permanently. In 1922, his family stayed in France with their maternal grandparents for a year. However, he decided to remain in Spain and later stood for election as a deputy for the province of Avila, representing the Liberal Republican Right party. Once the Civil War erupted, Cifuentes was denounced as an “individual who, because of his ideology, may end up as a murderer of workers and must therefore be purged”. When held at the Directorate of General Security, he was fortunate to be recognized and released by a policeman, a grateful former patient. With his morale at a low ebb, he was evacuated to Valencia and forcibly transferred via Gibraltar to Valladolid, where he worked as a surgeon in a military hospital from March to October 1937.30 He was subsequently allowed to return to Madrid, licensed by the Republic for professional practice throughout Spanish territory, and allowed by the Spanish anarchist-syndicalist group Confederación Nacional del Trabajo (National Labour Federation or CNT/AIT) to restart his private practice in his house at Montesquiza. He also regained his job in the Hospital de la Princesa (Princess’s Hospital) in 1910, after first visiting the Necker Institute and the Lariboisiére Hospital in Paris. He devoted himself fully to the further development of urology in his home country, until his unit was officially recognized in 1918 by ministerial order as the Department of Urology. Pedro Cifuentes was also one of the most important men in the history of the AEU, serving as treasurer (1911-1914), secretary general (1914-1923), vice-president (1923-1928) and president (1928-1932). He was appointed to reorganize the AEU after the war in 1945, his appointment being confirmed by a ministerial order that was ratified by the Director General for Health on 21 June. In this capacity, he became president of the AEU for a second time (1945-1952).23,30
Hospital de la Princesa, but under the supervision of the Republican Dr. Plácido González Duarte (1897-1986), who always showed him respect and friendship. In November 1936, Cifuentes transformed his home into the Paraguayan embassy, hoping in this way to give added protection to himself and his family, while at the same time providing a secret refuge for Nationalist rebels and deserters trapped in Republican areas. As a result of these actions, the political winds were favourable for him once the Civil War ended.

After 1939, many urologists took part in a structure called the Obra Sindical 18 de Julio (18th of July Syndicate). This was an element within the only permitted political party, the Falange, and served as a bastion of Francoism in the medical world, working alongside the compulsory health insurance scheme (Seguro Obligatorio de Enfermedad or SOE), which was originally an initiative of the Republican government. The Obra Sindical 18 Julio continued to exist until April 1971, when it was integrated by a decree issued by the Ministry of the Presidency into the wider social security structure. The number of people participating in the Obra Sindical was very small and they often resorted to the referral of cases to private clinics, whose fees for the health care provided were often paid separately. Table I lists a number of urologists who worked in these centres in different provinces. All of them were, for one reason or another close, to Franco’s regime and openly benefited from their professional and political status.

**Urologists Prosecuted by the Franco Dictatorship**

Those who openly worked for the Republic or public servants who abandoned their public office during the Civil War were prosecuted and punished once the conflict came to an end. Some were executed, some were imprisoned and some – the majority – were not allowed to resume their pre-war work. The law made possible political and professional revenge on a large scale. In the medical field, the so-called Tribunal Depurador de Responsabilidades Políticas (Court for the Purification of Political Responsibilities) was established in Madrid. Dominated by the Falangists, it was tasked with identifying who should be rehabilitated and who should be publically punished for their previous behaviour. The court asked the college of physicians in each Spanish province for a list of doctors who “during the preparation or during the development of the red subversion were distinguished by their high-level positions, senior administrative functions or outstanding managerial roles”. Purification committees were often composed of physicians who had supported the Nationalist cause. As a result, the investigations conducted by the court and its committees affected nearly all the urologists who, for one reason or another, did not side with Franco and the coup ‘rebels’ during the Civil War.
Letter from the President of College of Physicians in Madrid to the President of the Court of Political Responsibilities, stating that the requested list of medical professionals who had worked for the Republic in the province before 1939 would be sent as soon as possible.
Once those who had remained faithful to the Republic or had voluntarily chosen exile decided to return to their homeland at the end of the conflict, they first needed to obtain a certificate of exemption of political responsibility. This was an indispensable condition for anyone aspiring to academic positions or wishing to work as a public health care professional. The applicants for the certificates were required to swear loyalty to the fundamental principles of the National Movement. Even leading professionals in their field were obliged to follow this process if, for whatever reason, they were out of sympathy with the Franco regime. Those who chose not to present themselves before the court were condemned to exile. Other professionals linked to the Basque or Catalonian movements, and therefore far more closely aligned with the Republican cause, were also prosecuted and often exiled to Mexico or Venezuela. In particular, the Mexican Republic never recognized Franco’s dictatorship as a democratic government.

The names and biographical sketches of some of the most well-known urologists prosecuted by Franco’s regime are presented below in alphabetical order.

**Gonzalo de Aranguren Sabas**
(1905-1975)

He was born in Bilbao, where he later worked in the Hospital Civil de Basurto. During the Civil War, he ran the Republican military hospital in Amorebieta. After the surrender of Bilbao to the Nationalists, he was exiled to France, where he was appointed by the Basque government-in-exile as director of the Hospital Roseraie in Biarritz. This hospital was also known as the ‘Hospital of the Mutilated and Home of the Euzkadi’ (‘Euzkadi’ being the word used by the Basques to indicate their region of origin). The hospital – housed in what was once a famous casino – provided health care for the Basque evacuees in Laburdi (the region straddling the Franco-Spanish border), with an emphasis on rehabilitation, maternity and surgery. This care was of such quality that on 19 February 1939 the sick and wounded patients organized a tribute to Gonzalo de Aranguren. After the Civil War, he moved to Caracas (Venezuela), where he remained until 1958.

**Salvador Arias Manén**
(1909-1976)

This Catalan nationalist was a pupil of the urologist Salvador Gil Vernet (1892-1987) and was affiliated to Maciá Estat Catala, a political party founded in 1922 to secure Catalan independence. He was an anti-fascist committee member and director of the Medical Trade Union of Health in the Republican era. He also fought in the Civil War in the northern sector of Aragon in the militia ranks of Valentín González’s El Campesino, taking part in the famous Battle of the Ebro in July 1938. At the end of the Civil War, he went to France, from where he tried to return to Spain via Marseille.
However, he was arrested and imprisoned in San Sebastian. In April 1939, he was transferred to the concentration camp at San Pedro de Cardena (Burgos). When his purification trial started, there was insufficient evidence to establish his political responsibility and he was released without charge in August 1939.27

Jesús de Arrese y Aspe (1879-1943)

A native of Ochandiano (Vizcaya) and one of the founder members of the AEU in 1911, he graduated in medicine and surgery from the University of Barcelona in 1902 and later worked as a urologist in Bilbao, where he was director of the Basurto Hospital. Along with Benigno Oreja Elósegui (1880-1962), he was a pioneer in the treatment of syphilis with arsphenamin. After the Civil War, he was exiled to Venezuela where he worked as a doctor in the coal mines between 1939 and 1943. He died shortly after his return to Bilbao in 1943.27, 32, 36

Pedro Bejarano Lozano (1893–1965)

A specialist in dermatology and a member of the AEU, he was an assistant professor of dermatology and served in the provincial and municipal charities associated with the venereal dispensary of Madrid. He was appointed General Director of Health for the Republican Government in 1933 and President of the Madrid College of Physicians in 1937. After the Civil War, he was exiled to Mexico, where he directed a leprosy centre in Zoquiapan. He died in Mexico City in 1965.27

Fulgencio Cano Soria (1884-1977)

He was a pioneer of urology as a specialism in Murcia, training with Rafael Molla Rodrigo (1862-1930) in Valencia and Madrid, and George Jean Baptiste Marion (1869-1932) in Paris. He was deputy editor of the Journal of Medicine and Pharmacy (1912) and medical editor of Medical Murcia (1916). He worked as a urologist at the Queen Victoria Red Cross Clinic in Murcia, becoming medical director of that institution in 1932. As the clinic was part of the Republic’s health system and because he remained in office during the Civil War, he was disqualified from the further exercise of urology when the conflict ended. He was later purified but was only allowed to work as a general practitioner in home care until his retirement in 1954.27

Carles Carbó Campillo (1910–1955)

Born in Girona, he was medical student at the University of Barcelona during the Civil War, eventually becoming a deputy for the military health of the Republican Army of the East. After the conflict, he went into exile in El Salvador, where he continued his profession as a urologist and also pursued his interest in anthropology.

Joan Civit Belfort (1895-1956)

Another Catalonian urologist, he graduated in Barcelona in 1919 and trained at the Hospital Clinic. He was a member of the Republican Union and a delegate to the Catalonian Government. During the Civil War, he served as a captain-doctor, but fled to France before finally reaching Veracruz
Julián Guimón Rezola (1898-1980)

This Basque urologist was a native of Bergara (Guipúzcoa), studied medicine in Valladolid and graduated as a doctor in Madrid in 1927. In that same year, he took up his first appointment as a surgical intern in the Hospital Civil de Basurto (Bilbao) and went on to complete his training in Berlin, Vienna and Berne. His studies were sponsored by several doctors in Eibar, the town where his father was mayor. He was appointed head of urological surgery in Basurto Hospital in 1935 and in 1936 he helped to promote the creation of the Basque University, as well as being appointed to the Chair of General Surgery and Urology. He was President of Bilbao Academy of Medical Science (1934-1936) and a political militant in Euskal Abertzale Ekintza/Acción Nacionalista Vasca (ANV), a Basque independence party (1930-1936). When Franco’s Nationalists force entered Bilbao in June 1937, the Basque University project was closed down.

Julián Guimón was arrested, accused of being a military rebel and sentenced to death. This was later commuted to life imprisonment and professional disqualification. He was incarcerated in the prison at Puerto de Santa María (Cadiz) until he was pardoned in 1940, as a reward for his humanitarian services to the prison community. Nevertheless, the Board of Administration of the Hospital Civil de Basurto stripped him of all his medical functions. He therefore decided to emigrate to the United States of America, where he collaborated with the famous professors Oswald Swenney Lowsley (1884-1955) in the Brady Foundation (New York) and Reed Miller Nesbit in Ann Arbour (Michigan). He returned to Spain in 1947, where he very successfully resumed his career in private practice and founded the Sanatorio Médico Quirúrgico in Bilbao (Bilbao Medical Surgical Sanatorium), over which he presided from 1951 to 1957. He later became president of the Bilbao Academy of Medical Science for a second time (1967-1968) and the clinic he founded, the Clinica Guimón, still operates in Bilbao. His son Jesús Guimón Ugartechea was also an eminent urologist, while another of his sons, José Guimón Ugartechea, was a professor of psychiatry.

José María Gutiérrez Barreal (1890-1944)

He first specialized in urology in the Hospital de la Princesa under Pedro Cifuentes Diaz and completed his training with George Jean Baptiste Marion at the Hospital Lariboisière in Paris. In 1914, he joined the Civil Marine Corps, eventually becoming a professor at the nautical training college in Gijon and Director General of Health from 1933 to 1934. After the 1936 coup, he was forcibly removed from these positions and transported to Zaragoza, where he worked as a surgeon until the end of the Civil War. He later returned to Oviedo where he was allowed to resume his activity as a urologist. Pedro Cifuentes was the main witness of his correct behaviour, which was key for his professional rehabilitation.
Jerónimo Gutiérrez Garroño  
(1913–1999)

Having studied medicine in Valladolid, he later trained as a urologist in Bilbao’s Hospital Civil de Basurto in the department led by Francisco Pérez Andrés (1886-1951), eventually becoming Julián Guimón’s surgical partner. During the Civil War, he served as a medical captain and ran the Republican hospital in Abadiano. For this reason, he was heavily fined and professionally disbarred. He was not rehabilitated until the early 1950s.²⁷, ³⁶.

Josep Maria Massa Servitja  
(1901–2000)

The Catalanian Jose María Massa Servitja was born in Girona. He graduated as a doctor in Madrid in 1925 and was later appointed as head of urology in the Provincial Hospital in Girona. He was also President of the Urological Association in Barcelona before the Civil War. During the conflict he served on the Republican side in the military hospital at Vallcarca and was in charge of urogenital surgery at the front during the Battle of the Ebro. After the war, he was forced to stand political trial and lost his medical license. He was exiled to France and from there emigrated to Venezuela, where he founded a prosperous pharmaceutical company (LETI Caracas). It was not until 1988 that he was able to return to Barcelona.⁴⁰

Carles Parés Guíllen  
(1907–1973)

He was born in Barcelona and became a lawyer in 1932. He was also an urologist in the Hospital de Sant Pau in Barcelona and a member of Catalanian Republican Action, a party which favoured independence for the region. During the Civil War, he reached the rank of major of medical health in the Army of the Spanish Republic and served as medical director of the VIII Group of hospitals, as well as running the military hospital in Figueres. After the Nationalist victory, he went into exile, first in France, where he worked in Paris until the threat of the Second World War later forced him to seek refuge in Mexico, where he was accepted as a political refugee and was able to work as a urologist in Hospital General de México, as well as in the American British Cowdray Hospital, a charitable institution providing help to Spaniards (amongst others). He published clinical papers on his specialism and also wrote the book Operatoria Urogenital in 1951.⁴¹

Francisco Pérez Andrés  
(1886–1951)

A native of Zaragoza, he was a pupil of Joaquín Albarrán y Domínguez (1860-1912) at the Necker Institute in Paris. He later moved to Bilbao as an assistant surgeon, where in 1919 he organized the first urology department in the Hospital Civil de Basurto, as an independent section dedicated to the treatment of diseases of the urinary tract.³³ This centre went on to become one of the most advanced in the country. Fifteen years later, a school for postgraduate training, known as the Institute of Medical Specializations, was established. He collaborated with Julian Guimón Rezola (1898-1980) in developing the curriculum for teaching urology at the Universidad del País Vasco (University of the Basque
For this reason, he was dismissed from his post after the Civil War in 1937. He started his own clinic in Bilbao, where he worked until his death. His son Julio Pérez-Irezábal y Andrés (1918-2008) was a president of AEU and his grandson Juan Carlos Pérez-Irezábal is also an eminent urologist.23, 27, 42

Francisco Martino Sabiño (1916-1989)
Born in Ubeda (Jaen) as the son of Italian parents, he enrolled as a urology student at the Hospital Clínico San Carlos in 1937 and subsequently worked in the Proletarian Sanatorium ‘Francisco Rojas’. During the Civil War he was a military nurse in Hospital de la Sangre de Torrebaja (Valencia). He tried to leave Spain with the remnants of the International Brigades disguised an anti-fascist Italian, but was taken prisoner and sent to the concentration camp at San Pedro de Cardeña (Burgos). He was later expelled from the country, but was soon allowed to return to complete his urological studies, as he had always wanted, with Leonardo de la Peña. He later pursued his career in the Red Cross Hospital in Madrid.25, 27

Joaquín Rovira Rosell (1913-1982)
This Catalan urologist was born in Barcelona. He was responsible for first developing urological practice in the city’s Hospital Clínico, together with Salvador Gil Vernet (1893-1987), with whom he also worked in the Department of Anatomy. During the Civil War, he was condemned to death for serving as a commandant-physician in the Republican Army in Montserrat. He was spared as a result of his public defence by his mentor Salvador Gil Vernet, but was exiled to South America. He was later exonerated by the College of Physicians in Barcelona but could not recover his medical license and was forced to live more than 100 kilometres away from the city. He worked for many years as a charcoal transporter in Lérida. He was finally ‘purified’ in 1967 and was appointed as a urologist with Francisco Javier Solé Balcells (1924-2014) in the Francisco Franco Municipal Sanatorium, now known as the Vale of Hebron Hospital in Barcelona.27

Isidro Sánchez Covisa (1879-1944)
Isidro Sanchez-Covisa was, without prejudice to his many other illustrious colleagues, probably the most influential urologist during the period of the Second Republic. He was not only President of the AEU from 1932 to 1939, but also director of the Madrid Provincial Hospital, a position he had held since 1914. This medical centre, one of the most modern and well funded in Spain was later renamed the Francisco Franco Hospital.23, 31 Here, Sanchez-Covisa created the best and most progressive urological school of the day, staffed with dozens of highly regarded professionals.43, 44

He moved to France during the Civil War, only returning to Spain in 1941. However, he was condemned by a commission of the College of Physicians in Madrid and punished with perpetual disqualification from positions of trust, as well losing his teaching job at the Faculty of Medicine. The same happened to his brother, one of the most prestigious dermatologists of his time, who shared his sibling’s political ideas.25
German Asua Campos (1879-1937), not one of Sánchez-Covisa’s best pupils, but one closer to the Nationalist ideology, was appointed in his mentor’s place.27

Francesc Serrallach i Juliá (1899-1986)

Born in Barcelona as the son of the pioneering urologist Narciso Serrallach Mauri (1875-1951), he graduated as a doctor in 1924 and went on to specialize in urology at the Hospital Necker in Paris under Georges Jean Baptiste Marion (1869-1960). After returning to Barcelona, he worked with his father in Clinica Balmes and with Salvador Gil Vernet as an assistant professor of urology in the Barcelona Hospital Clinic. He took over academic responsibilities at the clinic during the period of the Civil War, when Salvador went into exile in Italy. He was relieved from his functions at the end of the war in 1939, and was not able to return to work as an urological assistant until the academic year 1954-1955. Nevertheless, he continued to write many articles and books, and eventually became a board member of Asociación Española de Urología in 1966 and Asociación Catalana de Urología in 1980. He received the highest AEU award, the Francisco Diaz Medal, in recognition of a lifetime devoted to his specialization.45,46 He was also father of the equally eminent urologist Narcis Serrallach Milá (1934-2010).

Manuel Valera Radio (1873–1962)

Born in Pontevedra, he studied medicine at Santiago de Compostela and graduated as a doctor in Madrid in 1898. He later specialized as a gynaecologist in Germany and developed an expertise in treating urinary fistula and other urological problems. He was one of the first surgeons to perform ureterosigmoidostomy.47 He became professor of obstetrics and gynaecology in 1905 and founded the Surgical Sanatorium in Galicia in 1908. In 1931, he was elected as an independent deputy for the Republican courts in Pontevedra. This resulted in his exile to France and Switzerland during the Civil War. His professorial chair was revoked and it was not until 1943 that he was rehabilitated, by which time he had already retired. He was, however, permitted to work in private practice for the rest of his life.47

Dedicated to Mariano Pérez Albacete for the enormous work he has done for the History Office of the Spanish Urology Association in writing ‘Diccionario histórico de urólogos españoles’ (The historical dictionary of Spanish urologists).
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A brief History of the Polish Urology at the Turn of the 19th and 20th Century

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After the partition of Poland in 1795, the country ceased to exist for the next 123 years. Its territory was divided between the empires of Russia, Prussia and Austria-Hungary. The development of Polish surgery was therefore hampered by foreign administration, particularly in Russia and Prussia. Relationships between the different nationalities within the Austro-Hungarian Empire were better and there the Poles enjoyed greater freedom. As a result, Polish doctors were able to participate in the wider development of European surgery. Yet even though these Polish surgeons were obliged to work in and for foreign states, they maintained their national identity as Poles.

Until the end of the 19th Century, there were no independent urology units in Poland. Urological surgery was in the hands of general surgeons or, as in previous centuries, in the hands of academically uneducated people, such as bathhouse attendants, barbers and travelling surgeons.

Since the beginning of the 20th Century, Poland has had excellently staffed surgery centres, principally those in Warsaw, Lviv (Lemberg, Lwów) and Cracow. These cities have nurtured surgeons whose names have left a lasting trace in the history of our discipline. They were the creators of Polish urology. Their combined efforts laid the foundations for the development of clinical urology as an independent specialty.

The first urology specialists in Poland acquired their basic knowledge within Poland, following which they either obtained foreign scholarships or went abroad at their own expense. Mostly, they trained at hospitals in France, Germany, England, Austria or Denmark.

However, at this time there was no defined curriculum for the discipline, the duration of studies was not laid down, and there was no check in the form of examinations. Like other specialities that been recognized for many years, there were no governing rules and no diplomas were issued to confirm that a minimum level of knowledge and ability in the field of urology had been acquired. This was more or less the situation throughout Europe.

In the second half of the 19th Century, Poland had numerous skilled surgeons, but only very few of the top doctors engaged in urology. The process of establishing the first urological units was therefore slow and gradual. The first ward of urology was established in 1905 at the Holy Spirit Hospital in Warsaw, under the leadership of Adam Mincer (1867-1914). This was followed in 1918 by wards in Lviv (under Zenon Leńko (1868-1950)) and in Cracow (under Tadeusz Pisarski (1878-1936)), in 1929. All three cities have left a lasting mark on the history of our specialty.

The first professor of urology in Poland was Stanislaw Laskownicki (1892-1978) in Lwów, 1938. By 1939, there were 205 urological beds in different hospitals in Warsaw, Cracow and Lviv. In addition to four separate urological departments, there were numerous urology wards and small private urological facilities. During the interwar period, the number of ‘pure’ urologists in Poland was just ten, including one professor and two lecturers. This small community served a country whose population in 1939 was estimated at 35,000,000 inhabitants.

Jews in Poland at the beginning of 20th Century

Poland was recreated as an independent nation by the peace treaties following the end of the First World War in 1918. All the nation’s citizens, including the Jews, were guaranteed equal political rights. The so-called Minority Treaty was ratified in 1919, ensuring
physical protection, freedom of religion and total equality in public life at all levels. Unfortunately, anti-Semitism grew systematically during the turbulent inter-war years, particularly during the Great Depression that followed the Wall Street Crash in 1929. In 1934, the Minority Treaty was suspended and other regulations were introduced that affected Jewish autonomy, such as the 1936 law limiting ritual slaughter or the use of the so-called *ghetto benches* at universities or the *numerus clausus* rule in the legal profession.

At the outbreak of the Second World War, there were some 3,460,000 Jews living in Poland. They were mainly to be found in the towns and cities of central and southern Poland and in the Kresy Wschodnie (Eastern Borderlands). Of this population, 42.4% were small craftsmen (mainly tailors); 36.6% were engaged in trade; 4.5% in transportation (drivers of horse-drawn cabs – the so-called *balaguda* – or carters); 4.3% in agriculture and horticulture. Just 2% worked in medicine and education, with a further 1.8% working as independent professionals and lawyers.

**Urologists of Jewish descent in Poland before the Second World War**

**Lviv**

The development of urology in Lviv is inextricably connected with Dr. Zenon Leńko, who opened the first independent urology department in the city’s General Hospital in 1918. His successor was Stanisław Laskownicki, who remained in charge until 1939.

Before the outbreak of the Second World War, there was a Jewish Hospital in Lviv (also known as the Israeli Hospital), founded by Maurycy Lazarus. It was situated at ul. Jakuba Rappaporta 8. The head of the surgical ward was Dr. Salomon Stanislaw Ruff (1872-1941), a student of Professor Rydygier. A small urology sub-unit was run by Dr. Samuel Oberländer.

The Jewish Hospital was designed in the Mau-ritanian style and was richly decorated with oriental and Jewish symbols. Its architecture resembles the synagogue in Budapest, which was the largest synagogue in Europe at that time. The 100-bed hospital was the work of the well-known Lviv architect, Kazimierz Mokłowski, and was built by Iwan Lewiński’s construction company.

There was also a urology unit in Social Insurance Hospital No. 6, located at ul. Kurkowa 31. The head of the surgical department was Professor Adam Gruca and the urological sub-ward was run until 1935 by Dr. Franciszek Józef Mehrer. The number of the beds in the sub-ward was not fixed, varying from just two or three to a dozen or so, depending on demand. Dr. Rapaport and Dr. Pyptiuk worked as urologists under Dr. Mehrer (after the war, Dr. Pyptiuk became a lecturer at the Military Training School of the Pomeranian Medical University in Szczecin). Until the outbreak of the war in 1939, Dr. Mehrer also ran the biggest private uro-
logical clinic in Lviv and performed many private operations in the Red Cross Hospital and in the ‘Salus’ and ‘Vita’ spa resorts.

Warsaw

Before the outbreak of the Second World War, urology in Warsaw was focused in just a few centres. The main urology department was in the Holy Spirit Hospital at ul. Elektoralna 12, whose opening in 1905 signalled the existence of urology in Warsaw as an independent medical specialty. The department was initially run by Adam Mincer, and then by Antoni Leśniowski. Another important centre was Szpital Przemienienia Pańskiego (the Hospital of the Transfiguration in ul. Książeca).

In the second half of the 1930s, the biggest in-patient treatment centre in Warsaw was the Jewish Hospital at Czyste. General surgery, urology and orthopaedic operations were performed in surgical wards, run by well-known and acknowledged Warsaw surgeons. As in other hospitals in Poland, separate urology sub-wards with a variable number of urological beds were also created here. The largest number of urological operations was performed by the sub-ward run by Dr. David Kohan, who was also an assistant in the surgery clinic at the Józef Piłsudski Warsaw University Faculty of Medicine. In Kohan’s ward, urology was dealt with by Dr. Glasman, Dr. Busel and Dr. Rakowczyk. Dermatologists also worked in the ward, treating venereal diseases and performing necessary surgery. The Jewish Hospital’s department of skin and venereal diseases was run by Dr. Stanisław Markusfeld.

Apart from the urology sub-wards in hospitals, there were two large private urology clinics in pre-war Warsaw. The first, located at ul. Elektoralna 3, was founded and run by Dr. Aleksander Fryszman, who trained as a urologist in Paris under Professor Albarran and then in Berlin under Professor Nietzsche. Having returned from abroad, he worked in the surgery unit of Dr. Hipolit Oberfeld at the Czyste Jewish Hospital, as well as in the pathological anatomy office under Dr. Stainhaus. His first private clinic for urology patients was located at ul. Bodue- na (1912). His clinical assistants were Dr. Szymon Lewinson, Dr. Jerzy Fryszman and Dr. Bogumił Endelman. The other big private urology clinic in ul. Zgoda was run by Dr. Dawid Szenkier.

As a result of the increasing persecution of Jews in the Third Reich, in 1933 the doctors at the Jewish Hospital made an official protest. The hospital director, Antoni Goldman, informed the medical press that the heads of wards and all the other doctors in the hospital intended to stop using pharmaceutical products manufactured in Germany, as well as buying and subscribing to books and medical magazines published in the Reich.

Even so, as the 1930s progressed a growing reluctance towards treatment by Jewish doctors also began to be noticed in Poland. In 1937, some Polish universities applied a limit (numerus clausus) of 10% to Jewish students, thus limiting Jewish access to education. (The exception was the Jan Kazimierz University in Lviv, where 33% of Jewish students were still allowed). The official reason for this policy was a desire to grant equal opportunities to young Polish people (in 1926/27 no fewer than 385 of the 604 newly enrolled students at the Jan Kazimierz University were of Jewish descent, in comparison with just 119 Polish Catholics). These measures persuaded many Jewish medical students to travel abroad to European universities that did not discriminate against them. The students who did manage to get into a Polish university were ordered to sit in specific and segregated seats in the teaching auditoriums. These were the notorious ‘ghetto benches’, which in the Medical Faculty of Warsaw University were desks with odd numbers. Qualified Jewish doctors also began to find it increasingly difficult to practice their profession. The most prestigious medical association in Warsaw – the Warsaw Medical Society (TLW) – stopped accepting Jewish doctors in the mid-1930s.
The prevailing atmosphere was summed up in the introduction to a publication entitled *Informator Lekarski ziem północno-wschodnich* (1939, Vilnius), edited by the Association of Polish Physicians. The editorial committee recommended: “While using this guide, please remember one rule which every Pole who cares for his or her health should follow: ‘A Pole should only be treated by Christian physicians’ and ‘A Polish physician should never recommend Jewish physicians to anyone.’” This kind of prejudice not only governed the mutual relations between Jewish doctors and their Polish colleagues, but also affected cooperation with intermediate personnel and assistants, whilst simultaneously encouraging the purchase of exclusively Polish pharmaceutical products.

Yet in spite of growing prejudice and conflict within the medical profession, many patients willingly continued to use Jewish doctors, appreciating their skills and knowledge, much of which was gained at ‘superior’ universities abroad.

### Cracow

In 1913, the first independent urological institution in Poland was established in Cracow. To begin with, it was only an outpatient department run by Dr. Tadeusz Pisarski, but later it had its own building dedicated to urology as Department VII of the St Lazarus Hospital at ul. Grzegórzecka 18. The unit had modern equipment, with its own X-ray and laboratory facilities. Later, the department was successfully run for many years by Professor Emil Michałowski.

Before the outbreak of war in 1939, there was also a Jewish (Israeli) Hospital in Cracow at ul. Skawińska 8, which was founded during the second half of the 19th Century. During the interwar period, this hospital was constantly being extended and equipped with modern facilities, such as an X-ray unit or a urology outpatient department. In 1937, the hospital contained the following wards: Internal Medicine, Skin and Venereology, Ophthalmology, Surgery, Orthopedics, Urology, Pediatrics, Obstetrics/Gynecology and Laryngology. There were 64 doctors, 15 full-time and 49 interns. In 1937, 2,395 patients were treated and 33,991 people consulted the outpatient department (including 6% of Christians). As many as 30% of these patients received their consultations and hospitalization free of charge.

Urologists of Jewish origin also practiced privately in Cracow, such as Leopold Lindelfeld at ul. Dunajewskiego 7 and Józef Nüssenfeld at ul. Potockiego 12.
In 1930, one of Poland’s biggest hospitals was opened in Łódź: the Social Insurance Hospital at ul. Zagajnikowa 22. The urological beds, which were separate from the 150-bed surgical ward run by Dr. Wincenty Tomaszewicz, were supervised by Dr. Arno Kleszczelski. He not only treated urology patients, but also trained several of his younger colleagues, sharing the knowledge he had gained during his internship in the urology clinic of Professor Wiktor Blum in Vienna.

Another urological physician in interwar Łódź was Dr. Artur Banasz. He studied the specialty during internships in Berlin in 1908 and 1909 at the clinic of Professor Israel. Right from the initial setting up of the Health Maintenance Organization in Łódź, Dr. Banasz was involved in its activities, running the organization’s urology office at ul. Piotrkowska 17. On 1 August 1932, he was appointed as a urology consultant in a hospital in Radogoszcz, and between 1935 and 1939 he worked as a urologist in the Leonia and Izrael Poznański Jewish Hospital, where he was responsible for the urological beds with Dr. Pikielny. The main problems dealt with were renal calculi and genitourinary tuberculosis.

Vilnius

In the interwar period, there was no independent urology ward in Vilnius. Urinary diseases were treated in the surgery clinic of the Stefan Batory University, run by Professor Kornel Michejda. Thanks to the organizational skills and resourcefulness of Professor Michejda and his team, the clinic gradually became one of the leading surgical centres in the country. It dealt with all types of surgery, but attached special importance to urology. In 1933, a urology sub-ward was established in the clinic. Its head was Dr. Jakub Wolf Perlmann, who had been Professor Joseph’s assistant in the Jewish Hospital in Berlin for many years. He transferred his pioneering methods of diagnosis (indigo carmine tests, pyelography and urography) from Germany to Vilnius, which resulted in raising the level of urological treatment by making possible the early detection and treatment of urinary diseases. As a result, urology became one of the most important specialties at the clinic. For that period, it performed a wide range of urological surgeries and was also responsible for numerous publications, including two doctorates.

The outbreak of the Second World War interrupted the activities of the clinic and spread its workers all over the world. One of Professor Michejda’s closest assistants became an urologist. This was Professor Antoni Szcerbo, who was later one of the creators of Polish urology in Lublin and Upper Silesia. After the war, Professor Michejda and his lecturer, Professor Kieturakis, helped to set up a urology sub-ward in the Gdańsk Surgical Clinic.

Between 1925 and 1941, Dr. Jan Janowicz first set up and then ran an outpatient department and urology ward at the Sawicz Hospital in Vilnius. He also had a private urology practice in Vilnius at ul. Grabarska and Aleja Róż. As such, he was undoubtedly one of the leading pioneers of urology in the city.
Second World War

Introduction

On 1 September 1939, the German Army started the Second World War by crossing the western border of Poland. The Polish ‘September Campaign’ played an important role in delaying the German advance, exhausting its strength and limiting the scale of its offensive. However, the Polish armed forces were soon forced to fight on two fronts. The Molotov-Ribbentrop Pact, signed on 23 August 1939, was formally a non-aggression pact between the German Reich and the Soviet Union (USSR). In reality, it also sanctioned the partition of several countries, such as Poland, Lithuania, Latvia, Estonia, Finland and Romania. In keeping with the terms of this pact, on 17 September 1939 the Red Army entered the eastern areas of Poland. Just weeks later, the Polish national territory was divided, contrary to international law, between Germany and USSR.

The Situation of the Jewish Population during the Second World War

During the Second World War, Nazi Germany aimed at the deliberate, systematic and total extermination of the Jewish people.

The first step towards this aim was the passing of the so-called Nuremberg Laws on 15 September 1935, which stipulated that people of Semitic, Hamitic, African/Caribbean or Mongolian blood, as well as those who could not trace back their Aryan heredity to 1 January 1800, were to be excluded from society. According to the laws, a Jew was anyone who had three or more grandparents who were ‘wholly Jewish in racial terms’. Any descendant of two Jewish grandparents was considered to be a ‘first-degree Mischling’ (hybrid or half-breed). Those with just one Jewish grandparent were regarded as ‘second-degree Mischling’. In the initial phase, these ‘rules’ gave rise to the seizing of personal belongings and the elimination of political opponents inside Germany. However, the Nuremberg Laws also affected Polish Jewry, even before the outbreak of war, since the community was required to cope with a wave of 20,000 refugees from the Reich. After the German occupation in 1939, the situation quickly deteriorated further. A decree of 24 July 1940 stated that ‘first-degree Mischlings’ were now also considered as Jews, as was anyone who had belonged to the wider Jewish community before 1 September 1939 or had a Jewish spouse. The application of this decree was reflected in the structure of the form (the so-called Fragebogen), which every Polish doctor was required to complete in 1940. To be able to practice medicine and treat Aryan patients within the territory administered by the new General Government of Poland, it was first necessary to prove one’s Aryan origin, by completing the necessary sections relating to descent and grandparents’ religion. If a doctor was considered as a Jew, this was stamped on the first page of his form: ‘Jude’. Jewish doctors could still officially practice in Jewish institutions, such as Jewish hospitals, Jewish organizations (for example, the Society for the Safeguarding of Health or TOZ) or in private clinics, but only treating Jewish patients. This considerably affected the work opportunities and economic status of a large group of assimilated physicians, who had worked in city hospitals or had profitable private practices for many years.
The second stage of the extermination policy started with the German attack on Poland in September 1939. At first, this involved the execution of individual Jews by the so-called Einsatzgruppen (death squads), operating in the rear of the Wehrmacht. This was soon followed, however, by the deportation and confinement of Jews in large numbers in ghettos.

One of the first duties imposed by the Germans in 1939 on all the Jews older than 10 years of age was the wearing of an arm-band with the Star of David emblem. Early in 1940, Jews were forbidden to leave their homes (they could not use trains, and later also other means of transport) and the ghettos were sealed off. During this period, a ban on the treatment of non-Jewish people by Jewish physicians was introduced in Cracow. The Cracow Chamber of Health also forbade Jewish doctors from advertising in the Polish and German press; from attending organized health board meeting at powiat or district level (September 1940); and ordered them to mark their doctor’s plates with the Star of David (February 1941). Naturally, Jewish physicians were also subject to all the other regulations applicable to the Jewish people as a whole.

The ‘resettlement’ of large numbers of people into ghettos was accompanied by the seizure of the personal belongings that the displaced people could not take with them. In the case of doctors with private practices, this meant that the Germans seized their medical and dental equipment.

The first ghetto in occupied Poland was created on 8 October 1939 in Piotrków Trybunalski. However, the largest ghetto – and the one containing the most Jewish physicians – was the Warsaw ghetto, begun in the autumn of 1940.

The third stage of the Nazi’s monstrous plan was the ‘final solution’ (Endlösung). The unprecedented decision to murder the entire Jewish nation, which was spread across every country in multicultural Central Europe, was taken at the Wannsee Conference on 20 January 1942. This initiated the so-called Aktion Reinhard, the sole purpose of which was to kill Jewish people and steal their possessions. This ‘action’ was officially started in spring 1942. The existing concentration camps in Auschwitz and Majdanek were extended. New concentration camps were set up, first in Chelmno and then later at Belżec, Sobibór, Birkenau-Brzezinka and other locations. People were taken from the ghettos to the camps, where they were immediately asphyxiated in gas chambers. Those who were still alive as the war approached its end in 1945 often died during the notorious death marches – the forcible movement of prisoners with the retreating German army.

It is believed that during the Second World War as many as 6,000,000 Jews died. In post-war Poland, the Jewish community was reduced to just 300,000 men, women and children, in comparison to 3,460,000 in 1939. In other words, at least 90% of the pre-war Jewish population lost their lives.

The German Occupation

Warsaw

The outbreak of the war in September 1939 and the siege of Warsaw caused enormous destruction in the city. Even though they were marked with a red cross, hospital buildings were also damaged. For example, the surgery building of the Jewish Hospital at Czyste was badly hit, as were the operating theatres, hospital kitchen and several other buildings. The situation was made worse by the fact that most of the medical staff had been drafted into the army. Once they had occupied the city, the Germans soon entrusted the management of the hospital – now exclusively for Jews – to the Jewish community. This
meant that all non-Jewish patients and staff were removed and the Jewish patients and staff from other Warsaw hospitals were transferred to Czyste. The race regulations applicable to the medical profession were further tightened in 1940, when, as previously mentioned, the Germans imposed an obligation for all doctors to fill in a registration form (the so-called Fragebogen) and undergo a detailed interrogation about their family history. To be able to practice medicine and treat Aryan patients within the territory administered by the new General Government of Poland, it was first necessary to prove one’s Aryan origin, by completing the necessary sections relating to descent and grandparents’ religion. If a doctor was considered as a Jew, this was stamped on the first page of his form: ‘Jude’. Jewish doctors could still officially practice in Jewish institutions, such as Jewish hospitals, Jewish organizations (for example, the Society for Safeguarding the Health or TOZ) or in private clinic, but only treating Jewish patients.

In the autumn of 1940, the occupying authorities decided to create a special Jewish ‘residential district’ in the heart of the city. When the Warsaw ghetto closed its gates on 16 November 1940, there were some 750 known doctors within its confines. There may even have been more, since not all doctors were active members of the Warsaw and Białystok Medical Chamber and others had come to Warsaw from other territories incorporated into the Third Reich. Health care in the ghetto was supervised by the Jewish Council (Judenrat), under whose auspices a Health Department was set up. The head of the department was Izrael Milejkowski, who also served as the President of the Jewish Medical Chamber. Apart from the Health Department, there were various other social organizations providing medical assistance to the ghetto’s inhabitants, the most prominent being the Society for Safeguarding the Health of the Jewish People (TOZ) and the Jewish Social Self-help Society (ŻSS). The treatment
conditions in hospitals and outpatient departments deteriorated from week to week, as did the supply of medicines, first-aid materials, medical tools and food. Within months, only the most basic medical care could be provided.

In February 1941, the Germans ordered that the Jewish Hospital should be moved inside the ghetto. At first, it was not possible to find a building big enough to accommodate the entire hospital, so it was divided into wards and distributed to different parts of the ghetto compound. The surgery ward was located at ul. Leszno 1. Initially, it had 300 beds.

On 22 July 1942, the liquidation of the Warsaw ghetto began. In mid-August 1942, the special unit (Vernichtungskommando) under the command of Hermann Höfle appointed to ‘displace’ the Jews decided to close the Jewish Hospital. Marek Balin, one of the students working in the surgery ward at ul. Leszno, recalled the day the liquidation of the ward began: “It was 15 August 1942, and I was working on the treatment ward of the Czyste hospital in the Warsaw ghetto at ul. Leszno. Our hospital, which normally housed about 200 patients, was by that time treating almost 600 people. What's more, we were supposed to take in patients from other wards as well. (...) From July 1942, the Germans transported thousands of Jews every day to be killed. This allowed them to constantly reduce the size of the ghetto compound, cutting off whole streets or even districts, with no exceptions being made for hospitals.” The next liquidation took place in January 1943, followed in April 1943 by the so-called Warsaw Ghetto Uprising. This saw the final destruction of the ghetto and the elimination of nearly all its remaining Jews.

It is estimated that a few thousands Jews managed to escape from the ghetto. These were people of broadly Aryan appearance, with the financial resources to bribe their way out of the ghetto compound and then hide on the Aryan side, either in Warsaw or elsewhere. The doctors able to leave the ghetto were usually so-called ‘assimilated’ Jews, who had a number of Aryan friends from before the war. These pre-war friendships made it easier for them to find help and hide once they were on the other side of the ghetto wall. However, life on the Aryan side also brought many dangers, the biggest one being the so-called szmalcownicy – people who followed their victims from the moment they left the ghetto and blackmailed them for months for their silence. When the victims had no more money left to pay, the szmalcownicy denounced both the Jews and the Poles hiding them to the Gestapo, inevitably with fatal consequences. Poland was the only country occupied by the Nazis where anyone who hid Jews automatically faced the death penalty.

Life on the Aryan side was far easier for women than for men, who could not hide their racial origin because of the circumcision they had undergone as a child. Professor Stefan Wesołowski, a well-known Warsaw urologist, performed operations to restore the appearance of the foreskin to its state before circumcision. Other doctors of Aryan descent, who were supposed to verify the origin of inmates in prisons and concentration camps, often risked their own lives by pretending not to recognize circumcision, claiming it to be the result of some other operation or inborn flaw. One such physician was Dr. Felicjan Loth, at the Pawiak Prison in Warsaw. Another was Dr. Zygmunt Śliwicki.

Łódź

The ghetto in Łódź (during the war renamed into Litzmannstadt) was created several months after the outbreak of war and was destined to become the longest surviving ghetto in occupied Poland, only being liquidated in August 1944. Throughout this entire period there were almost 200,000 people within the ghetto's walls. What distinguished it from other ghettos was an extremely well developed structure of institutions and offices, whose purpose was to keep order (several hundred ghetto inhabitants served in the so-called Order Service or
Jewish police) and to help organize life, such as it was. Registration offices kept records of residence, victualing offices rationed and distributed food, official religious institutions (the Rabbinate) took care (as far as possible) of social and spiritual needs. Health care, organized by the ghetto’s Department of Health, played an enormous role in the inhabitants’ lives. At its peak, there were seven hospitals in the ghetto. The most important of them, Hospital No. 1, was housed in a modern building of a pre-war health insurance fund at ul. Łagiewnicka 34/36. This is also where the urology ward was organized. All the doctors in the ghetto were employed via the Department of Health and worked full-time for the Jewish community. They had the right to make home visits, charging their patients in accordance with prices determined by the ghetto authorities.

At the end of 1941, the German occupiers tightened their policy towards the Jews, which was reflected in their desire to eliminate all so-called ‘unproductive people.’ This led to two waves of deportations. The first one lasted from January to May 1942. Around 55,000 people were transported from the ghetto to the concentration camp at Chelmno. The second round-up, a particularly cruel and tragic one, took place in September 1942 and involved the transfer of over 15,000 children under the age of 15 and people over the age of 65 to the death camps. The Germans declared a Wielka Szpera (General Curfew). Once it was in force, they raided and then closed the hospitals and orphanages in which the young and the old were being cared for.

At the end of 1942, with the consent of the Germans, two new hospitals were opened and two special outpatient departments and doctor’s surgeries in places of work were organized. Urological care was the responsibility of Outpatient Department No. 1. There were only 145 places in the two hospitals, which imposed serious limitations on taking in patients. A list of 15 diseases/complaints qualifying for hospital treatment with prospects of recovery was drawn up, including one urological disease/complaint.

**Cracow**

Cracow was the capital of the General Government. In the first year of the occupation, the German authorities carried out extensive deportations of Polish Jews and Jewish communities from many of the other countries incorporated into the Third Reich and sent them to the General Government area. The inflow of these Jewish refugees caused a significant increase in Cracow’s Jewish population. Before the war, the number of Jews in Cracow had been 56,000. By mid-1941, this had risen to 68,000.

After the occupation of Cracow in September 1939, the Jewish Hospital was taken under German control. The hospital was initially closed for two months, but the rising number of Jewish inhabitants in Cracow made it necessary to re-open it at the end of October. This was achieved largely thanks to the voluntary work of doctors – only 8 out of 42 physicians were paid by the Judenrat or Jewish Council; the others worked free of charge.
The hospital director and head of the surgery department was Dr. Józef Nüssenfeld. The internal medicine ward was run by Dr. Maksymilian Blassberg in collaboration with Dr. Julian Aleksandrowicz. Dr. Jan Lachs was the head of the gynecology ward and the urology ward was run by Dr. Romuład Lachs, who worked in tandem with Dr. Leopold Lindenfeld. The conditions were extremely difficult, financial resources were scarce, and doctors were torn away from their work to be used as forced labour (especially for snow clearance), just like all other Jewish inhabitants in the ghetto. Between 1 November 1939 and 30 November 1940, a total of 37,374 outpatient consultations were carried out in the Jewish Hospital; 2,961 X-ray pictures were taken; and 6,381 analytical examinations were made. During this same period, 1,828 patients were hospitalized. After the opening of the Cracow ghetto, the hospital was moved inside its walls to ul. Józefińska 14, where there were 120 beds. No separate urology ward was created in this new location. On 13 March 1943, during the final liquidation of the ghetto, the entire medical staff was ordered to leave the building, while all the patients were loaded onto trucks, taken out of the city and shot.

This was the end of a process that had begun as early as March 1941. During a two-year period (March 1941 – March 1943), the German authorities organized four deportations of Jews, mainly to the concentration camps at Bełżec and Auschwitz-Birkenau, where they were all murdered. Tadeusz Pankiewicz described that last terrible day when all the hospital's patients were killed:

"Oberscharführer Albert Hujar, with a sneering smile on his swollen face, rushed like a madman into the main hospital at ul. Józefińska and started shooting everyone he met, every patient. (...) He rushed to every room, one by one, and murdered all the people lying in beds, as well as all people he met in the halls." The medical staff and hospital equipment were transported to the camp in Płaszów.
The Soviet Occupation

When the Kresy Wschodnie region (now part of the Ukraine) was occupied by the USSR, the Red Army committed many war crimes, including the mass murder of civilians. In 1940 and 1941, hundreds of thousands of people were transported to Siberia and to the wilds of Northern and Middle Asia. Many more were subjected to inhuman acts of repression. Several thousand Polish soldiers were killed or wounded during the fighting with the Red Army, and about 250,000 Polish prisoners ended up in Soviet captivity. Some 25,000 of these prisoners were shot by the Soviet political police (NKVD) in Katyny, Kharkov and Miednoje. The so-called ‘Katyn List’ contains the name of Dr. Szymon Lewinson, a urologist from the Jewish Czyste Hospital in Warsaw. Dr. Lewinson was called up in September 1939 into the reserve squad of the District Hospital No. 1. He left Warsaw following the appeal made by Colonel Roman Umiastowski, delivered on the night of 6/7 September on the Polish radio. Umiastowski, a propaganda chief in the Polish Army High Command, called on all men capable of fighting to leave the capital in order to create a new defensive line to the east of the River Vistula.

Dr. Lewinson was captured by the Soviets and was imprisoned in a camp near Kozielsk. Sometime between 3 April and 12 May 1940 he was murdered by the NKVD, with a shot to the back of the head, in Katyn Forest. In total, 599 doctor-officers from the Polish Army were murdered in Katyny, Kharkov and Miednoje.

Lviv

When the Soviet Union occupied the eastern areas of Poland in September 1939, the occupying authorities created their own administrative structures. The Jan Kazimierz University in Lviv changed its name to the Iwan Franko University, and Russian became the language of education. The university’s Medical Department was closed in 1940 and replaced by a new Medical Institute, which operated beyond university structures. Unless they had been imprisoned by the NKVD, local physicians could still practice their professions. Many refugees from the General Government found shelter in Lviv, including Jews who saw better opportunities to survive the war in the East. One of them was a graduate from Basel University, Dr. Dawid Szenkier. In 1910, he was an assistant in Professor James Izrael’s clinic in Berlin, and between 1912 and 1914 he worked in Moscow in the clinic of Professor Hercen’s. After the outbreak of the First World War, he was drafted into the Russian Army. During his period of military service, he attended the surgical clinic of Professor Mirotworciew in Saratów, where (for the time) complicated urological operations were already being performed. In 1918, he returned to Warsaw. With the rank of captain in the Polish Army, he took part in the Bolshevik War of 1920 to 1921. From 1921 onwards, he worked in the Jewish Hospital at Czyste in Warsaw, where he was responsible for the urological beds on the surgical ward run by Dr. Orko Solowiejczyk. He also opened a private urology clinic in Warsaw. In October 1939, he made his way to Lviv. By then, the District Military Hospital at ul. Łyczakowska 26 had been turned into the Red Army Military Hospital, so that all its Polish patients were forced to leave. Szenkier was appointed as head of the urology ward. When Lviv was occupied by the Germans in 1941, he changed his identity using false papers provided by the Polish underground, taking the name of Tadeusz Mazurek. It was a name he kept after the war.

In the years before 1939, Dr. Franciszek Józef Mehrer ran the biggest private urology clinic in Lviv. He also performed many private operations in the Red Cross Hospital and in the ‘Salus’ and ‘Vita’ spas. When Lviv was occupied by the Soviet Union in September 1939, Dr. Mehrer was appointed as joint
head of the urology ward in the Public Hospital by the Soviet occupying authorities. Following the arrival of the Germans in Lviv in 1941, Dr. Mehrer hid under a fake name: Ignacy Stanisław Cywiński. He moved with his wife to Warsaw in 1942 and he probably died at the notorious ‘Zieleniak’ market during the Warsaw Ghetto Uprising in 1943.

In Lviv, there were also doctors performing urological work related to their own specialty in dermato-venerology. Such doctors were scornfully referred to as *urologists ascendens* by the surgeons. They complemented their venereal specialization by learning from ‘real’ urologists how to carry out cystoscopy and gained similar experience from internal medicine physicians about kidney pathology (there was no nephrology specialty at that time). These doctors used conservative methods in treating prostate or renal calculi diseases, and formed serious competition for their urologist colleagues.

Jews were branded as the agents of ‘world Zionism’ and were accused of inspiring ‘anti-state’ speeches. A general ‘cleansing’ of public life was started, in which the deciding criterion was the national-racial one. Polish members of mixed families were also persecuted; they were punished for being ‘a bad influence on Polish youth.’ Having been forced out of their jobs, these people were then forced to emigrate. In total, some 30,000 Jews were banished from Poland during the so-called March Emigration. In this period Dr. Ludwik Mazurek, among others, was removed from his position. The official reason for his removal (demotion from the post of head of clinic) was the lack of a ‘correct’ opinion – in other words, an opinion compatible with Communist Party doctrine – in relation to the March Events.

The Fate of Jews after the Second World War – the Era of the Polish People’s Republic (PRL)

March 1968 was a key moment in the history of Polish Jewry. This month saw the climax of the communist government’s anti-Semitic policy, which was intended to remove Jewish people from leading positions in public life. On 8 March 1968, there was a mass meeting of students at the University of Warsaw to protest against the government’s hard-line attitude. This sparked off a wider series of protests that later become known as the March Events. The reaction of the authorities was harsh but perhaps understandable, in the light of the volatile political situation in the Middle East at that time. Many Polish Jews were branded as the agents of ‘world Zionism’ and were accused of inspiring ‘anti-state’ speeches. A general ‘cleansing’ of public life was started, in which the deciding criterion was the national-racial one. Polish members of mixed families were also persecuted; they were punished for being ‘a bad influence on Polish youth.’ Having been forced out of their jobs, these people were then forced to emigrate. In total, some 30,000 Jews were banished from Poland during the so-called March Emigration. In this period Dr. Ludwik Mazurek, among others, was removed from his position. The official reason for his removal (demotion from the post of head of clinic) was the lack of a ‘correct’ opinion – in other words, an opinion compatible with Communist Party doctrine – in relation to the March Events.

The Impact of Jewish Origin on the Fate of Urologists

Hiding and a Change of Identity

In October 1939, Dawid Szenkier (later: Tadeusz Szenkier-Mazurek) left Warsaw and went to Lviv. He was appointed as head of the urology ward in the Red Army Military Hospital. During the years of Nazi occupation (1941-1945), he was forced to flee from this position and went into hiding. He took the name of Tadeusz Mazurek from documents he obtained from the Polish underground, and he kept the name after the war. In February 1945, he returned to Łódź to resume his medical career. For many years, almost until his death, he was the director of the urology clinic in the Łódź-Górna district, considering his work in community medicine to be equally important as his hospital work.
Jerzy Szenkier (later: Ludwik Jerzy Mazurek) was the son of Tadeusz Szenkier-Mazurek. He worked as an assistant in the surgical clinic after he had completed his medical studies in Lviv. When Lviv was occupied by the Germans in 1941, he was forced to leave the city and moved to Warsaw. As he was afraid that his identity would be discovered, he gave up his job, changed his name to Ludwik Jerzy Mazurek and worked as a metal worker/turner. A few months before the end of the war, in 1945, he joined the Medical Corps of the Second Polish Army, where he worked as an assistant in a field hospital.

Dr. Arno Kleszczewski worked in the Jewish Hospital in Łódź from 1938 until the outbreak of the war in September 1939. During the German occupation, he initially stayed in Łódź but in 1940 he moved to Warsaw. In December of that year, he was granted permission to open his own medical practice in the Warsaw ghetto. Out of fear for his life, he changed his religious identity and claimed he was a Roman Catholic. Even so, he was later imprisoned in Auschwitz, Stutthof, Dresden, Pirna and Terezin. He came back to Poland in 1945 and started work in the Social Insurance Hospital in Łódź as a volunteer in the newly emerging surgical clinic of Professor Tomaszewicz. He further continued his clinical and scientific career in Łódź.

Rathauser Feliks Emil (later Jerzy Zieliński) worked under the supervision of Professor Adolf Wojciechowski, the head of the surgical ward in the Holy Spirit Hospital, from December 1938. After the Germans entered Poland, he returned to Lviv. By June 1941, however, he was no longer able to work because of the racial persecutions. This persuaded him to change his name to Jerzy Zieliński in July 1942. Not being able to use his doctor’s diploma, he moved from Lviv to Warsaw, where he worked as a shop assistant, accountant and labourer. He took part in the Warsaw Uprising. In 1945, he started work on the urology ward in Cracow under the supervision of Professor Emil Michałowski. In 1949, he was assigned as a lieutenant to the surgical department in the Office of Public Security Hospital in Katowice, in which city he continued his professional career until his retirement.

Following the occupation of Lviv by the Soviets in September 1939, Dr. Mehrer Józef Franciszek was appointed by the Soviet authorities as director of the 35-bed urology department at the Municipal Hospital. After the German invasion of Russia in June 1941, he went into hiding. He realized that his Jewish origin meant that he was facing death, and so in 1942 he made use of someone else’s baptismal certificate, offered to him by members of the AK (the Polish Home Army), to change his name to Ignacy Stanisław Cywiński. Later in 1942, he and his wife moved to Warsaw. As Ignacy Cywiński, with no diploma, he was unable to work as a doctor. However, using a method he had developed himself, he eliminated the traces of circumcision through a reconstruction of the foreskin, an operation which helped a considerable number of Jews to escape death. He died during the Warsaw Ghetto Uprising, murdered by Andrey Vlasov’s troops at the notorious ‘Zieleniak’ market.

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Dr. Zygmunt Datyner practiced as a urologist in Łódź until 1932. At the beginning of the Second
World War, he was taken to the Łódź ghetto, together with his wife, and was later sent to Auschwitz-Birkenau, where he died in a gas chamber.

Dr. Dawid Kohan was the head of the surgical department in the Jewish Hospital at Czyste in Warsaw. He also worked in the Holy Spirit Hospital. After the outbreak of the war, he moved to the east of the country, where he lived and worked as a doctor in the town of Równe Wołyńskie. Together with his wife, Zofia, he was forcibly removed from the hospital on 20 July 1943 and shot near the railway station in Równe, at a place used by the Germans for mass executions.

Dr. Stanisław Markusfeld was the head of the skin and venereal diseases ward in the Jewish Hospital at Czyste. Adolf Polisiuk, an eye witness, reported that he died during the September 1942 liquidation, known as 'Kocioł na Milej', when he jumped with his wife Felicja from the 4th floor of their building.

Dr. Łazarz Pikielny worked as a urologist in the Poznanski Hospital in Łódź and had a private urology practice at ul. Nawrot 8. After the German invasion, he was sent to the Łódź ghetto with his wife Czesława (née Drutowska) and their son Jerzy. He was deported with his family to the Auschwitz-Birkenau camp at the end of August 1944. All three were selected for work in the labour camps. Eventually, he was sent to Kaltwasser camp and then to Flosseburg, where he died.

Dr. Aleksander Wertheim worked in Warsaw on the surgical ward at the Infant Jesus Hospital, the surgical ward at the Holy Spirit Hospital and the paediatric surgical ward at the Bersohn and Bauman Hospital. During the war, he was confined in the Warsaw ghetto, where he lived at ul. Chłodna 26/1 and worked as the head of the surgical department at ul. Leszno 1. He was later imprisoned in the Pawiak Prison for his activities with the Polish underground and was shot with his two sons, Bronisław and Stanisław, in the ghetto ruins.

Refugees and Exiles from Poland

One of the soldiers serving in the Polish Army in France was Dr. Józef Stefan Szper, a surgeon specializing in urology and a doctor in the Jewish Hospital at Czyste in Warsaw. After the fiasco of the September Campaign in Poland, he escaped via Romania, Yugoslavia and Italy to France, where he served as the commander-doctor of a field ambulance train. Following the fall of France in June 1940, he was evacuated with the wounded, following which he was posted to a training camp in Crawford Castle, Scotland. He died on 30 January 1942 in Perth.

Biographies

Banasz Artur (1884-1961) was born in 1884 in Łódź. He was the son of a merchant and well-known philanthropist and social activist, Ludwik Banasz, and his wife Dorota (née Hirsberg). In 1907, Artur graduated from Wrocław University. He developed his urological skills through foreign internships; in 1908 and 1909 in Professor Israel’s clinic in Berlin and in 1914 in Paris. He was involved in the activities of the Health Maintenance Organization in Łódź from its earliest days. Initially, he worked as a surgeon, then
as a urologist. According to the reports of the Health Maintenance Organization, he carried out 7,144 urological consultations in 1927 and 11,035 in 1928. On 1 April 1932, he was appointed as a urological consultant in the Radogoszcz Hospital. Between 1935 and 1939, he worked as a urologist in the Leonia and Izrael Poznanski Jewish Hospital, running urological beds together with Dr. Pikielny. The main problems he dealt with were renal calculi and genitourinary tuberculosis. Following the outbreak of the Second World War, he left Łódź and went to Lviv, where he again worked in his specialty. In 1941, he was called up into the Red Army as a physician, and served with rear units in Buchar and Teheran. After the war, he resumed his work as a urologist in Łódź. He was a member of the Polish Workers’ Party and in 1954 was awarded the Gold Cross of Merit. He died in 1961 and was buried in Doly communal cemetery.

Zygmunt (Samuel) Datyner (1883-1944) was born on 13 August 1883 in Białystok as the son of Izaak and his wife Paulina (née Bulkosztajn). He completed his studies in Berlin in 1917, following which he practiced as a urologist in Łódź until at least 1932. In March 1940, he was sent with his family to the Łódź ghetto, where, together with his wife, he worked as a doctor, first in the Health Department, and later, after the closing of the hospitals, at the outpatient unit in the cap-making factory. In August 1944, he was deported with his wife to Auschwitz-Birkenau, where he probably died in a gas chamber.

Fryszman Aleksander (1878-1939) was born into a leading Jewish family in Łódź. He studied medicine at the University of Warsaw, graduating in 1899. Thereafter, he went on to study urology in France and Germany, in the departments of Professor Albarran in Paris and Professors Casper and Nitze in Berlin. After returning to Warsaw, he started work in the surgical department at the Jewish Hospital in Czyste, Warsaw, but he soon decided to devote himself to urology. In 1913, he opened the first private urological unit in Warsaw at ul. Elektoralna 3. This clinic was fitted out with modern equipment and the latest modern instruments and diagnostic apparatus. Until his death in 1939, he continued to run a very large private practice in the city. But his activities as a urologist were valued not just in Warsaw; his fame extended far beyond central Poland, covering almost the whole country.

Dr. Fryszman published numerous urological works, translated into several languages, for which he was awarded a doctorate from the University of Warsaw in 1926. Amongst other things, he described the radiological features of an adrenal abscess (a blurred edge of the rump-thigh muscle), the so-called Fryszman’s symptom. From 1916 onwards, he was also a
co-owner of *Medycyna i Kronika Lekarska* (Medicine and Medical Chronicle). He was a member of various associations and societies, including the Medical Chamber for Urology, the Warsaw Medical Society, the Society of Polish Surgeons, the Social Medicine Society and the International Urological Association. He was also a corresponding member of the French Urological Association. He rendered considerable services to the separation of Polish urology from general surgery and educated some of the next generation of leading urologists. His son was Dr. Jerzy Fryszman and his son-in-law was Dr. Szymon Levinson.

Dr. Aleksander Fryszman died in 1939, aged 66, in Warsaw. He was buried in the city’s Jewish Cemetery.

Selected scientific works by Dr. A. Fryszman:

**Fryszman Jerzy (1904-1976)** was born on 7 May 1904 into a Jewish family in Warsaw. His father, Aleksander Fryszman (1874-1939), was a well-known urologist in the city. His mother was Ewa (née Rundstein). He followed his primary and secondary education in Warsaw, where he graduated from the Kupców secondary school. He studied medicine at the University of Warsaw and was awarded his doctorate in 1928, following which he began his surgical training in the surgical department of Professor Zygmunt Radlinski (1874-1941) in Warsaw. He received his basic urological training from his father in Warsaw and as a postgraduate he followed a one-year scholarship course in the clinic of Professor Alexander Lichtenberg (1880-1949) in Berlin. Throughout the interwar period, he continued to work in the surgical department of the Jewish Hospital at Czyste and in his father’s urological clinic. Following the Nazi invasion of Poland in 1939, he escaped from Warsaw to Równe in Galicia (at that time under the Soviet occupation), where he worked as a urologist at a local district hospital. Following the German invasion of the Soviet Union in 1941, he accompanied the Red Army as it withdrew from Galicia and later joined its ranks. He worked as a urologist in front line field hospitals for much of the war. In 1944, he joined the Polish First Army, which was then being formed in the Soviet Union, becoming a urological consultant with the rank of major.

After the war, he worked as a urologist in various senior posts in Warsaw. From 1949, he headed the Department of Urology at the Municipal Hospital.

After his retirement in 1973, he carried on working as a urologist at an outdoor clinic until his death in Warsaw in 1976. He was buried in the Jewish Cemetery at ul. Okopowa 49/51 in the city’s Wola district, next to his wife, Irena, and Mejer Rund-
stein and his wife, the President of the Jewish Community of Warsaw (plot 10, row 5).

He published 25 urological papers and was a member of the Founding Committee of the Polish Urological Association (PTU) in 1949. He was made an honorary member of the PTU in 1974, in recognition of his work for the association over many years. He was also awarded a number of other prestigious Polish decorations. Under his guidance, a number of doctors became specialist urologists, including his daughter, Dr. Aleksandra Fryszman-Fenton.

**The gravestone of Dr. Jerzy Fryszman at the Jewish Cemetery in Warsaw.**

Dr. Jerzy Fryszman (left) with Professor Stefan Wesołowski during a visit to Poland by Professor Pierre Fabre (France) on 7 October 1966.

**Glasman Aron** (later: Galewicz Artur) (1892-ca.1960) was a urologist in Dr. Kohan’s department in the Jewish Hospital at Czyste (1925-1939). In September 1939, he was living in Warsaw. After the war, he worked in the urology clinic of the Ministry of Public Security (MBP), being the head of the MBP Healthcare Department with the rank of major between 1946 and 1953. Until 1954, he also worked as a senior assistant in the surgery department at the MBP Hospital. He was a member of the PPR (Polish Workers’ Party) and the PZPR (Polish United Workers’ Party).

**Janowicz Jan** (1893-1964) was born in 1893 on the Giełucie estate in Samogitia. In 1917, he graduated from the Medical Faculty of the University of Dorpat. This was followed in 1925 by a doctorate from the University of Warsaw. He further improved his medical skills in Poland under the supervision of Professor Zygmunt Radliński and abroad in Paris, Berlin, London and Heidelberg. In 1930, he was awarded a surgery internship in Berlin under the guidance of Ernst Ferdinand Sauerbruch, before twice moving to Paris (later in 1930 and again in 1935) to further refine his technique in surgical urology under Jean Baptise Marion. Together with Kornel Michejda, he became one of the forerunners of urology in Vilnius. Between 1925 and 1941, he first founded and then directed an outpatient and urology department at the city’s Sawicz Hospital and also had a private urological practice at ul. Grabarska and Aleja Róż.

There is a well-known story about Dr. Janowicz during the German wartime occupation of Vilnius. In a column of Jewish prisoners marching from the city’s ghetto to Ponary to be executed, the doctor noticed an elderly man whose prostate he had operated on a week earlier. He complained to the guard that the man was not able to walk on his own, since his stitches and drains had not been removed. Angered, the guard ordered Janowicz at gun-point to join the column and carry the man on his back, which he duly did. He was only saved from execution by a German hospital supervisor, who had been tipped off by a nurse who knew Janowicz and had seen him being forced into the line of condemned men. This brave act, together with his many other...
instances of helping Jews, led after his death to him being recognized by the State of Israel as one of the so-called Righteous Among the Nations.

Kenigsberg Dawid (1890-...) was born in Vilnius and studied at the University of Warsaw, receiving his medical diploma in 1915. During the First World War (1915-1918), he served in the Russian Army with the rank of captain. His specialty was skin and venereal diseases, in which capacity he initially he worked after the war at the Obuchow Hospital in St. Petersburg. He returned to Vilnius in 1919, where he ran a private practice. In 1937, he moved to Warsaw and became head of the skin and venereal diseases department in the Jewish Hospital at Czyzne. He lived at first in ul. Śniaudeckich, then later in the ghetto at ul. Elektroralna. Before the liquidation of the ghetto, he delivered lectures organized by Judenrat (Jewish Council) and was the head of the skin department of the Czyzne Hospital in the building at ul. Stawki. The circumstances of his death are unclear.

Kleszczelski Arno (1899-1970) was born in Bielsk Podlaski as the son of Józef, a dentist, and Maria (née Sztajnberg). In 1917, he graduated from the secondary school in Łódź and left for Vienna that same year to study medicine at the university, where he received his doctor's diploma in 1928. After his military service (1928-1930), he had his diploma recognized by the Medical Department of the Jagiellonian University and started working in the Social Insurance Hospital in Łódź, first on the gynaecology ward and later on the surgical ward run by Professor Wincenty Tomaszkiewicz. He returned to Vienna to train in his specialization at the urology clinic of Professor Blum (1933-1934). In 1937, he went back to Professor Tomaszkiewicz's surgical ward, where he was responsible for the urological patients. In 1937 and 1938, he worked in the Municipal Hospital in Radogoszcz, where he again was responsible for the independent urological beds. From 1938 until the outbreak of the war, he was employed at the Jewish Hospital in Łódź. During the German occupation, he initially stayed in the Łódź ghetto, but later left for Warsaw. In December 1940, he was granted permission to run a medical practice in the Warsaw ghetto.

In May 1941, the Elder of the Jews in the Łódź ghetto, Chaim Mordechaj Rumkowski, persuaded several doctors to return to the city, offering them jobs, accommodation and salaries. Arno Kleszczelski was one of those who took up the offer. Together with his wife Bella (Izabela), he lived at ul. Łagiewnicka 27. In August 1944, he was sent to Auschwitz with a special group of workers from the Metallabteilung (the ghetto’s metal workshop). These were ‘privileged’ employees, who were directed without selection to the camp in Stutthof, and then in Drezno. He was freed with his wife on 8 May 1945 in Terezin. Returning to Poland that same year, he took a job in the Social Insurance Organization in Łódź as a volunteer in the emerging surgical clinic of Professor Tomaszewicz. In 1947, he was appointed as an assistant professor in the 3rd Surgical Clinic Medical Faculty at the University of Łódź. Between 1947 and 1959, he ran the surgical clinic’s urology sub-ward, consisting of 25 beds. In 1959, he became head of the urology department in the Mikołaj Pirogow Hospital in Łódź, a position he held until his retirement in 1960.

Dr. Arno Kleszczelski was the member of the Polish Urological Association, the International Urological Association and the Society of Polish Surgeons.

Selected scientific works by Dr. A. Kleszczelski:
- Przypadki gruźlicy narządów moczowych w III. Klinice Chirurgicznej AM w Łodzi, Urol. Pol. 1952; 3: 28
Kohan Dawid (1888-1943) obtained his medical diploma in 1919 in Rostov and had it recognized later that same year in Warsaw, where in 1921 he was also awarded his doctorate. He was the head of the surgical department of the Jewish Hospital at Czyste in Warsaw and an assistant in the 2nd Surgical Clinic of the University of Warsaw. He also worked in the Holy Spirit Hospital. After the outbreak of the war, he moved to the east of the country, where he lived and worked as a doctor in the town of Równe Wołyńskie. Together with his wife, Zofia, he was forcibly removed from the hospital on 20 July 1943 and shot near the railway station in Równe, at a place used by the Germans for mass executions.

Lachs Romuald (1901- ...) During the German occupation, he was the head of the urology department in the Jewish Hospital at ul. Skawińska 8 in Cracow. In 1941, the hospital was moved into the Cracow ghetto, to the building at ul. Józefińska 14. Dr. Lachs lived in the ghetto amongst his patients. Tadeusz Pankiewicz, a pharmacy owner in the ghetto, later recalled: “He used to visit us from time to time. Dr. Romuald Lachs, a urologist, an excellent surgeon. He was a tall and elegant man, speaking slowly and thoughtfully; he looked as if he was constantly trying to solve some problem. As for the Jews in the ghetto and their fate, he had a brutally clear and unshakeable opinion. ‘They will die. They have to die. That is obvious. You only have to look at everything that is happening around us. For now, I am still waiting – but I won’t let them finish me off here.’” In October 1942, before the next deportation of Jews from the Cracow ghetto to the death camps, Dr. Lachs escaped with his family. By then, he was at the labour camp in Płaszów but had the opportunity to leave the camp to wind up the healthcare facilities in the ghetto. He took this opportunity to escape with all the other healthcare employees and hid with false Aryan papers.” He later went to Warsaw, where he died during the Warsaw Ghetto Uprising in April-May 1943.

Henryk (Herszlik) Litmanowicz (1884-...) completed his medical studies in 1910. Until the outbreak of the war in 1939, he lived and worked in Łódź, running his practice at ul. Traugutta 14. It is thought that he left Łódź at the beginning of 1940 and went to Warsaw, where he lived in the ghetto at ul. Śliska 37. He saw patients as a urologist in the clinic at ul. Leszno 48. His ultimate fate is unknown, but he was probably deported to the death camp at Treblinka.

Lewinson Szymon (1895-1940) was born as the son of Maximilian and Vera (née Weinstein) on 9 April 1895 in Warsaw. He graduated from the University of Warsaw in 1919 and worked in the city’s Jewish Hospital at Czyste and in Aleksander Fryszman’s urology clinic in ul. Tłomackie. He also ran his own private practice and treated patients under the auspices of the ‘Unitas’ Health Cooperative. In 1936, he was present at 6th Session of Urologists in Vienna and was a member of the International Association of Urologists. He took part in the Polish-Bolshevik War of 1919-1920 and when war broke out again in 1939 he was drafted back into the Polish Army, with the rank of lieutenant in the medical corps. Together with his brother Joseph, he was taken into Soviet captivity and murdered in Katyn Forest. After exhumation, he was buried in the Polish Military Cemetery in Katyn. A symbolic headstone to his memory was also erected in the Jewish Cemetery on ul. Okopowa in Warsaw.

Leuchter Henryk (1879- ...) was a dermatologist. When the first ‘resettlement’ of Jews from Cracow began in 1940, he wrote to the German authorities, hoping to secure the release of three rabbis from prison. However, the rabbis were not released and Dr. Leuchter was sent with them to Auschwitz-Birkenau, where they all died.

Lewkowicz Ferdynand (1909-...) ran a surgical practice in the Cracow ghetto, and then in the labour camp in Płaszów, where he was appointed as
head of the surgical department. In October 1944, he was sent to a factory in Brünnlitz, following which all further trace of him was lost.

Litmanowicz Herszlik Henryk (1884-...) was born in Piotrków Trybunalski and studied in Kharkov, where he obtained his doctor's diploma in 1910, before specializing in urology from 1911 onwards. He practiced in Berlin, Lipsk, Wrocław and Łódź (at the Jewish Hospital, also called the Poznanski Hospital). From 1940, he lived in Warsaw, at first at ul. Złota, and then, once the ghetto had been formed, at ul. Sienna. He saw his patients in the clinic at ul. Leszno 48. The circumstances of his death during the war are unknown.

Markusfeld Stanisław (1864-1942) was born and lived in Warsaw, where he graduated from the Medical Faculty of the University of Warsaw. He was awarded his doctorate cum eximia laude in 1887. He later specialized in dermatology and venereology. For 37 years, he was the head of the department of skin and venereal diseases at the Jewish Hospital in Czyste. In 1934, he was made an honorary consultant of the department and he also ran a private medical practice. Adolf Polisiuk, an eye witness, reported that he died during the September 1942 liquidation of the Warsaw ghetto, known as 'Kocioł na Milej', when he jumped with his wife Felicja from the 4th floor of their building.

Nüssenfeld Józef (1880-1956) was the head of the surgical department and a director of the Jewish Hospital in Cracow at ul. Skawińska 8, with Dr. Ferdynand Lewkowicz, Dr. Rozalia Blau and Dr. Blumfeld as his main collaborators. He continued his work in the Cracow ghetto, before being taken to the Płaszów labour camp, where he worked in a hospital barrack. In May 1944, he was sent to Mauthausen. He survived the war and returned to Cracow and found employment with the Social Insurance Organization. He died in 1956.

Szenkier Jerzy (later: Mazurek Ludwik Jerzy) (1916-2005) was born on 24 May 1916 in Wolsk (Russia). He was the son of Dr. Dawid Szenkier, also a urologist; his mother was a painter. He attended the Mikołaj Rej secondary school in Warsaw and graduated in 1934. Thereafter, he commenced studies at the Faculty of Medicine at the University of Warsaw, eventually qualifying in 1940 at Lviv (which by that time was under Soviet occupation). Following the Nazi invasion of Russia in 1941, his father went into hiding and changed his name with support from the Polish underground movement, the Home Army (AK). He also changed his son's name, who lived through the years of the German occupation (1941-1944) as Ludwik Jerzy Mazurek. Under this name, he was obliged to give up his medical activities and go into hiding, although he later moved to Warsaw, where he worked as a locksmith and turner. A few months before the end of the war in 1945, he joined the Medical Corps of the Second Polish Army, where he served as a surgical assistant in a field hospital. After the war, he became a lecturer in surgery at the Centre for Sanitary Training in Łódź, whilst at the same time working as a senior assistant in the department of radiology at the University of Łódź. In 1948, he obtained the degree of doctor of medicine from that same university, with a thesis on 'Multiple cartilaginous exostoses'. He was appointed as a lecturer by the Medical Academy of Łódź in 1955, eventually being awarded the title of associate professor in 1967 and full professor in 1984.

Having been taught urology by his father, between 1953 and 1964 Professor Mazurek ran the urological ward of the General Surgery Department (headed by Professor Marian Stefanowski, 1897-1979) at the Medical Academy in Łódź. In 1964, eleven years after coming into existence, the urological ward was transformed into an independent urological clinic within the Medical Academy, with 26 beds. Professor Mazurek led this clinic until 1968, having first organized it from scratch. He also started a wide range of other urological
services and opened an outpatient clinic. By 1968, however, there was once again strong anti-Semitic feeling in Poland, inspired by the communist authorities. As a consequence, many people of Jewish origin were removed from their positions. Professor Mazurek was demoted from his post as head of the clinic for lacking a ‘correct’ opinion (in other words, an opinion compatible with Communist Party doctrine) about the disturbances known as the March Events.

The parlous epidemiological situation in Poland led to the opening in 1954 of the Tuberculosis Institute Research Group for Urogenital Tuberculosis, based at the District Hospital in Tuszynek near Łódź, with 40 beds. Its founder and first head was Dr. Mazurek. He not only laid the foundations for the treatment of tuberculosis of the urinary tract and the male genital organs, but was also closely involved in further developments in this field, becoming an internationally recognized authority. He was the author of over 70 publications and congress reports, as well as editing four books. He was equally influential in the fields of urological oncology (especially urinary bladder neoplasms) and urogynecology (where he developed his own method to surgically treat female urinary incontinence), and was one of the few pioneers of urinary tract reconstructive surgery in Poland. His contributions to the development of urologic surgery were invaluable. Moreover, he was a fine teacher and educated a great number of specialists, many of whom later became heads of urological wards.

Ludwik Mazurek was also one of the founders of the Polish Association of Urology and was its president from 1966 to 1968. He was made an honorary member of the Association in 1979. In addition, he was a member of many other Polish and international scientific societies, including the Scientific Society of Łódź, Société Internationale d’Urologie (SIU), Association Française d’Urologie (AFU) and the European Association of Urology (EAU). In 1992, he became a member of the EAU Historical Committee.

His wide-ranging scientific and professional contributions were also recognized by the award of numerous honours and state decorations, including the Gold Cross of Merit, the Knight’s Cross and Officer’s Cross in the Order of Poland Reborn and the Order for Veterans of the 1939-1945 War. Yet for all his many achievements, perhaps his greatest success is to be found in the large number of patients he treated with total dedication, whose health he restored and many of whose lives he saved.

Professor Ludwik Jerzy Mazurek died on 7 March 2005 and was buried in the communal cemetery in Łódź.

Selected scientific works by Dr. L. Mazurek:

Mehrer Józef Franciszek (1888–1944) was born in Liv, at a time when Galicia was still part of the Austro-Hungarian Empire. He attended the Classical High School in Liv, where he attained his secondary school certificate. Thereafter, he commenced his studies at the Faculty of Medicine at the University of Liv, from which he graduated on 9
February 1912. This was followed by two years of surgical training in the surgical department of Professor Rydygier.

In 1914, he was drafted as a physician into the Austrian Army. After his demobilization in 1918, he underwent urological training at the department of Professor Hermann Kümmell (1852-1937) in Hamburg Eppendorf. Later, he followed further training on several occasions in Vienna.

During the interwar years, he ran the largest private urology practice in Lviv. He operated in private hospitals, at the Red Cross sanatorium and in the ‘Salus’ spa resort, as well as leading a urological outpatient clinic for the Health Insurance Unit. From 1935 onwards, he was responsible for 10 urology beds within Professor Adam Gruca’s (1893-1983) surgical ward at the Social Insurance Hospital. His busy professional activities meant that he did not publish any scientific works.

Following the occupation of Lviv by the Soviets in September 1939, he was appointed by the Soviet authorities as director of the 35-bed urology department at the Municipal Hospital. After the German invasion of Russia in June 1941, he went into hiding. He realized that his Jewish origin meant that he was facing death, and so in 1942 he made use of someone else’s baptismal certificate, offered to him by members of the AK (the Polish Home Army), to change his name to Ignacy Stanisław Cywiński. Later in 1942, he and his wife moved to Warsaw. As Ignacy Cywiński, with no diploma, he was unable to work as a doctor. However, using a method he had developed himself, he eliminated the traces of circumcision through a reconstruction of the foreskin, an operation which helped a considerable number of Jews to escape death. He died during the Warsaw Ghetto Uprising, murdered by Andrey Vlasov’s troops at the notorious ‘Zieleniak’ market.

**Oberländer Samuel (1880-...)** was a urologist who worked in the Jewish Hospital at ul. Jakub Rappaport 8 in Lviv, where he ran a urology sub-ward.

**Pikielny Łazarz Ludwik (1890-1945)** was born in 1890 in Piszczan near Siedlce, as the son of Abram and Sara (née Kaplan). He completed his studies in 1925, probably in Vienna. He worked as a urologist in the Poznanski Hospital and ran a private urology practice from premises at ul. Nawrot 8 in Łódź. He regularly published articles about urological subjects in medical magazines. After the German conquest of Poland in 1939, he was sent to the Łódź ghetto with his wife, Czesława (née Drutowska) and their son, Jerzy. They lived at ul. Zgierska 40 and Dr. Pikielny found work in the ghetto’s health administration. He was deported with his family to Auschwitz-Birkenau at the end of August 1944. All three survived the selection for the gas chambers and were sent to different labour camps. In one of these camps, in which he temporarily stopped during a death match, Ludwik met his son, Jerzy, for the last time. He eventually reached the Kaltwasser camp, where Abram Kajzer was also a prisoner. After the war, Kajzer published his memories in *Za drutami śmierci* (Behind the Wire of Death), in which he also mentions Dr. Pikielny. Ludwik Pikielny died on 13 March 1945 in the camp at Flossenburg. His wife and son survived the war.

**Rappaport Ludwik (1889-1944)** obtained his doctor’s diploma in 1915. For much of his life, he ran a medical practice from a private office at ul. Ceglana 8 in Łódź. He was sent to the Łódź ghetto, where he lived at ul. Zgierska 24. He worked for the ghetto’s health administration and after the closing of the hospitals in September 1942 he was assigned as a con-
sultant to Outpatient Department No. 1. In August 1944, he was deported to Auschwitz, where he died.

Rybak Szołom (1909-?) was born in Białystok and studied in Prague and Vilnius, where he graduated from the Medical Faculty of the Stefan Batory University in 1935. After qualifying, he moved to Warsaw, working initially in the Jewish Hospital at Czyste (1935-1936) and then on the urology ward of Professor Lilpop in the Saint Lazar Hospital (1937-1939). In 1938, he was appointed as a scientific officer in the information department of the Mokotowska Fabryka Chemiczno-Farmaceutyczna (Mokotowska Chemical and Pharmaceutical Factory), but continued his medical work in the outpatient departments of Stowarzyszenie Pomocy Ubogim Chorym (Poor Patients Aid Association) and the Jewish religious community. Nothing is known of his life after 1939, but he is assumed to have died during the war.

Słowowieczyk Orko Aron (1865-1942) was born in Marijampolė. He obtained his medical diploma cum exima laude from the University of Warsaw in 1893. In that same year, he became head of the surgical ward at the Jewish Hospital in Czyste, as an intern under the supervision of Professor Siemonowicz-Tauber (1893-1934). He took part in the Russian-Japanese War in 1905 and also in the First World War (1914-1918). During the interwar period, he helped to set up a number of scientific institutions, such as the Pathology Department and Nursing School at the Jewish Hospital in Warsaw. He also ran a private surgical clinic in the city at ul. Chmielna 34. He was a member of the national board of directors of the Society for the Safeguarding of Health (TOZ) and the president of its Warsaw branch. He was also one of the founders of the Jewish Medical Association and a keen Zionist. During the German occupation, he was confined to the ghetto and on 15 April 1942 he applied to the Medical Chamber for permission to run a practice there. He died on 31 October 1942 and was buried in the Jewish Cemetery.

Szenkier Dawid (later: Szenkier-Mazurek Tadeusz) (1886-1963) was born on 15 February 1886 in Moscow into a Jewish family that had been living in Poland for generations (his parents were staying temporarily in Moscow when he was born). After his family returned to Warsaw, he attended the Pankiewicz secondary school, where he obtained his school certificate in 1904. He started his medical studies in Munich and continued in them Basel, obtaining a doctor’s diploma in 1909 and also a further degree in medical sciences. During his studies in Germany and Switzerland, he came into contact with the social democratic movement, which had a major impact on his beliefs for the rest of his life. He learned surgery and urology as a visiting resident in Berlin under Professor James Israel (1848-1926), and then in Moscow at Professor Peter Alexander Herzen’s (1871-1947) surgical clinic. When the First World War broke out in 1914, he was drafted into the Russian Army, where he served in Professor Mirotworcew’s surgical clinic, which at that time was already performing complicated urological operations. In 1918, he returned to Warsaw, but by 1919 he was back in uniform, this time as a captain-doctor in the Polish Army, fighting in the Polish-Bolshevik War (1919-1921). For the rest of the interwar period, he devoted himself to urology. From 1921 onwards, he worked in the Jewish Hospital at Czyste in Warsaw, running the urological beds in the surgical ward led by Dr. Orko Słowowieczyk. In 1922, he also opened his own urology clinic in Warsaw with 20 beds. This clinic was equipped with the very latest medical instruments and until 1939 he ran a very large and lucrative private practice.
After the German invasion of Poland, Dr. Szenkier left Warsaw and moved to Lviv. Following the Soviet occupation of the city, he became head of the urology department at the Red Army Military Hospital. After the Germans attacked Russia and capture Lviv in June 1941, he was forced to go into hiding. Using false papers provided by the Polish underground, he took the name of Tadeusz Mazurek (after the war he continued to use the double-barrelled name Tadeusz Szenkier-Mazurek). He moved to Warsaw and in December 1941 he applied to the Medical Chamber in Warsaw for permission to run a practice in the ghetto at ul. Leszno 54, declaring himself to be of no religious denomination. In February 1945, he returned to Łódź, now liberated by the Soviets, and started work in the city’s urology clinic. In later years, he ran urological wards at the St. John’s Hospital (1946-1947) and the Central Clinical Hospital of the Polish Army (1947-1953), also in Łódź.

He participated actively in the work of the Society of Polish Surgeons and regularly attended congresses organized by the German and French Urological Associations and the International Urological Association, of which he was a member. He was a correspondent for the magazine *Zeitschrift für Urologische Chirurgie*, making reports about the meetings of Polish scientific associations and reviewing works about urology that had appeared in Poland, as well as publishing his own research findings. He was the author of no fewer than 58 experimental and clinical works, many of which were innovative for their time. For example, in 1933 he was the first doctor in Poland to announce his own results relating to the electro-resection of a prostate gland adenoma. The publication of these results, together with his speeches at the Polish Surgeons Congress and the Congress of Polish Physicians and Naturalists in Poznań, drew the attention of

The list of the founders of the Polish Urological Association
the Polish medical community to a totally new operational method, which only gained in popularity after the Second World War, thanks to the development of the endoscope. He summarized his rich experience and in-depth professional knowledge in his book *Urologia* (Urology, edited by S. Wesołowski), which included an extensive chapter on the prostate and highly original chapters about occupational diseases in urology and the medical certification of urological diseases. In addition to all this, he co-founded the Polish Association of Urology (PTU) in 1949 and was president of its fourth conference in Krynica in 1954. He was likewise a member of the Society of Polish Surgeons, the Łódź Scientific Society and the International Urological Association. Last but not least, he was a member of the editorial committee of *Polish Urology*.

Dr. Tadeusz Szenkier-Mazurek died in Łódź on 22 May 1963, at the age of 77. He was buried in the local communal cemetery. His son, Jerzy Szenkier, followed in the family tradition and also became a urologist.

Selected scientific works by Dr. T. Szenkier-Mazurek


Szper Józef Stefan (1883-1942) was born on 1 February 1883 in Wola Wydrzyna. His family moved in 1885 to Warsaw, where he attended the Pankiewicz school. From 1903, he studied in the College de Genève, before moving on to study medicine in Paris in 1911 and 1912. His diploma was recognized in 1914 by the St. Vladimir University in Kiev. Initially, he worked for two years in the surgical department of Professor Bernard Cunéo in Paris and then in the internal medicine department of Professor Fernand Widal from 1914 to 1915. For the remainder of the First World War, he was active in the Sobański Palace field hospital and in a hospital for the wounded in the Rzymski Hotel at Poznan. He later served in the Polish Army as a captain-doctor (1919-1922), taking part in the Bolshevik War. He probably returned to Warsaw in 1927 and started working in the Infant Jesus Clinical Hospital. From 1934, he was the head of the surgical department in the Jewish Hospital at Czyste. He also held the post of disciplinary spokesman for the Warsaw and Białystok Medical Chamber. When war broke out in 1939, he rejoined the army as a captain-doctor and took part in the September Campaign. After the German victory, he escaped to France via Romania, Yugoslavia and Italy. He participated in the French campaign of May-June 1940 as the commander-doctor of a field ambulance train. He was evacuated with the wounded to Great Britain and was posted to a training camp at Crawford Castle, Scotland, on 12 September 1940. He died on 30 January 1942 in Perth, where he was buried.

Wertheim Aleksander Jerzy (1872-1942) was born in Warsaw, where he graduated from secondary school. He obtained his medical diploma in 1896 at the University of Vienna. Initially, he was an assistant in the internal medicine clinic of Professor Nothnagel in Vienna (1896-1897). He then continued his studies in Dorpat, where he obtained a further medical diploma at the University of Yuryev (1897). Having returned to Warsaw, he worked in the surgical department of the Infant Jesus Hospital (1897-1904), and then in the pediatric surgical department of the Bersohn and Mauman Hospital (1904-1905). He served in the Russian Army during Russo-Japanese War in 1905. Upon his return to his native city, he was appointed
as an assistant in the 1st Surgical Department of the Infant Jesus Hospital (1907-1912) and later in the 1st Surgical Department of the Holy Spirit Hospital (1912-1918). From 1918 to 2021, he was a doctor in the Polish Army with the rank of colonel and was posted to the Ujazdów Hospital as the director of the 2nd Surgical Department, where he tended the wounded from the Polish-Bolshevik War. From 1923, he was the head of the surgical department in the Czyste Hospital (IIC Department), which he ran until 1940. He was also a co-owner of the ‘Omega’ Surgical and Gynaecological Institute at Al. Jerozolimskie 51. He published over 50 works in the field of surgery (including prostate surgery) and he was the editor-in-chief of the Polish Journal of Surgery (1931-1939), as well as the President of the Warsaw Surgical Association (1932-1934). After the German occupation in 1939, he was confined in the Warsaw ghetto, where he lived at ul. Chłodna 26/1 and worked as the head of the surgical department at ul. Leszno 1. He was imprisoned in the Pawiak Prison for his activities with the ZWZ-AK (Union of Armed Struggle-Home Army) and was shot with two sons, Bronisław and Stanisław, in the ghetto ruins. His wife Janina was also shot in Pawiak. There is a symbolic grave to his memory in the Evangelical Reformed Cemetery in Warsaw.

Rathauser Feliks Emil (later: Zieliński Jerzy) (1914-2000) was born on 6 May 1914 in Ruda (Romania) as the son of Izydor Rathauser, a judge, and his wife Maria (née Nora). Feliks attended the Classical High School in Lviv, obtaining his school certificate in 1931. He studied medicine at the University of Lviv and graduated in 1937. After completing his obligatory practical training period in hospitals in Lviv, he began surgical and urological training in Lviv and Warsaw. His first teacher of urology was Dr. Franciszek Mehrer. Following the German invasion of Lviv he went into hiding, when he realized that his Jewish origin meant that his life was at risk. In 1942, he made use of someone else’s baptismal certificate, provided by members of the AK (Polish Home Army) to change his name to Jerzy Zieliński, following which he moved with his wife to Warsaw. As Jerzy Zieliński, with no diploma, he was unable to work as a doctor, and so he worked instead as a shop assistant, bookkeeper and workman. He was eventually captured by the Germans and sent to the ghetto. He was able to escape thanks to false documents prepared by friends, who also provided him with a safe place of refuge on the Aryan side of the ghetto wall.

In August 1944, he took part in the Warsaw Uprising. Having survived this debacle and following the Soviet liberation, he joined the Medical Corps of the Second Polish Army, then being formed in Russia. In January 1945, he resumed his medical career at the department of urology in Cracow under Professor Emil Michałowski (1906-1978). Two months later, he moved to Silesia and started his surgical training at the Municipal Hospital in Beuthen. In 1949, with the rank of lieutenant, he was appointed as a surgeon in the Office of Public Security Hospital in Katowice. In the same year, he obtained his medical degree from Wrocław University. He went on to work (from 1951 to 1955) as an assistant at the department of urology in the Second Municipal Hospital in Katowice and in 1955 he became head of the urological ward in the surgical clinic in Zabrze (Hindenburg). In 1959, this clinic was transferred from Zabrze to Katowice and Dr. Zieliński was nominated as the new head of the urology team there. In 1963, he qualified as a university lecturer with a post-doctoral thesis entitled ‘Regenerations of the ureter – experimental results’. Four years later, he became the head of the urology department at Katowice, which had now been officially established as an independent unit. While in this post, he was later appointed to the Silesian Medical Academy.

Throughout his long career, he rendered considerable service to Polish urology and to the Polish Association of Urology (PTU). He organized two
PTU conferences: one in 1976 at Wisła-Jawornik, the other in 1978 at Katowice. He was the author or co-author of 215 papers and books in Polish and foreign literature. In addition, he was the recipient of a number of prestigious decorations and honours, including honorary membership of the PTU (1978), honorary membership of the Silesian Medical Academy (1984), and the award of the ‘Lux ex Silesia’ Prize (1997), for his contributions as both a physician and a humanist.

Professor Jerzy Zieliński died on 11 December 2000 and was buried in the Catholic cemetery on ul. Sienkiewicza in Katowice.

Selected scientific works by Professor J. Zieliński:

- **Trudności w rozpoznawcze w kamicy z kwasu moczowego z bezmocem jako pierwszym obja-wem.** Urol. Pol. 1982; 36:1.

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Hungarian Urologists under the Swastika and a short History of the Jews in Hungary

IMRE ROMICS
In 1291, a charter was granted in the city of Pozsony (today Bratislava) stating that “the Jews living in this city are to enjoy the same freedom as the citizens themselves”.

It was also in the 13th Century that the first Jews settled on Castle Hill in the northern part of the Buda hills, where a synagogue (which can still be seen today) was built.

As a result of the persecution of the Jews in Austria, there was an increase in their number in Hungary during the reign of King Sigismund (1387-1437).

The first golden age of Jewish culture in Hungary was during the reign of King Matthias (1440-1480).

At the end of the 15th Century, a chief rabbi was appointed. In medieval Hungary, Jews were present in 36 different localities, with a total number of inhabitants estimated at around 3,500 to 4,000.

Hungarian history in the 18th Century is essentially the story of the unsuccessful attempts to secure independence from the Habsburg monarchy. This national desire for independence persisted and hardened at the beginning of the 19th Century, culminating in the war of independence in 1848-49. With the help of the Russian Tsar, the Habsburg military forces defeated the Hungarian army. This was followed by retaliation and repression on a wide scale.

In 1849, the Hungarian Jews were given equal rights, but this was soon abolished by the victorious Austrians and was only restored in 1867.1

In 1866, the Austrian Empire was defeated in a new war, this time against Prussia. The resultant weakening of Austria led in 1867 to a compromise settlement with Hungary and the establishment of a dualist country: Austria-Hungary, often referred to as the Austro-Hungarian Empire.

The different nationalities living within this new country – Germans, Slovaks, Serbs, Croatians, Jews – all demanded and were granted more and more freedom.

By 1878, a significant degree of popular emancipation had been achieved in almost every country in Europe, with the exception of Russia and Romania, where it only took effect after the First World War. In Hungary the freedom of settlement in cities and the free practice of trade and industry had already been guaranteed by Act 29 of 1840. Following the Compromise of 1867, the principle, according to which “the Jewish residents of the country together with the Christian population are to be granted full civil and political rights” was sanctioned without debate by the Hungarian National Assembly. Act 42 of 1895 declared that the Israelite religion would henceforth be regarded as an ‘established religion’ – in other words, be put on the same equal footing as the other great historic religions – and would therefore enjoy state protection and support.

During the first half of the 19th Century increasing numbers of Jews came to Hungary, especially from Russia, where a resurgence of anti-Jewish pogroms and a longing for a better life of freedom prompted a mass exodus. However, growing numbers of Jews led to growing popular anti-Semitism. Jews were ousted from both public office and the army (although at the beginning of 1900s the Jewish general, Samuel Hazai, was the Minister of Defence), but they excelled in business and by the end of the 19th Century they made a significant contribution to the economy. In 1910, 10% of the inhabitants of Budapest were Jewish, due in no small measure to the fact that the country as a whole was still more tolerant than most other countries.

At the end of the First World War, the old Austro-Hungarian Empire disintegrated. The Hungarian Democratic Republic was declared in November 1918, but this was soon replaced by the communist Hungarian Soviet Republic under Bela Kun. 90% of the new communist government was Jewish. In March 1920, a monarchist revival resulted in the restoration of the Kingdom of Hungary, with political power entrusted to a regent, Miklos Horthy. Red terror was followed by white terror. The territorial borders of the new Hungary were set by the
Treaty of Trianon, but this involved the loss of 73% of the traditional Hungarian lands and 30% of the pre-1914 population. Nevertheless, the new country had been consolidated and a limited parliamentary system was introduced. To restore public order, Horthy imprisoned both the communists and the supporters of extreme right-wing parties. Even so, the Upper House of Parliament still had several Jewish members.

During the Second World War, Hungary was one of the Axis powers. As a result of increasing pressure from Hitler, the rights of the Jews in Hungary were systematically limited from 1939 onwards. But as opposed to Romania and Slovakia, where thousands of Jewish people were killed from the beginning of the 1940s, even without the presence of Germans soldiers, the lives of Jews in Hungary were not in danger at this time. Many Hungarian Jews living in Slovakia and Burgenland (Austria) fled to Budapest, in the hope of increasing their chances of survival.

In March 1944 – while Regent Horthy was in Germany at the invitation of Hitler – the German Army occupied Hungary on account of the country’s recent approaches to the Allies and its ‘soft’ treatment of the Jews. The deportation of rural Jews ‘for work in Germany’ started in April. In reality, they were sent to the death camps. The position of the 77-year-old Horthy was irreparably weakened. His anglophile son, István, had died in a plane crash in the Ukraine in 1942 (possibly with German connivance). His other son, Miklós, was abducted by the German SS in March 1944. Even so, the regent still managed to retain sufficient power to save the majority of the Budapest Jews. At the end of May 1944, troops loyal to Horthy under Colonel Koszorús expelled the Nazi militia, thereby saving the lives of some 300,000 Jews still remaining in the city. The regent was finally toppled from power in October 1944 by a fascist coup, but by December the Russians were already in Budapest.

**Biographies**

Although almost half of all doctors between the two world wars were Jews and even though one of the two urological clinics in Europe was situated in Budapest, only a very few urologists actually lived in Hungary, most of them in Budapest, where they had the best chance of survival during the war.

**Dr. Miklós Szántó** was born on 9 July 1896. He was a medical student in Budapest when the First World War broke out and he was drafted into the army. Wounded twice and awarded several military decorations, he was also assigned to treat the jailed Gavrilo Princip, who had shot Franz Ferdinand and his wife during their fateful visit to Sarajevo in the summer of 1914. After being discharged from the army, he finished medical school and obtained his degree as a urological surgeon, following which he worked as a urologist at the National Institute of Social Security.

He married in 1928 and had a daughter, who was born in 1932.

He was one of the fortunate few who survived the Holocaust. In 1939 (or 1940?), he was called up for ‘white armband’ (Christianized) medical military service. As a lieutenant, he took part in the attempt to regain the part of Transylvania that had been lost to Hungary by the Treaty of Trianon in 1920. However, after April 1944 the anti-Jewish measures in force in Hungary also became applicable to him and his family, but thanks to his service in the First World War he was granted a so-called ‘Horthy-exemption’. Even so, following the Szálasi coup on 15 October 1944 he went into hiding with his family. He was almost caught on two occasions, but managed to escape.

After the Second World War, he worked at a private insurance clinic, where he became the founder and chief medical officer of the newly established Urogenital TB Care Centre. He wrote several articles and gave a number of lectures
Dr. Imre Deutsch was born in Budapest on 30 September 1896. He obtained his diploma as a medical doctor at the Péter Pázmány University in 1922. He qualified as a urologist from the department of urology at the same university in 1925. As a medical student, he worked in the laboratory of the Charity Polyclinic. After graduating, he assisted in the department of urology under Géza Illyés until 1928. Between 1928 and 1944, he was the deputy head of the urology department of the National Healthcare Institute. From 1942 to 1944, he was also deputy head of the urology department at the Jewish Hospital. It is remarkable that, contrary to the laws restricting the activities of Jews, Deutsch was able to occupy a leading position until the Nazi occupation in 1944. He was the head of the urology department at the Chevra Kadisa Charity Hospital from January to April of that year.

In 1938, he was vice editor of Magyar Urológia (Journal of Hungarian Urology), working closely with the editor-in-chief, Professor Geza Illyés, and the publishing editor, Professor Gyula Minder. His outstanding work was appreciated by Minder, as shown in a letter of thanks, sent when the Hungarian numerus clausus legislation forced Dr. Deutsch to resign from his position in January 1939. Magyar Urológia henceforth appeared without his name.

In total, he published 45 scientific articles in his lifetime. During the First World War, he served as a medical lieutenant for 20 months, was held captive in Italy and was decorated several times. During the Second World War, between 1938 and 1941, he enlisted for military service no fewer than four times and was again decorated on each occasion. After the arrival of the Germans, in April 1944 he was appointed as a general practitioner to the small village of Kápolnokmonostor (near Nagybánya, today Baia Mare, in Romania). This was a frequently used ploy to try and conceal Jewish physicians from the authorities, but sadly in this case without
success. He was deported to Auschwitz in June and later sent to Mauthausen to work in the quarries. He died at the end of November 1944.\textsuperscript{4,5}

**Dr. Béla Radó** was born in Királyhida on 22 December 1893. He worked in the Polyclinic of the Jewish Hospital in Budapest. He was deportee and died on 15 December 1944 near Zernitz during an air raid.

**Dr. Endre Szold** was born in Budapest on 26 July 1897. He completed his studies in 1922 at the medical faculty of the university in Pécs. Thereafter, he worked at the Péter Pázmány University between 1922 and 1939, when he became an assistant professor at the department of urology in what is now the Semmelweis Egyetem Clinic. He was also a urologist at the Jewish Hospital in 1939 and 1940, and from 1941 until 1944 he served as a surgeon at the Garrison Hospital in Szombathely. After the arrival of the Germans in 1944, he went into hiding but survived the war. Between 1945 and 1966, he was senior assistant professor and then associate professor at the department of urology at the Budapest Medical University. In 1949, he became a private tutor. In 1953, he obtained his PhD in urology. Between 1950 and 1960, he was secretary-general of the Hungarian Urology Society and was editor of the journal *Acta Urologica* from 1949 to 1951. He was the first to use X-ray spectral analysis for the detection of the fine structure of kidney stones.\textsuperscript{6}

**Dr. Imre Lengyel** was an assistant at the Jewish Charity Hospital. He survived the war, but did not work again as a urologist after 1945.

**Dr. István (Róth) Palócz** worked in the department of urology in Budapest from the beginning of the 1940s until his retirement. Prior to 1940, he received his urological training in the city’s Jewish Hospital. He published extensively on haemodialysis and even participated in the construction of the first practical dialysis machine. He also developed
electro-coagulating forceps, as well as various plastic catheters and an incontinence clamp. He wrote numerous articles for German and Hungarian publications on the subject of urinary stones, nephrology and sterilizing instruments. He died in Budapest at the age of 90.7

Dr. László Zádor worked in the Jewish Hospital before the Second World War. After 1945, he continued his career in the urological department of the Medical University in Budapest. During the Soviet era, he was responsible for the development of medical ethics and ideology. In this context, his relationship with the Red Army that was ‘temporally stationed in Hungary’ after 1956 was said to be political rather than medical. He died in Budapest at an advanced age.

Dr. Ignác Farkas was chief urologist at the Chevra Kadisa Charity Hospital and the first secretary of the Hungarian Urology Association. He was one of the pioneers in transurethral resections in Hungary. His followers included Imre Lengyel, László Zádor, István Hollerstein, and István (Róth) Palócz.

Zsigmond Faragó occupied the urology chair in the Polyclinic of the Jewish Hospital in Szabócs Street. Amongst his assistants were Pál Scheibel and Béla Radnai, both of whom survived the Second World War. Faragó’s successor was István Török, who later headed the urology department at the Kútvolgyi Hospital, which was the hospital of the ruling Hungarian Socialist Party of the communist government.

Sándor Lichtenberg was born in Budapest in 1880. His father, Kornél Lichtenberg, was a famous otologist. He studied in Budapest, graduating at the age of 23, before moving to Heidelberg. In 1913, he returned from Strasbourg to Budapest, where was appointed head of a surgical department. During the First World War, he served in the Austro-Hungarian Army. While on leave from the front, he married Lilly Schneider and two sons were born in 1918 and 1919. In 1922, he went to Berlin; first as a consultant, later as the head of the urology department at the St. Hedwig Hospital. Due to increasing Nazi intolerance in Germany, he was forced to return to Budapest in 1936. He became a consultant urologist at the luxurious ‘Siesta’ private sanatorium on the Buda side of the city. By the end of the 1930s, restrictions against the Jews were also introduced in Hungary and these gradually became stronger as the Second World War progressed after 1939. However, until the Nazi occupation in 1944 the lives of Jews were not threatened. Lichtenberg was invited to Mexico and he decided to accept the offer. It was there he died in 1949 at the age of 69.8,9,10

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Slovakian Urology under the Swastika

JAN BREZA
For many years, Bratislava was a major centre of Judaism. From here, Jewish culture was spread around Europe and the rest of the world. Perhaps the best evidence of this is the great importance of the Bratislava synagogue. The majority of the most important rabbis in the 19th Century (in Jerusalem, Hungary, Great Britain and its empire, Budapest, Berlin, Frankfurt, Vienna, London, New York and many other cities) all came from Slovakia.

A significant group of Jewish doctors also began to act in the territory of Slovakia in the middle of the 19th Century. These doctors laid the fundamentals of family tradition for subsequent generations of physicians. As time progressed, their number continued to increase and by 6th October 1938 there were 867 of them, which amounted to 44.52% of all the members of the Medical Chamber. They provided medical care and performed other important tasks in health services. Many worked as private or district general practitioners and as doctors for the health insurance companies or medical funds. They were also strongly represented among specialized doctors in hospitals, clinics and sanatoriums. In most cases, they had private consulting rooms. Their profession allowed them to have close vocational and social contacts with a broad spectrum of society and with all segments of the population. Many of them became not only highly renowned doctors, but also highly respected citizens. They played an important role in Slovak-Jewish relations and contributed strongly to surmounting the barrier of mutual non-confidence and prejudice.

Towards the end of the 1930s, doctors made up the largest group within the university-educated Jewish intelligentsia in Slovakia. They held important posts in the Slovakian health service. In the mind of the Slovakian people, the Jewish doctors were seen neither as exploiters nor as enemies. Instead, they were regarded as life or health savers, as devoted healers faithful to the Hippocratic Oath. Jewish doctors, like doctors of any other faith, welcomed them into the world, saw them gently through their last hours, cured their diseases, and healed their wounds, without ever considering the patient’s origin, wealth, race or religious persuasion. They did it with their own wisdom and their own hands, with great professionalism and a deep sense of human responsibility.

In the period between the two world wars, the number of Jewish doctors continued to grow. Figures published in the Slovak newspaper on 1 March 1939 indicated that they formed a sizeable majority among the 1,414 members of the Slovak Medical Chamber. The apocalyptic terror and monstrosity of the Holocaust destroyed this physical continuity. The Nazi’s ‘final solution,’ to which the Slovakian brown-shirts also adhered, was applied to all Jews, almost without exception. However, one seemingly paradoxical anomaly did occur: many doctors, the elite vocational group of the Jewish community in Slovakia, were spared. Under the totalitarian regime of the Slovak Republic (1939-1945), Jewish doctors became the object of systematic persecutions and the victims of extensive reprisals. Nevertheless, their sheer numbers meant that government needed at least some of them, so that a disproportionate number were saved.

Not that their lives were easy. During the Second World War, the Jewish doctors had to undergo the same tragic torment as all other segments of the Jewish community. In 1940 and 1941, the Ministry of Interior forbade almost two-thirds of them from conducting medical practice. They had to close their consulting rooms, and their medical instruments and facilities were officially registered, sealed, confiscated and, in most cases, sold off. The doctors lost their profession, their livelihood and were deprived of their elementary civic and human rights. Many of them had to do compulsory work service; some were confined in the internment camp in Ilava or in other Jewish forced labour camps. Between March and October 1942, more than 120 were forcibly deported by the totalitarian regime to the extermination camps. Less than one-tenth survived.
Many doctors joined the anti-fascist movement. They were members of illegal groups inside the Jewish community. They worked in the communist and democratic resistance networks. Particularly noteworthy was the participation of doctors in the Slovak National Uprising in 1944, when they were active in the liberated territory and worked in military and field hospitals. After the Uprising was crushed, they belonged to partisan groups or sought shelter in bunkers, at remote places and in the forests. Many of them became victims of the unbridled terror of the German occupation forces, but thankfully many also escaped.

During this painful period in Slovakian history, an important role was played by several doctors who were the first representatives of urology in this country. Their stories testify to the difficulties accompanying the practice of Slovak medicine in those dark days.

**Dr. Zigmund Polak – the first Slovak Urologist**

The first Slovak doctor who specialized in urology was Dr. Zigmund Polak. He was born in Bratislava in 1886, where he grew up in simple circumstances. His mother, Fanny (née Mahlerová), was a distant relative of the famous composer Gustav Mahler and the daughter of a neologic rabbi. By making and selling needlework, she supported her son in his study of medicine at the universities in Berlin, Budapest and Vienna. After graduation in 1916, Dr. Polak was mobilized in the Austro-Hungarian Army as a surgeon and sent to the Polish front. During his service with the army, he was awarded four military decorations. After his demobilization in 1919, he returned to Bratislava and began work as a surgeon.

From the very beginning of his career, he was interested in urology and began to study this branch of medicine, which – at that time – had no tradition in Slovakia. Intending to deepen his knowledge, he often visited Vienna, and continued to do so even when he was later regarded as a reputable and admired surgeon-urologist in his own right. His son recalls that he travelled to Vienna every Thursday to work with Professor Blum. These visits continued uninterrupted until the Anschluss of Austria in 1938.

In Bratislava, Dr. Polak worked in both the Evangelic and Jewish hospitals, and in the afternoons he conducted his private practice. After performing a difficult operation, he used to go back to the hospital in the evening to check if everything was in good order. In 1941, after the so-called Jewish Codex was implemented, he was struck from the list of doctors and was forced to close his practice. After about a year, when some prominent citizens of the day fell ill and his services were needed, he was granted so-called ‘exception’ status and he and his family were forcibly moved to Nitra, a city to the north-east of Bratislava. There, he was accepted as an external doctor at the department of surgery in the local hospital. After the Slovak National Uprising in 1944, all ‘exceptions’ were cancelled. Just before his imminent arrest and deportation to a concentration camp, he hid in an underground tunnel.
that formed a remote part of the heating system of the hospital. After the liberation of Slovakia by the Red Army, he immediately joined a surgical team caring for injured soldiers.

When Dr. Polák returned to Bratislava in 1945, he became head of the department of urology in the Caritas Hospital. In 1946, he spent a period in London working with Professor Millin. Here he gained, besides other skills, knowledge of a new prostatectomy technique. After the Caritas Hospital closed down, he was appointed as head of the department of urology at the Slovak University in Bratislava. Subsequently, he was offered a professorship, but as he was already approaching the age of 60, he did not accept it. Nonetheless, he continued as the therapeutic head of the department, while the necessary lectures and examinations were conducted by one of his assistants.

On taking over the department, he took several unpopular measures. For example, the hygienic conditions became much stricter, because there had been too many infectious post-operative complications. These and other reforms on which he rigorously insisted brought about positive results, allowing him to gain the respect and esteem of the staff: contemporary documents show that he was positively accepted by his colleagues from both a professional and a human point of view. He taught his young colleagues with wisdom and understanding, generously sharing with them his experience and knowledge. He also actively published; for example in the Zeitschrift für Urologie.

Dr. Polák was a broadly educated urologist, who systematically updated his skills by visits to foreign hospitals and clinics. He utilized these skills for the benefit of his patients, who held him in high esteem for his human approach and his unfailing willingness to help. Unverified information says that in 1919 he tried to establish a urological department in the former Evangelic Hospital. For this reason, among many others, Dr. Zigmund Polak is considered as the nestor of Slovakian urology.

He had numerous other interests. He practiced several kinds of sport: swimming (Adriatic Sea, Danube), climbing (Alps, High Tatras, Low Carpathians), skiing (Austria, Italy, Switzerland, where he won the Parsenn Trophy for downhill racing), tennis (he used to play early in the morning before going to work). He had a deep love for classical music (visits to the Vienna State Opera, philharmonic concerts, the organization of evenings with chamber music at his home), fine arts (friendly contacts with Slovak artists) and belles-lettres. As if this

Department of Surgery,” Dr. Jaksy’s assessment was then commented on by Professor Kostlivý who “…[took] into account the reasons presented in detail in the assessment with regard to study and rigorous training and underlined the importance of the outpatient and inpatient urological units within the Department of Surgery, but for various didactic and therapeutic reasons he did not consider it urgently needed to establish an autonomous department of urology in Bratislava. In the event that a department of urology should be established, it would, however, be desirable to provide the department with a new and separate institute.” The Board of Professors of the School of Medicine approved the proposal of Dr. Jaksy by 12 votes (out of 16) and decided to take appropriate steps towards establishing an autonomous department of urology. was not enough, he was also a philatelist and a numismatist, played billiards and chess, and was a fancier of baroque furniture and antiquities.

He had a sister, who died together with her family during the Holocaust.
Establishment of an autonomous Department of Urology

On 14 December 1938, a meeting of the Board of Professors of Comenius University School of Medicine discussed the request of the Ministry of Education to establish a department of urology. The minutes state that the Dean’s Office asked Professor Stanislav Kostlivý to deliver a judgment on the need and appropriateness of establishing such an autonomous department. The faculty also asked Dr. Jozef Jaksy, in his capacity as a specialist urologist. At the start of the meeting, Professor Kostlivý read out the opinion of Dr. Jaksy, in which “... [He] point[ed] to the situation abroad, the urgent need of an autonomous department because of the rapid development of urology, the prevailing nature of treating urological diseases, differences between surgical and urological agendas, the insufficient professional education of general practitioners and theoretical workers in Slovakia and also because of an insufficient number of places allocated to the urological section within the

In May 1939, the Dean of the School of Medicine informed the Board of Professors of the decision of the Ministry of Education, by which “...an autonomous department of urology is established on the basis of the urology section of the Department of Surgery”. The first head of the department was Associate Professor Jozef Jaksy, who was appointed the first full professor of urology in Slovakia in January 1941.

Professor Jozef Jaksy

Jozef Jaksy was born in Nemecka Lupca on 17 June 1900. He studied medicine in Budapest, then in Prague and finally in Bratislava. He graduated in 1923. In 1924, he joined the department of surgery led by of Professor Kostlivy, where he served for the first two years as an operating demonstrator. From 1926, he worked as an assistant (the third Slovak assistant). In the beginning, he devoted himself to general surgery, but later developed his interest in urology under the supervision of Associate Professor Klika. On 24 December 1931, he qualified as a teacher and associate professor of urology. The topic of his thesis was the hydromechanical function of the circulation system of the kidneys. With this promotion, he also became de jure the first Slovak urologist.

When Professor Klika left for Prague in 1936, Associate Professor Jaksy became head of the urology division of the department of surgery. He systematically improved his knowledge, not only under the supervision of Professor Kostlivy, but also by repeated visits abroad (Switzerland, France). He had regular and frequent contacts with urological departments in Budapest and Vienna. He often lectured at events in Bratislava and Prague, but also at
congresses outside Slovakia. On 4 February 1938, he was appointed extraordinary professor of urology and on 21 January 1941 full professor of urology at the Comenius University School of Medicine.

Jaksy’s lecturing and publishing activity encompassed a broad range of topics: from the non-surgical treatment of urological diseases, through a wide programme of surgical options, up to experimental findings for the reasons for the various stages of kidney damage. Professor Jaksy, being familiar with the state of urology in Europe, had no problem preparing an explanatory report for establishing the department of urology, thereby detaching urology from general surgery. Jaksy’s own professional and scientific orientation and the education of a new generation of urologists created the conditions for the launch of the new, specialized and scientific department.

Jaksy was an excellent teacher and surgeon. He was held in high esteem by his pupils, who either gained their urological qualification by working as his assistants (S. Griesbach, K. Dorogi, M. Hano) or who worked under his supervision for a period of time (J. Wachsmann, J. Pec).

Professor Jaksy headed the department in Bratislava until 1947. In this year he left, with the consent of the faculty, for a short-term attachment in Switzerland. After the change in Slovakia’s social and political order in 1948 he did not return. There was no information about his work abroad, except for the news that he had left for the USA, where he received permanent residence and worked at the urological department of the University of New York as a urologist-instructor (he lectured medical students). He also kept a private outpatient practice and operated in one of the New York hospitals. On Radio Free Europe he had a regular programme, in which he gave medical lectures and answered the questions of Slovak listeners. In addition, he was able to send requested medicines amounting to 50 dollars per month back to Slovakia.

Recently, more detailed information has appeared about the non-medical activities of Professor Jaksy. It was originally suggested that he was a sympathizer of the policy of the wartime Slovak State. It turned out much later that Professor Jaksy was simply active as a doctor within the establishment framework. He utilized the social rank attached to his professional function to first set up and then promote an autonomous department of urology, but also to allow him a free hand in the pursuit of his non-clinical activities for the benefit of others.
Professor Jaksy’s wife was Jewish. During the Second World War, he organized her emigration to Switzerland. It was known among the Jews in Slovakia that Professor Jaksy was ready to help those who were being persecuted. This was particularly evident after the German invasion of Slovakia in the autumn of 1944. He helped in two ways: he hospitalized Jews in his department for fictitious operations or else conducted examinations lasting for several hours, during which they could escape. He often faced dangerous situations with German soldiers, who could no longer find the patients in the department they were supposed to be guarding. In addition, he helped to transfer money to support underground Jewish networks that smuggled those in danger out of the country. All these activities were accompanied by serious personal threat and deserve our highest admiration and appreciation.

After war, Professor Jaksy’s activities were not known in Slovakia. In fact, they were not even known to his closest associates. The truth was only published later by Jaksy’s friend and therapist, Mrs. Amiry Kohn-Trattner. The press in New York brought this information to light in Jaksy’s obituary.

On 20 March 1991, the Jewish people’s living memorial to the Holocaust, Yad Vashem, conferred upon Professor Jaksy the title of ‘Righteous Among The Nations’ for his work in saving persecuted Jews in Slovakia. Sadly, he died in New York on 18 June 1991, shortly before receiving this most prestigious honour.
LITERATURE


Urology in Interwar Romania and during the Second World War

OCTAVIAN BUDA
In 1857, a French-Italian doctor, Carol Davila (1828-1884), established in Bucharest a National School of Medicine and Pharmacy, thereby modernising teaching and medical practice in Romania by implementing Western scientific standards. This school was the second one of its kind in South-East Europe, after the Athens Medical School opened in 1837, as a part of Kapodistrian University of Athens.

In 1869, the Bucharest School became a fully-fledged Faculty of Medicine, the first medical faculty in the Kingdom of Romania, which by now was a modern state ruled since 1866 by Carol I of Hohenzollern-Sigmaringen. Soon afterwards, a second faculty of medicine was inaugurated in Jassy (Moldavia) in 1879.

Since its inception, the Romanian School of Medicine has maintained close ties with French medicine, as well with Italian, German and Austrian faculties.

Originally linked to surgery, urology obtained an independent status at the Bucharest Faculty through the efforts of Petre Herescu (1868-1915) and Dimitrie Gerota (1867-1939). Petre Herescu undertook his internship in surgery in Paris from 1895 onwards, first with Paul Berger (1845-1908) at Hôpital Téton and later with Pierre Delbet (1861-1957) and, in particular, Jean Casimir Félix Guyon (1831-1920), one of the founders of modern urology, at Hôpital Necker. In 1899, also in Paris, Herescu published his doctoral thesis on malignant tumors of the kidney – *De l'intervention dans les tumeurs malignes de rein* – which was awarded the Chevillon Prize by the French Academy of Medicine. He returned to Bucharest in 1901 and led a department of ‘kidney diseases’ at two major hospitals in the city: first the Filantropia, later the Coltzea.

In 1911, the Department of Urinary Diseases at the Coltzea Hospital was designated as the holder of the Chair of Urinary Diseases for the Faculty of Medicine in Bucharest, with Herescu as its first professor. A prolific writer, he published on the assessment of renal function, kidney cancer, surgery of the urinary bladder and prostate, early diagnosis in urinary tuberculosis, urethra trauma and uro-litiiasis. In 1910, Herescu attempted a urinary bladder total reconstruction using ileus tissues. He died in 1915, aged just 47. However, his pupils, assistants and collaborators continued his teachings and clinical practice in urology; most notably, M. Cealâc, L. Strominger and Nicolae Gheorghiu (1867-1958), who later became Professor of Obstetrics and Rector of Bucharest University (1932-1936) during the government of King Carol II.

illness”. Strominger survived the Second World War and died in Bucharest.

The inter-war period in Romanian urology was dominated by Thomas Jonnesco (1860-1926), now considered as the founder of modern surgery in Romania.

As one of the most important of the French school of surgeons from the fin de siècle period, Jonnesco graduated in medicine in Paris and between 1885 and 1890 specialised in surgery under the guidance of Désiré-Magloire Bourneville and Jean Peyrot (at Bicêtre), Paul Berger (at Tenon), Jean François Le Dentu (at St. Louis) and Aristide Verneuil (at Pitié-Salpêtrière). In 1894, he was appointed as professor of anatomy at the Paris Faculty of Medicine, a rare distinction for a non-French citizen.

In that same year, he collaborated with Paul Poirier (1853-1907), Adrien Charpy, A. Nicolas and A. Prenant to write and publish the landmark Treatise of Anatomy. Jonnesco also wrote on the anatomy of the digestive system and was the first to fully describe the fascia propria (of the rectum) as an upward capsular projection from the superior fascia of the pelvic floor. Jonnesco named this structure Gaine fibro-séreuse du rectum, later renamed as the Fascia recti by Wilhelm von Waldeyer in his 1899 treatise Das Becken (The Pelvis). This led to a dispute between the two of them regarding the surgical importance of this fascia in the technique of total mesorectal excision in rectal cancer. In 1895, Jonnesco returned to Bucharest to lead the Institute of Topographic Anatomy and Experimental Surgery and also accepted the Chair for Clinical Surgery at the Cotizea Hospital in Bucharest. Later, he also served as Rector of Bucharest University (1912-1915). In 1896, he founded in Paris the French periodical Archives des Sciences Médicales, which was intended to support publications by Romanian doctors in France (but not exclusively so).

Jonnesco was a prolific surgeon in the field of experimental surgery, especially cervical sympathectomy, general spinal cervical anaesthesia – known worldwide as the Jonnesco method – but also in surgical oncology and the genitourinary field. In addition, he drew clinical correlations for the large abdominal hysterectomy with complete ilio-lumbo-pelvic lymph node dissection in uterine cancer, which refined Ernst Wertheim’s hysterectomy method. Nevertheless, unlike Herescu, he was an advocate for urology remaining as part of general surgery.

Jonnesco published around 50 scientific papers related to urologic surgery, such as suprapubic cystostomy, urethral strictures, urinary bladder techniques, sutures, complete cystostomy, castration in prostate hypertrophy, hydrocele surgery and the treatment of genitourinary tuberculosis. He conceived a new technique of nephropexy, known as Jonnesco’s nephropexy, which aimed to improve the earlier at-
tempts to perform ‘nephroraphy’ by Eugen Hahn and Edoardo Bassini. In 1896, on the occasion of the Tenth French Congress of Surgery in Paris, Jonnesco presented his technique, which was later extensively used during the inter-war period in Romanian clinics. According to this method, the displaced kidney (*ptosis – ren mobilis*) is firmly attached along a costal rib (the XIIth or the XIth), using a silk thread. Later, Jonnesco introduced the use of thin temporary silver threads in order to avoid infections.6, 7

Jonnesco’s family was actively involved in Romanian politics. His brother, Take Jonnesco (1858-1922), was Prime Minister of Romania from 1921 to 1922, and along with his other siblings played an important role in pushing Romania into the First World War on the side of Triple Entente (the Franco-Russian-British Alliance).

Dimtrie Gerota was born in 1867 in Bucharest, where he graduated in 1892. Thanks to a scholarship from the Romanian Ministry for Education (the Simonide Scholarship), Gerota spent four years in France and Germany. In 1894, he worked at the Laboratory of Anatomy in Paris with Paul Poirier and Louis Hubert Farabeuf (1841-1910), and at the Necker Hospital in the urological clinic of Félix Guyon. Between 1894 and 1897, he travelled to Germany and followed specialization training in surgical anatomy in Berlin under Heinrich Adolf von Bardeleben (1819-1895), Ernst von Bergmann (1836-1907) and Eugen Hahn (1841-1902). In 1895, he became an assistant at the Institute of Anatomy in Berlin led by Wilhelm von Waldeyer (1836-1921).

During his period with von Waldeyer, Gerota enhanced the method used in anatomical preparations by applying a 5% formaldehyde so-lution, followed by freezing of the cadaver, thereby obtaining both a remarkable fixation and elasticity.8 This method allowed very detailed longitudinal and transversal sections of anatomical structures, long before the plastination technique developed by Gunther von Hagens in 1977. The new technique paved the way for Gerota to make the first complete and detailed description of the perirenal fascia. The renal fascia – known today as Gerota’s fascia or Gerota’s capsule – is a layer of connective tissue encapsulating both the kidneys and the adrenal glands. According to Gerota: “This structure holds the kidney and is divided into a prerenal and retrorenal fascia, and is not to be confused with the pararenal fatty capsule which ends in the iliac region.”9 This structure proved to be of important surgical and laparoscopic significance, by relating the extraperitoneal compartments to the renal fascia. The posterior renal fascia was first described in Vienna by Emil Zuckerkandl (1849-1910), but both the anterior and the posterior renal fascia were subsequently more accurately described by Gerota. The two layers have since been known collectively as Gerota’s fascia. The great Cuban surgeon and urologist Joaquin Albarran (1860-1912), a pupil of Félix Guyon in Paris, was one of the first to credit Gerota for his description of the renal fascia. Albarrán performed the first perineal prostatectomy in France and is credited with introducing the so-called Albarán lever, a device used for adjusting the movements of a cystoscope during the catheterization of the ureter, a technique widely promoted by Gerota and Hortolomei in inter-war Romania.10

Another innovative technique was conceived by Gerota in 1895 for the anatomical study of lymphatic vessels. His idea was to inject them with a solution of Prussian blue (ferric ferrocyanide), dissolved in ether. This allowed him to make a comprehensive description of the lymphatic drainage of the rectum and breast, underlining, like Jonnesco,
the importance of complete lymphatic removal in abdominal and breast cancer. Gerota was also one of the first Romanian doctors to publish on Röntgen X-rays in 1897. An accomplished surgeon in his own right, he published an extensive monograph on appendicitis in 1929 and translated from the German Oskar Schäffer’s *Atlas of Gynaecology*, first published in Heidelberg in 1899.

In 1915, after the death of Petre Herescu, Gerota was asked to accept the Chair of Urinary Diseases in Bucharest, but he refused. From 1913 onward, he continued as Professor of Anatomy in Bucharest and became the owner and director of the city’s leading private hospital at that time: the Gerota Sanatorium. After the death of Thomas Jonnesco in 1926, Gerota did agree to accept the Chair of Surgery at the Medical Faculty in Bucharest, which he occupied until his retirement in 1937.

A harsh critic of Carol II’s regime, Gerota was arrested for publishing a pamphlet in November 1935, although he was soon released after student protests. Carol II’s reign (1930-1940) was marked by re-alignment with Nazi Germany, the adoption of anti-Semitic laws and ultimately the assumption of authoritarian rule in 1938. On 6 September 1940, the king was forced by his prime minister, the pro-Nazi Ion Antonescu, to leave the country and he went into exile in Estoril, Portugal. During the Second World War, he was succeeded by his son, Michael I of Romania (born 1921).

On 19 October 1909, Petre Herescu founded the Romanian Society of Urology, conceived as a ‘workgroup for genitourinary studies’, an initiative welcomed in Paris by no less a person than Guyon himself. In 1913, the urological society changed its name to the ‘Genitourinary Society’ and then to the Romanian Society of Urology, Obstetrics and Gynaecology, led by N. Gheorghiu until 16 June 1926, when the urological society fused with the Romanian Society of Surgery. However, in December 1933, the Romanian Society of Urology was revived as an independent society by Nicolae Hortolomei, a surgeon at the Coltzea Hospital in Bucharest. 1934 saw the foundation of the *Romanian Journal of Urology*, edited by M. Popescu Buzeu. The journal enjoyed an international reputation, with its collaborators including Félix Legueu (1863-1939), Maurice Chevassu (1877-1957) and Edmond Papin (1876-1946) from Paris and Hans Wildbolz (1873-1940) from Hamburg. On 15 December 1935, the Romanian Urological Society marked its 25 years of existence by organizing the Fifth National Congress of Urology under the auspices of the authoritarian King Carol II. The international delegates included invited guests from France, Nazi Germany and Fascist Italy.
During the Second World War, urology in Bucharest was led by Nicolae Hortolomei (1885-1961), who was the holder of the Chair of Surgery. In 1940, the Romanian Academy of Medicine (established 1935) published the two-volume *Problems of Wartime Medicine*, including a chapter on trauma of the urinary system, written by Hortolomei and Gheorghe Olanescu (1905-1986). The chapter described the morphology of traumatic strictures and techniques such as circular uretroraphy, including an original catheter procedure by Hortolomei – the so-called continuous retrograde catheter – to avoid post-traumatic urethritis and periurethritis. In 1942, Hortolomei published a further study on *Ureteral Lesions Caused by War Trauma* and coordinated surgical interventions on the post-traumatic urinary fistula of soldiers from the Eastern Front. Until 23 August 1944, Romania was an ally of Nazi Germany.

The Minister of Health during the wartime regime of Ion Antonescu (1941-1944) was a psychiatrist, Petre Tomescu (1890-1977). He was also Dean of the Faculty of Medicine in Bucharest (October 1940-February 1941). Tomescu was instrumental in the passing of the anti-Semitic Law 324/1941, which refused permission for expatriates of Jewish origin, including doctors, to work and practice in Romania.

But the leading wartime figure was Nicolae Hortolomei. Professor of surgery and urology in Bucharest and Jassy, and a pupil of Ernest Juvara (1870-1933) from the Jolnesco school of surgery, Hortolomei started his training in urology in 1913-1914 at the Necker Hospital in Paris, with Félix Legueu. In 1933, on the occasion of the Fifth International Congress of Urology in London, he presented (together with his assistants, Theodor Burghele and Marcel Streja) the experimental findings of his study into the ‘dynamics of the urinary tract.’ Previously in 1931, he had already published with Vladimir Butureanu in Paris an early monograph on surgery of the duodenal ulcer: *Chirurgie de l’ulcère gastrique et duodénal. Indications. Résultats.* Hortolomei later went on to establish a laboratory for experimental surgery at the Coltzea Hospital and was president of the Romanian Society of Surgery (1938-1939).

From 24 November 1939 to 10 July 1940, Hortolomei also served as Minister of Health and Social Welfare in one of the last authoritarian governments of Carol II, shortly before the seizure of power by the anti-Semitic Iron Guard and the regime of Ion Antonescu. After the Second World War, Hortolomei managed to survive in the new political climate, retaining all his professional posts during
the post-war communist regimes and even leading the Institute of Therapeutics and Surgery of the ‘refurbished’ pro-communist Romanian Academy. He subsequently undertook interdisciplinary experimental research on the use of hormones in prostate cancer treatment, ureter reconstruction with venous grafts, and vesico-vaginal and uretero-vaginal fistula surgical treatments and management.17

During the Second World War, a new hospital – the St. Joseph Hospital – was built in Bucharest with the help of the Roman Catholic Church, under German control. The Munich Branch of the Sisters of Charity of Saint Vincent de Paul and the German priest Nikolaus Pieger (1900-1983) inaugurated the hospital in 1942..18 In 1948, soon after the end of the war, St. Joseph’s (now renamed Panduri) became the first specialised hospital for urology. A pupil of Hortolomei, Theodor Burghele (1905-1977) led this hospital from its inception in 1948 until his retirement. Burghele became an assistant professor in surgery in 1940 and a full professor in 1946. He introduced a four-floor system in the Panduri, encompassing not only urology, but also endoscopy, radiology, biochemistry, haematology and microbiology laboratories. An influential apparatchik, Burghele was also rector of the Medical University in Bucharest (1955-1969), Minister of Health (1969-1975) and President of the Romanian Academy (1976-1977).19

In Jassy, the Chair of Genitourinary Diseases was held for 25 years (1913-1938) by the Dean of the Medical Faculty of Moldavia, Mihai Stefanescu-Galatzi. He was succeeded by Alexander Moruzzi (1938-1942), but the leading figure during the Second World War period was Oscar Franke (Franche in Romanian, 1900-1988). A pupil of Hortolomei and Georges Marion (1869-1960) in Paris, Franke led the urological clinic in Jassy until 1969, working mainly on bladder reconstruction, the use of intestine grafts in urology and dialysis.20

In Transylvania, the first medical faculty was inaugurated in 1872 by the Austro-Hungarian authorities in Cluj-Klausenburg (Kolosvár) as the Franz Joseph Medical University. After the First World War, most of the Hungarian professors left for Szeged, where they established a new medical faculty in 1920. In November 1919, the new Upper Dacia University was founded in Cluj and the medical faculty was rebuilt, mainly with academic input from Bucharest and Jassy. Emil Teposu (1890-1948) led the Cluj Clinic and held the Chair of Urology from 1927 until his death in 1948. A pupil of Iacob Iacobovici (1879-1959) from the Jonnesco school of surgery, Teposu worked in Vienna in 1921 with Anton Freiherr von Eiselsberg (1860-1939) and Viktor Blum (1877-1954), and in 1922 with Legueu and Marion at the Necker Hospital in Paris.21 From 1940 to 1944, as consequence of the Ribbentrop-Molotov Pact of August 1939, north-western Transylvania, including Cluj, came under the rule of the Fascist regime of the Hungarian Miklós Horthy. In 1940, all the Romanian medical staff from Cluj University fled to southern Transylvania, in particular to Sibiu-Hermannstadt (Nagyszeben), while most of the Hungarian doctors at the Szeged Medical Faculty who had left in 1919 moved back to Cluj. Between 1940 and 1945, the urological clinic in Cluj was led by Ernő Novák. After the end of the war, the Hungarian doctors from Cluj University once again returned to Szeged.22,23

In Timisoara-Temesvar, a pupil of Emil Teposu, Iosif (Josef) Bulbuca (1908-1972), inaugurated a Chair of Urology at the newly established Faculty of Medicine in 1945. Bulbuca worked in Paris in 1934 with Marion and Chevassu. In addition to Timisoara, he organized two urological stations, at Oradea-Grosswardein (Nagyvárad) in 1937 and Cernauti-Czernowitz in 1942. Contemporary newspapers from Timisoara mention a Banat Swabian doctor, Hans Röhrich, who performed a successful prostate adenoma intervention in 1932.24
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German national socialism was a tragedy for every European country. Although there were relatively few French urologists at that time, what was their attitude during this terrible period, in particular compared with those in other countries who lived through what was undoubtedly the darkest period in the history of the 20th Century?

French urologists behaved in roughly the same way as the French people in general: some more or less resisted, sometimes heroically; others more or less collaborated with the invader; whereas the majority took a wait-and-see attitude, while continuing to practice their medical profession, ignoring the tragic events that were taking place around them.

**French Urologists before the Second World War**

French urology began in 1890 when Félix Guyon created the first chair of clinical urology in Paris at the Necker Hospital. Its first chef de clinique was Joaquin Albarran. Under these two famous surgeons, urology became the first specialty to exist separately from general surgery. Even so, until the end of the Second World War in most of France urology was practiced by generalist surgeons with a 4-year residency in urology.

The ‘exclusive’ urologists tended, by and large, to practice in hospitals in the university cities that had gradually developed urology departments. But in most of the cities in France, even those with universities, the treatment of urological problems often continued to be carried out by generalist surgeons, since there was a dearth of medical, non-surgical urologists.

Between the two world wars, there were only eight cities in France with a clinical urology chair and a urology department. There were very few doctors who were trained in the specialty of urology and who were also senior or chief residents in surgery (this required two to four years of training in a urology department). For example, after Albarran – in other words, from 1912 to 1933 – the urology department at the Necker, headed by Félix Legueu, only had 12 senior residents. This underlines just how few specialized urologists there were before the Second World War and even beyond.

When Legueu created the French Urological Society (SFU) in 1919, he made contact with almost all of the exclusive urologists,1 the ‘elite’ of the French urological world. In total, there were just 45 (30 in Paris and 15 in the provinces). This situation did not change materially until 1967! The French Association of Urology (AFU), which had existed since 1896, had 230 members in 1920, most of whom were generalist surgeons, with only a few medical urologists, often coming from dermatology.

When considering these figures, it is important to know that there were some 20,000 doctors in France in 1910; 25,000 in 1930 (compared to 50,000 in Germany that same year); 29,000 in 1938 and 30,000 in 1947. In 1936, the AFU had just 197 members, which had fallen to 182 by 1945. In 1920, urologists accounted for 0.25% of doctors – approximately half the 2010 figure.

These statistics allow us to draw up a profile for the French population of urologists at the beginning of the national socialist period. The urologists were exclusively male and nearly all of them were specialists practicing in urology departments, where their posts were obtained by co-optation following their residency. In addition, they were mainly from the upper middle class, were native-born Frenchmen, conservative (for the most part), excessively patriotic (following the victory in the First World War)2 and, for the older ones at least, still anti-German.
On 1 September 1939, Germany invaded Poland. As France and Great Britain had concluded a mutual security pact with the Poles, they declared war on the Third Reich on 3 September. Eight months later, after the so-called Phoney War, the German armies launched their offensive against the Western Allies on 10 May 1940, swiftly conquering Holland, Luxembourg, Belgium and the north of France. On 10 June 1940, the French government fled from Paris and took refuge in Bordeaux. By this time, six million people had taken to the roads in a desperate effort to get away from the advancing Germans, adding to the refugees already fleeing Belgium. The battle for France was lost. There were 70,000 deaths to mourn on the French side and a further 1.5 million soldiers were taken prisoner. Germany casualties amounted to around 40,000. The debacle was complete when, on 14 June 1940, the swastika was raised on the Eiffel Tower.

The President of the French Council of Ministers of the Third Republic, Paul Reynaud, resigned on 16 June 1940. The 85-year-old Marshal Philippe Petain, hero of the First World War, agreed to take his place and called for an armistice to end the useless but still costly fighting.

The day after the French capitulation, General Charles de Gaulle broadcast his Appel du 18 juin, calling on the French people to continue the war and formally launching the resistance of the Free French Forces, which was organized from Great Britain.
22 June 1940: the Armistice and the Creation of the French State of Vichy

The Armistice was signed on 22 June 1940 in Rethondes, near Paris, at the very same spot where Germany had been forced to accept defeat in 1918. The armistice conditions were hard on France, which was separated into two zones. The first zone consisted of the north of the country and the Atlantic coast, covering three-fifths of the former national territory, with a population of 23 to 29 million inhabitants. This was the occupied zone. The so-called free zone, situated to the south of the River Loire and containing some 13 to 17 million inhabitants, was under the French government's authority.

Marshal Petain moved the seat of this government from Bordeaux to Vichy, a city in the unoccupied zone. On 10 July 1940, the National Assembly granted him full governmental powers by a large majority. On 11 July, the Third Republic came to an end. A new ‘French State’ was born, with Pierre Laval as the President of the Council.

Rather than seeking to tackle the huge problems that faced the country, this new government began by immediately blaming the defeat on foreigners, Jews, Communists and the freemasons. Almost in imitation of the victorious Germans, the Vichy regime judged that a ‘new order’ was essential if France was to be put back on its feet. The old republican motto of ‘Liberty, Equality, Fraternity’ was replaced by ‘Work, Family, Fatherland’. France, it was said, needed a new élan to regenerate the country. Foreigners, Communists, Jews and freemasons were regarded as obstacles to the moral recovery of the nation. New laws and ordinances to restore ‘national virtue’ and to eradicate the ‘political defects of the old order’ were promulgated practically every month.

These laws and ordinances were inspired by those of the Third Reich. The French who continued fighting became criminals. Petain and Laval seemed convinced that a ‘German peace’ would allow the Vichy government to develop what it called ‘the national revolution’, allowing it to reorganize France. This process is what later came to be regarded as ‘collaboration’.

The Laws against Foreigners and Jews under the Vichy Regime and the German Occupation

The Armistice of 22 June 1940 stipulated that Germany would wield effective power in the northern zone, even though French sovereignty (including control of the national police) in theory covered the whole of the national territory.

In the northern zone, the Germans quickly introduced measures against foreigners, communists, Jews and freemasons that were similar to those already in effect in Germany. The first German Jewish Statute, published on 27 September 1940, required the registration of Jews and the compilation of lists of Jewish assets, as well as introducing ‘Jew’ signs on Jewish stores. A second statute published on 26 April 1941 reduced their rights still further. The wearing of a yellow Star of David became obligatory on 29 May 1942. By this time, the deportation of Jews had already begun (Compiègne and Drancy in March 1942), culminating in the Vel’ d’Hiv round-up on 16 July 1942.

The Vichy government shared many of the same ideological aims as their German overlords. The government wanted to re-establish moral order and rid France of its ‘foreigners’, including those who had recently been naturalized and anyone who showed opposition to the new order.
Following the example of the Germans in the north, the first anti-Jewish measure in the free zone was passed on 3 October 1940, banning Jews from many professions (civil servants, teachers, journalists, etc). A second law a day later – 4 October 1940 – stipulated that foreigners of the Jewish ‘race’ should be sent to internment camps. These measures applied equally to masons and communists. An earlier law of 22 July 1940 had already ‘denaturalized’ citizens who had become French after 1927, which effectively turned 6,000 Jews (as well as many others) into stateless persons.

Similar measures were taken in the professional sphere. The law of 16 August 1940 decreed that the medical profession should only be open to those who became naturalized Frenchmen before 1927. The so-called Second Statute on Jews was published on 2 June 1941 and prohibited Jews from almost all work-related activities, setting up a *numerus clausus* of 2% for the liberal professions and the universities. As a result, 250 professors were excluded from their universities and Jews were removed in their entirety from the army and from teaching.

Those who contravened these laws were sent to the camps at Gurs, Rivesaltes, Beaune-la-Rolande, Pithiviers and Drancy.

New laws, ordinances and decrees to yet further reduce the freedoms of the so-called ‘undesirable populations’ were introduced almost monthly. The German invasion of the free zone on 11 November 1942 led to the application of the even harsher rules and constraints already at work in the Third Reich. Jews everywhere were hunted down and interned in Drancy, prior to deportation to Auschwitz in Poland. This included many doctors, surgeons, pharmacists and dentists.
These inhuman laws remained in force until the liberation of France in August 1944. An ordinance of 9 August 1944 re-established the Republic’s legality in Free France.

Foreign and French Doctors in France from the Rise of Nazism to the End of the Second World War.

The first Signs of impending Exclusion

In French medical circles between the world wars, professional groupings complained constantly about a plethora of doctors in French medicine, essentially meaning the presence of too many foreign doctors in France. The obvious target of this xenophobic attitude was the many young foreigners who had come to France for their medical studies and who had decided to stay once they had qualified. Most of them were from central Europe, whose frontiers had been overturned by the various peace treaties made after the First World War, especially Poland and Rumania. Some were attracted by the high esteem in which the medical profession in France was held; others came because they were strongly dissuaded from pursuing their medical studies in their own country. For example, in Poland there was a numerus clausus applicable on Jewish students in the universities, as well as segregationist measures – the so-called ‘ghetto benches’ – in the lecture halls, which kept the few Jewish students separate from the others. Discrimination against Jewish students and doctors in Rumania was equally (if not more) cruel. France, regarded by many as a beacon of liberty and human rights, beckoned as a refuge for these young (and often relatively poor) students, whose families were making great sacrifices so that their children could have a better future. Unfortunately, many French physicians considered these foreign and mostly Jewish doctors as a source of ‘unpatriotic’ and ruinous competition. Their professional associations lobbied the authorities to restrict the number of foreign students and to prevent foreign doctors from settling in France. These corporatist demands were passed on, amplified and systematized by anti-Semitic and xenophobic right-wing groups and newspapers, who denounced the "invasion and destruction of honest French medicine by greedy, inept half-breeds without morality, most of whom are grovelling vagabonds and Bolsheviks to boot!"

In a doctoral thesis defended at the Faculty of Medicine in Paris in 1939, a student railed against the three evils threatening French medicine: bureaucratization, commercialization and mixed races. Another thesis defended the same year was entitled: 'The invasion of the French medical profession by elements born in Poland and Rumania.' The writing was on the wall.

A final factor that turned traditional corporatist demands into hatred of ‘others’ was the prevailing moral climate of the period. Like other European countries at the time (Germany, Great Britain, the Scandinavian countries, etc.), ethnic-racial ideas were in fashion in France in the 1930s and were defended scientifically by leading medical authorities. Even before 1939, a certain Dr. Bosc stated his opinion that: “To be a doctor worthy of practicing on French soil, one needs a long national heredity, parents and grandparents with strong roots implanted over a long period and ancestors who tilled the soil of the motherland. It is this long hereditary formation that made the 19th Century French doctor an unforgettable figure of high civilization. These instinctive feelings are what make us tremble at the sight of the systematic destruction of this most beautiful of professions. Our first and most pressing duty is to instil those moral qualities, which
cannot be granted by any diploma, into the veins of young generations of doctors.” His article was entitled: *Mercenaries storming the medical profession* and it was clear who these ‘mercenaries’ were: “Hordes of Huns, from the reaches of eastern Europe” (quoted by Henri Nahum). In similar vein, the appropriation of the word ‘race’ and the use of genetic biological theories often served long before the rise of Nazism as the basis for determining ethnic-racial policies between Europeans and native populations in the French colonies in Africa and Asia.

### The Exclusion of Foreign Doctors

This growth of nationalist, racist and other ideolo-

gies led to the persecution of foreigners even before the Second World War; a persecution for which the 1929 economic crisis and subsequent Great Depression cannot be a sufficient explanation alone.

Dr. Raymond Armbruster, a French senator, proposed a law to limit the access of foreigners to the medical profession. This was in response to the lobbying of the trade unions, student organizations and the French Academy of Medicine. After three years of discussion, the Armbruster Law was passed on 21 April 1933. It stipulated that in order to practice medicine in France, it was necessary to have a French national diploma as a medical doctor and also to possess French nationality (or at least come from a French protectorate). This law effectively put an end to the equivalence of foreign diplomas.

At first, the law was received favourably by the medical profession, even though it did not satisfy all their demands. However, the law was not retro-

active, which allowed foreign doctors practicing in France to continue without becoming naturalized. Equally, the law did not affect foreign students who were already in medical school. As a result of these ‘shortcomings’, the medical profession began a protest movement, complaining about the large-scale naturalization of foreign students, the exemption from military service of newly naturalized citizens who were over 30 years of age, and the possibility for ‘foreign’ doctors already working in France to continue in practice after the law came into effect. But their main criticism was that the new law did not require a 10-year waiting period between naturalization and the start of medical practice, which is what Armbruster had originally suggested.

This rising tension and xenophobia in the medical profession culminated in January 1935 in a strike in the medical schools. The first of these strikes, in Montpellier, was sparked off by the general student association protesting against the advantages granted to the high percentage of foreign students, amounting to 38% of all enrolments.

Against this background, it is perhaps not surprising that a high proportion of the French medical corps welcomed the July 1940 laws passed by the Vichy government. The law of 17 July 1940 defined French nationality as the ‘nationality of origin’, which effectively excluded from ‘public employment’ anyone not born of a French father (‘public employment’ included medical personnel). The laws of 16 and 22 July 1940 invalidated all naturalization granted since 1927, so that many naturalized doctors or the sons of naturalized doctors lost their French citizenship and were therefore forbidden to practice medicine.

### The Exclusion of Jewish Doctors and Medical Students

The First Statute on Jews of 3 October 1940 excluded Jews from certain professions, such as civil servants, teachers and journalists. It was closely fol-

lowed by the creation of the French Order of Physicians. The most important task of this national order and its regional subsidiaries, at least until 1943, was to prevent all ‘foreigners’ who had previously been naturalized (or the children of those so naturalized) from exercising their residency responsi-
bilities in hospitals and to prohibit Jewish doctors from teaching. All these laws were retroactive.

These exclusionary laws were voted without any pressure from the German authorities. However, it is also important to note that the measures and their application differed from area to area (France being divided into several of these areas: see the map). For example, the area including Nice, which was occupied by the Italian Army, had less harsh policies until the Germans took over in September 1943.

The Raids and Round-ups

It took just one year for the Vichy government to legally transform Jews into social pariahs and weave around them the net that would lead to their capture, deportation and annihilation. The German authorities took eager advantage of the Vichy government’s zeal in going even further than the Germans themselves to solve ‘the Jewish question’ in France. As a result, the German programme for the deportation of French Jews to the extermination camps worked almost like clockwork, thanks to the tacit support of Marshal Petain and Pierre Laval.

The situation has been summed up by Pierre Truche:*8

“Something unthinkable happened in France. It is the task of a government to ensure that one citizen is equal to another. The Vichy government, however, by collaborating with the German occupying forces, subjected citizens who had committed no error or crime to a regime of segregation. In May 1942, they were singled out by compulsory registration in local town halls, the issuing of identity cards stamped ‘Jew’ and the wearing of the yellow star for all Jews over the age of 6 years. This ‘labelling’ was followed by the round-ups: first the foreign Jews, then the French Jews. Both were assigned to holding camps: Compiègne, Beaune la Rolande, Pithiviers and, most notorious of all, Drancy. This branding and confinement was coupled with the denial of basic human and civil rights, including the right to publish in the press and the right to receive an education.” For doctors, it also meant that they were prohibited from practicing medicine.

It is worth noting that French Jews were also the victims of persecution, deportation and murder. In theory, this was contrary to French law, which makes punishable the wilful murder of any French citizen. However, after the infamous Wannsee Conference in Berlin on 12 January 1942, Jews and gypsies were considered as inferior beings (untermenschen), which meant that it became possible to hunt them down, intern them and exterminate them without contravening French law. It was on this basis that the round-ups in France, both in the occupied north as well as in the ‘free’ south, were authorized by the Petain government.

The first mass arrests took place on 14 May 1941. This involved Jewish foreigners living on French soil – mainly Austrians, Czechs and Poles, aged between 20 and 65 years. Six thousand four hundred and ninety-four people were summoned by the authorities and 3,710 answered the call to report ‘in all confidence’ to one of the many collection points designated by the local prefects. From there, men and women were transported in inhuman and often brutal conditions to internment camps (Pithiviers, Beaune-la-Rolande, etc.) About a dozen of the confined Jewish doctors created an infirmary to help the interned, although a non-Jewish French doctor was put at the head of this basic medical structure.

The round-ups continued: on 20 August 1941 (when 4,432 French and foreign Jews were rounded up and interned in the camp at Drancy); on 12 December 1941; and on 16 July 1942. This was the large Vel d’Hiv (Vélodrome d’Hiver = Winter Vélodrome), which arrested no fewer than 13,152 Jews, including 4,115 children and 5,919 women. This episode remains in the French national memory as the greatest tragedy of the occupation, together with the massacre carried out by the SS ‘Das Reich’
Division in Oradour-sur-Glane in June 1944. The Shoah in France was responsible for the deportation of 80,000 Jews, of whom 11,000 were children. Only 2,500 of them survived.

French Urologists and the Second World War

In September 1939, nearly five million French citizens born between 1893 and 1919 were drafted into the army, taking into account each person’s past military service (which was compulsory in France at that time). Surgeons were most frequently called up to serve with fighting units or in military hospitals. However, the age limit meant that many urologists aged 45 and older were not conscripted. Following the Armistice of 22 June 1940, most of the urologists simply went back to their jobs, but the prevailing confusion in the country meant that they could only carry them out with great difficulty. Some later participated in the resistance movement, either in the ranks of the Secret Army of the Interior or in the Free French Forces centred around General de Gaulle. A few threw in their lot with the Vichy regime. Unfortunately, there are no longer any urologists from that time still living today, so that personal testimonies are no longer possible. Nor is it feasible to tell the stories of all the French urologists who were caught up in the war and subjected to the impact of national socialism. Consequently, we will offer examples to illustrate the various dramas created by the war with regard to our specialty. Each of the urologists in question was confronted with a specific problem and each one reacted in accordance with his nature, his origins, his past, his environment and his professional or family responsibilities.

One Defected to the Vichy Government

Maurice Chevassu
(1877-1957)

Chevassu’s father was a military doctor. He began his own medical career in Rouen, where he was a student of Charles Nicolle and first developed his interest in anatomy-pathology. His thesis dealt with tumours of the testicle, differentiating between germinal and embryonic tumours. He was appointed as a senior medical resident in 1909 at the age of just 32. During the First World War, he was the head of a surgical unit at the front, responsible for treating many thousands of wounded soldiers. Back in Paris after the Armistice, he became head of the urology department at Hospital Cochin, where he developed the retrograde ureteropyelography.

Pierre Léger, in his book *Chronique de l’urologie française*, states that 1938 was Chevassu’s ‘year of glory’. Already President of the Academy of Surgery, in that year he entered the Academy of Medicine and became, after the retirement of Georges Mari-on, the head of French urology and the only professor of clinical urology in Paris, a chair which he had transferred from the Necker to the Cochin Hospital. Léger adds: “When Hitler invaded Poland, France and Great Britain declared war on Germany. By 17 June 1940, the Germans were in Paris and Marshal Petain announced that the fighting had to stop. Chevassu left for the free zone, which was a poor decision, since it meant that he ‘deserted’ his hospital service in Paris. It was regrettable that he, the head of French urology, should put himself at the service of Marshal Petain in Vichy, safely protected from the German occupier.” He remained far from Paris throughout the entire war, eventually leaving Vichy for Cannes in 1944.

He returned to the capital at the end of the war and wanted to resume his position in the university.
However, this was denied to him because of his “desertion of his service during the fighting”. As such, he was one of the victims of the process of ‘purifying’ the French universities after the Liberation. Nevertheless, he eventually regained his place in the Academy of Surgery and the Academy of Medicine, becoming the latter’s president in 1957, the year of his death.

Some died for France

Some 750 medical students and doctors died fighting for France. relatively few of them were urologists, although it must be remembered that at that time urology was not specifically recognized as a specialty. The following five fatalities are perhaps particularly worthy of note and will serve to represent all those who perished.

- Dr. ? Ferron: born 1882; died 30 April 1940; from Bordeaux.
- Dr. Henri Arnal: born 1906; surgeon in Clermont Ferrand; killed accidentally while on call, 15 May 1940.
- Dr. Philippe Bridot: born in 1904; surgeon in La Souterraine; resistance fighter shot by the Germans on 23 July 1944.
- Dr. Zacharie Mass: born in 1907 in Odessa (Russia); medical student of Georges Marion in Maisons Alfort; deported to Auschwitz; died 15 November 1943.
- Dr. André Cohen-Bacri: born 1904; surgeon; imprisoned in the Drancy camp and then deported; date and place of death unknown.

Many were taken Prisoner

It is impossible to identify all the urologists among the list of 1,500,000 French prisoners of war.

The Resistants (Resistance Fighters)

It is also impossible to identify all the urologists who fought with the Resistance, since this movement, by its very nature, was discreet and nebulous, even at the best of times. There were, however, a number of urologists who were decorated with the Resistance Medal after the war: Pierre Delinotte (Paris), Jacques Lange (Bordeaux), Marc Nédelec (Nantes) and François Wetterwald (Paris).

Pierre Delinotte (1906–1964)

Pierre Delinotte was born on 30 December 1906. Hard-working and strong-willed, after competing his studies he became a surgeon. As an intern for public hospitals, in 1931 he was sent to Morocco to complete his military service. Once back in civilian life, he worked with Professors Chevassu, Grégoire and Ombredanne, before finally discovering his vocation as a urologist in 1935. His training was supervised by Professors Michon and Chevassu.

Although built like an athlete, Delinotte was an excellent urological surgeon and a teacher of high quality, especially in the operating theatre, but he also had a remarkable bedside manner with patients. He was practicing at the Saint Louis-Paris Hospital when the Germans invaded France in 1940. He was still working there when the church bells rang to sound the Liberation. His mentor, Professor Michon, recalls that during the German occupation Delinotte was often absent to help resistance fighters in circumstances of great danger, either by operating on them or by providing care in secret for these ‘soldiers of the shadows’. In fact, he was a member of the resistance movement from 1942 onwards, initially as a member of the intelligence services. In 1943, he was made head of the clandestine surgical team of the movement’s health system. In June 1944, he led a Red Cross surgical unit at the front
during the Normandy campaign and in September of that same year became famous for his role in the Chaumont Maquis (part of the Free French Forces). Delinotte never bragged about his wartimes activities, believing that he merely acted in accordance with his conscience as a patriot. He was awarded the Resistance Medal and Croix de Guerre with two commendations in 1945. He was later also made a Chevalier of the Legion of Honour. In the professional field, he was a member of the Academy of Surgery and President of the French Urology Congress in 1964, the year in which he was tragically killed by a stray bullet during a hunting party.

Pierre Aboulker (1906–1976)

Born in Algiers in 1906, Aboulker was the son of Dr. Charles Aboulker, a well-known surgeon and heir to one of the great Jewish families of Algeria, which was then a French colony. Although initially more interested in studying literature with Jean-Paul Sartre, the philosopher, Pierre finally opted for medicine. He became an intern at the hospital in Algiers and moved to Paris in 1930. There he studied with Henri Mondor, who taught him a love of truth and the need to search for perfection, and then with Robert Gouverneur, who introduced him to the mysteries of urology.

When war broke out, he was drafted into the military health service in September 1939 and was taken prisoner with his medical unit in Epinal. Thanks to the help of the editor of one of the most important medical newspapers of the day, La Gazette Médicale de France, he was set free and able to return to Paris.

Against all expectations and no doubt thanks to his exceptional qualities, he was appointed as a resident surgeon of hospitals in 1943, an unusual distinction for someone of his ethnic background during the German occupation. He retained this position until the end of the war and remained at the Necker Hospital with Professor Gouverneur until 1952, when he became head of department at Hospital Lariboisière, before eventually taking charge of the urology clinic at the Cochin Hospital in 1960. Appointed to the National Academy of Medicine in 1963, his outstanding reputation, skill and personality resulted in his being called upon a year later to operate on General de Gaulle. Pierre Aboulker died in 1976 after a long illness, but continued to serve the sick until the end of his life. He was a Commander in the Legion of Honour.

Roger Couvelaire (1903–1986)

Roger Couvelaire was born in 1903, so that he was 35 years old when war was declared. He was a resident surgeon of hospitals (1936) and a professor of surgery specializing in urology, in which capacity he acted as an assistant to Professor Grégoire at the Saint Antoine Hospital. In 1939, he was drafted into the 8th Army in Plombières. Released at the end of 1940, he returned to Paris, where he found the urological world in a state of confusion and conflict. The urology chair at the Necker had been transferred to the Cochin in January 1939, at the request of Maurice Chevassu, but in June 1940 Chevassu had abandoned his post to flee to the free zone, leading to his dismissal. The occupying Germans soon made their presence felt in Parisian hospitals. The appointments they made required Roger Couvelaire, against his wishes, to act as Bernard Fey’s assistant at the Cochin. There was a huge amount of work and he performed many operations. He remained at the Cochin until 1945, when he became head of department at the St. Louis Hospital and later at the Lariboisière. Recognized as an excellent teacher, he codified the total cystectomy for cancer and became an ardent advocate for vesical replacement. He returned to service in 1958 as the head
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of department at the Necker, which had once again become the chair of clinical urology, and he was also head of the hospital’s well-known school.

René Küss
(1913-2006)

Born in 1913, René Küss was appointed to the Residency of Paris Hospitals in 1937, following which he worked for three months as a replacement resident in gynaecology-obstetrics at the Lariboisière Hospital, before leaving to do his military service in the autumn of 1938. His high rank in the Residency classification enabled him to obtain a posting with the French Navy, where he gained his first experience as a surgeon at the Brest military hospital. When war broke out in 1939, he remained in service and was sent to Toulon as a gunnery officer. He asked to serve on the Mogador, which he later recalled as being “our most beautiful destroyer”. He spent a few pleasant months in Toulon, but the June 1940 Armistice was soon followed by the drama of Mers El Kébir. Not wishing the French fleet to fall into German hands, the British decided to sink it instead. Among the ships attacked at port or anchorage was the Mogador. René Küss refused to stay inactive in the infirmary in the stern of the ship and went forward to serve the guns in the bow. This courageous decision saved his life, since shortly afterward a 380-mm shell carried away the whole rear of the ship and its nurse. Küss released sailors from the heap of twisted metal by amputating their trapped limbs and dove into the sea of burning fuel to rescue men in difficulty. A few broken ribs caused by these exploits put him in bed on a hospital ship, the Sphinx, but he only stayed for one day before returning to Mers El Kébir, where he watched with stupefaction and fury as English planes torpedoed the battleship Dunkerque. Enraged, he ran to the remaining cannon on the Mogador and fired off all its ammunition, prior to attending to the new wounded from the Dunkerque. His actions at Mers El Kébir won him the Croix de Guerre with Palms and election to the Legion of Honour. For the rest of his life, he never forgot this traumatizing tragedy. He had a visceral and violent repulsion for any form of lying, compromise or treachery, which he combined with a certain degree of Anglophobia for what he regarded as the British betrayal in destroying the French fleet. Demobilized at the end of July 1940, he returned to Paris and completed his residency, first with his mentor, Bernard Fey, and then with Mondor, Quenu, Gosset, Brocq and Leveuf. But his war was not yet over and in the summer of 1944 he participated in the Liberation of Paris, in particular the taking of the Ecole Militaire. He operated on the wounded day and night at the Cochin during the month of August. As if this was not enough, he next volunteered as a captain and doctor for General Patton’s American Third Army, becoming the head of its surgical team. He had the joy of liberating Metz, “the city of his mother and the Christmases of his childhood” and of participating in the further liberation of Lorraine and Alsace. When the German capitulation finally came in May 1945, he was in the Gironde, helping to ‘clean up’ one of the last pockets of resistance on the Atlantic coast. As soon as the fighting finished, he returned to the Cochin and his mentor, Bernard Fey, staying there until 1959. By the time he became director of the urology department at the St. Louis Hospital in 1960, he was already recognized as a pioneer in renal transplantation and reconstructive and restorative surgery of the kidney and urinary tract. In 1972, he founded a urological clinic, where he remained until his retirement in 1982.

François Wetterwald
(1911-1993)

The story of François Wetterwald not only illustrates the tragedy of this period and the contagion of barbarism, but also the difficulty that even the war’s heroes, “riddled with doubt”, had in being able
to bear effective witness to the horrors they had experienced.14

A Jewish Alsatian born in Tunis, he was working as a hospital intern when the war arrived in 1939. Drafted into the army, he was posted to the Maginot Line as a doctor. In the general idleness of the Phoney War, he wrote and defended his thesis in 1940. Later that year, he was taken prisoner by the invading Germans but was quickly released. Disgusted by the terms of the Armistice and the Vichy government’s decisions concerning the Jews, he joined the Resistance in October 1940, setting up the Vengeance15 network with two of his friends. At the same time, he continued with his hospital work and was named as an intern for the Paris hospitals in 1942, choosing urology as his specialty. His Vengeance network later merged with the Tuma network, and together they were very active, both in the field and in providing information to General de Gaulle’s services in London. In January 1944, Wetterwald was denounced by a Frenchman and arrested by the Abwehr. Imprisoned in Fresnes, he was tortured first by the French and then by the SS, before being deported to the concentration camp at Mauthausen. He was later sent to Ebensee as the camp surgeon.

Returning to Paris in June 1945 in poor health, he was hospitalized at the Cochin for several weeks, during which time he wrote Les morts inutiles. Un chirurgien français en camp nazi (Useless deaths. A French surgeon in a Nazi camp), a remarkable and deeply moving masterpiece of humanism [Fig.6]. It was published in 1946 by Editions du Minuit and had a print run of 10,000, but nearly all the copies were left unsold as a result of an intervention by the surrealist author Louis Aragon, who could not accept any book about the deportation that did not pay homage to the French Communist party, thereby proving that sectarian obscurantism can also affect poets.

François Wetterwald finished his urological training and became assistant to Professor Pierre Aboulker. He also worked in private practice and scrupulously attended the meetings of the French Urological Society, where he was always helpful to the society’s younger members who knew nothing of his glorious but carefully concealed past. In his speech as President of the Congress of the French Association of Urology in 1970, he devoted only a very few lines to this extremely important part of his life. This discretion continued to the end of his days. Few people knew that he was the author of the ‘macabre poem’ set to music by Ruth Lomon as part of the ‘Songs of Remembrance’ in 1995. A new edition of his book was published in 2000, but it only reached a very limited public.

The Next Generation

While those who lived through the war period as practicing urologists have now disappeared, there are many others, born between 1925 and 1944, who later became urologists but also suffered se-
vere traumatisation during their childhood as a result of national socialism. In particular, this was often the case for young Jewish children, who were sometimes hidden far from their loved ones, many of whom they never saw again. These traumas left traces that are difficult to chronicle.

Ady Steg\textsuperscript{16} (1925–)

Adolphe (Abraham) Steg, better known as Ady Steg, was born into an orthodox Jewish family in Stary Verecky, Czechoslovakia, in January 1925. His father, Martin, left this remote place to seek a better life in Paris, to which city he brought his family in 1932. It was a decision that went tragically wrong. Martin Steg, like thousands of other foreign Jews in Paris, was interned in 1942 in the Beaune-la-Rolande camp before being deported to Auschwitz, from which he never returned. By this time, Ady was 17 years old and studying at the Lycée Voltaire, where he was forced to wear the yellow star, much to the disgust of his friends and teacher. He escaped the \textit{Vél d'Hiv} raid on 16 July 1942, using false papers to slip across the demarcation line into what was then ‘free’ or unoccupied France. Yet even here he was not safe. He was arrested with his 15-year-old sister Albertine by French police in Lyon, ostensibly for using forged documents. Both were convicted and sentenced to three months’ imprisonment in the city’s Saint Paul and Saint Joseph Prison. Judges at a new trial released them on 27 October 1942.

Abbot Glasberg, who ran the Christian Friendship organization on behalf of Cardinal Gerlier in Lyon, took charge of them and hid them. Albertine was sent to Vic-sur-Serre in Cantal, while Ady went to Brégué Castle in Gers. This castle belonged to Count André, who turned it into a refuge for about a hundred Jews who had escaped from the Gurs and Rivesaltes camps. The director of this refuge, Victor Vermont, was Abbot Glasberg’s brother. Sadly, Vermont was arrested by the Gestapo on 16 August 1943 (he had probably been denounced), following which he was deported to the East. He died in an extermination camp.

The Bishop of Montauban, Monseigneur Théas, sent Ady to the secondary school in Sarlat in the Dordogne, where the headmaster also ran the local Resistance operations. Here Ady studied philosophy, before later joining the Resistance himself, first in the Free French Forces (FFI) and subsequently as a member of the Third Armagnac Battalion in Gers. Following the Liberation, Ady returned to Paris and went to medical school. After a distinguished surgical career, he was eventually appointed as the tenured professor of the urology chair and the head of the urology department at the Cochin Hospital in Paris, positions which he held from 1976 to 1990. Thanks to the outstanding reputation of this department, he was chosen to operate (successfully) on General de Gaulle with Professor Pierre Aboulker. Later, in 1992, he also operated on President Mitterrand. He was General Secretary of the EAU (European Association of Urology) from 1984 to 1992 and a member of the French National Academy of Medicine from 2000 onwards.

The French Government duly recognized his qualities both as a man of courage and as an eminent surgeon, appointing him as a Grand Officer in the Legion of Honour in 2000 and awarding him the Grand-Croix in the National Order of Merit in 2006.

Jacob Cukier\textsuperscript{17} (1933–)

Born in Paris in 1933 of Polish parents, Jacob Cukier is representative of the generation of post-war urologists who suffered greatly as a result of the rise of Nazism, the German occupation of France and the collaboration of the Vichy regime.
His father, Moszek Cukier, arrived in France in 1930. When France declared war on Germany in 1939, Moszek was already 38 years old. Even so, he enlisted in the Polish section of the French Army. This unit was stationed at Bollène in south-eastern France, where his family joined him after the Armistice of June 1940.

In a moving testimony that he gave to a school in Bollène in 2011, Jacob Cukier recounted: “If I escaped the massacres, it was thanks to the people of goodwill in Bollène and in particular Mr. and Mrs. Chamoison, who hid me on their farm at risk to their own lives. Hiding a Jew at this time was punishable by death.” His aunt, who was also in hiding in the same village, was arrested in a raid on 26 August 1942. She was deported to Auschwitz and never returned. She was just 28 years old. “Jews were collected like garbage,” recalled Cukier, who lived at the time under the name of Jacques Cullerier.

“The Chamoisons hid and protected me for a whole year on their farm without asking for the least payment in return, and they were far from rich. During the day, I worked as a shepherd, learned a little of the local dialect and didn’t go to school.” Others were less fortunate than the Chamoisons: Dr. Marianne Basch and André Rombeau, who helped to set up the network to aid Jewish children, were betrayed to the Gestapo. The doctor managed to escape, but Rombeau – a Protestant – was executed by firing squad.

Fortunate still to be alive but otherwise destitute, the Cukier family returned to Paris after the war. His parents worked hard so that Jacob could make up for the lost years of schooling and their diligence was rewarded. Jacob proved himself to be a brilliant medical student and went on to build a glittering career in Paris, culminating in his occupancy of the urology chair at the Necker Hospital, where he succeeded Roger Couvelaire. He is now perhaps best well-known for his development of paediatric surgery and neuro-urology, as well as his use of extensive surgery for kidney cancers.

Bernard Lobel

(1940–

Bernard Lobel is one of the generation of urologists born during the Second World War, in September 1940 at Rouen. Like Jacob Cukier and Ady Steg, he was hidden as a child. His father, Henri, was a Romanian Jew and a family doctor in the Seine valley in Normandy. As soon as war was declared, he tried to enlist in the French Army but as a foreigner he was rejected in both Rouen and Bordeaux.

As a result, he returned to his practice and was able to continue working until May 1942, even though the German occupation of northern France obliged him to share his house with three German officers from August 1940 onwards. In June 1942, however, the necessity of wearing the yellow star convinced him that it was time to leave for the free zone. Added pressure was exerted by the President of the Council of the Order of Physicians in Rouen, Dr. Desaint, a surgeon, who ordered Henri to turn over his practice to a young, newly graduated French doctor. The family moved south of the Loire and settled in Charost. All went well at first but some time later they were denounced. Bernard and his parents were able to escape, but his maternal grandmother and a young medical student uncle were arrested and deported, first to Buchenwald and then to Auschwitz, where they perished. The young Bernard was separated from his parents, who were able to survive the war thanks to the bravery of the owners of a local castle, Pierre de Gaulle and the Count d’Orglandes, whom Henri Lobel had treated as a family doctor.

Bernard Lobel, then just 3 years of age, was entrusted to a family of teachers, the Chevolots, in Cosne-sur-Loire, who kept him safe at risk to their own lives and the lives of their three children until the Liberation in August 1944.

After the war, he studied in Rouen and then in Paris, where he became a professor of urology in 1980. Appointed to the University of Rennes in
Brittany, he helped to develop the urology department into one of the finest in the country. He is an honorary member of the EAU, in which organization he is still very active, and together with Claude Abbou he created and elaborated the European guidelines for urology. He is a Chevalier in the Legion of Honour.

Conclusion

It is incumbent on every European nation to reflect upon the Nazi tyranny, whose multiple roots has been the subject of much research. However difficult it may be, none of us can or should avoid facing up to the harsh realities of this most difficult period in our common history. In particular, and as far as the medical profession is concerned, the involvement of a number of doctors in the excesses of Nazism should lead to a constant re-evaluation of the power and duty of medicine. Having said that, it is still true to say that the era of German national socialism was experienced in very different ways by the urologists of each European country. There is no disputing that it was tragic everywhere and left scars everywhere. But in France, while the suffering of some individuals was unquestionably traumatic, urology as a discipline was not modified in its practice, nor was the map of French urology significantly redrawn. No urologists were expatriated. Urology was not decimated. It was certainly badly shaken, but at the end of the war it was nonetheless ready for the new growth and development that antibiotics and the advances of anesthesia-intensive care would enable urologists to achieve, reinvigorated by the opening of their ranks to a far more diverse population of interns than had been the case before 1939.

Tragedies must not be forgotten, however uncomfortable their consequences. The effort of remembrance is never in vain.

REFERENCES

Small but Significant: Urology in the Netherlands (1900-1945)

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MART J. VAN LIEBURG
The Foundation of the Dutch Urological Association (NVU)

At the beginning of the 20th Century, a physician was thought to know everything there was to know about medicine and should therefore be able to treat all diseases. However, the growth of medical knowledge, the introduction of new technology in medical practice and various economic reasons gradually persuaded physicians to start specializing in a specific part of medicine. They developed skills necessary for the use of newly introduced instruments and claimed that their knowledge was based on recent scientific insights. Studying medical books and visiting famous foreign medical departments made your reputation as a specialist. There were no formal rules to determine this status. Office work and consultations were done at private houses, operation time and beds were rented in local hospitals. In the bigger cities specialists formed poliklinieken (polyclinics) where they had their office premises together. The general physicians felt threatened by the rise of the specialists. In 1900, there were only 136 medical specialists in the Netherlands, all working in the big cities. By 1908, there were already 423 specialists, working in 24 cities. 25 of them were specialists for nier- en blaasziekten (kidney and bladder diseases). 13 of them worked as arts voor huid- en geslachtsziekten (a physician for dermatology and venereal diseases), but also used blaasziekten (bladder diseases) or ziekten van de urinewegen (diseases of the urinary tract) as metaphors for venereal disease.

The specialists felt that they were not properly represented in the Dutch Medical Society (Nederlandse Maatschappij ter Bevordering der Geneeskunde, NMG) and so they started their own organisations. The aim of these organizations was to give the specialist profession a more scientific basis, to have international representation and to look after the social and financial interests of the members. On Saturday 14 March 1908, Hiddo R.G.J. Brongersma (1869-1944), a specialist in kidney and bladder diseases, founded the NederlandseVereniging voor Urologie (Dutch Urological Association) and became its first president. Constant August Herman Rochell (1868-1950), a physician for skin, kidney and bladder diseases from Amsterdam became secretary and Godefridus van Houtum (1870-1949), a physician for kidney and bladder diseases from The Hague, was chosen as vice-president. Willem Lek (1882-1958) from Amsterdam and Cornelis P. Chr. Bosch (1850-1911) from The Hague became members of the board. The purpose of the association was to promote knowledge of the diseases of the urinary tract in both sexes. You could only become a member if you were a physician who exclusively treated people with urogenital diseases. However, it was also possible for working physicians in other disciplines who had contributed significantly to increasing the knowledge of urology to become a special member of the association.
The Early Years of the NVU

Hiddo Brongersma was born in Leiden and went to secondary school in Haarlem. He joined the Royal Dutch Navy and became a midshipman 2nd class, but because of physical problems that made him unfit for military duty he was honourably discharged in 1887. He decided to study medicine in Amsterdam and obtained his medical degree in 1897. He then opted to specialize in urological surgery. He went to Hôpital Necker in Paris and did an internship in the famous urological clinic of Félix Guyon and his successor, Joachim Albarran. He also visited Max Nitze and Leopold Casper in Berlin. In 1900, he started his practice in Amsterdam. On 21 February 1906, he was appointed as private tutor for de ziekten der urinewegen (diseases of the urinary tract) at the University of Amsterdam. In 1910, he opened a urological polyclinic at Huidekoperstraat 21. The purpose of this polyclinic, named after Félix Guyon, was the practical education of urology and the treatment of patients. Downstairs, the building housed a waiting room for private patients, an X-ray room, cystoscopy and treatment rooms and changing cubicles. On the first floor, there was a central education room for 24 people, which was used for treatment and education. This level was completed by another cystoscopy room, a changing cubicle for 3 patients, a pathological anatomical laboratory and a waiting room. The second floor had a laboratory, an experimental room, two darkrooms for developing X-rays and a home for the caretaker. All the rooms were decorated in light colours, to create a pleasant atmosphere. The clinic was financed by fees from Indonesian physicians who wanted to study during their leave and from patients who were treated privately. Brongersma operated on his patients in the Nederlandsch Hervormde Diakonesseninrichting (Dutch Reformed Deaconess Hospital) at Overtoom 283 in Amsterdam, where he performed operations like cystectomies and transvesical prostatectomies. Brongersma was also involved in the founding of the Dutch Society of Surgery in 1902; was co-founder of the Amsterdam Specialist Society in 1905; was a board member of the NMG; and the author of 50 medical publications. He spoke frequently at annual congresses in France and Germany. Because of his wife’s illness, he decided to stop working in 1926 and moved to France, selling his practice to J. A. Weijlandt (1889-1956). In 1940, Brongersma returned to the Netherlands and lived in The Hague. In January 1943, he was one of the 140,000 people who were evacuated because of the construction of the Atlantic Wall. He died on 7 April 1944 in Almelo. Brongersma had a dominant and tenacious personality, but was also loyal to his colleagues and friends. According to G. Van Houtum, for many years he was the soul of the Dutch Urological Association.
Willem Lek studied medicine in Amsterdam, where he obtained his medical degree in 1907. He went to Paris and Berlin to specialize in urology and later became Brongersma’s assistant. He worked with Brongersma until June 1911, when he started his own private practice at Weteringschans 79 in Amsterdam. After the opening of the Centraal Israëlietische Ziekenverpleging (Central Israeli Hospital or CIZ), a Jewish hospital at Jacob Obrechtstraat 92, Lek moved his practice there in July 1916. The CIZ was privately financed and was described as “a cross between a villa and a small palace”. It had room for 50 patients. Before the Second World War, Amsterdam had two other Jewish hospitals in addition to the CIZ: the Nederlandsch Israëlietisch Ziekenhuis (Dutch Israeli Hospital or NIZ) on the Nieuwe Keizersgracht and the Portugeesch Israëlietisch Ziekenhuis (Portuguese Israeli Hospital or PIZ) at Plantage Franschelaan 8-10. In August 1943, the Jewish hospitals were cleared and closed by the German occupying authorities. After the war, the CIZ was re-opened. It was used to offer medical help to the survivors of the concentration camps.

Constant Rochell was born in Rotterdam, studied in Amsterdam and obtained his medical degree in 1899. He specialized in urology at the clinic of Professor of Dermatology S. Mendes de Leon. He had a private practice, but he also worked in the NIZ and, from January 1916 onwards, in the Burgerziekenhuis (Citizen’s Hospital) in Amsterdam.

Cornelis Bosch became a surgical resident at the Coolsingel Ziekenhuis (Coolsingel Hospital) in Rotterdam after he completed his medical training in 1878. A year later, he started his private practice as a specialist in bladder and kidney diseases. In 1899, he moved to The Hague to work in the ‘s-Gravenhaagsche Diakenessen-Inrichting (Hague Deaconess Hospital) with G. Van Houtum. He died in 1911 at the age of 61.

Godefridus van Houtum passed his medical examinations in 1895. He became a resident in bacteriology and pathological anatomy at the institute of Professor C.H.H. Spronck in Utrecht. In 1897, he was appointed as a bacteriologist at the Coolsingel Hospital in Rotterdam. In 1899, he joined the 2nd Dutch Red Cross Ambulance. (At this time, the Red Cross sections in the Netherlands were forming mobile ambulances – small units of physicians, nurses and medical equipment – to give medical assistance to Dutch settlers fighting in South Africa against the British in the Boer War). Van Houtum worked with the ambulance in South-west Transvaal until June 1900, when he was captured by the English and sent to Ceylon. During his captivity he worked as a bacteriologist in Colombo, investigating leprosy. After his release, he went to Batavia in Indonesia to continue his research into this disease. In 1904, he returned to Europe and went to Berlin to be trained in urology, following which he started to work in The Hague. After the death of Cornelis Bosch, he was given a position in the Deaconess Hospital. He had no formal surgical education but was one of the endoscopic pioneers in Dutch urology, with a broad knowledge of urinary cytology. He retired just before the Second World War, although he temporarily reopened his private practice during the war year.5

The NVU organised two congresses in collaboration with the Société Belge d’Urologie; the first in June 1911 and the second in 1914. After these meetings and the subsequent outbreak of the First World War, the society went into ‘hibernation’ and no further official meetings were held until the 1930s.
In addition to the members of the NVU, many other physicians were working as specialists in urology. Some, like Cornelis Leendert Dorst (1860-1934) and Jacob Henri van Veen (1876-1942) in Rotterdam, focused entirely on urology but chose not to join the NVU. At the same time, many general surgeons also had a special interest in urology. In 1908, Johannes Henricus Zaaijer (1876-1932) was the first to perform a successful long-term auto-transplant of the kidney in a dog. In 1911, working at the University Hospital of Leiden, he performed the first uretero-ileo-cutaneostomy in a patient with total incontinence as a result of a vesico-vaginal fistula. The patient died 11 days later because of extensive cervical malignancy. He repeated the operation in a patient with carcinoma of the bladder. The patient died of peritonitis after six days.\(^6\)

Another surgeon, W.J. van Stockum (1860-1913), working in the Coolsingel Hospital in Rotterdam, performed the first retropubic prostatectomy for the removal of the hyperplastic prostatic adenoma by means of a prostatic capsule incision. He called his operation an ‘extravesical suprapubic prostatectomy’. He reported his technique at the annual meeting of the French society in 1909 and published it that same year.\(^7\) Jan Schoemaker (1871-1940), a surgeon in the Zuidwal Communal Hospital in The Hague, was the first to use ileum to replace a part of the ureter. This operation was performed in 1909 on an 18-year-old girl, who had undergone a right nephrectomy and suprapubic cystostomy to treat her frequency complaints. Schoemaker joined an isolated loop of ileum to the ureter and skin. In a second operation the cutaneous ileostomy was closed and the ileum was implanted into the bladder. This was the first ileocystoplasty and the patient’s complaints were eliminated.\(^8\)

**Urology in the Interbellum**

In 1930, the Dutch government passed new health insurance legislation. Like previous legislation of this kind at the beginning of the century, the new law was a catalyst for change. Since 1913, the Dutch Medical Society had repeatedly tried to set up a registration system for specialists, but without success. On 8 July 1930, G.C. Nijhoff, a gynaecologist and the then chairman of the NMG, again proposed the introduction of a registration system. Fear of losing income as a result of the new legislation was a main reason for the specialists this time agreeing to the proposal. The new Specialists Registration Commission (SRC) was founded on 10 February 1932. Every specialist working before 1 July 1931 was registered.

For many years, the NVU had been an association without activities. With the introduction of specialist registration, Dirk van Capellen (1879-1957) and Evert Deddes (1883-1962), members of the ‘old’ NVU, decided to re-establish the organization together with Constans Constant Charles Adolph Croïn (1893-1968), Teunis de Waard (1894-1966), Abraham Geesink (1891-1941) and Jan A. Weijtlandt (1889-1956). The reconstituted NVU was founded on 17 May 1933 in the NMG building on the Keizersgracht in Amsterdam. The former board members – G.van Houtum, Willem Lek and Jacob H.J. van der Vuurst de Vries Sr. (1872-1948) – were asked to join the new board and they agreed. From then on, a physician could only become a member of the NVU if he was working exclusively in urology. The new association was keen to cooperate with English urologists. With this in mind and at the initiative of J.A. Weijtlandt, the NVU organized two meetings in 1933 and 1934 with the urological section of the British Royal Society of Medicine. In 1939, a similar meeting was organized with the Société Belge d’Urologie. The Dutch urologists were
once again internationally active: they published and spoke regularly at international congresses.

Dirk van Capellen studied medicine in Amsterdam and was trained as a surgeon in the Binnen Gasthuis (Inner Hospital) in Amsterdam. In 1921, he was appointed as a private tutor in urology at the University of Amsterdam.

Constant Croïn was born in Dordrecht and studied medicine in Utrecht. He became a resident under Professor H.J. Lameris (1872-1948) in Utrecht, before moving to the Coolsingel Hospital in Rotterdam to become a resident under W. Noordenbos (1875-1954) and J.G. Remijnse (1878-1971). He later also went to Halle and to Paris to work with Friedrich Voelcker (1872-1955) and Félix Legueu (1863-1939). He started to practise as a ‘doctor for kidney and bladder diseases’ in 1925. In 1932, he was appointed as a consultant at the Deaconess Hospital in The Hague. Before the Second World War, he was one of the leading urologists in the Netherlands.

In 1933, 11 urologists were registered under the new system. 12 other physicians, mainly surgeons, were registered as urologists in combination with another specialty. A further five urologists were registered before the outbreak of war in 1940. The NVU proposed new certification rules for the registration of new specialists. This involved 3 years of residency in surgery, followed by 2 years of residency in urology in a clinic led by an urologist. However, it took until 1939 before the SRC could establish this new system. The final certification requirements stated that a urologist in training should work in a hospital alongside a qualified urologist, as well as in a urological outpatient clinic, and should deal with at least 100 urological admissions each year.

Dirk van Capellen was chairman of the SRC from 1934 until 1954. During the war years, he kept the committee’s records hidden in his attic.

**German Urologists in the Netherlands**

After the proclamation in 1935 of the Nuremberg racial laws, which deprived the Jewish people of all civil rights, many Jews tried to emigrate from Germany. Struggling to cope with a poor economic situation and frightened that a rapid growth in the Jewish community might lead to increased anti-Semitism, the Dutch government decided to limit the number of Jewish immigrants. Only people with substantial means of support and those who could prove they were in real danger in their home country were allowed in. However, providing evidence of danger was difficult, so that relatively few Jews entered the Netherlands. Between 1935 and May 1940, some 10,000 Jewish refugees from Germany were officially admitted, although many others came into the country illegally. The real total was probably somewhere between 35,000 and 50,000. After the Kristallnacht (Crystal Night) in 1938, the number of people wanting to flee Germany grew rapidly. In reaction, the Dutch government closed its borders to Jewish refugees. Those
who still managed to enter the Netherlands found themselves moved from camp to camp. To solve this problem, the government decided to build the Westerbork Central Refugee Camp in the northern part of the country. Even then, the government was not prepared to spend state money on care for the refugees: instead, the Jewish community in the Netherlands had to finance the camp. The first Jewish refugees arrived in Westerbork on 9 October 1939.

Five urologists from Germany emigrated to the Netherlands. Willy Cohen (1880-?) was born in Bodenfelde near Hannover and obtained his medical degree in 1904. He worked as a ‘doctor for urology, skin and venereal diseases’ in Munich, before he came to the Netherlands in 1937. His subsequent fate is unknown.

Alfred Gallinek (1901-1975) obtained his medical degree in 1927. He worked as an intern in the University Psychiatric Clinic in Halle. At the beginning of 1934, he decided to emigrate with his wife and son to the Netherlands. In 1935, he emigrated again, this time to the United States, where he came to the Netherlands in 1937. His subsequent fate is unknown.

The Jewish refugee doctor Arthur Alex Strauß (1864-1940) was a physician, poet, art collector and painter. He worked as a ‘doctor for urology, skin and venereal diseases’ in Barmen. Together with his wife, Lucy Herz (1875-1940), he built up an extensive collection of modernist art. In 1933, he emigrated to the Netherlands. His son, Arnold, who was also a physician, decided to move to the United States in 1935. Arthur, however, was initially reluctant to leave Europe, but when he finally decided to act he was no longer able to obtain an immigration visa for the USA. After the Germans occupied the Netherlands, he and his wife were pursued by the Gestapo for having transferred funds out of Germany. Trapped and with no likely means of escape, the couple decided to end their own lives in The Hague in September 1940.9

Otto Joseph Schlein (1895-1944) was born in Laurahütte. He obtained his medical degree in 1920 and went on to specialize in urology and dermatology. In 1936, he emigrated to the Netherlands, where he lived in Amsterdam. According to his registration with the Jewish Council – the organization that was created by the German occupier to govern the Jewish community in the Netherlands – Dr. Schlein was not only a dermatologist, but also a linguistic genius. In the early years of the war, he worked as a medical consultant at the medication supply department of the Jewish Council in Amsterdam. He was married to Anni Pieck (1903-1944) and was the father of Judith Vera (1927-1944). When the Nazi’s decided to implement their ‘final solution’, the whole family was arrested and sent to Westerbork, arriving on 21 June 1942. They were deported to Theresienstadt on 18 January 1944. From there, Otto was taken on 28 September 1944 to Auschwitz, where he was murdered. His wife and daughter were later also deported to Auschwitz and murdered.

Dr. Salomon Lichtenstein (1867-1954) was born in Neuwied. He completed his medical training in 1890 and specialized in urology, dermatology and venereology. During the First World War, he was a soldier in the German Army and received several military decorations. From 1918 to 1933, he worked for the Health Insurance Fund of IG Farben Industries in Leverkusen. In June 1933, he emigrated to the Netherlands and lived in The Hague, where he became an active member of local Jewish society. He was arrested and transported to the transit camp at Westerbork on 22 April 1943. Lichtenstein appealed for his release based on his military service during the previous war and because he only had two Jewish grandparents. This was agreed, but in return he was expected to perform sterilizations on Jewish men from mixed mar-
riages. He was discharged from Westerbork on 25 July 1943 and transported to Amsterdam, where he performed several sterilizations in the Portuguese Israeli Hospital. After the war, Lichtenstein was no longer accepted by the Jewish community because of his willingness to cooperate with these operations. He died on 10 October 1954 in The Hague.

Dutch Urologists during the Second World War

When the Germans occupied the Netherlands in May 1940, they installed a civil government. The Austrian lawyer Arthur Seyss-Inquart (1892-1946) was appointed as Reich Commissar for the Occupied Dutch Territories. Under him were four general commissariats, which supervised the various ministries. The implementation of policy was left to the Dutch civil service.

In 1941, the government forbade all political parties except the Nationaal-Socialistische Beweging (NSB), a Dutch national socialist party established on 4 November 1932. The political programme of the NSB focused on strong leadership and economic corporatism. National interests should be put above individual interests. The NSB wanted abolition of individual voting rights, limitations on the freedom of the press and legislation against strikes. After 1936, the party took a more anti-Semitic position. During pre-war elections, the party never polled more than 8% of the votes. By 1943, their membership reached a peak of 100,000. The NSB played an important role at the lower levels of government and in the civil service. For example, every new mayor during the war years was a member of the NSB. At the national level, however, the role of the NSB was much less important.

In November 1940, the NSB founded the Medical Front. This organization of physicians, dentists, nurses, midwives and paramedics was intended to solve the income and pension problems of medical personnel but also to prevent them from degenerating into malpractice or exploitation. The Front described the task of the medical practitioner as: “In the first place, to prevent disease; in the second place, to cure disease.” Only 3% of the 6,550 Dutch doctors voluntarily joined this organization.

In the light of this poor response, on 12 May 1941 Dr. Gero Reuter, head of the public health section of the Department of Social Affairs, visited his colleague, Dr. F. A. Schalij (1880-1970), chairman of the Dutch Medical Society (NMG), in Rotterdam. Reuter gave Schalij a stark choice: either the NMG would agree to accept the director of the Medical Front as a counsellor on the NMG central board or else the central board would be placed under the control of an external commissioner. Reluctantly, the board decided that accepting the Front leader – Dr. G.A Schalij, as distant family relation of the NMG chairman – was the lesser of two evils. Even so, this decision prompted a reaction from a group of doctors led by Jan Roorda, a general practitioner from Haarlem, Jean J. Brutel de la Rivière, a school doctor from Deventer, and Dr. J.C. Ph. Eeftinck Schattenkerk, a surgeon from Zwolle. On 24 August, these men met together at the station coffee shop in Zutphen and decided to form a resistance organisation of physicians called Medical Contact. As a first step, they urged their medical colleagues to terminate their membership of the NMG. At that time, 90% of all doctors belonged to the NMG, but by the end of September 1941 some 3,400 had terminated their membership.

The German occupier responded by founding the Dutch Chamber of Physicians on 20 December 1941. The NMG was abolished and every doctor
was automatically expected to become a member of the new chamber. It was also agreed that henceforth medical information could be passed on to the Security Police. Constant Croën, a deputy chief of the Medical Front, was appointed as the first president, with his office in the former NMG building on the Keizersgracht in Amsterdam. Medical Contact advised doctors not to cooperate with the Chamber. As a result, by early 1942 only 1,200 doctors had registered. This included (again at the suggestion of Medical Advice) the 370 Jewish doctors still in the country.13

In September 1942, Croën sent a note to all doctors, insisting that they sign up for the Chamber. 4,950 doctors simply refused to fill in the form. A judgment of the Supreme Court in 1905 had stated that “a person who is properly qualified to perform a particular activity does not need to perform that activity as part of a profession.” Bearing this in mind, 6,200 doctors wrote back to Croën, informing him that they renounced the medical profession. In this way, they were not obliged to participate in the Chamber of Physicians, but because they held a medical degree, they could still perform the tasks of a doctor! On 26 March, they duly removed their doctor signs from the facades of their premises. Not surprisingly, the occupying authorities were unwilling to tolerate this form of civil disobedience for long, and on 1 April 1943 Dr. Friedrich Wimmer (1897-1965), an Austrian art historian, archaeologist, lawyer and personal friend of Seyss-Inquart, who as the General Commissar for Governance and Justice was responsible for public health policy, first threatened them with ‘punishments.’ Even now, 5,500 doctors wrote to Wimmer, reiterating that they no longer considered themselves to be a part of the medical profession. Wimmer now responded by openly promising arrest and deportation for those who did not conform. Finally, on 5 July 1943, the doctors capitulated and sent a letter of apology to Seyss-Inquart. Nevertheless, this was still the end of the Chamber of Physicians, and no further action was taken by either the German occupier or by Medical Contact.

On Tuesday 5 September 1944, the rumour spread that Allied forces would liberate the Netherlands within a few days. Many Dutchmen hung Dutch
and Orange flags on buildings and left their places of work to await the arrival of the Allies. The German occupation forces and NSB members began to panic: incriminating documents were destroyed and many fled the Netherlands for Germany. In October 1944, Croïn was suspended by the NSB because of his behaviour on this day, which became known as Dolle Dinsdag (Mad Tuesday). During his trial after the war, Croïn claimed that he had made a mistake by trying to mix science and politics. His aim, he said, was to contribute to a better health care system and, in particular, a reliable health insurance system. He argued that he never took measures against physicians and admitted that he realized as early as 1943 that he was wrong. However, his words fell on deaf ears and he was sentenced to 5 years of imprisonment, a fine of 50,000 guilders, suspension of his voting rights and confiscation of his radio. He was allowed to keep his doctor’s title (as was every other physician who cooperated with the German occupiers) and he was not disbarred from the NVU. After his release, he emigrated to South Africa.

Dutch Jewish Urologists during the War

In 1940, approximately 140,000 Dutch Jews and 22,000 Jewish refugees lived in the Netherlands, of whom only 30,000 survived the war. The Jews lived mainly in the big cities, with a population of 75,000 in Amsterdam, about 10 percent of the city's total population. In May 1940, hundreds of Dutch Jews attempted to commit suicide, in order to escape the persecution they believed lay ahead. Exact numbers are not known, but in Amsterdam, where most of the Dutch Jews were living, 128 Jewish citizens died as a result of suicide. One of them was Willy Albert Levy (1899-1940). He was born in Paramaribo, the capital of the Dutch colony of Suriname. He studied medicine in Paramaribo and Groningen, where he was awarded his medical degree. He went to Amsterdam to become an assistant in the Inner Hospital, first for pathological anatomy, then for surgery. Later, he also practiced surgery from his house at Frans van Mierisstraat 82. During the Dutch mobilization in the spring of 1940, he was called up as a reserve officer in the medical service of Dutch Army's combat engineers. When the Germans invaded, he was working in the military hospital in Amsterdam. It was in this hospital, on 15 May 1940, that he put an end to his life, together with his wife, Martha Helena Frijda.

The deportation of Jews to the concentration camps started on 22 February 1941. Three Dutch Jewish urologists were arrested and transported to Westerbork. Two of them were murdered in the death camps. One survived the war.

Jacob Henri van Veen (1876-1942) was born in Rotterdam. He studied medicine at the University of Leiden, where he obtained his medical degree in 1901. He specialized in urology and in 1902 began work as a physician for bladder, kidney and venereal diseases at Stationsweg 79 in Rotterdam, taking over the practice of the late Thomas Broes of Dort, a doctor specializing in skin and venereal diseases and co-founder of the Dutch Society of Dermatology and Venereology. From 15 January 1906, Dr. van Veen also worked in an outpatient clinic at Noordsingel 69 and at the Deaconess Hospital. He was president of the Association of Rotterdam Medical Specialists and dedicated himself tirelessly to the improvement of the city’s health insurance funds. In 1933, he was registered as a urologist by the Specialists Registration Committee, but was never a member of the Dutch Association of Urology.

He was married to Rosina Hendrica of Vriesland, the sister of Victor E. Vriesland, the celebrated Dutch poet and critic. The couple had two daugh-
ers. During the bombing of Rotterdam on 14 May 1940, their home in the Stationsweg was irreparably damaged and so the family moved to Rochussenstraat 83b. In spite of the growing risks for Jews, Jacob, who was a fairly strict man, did not want to go into hiding. After his inevitable arrest, he was moved to the ‘Orange Hotel’ (the prison in Scheveningen), together with his wife.\(^6\) He arrived at the Westerbork transit camp on 26 September 1942 and was deported to Auschwitz two days later. He was killed in early October 1942 at the Monowitz concentration camp, a satellite of Auschwitz. Rosina was also murdered in Auschwitz in early October 1942. Their daughters survived the war.

**Herman Hoorenman** (1880-1943) was born in Amsterdam and studied in Groningen, where he obtained his medical degree in 1906. He became the assistant of Constant Rochell at the Dutch Israeli Hospital in his native city, working as a specialist in surgery, urology and gynaecology. In 1913, he went to Sneek and in the late twenties to Amersfoort, before returning with his wife Evan van Dam (1881-1943) and his son Philip Hoorneman (1915-1945) to Amsterdam. For several years, he was an acting surgeon in the Portuguese Israeli Hospital. Because of the indispensable nature of his profession, he was issued with an immunity document that should have prevented his attest. However, as Nazi policy toward the Jews hardened, the document proved to be worthless. Dr. Hoorenman was detained with his wife and transferred to Westerbork, where they arrived on 26 May 1943. It was arranged that he should work there as a quarantine physician, but by the time the necessary documents arrived in Westerbork, the couple already been deported to Sobibor, where they were murdered.

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**Tab 1**

**LIST OF PERSECUTED UROLOGISTS**

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Fate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>J.H. van Veen</td>
<td>Murdered in Monowitz</td>
</tr>
<tr>
<td>2</td>
<td>W.A. Lek</td>
<td>Deported to Bergen-Belsen, survived</td>
</tr>
<tr>
<td>3</td>
<td>A. Gallinek</td>
<td>Emigrated to the Netherlands and USA</td>
</tr>
<tr>
<td>4</td>
<td>W. Cohen</td>
<td>Emigrated to the Netherlands, fate unknown</td>
</tr>
<tr>
<td>5</td>
<td>W. Levy</td>
<td>Committed suicide</td>
</tr>
<tr>
<td>6</td>
<td>H. Hoorenman</td>
<td>Murdered in Sobibor</td>
</tr>
<tr>
<td>7</td>
<td>O.J. Schlein</td>
<td>Emigrated to the Netherlands, murdered in Auschwitz</td>
</tr>
<tr>
<td>8</td>
<td>A. Strauß</td>
<td>Emigrated to the Netherlands, committed suicide</td>
</tr>
</tbody>
</table>
on 4 June 1943. Their son Philip Hoorenman died in 1945. The exact place of his death is not known.

**Willem Lek** also had an immunity document because of his work as a urologist, but in 1943 he too was arrested and deported to Westerbork, where he initially worked as a physician in the camp hospital. However, on 15 February 1944 Lek and his wife were sent to the concentration camp at Bergen-Belsen in Germany. At the beginning of April 1945, when the liberation of the camp was imminent, the prisoners, including Willem Lek and his wife, were put on trains to Theresienstadt. The trains remained stranded for two weeks between the front lines of the opposing armies and many of prisoners died from malnutrition, exhaustion or illness. Eventually, the train stopped in Trobnitz, where its passengers were liberated by the Red Army. On 10 September 1945, Lek and his wife arrived back in Amsterdam. He was 63 years old and had vascular problems. He did not resume his work as a urologist, but continued to live in the city until his death in 1958.

**Sterilization of mixed-marriage Jews**

After the German occupation of the Netherlands, the idea gradually grew that mixed-married Jews should be sterilized to prevent new children from being born from these marriages between Jews and non-Jews. The main proponents of this idea were two members of the SS: Hanns Rauter and Wilhelm Harster. Rauter (1895-1949) was the General Commissar for Security and Harster (1904-1991) was his Commander of Security Police from July 1940 to August 1943.

In March 1943, Reich Commissar Seyss-Inquart ordered, with Himmler’s consent, the sterilization of approximately 4,000 mixed-marriage Jewish men with children and all Jewish women under the age of 45. The Netherlands was the only country in Europe where this draconian measure was introduced. At the beginning of May 1943, more than 700 mixed-marriage Jewish men and women were arrested and deported to the camp at Westerbork. On Friday 14 May 1943, at half past six in the evening, just before the start of the Sabbath, 103 Jewish men and women with children from mixed marriages were gathered in the camp’s registration hall. Aus der Fünten, an SS Storm Leader from the Central Office for Jewish Emigration, offered them the choice between ‘voluntary’ sterilization or deportation to the camps in the East. The men and women were given a half-hour for reflection. As an added ‘incentive’, it was agreed that after surgery the Star of David would no longer need to be worn and that the most of the restrictive provisions normally applicable to Jews would be lifted. 51 people chose to be sterilized and were immediately transferred to Amsterdam. During a second round-up on 26 May 1943, another 300 mixed-marriage Jews were arrested and deported to Westerbork. A further 90% of this group also opted for voluntary sterilisation.

The leadership of the project was in the hands of SS Storm Commander Eduard Wilhelm Paul Meyer (1898-?). After his medical studies in Hamburg, he specialized in bacteriology. In 1933, he joined the SS and in 1939 became a doctor in the Wehrmacht. The sterilizations of the first 11 women from Westerbork were performed by two German military surgeons, with the help of Jewish hospital staff, at the Central Israeli Hospital. The 40 men were sterilized in the Portuguese Israeli Hospital. After the operation, the men had to pay the bill of 112.50 Dutch guilders. After just six weeks, the German surgeons refused to cooperate any longer, so that Dr. Meyer had to look for other doctors to perform the surgery. He
found a Dutch gynaecologist who performed six sterilizations before he too refused to cooperate further. Following this refusal no more women were sterilised. Even the generally pro-German doctors from the Medical Front were reluctant to take part in the sterilization programme. In 1942, Dr. P.C. Keestra, the general secretary of Medical Front, wrote in the journal *Volksgezondheid* (Public Health) that Front doctors would not participate in sterilizations as long as the ‘people’s conscience’ did not ask for it.  

For the male sterilisations, Meyer found a more willing accomplice in Dr. Salomon Lichtenstein (1867-1954). Lichtenstein was born in Neuwied, Germany. He completed his medical training in 1890 and specialized in urology, dermatology and venereology. During the First World War, he was soldier in the German Army and received several military decorations. From 1918 to 1933, he worked for the Health Insurance Fund of IG Farben Industries in Leverkusen. In June 1933, he emigrated to the Netherlands and lived in The Hague, where he became an active member of local Jewish society. He was arrested and transported to the transit camp at Westerbork on 22 April 1943. Lichtenstein appealed for his release based on his military service during the previous war and because he only had two Jewish grandparents. This was agreed, but in return he was expected to perform sterilizations on Jewish men from mixed marriages. He was discharged from Westerbork on 25 July 1943 and transported to Amsterdam, where he performed several sterilizations in the Portuguese Israeli Hospital. It is also possible that he performed ‘fake’ operations about which Meyer knew or had even ordered.  

At the beginning of the war, nearly 8,000 mixed-marriage Jews lived in the Netherlands. According to German figures, 19 women and 442 men were sterilized up to November 1943. But to get rid of the Star of David, it was not obligatory to be sterilized. A confirmation of infertility given by Meyer was also adequate. Women over 45 were given such a statement without further medical examination. In younger women, Meyer was satisfied with a confirmation from Dutch physicians like Dr. M.A. van Bouwdijk Bastiaanse and Dr. P. R. Michael, without any further checking of the accuracy of the confirmation. For men, Meyer accepted corresponding confirmations from Professor M. N. Roegholt, Professor of Surgery at the University of Amsterdam. Roegholt frequently stated that the Jewish men had become infertile because of mumps or gonorrhoea. Meyer knew that these statements were not correct but took no further action. Roegholt also developed other ways to justify his declarations. One method was to first perform a digital rectal examination and then press on the seminal vesicles to empty them. The urine examined after this procedure did not contain spermatozoa and so the man could be declared infertile. Again, Meyer knew about and approved this method of ‘testing’. Similarly, Dr. Berthold Stokvis, an acquaintance of Roegholt, found an article in the German magazine *Zentralblatt fur Chirurgie* in which Dr. Hans Zettel described how men with a prostate enlargement were often infertile. Roegholt consulted Meyer, who once more agreed to accept this as ‘proof’ of infertility. By these various ruses, Dr. Roegholt estimated that he managed to liberate between 800 and 1,000 Jewish men from the hated Star of David with false declarations.
After the War

The first meeting of the NVU after the war was held on 10 February 1946. Chairman G. van Houtum wished Teunis de Waard (1894-1966) a quick recovery from his severe injuries caused by the bombardment of his house. Dr. de Waard lived and practised at Mathenesserlaan 294 in Rotterdam. The office of the German Security Service and Security Police was located just a little further down the same road at Mathenesserlaan 226. On 29 November 1944, the Royal Air Force tried unsuccessfully to bomb this office. The building was only slightly damaged but 64 civilians were killed and many others wounded, probably including Dr. de Waard. After the war, he recovered from his wounds and continued to practice urology until 1962.

This reference is the only official remark about the Second World War made in the records of the NVU. It seems that like the rest of the Dutch people after the war, the urologists were trying to forget the past and rebuild the future.

We would like to thank Hannah van den Ende and Raymund Schütz for their support writing this chapter.

All figures in this article are from the archives of the Dutch Association of Urology (NVU)

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Flemish Nationalism and Collaboration at the University of Ghent during the Second World War

Johan J. Matteelaer
The Flemish Movement or Flemish Nationalism are collective terms for the totality of persons and associations who strove to achieve the emancipation of the Flemish people within the context and against the historical background of the Belgian nation state. In social and political terms, this struggle sought to achieve a greater level of recognition within and devolution from that national structure.

**Historical Background**

After breaking away from the Kingdom of the Netherlands and securing independence in 1830, the new Kingdom of Belgium was founded as a monolingual, French-speaking state, since this was the language spoken by the ruling class in both Flanders and Walloon province. This led to a slow but steady ‘frenchification’ of public life in Flanders. In Brussels – nominally a part of Flanders but now the new national capital – French was immediately installed as the sole working language of the judicial and administrative systems of government. The same was true of primary education in Brussels, although this measure was never pushed through to its fullest extent in the rest of Flanders. It was as though a social and linguistic border had been established running through the middle of the new country. As the years passed, it became clear that the frenchification of Brussels was much stronger and more irreversible than elsewhere in Flanders.

The first reaction against this process of cultural emasculation came from literary circles and in particular from writers and poets like Conscience, Rodenbach and Gezelle. Afterwards, this resistance spread quickly to other artistic disciplines. As a result, a kind of cultural Flemish nationalism was born, which was preached not only by artists and intellec-
tuals, but also by large parts of the Flemish-speaking bourgeoisie.

After 1870, this Flemish Movement gained a wider and more popular basis. Consequently, its demands increasingly became more political, insisting on the use of the Dutch language throughout all levels of education and public life in Flanders. The Flemish student movement was the driving force behind this evolution. A largely Catholic intelligentsia came to the fore in public debate, whose leading figures included Hugo Verriest, Cyriel Verschaeve and Frans Van Cauwelaert. At the other side August Vermeylen and Julius Vuylsteke were fighting anti-catholics.

During the First World War, the Flemish Movement split into three groups: the activists, who collaborated with the occupying German forces in order to achieve their political and linguistic aims; the passivists, who refused to collaborate; and the so-called Front Movement, a movement within the group of Flemish soldiers fighting at the front who resisted the language policy of the national army, which meant that orders were given exclusively in French, even to Flemish soldiers who did not speak it. This latter group showed their disapproval by having the letters AVV-VVK (Alles voor Vlaanderen-Vlaanderen voor Kristus: All for Flanders, Flanders for Christ) engraved on the headstones of many of their fallen comrades.

Collaboration in Flanders during the Second World War

In this chapter, we will confine ourselves to the medical faculty at the State University of Ghent, because the phenomenon that combined Flemish nationalism, German Flamenpolitik and collaboration was nowhere more pronounced than amongst this tight group of academics and students.

The rise to prominence of new totalitarian regimes during the inter-war period, such as fascism in Italy and national socialism in Germany, also had consequences for Belgium. Taking their lead from these foreign examples, new parties expounding extreme and totalitarian principles also began to appear in Belgian politics, challenging the continued existence of Belgian political system.

This meant that when war and defeat finally arrived in 1940, the will to collaborate did not simply materialize out of thin air. During the Interbellum, many Belgians became increasingly frustrated as a result of increasing unemployment and decreasing purchasing power, particularly since the world economic crisis that followed the Wall Street Crash in 1929. The failure of governments to deal with these problems seemed to cast doubt on the effectiveness and legitimacy of parliamentary democracy. None of the successive administrations in Belgium was able to find the answers that people so desperately needed. Between 1918 and 1940, there were no fewer than 22 cabinets and 30 governmental crises. This led to growing disillusionment and, particularly on the right, a reaction against democratic values (against universal suffrage, against parliamentary restrictions on the administration and its executive, against the increasing influence of the labour movement, etc.).

In the meantime, Hitler had come to power in Germany. He brought inter-party strife and governmental instability in his country to an abrupt and brutal end. At the same time, he offered the German people clear and powerful solutions, expressed in his demagogic and ultimately convincing style. In Belgium, where people were confronted with similar problems, some groupings began to look towards Hitler and his successes with a degree of enthusiasm and even admiration. This was not only true of the working class, who were suffering the most. Many in the middle classes also took up the virulent an-
ti-communism of the New Order parties. Even the Catholic Church called upon the faithful to take up arms – either morally or physically – against the godlessness of the atheistic communists, thereby lending added legitimacy to the emerging extremist parties of the right.

After the German victory in the West in 1940, the disciplined and well-armed German Army made a deep impression on many people. A significant number were convinced that this victory was permanent and irreversible, so that Europe was entering a new era. This belief had an important influence on persuading people to collaborate with the occupying authorities. In addition, collaboration seemed to offer several practical and material advantages. By agreeing to work with the Germans, it was often possible to make money quickly, allowing the collaborators to rapidly improve their social and economic position.

Finally, it must be remembered that a number of collaborators chose the German side from conviction. They shared the political principles of national socialism and regarded it as the only viable solution for the problems and conflicts that typified the Belgian political landscape during the inter-war years. This radical tendency was most prominent among the Flemish nationalists: they hoped to establish an autonomous Flanders with German help.

This does not mean that collaboration was something specifically Flemish, which is what the French-speaking part of Belgium would sometimes like to have the world believe. Viewed in proportional terms, the Walloons collaborated with the Germans just as much as the Flemings. Their motivation was different and had more to do with opportunism and materialism than with ideology. They had never had any reason to complain about being disadvantaged by the Belgian state and consequently had never had any need to fight to secure their basic rights. Seen in this light, their collaboration is less easy to understand than the actions of the Flemings, who believed that what they were doing was ‘for Flanders’. That being said, this cannot be used as an excuse to justify Flemish collaboration.

On 8 October 1933, the *Vlaams Nationaal Verbond* (Flemish National Union or VNV) was founded under the leadership of Staf De Clercq. The various Flemish nationalist forces were united in the hope of seeing the creation of a ‘Diets’ or Middle Dutch state, in which the Flemings and the Dutch would be reunited. Following the German invasion of 10 May 1940, the VNV immediately placed itself at the disposal of the German military authorities. By openly collaborating in this way, the VNV hoped to realize its political goals. However, Hitler quickly made clear that he was not prepared to take any decision about the status of Flanders until the war was finally over. Even so, the Germans chose to work with the VNV because it was the only national socialist group that operated throughout Flanders. In so doing, the Germans intended to use the Flemish nationalist to their own best advantage, without ever seriously planning to give them much in return. The VNV failed to divine the true intentions of the occupiers and continued to persist in their collaboration.

By the time Staf De Clercq died in 1942, he had largely pushed any idea of an independent Flanders to one side and had hitched the VNV’s wagon irreversibly to the Nazis. De Clercq was succeeded by Hendrik Elias, but on the face of it collaboration continued much as before: for example, troops were still recruited for service on the Eastern Front and the forced obligation to work in Germany was defended in the party’s paper *Volk en Staat*. Behind the scenes, however, Elias made his dissatisfaction plain to the Germans on several occasions. Resistance to close collaboration began to grow within the VNV, as it became increasingly clear that the Germans were not going to keep their promises and were unwilling to give any kind of guarantee for the future. It was around this time that Dr. Frans Daels, an eminent professor at the University of Ghent, left the VNV.
Racial Doctrines

Racial doctrines were first developed towards the end of the 19th Century in England, France and, later, Germany. At the start of the 20th Century, the German doctor Eugen Fischer laid the basis for so-called *Rassenbiologie* (racial biology), which became a fertile source of ideas for Nazi ideology and would ultimately lead to the extermination camps and the terrible experiments of Dr. Josef Mengele.

In 1933, a law came into force in Germany concerning the prevention and transmission of hereditary diseases, which foresaw the enforced sterilization of people with psychological conditions, epilepsy, hereditary blindness and hereditary deafness. This was followed on 15 September 1935 by the introduction of the infamous Nuremburg race laws, which were mainly targeted against the Jews. The real architects of these racial policies were Leonardo Conti, *Reichsgesundheitsführer SS* (SS State Health Director) and his mother Nanna Conti, chairwoman of the national socialist association of midwives. Frans Daels, who was professor of midwifery and gynaecology at the University of Ghent, maintained close contact with Nanna Conti even before the war. In 1931, Professor Roger Soenen, who shared similar views, was appointed to the anatomy chair in Ghent but after the so-called ‘Soenen incident’ he was denied the rectorship in 1933 because he was too pro-Flemish. To add insult to injury, he was even removed from his chair, although he was restored to it in 1941 during the German occupation. In Belgium, he was the principal propagator of racial eugenic theories and propaganda, which he had learnt from Eugen Fischer at the *Kaiser Wilhelm Institut für Anthropologie, menschliche Erblehre und Eugenik* (Kaiser Wilhelm Institute for Anthropology, Human Heredity and Eugenics, known for short as the KW1). Together with Dr. Gustaaf Schamelhout, who was also active as an anthropologist, and several other doctors from Antwerp, Soenen was invited in 1941 to take part in the *Paracelsus Feier*, a propaganda rally held in Salzburg. In 1943, this time with Dr. Jan De Roeck from Antwerp, also a specialist in racial theory, he was invited by *Reichsgesundheitsführer* Leonardo Conti for a study tour in Germany. That same year, Soenen was appointed by Conti as an expert for the investigation of the mass murders carried out by the communists in the Ukrainian town of Winniza. Another professor from Ghent, Raymond Speleers, who held the ophthalmology chair, was sent to investigate a similar massacre at Katyn near Smolensk in Russia, where tens of thou-
thousands of Polish officers had been executed. The task of this commission was to establish exactly when the massacre had taken place. Was it before the Nazis had invaded the Soviet Union or was it afterwards? The outcome was never in doubt. The commission concluded that the officers were murdered in the spring of 1940; in other words, more than a year before the Germans arrived in Katyn, which meant that the Soviets must have been responsible for the extermination of the Polish officer corps. This fact – which was indeed true – was exploited mercilessly by the German propaganda machine in its crusade against Bolshevism. It was only in 1990 that the Soviet regime finally admitted its culpability, revealing that the massacre had been carried out by order of the Central Committee of the Communist Party, acting on the explicit instructions of Stalin.

In 1943, Professor Soenen published *Enkele begrippen over Ras en Rassenkunde* (Some concepts of race and racial theory). He had been preceded in 1938 by his like-minded colleague, Dr. Schamelhout, with his book *Herkomst en Etnische Samenstelling van het Vlaamsche Volk* (Origins and ethnic composition of the Flemish people).

In 1935, near the Tollensee, a lake in the former East German province of Mecklenburg, the *Nationalsozialistische Ärzteführerschule* (National Socialist School for the Training of Medical Leaders) was set up. About 12,000 mainly young doctors, chemists, midwives and health care workers passed through this school and were indoctrinated with the Nazi’s racial ideology. Subjects on the curriculum included race theory, racial hygiene and eugenics.

**SS-Standartenführer** Dr. Hans Deuschl was the first director of the school and was succeeded in 1941 by Dr. Johannes Petret, who received medical delegations from Flanders in June and October of that same year. The participants for the June delegation were recruited from the *Algemeen Vlaamse Geneesheren Verbond* (General Flemish Union of Doctors or AVGV) by the Antwerp physicians Antoon Picard and Frans van Hoof. Dr. José Daels, who was then an assistant in the gynaecology unit at the University of Ghent, was one of those selected. The second delegation in October included 14 other Flemish doctors.

The organization of study trips was a systematic part of the *Flamenpolitik* employed by the occupying German forces in Flanders. As a result, many German professors and other promoters of the Nazi’s racial policies were invited as guest speakers by the Faculty of Medicine at the University of Ghent. These guest lecturers included Eugen Fischer, Freiherr Othmar von Verschuer, Walter Gross, Fritz Lenz, Hans Reiter and Fredrich Burgdörfer.

The travel permit to Ghent for Professor von Verschuer, 4 December 1942.

The Order of Physicians during the Second World War

In 1938, the Belgian Parliament voted for the foundation and organization of an Order of Physicians. At the instigation of the German occupiers, a new
order was established on 26 November 1941, for the purpose of establishing tighter control not only over health care in general, but also over the doctors who practiced it. Dr. Frans Daels, who had previously been passed over for the rectorship of the University of Ghent, set his sights on securing for himself the position as head of the Flemish chamber of this new wartime order, but once again forces conspired against him and the title went instead to Dr. Frans Van Hoof from Antwerp, a fervent anti-Semite.

Collaboration at the University of Ghent

Bearing in mind the role played by the university during the First World War, it is hardly surprising that Ghent was once again a fertile breeding ground for collaboration during the second global conflict. In December 1914, Moritz Ferdinand Freiherr von Bissing (1844-1917) had been appointed governor-general of the Imperial German Government of Belgium, the military regime that the German Empire had set up to administer occupied Belgium. Von Bissing instituted the so-called Flamenpolitik to try and win the support of the Flemish people. One of the measures he introduced with this aim in mind was the introduction in 1917 of Dutch as the language of instruction throughout the University of Ghent. The opponents of this measure sarcastically renamed the university after von Bissing and condemned the measure as the unacceptable interference of the occupier in domestic Belgian politics.

Given this background, it is understandable why in 1940 the Germans once again looked to Ghent rather than the three other Belgian universities to best serve the interests of the Third Reich. It was intended that the university should become a Zentrum volksverbundener flämische Wissenschaft (Centre for Popular Flemish Science), setting a Germanic example for the rest of Western Europe. The occupying authorities strongly influenced (if not dictated) the university’s policy and promoted what it called brauchbare flämische Kräften (usable Flemish skills), which, together with the importation of a number of German visiting lecturers, was intended to give shape and form to the Tradition deutsch-flämischer Zusammenarbeit (tradition of German-Flemish cooperation).

The visiting German professors to Ghent during the war years included Dr. Eugen Fischer, Freiherr Othmar von Verschuer, Dr. Walter Gross, Dr. Fritz Lenz, Dr. Hans Reiter and Dr. Fredrich Burgdörfer. They were all members of either the NSDAP (Nazi party) or the SS.

A high watermark in the evolution towards collaboration was the ‘Diets’ Student Congress in April 1941, which was effectively a commemoration of the von Bissing University from the First World War. As already mentioned, Professor Roger Soenen was appointed to the chair of anatomy in Ghent in 1931. But in 1933 the Faculty of Medicine almost unanimously supported the candidacy of Professor Frans Daels for the position of rector. The responsible government minister, Maurice Lippens, made clear, however, that he would refuse to appoint a pro-Flemish nationalist rector and therefore opted for the more neutral Professor Joseph Bessemans. In response to this move, Professor Soenen made a vehement attack on Minister Lippens in a speech to a student congress in Ghent, which resulted in him being dismissed from his academic post within 24 hours. Perhaps bearing in mind his past record on these issues, in 1941 Soenen was re-elected to his chair with the support of the German Militär Verwaltung. He immediately requested and received permission from the medical faculty and the rector’s office to institute a non-compulsory course on racial theory and racial biology. Later that same year, he
left for the Eastern Front to help set up a Flemish field hospital in place of Professor Daels. However, within a week he was back in Belgium: he insisted on wearing a Flemish uniform, not a German one! Even so, in 1944 he was sent by the Germans as an expert to Winniza in the Ukraine, where the German Army had discovered a mass grave used by the Soviets to bury executed Ukrainian dissidents. However, it soon became clear that the Germans had also used the same grave to bury Ukrainian Jews they had murdered. Soenens never wrote his report…

Recently, a researcher at the Archives Nationales de Paris discovered a letter written by Soenens in which he provided an official of the Militär Verwaltung with a list of the names and addresses of Jewish students who had registered in secret at the University of Ghent. They were all former students of the Free University of Brussels, which was closed during the war years.

**Jews at the University of Ghent**

On 26 November 1941, David Lustig, the son of a rabbi and a candidate to study natural and medical sciences was denied further access to the University of Ghent on the basis of a prohibition order issued in accordance with the educational directives promulgated by the German military authorities. Between 23 October 1940 and 21 September 1942, no fewer than 18 such prohibition orders were issued against young Jewish men who wanted to study in Ghent. Many of those who were excluded in this manner were later rounded up and deported to the camps in Eastern Europe. Those who never returned are commemorated on a memorial plaque in the auditorium of the university: Falks Fedor Epsteins, Joachim Es-

![Participants in the ‘Diets’ Student Congress on the Kouter in Ghent, 3 April 1941.](image1)

![Memorial plaque in the auditorium of the University of Ghent to the victims of the Holocaust](image2)
Hans Handovsky was a Jewish doctor from Austria, who under the Nazi regime was forced to flee from the University of Göttingen. Since 1934, he had been working as an extremely able researcher at the University of Ghent within the team of Professor Corneel Heijmans, who was awarded the Nobel Prize for Medicine in 1938. Handovsky was suspended by the German authorities in 1941, but survived the war. Another Austrian academic, Professor Paul Fröschel, was also forced to leave the Botanical Institute during the war, following which he disappeared clandestinely.

Professor Dr. Leon Elaut: Urologist and Historian

Leon Elaut was born in 1897 and in 1917 he enrolled in the Dutch-language von Bissing University in Ghent. He qualified as a doctor in 1927 and in that same year obtained his PhD, prior to obtaining a second one in Amsterdam in 1929. This was followed by a study trip to the Mayo Clinic in Rochester (USA), where he remained for six months under the guidance of W.F. Braasch. This resulted in 1932 in a third PhD from the university in Ghent, where in 1938 he was appointed as the first Flemish professor of urology.

Even before the First World War, Elaut was a Flemish nationalist and activist. He played an important role in the Ghent students’ union and repeatedly addressed student conferences, although never beyond the confines of the university. His language was different from that of Frans Daels and Reimond Speleers. He also talked about Flemish national solidarity and autonomy, but his tone was more ironic, sometimes even sarcastic. In spite of his fierce pro-Flemish feelings, he occasionally adopted an anti-German stance: “Flanders must be defrenchified, but it must also be degermanized!”

On 21 May 1941, Elaut was elected dean by a secret ballot of the members of the Faculty of Medicine. He was re-elected on 12 June 1942. During the war, he was also a member of the governing board of the Order of Physicians. He refused the position of chairman, but agreed to take on a secondary role in the board with the following responsibilities:

1. the continuing education and training of doctors
2. the drawing up of a statute for specialists
3. the drawing up of a statute for patients
4. the organization of loans and the lending of medical instruments to new doctors or doctors adversely affected by the war.

The manner in which he carried out these tasks was controversial and formed the basis for the charge that was laid against him after the war: that he had illegally distorted a legally constituted institution. His strong anti-Belgian attitude was also held against him and he was found guilty. His punishment was severe. He was dismissed as a professor with the loss of all professional rights, including pension rights, as well as the loss of his civil rights until 1959. In addition, he also had to pay a large fine. There was even a two-year suspended jail sentence, but he never went to prison.

Instead, Elaut set about building a new career. Because he found it almost impossible to gain access to other hospitals in Belgium, he decided to study the history of medicine, a subject on which he later published many fine works, the most famous of which is De geschiedenis van het medisch denken (The history of medical thought, 1952). At the age of 61, he re-enrolled as a student at the University of Ghent and obtained yet another PhD, this time in med-
FLEMISH NATIONALISM AND COLLABORATION AT THE UNIVERSITY OF GHENT DURING THE SECOND WORLD WAR

the war, the board members of the Order of Physicians were tried by a military tribunal in a hearing that began on 17 June 1947. Twelve Flemish and five Walloon physicians were held to account for their activities ‘in the service of the enemy’ during the war years. The verdict was passed six months later, resulting in 16 convictions and one acquittal. Just how impartial these verdicts were in the atmosphere prevailing in the immediate aftermath of the war is open to question.

Professor Leon Elaut died in Ghent on 2 April 1978, aged 80.

Post-war Trials and Convictions

After the war, the key question that needed to be answered was: who had collaborated? Separated by the distance of seventy years, it is not for us to judge. However, it is a matter of fact that in Belgium after

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Professor Dr. Leon Elaut (1897-1978)
Refugee Urologists coming to or through the UK, 1933-1946

PAUL WEINDLING
The UK was a dynamic, complex, and at times welcoming and at times excluding context for refugee physicians. Overall, the UK received and eventually integrated large numbers of refugee physicians from continental Europe between 1930 and the immediate aftermath of the Second World War when a few survivors of concentration camps or of mixed marriages (such as the urologist Ernst Portner) arrived (in Portner’s case in 1946). By tracing the complex life histories of individual displaced physicians, some 4258 came to the UK, or through the UK as a temporary place of safety. Approximately 10% of the medical refugees are known to have re-migrated, mostly to the United States, and very few returned to their countries of origin. But at times the UK situation – particularly in the mid-1930s – appeared bleak with barriers to recognition of qualifications. The situation relaxed in the year between Kristallnacht pogrom in November 1938 and the outbreak of war, when the UK offered multiple concessionary schemes, for example for the requalification of fifty Austrian physicians. The outbreak of war in 1939 caused further turbulence. After registration at “aliens tribunals” came dismissals from hospital posts and selective internment in the invasion scare during 1940. Then the tide turned when all foreign medical degrees were recognised from 1941. This provided the basis for refugee physicians to integrate in the developing UK health care system.

Some medical specialisms among the refugees were better supported than others. Refugees in psychiatry and neurology found good opportunities. There were about 300 refugees with qualifications in various branches of surgery, which was a harder field to advance in. Some urologists like Erwin Batzdorff and Rudolf Paschkis registered as surgeons with a specialization in urology. Whereas in Germany and Austria urology was an established specialism, in the UK it remained under the shadow of general surgery. It was only on 17 March 1945 that the British Association of Urological Surgeons was founded in contrast to the well-established German Society. Specialist clinical appointments were achieved in the context of the new National Health Service (launched in 1948). Some refugees achieved specialist posts in urology, whereas others settled for positions as general practitioners. University clinical chairs in urology have been exceptional personal appointments.

The demand areas in UK medicine were associated with efforts to improve the scientific basis of clinical medicine, particularly by applying physiology and biochemistry. Continental specialists thus entered into efforts by reform minded groups to improve the British medical training and practice, and fund a higher quality system of medicine. The more conservative medical specialisms proved resistant to refugees, whereas those which were more progressive were supportive, seeing that refugees brought innovative skill sets. Dermatology/venereology – traditionally an area for Jewish physicians as newer specialisms – were not especially welcoming as specialisms in the UK, but again specialist opportunities eventually developed. Herbert Picard, who arrived from Berlin, had dual specialisation in dermatology and urology.

The question of recognition of qualifications was crucial. The wider context was that of diminishing reciprocity in recognizing medical qualifications. By 1933, only Italian qualifications were recognised in the UK, because the Austrian and German agreements had lapsed. This may have been the reason why Herbert Colman, who had acquired British nationality at birth in 1889, spent some time in Florence, before arriving in the UK.

The situation regarding requalification was that one could present oneself for examination after having completed between six months and two years clinical studies. This depended on the availability of training places. Those arriving in 1933 and 1934 found it easier to obtain a place so as to requalify. The Scottish conjoint Board adminis-
tered by the Royal College of Surgery at Edinburgh was notably sympathetic. The Welsh National School of Medicine was also helpful. Those arriving later found places were restricted, as in the case of Edmund Loeb who returned to France (where he survived). From 1939 the situation again eased, especially as regards the medical schools in England. The Polish School of Medicine at Edinburgh provided major training opportunities under the Heidelberg-trained surgeon Antoni Jurasz.

The momentous recognition of foreign degrees from January 1941 was at first a wartime emergency measure, but became permanent. The recognition indicates how the UK provided significantly improved opportunities for integrating refugee urologists.

Overall, thirty three refugee urologists can be identified who came to or through the UK. By nationality they were:

- Austrians: 6
- British by birth: 1
- Czechoslovakian: 4
- German: 17
- Italian: 1
- Polish: 3
- Unknown nationality: 1

It is important to take account of when urologists arrived, and their age. All were male. Certain older urologists came to the UK as a place of safety for what effectively was forced retirement. Those who were younger found training places. Friedrich Wilhelm Jakobsohn (then Frederick William Jacobson) obtained the Scottish “triple” conjoint qualification – LRCP Edinburgh, LRCS Edinburgh, LRCPS Glasgow – in 1934. The urologist Wilhelm Israel studied for a Scottish medical degree from autumn 1933 (qualifying in 1935) while struggling for a year to keep his insurance contract in Berlin. Emil Arthur Hirsch obtained his MD in Munich in 1934 and his Scottish “triple” examination in 1938. Ernst Sklarz requalified at the Welsh National School of Medicine, which was sympathetic to refugees. Later arrivals found greater barriers to requalification in Scotland due to pressure from the British Medical Association, but English medical schools eased restrictions from 1939. Of the late arrivals Sigismund Kaiser arrived in 1939, and had to wait until recognition of his Leipzig degree in 1941 for practising in the UK.

The list of refugee doctors, compiled by Yvonne Kapp provides details of twelve urologists, one (Paul Freund) with a specialisation as urologist but otherwise unknown. Others known to be urologists were listed as either surgeons or dermatologists. With two exceptions, all lived in London or vicinity. The list shows whether the refugee physician had obtained UK qualifications, or was studying for them, or was in limbo seeking a place in a medical school.

The Austrian Oswald Schwarz pioneered psychosomatic urology, editing a first textbook. Schwarz had the status of Privatdozent at the Vienna University’s surgical clinic. In 1934 Oswald Schwarz applied for an extended sabbatical, and he travelled with his family to London. He focused his research on urological-psychological problems. Because of the political climate in Austria (Austrofascism and then National Socialism) he was dismissed. He was in touch with the Society for Protection of Science and Learning where he was registered as a “displaced university teacher.”
He was persecuted in times of Nazism as a Jew lost his position and “venia legendi” on April 22nd, 1938. His MD degree was withdrawn by the Nazis in 1943. Living in Kensington, he practiced as a psychologist specialising in sexual therapy. Schwarz obtained British nationality in 1947. Oswald Schwarz published what became the highly successful *The Psychology of Sex* with Penguin in 1949. Despite this achievement his death in 1949 was considered by Viktor Frankl to have been suicide.\(^7\)

In conclusion, the thirty three urologists coming to or through the UK had highly individual experiences. For some the move to the UK meant a transformation of interests, notably for Oswald Schwarz. Those remaining in the UK obtained either clinical appointments in dermatology or surgery, or in General Practice. The relatively high proportion of a third migrated onwards: eight moved to the United States, one to Jamaica, and another eventually to South Africa. None returned to their country of origin, and there is no evidence that they were ever encouraged so to do. When the German Society for Urology was reconstituted after the war, none were included in the ranks of its members.

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7. Viktor Frankl stated this. See the Oswald Schwarz file, in my Medical Refugees Collection, History Department, Oxford Brookes University.
<table>
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Portugal during the first half of the 20th Century – Historical Notes

The beginning of the 20th Century represents a period of great instability in Europe. It was an epoch of great dissatisfaction, which tried to break with the metrics of the progress of the 19th Century, based on the assumptions of the Industrial Revolution. It was characterized by a period of crisis within bourgeois liberal society, which made possible the First World War I and later resulted in the rise of the totalitarian ideologies that led to the Second World War.

At the time, Portugal was a small country with 5,423,132 inhabitants, isolated from the rest of Europe, poorly industrialized, dominated by a rural society, and with no great future perspectives. In addition to a small urban elite, the population was composed of a large number of workers, peasants and craftsmen, mainly living in extremely precarious conditions. This same reality was reflected in the education system: there was a single university, located in Coimbra, attended by 1,212 students coming from the highest social classes; just two high schools, with a total of 8,691 students, again from the upper and middle classes; and a mere 5,552 official primary schools, which were hopelessly inadequate to meet the needs of even a small part of the population, which was mostly illiterate (78.6%).

In these circumstances, it is perhaps not surprising that Portugal had been the stage for several political and social convulsions, which plagued each of the three political regimes that governed the country during the first half of the 20th Century: the Constitutional Monarchy (1851-1910), the First Republic (1910-1926), and the Military Dictatorship (1926-1933), which became institutionalized from 1933 onwards.

The Constitutional Monarchy was ruled by the two monarchical parties, the Regenerator Party and the Progressive Party, which alternated in power according to the electoral results. Together, they crystallized the system of classes and capital management in accordance with the liberal model of the day. However, the constant disagreements between the monarchical parties and their disruption of the democratic process led to the growth of a radical opposition. King Dom Carlos and the Crown Prince Dom Luis Filipe were assassinated in Lisbon by republican revolutionaries. The throne was occupied by the late king’s second son, Dom Manuel II, but he was unable to contain the growing threat of populist rebellion. The revolutionary movement attracted military and civilians belonging to the middle class, petty bourgeoisie and the proletariat, and was also supported by the Republican Party, the freemasons (a society inspired by the Light Movement) and the Carbonari (a secret anti-monarchist society). The First Republic was proclaimed on 5 October 1910, following a coup d’etat. It inherited serious economic and financial problems; in particular, a large public debt. Even so, it represented the first attempt to establish and maintain a parliamentary democracy in Portugal, diluting the hierarchy of the class system of the previous regime, as the best means to achieve social development and progress. The Republic was organized around a single democratic party, which served as an umbrella for several political factions and advocated ideals of social justice and democracy. Nevertheless, the level of political instability was huge. During the 15 years and 8 months of its existence, the First Republic had 45 different governments, eight general elections and eight presidents. It was the most unstable parliamentary regime in Western Europe.

For all its shortcomings, the republican regime started the movement of modernization and change that created a wider set of opportunities for society as a whole. Within three years, republican dyna-
mism had established the prime features for the development of the country and the colonies. The Constitution of 1911 institutionalized education (and, in particular, higher education and research) as an essential element in national progress. This was especially important for the modernization of medical education and for the consolidation of an influential intellectual elite, even during the following hard years of dictatorship.

On the downside, chronic governmental instability was reflected in widespread social unease at all levels of Portuguese society, which in turn resulted in the mass emigration of the resident population for a variety of reasons (political, economic, social and military). The first migratory wave between 1910 and 1915 chose Brazil and North America as the most favoured countries of destination, followed by Africa during the period between 1914 and 1918. This flight of capital and the high military expenditure during the First World War, combined with the resulting inflation and currency devaluation, led to a massive balance of the trade deficit and set the country on a collision course with the state. The various internal disagreements within the Republican Party had created several areas of social tension. Strikes and repression were a constant feature of political life, particularly in 1910-1911 and 1919-1920. The sense of insecurity was further heightened by the disloyalty of the government’s military branch, further encouraging the incremental growth of anti-parliamentary political forces, often backed by leaders elsewhere in Europe. This all prepared the way for a military coup in 1926 and for the establishment of an institutionalized military dictatorship in 1933. This was destined to become the longest lasting and most persistent authoritarian regime in Western Europe until its collapse in 1974.

The dictatorial regime of António de Oliveira Salazar, the *Estado Novo* (New State), tried to enlist the support of Portuguese society for a new political order, detached from the ideals of the former republican regime. This new political ‘project’ had been thoroughly prepared since the inauguration of the military dictatorship in 1926. The main guidelines of the new political principle were defined by the new Constitution of 11 April 1933. This text proposed to revive the fortunes of a country that had been discredited in Europe since the mid-19th Century, by focusing on a nationalism that harked back to the glorious period of Portugal’s history in the 16th Century. In this way, Salazar attempted to establish an identifiable model of governance that recovered the central elements of the country’s past, both in the secular and religious fields. Salazar stated: “We do not question God and virtue; we do not question the fatherland and its history; we do not question authority and its prestige; we do not question family and morals; we do not question the glory of work and its duty”. In this way, the great supports of society were laid: peace, order, Portuguese union – the *Estado Forte* (Strong State) – respected authority, honest administration, economy revival, patriotic feeling, corporative organization and the colonial empire.

These foundations of the authoritarian regime did not have a significant impact on the medical class, which reflects its high professional prestige, notwithstanding the two waves of university purges (one in 1935 and the other in 1947) that mainly affected physicians with an academic career. In the state hospitals, where professionals of various political persuasions worked, from extreme-left to the extreme-right, there was never political interference. Salazar always tried to distance Portugal from the effects of the Second World War (1939-1945),
although he used the armour of National Socialism to protect the country against communism in order to defend the corporatist interests of the Portuguese people. This required him to remain in dialogue with and, in some cases, to give into pressure from Germany during the Holocaust. That being said, Portugal, officially neutral, became a centre of international espionage and the headquarters of several international humanitarian organizations, including representatives and agencies of governments in exile. Within the framework of this policy, which allowed for the simultaneous action of various agencies from both Axis and Allied countries, there was also room for the representatives of Jewish organizations who had been forced to leave the Nazi-occupied territories. This ‘open door’ policy contributed significantly to the reception of thousands of Jews fleeing from the Holocaust, who found in Portugal a gateway to the United States.\textsuperscript{11} It has, however, proven difficult to identify doctors and particularly urologists from the existing lists of refugee in various national and international archives.

### Portuguese Medicine and Urology in the first half of the 20th Century

The beginning of the 20\textsuperscript{th} Century marked an important turning point in the understanding of the cosmos (microcosm and macrocosm)\textsuperscript{12} and led to the development of a new explanatory framework for the body, health and illness, in which the laboratory and the hospital stand out as privileged elements of scientific objectivity and differentiated training.

In Portugal, medical education changed from being a matter of bookish knowledge learnt at the medical and surgical schools, to focus instead on practical erudition based on scientific research at the various faculties of medicine. Medical institutions now sought to define and adopt models of valorisation for the medical profession as an enlightened intellectual elite within the structure of a modern State, where the scientific vocation would play a major role.\textsuperscript{13}

The 1911 foundation document proclaimed by the First Republic created faculties of medicine in Lisbon and Oporto to replace the old medical and surgical schools, and reformed the faculty of medicine at Coimbra. As a result, research as an essential element of knowledge and progress was institutionalized. This dilution of the old-fashioned structure of higher education was intended “to advance science through the study of the work of its masters and to initiate a student elite in methods of discovery and scientific investigation (...) as well as the general education of sciences and their applications”.\textsuperscript{14} The new subjects introduced in the scientific curricula were not limited to those related to the descriptive educational chairs: laboratories became privileged places of teaching and research, and the figure of the ‘professor-scientist’ and the specialist doctor was established as a privileged link between the world of knowledge and civil society.

The 1911 transition of the medical and surgical schools into faculties of medicine\textsuperscript{15} introduced a new paradigm in which specialization became the model for university formation (both in the medical school and in the hospital). As a result, the medical specialties – and in particular the surgical specialties\textsuperscript{16} – began their journey of emancipation, in the light of a new medical practice consistent with the microscope lens and the resolutory power of X-rays. The medical-surgical specialties were therefore seen as symbol of civilizational progress, achieved by introducing new research practices (scientific and/or technical) and through the regular production of original knowledge within the medical community, based on a new ‘esprit de corps’ that originated from the laboratory.\textsuperscript{17} the operating
room or the use of specialized instrumentation. This all led to much greater social recognition for and appreciation of the medical profession.

In addition to a university education that promoted experimental training in internal medicine, hospitals also played a crucial role in the modernization of 19th Century surgery. The Civil Hospitals of Lisbon (CHL), founded in 1913, were a cluster of seven hospitals spread over the city (São José, Desterro, St. António dos Capuchos, Santa Marta, Dona Estefânia, Arroios and Curry Cabral). Oporto had only one hospital, the Hospital de Santo António, owned by Misericórdia do Porto, and Coimbra had a hospital that was part of the university.

Teaching in the CHL was performed daily in the wards, in the operating theatres and during consultations. A college of surgeons was established, whose tradition dated back to the previous century, which greatly influenced the incorporation of the ideals of positivist (Comptean) inspiration and contributed to the design of the structure of the medical profession in the first half of the 20th Century, which identified with their institutions.

If a medical career in the schools was competitive, this was also the case in the hospitals. The CHL had full autonomy in political and financial issues: the only evaluation criteria were merit and competence. The public tendering of various academic and professional positions functioned in this context as the apex of pedagogical activity. Because of the level of difficulty involved, this was an effective process for theoretical improvement and the selection of experts.

The history of surgery, to which urology is subordinated, is often confused with that of medicine itself, since surgery has always been the elect discipline of medical practice. As a consequence, the surgeon is a figure of power and, therefore, of reference and authority, recognized and socially respected, even by dictators. A brigadier who was a medical doctor at the time suggested to Salazar that he should close the Civil Hospitals of Lisbon, because they were not susceptible to political coercion. To which Salazar replied: "Do away with the Civil Hospitals of Lisbon? Are you mad?! It is the best clinical school in the country. If we finish them, who will then take care of us?" Salazar suffered from vesicular lithiasis and was assisted several times by CHL doctors. In similar vein, Hitler, because he feared dying from cancer, protected Otto Warburg, a Jewish doctor and director of the Kaiser Wilhelm Institut für Biochemie, who at that time was taking the first steps in studying the oxidative behaviour of cancer cells. Both dictators respected the medical class and the institutions that could help to save their own lives, providing this did not seriously jeopardize their political project. In consequence, this resulted in a more passive attitude of coercion towards the medical profession.

There are several publications on the history of Portuguese urology, such as those of Silva Carvalho, Fernando Calais da Silva, Arménio Pinto de Carvalho, Manuel Mendes Silva and Carlos Vieira Reis, all using the same sources: oral testimonies, obituaries, statutes and minutes of the Portuguese Association of Urology, as well as various cuttings from the medical press. In addition to these historical publications, there is a corpus of scientific publications. Taken together, they allow us to establish the course of urology in Portugal, which within the space of half a century distanced itself from the contributions of Maximilian Nitze (1848-1906) and Félix Guyon (1831-1920). The origins of the discipline’s emancipation are to be found in the three major urban centres of the country (Lisbon, Oporto and Coimbra), which in turn associate three axes of disciplinary differentiation: the incorporation of diagnostic techniques and surgical treatment in current urological pathologies in Europe (spinal anaesthesia, radiography, cystoscopy, urodynamics, prostatectomy, lithotomy and lithotripsy, conservative and uro-intestinal surgery, etc.); the research of new diagnostic and treatment techniques; and the securing of recognition
within the scientific community, by creating specific professional channels (such as the Portuguese Association of Urology) or creating specific schools of thought, both in the academies and in hospitals. The history of urology is associated with the history of medical specialties. Throughout the course of its professional and scientific affirmation, it went through three fundamental periods, until the specialty of urology was finally recognized by the Portuguese Medical Association in 1944:

- The increase in external consultations and individual initiatives, spread over time (1902-1931);
- The creation of specialist services through the recognition of the expertise of pioneer doctors by hospitals and medical schools (1909-1926);
- The creation of scientific associations, as the professional training centres for a specialist elite (1923).

Using this methodological matrix, we will briefly highlight the most important aspects, institutions and players who shaped this evolutionary process in the first half of the 20th Century, before focusing on Portuguese urology during the Salazar dictatorship.

Urology in Lisbon, Coimbra and Oporto – a Bridge between the Hospital and the Faculty

In Lisbon

The specialty consultations carried out in the hospitals were increasingly individualized in order to create a distinct body of knowledge, different from the rest of medicine, not only in terms of the number of consultations conducted and the techniques involved, but also by virtue of the results obtained. In 1908, the CHL held consultations for ‘children’s diseases’, diseases of the gastrointestinal tract, ‘women’s diseases’, ear, nose and throat diseases, venereal and syphilitic diseases, and diseases of the genito-urinary organs. In 1929, the consultation of diseases of the genito-urinary organs was re-designated as diseases of the kidneys and urinary tracts. It was only in 1931 that this was finally renamed as consultations for urology.

According to data published in the Clinical Bulletin of the Civil Hospitals, the first consultations were made in 1902 at the Desterro Hospital by Alberto Henrique Bastos (1873-1937), although Artur de Carvalho Ravara (1873-1937) has also been indicated as a pioneer, according to oral sources reproduced in the various versions of the history of urology hitherto published. These consultations could have been informal. Formal consultations for genito-urinary organs were initiated in 1906 by Ravara, who was also a doctor of the royal family. He published several clinical studies, was the performer of the first cystoscopy in the country and the founder of the Portuguese Association of Urology (PAU) in 1923.

Artur Furtado Pereira (1863-1934) was a physician at the San José Hospital. A student of Guyon, he became an expert in lithotripsy. He was appointed President of the Urinary Tract Section of the 15th International Congress of Medicine held in Lisbon in 1906, and he later became a member of the Société International de Urologie.
Henrique Bastos (1873-1937) started his medical career in obstetrics, but after four years of training at the Necker Hospital in Paris and at a number of Berlin polyclinics he turned to urology. He pioneered the catheterization of the ureter and performed several new urological techniques, including the first prostatectomy in Portugal. He established scientific contacts with Spain and Brazil and was instrumental, together with Artur Ravara, in the creation of the PAU and the organization of the Hispano-Portuguese congresses. In 1912, he publicized his private practice in *A União Médica*, a newspaper published in Portalegre, with the aim of making urology more widely known to his rural colleagues.

In addition to these three pioneer urologists who made surgical careers in hospitals, it is also important to mention Reynaldo dos Santos (1880-1970), who bridged the gap between the hospital and the medical faculty, thereby consolidating the teaching of the new medical specialty. A general surgeon par excellence, he graduated from the Medical-Surgical School in Lisbon in 1903. He visited several clinical units in the United States, Germany, the Netherlands, Israel and France (Paris), and followed a professional trajectory that moved between a hospital and an academic career. He worked in France as a surgeon during the First World War. He was a disciple of Theodor Tuffier (1857-1929), an influential master of general surgery. Dos Santos was the urologist of his time with the greatest number of published works (238) and the inventor of two innovative devices: the first, presented in 1911 to the Society of Medical Sciences, was for the collection and graphical analysis of ureteral ejaculations (uroritmografia); the second allowed him to perform arteriographs and aortographs, in order to observe the abdominal circulation *in vivo* (it later became known as the Santos arteriography apparatus). In this way, he helped to initiate a new era, not only in the semiology of vascular and limb circulation, but also in the understanding of arterial pathology and the use of the arteries as a therapeutic access way. He became a full professor of urology at the Lisbon Faculty of Medicine (FML) at the late age of 61. He was internationally recognized for his scientific and technical contributions, and was also a member of several urology societies in Europe and South America. In addition, he received several prizes, including the gold medal of the Violet Hard Fund, the Rudolph Matas Prize for vascular surgery, awarded by the Tulane University of Louisiana (the only European to receive the medal until 1964) and the gold medal of the International Urology Society for the impact of his work on arteriography in international urology. After his jubilee in 1950, he was replaced in the professor’s chair by António Augusto Villas-Boas Carneiro de Moura (1908-1971), one of his disciples. Carneiro de Moura completed his medical studies in Lisbon in 1932 and devoted himself to urology at the Santa Marta Hospital. He became a full professor in 1944 and was promoted to the chair of urology. He was later succeeded by Arménio Ferreira Pinto de Carvalho (1924-2014), who graduated from the FML in 1949.

The San José Hospital and Desterro Hospital have remained as differentiated units of urology within the CHL since the foundation of the specialty. In 1944, the urology department at San José was run by José Pinto Monteiro, with Raúl Matos Ferreira as his urologist. At Desterro, the unit was headed...
by António Maria Barbosa, assisted by Humberto Fontoura Sequeira and Henrique da Costa Alemão Teixeira as the urologists.

**In Coimbra**

Ángelo da Fonseca (1872-1942) was one of the pioneers of urological education in medical schools in Portugal. He graduated from the University of Coimbra in 1900 and was trained (like Henrique Bastos) at the Necker Hospital in Paris between 1906 and 1908. He devised and conducted the first urology course in Portugal, taught between 1908 and 1909 in Coimbra and including a strong practical component in university hospitals. In 1942, he was replaced in his teaching role by Luis Augusto Morais Zamith (1897-1983), who later in 1959 published a manual of urology with a strong semiological component. However, because this manual did not value the surgical aspect of the course, it limited the evolution of urology within the university until the arrival in 1965 of Alexandre José Linhares Furtado, who gave the teaching of the specialty a new dynamic.

**In Oporto**

Notwithstanding a number of other valuable contributions – such as those of Carlos José de Azevedo Albuquerque, who was responsible for the ‘surgical clinics’ training at the Oporto Medical School in 1907 and was also author of the urology course for fifth-year students – the most important figure in the city’s urological history is Oscar Moreno (1878-1971). He was a student at the Medical-Surgery School in Oporto and, while still a student, he worked in the venereal clinic of the Saint-Louis Hospital in Paris and in the urinary tract section of the urological clinic of the Necker Hospital. Here, with Léon Ambard, he dedicated himself to the functional exploration of the kidneys, which culminated in the discovery of the constant secretory-urea that was later known as the Ambard-Moreno constant for the evaluation of urea elimination. He finished the course with 20 credits and was admitted as an assistant of urology in the Santo António General Hospital under the guidance of Roberto Frias, where he started to perform the external consultations for the urinary tract from 1916 onwards. In 1917, he replaced Azevedo de Albuquerque as head of the ‘urological clinics’ discipline at the Faculty of Medicine in Oporto and in 1919 he introduced urology and venereology consultations in Santo Antonio, later becoming director of the urology unit in the hospital. He held these positions until his retirement in 1948.

**The Portuguese Association of Urology**

Following the efforts of the pioneers to establish the discipline in both teaching and in academic and clinical practice, the nascent specialty became a determinant for a newly emerging professional class of physicians using new tools specific to the pathologies of the urological forum. It was only a matter of time before this led to the creation of a scientific society that allowed its members to spread and validate their scientific authority throughout the medical field.

The Portuguese Association of Urology was founded in 1923 at the suggestion of Henrique Bastos, who, having participated in the 6th Congress of the Spanish Association of Urology (founded in 1911), decided to set up a similar association in Lisbon. The Association had its headquarters in the same building as the Association of Portuguese Physicians (which became the Portuguese Medical Association in 1938). The PAU was an autonomous entity, with a biannually elected board of directors. Its main aim was to hold training sessions and to
organize, together with its Spanish counterpart, a scientific congress every two years, alternately in Spain and Portugal.

The first President of the Association was Artur Ravara, followed by the most prominent urologists in Portuguese medicine, as can be seen in the figure below.

How did Republican and Salazarist Policies affect Urology in Portugal?

Between 1933 and 1945, the leadership of the PAU was centred in Lisbon, which reflected the dominant position of the capital in relation to this new discipline, which continued to push back the frontiers of practical knowledge (instrumental, scientific and technical) and for which specialized training was now available in the main centres of international reference, such as the Necker Hospital in Paris, through which urologists from Lisbon, Oporto and Coimbra all passed. Nevertheless, if we examine the dynamics of the association between 1933 and 1945 (see figure 4), it seems clear that its activities were greatly affected by the dominance of its Spanish partner and by political developments in Europe. During this period, only one Hispano-Portuguese congress was held – the fourth, in 1935. This was a consequence of the civil war in Spain and the subsequent ‘demobilization’ of Spanish urologists under the Franco dictatorship. As a counterbalance, there was growing contact between Portuguese urology and South American urology, in particular with Brazil and the Confederación Americana de Urología (CAU). The Portuguese Association of Urology was represented at the 1st Brazilian Congress of Urology and the 1st American Congress of Urology in 1935. However,
the Second World War saw a further significant decline in the activity of the PAU under the wartime mandate of Reynaldo dos Santos, when the number of meetings fell from a pre-war average of four per year to almost zero.

It is interesting to note that this slowing in the association’s dynamics did not influence the official recognition of urology as a medical specialty in 1944. Of the 1,254 specialist titles awarded by the Medical Association in that year to 19 different specialties, 69 urologists were created, including the majority of the members of the PAU.50

The tradition that had been inaugurated in the hospitals, in the medical schools and in the association was not able to prevent constraints imposed as result of mass immigration from 1933 to 1945. However, it is important to reflect on the ‘other side’ of the history of urology, when considering the country’s reception of refugees who chose Portugal because they had no alternative.

Portugal had officially taken a neutral position in the Second World War, and even though it was obliged to receive immigrants of all kinds, there are no records of any noteworthy cases where physicians were forced into exile, as happened in other countries. In this respect, the Portuguese example is of particular importance with regard to the medical assistance provided to the Jews and war refugees. Admittedly, the protectionism of Salazar towards the Portuguese medical class did condition the departure of several Jewish immigrant doctors from the national territory, but at the same time it was also possible for some Jewish doctors to ‘Portugize’ their Jewish names to help them work in private practice. These were realities of the time in the medical field.

Despite its tolerance of refugees in general, Portugal was not an attractive destination for the many thousands of persecuted Jews, because it was considered a poor country, with a weak infrastructure for the reception of immigrants, made worse by the fact that no refugee was allowed to exercise his profession freely. What’s more, Portugal was subject to a real German threat (due to its proximity to Spain, where a civil war was raging).

The first refugees began to arrive in Portugal in the second half of 1933. There were three phases of immigration: the first between 1933 and 1937 (when few restrictions were made on the arrival...
of Germans); the second between 1938 and 1940 (a period when effective restrictive legislation was enforced); and the third, in 1940, when a great wave of refugees arrived and blockades were set up on some of the national borders. After 1944, Portugal ceased to be a host country for refugees. 51

Between 1933 and 1935, European immigrants could enter the country without a visa and could also work, provided it was on behalf of others. But at this time, 46% of the refugees who arrived were ‘self-employed’, including doctors, scientists and lawyers. It was during this period that the Faculty of Medicine in Lisbon took on Friedrich Wholwill, a renowned anatomist-pathologist from Hamburg, on the recommendation of Pulido Valente, and also Alfred Wachsmann (1907-1998), who ‘Portugised’ his name to Alfredo Vasques Homem,52 on the recommendation of Francisco Gentil. Wachsmann obtained equivalence for his medical degree at the University of Lisbon in 1935 and enrolled in the Portuguese Medical Association in 1938, but due to a lack of biographical data it is not possible to be certain about the clinical activities he undertook. There is evidence that he found it difficult to integrate into the Portuguese medical community, partly because of his belief in natural herbal medicines and partly because of a growing protectionism. However, it seems that he did give at least some urological consultations, considering the announcement published in Diário de Noticias: ‘Dr. Wachsmann, urinary diseases’53

National protectionism would become even more acute in the years to come. In March 1938, just a few days before the German annexation of Austria, Paulo Cumano, head of the Surveillance and Borders Service of the International Department of the State Defence Police (PVDE), alerted Salazar to the need to prevent the possible immigration of 5,000 doctors from Germany, since he argued that their arrival in Portugal would be disastrous for national doctors.54 In general, industrial constraint was the main
instrument of the *Estado Novo’s* policy for industrial protection. However, there was no legislation to regulate the professional activity of self-employed workers. As a result, this task was handed over to the National Assembly, which contained the pressure groups of the professional associations most directly affected, including the Portuguese Medical Association, founded earlier that year. 55

On 16 January 1939, the Assembly approved a draft law drawn up by Augusto Pires de Lima, Alberto Cruz, Joaquim de Moura Relvas and Carlos Moreira. This law would henceforth regulate the medical profession. 56 The exercise of the profession was restricted to “citizens of Portuguese nationality, and in future it is expressly prohibited for any entity to admit or authorize work by doctors with a nationality from other countries.” It also prevented “Portuguese nationalized foreigners from having the same rights as their colleagues of Portuguese origin”, 57 unless 10 years had passed since the date of naturalization. The fines for infringements of the law were high, ranging from 2,000 to 10,000 escudos, which was two-thirds of a minister’s salary at that time, multiplied by a factor of five in case of default. 58

However, some foreign physicians were allowed to practice in very exceptional cases (for urgent reasons of public health or “in the higher interests of science” (Art. 4)). Nevertheless, in these cases, the foreign doctors needed prior authorization from the Under-Secretary of State for Corporations and Social Security and a positive recommendation from the Minister of National Education, who in turn consulted the senates of the three universities in the country. In practical terms, the Medical Association stated that it had no objection to the exercise of the profession by foreigners, provided the provisions of the law were respected. In effect, this meant an almost total ban.

One of the examples of ‘compliance’ with the law related to the case of Edmund Werner, an assistant physician to several diplomats in Berlin and an acquaintance of the head of the Portuguese legation in Hamburg, Alberto Viega Simões, who intervened with Salazar on his behalf. Even so, he was still prevented from taking up clinical practice in Madeira. 59 The literature does not make clear to what extent refugee urologists were affected by the legislation.

But in addition to analyzing the medical-professional aspects of the situation, it is also important to look at medical care that was offered to the refugees in this period.

After 1940, Portugal was left as the only gateway to Africa and the Americas. However, the bureaucracy was complex. To obtain a transit visa, valid for three months, each refugee had to secure an exit visa from France, a transit visa from Spain, a visa from a final host country and a confirmed and pre-paid sea crossing. 60 Refugees pursued by the Nazis not only needed a large sum of money, but also had to rely on the generosity of the consulates issuing visas, as well as on other forms of humanitarian, political or religious aid, or even a clandestine network.

From the beginning of the Second World War, Portugal received many thousands of Jewish refugees from Germany, Belgium, Holland and France through the Israelite Community of Lisbon (ICL), which had its own facilities in the city. The ICL created an aid section to help and support Jewish refugees, directed by Dr. Elias Baruel (1896-1973). The Portuguese Commission for the Assistance to Jewish Refugees (COMASSIS) was established by the Hehaber organization and the Israeli community in 1933, with Adolfo Salomão Bensabat Benarus (1863-1950) in Lisbon and Hans Warmbrunn in Oporto as its first presidents. Benarus was later succeeded in Lisbon by Augusto d’Esaguy (1899-1961), a physician and writer and one of the most prominent figures of the Israeli colony in Portugal. He was also the representative of Portugal on the American commissions known as JOINT (American Joint Jewish Distribution Committee) and HIAS-HICEM (Hebrew Immigrant Committee of Emigration), which were Jewish refugee support organizations that
Esaguy obtained the necessary authorizations for his settlement in Lisbon from the Portuguese authorities after the fall of France. According to a report written by him on 22 April 1941, between 1933 and 1941 the commission provided assistance to some 40,000 refugees, with the support of the Israeli Hospital and the Cozinha Económica (Economic Kitchens) at the ICL facilities. The Cozinha Económica played a very important role, welcoming hundreds of poor refugees on a daily basis. One of those who could sometimes be found there was Aristides de Sousa Mendes, who had once been the Portuguese consul in Bordeaux. Sousa Mendes was disciplined, humiliated and dismissed from his consular functions for granting thousands of visas to wartime refugees from France in disobedience of Salazar’s orders. He died in near poverty in 1954.61

The Israeli Hospital in Lisbon, owned by the Somej Nophli Charitable Association, had two wards, each with four beds, four single rooms and a surgery room.62 During the war, it played an important role in supporting many thousands of refugees by offering them free assistance. The clinical staff was directed by Fortunato Levy, who was a urologist surgeon at Hospital dos Capuchos and also a member of the Portuguese Association of Urology. He was assisted by other Jewish and non-Jewish doctors, such as Augusto d’Esaguy, Elias Baruel, Sara Benoliel, Maia Mendes and Marques Pinto, amongst others.

Some concluding remarks

By 1933, urology as a specialized field of inquiry and clinical practice involved the coalescence of several elements: a localized medical problem with a specific body of knowledge and techniques, enthusiastic pioneers, generous patrons, a pool of patients and successful results. The academic and professional careers of doctors and hospital surgeons were recognized by the Portuguese Association Urology (PAU). The discipline was part of university curricula and many hospitals had urology services directed by urologists who had become familiar with the new disciplinary field, thanks to training by Guyon at the Necker Hospital in Paris or in German clinics. Even so, the title of ‘specialist in urology’ was only awarded by the Medical Association in 1944.

The PAU played a decisive role in increasing and supporting its membership, not only in their struggle for recognition of their professional identity, but also for space for collaboration and shared experiences in hospitals and in the medical faculties in Coimbra, Oporto and Lisbon. The PAU was likewise crucial in creating the regular dissemination and publication of work between urological peers, in close collaboration with the Spanish Association of Urology, with whom the organization of the Hispano-Portuguese congresses of urology was shared. Between 1933 and 1945 only one such congress was held, due to the difficulties generated by the dispersion of Spanish urologists as a result of the Spanish Civil War, followed by the outbreak of the Second World War in 1939.

The first years of the Portuguese dictatorship, during which urology became an autonomous specialty, were lived under the shadow of the enforced immigration of thousands of refugees, mostly Jews, escaping from the Nazi holocaust. The repression apparatus of the Salazar regime, although it cannot be compared with other countries who supported National Socialism, was nonetheless responsible for some dark moments in the history of Portuguese medicine and urology between 1933 and 1945. On the one hand, Portugal was a poor country with a high illiteracy rate, and was therefore far from ideally suited for the settlement of immigrants. On the other hand, after the Nazi invasion of France it was the only country, because of its neutrality, that...
was well placed to receive the thousands of refugees who were hoping to settle down outside Europe via the open gateway to the Atlantic. Faced with this high flow of immigrants after 1939, Salazar’s state apparatus soon established protectionist measures to discourage the further settlement of foreigners in the country. In this way, for example, Dr. Edmund Werner was deterred from settling down in Madeira and Alfred Waschmann was only allowed to work as a urologist in his private practice. Other (non-medical) refugees were received more kindly, thanks largely to the efforts of the Israeli Hospital in Lisbon. The choice of Fortunato Levy, a Jewish surgeon in the Civil Hospitals of Lisbon (CHL) and a member of the Portuguese Association of Urology, as its head was of particular importance for the history of urology in Portugal and its close relationship with the Jewish community.

Equally noteworthy were the actions of the twins Samuel and Joel Sequerra, who rescued many refugees at the Spanish border, but “covered with a cloak of silence their humanist activities in favour of the refugees of the Nazi nightmare”. How many lives were saved? How many were lost? These questions will remain unanswered, even amongst the most experienced historians, since the divergence of the figures presented is too large to be reconciled. Nevertheless, the history of Portuguese urology during this period still needs to be completed, based on information compiled from the archives of the ICL, JOINT, the Faculty of Medicine in Lisbon, the National Library and the Portuguese Association of Urology, supplemented by the oral testimonies that have been obtained and by data from the databases in several national and international archives. It is important to continue this research.

**Acknowledgements**

To Dr. Samuel Levy, for his kindness in granting us an interview on the situation of the refugees in Portugal, as well as the contacts established to follow the track of possible urologists arriving in Portugal during the Second World War; to Misha Mitsel, for sending documentation from the archives of the American Jewish Joint Distribution Committee in New York concerning the medical care of refugees in Portugal; and to the researchers of the project ‘Medical Doctors in Austria 1938-1945 – Deprivation of Rights, Expulsion, Murder’ at the University of Vienna, and in particular Barbara Sauer and Katrin Sippel, for the providing us with the database of Austrian and German refugees in transit through Portugal.

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To the Portuguese Association of Urology and its president, Dr. Arnaldo Figueiredo, and to Beatriz Figueiredo, for their continued support of our research into the Association’s legacy.

To Professor Dirk Schultheiss, for his tireless support and encouragement throughout this historical research.

To Ana Rita Lobo, who kindly translated the text from its original Portuguese version.


42 See the latest biography to be published by Veloso B., Reynaldo dos Santos: a singular combination of medicine and culture [Reynaldo dos Santos: um caso Singular da medicina e da cultura']. In: The History of Portuguese Medicine in the 20th Century (in press).

43 President of the PAU between 1967 and 1969.
44 Founding member of the PAU and its president between 1961 and 1963.
45 President of PAU between 1963 and 1967.
46 President of PAU between 1971 and 1977.
47 President of PAU between 1980 and 1985.
48 Although nowadays obsolete, due to the use of arbitrary numerical coefficients, the Ambard-Moreno constant stimulated other investigations, particularly those of McLean, which optimized the constant value for healthy individuals. Moreno O. & Ambard L., Mesure de l'activité rénale par l'étude comparée de l'urée dans le sang et de l'urée dans l'urine. In: Semaine Médicale, 1911, 181-215.

50 Bulletin of the Medical Association [Boletim da Ordem dos Médicos], vol. IV-VI, 76-77.
53 Diário de Notícias, 11 November 1940.
54 Schaefer A., op. cit (11), 94.
56 Diary of Sessions [Diário das Sessões], 19, January 18, 1939.
57 Many foreigners acquired Portuguese nationality through fictitious civil marriages.
58 Diary of Sessions [Diário das Sessões], 19, 18 January 1939.

59 In the Archive of the Ministry of the Interior, there is a PVDE letter, in which it received a typewritten copy of an article to be published in Diário de Lisboa newspaper. There, the former physician is portrayed as an old man without means of subsistence. Milgram A., op. cit (11), 94.
60 von Mühlens P., Spain-Portugal flight paths: German emigration and the exodus out of Europe between 1933 and 1945 [Caminhos de fuga Espanha-Portugal – A emigração alemã e o êxodo para fora da Europa entre 1933 e 1945]. Coimbra, Imprensa da Universidade de Coimbra, 2012.
61 Samuel Levy’s interview on December 15, 2016.
62 Assor M., Some notes about Miriana Levy, director of the Israeli Hospital. Typed text, not published.
63 Sequeira H., Can I tell the truth? [Já posso dizer a verdade?]. Lisbon, Chiado Editora, 2015, 262.
Urologists at War in Greece – a personal Resource

STEFANOS PAVLAKIS
Introduction

Greece first became involved in the Second World War on 28 October 1940, when fascist Italy attacked the country from the north-west along its Albanian borders. Italian troops quickly retreated into Albanian territory and by the end of March 1941 had been pushed back more than 60 kilometres.

By that time, the Nazis had already invaded Yugoslavia and together with their ally Bulgaria attacked Greece from the north on 6 April 1941. After several days of hard fighting, German troops conquered Thessaloniki and the Greek commander Tsolakoglou surrendered to the Nazi forces led by Field Marshal Von List. On 20 April 1941, the Swastika was flown over the Acropolis: the occupation of Greece had begun! German troops only held Athens, Pireaus, Thessaloniki and the island of Crete. The Italians occupied the rest of the country and the Bulgarians seized the territories of eastern Macedonia and Thrace.

Resistance started almost immediately. One of the first acts was the pulling down of the Swastika on Acropolis in June 1941 by two young men. (One of them is still alive, more than 90 years old, and is a member of the European Parliament). But after a number of these sporadic and heroic acts of defiance, a more well-organized resistance movement was developed, primarily by the Communist Party, which had been illegal in Greece since 1936. However, the members of this organization, later known as EAM (National Liberation Front), were not only communists; most of them belonged to other political parties and participated in EAM simply because they wanted to oppose the conquerors. EAM created a rebel army (ELAS) in the mountains, which did serious harm to the country’s enemies, mostly through acts of sabotage. As time passed, ELAS became very well organized and was supported by the Allies and by British saboteurs. Many students of medicine and doctors joined this revolutionary army. One of them was a young surgeon, Ioannis Pavlakis, who became a famous and reputed urologist after the war.

In the following paragraphs, his son and grandson, urologists both, write about his life and work as surgeon in the Greek mountains during the occupation from 1941 until September 1944, when German troops – who had taken over from the Italians after the surrender of that country to the Allies in 1943 – left Greece and the country was liberated.

Ioannis Pavlakis
(1917-2005)

Ioannis Pavlakis, the grandfather of the author, was a urologist in training, when he left the Hipppokrateion Hospital in Athens in 1941 to join the ranks of the resistance group known as ELAS (Greek Popular Liberation Army) in the mountains.

Pavlakis, standing at the patient’s left side, in the operating theater in Tatarina Monastery. It is of interest to note that only the surgeon, the assistant surgeon and the scrub nurse are wearing masks. This photograph is on display in the National Resistance Museum in the village of Koryschades.
of central Greece. Before passing away in 2005 at the age of 88, he published his memoirs in 2003, much of them devoted to the time he spent in the mountains as a member of ELAS.

Like many youngsters of his generation, following the German invasion of Greece and the establishment of a German controlled regime in April 1941, he joined the Greek Liberation Front (EAM), as a member of the ‘medical’ group. The task of the group was to provide medical care to the resistance fighters by hospitalizing them in secret; to offer shelter to Jews; and to send medical equipment and pharmaceuticals to the mountains. It is of interest to note that many of these young doctors, such as Spyros Doxiadis, who later became a professor of pediatrics and Minister of Health, were to have prominent academic and professional careers in post-war Greece.

The Department of Urology of Athens University, headed by Professor Spyros Oeconomou, dealt not only with urological cases but, due to the lack of trained physicians in those troubled times, also had to carry out operations in the field of general surgery as well. This exposure to general surgery proved to be of great help to Pavlakis in the following years.

During the first year of the German occupation, Pavlakis sheltered a young Jewish medical student named Menahem Cohen in the Urology Department at Hippokrateion, pretending that he was an assistant doctor, until he eventually left to join the mountain forces. From there, Cohen referred an injured member of the Resistance to the Hippokrateion for further medical care. He had given him a note for Pavlakis, which was unfortunately intercepted by the Gestapo. Realizing that his life was in jeopardy, as he would probably be accused of collaborating with the rebel forces, Pavlakis fled from the hospital and after a period of concealment was eventually equipped with a false identity card and left for Thessaloniki. In the region of Lianokladi, an area where the German presence was minimal, the bus in which he was travelling was stopped by rebel forces who had already been informed about his coming and the good doctor joined them.

Most of his time in the ranks of ELAS was spent at the monastery of Tatarna in the mountains of Eurytania, which was transformed into a hospital for the care of injured soldiers. Despite the lack of medical equipment and the deficient sterilization processes, he dealt successfully with a large number of cases, covering the whole spectrum of emergency and trauma surgery.

As mentioned in his book, even a testicular transplantation was performed. An ELAS soldier suffered an extensive scrotal wound and eventually both his testes had to be removed. A German captive who was awaiting execution was ‘persuaded’ to
Pavlakis served until his retirement as head of the urology department at the Hippokrateion Hospital in Athens, which, after his passing away in 2005, was renamed the Ioannis Pavlakis Department of Urology. He is survived by his son, Aristidis, a consultant urological surgeon, and his daughter, Kitty, who was recently elected as a full professor of pathology at Athens University.

At the end of the German occupation and during the Greek Civil War that followed from 1947 to 1949, Pavlakis served as a lieutenant doctor with the Greek National Army. However, the fact that he had served in the ranks of ELAS during the war was to haunt him during his post-war career. Despite the fact that in the early years of the German occupation young Greeks joined the rebels regardless of political affiliation, the Greek Communist Party had managed to gradually take over an originally genuine popular movement and in the post-war era, after the victory of the Greek government’s national forces, many of the former ELAS fighters were branded with the communist ‘stigma’. It is characteristic that Pavlakis was elected as Professor of Urology at Athens University Medical School in 1968, but the Minister of Education of the new military junta refused to sign his appointment, because he was considered ‘undesirable’ by the fascist regime.

Pavlakis in 1949, wearing the uniform of the national army.

**LITERATURE**


The fight of the Greek partisans against the German occupation is the background for an early novel by the famous American writer Leon Uris (1924–2003), entitled The Angry Hills from 1955. The title hints at the fact that the partisans hid in the Greek mountains and from there organized their resistance activities. Leon Uris is best known for his later historical novel Exodus from 1958, which depicts the founding of the state of Israel. Both novels were adapted into famous Hollywood motion pictures in 1959 and 1960 respectively.

offer his testis in exchange for his life (although a different version of the story claims that the prisoner volunteered). The removed testis was placed subcutaneously in the inguinal area and the patient had an uneventful recovery, even under the difficult circumstances of deficient sterilization and the lack of antibiotics and immunosuppressive medication. Pavlakis reports that the transplant recipient visited him in his office many years later, after the end of the war, and apparently the testis was still in place.

The fight of the Greek partisans against the German occupation is the background for an early novel by the famous American writer Leon Uris (1924–2003), entitled The Angry Hills from 1955. The title hints at the fact that the partisans hid in the Greek mountains and from there organized their resistance activities. Leon Uris is best known for his later historical novel Exodus from 1958, which depicts the founding of the state of Israel. Both novels were adapted into famous Hollywood motion pictures in 1959 and 1960 respectively.
Germanophilia or Germanophobia?
Contacts between Scandinavia and Germany in the field of Urology
1930-1960

NILS HANSSON
THORSTEN HALLING
This overview provides insights into medical contacts between Scandinavia and Germany in the 1930s and 1940s, as well as some interactions between Scandinavian surgeons/urologists and their colleagues in the German Society for Urology (DGU). It also reconstructs some of the steps leading to the professionalization of urology in Scandinavia during the 20th Century. The study is part of an ongoing project on the circulation of knowledge in medicine between Germany and Scandinavia during the 20th Century. It is based on sources at the Museum, Library and Archives of the German Society for Urology in Düsseldorf, publications from the first half of the 20th Century, and secondary literature.

**Background**

Contacts between Scandinavia and Germany during the 1930s and 1940s have received particular attention during recent years. As far as the history of medicine is concerned, scholars have only just begun to analyze certain areas of collaboration or conflict between Scandinavia and the Third Reich. The most in-depth case study to date deals with sterilization policies in Germany, Denmark, Sweden, Norway and Finland. Indeed, the various developments in northern Europe were not isolated from each other. For example, to strengthen the public view of the Law for the Prevention of Offspring with Hereditary Diseases, enacted in Germany in July 1933, German propaganda posters proclaimed “We do not stand alone”, featuring Swedish, Danish, Norwegian and Finnish flags, among others, to indicate where other sterilization laws had been passed. Albeit the practices of forced sterilizations in Germany and Scandinavia had similarities, historians have also underlined differences, such as the degree of coercion and physical force, which was more extreme in Germany.

Over the course of these studies, it has been implied that there was a reduction of scientific contacts between German and Scandinavian scholars in the 1930s, although academics in Germany were eager to maintain and promote contacts with their Scandinavian colleagues. For example, a few ‘politically trustworthy’ Swedish physicians were offered honorary doctorates at German universities or were invited to give lectures in Germany during the Second World War. However, these efforts were by no means unilateral. Given the long tradition of scientific exchange within northern Europe, it is not surprising that German research also spread into Scandinavia during the 1930s. This was a point in time when German (along with English) still played a prominent role as a scientific language. Even in the early 1940s, when the Swedish Society of Medicine de-emphasized its relationship with Germany through protests against the treatment of physicians in occupied Norway, the scientific exchange did not cease. In Sweden, academic contacts were encouraged by a few so-called German-friendly organizations, like the National Sweden-Germany
Association (Riksföreningen Sverige-Tyskland, abbreviated to RST), founded in 1937. Some doctors chose to leave the RST when the Second World War broke out, but the association still attracted new members, including physicians, such as the surgeon and urologist Einar Ljunggren (1896-1986), who joined the RST in 1941 (see below). However, not all RST members supported the association out of political conviction: scientific contacts, friends and relatives also played a role. This is also true for the Scandinavian physicians who visited Germany in the late 1930s and early 1940s.

Visitors at a training School for National Socialist Physicians in Alt Rehse

A few Scandinavian physicians visited the Führerschule der deutschen Ärzteschaft (Leadership School for German Physicians) at Alt Rehse in the province of Mecklenburg-Vorpommern. The school was a project of the National Socialist German Physicians’ Federation (Nationalsozialistischer Deutscher Ärztebund), and aimed to provide political and ideological education for physicians and health professionals in National Socialist Germany. Thomas Maibaum has identified a total of 81 courses given at the Führerschule from 1935 to 1942, with topics like the structure of the medical system, NS politics and racial hygiene. Some of the most prominent lecturers were Heinrich Himmler (1900-1945), Alfred Rosenberg (1893-1946), Robert Ley (1890-1945), Reichsärztekammer Der Nazi Party) Gerhard Wagner (1888-1939), his deputy Kurt Blome (1894-1969), Reichsgesundheitsfachmann Leonardo Conti (1900-1945), and Hans Deuschl (1891-1953), the principal of the school from 1935 to 1940. Maibaum estimates that several thousand participants went through the Alt Rehse ranks. According to a guest book, the Führerschule also attracted visitors from no less than 45 countries, including Denmark, Finland, Sweden and Norway. Some of them paid private visits to Alt Rehse; others came in connection with the international Olympic Games in Berlin in August 1936 or the Third International Medical Congress on Postgraduate Training in Berlin one year later. However, it is not yet clear to what extent the Scandinavian visitors also attended courses in Alt Rehse, as some Belgian doctors did.

The invitation of Scandinavian physicians to Alt Rehse or other medical sites hint at further specific contacts between Germany and Scandinavia during the National Socialist period and the immediate post-war years. Before we turn to some of the interactions between surgeons and urologists, a brief background on the institutionalization of urology in Scandinavia is needed, since it had strong ties to Germany.

The Rise of Urology in Scandinavia and related Contacts with Germany

A number of historical overviews have outlined some of the early developments of urology in Scandinavia on the road from being under the tutelage of surgeons to becoming a discipline in its own right. It has been stated that this development was dependent on collaboration with urologists throughout Europe and the United States, and that after a quick start it later progressed rather slowly. The first textbook of urology in Scandinavia was published in 1898 by Ali Krogius (1864-1939),
who had studied with Felix Guyon (1831-1920) at Hôpital Necker, but it would take another half a century before national societies of urology in Scandinavia were founded.\(^\text{17, 18}\)

The Swedish Society of Urology was founded in 1950 (chairman John Hellström (1890-1965), vice-chairman Einar Ljunggren, secretary Gustaf Giertz), and the Finnish Urological Society in 1954 (chairman Pauli Tuovinen, vice-chairman Aulis Korhonen, secretary Jukka Oravisto). Prior to the setting up of the Danish and Norwegian societies, the Scandinavian Association of Urology (SAU) was established in 1956 (first president Gustaf Giertz). The first SAU congress was held in Stockholm in 1957 under the presidency of John Hellström, and the first number of its journal, *Scandinavian Journal of Urology and Nephrology*, currently known as the *Scandinavian Journal of Urology*, appeared ten years later in 1967. The Danish Society (chairman Jens Christoffersen, vice-chairman Erling Schroeder, secretary Kjeld Trautner) and the Norwegian Society (chairman Knut Höeg, vice-Chairman Thorolf Gjersvik, secretary Knut Hatteland) were founded in 1961 and 1962 respectively.\(^\text{19}\)

A number of surgeons with urological interests profited from membership of the German Society for Urology (founded in 1907) and from participation in its congresses, as well as the opportunity to publish in German journals. Eleven physicians from Denmark, Finland and Sweden are listed in the register of members in 1929 (table 1).

If we compare these figures with Hungary, Russia\(^\text{19}\) or the United States,\(^\text{15}\) it can be seen that proportionately the Scandinavians made up a fairly large group among the foreign members of the German Society for Urology.

Due to the relatively large share of Jewish physicians among these members, a second association was founded in 1933 for racial-political reasons: this was the ‘Aryan’ *Gesellschaft reichsdeutscher Urologen*.

### Tab 1

<table>
<thead>
<tr>
<th>Name</th>
<th>City</th>
<th>Publications in <em>Zeitschrift für urologische Chirurgie</em></th>
<th>Publications in <em>Zeitschrift für Urologie</em></th>
</tr>
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<tbody>
<tr>
<td>E. Brattström</td>
<td>Lund</td>
<td>1931, 1934</td>
<td>1930, 1936, 1938 (2), 1942 (2), 1943, 1944</td>
</tr>
<tr>
<td>J. Hellström</td>
<td>Stockholm</td>
<td></td>
<td>1930, 1934</td>
</tr>
<tr>
<td>E. Ljunggren</td>
<td>Stockholm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Petren</td>
<td>Lund</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S. Richter</td>
<td>Linkoping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S. von Stapelmoehr</td>
<td>Landskrona</td>
<td>1924</td>
<td></td>
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<tr>
<td>Tengwall</td>
<td>Helsingborg</td>
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</tr>
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<td>Helsinki</td>
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</tr>
<tr>
<td>R. Faltin</td>
<td>Helsinki</td>
<td></td>
<td></td>
</tr>
<tr>
<td>O. Wulff</td>
<td>Copenhagen</td>
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At its second congress in Eisenach in 1937, two lectures were given by Swedish physicians (Ljunggren and Perman). In contrast to the first congress, where more politically coloured papers were presented, the second dealt primarily with clinical topics.20–21

Five Scandinavian surgeons had already during the 1920s published case studies and original articles in the Zeitschrift für urologische Chirurgie; for example, Thorkild Rovsing (1862-1927) in 1923 on stones and John Hellström in 1927, 1928 and 1930.22–24 From 1933 until the journal ceased in 1938, five more papers by Scandinavian authors, including Hellström and Ljunggren, were published.25, 26 Ljunggren, as well as some of his urological colleagues from Lund, also published in the Zeitschrift für Urologie during the Second World War.27–31 Judging from Swedish memberships in the German Society for Urology, Swedish interest in German urology did not cease after the founding of the urological societies in Scandinavia (table 2).

### Tab 2

**SWEDISH MEMBERS OF THE GERMAN SOCIETY FOR UROLOGY 1949–1961**

<table>
<thead>
<tr>
<th>Name</th>
<th>City</th>
<th>Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td>H. Ekman</td>
<td>Gothenburg</td>
<td>1949</td>
</tr>
<tr>
<td>O. Obrant</td>
<td>Gothenburg</td>
<td>1949</td>
</tr>
<tr>
<td>T. Berglin</td>
<td>Gothenburg</td>
<td>1951</td>
</tr>
<tr>
<td>H. Crona</td>
<td>Uddevalla</td>
<td>1951</td>
</tr>
<tr>
<td>A. Palmñoëv</td>
<td>Stockholm</td>
<td>1951</td>
</tr>
<tr>
<td>T. Widen</td>
<td>Malmö</td>
<td>1951</td>
</tr>
<tr>
<td>W. Mathisen</td>
<td>Gothenburg</td>
<td>1951</td>
</tr>
<tr>
<td>B. Belonoschkin</td>
<td>Stockholm</td>
<td>1953</td>
</tr>
<tr>
<td>G. Edsman</td>
<td>Gothenburg</td>
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<tr>
<td>A. Fritiofsson</td>
<td>Gothenburg</td>
<td>1957</td>
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<tr>
<td>G. Jönsson</td>
<td>Lund</td>
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<td>S. Kollberg</td>
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<tr>
<td>O. Olsson</td>
<td>Lund</td>
<td>1957</td>
</tr>
</tbody>
</table>

Source: Verhandlungsberichte der Deutschen Gesellschaft für Urologie, 1949-1961

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**Einar Ljunggren and his Contacts with German Colleagues, bridging three Political Eras**

The surgeon and urologist Einar Ljunggren was one of the central figures linking Scandinavian and German urologists. His contacts with German colleagues and his study trips to Germany stretched over half a century, partly documented in his autobiography and travel reports, which give insight into his personal impressions from congresses and meetings in Germany.

Ljunggren was born in the city of Trelleborg in southern Sweden in 1896. His uncle Einar Key,
head of surgery at the Maria Hospital in Stockholm, promoted Ljunggren’s surgical interests, leading to a dissertation on Gravitz kidney tumours in 1930 entitled Studien über Klinik und Prognose der Gravitzschen Nierentumoren. Zugleich ein Beitrag zur Frage der Genese der Hämaturie. After positions in Stockholm, Sundsvall and Gothenburg, Ljunggren became a professor in surgery at the University of Gothenburg in 1952. It was only after his retirement in 1962 that the first full professorships in urology in Sweden were established (Gustav Giertz at the Karolinska Institute in 1968, Gösta Jönsson in Lund in 1969, and Lennart Andersson in Umeå in 1970). Ljunggren received several scientific honours, including honorary membership of the German Society for Urology.

In his autobiography A surgeon looking back, (Er kirurg ser tillbaka) published in 1968, Ljunggren mentions numerous study trips throughout Europe. Apparently, he attended nearly all the congresses of the International Society of Urology from 1936 in Vienna until the mid-1960s, as well as numerous annual meetings organised by the Association Française d’Urologie. Ljunggren recalled that several of his German colleagues admitted they had been scientifically isolated during the war and therefore could not keep up with the international scientific community; for example, in matters relating to anaesthesiology, homeostasis and chemotherapy. This was later underlined by the Swedish urologist Gustav Giertz, who in 1996 stated that the Germans lost their leading scientific position in Europe during the period of the Third Reich. In one part of his book, Ljunggren recollected some of his memories of the 1948 DGU conference under the presidency of Hans Boeminghaus in Düsseldorf, “a city marked by ruins” at the time. He knew some of his colleagues who were attending from his days as an assistant at the von Lichtenberg Clinic in Berlin. During the immediate post-war years, some German urologists strived for stronger European collaboration, but the organizers of the DGU conferences in 1950 and 1952 did not manage to attract their French colleagues. By then, Ljunggren and the German urologist Carl-Erich Alken (1909-1986) had developed a mutual friendship. According to Ljunggren, Alken organized a symposium in 1953 and asked Ljunggren to invite international colleagues, so that it should not be seen solely as a German initiative. Ljunggren, who accepted Alken’s proposal, later described the symposium as a success: surgeons and urologists from around 15

Conversation between Einar Ljunggren, Hans Ekman and Carl-Erich Alken (We thank the South Swedish Society for the History of Medicine for permission to print).
countries attended, including the urologists Jean Cibert from Lyon and René Küss from Paris. In 1966, Alken and Ljunggren were both elected as honorary members of the Swedish Association of Urology (*Svensk Urologisk Förening*).

**Outlook**

The interactions between Scandinavian and German physicians working on diseases of the male and female urinary tract and the male reproductive organs from the 1930s to the 1960s have not yet been systematically explored. This present sketch has shed light on some contacts between Scandinavia and Germany in medicine in general and also highlighted a number of instances of cooperation between urologists. Further research aims to look deeper into these themes and also to examine the role played by Jewish urologists and refugees working in Scandinavia.39, III

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**NOTES**

I One recent study focused on a number of collaborations between the German anatomist Hermann Stieve and his Swedish colleague Gösta Häggqvist from the 1930s to the 1950s, including the exchange of technological expertise and the transfer of anatomical and histological specimens from executed persons in Germany. Hansson N. & Hildebrandt S., *Swedish-German contacts in the field of anatomy 1930-1950: Gösta Häggqvist and Hermann Stieve*. Ann. Anat., 2014, 196(5), 259-67.

II Roughly during the same period, Nobel Prize nominations for European pioneers of urology, such as Guyon, James Israel (1848-1926) and Peter Freyer (1852–1921), were submitted to the Nobel committee in physiology or medicine in Sweden; see Hansson N., Krischel M., Halling T., et al. *Nobel Prize nominees and the rise of urology in Europe around 1900*. World J. Urol. 2017 (in press), DOI 10.1007/s00345-016-1989-x.

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Finland under the Swastika

JAAKKO ELO†
JUKKA KEITELE
The German invasion of Poland on 1 September 1939 marked the beginning of the Second World War. The attack by the Soviet Union on Finland on 30 November 1939 was one of the escalations of that war. The Finns were able to resist the Soviet invasion and the so-called Winter War ended on 13 March 1940. This favourable result was partly attributable to the particularly cold and harsh winter of 1939-1940: in these conditions the primitive Russian military equipment became frozen, making easy targets for the Finnish ski patrols. The Russian strategy was based on 200 year-old Prussian field tactics, which were impractical in modern warfare and forest conditions. Even so, the war placed a heavy burden on the small country of Finland; in fact, by the time of the armistice the Finnish Army was exhausted and on the brink of collapse.¹

Further military invasions by Nazi Germany continued. In April 1940, it attacked Denmark and Norway; in May 1940, Belgium, Holland, Luxembourg and France. The majority of Jews from the occupied Scandinavian countries were able to flee to Sweden. However, the hostility against those Jews who remained behind in the occupied countries started almost immediately. In France, Hitler organized a theatrical ceremony of surrender in Compiègne on 21 June 1940. Shortly thereafter, Vichy France began its atrocities against the Jews by arresting 13,000 and sending them to the concentration camps.² Over 300,000 Jews died in the Warsaw Jewish Uprising in 1943 or in the concentration camps.³ In Italy, Hungary and the Balkans, Jews were not persecuted as intensively. In total, 5,693,851 Jews were killed during the Holocaust.⁴

Based on the results of the Winter War, Hitler believed that Russia was weak and easy to conquer (whereas Stalin re-evaluated his tactics based on the ability of the Finnish soldiers to defend their homeland). As a result, the German Army attacked the Soviet Union on 22 June 1941. Finland cooperated with this attack, since this was one of the few possibilities to avoid occupation. As a result of this cooperation, German military units were sent to Finland.
These units operated mostly in the northern part of the country, but Finland was never formally occupied and the German troops remained partially under the command of the Finnish headquarters. The Finnish Government continued to control the civil administration according to parliamentary democracy and the rule of law, but needed to be very careful in its dealings with the Germans.

Due to the great losses of the German Army in Russia in 1942-43 and the major offensive launched by the Russian Army in the Karelian Isthmus in the summer of 1944, the risk of a military disaster and a new Soviet invasion was imminent. Finland decided to withdraw from the war. At the same time, the Germans began to gradually pull back their troops from Northern Finland. The Soviet Union demanded that the Finnish Army should force the remaining German units to retreat from Lapland into Northern Norway. It was sometimes a difficult task for the Finnish troops to break their ties with men who until recently had been their brothers in arms and to fight against them on behalf of the old Soviet enemy. The armistice between Finland and Russia was signed on 4 September 1944 and the remainder of the German troops were ousted from Finland by 25 April 1945.

Finnish Jews participated in the war in various ways. When the Commander-in-Chief Marshall Mannerheim, an old anglophile, was complimented by a German officer on the elegant uniforms of the Finnish generals, Mannerheim told him to thank a prominent Finnish military tailor – Moses Seligson! Naturally, the whole situation was politically most delicate.

The Jewish engineer, Ruben Jaari (Jankeloff), was an officer in the headquarters of Marshal Mannerheim, serving as his chief of chemical weapons. Later, he became a prominent businessman in Helsinki.

Alexander Steinbock (1894-1975), the only Jewish urologist in Finland, worked in the General Hospital at Oulu from 1937 to 1962, when he retired.

The only shameful incident involving Jews during the war occurred when eight Jewish refugees from Central Europe attempted to enter Finland on 6 November 1942. They came by boat to Helsinki seeking asylum, but they were arrested and deported. Seven of them later died in Auschwitz and the only survivor moved to Israel, where he became a medical doctor. The head of the Secret Police was held responsible for this crime, but in his trial after the war the court acquitted him, issuing him with no more than a warning. However, the Minister of Home Affairs had to resign immediately when this scandal first became public in 1942, and both Mannerheim and the Social Democrats – the largest party in the government – reacted unfavourably.
Under strong political pressure from Moscow, former president Risto Ryti and five wartime members of the Finnish Government were convicted of war crimes and sentenced to terms of imprisonment in a post-war trial on 22 February 1946.

It is known that exchanges of prisoners occurred between Germany and Finland. The Allied Control Commission, which investigated the consequences of Finnish military actions during the war, looked into these exchanges, but did not find any illegalities.

In 2003, Elina Sana stated in her book Luovutetut that 74 of the 2,829 Soviet prisoners transferred to Germany were Jews. In contrast, Finland received in exchange 2,181 Finnish-speaking prisoners from Germany. The fate of the Jewish prisoners remains unknown. The Finnish-Jewish historian and diplomat Max Jacobson has asked why Sana did not study this group and why Finland sent them back to the Soviet Union after the war.

Sana is regarded as an amateur historian and her studies have been strongly criticized; for example, by Dr. Hannu Rautkallio. No exact figure exists for the number of Jews among the deportees; according to Jukka Lindstedt, the number was 59. The prisoners were mostly criminals, communists and other political dissidents, and it was on this basis that they were deported. A tiny minority of them were Jewish, but this was not the main reason for their transfer to the Germans. At the time, the communists just as heavily, if not more heavily, persecuted than the Jews.

Ralph Jaari, the son of the above mentioned Ruben Jaari, wrote in his 2013 article in Helsingin Sanomat that the number of Jewish Holocaust victims in our country was less than ten.

When considering the deportation of these political prisoners from the perspective of the present day, it can be seen as a measure that was not ethically correct. But one must not forget that throughout the war the entire Finnish population, including the army, suffered from serious undernourishment, especially in 1941-1942. In the spring of 1942, the army could only offer it soldiers soup, which was no more than water seasoned with powdered peas. The prisoners were a huge burden to the military administration, so when the Einsatzkommando für Finnnland demanded these captives, they were simply transferred to the north as requested. Although their fate is not exactly known, the majority of them were recruited by the Wehrmacht as soldiers for the German Army or some other form of military service.

The studies by Sana received huge international interest, especially when Der Spiegel published her results and the Simon Wiesenthal Centre requested further research. However, since Heikki Ylikangas published his exonerating statement on the matter for the Prime Minister’s Office, the case has been closed. The reality is that no Finnish Jew was oppressed during the war years.

It should be noted that Jews were not the only targets of alleged wartime persecution. The latest ‘revelation’ of possible war crimes was made on 21 March 2012 by Veijo Baltzar. The Finnish Broadcasting Company aired his statements about the deportation of Romani people (gypsies) during the Second World War from Finland to Germany. In response, historian Panu Pulma denied these claims.
The wartime situation was different in the other Scandinavian countries. The Germans occupied Denmark and Norway, where the German regime introduced atrocious measures against the Jews. These Jews tried to flee to Sweden, which was, by the virtue of its neutrality, the safest country in the region. However, Sweden was also one the most important collaborators of Germany, especially at the start of the Second World War.

Germany negotiated transit for its military forces and materials through Sweden and also purchased huge amounts of Swedish iron ore and other war materials, allowing the Swedish economy to prosper. Sweden is also known to have controlled communists, especially Jewish communists. Some of them were sent to Finland and then on to Germany to be executed.

There is no evidence that there were medical doctors among the persons extradited from Scandinavia during the war.

The Influence of the Swastika on the History of Urology in Scandinavia

The first professor of surgery in Finland was Gustav Pipping (1760-1815). He studied at the University of Uppsala as a student of Adolph Murray. He was appointed as extraordinary professor at the medical faculty in Turku. He was also a professor of gynaecology, anatomy and ophthalmology. After the war of 1808-09, Sweden lost Finland to Russia. In 1811, Pipping was elected as a fellow of the Imperial Russian College of Medicine. In 1812, he was ennobled and took a new name: Pippingskiöld. He wrote a well-known thesis on gangrene of the scrotum, which indicates his interest in the field of urology.

Ali Krogius (1864-1939) studied urology at Hôpital Necker in Paris under the guidance of Felix Guyon. After returning to Helsinki in 1896, he was appointed as professor of surgery at the University of Helsinki in 1901. For a long time he attended the congresses of the German Surgical Society, but when the new nationalistic wind became stronger he changed his congress destination to London and became the first Scandinavian honorary fellow of the Royal College of Surgeons in 1927. Although a surgeon, he used to say that his heart beat faster for urology. He wrote the first textbook of urology in Scandinavia in 1898. The fourth edition of this book was published in 1935.

His successor as professor of surgery in Helsinki between 1921 and 1938 was Birger Runeberg, who also lectured on urology at the university. Runeberg was in turn succeeded by Arvo Elfving, a leading specialist in urology, who lectured on the specialty until 1953.

In 1948, there were just three urologists in Finland. Even so, the Finnish Urological Association was founded in 1954. The Swedish Association of Urology had already been founded in 1950. The Danish Association followed in 1961 and the Norwegian Association in 1962. In other words, the development of urology in the other Scandinavia countries was also slow. The model of organised medicine in Finland was adopted from Sweden, where the first urological department was founded in 1941 by professor of surgery John Hellström, with Gustav Giertz as his head of department.

There were some very colourful surgeons in Scandinavia who profiled themselves as pioneers of urology. In Sweden, Olof Achren (1717-1806) was the first chief of the Royal Serafimer Hospital in 1752, and Einar Key (1872-1954) was professor at the Karolinska Institute (1923-1937). In Denmark, there was Nils Rovsing (1862-1927). In Norway, Fredrik Jervell and Fredrik Ramm also deserve mentioning as pioneers of urology in the leading hospital in Oslo, the Rigshospital.
The high incidence of venereal diseases, especially syphilis, was the main burden for hospitals between 1810 and 1910. Paul Ehrlich’s invention of salvarsan decreased the occurrence of this condition and penicillin finally ended the incidence of venereal diseases almost completely. The increasing number of refugees and people from developing countries still causes the disease to occur sporadically.

Dr. Otto Armas Benedictus Cederberg (1888-1933) was a skilled dermatologist with an extensive foreign education (he studied in Germany and France). He was a member of different international associations, such as the SIU, and worked at the University Clinic of Dermatology, as well as having a busy private practice in Helsinki. His instruments are now on display at the Helsinki University Museum.

There were no significant National Socialist organizations in Scandinavia, but some supporters did exist. During the period of occupation by Germany, there were collaborators in both Denmark and Norway. However, these were comparatively rare and could not have had a significant effect on general medical organization. Consequently, the Second World War did not change the nature of medical institutions in Scandinavia.

Even so, Finland experienced the full horrors of that cruel war. The Russian Air Force bombarded Finnish cities and Finnish soldiers were killed or wounded at the front. Finland was not occupied, still lost 88,000 soldiers and 3,000 civilians. However, these were comparatively small losses. The Russian Army lost one and a half million men in its war against Finland. After 1945, Finland had to pay heavy war compensation to the Soviet Union. In contrast, Sweden remained neutral and even profited from the disaster.

The war and military cooperation with Germany did not disturb the life and work of the aforementioned Dr. Steinbock, the only Jewish urologist in Finland. He continued working in the northern city of Oulu, where the Germans had a military base. It is even possible that he treated German patients.

Finland was never a political follower of Nazi ideology. Without the Soviet invasion in 1939, it would have remained neutral. The country’s Jewish population was assimilated and patriotic. During the war, they fought for Finland, not for Germany.

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LITERATURE

Medicine and Urology in Eretz-Israel in the first half of the 20th Century and in the Shadow of the Holocaust

MIRIAM OFFER
RACHEL HERZOG
YARON PASHER
AVI OHRY
“It is my great privilege to open the First Urologists Congress in Eretz-Israel, thereby commencing a new period of advancement for this profession in which the Jewish medical genius has invested so much of its creative and constructive spirit.

Allow me to welcome the representatives of medical institutions, who have honoured us with their presence and all the member physicians who are participating in this festive event. May you all be blessed!

However, we will not proceed with the conference agenda before taking a moment to commemorate the souls of the tens of thousands of our physician brethren who were slain among the millions of our brothers and sisters as an innocent sacrifice at the hands of Nazi barbarism. Please be upstanding to honour the saintly memory of those who, as is our way, have been added to the long list of martyrs of our people through torment in foreign lands. May their memory be sacred.”

Dr. Jacob Bickels, 1946

The First National Urologists Congress in Eretz-Israel

With the words quoted above, Dr. Jacob Bickels opened the First National Urologists Congress in Eretz-Israel (the Hebrew name for the Jewish community in British Mandate Palestine) on 25–26 December 1946, about 11 years after the establishment of the Israel Association of Urology. The conference was attended by representatives of medical institutions in Eretz-Israel and from overseas: urologists, surgeons, and others.

He expressed the participants’ feeling that the Congress was a ceremonial and formative event in the history of the development of urology in the country. It opened “a new period of advancement for this profession” in Eretz-Israel but was also a continuation of the large contribution of Jewish physicians who, by Bickels’ description, “had invested so much of their creative and constructive spirit” to develop the field in Diaspora countries where Jews resided. Bickels’ remarks also reflect the difficult emotions that clouded the event’s festive atmosphere: “we will not proceed with the conference agenda before taking a moment to commemorate the souls of the tens of thousands of our physician brethren who were slain ...at the hands of Nazi barbarism.”

Indeed, the First National Urologists Congress in Eretz-Israel was held only about a year and a half after the end of the Second World War. The first Holocaust survivors had already arrived at the Jewish Yishuv (the pre-state Jewish residents of Palestine), bringing tidings of the enormity of the Jewish Holocaust. This information hammered into the hearts of the Jews in Eretz-Israel, mainly of Central and Eastern European origin, who cried out at the fate of their families who had stayed behind. Meanwhile, about 250,000 homeless Jewish refugees, sur-
vivors of the Holocaust, wandered around Europe and were concentrated in terribly overcrowded displaced persons' (DP) camps in Germany, Austria and Italy. These refugees included about 200 Jewish physicians, who were the first to establish medical services in the DP camps. The British Mandate government persisted in its policy of restricting Jewish immigration to Palestine, refusing to issue entry permits, while organizations within the Yishuv strove to increase illegal immigration (Ha'apalah). From late 1946 onward, these Ha'apalah ships, with 51,500 Holocaust refugees on board, including about 80 physicians, were refused entry and redirected to Cyprus. On 29 November 1947, the United Nations General Assembly passed a resolution in favour of establishing a national home for the Jewish people in Eretz-Israel. On 14 May 1948, the British Mandate ended and the State of Israel was established. From that day until the end of 1952, during the period that was called HaAliyah HaGedolah (The Great Immigration), 721,234 immigrants, of which 46.5% were Holocaust survivors, arrived in Israel. The number of Jewish citizens of Israel more than doubled, from approximately 671,900 to 1,429,800. The number of physicians increased by approximately 1.6. At the end of 1944, there were 2,521 physicians in Eretz-Israel, of which 2,247 were Jewish and 272 were of other faiths. In 1946, the number of physicians had risen to 2,677, of which 2,386 were Jewish and 291 were of other faiths. Between 1946 and the establishment of the State, approximately 250 Holocaust-survivor physicians immigrated. From the establishment of the State until 1952, 1,100 physicians immigrated, the vast majority of them Holocaust survivors. By the end of 1951, about 3,700 Jewish physicians were living in Israel.

The aim of this chapter is to investigate the beginnings of the history of urology in Eretz-Israel in the shadow of the Holocaust. Namely, the period from the end of the First World War, in the outcomes of which lay concealed the seeds of the
Second, until the end of the period that saw the immigration to Israel of most of the survivors of the Holocaust. Thus, we are talking about the period from 1918, which also marked the start of the British Mandate in Palestine, until 1952, four years after the British left the region and the State of Israel was established. The history of urology is interwoven with episodes in the lives of urologists and with their work. Nonetheless, we refer to only a small number, as examples of the material reviewed, and no disrespect is intended toward the activities and contributions of many other physicians who have not been included here.

Dr. Jacob Bickels (1895–1969), who delivered the opening speech at the First Urologists Congress, was born in Lvov in Eastern Galicia, and qualified in medicine in Prague in 1920. He then specialized in urology in Vienna. He was a local active Zionist and in 1919 founded the Hechalutz Centre in Eastern Galicia. In 1926, he emigrated to Eretz-Israel and settled in Tel Aviv with his wife Julia (née Witelman) On his arrival in the country, Bickels began to practice as a urologist and from 1926 to 1936, while a medical consultant at the Hadassah Hospital in Tel Aviv, he performed retrograde pyelography and intravenous pyelography for the first time. In 1935, he founded the Association of Urologists in Eretz-Israel, which he chaired for 25 years. In the book about physicians in Eretz-Israel, Bickels re-
ceived the title of The First Urologist in Eretz-Israel. Bickels brought his professional expertise to this part of the world, as well as his enthusiasm and experience in public activity. In addition to founding the Association of Urologists, he also served as Vice Chairman of the Medical Association, the representative organization for Israeli physicians.

Even though the discipline had not been formally defined and its practicing physicians were few in number, it can nevertheless be said that urologists and urology were already an integral part of the medical services in the early British Mandate period.

The History of Urology and the Jews’ Part in It

Bickels’ opening lecture at the Congress addressed The History of Urology and the Jews’ Part in It. He reviewed the central landmarks in the history of the treatment of urinary tract diseases from ancient through modern times, such as the invention of the cystoscope by the German physician, Maximilian (Max) Nitze in 1879, which led to a huge leap forward in the development of urological science.

Bickels devoted special attention to Jewish physicians’ contributions to the development of the urology profession. Among the names mentioned were those whom he called “the Jewish fathers of urology”: Emil Zuckerkandl, who founded the Association of Urologists in Vienna and who, with Julius Tandler, invented the perineal prostatectomy method (prostatectomia perinealis), which refined prostate surgery and established the prostate anatomy and its implications for treatment of patients suffering from urinary retention. Among the fathers of urology in Berlin, Bickels included James Israel, who was skilled in diagnosing and curing kidney diseases. Bickels noted that even before Max Nitze’s revolutionary invention of the cystoscope, a Jewish physician from Vienna, Josef Gruenfeld, succeeded in performing a urinary catheterization on a woman.

After reviewing the scientific urological achievements of the first half of the 20th Century, Dr. Bickels asserted that: “If we remember the abundance of these precise examinations, the following claim by Rathborn, President of the American Urological Association, does not seem exaggerated: ‘diagnostic and treatment methods in urology work with mathematical precision and nothing else resembles them in any other branch of medicine.’”

Nevertheless, Bickels drew attention to the contemporary challenges to urology and invited urologists in Israel to continue to take part in advancing the profession: “… Many problems await solutions. We are still helpless in the face of prostate and bladder cancer. Kidney surgery is too radical and we should aspire to conservative operations. The workload is great and each professional should aspire to do his bit to find solutions to these problems, a task from which physicians in Israel are not exempt. Jewish physicians in the Diaspora made a huge contribution to founding and establishing this profession, and it is no exaggeration to say that they were among the cornerstones of the building of urology. It suffices to mention, in the Berlin school, Israel, Casper, Joseph, Lichtenberg, Max Zondek, Gottstein and others; and in the Vienna school, Dietel, Zuckerkandl, Frisch, Blum, Paschkis, Lichtenstern and others, as well as the American school, with Edwin Beer and Eisendrath, to appreciate the part that they played in this branch of science.”

The first Steps of Urology in Eretz-Israel

In June 1931, a national scientific conference of physicians was held in Jerusalem, with the participation of 170 physicians from around the country. The conference focused on kidney stone disease and
Kidney stones were not a new point of focus. Urinary tract stones and kidneys are mentioned in ancient literature. In the Hippocratic Oath, the physician swears: “I will not use the knife, not even, verily, on sufferers from stone...” In Talmudic literature, the disease is referred to as *Tzamirta* (from the root meaning ‘shaking’ or ‘shivering’ in Aramaic and Hebrew), as in the description of the illness that befell Rabbi Yehuda Hanasi, President of the Sanhedrin after the Destruction of the Second Temple. The great medieval Biblical Talmudic Jewish commentator Rashi (Rabbi Shlomo Itzhaki) explained this term as “a stone growing in a tendon obstructing urine.” However, the Talmudic name undoubtedly incorporates the clinical description of the disease, because kidney stones are a source of inflammation and fever, often accompanied by shivering. In the early 20th Century, the breaking up of kidney stones was perceived as the expertise of the urologist, who was defined as the “physician who treats urinary tract diseases” and who has the “skill to break up and remove these stones, if they cause discomfort to the individual.”

At this formative congress, eight physicians from Eretz-Israel delivered lectures and 15 participated in a discussion. These lectures provide evidence that in 1946 Jewish urologists were already providing a professional service in Eretz-Israel and had expert knowledge of the state-of-the-art achievements of urological science. Among the speakers were Professor Hermann Zondek from Jerusalem, who lectured on ‘Hormonal Treatment for Benign and Malignant Prostatic Hypertrophy’; Dr. Ernst Lehmann on ‘Prostatic Abscess’; Dr. Traian Katz-Galatz on ‘Endoscopic Treatment of Chronic Prostatic Infection’; Dr. Bickels noted the central milestones of urology in Eretz-Israel. We learn from his speech that by 1923 the first systematic cystoscopy examinations had already been performed at the Hadassah Hospital in Jerusalem. In 1926, the medical service was expanded to the urban hospital in Tel Aviv and in 1927 the Clalit Health Fund introduced a urology service into that city. The year 1933 saw the initiation of tremendous advancement in the urology field, with the mass immigration of physicians from Central Europe. “There is no hospital or large urban clinic that does not have a urologist,” claimed Bickels.

Bickels noted the central milestones of urology in Eretz-Israel. We learn from his speech that by 1923 the first systematic cystoscopy examinations had already been performed at the Hadassah Hospital in Jerusalem. In 1926, the medical service was expanded to the urban hospital in Tel Aviv and in 1927 the Clalit Health Fund introduced a urology service into that city. The year 1933 saw the initiation of tremendous advancement in the urology field, with the mass immigration of physicians from Central Europe. “There is no hospital or large urban clinic that does not have a urologist,” claimed Bickels.

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tion'; Dr. Moshe Michael on 'Prostatic Physiology'; Dr. Joseph Edward Gordon and Dr. David Erlik on 'Surgical Treatment of the Prostate and Results of Urethral Surgery'; Dr. Dr. Werner Nissel on 'Surgical Treatment of the Prostate'; and Dr. Jakob Gellman on 'Prostate Cancer'.

Bickels was the personal physician of Hayyim Nahman Bialik, one of the greatest Jewish poets of all time, and gained renown following the disclosure of the circumstances of the poet's death. Bialik died in Vienna in 1934 as a result of a complication during prostate surgery. He had immigrated to Eretz-Israel in 1924, and had suffered from kidney stones since 1927. After his death, his physicians in Eretz-Israel informed the Jewish public about the treatment he had received in Eretz-Israel and in Europe over the years. These physicians were among the eminent surgeons in Eretz-Israel. They included Professor Joseph Edward Gordon, one of the founders of advanced surgery in Eretz-Israel, who specialized in surgery in Britain and the United States before immigrating in 1928. He was appointed director of surgery at the Hadassah Hospital in Jerusalem and turned it into one of the leading departments in its field in the Middle East. Professor Max Marcus, director of surgery at the Hadassah Hospital, Tel Aviv, was one of the greatest surgeons in Berlin. His arrival in Eretz-Israel in 1934 was a landmark in the development of medicine in the country. Professor Abraham Bernick, who studied medicine in Kiev and Berlin, was an expert in surgery, orthopaedics, and traumatology, and emigrated to Israel in 1933. The information published about the poet's illness and treatment not only illustrates the urology treatment available in Eretz-Israel in the early 1920s (treatment of urinary tract diseases), but also explains why people, like Bialik, still went overseas for prostate surgery.

His death was announced in the Davar newspaper on 8 July 1934 under the headline: 'Bialik's coffin will leave Vienna tomorrow: physicians in Tel Aviv on Bialik's illness and death.' When the news of his demise became known, Bialik's physicians decided to hold a press conference to provide "an explanation of the development of the disease that led Bialik to the grave." The physicians said they "found it necessary to publicize details from the course of H.N. Bialik's illness and what led him to travel to Vienna." According to this explanation, after suffering from an accumulation of bladder stones, he underwent lithotripsy treatment (the breaking up of kidney stones) in 1927 under Professor Casper in Berlin. Two years later, the procedure had to be repeated and, as the problem was not yet solved, was performed a third time by Professor Lichtenstern in Vienna. Several months later, Bialik was examined by his physicians in Eretz-Israel. The findings of the discoscopy (insertion of a flexible tube to identify bleeding from the bladder) showed that, despite all the treatments, a large number of stones had accumulated as a result of an enlarged prostate. Following medical consultation among the experts in Eretz-Israel, it was decided to send the findings to Professor Lichtenstern, who concluded that a radical prostatectomy was necessary. Bialik's physicians at home and Professor Lichtenstern were of one mind that the surgery should be performed, because they knew their patient well. The poet "aspired to attain complete relief from anything that disturbed his quietude and distracted him from his work, and he fought against becoming a slave to his illness."

The physicians stressed that surgical failure was not the cause of death, which was actually the result of an embolism. They clarified that the mortality rate in this type of operation was very low. Moreover, they reported that before Bialik left the country, "the same operation was performed successfully in Eretz-Israel on a 76-year-old man."

In 1935, about a year after Bialik's death, Bickels founded the Israeli Association of Urologists in Tel Aviv, but as emerges from journals published by the Palestine Jewish Medical Association (later to be-
come the Israel Medical Association, IMA), its activity was very limited in the early years. There were two apparent reasons for this: the small number of urologists in Eretz-Israel and the fact that urology was incorporated in other medical fields and was not an independent discipline in its own right. It was sometimes combined with dermatology and venereology, and at other times with surgery – two different combinations at universities and medical institutions in Central Europe. There, the urology, dermatology and venereology trio was the primary field, as was also the case in Eretz-Israel. The upsurge in skin and sexually transmitted diseases following the waves of immigration increased demand for this field.

Urology, as it exists today, is a derivative of surgery. The urology that was combined with dermatology and venereology treated urinary tract problems, mainly caused by sexually transmitted diseases (especially gonorrhea), which led to damage of the lower urinary tract (urethral stricture, etc.) rather than the more serious problems requiring surgical intervention (such as urinary tract stones). Most physicians who became involved in this field via dermatology and venereology did not practice surgery at all and it is therefore difficult to identify them as urologists according to the current definition – which is the branch of medicine that deals with urinary tract disorders and diseases in men and women, as well as with conditions and diseases of the male reproductive system – although they did treat urinary tract diseases, inter alia, in addition to their work in other areas of dermatology and venereology. Most of the surgical side was covered by a group of general surgeons, who gradually invested more of their time in urinary tract operations, thereby laying the foundations of modern urology. Among the senior surgeons who laid the building blocks of this new specialty and trained generations of students was the aforementioned Professor Joseph Edward Gordon. An initial list of physicians in Eretz-Israel, who practiced urology in the modern sense of the word, is provided in Appendix A. The list does not include practicing dermatologists and venereologists, who, by virtue of their expertise, also treated urinary tract diseases, unless they had practiced urology elsewhere, prior to their immigration. We assume that these physicians abandoned their urological practice in Eretz-Israel due to the difficulty of finding positions in the field. This was a result of the continuing underdevelopment of urology and the greater demand for dermatologists and venereologists.

The surgical profession began to develop in Eretz-Israel mainly from 1933 onwards, with the influx of surgeons from Germany and Austria following the Nazis’ rise to power. Their migration to Eretz-Israel was dependent on several conditions, such as their financial situation and the granting of immigration permits. For this reason, those planning to emigrate wrote to medical institutions in Eretz-Israel in search of jobs. The correspondence was stored in the Tel Aviv Municipal Archives and includes applications from urologists from Germany. An example is a letter dated 24 April 1935, from David-Zvi Pinkas, a member of Tel Aviv City Council, to Mrs. Shoshana Percik of the Hadassah Medical Organization – request to invite Dr. William Boß from Breslau as a candidate physician for the Hadassah Hospital (Tel Aviv Municipal Archive 4 – 4679).
zation, regarding a German physician’s application for a post at the Hadassah Hospital, Tel Aviv: “Further to the proposal by Dr. William Boß from Breslau. I would be grateful if Madam will agree to issue a letter stating that since he is being considered as a candidate for a surgical post at the urban hospital in Tel Aviv, it is desirable for him to present himself to the hospital management in person. Such a letter is essential for his receipt of a license to leave Germany...” (author’s emphasis). Dr. William Boß qualified in urology and surgery in Germany, but applied to the Hadassah Hospital, Tel Aviv as a surgeon, not as a urologist – presumably to broaden his job options. After his arrival, he was one of the founders of Assuta Hospital and practiced in the Leumit Health Fund.37

In July 1936, the Director of the Hadassah Hospital in Tel Aviv, Dr. Arye Abramovitch, wrote to the Municipality Administration requesting authorization for a full-time urologist at the hospital, since, at that time, the hospital employed only external urology consultants, none of whom were fully-fledged hospital physicians. (It was on this basis that Bickels worked for the hospital.) The contents of the letter were as follows (author’s emphasis): “The hospital’s need for urology is indisputable. Several years ago, the Board discussed the question of a consultanct urologist for the hospital and it was agreed to appoint two unsalaried consultant urologists. Medically, this was an inconvenient arrangement for the hospital. It was necessary to set boundaries for each consultant and it was agreed that one physician would work at the clinic and the other would serve the hospital wards. This proved unsatisfactory because outpatients were treated in one way by one consultant and on admittance to hospital began treatment under his colleague. If this system was unsuitable for a hospital with 150 beds, then how much more inappropriate in a hospital that accommodates 300, where many patients are in need of urological
treatment and care. A financial assessment showed that introducing a permanent salaried urologist position would not overburden the budget, since the operations, cystoscopes, etc. performed by the consultant physicians provided a good source of income.38 This request by the Hadassah Hospital to employ a urologist in 1936, despite opposition from the municipality, which owned the hospital, shows a growing recognition of the importance attached to this branch of professional medicine. The request was granted and the hospital appointed Dr. Simon Perlman, another German physician who immigrated following the Nazis’ rise to power,39 as director of the urology unit.

Urology and Urologists in Eretz-Israel: Background, Sources, defining the Specialization and locating Names

The history of medicine in general and the development of urology in particular in Eretz-Israel before, during and in the aftermath of the Holocaust are interwoven with the major events in the region during this fateful period of general and Jewish history.

The development of modern medicine in Eretz-Israel can be divided into four periods: the first extends over the 19th Century under the Ottoman Empire from 1825 to 1882, with the arrival of the first physicians who had received academic medical training,40 up until the wave of Jewish immigration during the First Aliyah, mainly from the Russian Empire. Throughout these years, medical activity in the region was driven by missionaries from various countries, whose aim was to bring salvation to the residents of the Holy Land and to spread the Christian message. Alongside this, the local residents treated the many problems of morbidity in the area with the traditional folk medicine still prevalent in the Old Yishuv (the small Jewish communities in Eretz-Israel at that time). The second period, from 1882 to the end of the First World War in 1918, was known as the period of Pioneering Medicine, a period in which Jewish physicians, who had graduated from faculties of medicine, mainly in Eastern Europe, made their mark in Eretz-Israel. Fleeing the anti-Semitic persecution in their countries of origin and motivated by Zionist ideology to settle the Land, these physicians aspired to realize the vision of the return of the Jewish people to full sovereignty in its traditional homeland. The third period, beginning after the First World War in 1918, bore the stamp of the British Mandate. Even though this Mandate only ended in 1948, the period between 1933 and 1948 was a separate entity in its own right. As mentioned above, the early years of this period began with Hitler’s rise to power and the subsequent wave of immigration to the Jewish Yishuv in Eretz-Israel, and culminated with the end of the British Mandate and the immigration of the first Holocaust survivors. From 1933 to 1939, hundreds of Jewish physicians arrived after being dismissed from their posts in Nazi Germany,41 while most of the physicians who arrived between 1945 and 1948 were survivors of the horrors of the Holocaust.

Among the physicians who were expelled in Germany from their posts and their other activities in professional organizations and academia were a number of Jewish urologists. Extensive studies by German researchers42 show that 866 out of approximately 51,000 physicians practicing in Germany on the eve of Hitler’s rise to power were urologists. Of these, about 28% were classified as Jews according to the Nazi racial laws, showing a significantly higher percentage of Jewish urologists in comparison with physicians in Germany generally (16%). Urology was the second largest specialization among Jewish physicians, after paediatrics. Immediately
prior to the Nazis’ rise to power, about 240 Jewish urologists were practicing in different parts of Germany. An investigation into the fate of 209 of these physicians shows that 60% of them migrated from Germany following the Nazis’ victory in the 1933 elections. Most of these Jewish urologists went to the United States (55), 26 (12%) went to Eretz-Israel, and a smaller number still (12) went to Britain. Approximately 40 Jewish urologists, who refused to leave Germany, were exterminated during the period of Nazi rule and the Jewish Holocaust.43 About 10 urologists were unable to bear the humiliation, ostracism and expulsion and took their own lives because of the anti-Jewish policy adopted by the Nazi regime.44

No research into the history of urologists in Eretz-Israel has been conducted to date, and inadequate attention has been devoted to the fate of Jewish urologists who emigrated from Germany following the Nazis’ rise to power and the annexation of Austria and Czechoslovakia. The first researchers to gather information about physicians in Eretz-Israel from 1799 until the establishment of the State in May 1948 were Yael Levy and Professor Nissim Levy, a physician45 who was constantly engaged in studying the history of medicine. Their research reveals that prior to the First World War approximately 63 Jewish physicians were practicing in Eretz-Israel. In 1920, the overall number of physicians rose to 155, of which 98 were Jewish, and in 1926, the year when the urologist Dr. Bickels arrived, there were 376 Jewish physicians. In 1932, on the eve of immigration of the Jewish physicians from Germany and Austria, the number was 676, of which 476 were Jewish, and by 1939, with the outbreak of the Second World War, their ranks had increased to 2,242, of whom 1,980 were Jewish, including about 180 surgeons, orthopaedic doctors and urologists. In 1946–1947, the number of Jewish physicians reached 2,386, including approximately 200 surgeons, orthopaedic doctors, and urologists.46

The study of the history of urology and urologists in Eretz-Israel demands an examination of the development of the specialization procedure and the use of the title ‘medical specialist’ in general and in Eretz-Israel in particular. The term was first anchored in Israeli law only as late as May 1960, with the published amendment of the Physicians Ordinance of 1947, regarding authorization of the title of specialist.47 Prior to this, the mandatory Physicians Ordinance gave no definition of medical specialization, but prohibited the use of “terms that imply specialization,”48 except for the titles of doctor or surgeon. This prohibition did not prevent physicians from implying that they were specialized in the treatment of a specific disease, and there was no official control over this implied use. Thus, for example, in the Jewish newspapers of that period, the use of at least three terms to describe urologists can be found: a) Dr. ..., skin, hair, urinary and sexually transmitted diseases (urologist); b) urologist; and c) urologist–surgeon.49

The development of medical specialization began in Europe and America several centuries ago, but accelerated during the 1920s and 1930s. During the 1930s, the specialization issue reached the agenda of the Jewish medical institutions in Eretz-Israel, following the immigration of physicians from Germany and Austria. Many of them had been specialists in different branches of medicine in their countries of origin, including new areas hitherto unknown in Palestine, where medicine at the turn of the century was based on general medicine, as practiced by most of its physicians. According to Dr. Tova Yeshurun-Berman, who was director of preventive medicine at the Clalit Health Fund during this period and later became its medical administrator, it was the duty of general medicine to treat the health and problems of the whole patient and not just a single part of the body; in other words, the prevailing view was to look at individuals holistically, with all their physical and mental problems, and, when necessary, to refer the patient for
The arrival of specialist physicians from Germany and Austria changed the face of medicine in Eretz-Israel, diverting respect and demand from the general physician to the specialist consultant. In actual fact, until the 1947 Ordinance was introduced, some physicians in Eretz-Israel practiced dermatology, venereology and treatment of the urinary system, while others practiced urology.

At the beginning of the 1940s, the issue arose for discussion in the Palestine Jewish Medical Association, because regulations in various other countries had already established the right of physicians to be called specialists. In addition, the PJMA was expecting the immigration of yet more young physicians, who were finishing their studies overseas and would continue their training in Eretz-Israel. However, no authority could be nominated to make decisions on the subject until a medical school was opened in Israel. This happened in 1949, with the founding of the first medical school by the Hebrew University of Jerusalem and the Hadassah Medical Organization. Its teaching staff eventually became partners in formulating the rules of specialization and expertise. The initial regulations defined the conditions for submitting a request for authorization of the title, the authorizing body and the working arrangements, the specialized professions, and the course and period of specialization. A period of transition was set at which a title of specialist could be confirmed for any doctor who wished to receive it and could prove that he had worked in a recognized medical institution or privately for six consecutive years in the medical branch where he sought recognition as a specialist. These regulations defined urology as one of the six surgical 'titles' in surgery, and just like these titles, it required six years of residency/specialization, five of which were in general surgery and urological surgery.

The gathered data show that from 1920 until after the Holocaust, 52 urologists arrived in Israel, including two women (some of them had specialized in urology, dermatology and venereology, others in urology and surgery). After the Holocaust until four years after the establishment of the State of Israel, another 12 urologists arrived. To the best of our knowledge, most of them were Holocaust survivors. All of these physicians can be divided into three groups: a) physicians who practiced urology or urology and surgery both in their country of qualification and in Israel; b) physicians who practiced urology only in their country of qualification, and after their arrival in Israel practiced a different branch of medicine; and c) physicians who specialized in urology after their arrival in Israel. Only 32 of the physicians who arrived in Eretz-Israel before...
I. MIRIAM OFFER, RACHEL HERZOG, YARON PASHER, AVI OHRY

The Holocaust, including one woman, were accepted into the urology profession, including urological surgery. Three of the physicians were integrated as surgeons and, after practicing for several years in Eretz-Israel, were sent to the United States to train as urologists. When they returned, they were appointed as heads of urology departments or units and became leaders in their field. Of the physicians who immigrated after the Holocaust, 12 practiced urology, two of them after they had been sent to train in the field. The main data are presented in Tables 1 and 2 and in Appendix A below.

Landmarks in the History of Medicine in Eretz-Israel in the first half of the 20th Century

To probe the developmental stages of urology as part of the development of medicine in Eretz-Israel, alongside the aforementioned data, which relate to its periodization and only lightly reflect the dramatic political vicissitudes that befell the residents of Eretz-Israel during the first half of the 20th Century, a brief description will follow of the picture of medicine and society as it was encountered by immigrant urologists. The emergence of a urological medical system in this historical and geographical sphere, like the accelerated development of the Yishuv in Eretz-Israel, undoubtedly adds a dimension to the character and activity of physicians generally and to the pioneers of urology in particular in Eretz-Israel.

The history of medicine in Eretz-Israel is unique, in that it constitutes a layer in the history of the Yishuv and of the State. The first physicians not only perceived themselves as medical professionals but most of them also undertook additional roles.

### Tab 1

**UROLOGISTS WHO IMMIGRATED TO ERETZ-ISRAEL FROM 1920 TO 1952, BY COUNTRY OF ORIGIN AND PERIOD OF IMMIGRATION – PRELIMINARY FINDINGS**

<table>
<thead>
<tr>
<th>YEAR OF IMMIGRATION</th>
<th>Total</th>
<th>Germany and Austria</th>
<th>Eastern Europe</th>
<th>Other and not known</th>
</tr>
</thead>
<tbody>
<tr>
<td>1920−1932</td>
<td>9</td>
<td>3</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>1933−1938</td>
<td>31</td>
<td>29</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>1939−1945</td>
<td>7</td>
<td>4</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Before 1945, but year of immigration and country of origin unknown</td>
<td>5</td>
<td>4</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>1946−1952</td>
<td>14</td>
<td>1</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>66</strong></td>
<td><strong>38</strong></td>
<td><strong>21</strong></td>
<td><strong>6</strong></td>
</tr>
</tbody>
</table>

### Tab 2

**UROLOGISTS WHO IMMIGRATED TO ERETZ-ISRAEL FROM 1920 TO 1952 AND SPECIALIZED IN UROLOGY IN EITHER THEIR COUNTRY OF ORIGIN OR IN ISRAEL, BY FIELD OF PRACTICE IN ISRAEL AND PERIOD OF IMMIGRATION: PRELIMINARY FINDINGS**

<table>
<thead>
<tr>
<th>YEAR OF IMMIGRATION</th>
<th>Total</th>
<th>Practiced urology and/or surgery</th>
<th>Practiced dermatology</th>
<th>Practiced in other fields or unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>1920−1932</td>
<td>9</td>
<td>9</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>1933−1938</td>
<td>31</td>
<td>14</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>1939−1945</td>
<td>7</td>
<td>4</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Before 1945, but year of immigration and country of origin unknown</td>
<td>5</td>
<td>5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>1946−1952</td>
<td>14</td>
<td>12</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>66</strong></td>
<td><strong>44</strong></td>
<td><strong>9</strong></td>
<td><strong>13</strong></td>
</tr>
</tbody>
</table>
They saw themselves as leaders and environmental experts, who were committed to influencing the character of Jewish society in Eretz-Israel. Even though this chapter focuses on the period 1918 to 1952, we will mention the central characteristics of medicine in Eretz-Israel at the end of the preceding period, to present an overall picture of the development of medicine in Eretz-Israel in general and of urology in particular.

The first period (1826-1882) was characterized, as mentioned above, by missionary medicine and Jewish medicine of the Old Yishuv. The number of certified Jewish physicians in Jerusalem was about three or four per generation. Lack of data prevents the precise evaluation of the number of physicians in the other cities, but the assumption is isolated few. Most of the lower-middle class and village populations turned to healers for treatment. Some of the latter were quacks and charlatans, a phenomenon known throughout the Ottoman Empire, as well as in Jerusalem and other parts of Eretz-Israel. Modern medicine only reached this region for the first time with the arrival of university-graduate physicians in the first half of the 19th Century. Since the end of the 18th Century, the Jews of Europe had begun to flock to the medical profession, and the faculties of medicine at European universities were packed with Jewish students. This was the climax of two parallel processes: first, the development of medicine as a science and as an influential factor in Western culture and society; and second, the development of the Haskalah (Jewish Enlightenment) movement in Germany and Eastern Europe. In 1890, for instance, 16% of all physicians in Germany were Jewish, whereas Jews constituted only about 1.2% of the general population. The vacuum in the health field in Eretz-Israel first attracted missionary physicians from England, and they were gradually followed by Jewish physicians. The first of the latter to arrive was Dr. Simon Frankel, a native of Silesia, who immigrated in 1843 and was, in fact, the emissary of Sir Moses Montefiore. At that time, infectious, endemic and epidemic diseases threatened the existence of the small Jewish Yishuv. Malaria, in all its variations, was the most prevalent disease in the country.

In the second period, the previously mentioned period of ‘pioneering medicine’ (1882-1918), malaria was still the most serious problem in Eretz-Israel. Even in 1920, every new immigrant contracted malaria before they had been a full year in the country and hundreds died of the disease. In 1909, Dr. Hillel Yaffe (1864−1936), a prominent contemporary physician in Eretz-Israel, asserted that he knew of no community in the country that was free of malaria. Dr. Yaffe founded and directed a private malaria hospital in one of the Baron de Rothschild colonies, Zikhron Ya’akov. He initiated the planting of thousands of eucalyptus trees to dry the swamps and to prevent the spread of the Anopheles mosquito, which causes malaria. Together with the agronomist Aaron Aaronsohn, he performed anti-malarial drainage and cured hundreds of the disease, in addition to administering quinine to healthy people as a preventative measure. Hillel Yaffe’s disciples battled with malaria until its complete eradication after the establishment of the State. If all these difficulties were not enough, during 1916 a typhus epidemic broke out in Eretz-Israel, wiping out 20% of the population. The disease spread rapidly, mainly in the densely populated cities of Jerusalem, Safed and Jaffa. Thousands died of the disease and many others died of starvation due to the lack of appropriate treatment. Many people fled to Egypt in an attempt to save their lives. The First World War was one of the most difficult periods for the Yishuv in Eretz-Israel. Hunger, epidemics and the cruelty of the regime endangered its very existence. At the frontline of the struggle for survival stood the physicians, pharmacists and their assistants, and by their courage, initiative and self-sacrifice, they marked what might be considered as the
The third period (1918−1933) was the first part of the British Mandate period, before large-scale immigration from Germany started. The first decade of the British Mandate saw a change in the medical organization in Eretz-Israel. The need to fight malaria, trachoma and other epidemics dictated the nationwide structure of the medical services. The first organization to engage in comprehensive activities was Hadassah, founded by Henrietta Szold, followed by the Clalit Health Fund. The Hadassah organization began operating in August 1918 at the end of the First World War and the newly established Mandate regime provided a high standard of medical services throughout the country. The organization set up clinics, laboratories, X-ray facilities, baby clinics and hospitals. When the British conquered Jerusalem on 9 December 1917, they found a considerable number of medical institutions that had been set up in the 19th Century. The period from the second half of the 19th Century up to the First World War saw unprecedented development in the building of hospitals in Jerusalem alone. In 1920, the Mandate government established a health system that provided only minimal support for the Jewish health services, based on the government’s assumption that the Jews had access to the Hadassah services, as well as to the medical services that had developed in the Jewish Yishuv itself, mainly the Clalit Health Fund. During the Mandate period, these medical services in the Yishuv developed and expanded, creating a strong base for the health services that would eventually serve the State of Israel after its foundation. The activity of the health department of the Mandate government was more limited: 10 hospitals mainly served British officials and 19 clinics and nine stations treated patients with infectious diseases, where both Jewish and Arab populations received free medical care. The format and scope of these services did not change until the end of the Mandate in 1948. During the 29 years of the British Mandate in Palestine, about 4,000 licenses were issued to physicians of all kinds, including 3,520 to Jewish physicians, although not many of the latter were employed in the Mandate health system.

The fourth period (1933−1948) was the second part of the British Mandate period, after the immigration from Germany and the Second World War, up to the establishment of the State of Israel. Two historical events boosted the immigration of German physicians to Eretz-Israel: a law passed by the Mandate government in July 1935, restricting the issue of licenses to Jewish physicians who would arrive in the country after 1 December of that year, and the publishing of the Nuremberg Laws in Germany in September 1935, leaving no room for doubt as to the Nazis’ anti-Semitic intentions. As a result, in the following months of October and November about 500 physicians immigrated to Eretz-Israel, increasing the overall number of physicians by 30%. As previously mentioned, before 1933 most physicians in Eretz-Israel practiced general medicine. Neither Hadassah nor the Clalit Health Fund encouraged specialization in particular branches of medical science, and hence the German and Austrian immigrant physicians made a definite and unique contribution to the development of medicine in Eretz-Israel. The arrival of hundreds of experienced and knowledgeable physicians in a range of fields raised the local standard of medicine significantly, revolutionizing its character, especially in surgery, radiology, psychiatry, public health and the use of modern medication. Within a few years, the immigrant physicians...
from Germany held most of the key positions in all the Jewish hospitals. They established a medical infrastructure for health funds, independent of professional organizations, as well as an infrastructure for private hospitals, the largest of which were Assuta in Tel Aviv and Elisha in Haifa. Almost no physicians immigrated during the Second World War between 1939 and 1945. The end of the war saw the arrival of the first of the Holocaust survivors.

The Challenges facing Urologists in Eretz-Israel at the End of the Second World War and the Integration of Holocaust-survivor Urologists

In his lecture during the First Urologists Congress, Dr. Bickels unfurled his vision of developing the urological profession in Eretz-Israel in the years ahead. He defined his professional, clinical and academic objectives as follows: 1) establish independent urology departments in all the large hospitals; 2) establish urology as an integral part of the medical school curriculum at the Hebrew University, with equal status to other branches of medicine (he called upon his colleagues “to stand guard” to advance this aim); and 3) establish essential laboratories.

Not long before this congress, a moving meeting took place between representatives of the medical institutions in Israel and representatives of the physicians in the DP camps. The meeting followed their joint participation in an inter-institutional committee in Eretz-Israel, which steered a project to absorb 100 new immigrant physicians into the country. At the national convention of the Clalit Health Fund physicians, which was also held a short time before the urologists’ congress, the chairman of the DP camp physicians organization, Dr. Shlomo Na-birskey, brought a message to convention delegates: “On behalf of all our far-flung members, still residing in camps in Europe, I convey greetings to the Clalit medical convention in the homeland. My joy in participating here is diluted by the pain of our people’s recent past and the many victims sacrificed during the war [...] The refugee physicians’ deepest hope is to come to Eretz-Israel and help to build up the land [...]” The Medical Association and Jacob Bickels, in his role as vice-chairperson, assisted the absorption of the survivor-physicians by setting up aid funds, creating jobs and organizing supportive conventions.

The Association of Urology’s goals were gradually realized. The number of urologists in Israel continued to grow and from the late 1930s and especially toward the end of the 1940s many medical institutions advertised for urologists. Renowned surgeons in Israel including Professor Joseph Edward and, later, Professor David Erlik, his student, who became director of surgery at the Rambam Hospital in Haifa. Professor Max Marcus trained physicians who went on to become leading urologists in Israeli hospitals.

The hopes of the refugee physicians were also realized, with the first ones arriving in Israel from 1946 onwards. The vast majority were Holocaust survivors and, as mentioned earlier, included some 14 urologists or surgeons who transferred to the urology field once in Eretz-Israel. Later, they would become senior urologists in the Clalit Health Fund and in hospitals around Israel, with several becoming heads of urological departments. We will give three examples for illustrative purposes (with no offense intended to those whose names are not mentioned):

Dr. Moshe Rakowsczyk was a surgeon who fought in the Second World War as a physician in the Red Army. He immigrated to Eretz-Israel in 1946, took part in the War of Independence, and spent 19 months as a surgeon and commander of a military hospital in Jerusalem. Dr. Rakowsczyk eventually
became director of urology at Tel Hashomer Hospital (today the Sheba Medical Centre).  

Dr. Moshe Rakowsczyk (on the left) during the War of Independence in 1948, when he was the army commander of Hospital No. 11 (http://www.pikiwiki.org.il/?action=gallery&img_id=7043%7D%90%D7%95%D7%97%D7%96%D7%A8). Retrieved on 12.2.17.

Dr. Moshe Feigenberg (1909-1982) – photo to mark 2,500 operations at Shmuel Harofe Hospital, Be’er Ya’akov. photo by courtesy of his granddaughter, Noa Mendels Schocken  

Dr. Miriam Offer, Rachel Herzog, Yaron Pasher, Avi Ohry

Hitler’s Berghof residence. “The material includes, amongst other things, the Berghof telephone book printed in April 1944, including lists of telephone numbers of the homes and bunkers of Hitler’s close aides, such as Göring, Bormann and others. The book also includes names of other Nazis, cronies of Hitler, who were unknown to us until now.”  

Dr. Jacob Singer (1918–1971), surgeon, was born in Dnieper-Petrovsk in the Ukraine. In 1946, he immigrated to Eretz-Israel, where he worked in the surgical department at Hadassah in Jerusalem under Professor Edward Gordon and Professor David Erlik. He was offered a surgical position at Rambam Hospital and was later sent to train as a urologist in the United States. When he returned, he opened the urology department at the Rothschild Hospital (Bnei Zion) in Haifa, where he served as director until he died. After his death, a sheet of official Rothschild Hospital notepaper was found in his wallet, on which was written: “1) To heal a little. 2) To bring great relief. 3) To comfort always.” This humane doctrine was his life’s guiding principle.  

Also worthy of mention is the activity of those who, after surviving the Holocaust inferno, went on to study medicine and later became senior urologists in Israel. Their Holocaust experiences and their contribution to the development of urology in the State of Israel, like that of many other important urologists, deserve a separate study. We will mention just two of them as examples:

Dr. Moshe Rakowsczyk (on the left) during the War of Independence in 1948, when he was the army commander of Hospital No. 11 (http://www.pikiwiki.org.il/?action=gallery&img_id=7043%7D%90%D7%95%D7%97%D7%96%D7%A8). Retrieved on 12.2.17.

Dr. Moshe Feigenberg (1909-1982) – photo to mark 2,500 operations at Shmuel Harofe Hospital, Be’er Ya’akov. photo by courtesy of his granddaughter, Noa Mendels Schocken  

Dr. Moshe Rakowsczyk (on the left) during the War of Independence in 1948, when he was the army commander of Hospital No. 11 (http://www.pikiwiki.org.il/?action=gallery&img_id=7043%7D%90%D7%95%D7%97%D7%96%D7%A8). Retrieved on 12.2.17.

Dr. Moshe Feigenberg (1909-1982) – photo to mark 2,500 operations at Shmuel Harofe Hospital, Be’er Ya’akov. photo by courtesy of his granddaughter, Noa Mendels Schocken  

Professor Zvi Braff was born in 1929 in Koice, Slovakia. He came through the Holocaust and was among the survivors on the famous Kasztner train. He immigrated to Israel in 1949 and completed his studies at the Hadassah Medical School at the Hebrew University of Jerusalem. Later, he was appointed as director of urology and head of the surgical department at Tel Aviv Sourasky Medical Centre (Ichilov).
Dr. Paul Jonas was born in 1938 in Arad, Romania and survived the Holocaust in Timisoara. He immigrated to Israel in 1961. After completing his studies at the Hadassah Medical School in the Hebrew University of Jerusalem, he practiced urology at the Sheba Medical Centre until his retirement.87

Last but not least, a urology landmark was noted in Israel in 1977, when Professor Marco Caine published his groundbreaking discovery of the importance of adrenergic receptors in disorders of micturition. Marco Caine emigrated from England to Israel in 1959 and headed the urology department in Hadassah. He was one of the first – maybe the very first – in Israel to have received formal training in urological surgery (he, too, began his career as a general surgeon). Professor Caine was a trailblazer in urodynamic research and was already studying this field as early as the 1950s. With his arrival in Israel, he continued his investigations and in the 1960s further developed his knowledge of adrenergic control of the urinary tract.88 For the 50th edition of the European Urology journal, published in 2006, Christopher Chapple wrote an article describing Marco Caine’s revolutionary research as “the most significant urological clinical practice in the last decade,”89 a topic deserving of a separate chapter in itself.

Conclusion

This chapter addressed preliminary findings relating to the beginnings and development of urology in Eretz-Israel in the first half of the 20th Century. The evolution of the field was linked to the transition from general medicine, on which Israeli medicine was based until the 1930s, to specialized professional medicine and the development of new sub-professions; by extension, it was linked to the development of surgery and the creation of surgical sub-professions; in addition, it was linked to the landmarks in the history of Jewish immigration to Eretz-Israel, and in particular to the large wave of immigrants from Germany and Austria between 1933 and 1939 and their subsequent contribution to the development of medicine in Israel; lastly, it was linked to the immigration of Holocaust survivors and to their integration into and contributions to the advancement of the Israeli health system.

The earliest urologists – whether dermatologists, venereologists or surgeons – were already practicing in Eretz-Israel in the 1920s. From 1920 to 1952, a further 66 urologists immigrated to Israel from Europe. During these 32 years, most of them (66.6%) practiced urology, 13.6% practiced dermatology and 19.6% either turned to other fields or their occupations are unknown.

We have seen that individual urologists were already performing professional urological examinations and treatments in Eretz-Israel in the early 1920s; first at the Hadassah Hospital in Jerusalem, then at the Hadassah in Tel Aviv and in the Clalit Health Fund. From 1933 onwards, following the large wave of immigration of physicians from Germany, the urological medical services expanded and were provided in general hospitals and urban clinics throughout the country.

Dr. Jacob Bickels founded the Israeli Association of Urology and served as its chairman for 25 years. In December 1946, the First Urologists Congress was held, and the lectures delivered there are evidence that the urologists in Israel were heavily involved in up-to-the-minute research into advanced urological treatment methods.

At the congress, Dr. Bickels presented the professional targets for the coming years: a urology curriculum in the faculty of medicine (established three years later at the Hebrew University), independent urology departments in hospitals, and pro-
essional laboratories for advancing research and treatment.

In the concluding remarks to his opening lecture, Dr. Bickels expressed the hope that the urologists in Israel would carry on the legacy of past Jewish urologists and that they, too, would contribute to the further development of their profession: “They will become intoxicated by the effervescent spirit of science and a young generation of urologists will emerge, who will be worthy of the wonderful tradition of the Jewish creators of urology.” 90

APPENDIX

Urologists in Eretz-Israel and in the early Years of the State of Israel: preliminary Findings 91

Urologists in Eretz-Israel who immigrated between 1920 and 1945

Edelman, Gad Hanoch
Emigrated from Russia during the 1920s. Specialized in urology, dermatology and venereology. In Israel, practiced urology at the Hadassah Hospital, Tel Aviv

Alfes, Akiba
Emigrated from Paris in the early 1920s. Studied urology in Paris during the 1930s and on his return practiced as a urologist and a nephrologist in Tel Aviv.

Epstein, Jacob
At the turn of the century, practiced as a surgeon and urologist in Jerusalem.

Boß, William
Born 1890. Qualified in medicine in Breslau, Germany. Specialized in urology and surgery. Immigrated to Israel in 1933 and registered as a surgeon. Was among the founders of Assuta Hospital and worked in the Leumit Health Fund.

Bitschai, Jacob
Only known fact: practiced as a urologist in Tel Aviv. Does not appear on the physicians registry after the establishment of the State of Israel in 1948.

Bickels, Jacob
Studied medicine in Prague. Immigrated in 1926. Was the first urologist in Eretz-Israel. Founded the Urologists’ Association. Practiced at the Hadassah Hospital, Tel Aviv, and afterwards at the Clal-
it Health Fund and as a private physician. Was the first to perform retrograde pyelography and intravenous pyelography.

Glas, Richard
Born 1890 in Vienna, where he qualified in medicine. Immigrated in 1939. Practiced as a urologist at Beilinson Hospital and the Hadassah Hospital, Tel Aviv and, later, as a private physician. Was among the founders of the private Elisha Hospital in Haifa.

Dvorson Roninson, Chaya
Immigrated during the 1920s. Practiced as a surgeon and urologist in Tel Aviv.

Dubner, Isaak
Born 1903 in Poland. Practiced as a urologist in Tel Aviv.

Heinsheimer, Siegfried

Siedner, Erich
Born 1898 in Lublinitz, Germany. Studied medicine in Freiburg, Munich and Berlin, specializing in urology, dermatology and venereology. In Germany, already practiced as a urologist. Immigrated in 1935 and continued in urology. Workplace unknown.

Joseph, Edward Gordon
Born 1894 in New Zealand. Finished his medical studies in Edinburgh and after WWI specialized in surgery. Immigrated in 1928 and was accepted into the surgery department at the Hadassah Hospital, Jerusalem. In 1931, was appointed head of the department, later to become one of the leading departments in the Middle East, where the best surgeons in the country were trained. His particular interest was urology.

Isacharowitz (Issachari), Meron
Born 1901 in Latvia. Specialized in surgical urology at the Jewish Hospital in Berlin. Immigrated in 1934. Practiced urology at the Hadassah Hospital, Tel Aviv and in private medicine. Served in WWII and the War of Independence. Enlisted as a career soldier and, after his release, practiced in the urology department at Tel Hashomer Hospital.

Glas, Richard
Born 1890 in Vienna, where he qualified in medicine. Immigrated in 1939. Practiced as a urologist at Beilinson Hospital and the Hadassah Hospital, Tel Aviv and, later, as a private physician. Was among the founders of the private Elisha Hospital in Haifa.

Cohn, Bruno
Born 1894 in Berlin. Qualified in medicine in Munich. Specialized in urology. Immigrated in 1933 and practiced as a urologist in Tel Aviv.

Katz, Galatz Traian
Emigrated from Romania circa 1941. Practiced as a urologist in Tel Aviv.

Katz, Yosef
Born 1910 in Galicia. Qualified in medicine in Vienna. Arrived in Israel circa 1939. Accepted into the surgical department at the Hadassah Hospital, Jerusalem and became head of the hospital's urology unit from 1942 onwards. In 1950, went abroad to train in urology and, on his return, officially organized the department.

Lehmann, Ernst Leopold
Born 1900 in Gorlitz, Germany. Completed his medical studies in Freiburg. Trained as a surgeon at the Jewish Hospital in Berlin. Practiced surgery and urology. Immigrated in 1933 and was accepted by the Health Fund, initially practicing in orthopaedics. In 1943, was appointed director of urology at Beilinson Hospital.
Lewin, Arthur
Born 1886 in Berlin. Studied medicine in Berlin and in Heidelberg. Specialized in urology and nephrology, and was world renowned in his field. Immigrated in 1938 and died several months later.

Lzebnik, Jacob
Born 1908 in Motal, Russia. Immigrated in 1942. Later headed the urology department at Beilinson Hospital.

Libowitz, Max
Practiced urological surgery in Tel Aviv.

Neugroschl, Joseph
Studied medicine in Germany. Immigrated in 1942. Practiced as a urologist. Was among the founders of the private Elisha Hospital in Haifa.

Nissel, Werner
Born 1901 in Germany. Studied medicine in Königsberg, Germany. Specialized at the Jewish Hospital, Berlin, in surgery, urology and paediatric surgery. Immigrated in 1933. Practiced as a urologist at Shaare Zedek Hospital and in the Clalit Health Fund.

Salinger, Alfred
Born 1887 in Germany. Practiced urological surgery in Jerusalem. In the War of Independence, practiced as a military physician in the Battle for Jerusalem.

Prager, Ernst
Born 1898 in Germany. Studied medicine in Berlin, Breslau and Freiburg. Specialized in urology. Immigrated in 1934 and practiced as a urologist in the Haifa area.

Perlman, Simon
Studied medicine in Berlin. Specialized in urology. Immigrated in 1935. Accepted as a urologist at the Hadassah Hospital, Tel Aviv in the surgical department under Professor Marcus.

Kook, Herzl
Born 1911 in Lithuania. Studied medicine in Italy. Immigrated in 1925. Specialized in surgery at the Hadassah Hospital, Jerusalem. In WWII served in the British Army and on his release began to practice as a surgeon at the Hadassah Hospital, Tel Aviv. In 1951, trained as a urologist at Mount Sinai Hospital, New York. Returned to Israel in 1954 and practiced as a urologist at Assuta and in the Leumit Health Fund.

Kochler, Hans Daid
Born 1897 in Czechoslovakia. Studied medicine in Vienna and Berlin. Specialized in surgery and urology at the Jewish Hospital in Berlin. Immigrated in 1934. With other physicians from Germany, founded the private Ezra Hospital in Haifa, where there were three departments: surgery, internal medicine and gynecology.

Rosenbaum, Jeremy
Qualified in medicine in 1923 in Germany. Specialized in urology, venereology and dermatology. His name appears on the Maccabi Health Fund register as ‘Doctor of skin, urinary and venereal diseases’, but is not listed in the register of licensed physicians in Israel after 1948.

Shimshony, Zev
Practiced at the Hadassah Hospital, Tel Aviv. Fought in the War of Independence as a military physician. In 1958, sent to train as a urologist. Later appointed as director of the urology department at the Ichilov Hospital, Tel Aviv (which amalgamated with the Hadassah).

Spanjer Herford, Nathan
Born 1898 in Germany. Specialized in the urology department at the Jewish Hospital in Breslau. Later, practiced surgery and urology. Immigrated in 1934 and practiced as a part-time urologist at the Hadassah Hospital, Tel Aviv
Urologists who immigrated in the Aftermath of the Holocaust (1945 to 1952)

Abend, Victor
Born in Jaroslaw, Poland. Completed medical studies in 1931 in Cracow. Specialized in urology. Immigrated in 1948 and practiced as a urologist in Haifa.

Beyar, Haim
Urology specialist. Practiced at Tel Hashomer Hospital and eventually became director of the urology department at Wolfson Hospital, Tel Aviv.

Becher, Leon
Immigrated in 1949. Completed medical studies in the first class of the medical school in Jerusalem in 1952. Specialized in urology. Eventually became director of the urology department at Meir Hospital, Kfar Saba.

Barzilay (Eisenhendler), B
Born in Romania. During WWII served as a medical officer in Romanian army. Immigrated in 1946. Practiced as a urologist at the Hadassah Hospital, Jerusalem.

Wolf, Gerhard
Born 1890 in Berlin. Studied medicine in Freiburg and Berlin. Specialized in surgery and urology. In 1938, migrated from Germany to Manchuria. Immigrated to Israel in the late 1940s. Practiced urology, location unknown.

Weisglas, Jan Ludwig

Singer, Jacob
Born 1918 in the Ukraine, where he studied medicine but his studies were cut short by WWII. After the war, he completed his studies in Russia. Immigrated in 1946 and was accepted at the Hadassah Hospital, Jerusalem in the surgical department under Professor Gordon Joseph and David Erlik. Transferred to Rambam Hospital. In 1958, went abroad to train as a urologist. In 1964, opened the urology department at the Rothschild Hospital (later renamed Bnai Zion Medical Centre).

Lindenfeld, Max (Moshe)
Born 1905 in Bukovina. Completed medical studies in Vienna. Senior physician in the Red Army. Immigrated during the War of Independence and was appointed director of the military hospital at Bilu. Was one of the founders and the first director of Asaf Harofe Hospital. Headed the hospital’s surgery and urology departments. Awarded title of specialist in surgery and urology.

Meltzer, Meir
Immigrated 1950. Completed medical studies in Jerusalem in 1953. Head of urology department at Shmuel Harofe Hospital and consultant urologist at the Tel Hashomer Hospital Rehabilitation Centre.

Feigenberg, Moshe
Born in Vilna, where he qualified in medicine. Specialized in urology and surgery. Immigrated 1948. Temporarily headed the urology department at the Tel Hashomer Hospital and afterwards at the Shmuel Harofe Hospital, Be’er Ya’akov.

Papao, Alfons
Completed medical studies in Bucharest in 1949 and immigrated to Israel the same year. Initially accepted at Zrifin Hospital (later to be called Asaf Harofe). Eventually became head of the urology department at the Hadassah Hospital, Jerusalem.
Kimhi, Isadore Nissim

Rakowsczyk, Mojsiej
Born in Belarus. Completed medical studies in 1933 in Rome. Served in the Red Army. Immigrated in 1946. Accepted as a surgeon at the Hadassah Hospital, Jerusalem. During the War of Independence, recruited by Professor Hayyim Sheba to direct Military Hospital 11 in Jerusalem. After the war, was invited by Professor Sheba to practice at Tel Hashomer. Was sent to the United States to specialize in urology. Returned to direct the department until he retired.

Physicians who qualified in urology or in urology, dermatology and venereology before immigrating to Eretz-Israel in the mid-1920s and either did not practice or were not known to have practiced urology in Israel

Isaak, Leo
Born 1876 in Germany. Studied medicine in Berlin and in Paris, specializing in urology, dermatology and venereology. Immigrated in 1935. Practiced as a private physician, branch of medicine unknown.

Einzig, Joseph Otto
Born 1898 in Frankfurt, Germany. Specialized in urology. Immigrated in 1935 but left in 1937 (first to Brazil and then to the United States).

Ephraim, Hermann
Born 1899 in Posen, Germany. Qualified in medicine in Berlin. Specialized in urology, dermatology and venereology. Immigrated in 1944 and practiced as a dermatologist.

Berger, Hugo
Born 1900 in Darmstadt, Germany. Specialized in urology. Immigrated in 1934 and practiced in general medicine in Haifa.

Bernkopf, Martin
Born 1877 in Germany. Qualified in medicine in Nuremberg. Specialized in urology, dermatology and venereology and in surgical gynaecology. Immigrated in March 1939. Branch of medical practice in Israel unknown.

Dresler, Ludwig
Born 1901 in Dresden, Germany. Studied medicine in Berlin and Freiburg. Specialized in surgery and urology. Immigrated in 1933 and initially worked in construction. Transferred to the blood bank field, established the Magen David Adom Blood Bank and directed the blood bank at the Tel Hashomer Hospital.

Herz, Max

Wollstein, Hans
Born 1899 in Germany. Qualified in medicine in Berlin. Specialized in urology, dermatology and venereology. Immigrated in 1934 and practiced as a dermatologist. Served as Medical Director of Bikur Holim Hospital. Participated in the War of Independence.

Weile, Friedrich Ludwig
Chajes, Benno
Born 1890 in Danzig, Germany. Completed medical studies in Berlin and Freiburg. Specialized in urology, dermatology and venereology and in social medicine (social hygiene). Was one of the pillars of social medicine in Germany. Immigrated in 1933. Was a founder of the Shiluach medical insurance company and the Assuta Hospital.

Jacobsohn, Georg

Joachim, Hermann
Born 1894 in Berlin. Qualified in medicine in Germany. Specialized in urology, dermatology and venereology. Immigrated in 1935 and practiced as a dermatologist.

Cohen, Alfred

Cohn, Karl

Feilchenfeld, Ernst
Born 1895 in Berlin. Qualified in medicine in Freiburg. Specialized in urology, dermatology and venereology. Practiced as a dermatologist in Germany. Immigrated in 1934 and practiced as a dermatologist, specializing in ringworm.

Kupfer, Martin
Born 1887 in Freiburg. Qualified in medicine in Munich. Specialist in urology, dermatology and venereology. Practiced as a dermatologist in Germany. Immigrated in 1938 and practiced as a dermatologist.

Kron, Martin
Born 1900. Specialized in urology, dermatology and venereology. In Germany, practiced as a dermatologist. Immigrated in the mid-1930s and practiced as a dermatologist.

Croner, Willy
Born 1887 in Flatow, Germany. Completed medical studies in Berlin and Heidelberg. Specialized in urology, dermatology and venereology. In Germany, practiced as a dermatologist. Immigrated in 1945. Accepted into Haemek Hospital, Afula and, after the establishment of the State in 1948, worked in MALBEN (Institutions for the Care of Handicapped Immigrants). Branch of medical practice unknown.

Rabinowitch, Irma
Born 1905 in Germany. Immigrated in 1933. Practiced in the urological surgery department at the Jewish Hospital in Berlin and as a paediatrician in Israel.

Ries, Kark San.
Born 1868 in Germany. Specialized in dermatology and venereology. Immigrated in 1938. Did not receive a license to practice medicine in Israel, possibly because of his age.

Spitzer, Rudolf
Born 1894 in Breslau, Germany. Completed his medical studies in Breslau and Freiburg. Specialized in urology, dermatology and venereology. After Kristallnacht, was sent to Buchenwald concentration camp. Immigrated in 1939 and practiced dermatology at the central clinic of the Clalit Health Fund in Tel Aviv.
REFERENCES


3 Weiss D., *Nursing's role in Jewish health services in the Mauritius, Aden, Cyprus and Atlit refugee camps, 1940-1948.* Ph. D. diss., Tel Aviv University, 2002 (Hebrew).


6 Hechalutz was an international Zionist youth movement that prepared young Jewish people for life in Eretz-Israel. It was founded during the 1880s and remained active up to the Second World War.

7 Levy N. & Levy Y., *Physicians of the Holy Land,* 116-7. Intravenous pyelography (IVP) – a procedure used for imaging of the urinary system including the kidneys, ureters and bladder to evaluate structure, function and rate of urine drainage from the patient's body. It involves monitoring the progress of a fluorescent contrast medium through the bloodstream and collects in the kidneys and urinary system. Retrograde pyelography – a type of X-ray of the kidneys, using a cystoscope through which a catheter is passed through the ureter to the kidneys, injecting a contrast medium directly into the pelvis renalis to enable imaging.


10 Bickels, ibid, 143.

11 Zuckerkandl (1849-1910) specialized in anatomy at Utrecht University and in 1879 received a professorship at the University of Vienna. In 1888, he received the Chair of Anatomy at the same university and became the first director of the Anatomy Department. His research contributed to the field of morphology of the ear, nose and throat space, frontal skull, inner ear, blood vessels, chromaffin cells, and the brain. In 1889, he became a member of the Austrian Academy of Sciences. His younger brother Otto Zuckerkandl (1861–1921) was a urological surgeon in Vienna from 1889. In 1892, he became a lecturer in the field and from 1912 was an associate professor at the University of Vienna. Otto Zuckerkandl specialized in urethra, bladder, urinary and prostate diseases, and in 1919 was founder and the first president of the Wiener Urological Society, renamed in 1936 as the Austrian Society of Urology. The Zuckerkandl Prize is awarded for special achievements in urology. Otto's wife, Amalie, converted to Judaism to marry him, but they divorced after the First World War. During the Second World War, Amalie and her daughter, Nora, were deported by the Nazis to the Belzec extermination camp, where they were murdered.

12 Julius Tandler (1869–1936) was a physician and Social Democratic politician in Austria. In addition to important achievements in anatomy research, he had an impact on advancing welfare policy. He was Professor of Anatomy at the University of Vienna and Dean of the Faculty of Medicine.

13 Preparation for radical prostatectomy using the open surgery method involves a perineum incision between the anus and scrotum.


15 Bickels, ibid, 144.

16 Ibid.

17 Professor Leopold Casper (1859 Berlin-1959, New York). During his professional career, he was President of the German Urological Association. He was 74 years old when, in 1933, he was forced to resign from all his functions in the Association. When conditions worsened, he fled to France and later retired to New York, where he spent the rest of his life.

18 Professor Dr. Eugen Joseph (1879 Landeck, Schlesien-1933 Berlin) was Head of the Urology Department in the surgical clinic at the Berlin University from 1913, and was Associate Professor of Urology from 1921. After being dismissed from his teaching and clinical posts in 1933, he shot himself on Christmas Eve of that year. See: Krischel M., Moll F., Bellmann J., Scholz A. & Schultheiss D. (Eds.), *Urologen im Nationalsozialismus. Band 2: Biografien und Materialien.* Hentrich und Hentrich, Berlin, 2011, 50.

19 Professor Dr. Alexander von Lichtenberg (1880 Budapest - 1949 Mexico City). Following the Nazis’ rise to power, Alexander von Lichtenberg continued to practice longer than most of his colleagues, because he worked in a private Catholic hospital. In April 1933, all Jewish physicians were dismissed from the public hospitals. When all human rights were denied to the Jews, Lichtenberg fled to Hungary, and from there to Mexico, where he practiced medicine until his death in 1949. See: Krischel M., Moll F., Bellmann J., Scholz A. & Schultheiss D. (Eds.), *Urologen im Nationalsozialismus. Band 2: Biografien und Materialien.* Hentrich und Hentrich, Berlin, 2011, 58.


21 Edwin Beer was director of the urology department at Mount Sinai Hospital in the United States. In 1930, he co-authored a

22 Dr. Daniel Eisendrath was a urological surgeon and a professor in the department of surgical medicine at the University of Illinois in the United States. Eisendrath published several books including *Surgical Diagnosis* in 1907, an essay on surgical medicine. In 1928, he and Dr. Harry Rolnick co-authored a comprehensive book entitled *Urology*.

23 Bickels, ibid.


25 Sacred Jewish literature that was written after the biblical period between 200 BC and 500 AD.


27 Ibid, 232.

28 Levi A.Y., ‘How signs of disease were discovered in the urinary tract’, *Davar* newspaper, 22 May 1936. Dr. Avraham Yehuda Levi was Director of the Health Department at Beit Strauss, Jerusalem, which was founded by the Hadassah Medical Organization in Eretz-Israel, as part of the policy to advance public health in the country.

29 Ibid.

30 For information about the urologists who delivered lectures, please see Appendix A to this article: Urologists who immigrated after the Holocaust up to 1952. Information on Professor Joseph is provided later in this article.


36 With thanks to Dr. Yehzekel Caine, Director-General of the Herzog Hospital, Jerusalem, a geriatric hospital providing respiratory, mental health and psychotrauma care. He shared his insights with us following a conversation with his father, Professor Marco Caine, one of the most distinguished urologists in the State of Israel in the second half of the 20th Century. For the development of surgery, including urological surgery, at the end of the 19th Century and beginning of the 20th Century, see: Porter R. (Ed.), *The history of medicine from Hippocrates to the present day*. Resling, Tel Aviv, 2009, 203–5 (Hebrew translation of The Cambridge History of Medicine, Camb. Univ. Press, 2006).

37 David-Zvi Pinkas’ letter to Mrs. Shoshana Percik of the Hadassah Medical Organization, 24 April 1933. Tel Aviv Municipal Archive 4 – 4679. David-Zvi Pinkas eventually became Israel’s Minister of Transport. For additional information on Dr. Boß, please see Appendix A to this article.

38 Tel Aviv Municipal Archive 4 – 4679.

39 For further details see Appendix A to this article.

40 The first physician with academic training to arrive in Eretz-Israel was Dr. George Edward Dalton, sent to the region by the London Society for Promoting Christianity. He arrived in the Holy Land in 1825. The first Jewish physician with academic training in Eretz-Israel was Dr. Simon Frankel, born in Silesia circa 1809. He studied medicine in Munich and did his specialization in Berlin. He was sent to Eretz-Israel by Moses Montefiore, arriving in Jerusalem in 1843, to provide medical treatment for the local Jewish community and to counter the activities of the missionary physicians. See Levy N. & Levy Y., *Physicians in the Holy Land*, 25–6, 43.

41 Periodic division according to Levy, ibid, 269.


45 Nissim Levy was one of the most senior researchers in the history of medicine in Eretz-Israel, born in Sofia, Bulgaria. He was a graduate of the Hadassah Medical School at the Hebrew University of Jerusalem. He founded and directed the Gastroenterology Institute at Bnai Zion Medical Center, was Chair of the Society for the History of Medicine in Israel and was head of the course on this subject at the Technion Faculty of Medicine.

46 Levy N. & Levy Y., *Physicians in the Holy Land*, 34-35, 36. We have no information on the division among the different branches of medicine of all physicians in Eretz-Israel.


Harefuah journal and Michtav Lehaver (Letter to Members) periodical. The letter published details of physicians who wished to join the Israel Medical Association, including their institution of higher education, declared medical field and personal details, such as country of birth and year of immigration.

In: Physicians of the Holy Land by Nissim Levy and Yael Levy and in the sources mentioned above in Notes 42–44, we found information on 44 urologists who immigrated before the Holocaust; seven physicians either did not practice or were unknown to have practiced urology in Eretz-Israel. The list of Jews who immigrated to Israel from Germany between 1933 and 1939 included information on 26 physicians; only eight of them practiced urology in Eretz-Israel and information about them was found also in the book by Nissim Levy and Yael Levy; 16 physicians practiced other branches of medicine, mainly dermatology; one physician did not immigrate to Eretz-Israel, and no information on one other physician was found in Israel. After the Holocaust, 14 urologists immigrated. Nissim Levy and Yael Levy provide information about four of them. For details of the updated list, see Appendix A.

During the years of historical research since the end of the Second World War, the definition of ‘Holocaust survivors’ has been extended to the sweeping definition given by Professor Sergio Della Pergola in 2003. He defines Holocaust survivors as any Jews who, at least for a certain length of time, lived in countries under Nazi control or countries allied with the Nazis, or who escaped from these countries to save themselves. Della Pergola S., Review of Relevant Demographic Information on World Jewry (Final report presented to the Hon. Secretary Lawrence S. Eagleburger, Chairman, the International Commission on Holocaust Era Insurance Claims), Jerusalem, November 2003, 3.


Ibid.

Bahur I., ‘Pioneers and physicians: what motivated the first pre-state immigrant physicians to establish the Medical Association, which celebrates its centenary this year?’ Haaretz newspaper, 2 December 2012 (Hebrew).

Amar Z. & Buchman Y., A window to the world of Jewish physicians and clinics in Ottoman Palestine. Galileo (Research at Bar-Ilan University), 62, 66 (Hebrew).


Moses Montefiore (1784-1885) was a Jewish philanthropist from England, who devoted his life to assisting Jews in various countries. He received a knighthood from Queen Victoria in 1837 and a baronetcy in 1846.


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The first documented period of medicine in Eretz-Israel was characterized by an exceptional lack of Jewish physicians. For example, in 1877, when the founders of Petach Tikvah needed an expert medical opinion regarding malaria on land that they had purchased at the mouth of the Yarkon River, they had to pay a large sum of money to hire the services of a then renowned Greek physician, Dr. Kalermo Mazaraki, who declared the place uninhabitable. He was amazed when they settled in the location regardless of his pronouncement. On Dr. Mazaraki, see: Sliternik Z., Malaria and its eradication in Israel. The Society for the Protection of Nature in Israel, Ministry of Education, 1984 (Hebrew); Lang J., To Petach Tikvah, Zikron Yaa’cov. Itai Bahur, 2012, 72 (Hebrew); Yari Y. & Harizman M., Golden Jubilee book to mark the 50th anniversary of the founding of Petach Tikvah, 1878-1929. Tel Aviv, 1929, 18 (Hebrew).

Ibid, 5.

Aaron Aaronsohn is a well-known figure in the history of the Jewish Yishuv. He was a founder of the Nili underground, which helped to gather intelligence for the British in its war against the Ottoman Empire.

Sliternik Z., Malaria and its eradication in Israel, 10 (Hebrew).
Dr. Joseph Shapiro (1887-1962), Professor Gideon Mer (1894-1961) and Dr. Israel Kliger (1899-1944) founded and directed institutions for the study of malaria in Haifa, Rosh Pina and the Hebrew University of Jerusalem. During the Second World War, Professor Mer headed the British Army unit that performed anti-malarial activity in Burma. See: Sîlîrnikî Z., *Malaria and its eradication in Israel*, 10; Dyoknä D. ‘Professor Gideon Mer,’ *Ma‘ariv* newspaper, 21 December 1956.


An organization founded by the Women's Zionist Organization of America, headed by Henrietta Szold, to advance public medicine in Eretz-Israel.


Parr G., ‘And the breath came into them, and they lived, and stood up upon their feet.’ The development of rehabilitative medicine in Israel as a reflection of the transformations in Israeli society 1948–1974. Ramat Gan, Bar-Ilan University, 2014, 35 (Hebrew).

Levy N., *The immigrant physicians from Nazi Germany and their contribution to medicine in Eretz-Israel*. In: *Harefuah*, 1988, 114(4), 205–6 (Hebrew). From 1933 to 1939, an additional 1,511 physicians arrived in the country. The total number of Jewish physicians in Eretz-Israel in 1939 was 1,987. In that year, they included 180 surgeons, orthopedic doctors and urologists, which constituted 10.79% of all physicians at the time. In 1946, 2,363 Jewish physicians held licenses to practice medicine, including 200 surgeons, orthopedic doctors and urologists, together constituting 8.46% of all physicians. About 25% of all Jewish physicians were women. Levy N & Levy Y., *Physicians of the Holy Land*, 34, 36, according to an analysis of the tables.

Levy N., *The immigrant physicians from Nazi Germany and their contribution to medicine in Eretz-Israel*, 208 (Hebrew).

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Yad Vashem. Testimonies, Record Group O.3, File 2069 and a conversation with his daughter, Mrs. Shulamit (Feigenberg) Schocken, January 2017.


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A History of Urology in Egypt (1900-1950)

HUSSEIN A. AMIN
Egypt in the early 20th Century

Egypt was under British occupation from 1882 to 1954, under the pretext of protecting the Suez Canal. When Queen Victoria died in 1901, she left an empire where the sun would never set. Egypt and India were the two most valuable jewels of her crown. In Cairo the highest authority was the British embassy rather than the king’s palace.

The British kept themselves aloof from the population. The people of Egypt reciprocated by just ignoring them; carrying on with their traditions and everyday life. In 1921, a British envoy called Lord Milner tried to create a schism between Copts (Christians) and Muslims (under the pretext of “protecting the minorities”). Both groups simply did not respond. He was humiliated and ended his mission by uttering a famous saying: “In Egypt you can never tell who is Copt, Jew or Muslim except by following them to see where they pray; in a mosque, a church or a synagogue!”

At this point, it is worth noting that with the failure of Lord Milner’s mission, the British authority created the Muslim Brotherhood in 1928; the seed for a future fanatically divisive social power. This is an example of the eternal wisdom of colonialists: “Divide and Rule”.

Jews had been an integral part of the Egyptian population for hundreds of years. They did not create a ghetto to live in. When I was a second-year medical student (1949), we were divided into anatomy-dissection groups, each consisting of eight students, who simply chose each other at the start of the school year. My group consisted of three Muslims, three Copts, one Egyptian Jew and one Italian Jew. I shared the apartment-house I lived in with three Coptic and two Jewish neighbours among a dozen other Muslims. All the inhabitants shared each other’s happy and unhappy moments as a single close-knit family.

Nobody gave a second thought to the fact that Leila Morad, a beloved singer, was Jewish. The same was true of Rakia Ibrahim, a famous actress. Even the Finance Minister, Yusif Kattawy Pasha, was Jewish!

Status of the medical Profession

The Great War (First World War) was a fierce competition among the European colonial powers to secure the raw materials of poor nations. By mere chance, this war turned out to be the legitimate father of ‘modern medicine’, as well as giving birth to ‘modern nursing’ as a profession.

Following Napoleon’s retreat from Egypt in 1801, Mohamed Aly initiated an Egyptian ruling dynasty in 1807 that lasted for 150 years. Mohamed Aly encouraged building, industry, arts, science and schools. The first medical school in Egypt was built on a piece of land granted by a wealthy merchant called Elaini Pasha. Later, it became the first modern medical university in the whole of the Middle East under the name of the Kasr-El Aini Hospital. Mohamed Aly invited European doctors to teach there. He tempted them with high salaries and unlimited facilities. One German professor to accept was Theodor Bilharz. In 1851, his research led to the discovery of the cause of Bilharziasis, an endemic parasitic disease.

Professor Aly Ibrahim Pasha, President of the Fouad University. He gradually replaced foreign teachers with Egyptian professors.
King Fuoad, a grandson of Mohamed Aly, established the first university in Egypt, with the Kasr-El Aini as its medical college. At first, all the professors were Europeans. Brilliant Egyptian students were given scholarships to Britain and France. Later, a scholar called Aly Ibrahim Pasha was appointed as the President of the Fuoad University. He gradually replaced European professors with Egyptian ones.

Later still, from 1940 to 1960, other universities with their own medical colleges were established. The first was the King Farouk University in Alexandria (now the Alexandria University), followed by the Ibrahim Pasha University in Cairo (now the Ein-Shams University) and the King Abbas University in Assiout (now the Assiout University). In the second half of the 20th Century, other regional universities flourished.

In the first half of the 20th Century, Egypt was a haven for many foreign immigrants. They enjoyed the simplicity of the Egyptian way of life and the general welcoming temperament of the Egyptian people. At least half a million people of other nationalities lived there; almost one-tenth of the whole population. They were mainly Lebanese, Syrians, Greeks and Italians. Wealthy members of these groups competed to build private hospitals for themselves, mainly because of the inefficiency of the government’s medical services.

Dar-El-Shefa Hospital was Lebanese. The King Umberto I Hospital was Italian. There was also a Greek hospital and an Israeli hospital, built by wealthy members of the local Jewish-Egyptian community. The Anglo and French hospitals were also built by wealthy members of their respective communities. All these hospitals served not only their own ethnic groups, but also offered private medical care for everyone.

Large Islamic charity groups built the Agouza Hospital in Cairo, as well as the Mowasat Hospital in Alexandria. Similarly, a large Coptic charity group built the Coptic hospital in Cairo. These three hospitals were mainly for the poor, but also had rooms providing private medicine for people who could pay.
Urology as a medical Specialty

The endemic disease Bilharziasis created hundreds of urological patients every day, suffering from stones, strictures, inflammations and cancers. The Bilharzial cancers were mainly fibrotic squamous cell cancers, rather than urothelial. In that era, the treatment was either cystectomy or irradiation. After cystectomy, urine was diverted to the skin or to the rectum. Urological patients were treated in general surgery wards.

The Mowasat Charity Group started building their hospital in Alexandria in 1932. They sent one of their members, a doctor called Ahmed El-Nakib, to Berlin in Germany, mainly to study hospital administration. He spent a few months at the city’s Martin Luther Hospital. Before he returned to Egypt, he also arranged for a number of German nurses to come to the Mowasat once it was finished, to serve as head nurses and give necessary training to a new generation of Egyptian nurses.

The hospital was inaugurated in 1935 and was almost immediately joined by a doctor from Berlin called Jacob Bitschai. Most probably he had already met Dr. Nakib during his stay in the city. Bitschai brought his own cystoscopes with him and the hospital administration put him in charge of a special urology ward. He was therefore the first doctor in Egypt to practice urology as a separate specialty.

The cystoscope was invented by Nitze in 1907, an invention that opened the way to the gradual separation of urology as a specialty from general surgery. Dr. Bitschai not only brought the diagnostic cystoscope but also the TUR resectoscope. For a few years, he was the only person in Egypt to remove small prostates by endoscopic resection.

In 1945, Dr. Bitschai had the opportunity of treating the Prime Minister of Egypt, Mostafa El-Nahas Pasha. He was suffering from a prostatic abscess, which was drained once the instrument was passed in. Nahas Pasha appointed Bitschai as Visiting ‘Clinical’ Professor at the King Farouk University in Alexandria, where he was allotted four beds to practice his specialty. The position was ‘clinical’ because Bitschai did not have a postgraduate doctoral degree that would have qualified him to lecture and teach.

Dr. Mohamed El-Gorab, a young doctor in the King Farouk University General Surgery Department, was very interested in Dr. Bitschai’s endoscopic work. He assisted him with the four beds and even with his ‘private’ work at Mowasat Hospital. Later, when he obtained his doctorate in general surgery, he proceeded – together with his colleague Dr. Abdel-Rahman El-Sadr – to set up a special urology ward at the King Farouk University, separate from general surgery.

Bitschai soon became a household name in Egypt. He was called on whenever there was a difficult case related to the urinary tract. But the medical aspect of the kidneys, later known as nephrology, was his weak point. Nephrology in general and renal dialysis in particular were in their infancy in the first half of the 20th Century. I met Professor Bitschai in person in 1947, when my father visited him. I learned later, as a surgeon, that my father suffered from chronic glomerulonephritis with severe anaemia and border-line uremia. Professor Bitschai advised blood transfusion. Soon the blood viscosity complicated the case into uremic coma.
In 1945, the Mowasat Hospital started radiotherapy treatment for cancer. They appointed a Christian Lebanese doctor called Dr. Shaul. He had practiced in Berlin throughout the Second World War. After the war ended in 1945, he left Germany and went back to the Middle East, where he joined the big Lebanese community in Egypt. shows a welcoming party given in his honour. It is no longer possible to identify who is in this picture, except for the main guest, Dr. Shaul, standing in the middle with the bouquet of roses in his hand. It is possible that Dr. Bitschai is among the other guests, although the grandson of one of the Egyptian nurses at the Mowasat remembers his mother, now deceased, saying that Dr. Bitschai was not married and did not socialize with staff families.

What he did do was spend a lot of time visiting the Grand Egyptian Museum of Cairo, where he studied Pharaonic medicine from a urological point of view. He also visited the Alexandria Library and the Islamic Library in Cairo for the same purpose. In 1956, just two years before his death, he wrote a book about his interest, entitled *A History of Urology in Egypt*. The book was co-authored by Dr. M.L. Brodney, who also helped in getting the financial and moral support of an American benefactor, Edwin Speidel, to privately publish the book. All of this took place in Alexandria, the second capital of Egypt. Meanwhile, in the first capital, at the Kasr-El Aini Hospital of the King Fuoad University in Cairo, Professor Naguib Makar became the first general surgeon to specialize full-time in urology. In 1940, he laid the foundations for a separate urology department at the Kasr-El Aini. It was called Ward 17 and soon became the ‘castle’ of urology in Egypt. His treatise (published in 1955) about the diagnostic cystoscopic views of thousands of Bilharzial patients became an international work of reference.

He was succeeded by Professor Riad Fawzy, who in 1950 managed to introduce the ‘diploma’ and the ‘mastership’ (later called ‘doctorate’) as the standard post-graduate urology degrees, instead of the British FRCS. Later, in 1947, Professor Mohamed El-Gorab and Professor Abdel-Rahman El-Sadr were the first to make the transition from general surgery to urology at the King Farouk University in Alexandria.

The stage was now set for the famous Professor Mahmoud Badr at the Kasr-El Aini hospital in Cairo. He post-graduated in general surgery and was also an inspired teacher. When he took charge of the famous Ward 17, he almost immediately inaugurated the Egyptian Urological Association. Under his chairmanship, the EUA soon became the most successful and most active medical association in Egypt. It has since held several urological conferences in collaboration with the European Association of Urology.
The Second World War and the Founding of Israel

The Second World War had no direct effect on the medical community in Egypt in general. It was the founding of the State of Israel in 1948 that has the greatest impact on the ‘triad’ of Egyptian society, composed of Muslims, Copts and Jews. Many of the poorer Jews in Egypt were lured to emigrate to the new state. But most, if not all, of the middle class and the wealthy Jews preferred to stay in the country they now considered as home.

It was the aggression of Israel, Britain and France against Egypt on 29 October 1956 that put an end to the ‘homely’ feelings of the remaining Jewish community. The vast majority had sincerely hoped that this would never happen. I witnessed at first-hand the genuine anger and psychological agony of many of my Jewish friends who could not resist the call to leave. It is worth noting that none of my acquaintances decided to go to Israel. They all went to Western countries, mainly the U.S.A. In this respect, I remember an excellent book entitled The Man in the White Sharkskin Suit, written by Lucette Lagnado, the daughter of a middle class Jewish merchant. It was published in 2008 in English in the USA. It beautifully dramatizes the dilemma and pain of a middle class Jew while leaving Alexandria for the unknown.1

Last but not least, let us return to our urology friend, Jacob Bitschai. He remained in practice in Alexandria and his excellent reputation eventually yielded him an honorary decoration from King Farouk, announced on 6 June 1951:

Two Jews decorated in Egypt for the first time in four years; they appear in the King’s honours list LONDON (Jun. 5) – For the first time in four years two Jews have received Egyptian royal decorations, according to a Cairo dispatch. The two who appear in the King’s honours list are Emanuel Mizrachi Pasha, legal advisor to the Administrator of the Royal Private Estates, and Professor Jacob Bitschai, Professor of Urology at the Farouk University, who was also honoured recently with a papal decoration [by the Egyptian Coptic Pope]. Both men were made officers of the Order of the Nile.

This type of news was common in Egyptian newspapers. Only recently, the king had decorated Professor Ibrahim Magdy with the title of ‘Pasha’. He was the obstetrician who had helped to deliver the king’s children. But these two new decorations were unusual and therefore they were picked up by international newspapers, since the Order of the Nile was one of Egypt’s highest honours, awarded to those who had rendered extraordinary services to the country.

Mr. Mizrachi’s ‘services’ were a reminder of the huge wealth amassed by the king on the back of millions of poor peasants. In 1951, I was a fifth-year medical student. We mocked Dr. Bitschai’s decoration by making jokes about the king’s extramarital adventures; we swore that the ‘services’ rendered by the good doctor involved the treatment of STI (sexually transmitted infections)! King Farouk was dethroned one year later, in 1952. But for Dr. Bitschai it was ‘business as usual’. He remained in post in the second capital of Egypt, Alexandria, until his death in 1958.

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Emigration of Urologists and Physicians in general to the United States

FRIEDRICH H. MOLL
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In January 1933, there were approximately 525,000 Jews or people classified as Jewish (or part Jewish) residents in Germany. They represented less than one percent of the country’s total population. Eleven percent of all physicians were classified as Jewish. In relation to other scientists, 44.8% of the physicians in total (male 49.9%, female 19.7%) were members of the Nazi Party\(^1\) and 9% were in the SS (Schutzstaffel). In the ‘Catholic’ Rhineland\(^3,4\) region, 56% (male 60%, female 24%) were Nazi Party members.\(^3,4\) The Jewish population was predominantly settled in urban areas. Indeed, approximately one-third of German Jews lived in the capital city of greater Berlin.\(^5,6\) Shortly following the seizure of power by the Nazis (\textit{Machtergreifung}) on 30 January 1933, anti-Semitic excesses and excesses against dissidents began, accompanied by several changes in the law. The anti-Semitism inherent in Nazi ideology, which later led to the Holocaust, was the main reason for Jews to emigrate from Germany after this date.

In this chapter, we will outline many aspects of the emigration of persecuted Jews from Germany, present examples from the US and discuss a number of well-known urologists.

The general boycott of Jews beginning on 1 April 1933 included physicians, and therefore also specialists in urology. At that time (and until the 1970s), most German urologists were practicing in urban areas.\(^7\) Members of the \textit{Sturm Abteilung} (SA) picketed Jewish shops and offices to ensure that the boycott was successful. Jews who were classified as politically active were especially likely to emigrate. An additional measure that spurred decisions to emigrate in the early years of Nazi rule was the dismissal of Jews, Communists, and/or Social-Democrats from the civil service (\textit{Gesetz zur Wiederherstellung des Berufsbeamtentums, ‘BBG’, 07.04.1933, RGBL 1933 I, S. 175-177. Law of the Reestablishment of the Civil Service}).\(^8\)

With “great efficiency and bureaucratic energy”, the medical faculties were “cleansed of those who did not fit in with the Nazi ideology”.\(^10\) Today, this is now referred to as ‘legal injustice’\(^11\). The Nazi regime tried to act under the pretence of legal acts, which was very important for a significant portion of the general public.\(^12\) Because the Nazis saw German medical faculties as being overcrowded with Jews (\textit{verjudet}), the total number of Jewish dismissals from office within the medical faculties of the universities was approximately 17%, varying between Marburg with 9%, Düsseldorf or Hamburg with 17% and Berlin with 41%.\(^13,14\)

During the first year of the Third Reich, no fewer than 116 professors and medical researchers were dismissed from German medical schools.\(^15\)

In 1933, there was no existing chair in Germany for the specialty of urology. The most important position was that of an unpaid professor (\textit{unbesoldeter, außerplanmässiger Professor}) or private lecturer (\textit{Privatdozent}), who was associated with a department of surgery or an internal clinic.

For each person who was dismissed or forced to emigrate, there was also a ‘beneficiary of the expulsion’ (\textit{Vertreibungsgewinnler}), who advanced and consolidated the reorganization of the medical faculties and/or the scientific associations along Nazi lines.\(^16\) Normally, there was no solidarity or protest against these measures amongst non-Jews.\(^17\)

\textit{“Avoid Jewish physicians!”}\footnote{Rastatt 1933, Repro Keyn, with permission.\(^9\)}
Within medicine and the medical sciences, the expulsion of ‘non-Aryan’ colleagues (full Jews, baptized Jews, part-Jews and other minorities) was put into effect quickly, efficiently, radically and professionally.18

From 1933 until October 1941, the Nazis enforced a policy of emigration on the Jews by legislation and by a special system of terror operating at different levels. Within this system, the Jews were first robbed of all their property. The most that they could take abroad without paying exorbitant taxes was 10 Reich marks (about 4 dollars). As a result, they quickly became impoverished.19

In 1933, at the start of the National Socialist (NS) period, Frank Foley (1884-1958) was working in the Passport Office of the British Embassy in the German capital (Reichshauptstadt)20 of Berlin. This position was a cover for his real job as an intelligence officer working for the British Secret Intelligence Service (SIS).21 On 29 March of that year, he sent the following message to London: “This office is overwhelmed with applications from Jews to proceed to Palestine, to England, to anywhere in the British Empire.”22, 23

With the passing of the Nuremberg Laws (Nürnberger Gesetze) in 1935, introduced during the annual Nuremberg Rally of the Nazi Party, the racial and anti-Semitic theories prevalent in Nazi ideology were institutionalized by law. These laws deprived German Jews of their rights of citizenship and gave them instead the status of ‘subjects’.24 Even so, until 1938, when the Jewish physicians lost their license to practice (Entzug der Approbation), there was a kind of delusory lull.25, 26 In some instances, there was a difference between the status of an émigré and a refugee. Sometimes, the emigrants could take some of their private belongings with them. This was generally not possible for the refugees, certainly not later in the decade.27

For the victims, these humiliating degradations also led to the erasing of their lifetime’s achievements, because they became the target of a damnatio memoriae, which effectively meant literary extermination (elimination of their names from citation lists, biographies and encyclopaedias).28

### Policy towards Jewish Urologist Refugees – the Obstacles of Immigration to the US

Between 1933 and 1945, approximately 340,000 Jews emigrated from Germany and Austria, including about 4,000 physicians.29 Unfortunately, many of them found their first refuge in countries subsequently occupied by the Nazis, including France, The Netherlands, Austria, Poland, Czechoslovakia, Hungary and Romania. After the Kristallnacht pogrom, the United States feared a greater influx of refugees. Approximately 85,000 of the overall total of 120,000 refugees who reached the United States arrived between March 1938 and the outbreak of the Second World War in September 1939.30, 31, 32

Although Jews were admitted into the United States under a combined German-Austrian quota from 1938 to 1941, the United States generally did not pursue an organized and specific rescue policy for the Jewish victims of Nazi Germany until early 1944. The US was unwilling to increase the immigrant quotas to admit very large groups of refugees. Indeed, it was difficult for potential US refugees to overcome the many obstacles to obtaining an immigrant visa, with the result that, until 1938, the immigration quota for Germany was not fully filled. In some cases, refugees literally faced a ‘Catch-22’ situation: proof of passage booked on a ship was required for a visa, and proof of a visa was required to book passage on a ship.33
In 1933, the United States fixed its immigration quota at 153,774. There were just 23,068 new arrivals in 1934 and only 1,798 were Germans. It was not until January 1944 that US President Franklin D. Roosevelt (1882-1945), under pressure from officials in his own government and the American Jewish community, by then fully aware of the extent of the Holocaust in Europe, took action to rescue European Jews. Following discussions with Treasury Department officials, he established the War Refugee Board (WRB) to facilitate the rescue of imperilled refugees. With the assistance of the American Jewish Joint Distribution Committee and the World Jewish Congress, as well as resistance organizations in German-occupied Europe, the WRB helped to rescue many thousands of Jews in Hungary, Romania and elsewhere in Europe.

The only city in the world that did not demand a visa or an affidavit was the city of Shanghai. Approximately 20,000 Jews found shelter in Japanese-occupied Shanghai between 1938 and 1941. After the end of the Second World War, these Jews left for other parts of the world.

Highly trained and experienced urologists and surgeons were significantly hindered by these regulations, because they had to repeat many years of operative training. Paul Rosenstein (1875-1964) was one of the urologists who mentioned this fact in his autobiography. He further described the difficulties of learning the English language: even as late as the 1980s, Latin was the first foreign language taught at German secondary schools. Additionally, urologists had to face other hardships. Firstly, there was competition with thousands of equally desperate local physicians. Secondly, there was also the question of slow mail, which made communication with sponsors so difficult. Foreign doctors were required to provide affidavits from multiple sponsors and needed to secure a waiting number within the quota established for their country of birth, which significantly limited their chances to emigrate.

The officers at the US consulates overseas played an important role in this respect, especially following the US Immigration Act of 1924. The US ambassador in Berlin, Georg S. Messersmith (1883-1960), and his successor, Raymond Herman Geist (1885-1955), both showed a liberal attitude.
From our list of urologists, we found a total of 241 who were Jews or classified as Jews. These represented approximately 30% of all the urologists in Germany at that time. For the persons in our study, we were able to complete biographies for 87% of them. About half of all the urologists who emigrated from Germany escaped to the US. Thirty-six of the 37 who were transported to concentration camps died. Ten urologists committed suicide to avoid the humiliation and the agony of deportation, and to maintain their personal dignity (cf. Eugen Joseph, elsewhere in this book).

From a sub-sample of 16 urologists from the Rhineland, identified by the Reichsmedizinalkalender and who were prosecuted under the Nazi race laws, seven emigrated (three to the US) and four were deported to concentration camps, where they died or were killed. One reason why the US was the preferred country of emigration can be traced to the fact that the practice and culture of medicine in the US seemed to be very similar to that of Europe, while many European scientists also often had professional relations with their colleagues in the US. Nevertheless, the impact of emigration on their lives was most evident in the biographies of the all urologists and scientists in the sample: beginning a new life in another country and another culture required great personal efforts and sacrifice.

Examples of some better known Urologists

The Austrian urologist Viktor Blum (1877-1954), president of the sixth meeting of the International Urologic Society (SIU) in 1936 in Vienna and president of the seventh German meeting (DGU) in Vienna in 1926, was able to work at Loyola University, Chicago, Illinois, as an associate professor and also to practice at Columbus Hospital. Illinois was a more liberal state for physician emigrants, in part because it had a doctor shortage. Illinois was one of only 15 US states to relicense refugee doctors by 1940, and some hospitals there had special internship slots reserved for émigré doctors, to help meet the state’s requirements.

Blum was the owner of a fine art collection in Austria, with paintings, miniatures and sculptures dating back to the 14th Century. In 1941, his valuables were confiscated by the Nazis and were auctioned at the famous Dorotheum auction house by the Verwaltungsstelle für jüdisches Umzugsgut der Geheimen Staatspolizei (VUGESTA, the Agency for the Redistribution of Jewish Property). The post-war legal action to obtain restitution for this theft lasted until 2010.61

An additional aspect of emigration, beside expulsion, was the expropriation of all personal goods and property. For example, the urologist Leopold Casper (1859-1949) had to pay the Reichsfluchtsteuer (Reich Flight Tax: a tax on Jews leaving the Reich). This tax was levied on emigrants with personal assets exceeding 200,000 Reich marks (RM) (later reduced to 50,000 RM) or an annual income of more than 20,000 RM (RGBL 1931, I, 699-745). The taxable rate was set at 25% in 1931, but had
risen to 96% by 1939. Paying this tax was necessary in order to receive a certificate of non-objection from the tax office. Without this certificate, it was impossible to leave the country. The tax exemption allowance for foreign currency transfers was limited to just 10 Reich marks (RM). In addition, for all other movable goods bought after 1 January 1934, it was necessary to pay a release fee to the German Gold Discount Bank (DEGO). After 27 April 1938, Jewish émigrés had to pay yet another tax, the Judenvermögensabgabe (Jewish capital levy), based on the value of their registered property (RGBl. 1938, I, 1638).

Art, jewellery and other valuables had to be sold before 31 March 1939 to state-run acquisition bureaus, with a fixed price of 60% of the real value. As a consequence of these measures, the Jews lost all of their personal valuables and possessions. Casper, for example, had to sell his large house on the Matthäikirchplatz in Berlin at a very low price.
beneficiaries of these ‘Aryanization’ sanctions were all those in Germany who bought Jewish properties, antique furniture, works of art, jewellery, fine table linen, Meissen dinnerware, etc. and even toys at low cost from the state auction houses. In this instance, the Nazi authorities and the social establishment collaborated together. The beneficiaries of the expropriation were bound much closer to the Nazi system and they accepted this voluntarily, by buying the confiscated goods.\textsuperscript{66, 67}

There is potential for additional research to assess the extent to which urology in the United States benefited from the influx of Jewish physicians, several of whom were contributors to the subsequent flowering of academic urology in the United States and who later established academic programmes after the Second World War to help German urology rise from the ashes. In the field of dermatology, which is closely related to urology, there are similar examples.\textsuperscript{68}
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2. Until now, there has been a narrative which suggests that the Catholic inhabitants of Germany had a greater resistance to Nazi ideology in comparison with the Protestant inhabitants. cf. Rüther M. (2001), *Geschichte der Medizin: Ärzte im Nationalsozialismus* in Dtsch Arztebl, 98(49): A-3264-3265 / B-2756 / C-2561.


20 During the era of the former GDR, Berlin was also known by the additional official title of 'Hauptstadt der DDR' (Capital of the German Democratic Republic).


23 Smith M. (1999), *During the era of the former GDR, Berlin was also known by the additional official title of 'Hauptstadt der DDR' (Capital of the German Democratic Republic).*


EMISSION OF UROLOGISTS AND PHYSICIANS IN GENERAL TO THE UNITED STATES


According to Bellmann (2011, p. 46), the following destinations could be traced: USA (57), Palestine (27), Great Britain (12), France (5), Netherlands (4), Egypt (3), South Africa, Sweden, Chile (2), Belgium, Bolivia, Brazil, Chile, Ecuador, Canada, Manchuria (China), Mexico, Siam (Thailand), Uruguay (1). For five persons Bellmann could not find a destination within the sources that were available for his research.


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Urology under the Swastika in Argentina

NORBERTO MIGUEL FREDOTOVICH
Introduction to the National History of the first half of the 20th Century

After the wars for independence fought against colonial Spain in May 1810 and the internal disputes between the Unitarios and the Federales and the porteños and the confederados, unity was finally restored throughout the national territory. This was embodied in the National Constitution of 1853, which bound together all the country’s inhabitants.

At the beginning of the 1900s, Argentina was considered to be among the leading 15 powers in the world, not only because of its vast extent, but because of its huge agricultural and livestock wealth. It was admired as a democratic republic with a strong, stable government and an economy that opened its doors to European immigration as a way to populate its cities and work its land.

On 16 September 1930, for the first time in 77 years of constitutional history in Argentina, a military coup ousted Hipólito Irigoyen, who had been democratically elected as president. This coup was initially lead by the pro-German General José Felix Uriburu, supported by a group of civilians and army officers influenced by National Socialism and Italian fascism. This heralded the start of what became known as the ‘Infamous Decade’.

The proscription of political parties was introduced. There was also electoral fraud, violations of the constitution and the systematic infringement of Argentine laws, paving the way for the imposition of the candidates proposed by the civilian-military junta. This created a new situation that lasted beyond 1945, until the coming to power of General Juan Domingo Peron.

Geopolitical Data of Argentina

Until the beginning of the 1930s, Argentina was a federal republic with a presidential system, legislative chambers and an independent judicial power. At that time, it was divided for administrative purposes into 15 provinces and 10 national territories. The surface area of the national territory was 3,761,274 km², according to the National Institute and Census (INDEC), and the population numbered 14.5 million inhabitants, resulting in a low population density of 3.9 inhabitants/km², with Patagonia as the least populated region (just 0.5 inhabitants/km²).

30% of this population had been born abroad, of which, 4.35 million (the large majority) were from European countries. At the beginning of the 20th Century, there were some 112,000 inhabitants of German origin, including German-speaking Austrians, Czechs, Balts and Volga Germans. By 1924, this number had risen to 186,000 and by 1933 to 247,000. During the Second World War, the total was estimated at 335,000, rising again after 1945 to 380,000, equivalent to 12% of the foreign population in Argentina and 2.6% of the overall population. Nowadays, taking account of direct descendants, people of German origin number between 650,000 and 700,000.

Generals José E. Uriburu and Agustín P. Justo. After the revolution of 1930, they were “Facto Presidents” that facilitated the Nazi penetration in Argentina. They were responsible for the Germanization of the Argentine army.
Medical Professional Status and the Urology Specialty

By a royal letter patent of the Spanish Crown, the Examining Board of Physicians, also known as the Royal Physicians of the Viceroyalty of Río de La Plata, was established in 1776. This institution was responsible for the regulation of all the healing arts. The Governor of Buenos Aires, General Martín Rodriguez, founded the University of Buenos Aires (UBA) in 1821. A year later, at the instigation of the Royal Physicians, the Buenos Aires School of Medicine was created. The first group of physicians graduated in 1827.

On 27 April 1875, the surgeon Dr. Leopoldo Montes de Oca was appointed as Senior Professor of External Pathology. He later became the pioneer of the blossoming specialization of urology.

With the opening of the Hospital de Clínicas in 1877, Dr. Montes de Oca was assigned two wards. He intensified the differentiation between general surgery and the treatment of urological patients.

In 1892, the first urology department was created. Surgeon Dr. Alberto Castaño was appointed chief surgeon of the department, located in the old San Roque Hospital in Buenos Aires (currently the Ramos Mejía Hospital).

As the end of the 19th Century approached, the Council of the School of Medicine of the UBA decided to create the first Chair of Urinary Tracts, which was approved by the government in 1898. This resulted in the election to the chair of Dr. Federico Texo, a disciple of Professor Montes de Oca. The chair is the oldest academic position for urology in Latin America.

The Argentine Medical Association (AMA) was founded in 1891. Stemming from it, the Argentine Urology Society (SAU) was established on 2 May 1923. The SAU is the second oldest urological entity on the American continent, after the American Urology Association (AUA). The first president of the SAU was Dr. Angel Ortiz. The official organ of the SAU is the Argentine Urology Magazine. First issued in 1932, it has been published uninterruptedly ever since.

In 1967, the Legislative Power enacted Law no. 17,132, which still regulates the practice of medicine (physicians and specialists), odontology and related activities. The law stipulated that in order to become a specialist, the physician must have a university medical degree and a specialist degree granted by either a national university or a certified private university, or else hold a certificate awarded by the Ministry of Health (following five years of senior work in accredited hospital service and the passing of a capability examination), or a certificate granted by a Provincial School of Doctors (with the same training requirements).

Resolution 866 of 13 May 2010 issued by the Ministry of National Health in respect of Article 21, clause d) of Law no.17,132 resolved that the Argentine Urology Association should create and maintain a register for the accreditation of specialization of its associates and that it should certify and recertify the medical degree of ‘urologist’.

The first specialized urology residency in the country was created in 1968 in the urology department of the Jose M. Penna Hospital, run by Professor Carlos A. Saenz. The residency programme had a duration of three years and a further one year as a senior resident, and was endorsed by the National Council of Medical Residencies (CONAREME).

Since 2002, the Committee of the Argentine School of Urologists, which operates under the auspices of the SAU, has had the task of certifying and assessing the different hospital departments and other units that fall under the National Programme of Medical Residency.

The urology degrees awarded by the SAU were first created in 1973 and have 3 categories: a) specialist in urology, b) hierarchical specialist in urology and c) specialized consultant in urology.
Each category requires a minimum of 10 years of practice and the scoring of an additional number of points based on the level of skill, knowledge and experience. The degrees must be recertified every five years, as long as the physician remains in practice.

Among the medical pioneers of Río de la Plata was a priest named Henrich Peschke. He was followed by other physicians and apothecary priests, such as Peter Kraus, and Thomas Heyrle.

It was Bernardino Rivadavia, the first Argentine president, who in 1828 supported the German immigration projects organized by the merchants Friedrich Schmaling of Hamburg and Johan Zimmerman from the Ruhr. They set up an agency in Buenos Aires to attract agricultural workers aged between 15 and 45 years. This led to the establishment of the first ‘agricultural colonies’ at Esperanza, San Gerónimo and San Carlos in the province of Santa Fe. These colonies soon began to prosper and were followed by similar ventures at Helvecia, Humboldt, Berstadt, Grudli, Los Leones, Germania and Cañada de Gomez. From 1856 onwards, the Beck and Herzog Emigration Agency (located near the Swiss-German border) greatly contributed to helping thousands of German families find new homes in different provinces of Argentina.

The first Protestant Evangelist Church was inaugurated in Buenos Aires on 18 May 1842. It served the city’s community of 2,500 Germans, with M. Siegel its first pastor.

In 1862, Baron Maurice de Hirsch founded the Jewish Colonization Association (JCA), created to enable the migration of European Jews to Argentina. The first German Jewish colony was founded in the province of Santa Fe at Moisés Ville.

In 1871, the Hamburg-Süd shipping line was set up to provide monthly crossings to Brazil and Argentina. The first Hamburg-Süd steam ship, the ‘Bahía’, arrived in the port of Buenos Aires on 14 July 1872.

During and after the First World War, deprivation, the lack of stable jobs, hunger and (after 1923) the fear of hyperinflation strongly motivated the migration current from Germany to the Americas.

The beginning of formal political and commercial relations between Argentina and the German states dates back to 1829, when Hamburg-Süd
appointed Johann Zimmerman as the city’s first honorary consul to Buenos Aires. This was soon followed by Prussia, who assigned Franz Mohr as its representative. In 1857, the first treaty for navigation, commerce, post and customs was signed between Prussia and the Confederation of Argentina. Formal diplomatic relations began in 1879, when Argentina sent Mariano Balcarce as its ambassador to the new nation of Germany.

Meanwhile, the German community in Argentina continued to grow. It became more organized and developed economically, setting up businesses that included several famous firms. Social and medical facilities also improved. In 1857, the Krankenverein – a mutual aid society – was set up after the outbreak of yellow fever and cholera, and in 1867 the Deutsches Krankenhaus (German Hospital) was founded, making it one of the oldest community hospitals in Buenos Aires. The German Evangelist Congregation Church was installed in Rosario in 1856 and in 1858 the German Club was established in Buenos Aires. In 1887, the first branch of the Deutsche Übersee Bank (German Transatlantic Bank) was opened, also in Buenos Aires.

1870 saw the appearance of the first newspaper in German, the Freie Presse, which later in 1887 became the Deutsche La Plata Zeitung, followed in 1889 by Das Argentinische Tageblatt. These were the most well known newspapers in Buenos Aires.

In rural areas, the schools were run by the state, but in the cities it was necessary to create a parallel system of bilingual private schools, with morning lessons in Spanish and afternoon lessons in German. The first of these schools was the Quilmes Schule, opened in 1913, followed by the Asociación Escolar Alemana de Villa Ballester and the Belgrano Schule in Buenos Aires.

The German Cemetery was built in 1892 in the area of the city known as Chacarita, on lands granted by Buenos Aires city council. This cemetery replaced the old Protestant Community Cemetery, which had been located in the Retiro area since 1810.

As far as the Argentine armed forces were concerned, the army and its incipient military aviation wing was strongly influenced by Prussian discipline and organization. They also used German armaments. (In contrast, the navy looked to the British Royal Navy for its example.) Admiration for the German Army was strengthened by the roles played by prominent officers and commanders of German ancestry, who had had their military training in Germany. At the beginning of the 20th Century, when there was a possibility of an armed conflict with Chile, the Argentine artillery park was renewed with 1,500 modern cannons and Krupp shells, with calibres of 75, 105, and 130 mm.

In 1913, Germany donated six Rumpler Taube airplanes to the newly formed Military Aviation School, and also sent the aviator Wilhem Roedle as a flight instructor. In the 1920s, the Junkers Mission commanded by Eberhard von Jagwitz brought new metal-built planes and hydroplanes to Argentina for the first time, including the single engine F-13, the A-20 trainer, the K-15 photographic reconnaissance monoplane and the triple engine G-24 transporter. The Military Airplane Factory was inaugurated in 1927 in the province of Córdoba by General Jose Evaristo Uriburu. Forty-eight FW-44 biplanes were quickly built under license from the Focke Wulf Company for the training of pilots for the army.
Following a military coup on 6 September 1930, Argentina was governed by General Jose Felix Uriburu, an aristocratic cavalry officer who had received his military training in Germany. Nicknamed ‘Von Pepe’, he was a zealous nationalist who opened the doors to Nazism in Argentina.

**The Influence of Nationalism and the Second World War:**

Nazism first made its way to Argentina in the mid-1920 through the Nazi-indoctrinated sailors of the Hamburg Süd and Hapag-Lloyd lines. They tried to make contact with the local German community for the purpose of raising funds for the National Socialist Labour Party (NSDAP) back in the fatherland.

In the September 1930 elections in Germany, Hitler’s NSDAP won the support of 20% of the electorate, opening up the prospect of reaching power legally. Discussions began to take place about incorporating the Germans who lived overseas into the national movement. This idea was first raised by a junior member of the party, Bruno Fricke, and was taken up by a nationalist deputy of the Lower Chamber, Gregor Strasser. As a result, on 12 May 1931 the Foreign Division of the NSDAP was created, under the direction of Dr. Hans Nieland.

In Argentina, the *Landesgruppe Argentinien* was founded on 17 September 1931. It had 59 members and was the first foreign branch to be recognized by the Overseas Department of the National Directorate of the NSDAP (*Auszlandsabteilung der Reichsleitung der NSDAP*). Just days later, its leader Rudolf Seyd organized the first annual ceremony with his group at the German Memorial Cemetery, where the red flag with swastika was seen in Buenos Aires for the first time.

The Argentine government that came to power in the military coup of 1930 did nothing to hinder the activities of this and other similar fascist groups. In Buenos Aires, the German-language *Deutsche La Plata Zeitung* newspaper and the *Der Trommler* magazine both enthusiastically supported Nazi ideas and after the Nazis seized power in 1933 openly published the propaganda of the Hitler regime.

The Reich’s Foreign Ministry, together with the NSDAP’s Foreign Organization, now known as the *Auslands Organization* (AO), decided that all German associations, circles, companies and societies abroad had to be coordinated, in accordance with the world view prevailing in Berlin. The AO was run by Ernst Wilhelm Bohle.

In the summer of 1931, with approval from the highest levels of the Uriburu government, Colonel Emilio Kinkelin (the son of German parents) and Juan Bautista Molina created the paramilitary structure known as the Argentine Civic Legion. On 20 May 1931, it was formally acknowledged by a presidential decree, which allowed its members to receive military instruction and to practice shooting in the barracks of the Argentine Army, under the guidance of regular army officers.

During the national celebrations on 25 May 1931 and to mark the official public launch of the new Argentine Nazi Party, the Legion marched with regular troops, led by Colonel Kinkelin. The Legion wore a uniform consisting of black berets and shirts, dark grey trousers, leggings and a belt. They carried black banners and were divided into companies and squads, with insignia for the different ranks. “They are intended to fight on the streets of our big cities against the radicals, socialists, communists and Jews, even if the latter have no political affiliations,” stated Floro Lavalle, one of the Legion’s ideologists in the newspaper *La Nacion* on 27 May 1931. “Any resemblance to the Hitler SA is purely coincidental...”
The importance that the Nazi authorities attached to South America was shown by the transfer to Buenos Aires of a Regional Chief of Police for Latin America, Willy Kohn. He was charged with the task of reorganizing the Argentine Nazi Party in February 1933, by which time it had nearly 2,800 members, making it the fourth largest Nazi party outside the Reich, after Brazil, the Netherlands and Austria.

In March 1933, the general election in Germany gave Hitler 43.9% of the votes. Shortly afterwards, the Reich opened a diplomatic delegation in Buenos Aires to replace the existing legation, appointing a career diplomat as ambassador in the person of Baron Edmund von Thermann. After presenting his credentials to President General Agustín P. Justo (who had replaced General Uriburu after his death in 1932), the president showed his willingness to maintain and deepen the ties between the two countries.

Von Thermann was a member of the SS and he set about reorganizing the local German community on National Socialist lines. On 5 April 1933, at the new embassy, 51 German associations in Argentina signed a proclamation of loyalty to Hitler. Those who refused to do so were denied all access to the embassy’s favours and were henceforth considered as traitors.

From this moment on, nationalist organizations began to develop rapidly at all levels. The German Association of Employees became the German Work Front (Deutsche Arbeitsfront) and its 14,000 members chose Erwin Schriefer, one of the founders of the Nazi Party in Buenos Aires, as its leader. Companies with German capital began to teach courses on National Socialist ideology and arranged recreational trips to the Sierras de Córdoba and the Atlantic coast.

In 1935, the Deutsche La Plata Zeitung and other German subsidized newspapers reported that the German National Socialists living in Argentina “were educated in the Altona School, which is affiliated to the Stuttgart Institute for Foreigners”. One of its attendees commented: “We are a community devoted to the Fuhrer and we are activists in the ranks of the nationalist army.”

Similarly, the NSDAP also channelled its influence through more than 200 ordinary German schools in Argentina, with some 25,000 students. Only seven of these schools declared that they received no subsidies from German sources. These included the Pestalozi, Burmeister and Cangallo schools. All the others were responsive to German National Socialism or to Hitlerism. At first, this began almost clandestinely in the German communities in the interior, but it soon moved into the cities. Teachers trained in Germany, who had sworn an oath of loyalty to the Führer, disseminated Nazi ideology: the flag with the swastika was used, Hitler’s portrait hung at the front of the class, the ‘Horst Wessel’ song was sung, books with propaganda were brought in from Germany and the Nazi salute was given when singing the Argentine anthem.

The largest Nazi ceremony in Argentina took place on 1 May 1938, when the NSDAP celebrated Labour Day at the Luna Park Stadium in Buenos Aires. More than 18,000 attendees took part in a bombastic Hitleresque liturgy reminiscent of the Nuremburg rallies. There was a parade of uniformed people, a profusion of banners and the inevitable Hitler salute.

Sports clubs and social-cultural clubs were also exploited to create an Argentine version of the Hitler Youth, run by 350 collaborators and mem-
bers of the SS reporting to the Geheime Staats-polizei (better known as the Gestapo).

In an effort to encourage admiration among the officers of the Argentine Army for the new German Army, in 1935 Ambassador von Thermann facilitated the signing of an agreement between the Wehrmacht and the Luftwaffe and the Argentine Ministry of War. This agreement stated that five ‘retired’ officers were to be sent to Argentina as instructors for the Military Training College. As a result, General Gunther Niedenfuhr, Colonel Friedrich Wolf (artillery), Major Rudolf Berhammer (armour), Major Joachim Hans Moehring (cavalry) and Major Otto Kriesche (air force) wore the Argentine uniform until the expiry of their contracts in August 1940. As part of the same agreement, 70 Argentine officers from the military academy at Sorondo attended different military schools run by the Wehrmacht in 1940.

The German Equestrian Club was the place that von Thermann chose to gather together those members of the Argentine military who admired the New Germany. Many of these officers were insensitive to the political impact that these associations with the Third Reich had on public opinion in the country. There was a famous photograph taken on 2 October 1937, in which high-ranking figures in the Argentine military (including Rodolfo Martinez Pita, Armando Verdaguer, Francisco Reynolds and Carlos von der Becke) allowed themselves to be photographed amidst a sea of Hitler salutes. von der Becke had been a military attaché in Germany from 1930 to 1932 and had trained at the Berlin Military Academy, where one of his fellow students was Erwin Rommel, who was then a lieutenant colonel. When he returned to Argentina, he was appointed as Director of the Military Training College and in 1940 he became a full general with the approval of the Senate. In 1943, he was promoted to lieutenant general, the highest rank in the military hierarchy, and became Chief of Staff. The 1937 photograph was frequently published, fostering ill-feeling in local relations with the German Embassy, especially after the pro-Allied Roberto Ortiz became President of the Republic.

Summarizing the situation, the military attaché to the Argentine Embassy in France, Lieutenant Colonel Huret, sent a report to his superiors in which he stated: “Germany has been able to germanize almost all of the Argentine Army, by imposing its helmets, its discipline and its methods. A mission of German officers has given military instruction at the Military Training College and dozens of Argentine officers have been seconded to the German Army during the past 5 years.”

Many Argentine politicians frequently visited the German Embassy as guests or attended von Thermann’s receptions at the German Equestrian Club. Prominent among them were Carlos Ibarguren, Manuel Fresco, Alberto Uriburu, Mario Amadeo and
Matías Sanchez Sorondo. Sorondo was Minister of the Interior in the administration of General Uriburu and in 1937 travelled to Berlin, where he was received by Hitler in an official audience.

At the German National Union Congress held in Stuttgart at the beginning of September 1937, Wilhelm Bohle stated: “The Germans who are abroad and who do not want to be nationalists nevertheless still consider themselves as German. These people only have one name: traitors to their country.” His words had a powerful effect and by the end of the year more than 1,500 Germans had joined the Argentine Division of the NSDAP.

In 1938, the German Embassy in Buenos Aires promoted a ‘suggestion’ received from the Chancellery in Berlin: “German industry, commerce and official institutions, both private and public, at home and abroad, must see it as a matter of honour to replace with Germans or people of German ancestry any of their representatives who are strangers to our ideology.” Needless to say, just days later the dismissal of Jews commenced at all levels of public life. Jewish labourers, technicians and even managers were dismissed from companies with owners or directors who adhered to the tenets of National Socialism. Jewish women were barred from their clubs and Jewish children from their schools.

Meanwhile, von Ther mann continued to openly rule the German community in Argentina, even to the extent of indicating in which newspapers German companies should place their advertisements. He also created the Commission for International Cooperation, comprised of 19 pro-German Argentines, including leading professionals and figures from the worlds of culture and politics.

The racial persecutions in Germany provoked Jewish migration to other European countries and, more frequently, to the Americas. In Argentina, at the initiative of Adolfo Hirsch and Joseph Weil, the Hilfsverein Deutschsprechender Juden (Relief Association for German-speaking Jews) was created in 1933. This aided Jews of German extraction in Buenos Aires. There were 450 members working ad honorem and they also had European branches. Their main task was to help immigrants who arrived in total poverty. Amongst other things, a social bureau, nurseries, childcare centres and nursing homes were created.

The difficulties for immigrants created by the customs service and the police were dealt with by a system of ‘naming’. If the immigrants could show that they had relatives in the country who could support them, they were usually allowed in. Alternatively, they could negotiate a ‘contract’ at their local Argentine Consulate, which frequently accepted farmers and skilled craftsmen. The Jewish Colonization Association (JCA) often had to pay ‘commission’ to the Migrations Department in order to dissuade certain officials from hindering the aid that was needed.

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In 1938, the researcher Beatriz Gurevich found a classified and strictly confidential note in the archives of the Argentine Embassy in Sweden, written and signed by the Chancellor José María Cantilo, in which “he ordered the Argentine consuls in Europe to deny visas to undesirable or expelled people, alluding in particular to the Jewish citizens of the continent.” On this basis, the secretary of the Argentine Embassy in Berlin, Luis Solari Irigoyen, later repeatedly refused to repatriate more than 100 detained Argentine Jews, who had been living in Poland, Greece and the Netherlands and had been sent to Auschwitz-Birkenau or Bergen-Belsen. Such actions were widespread. The Argentinische Tageblatt newspaper claimed in 1939 that the difficulties in connection with “illegal Jewish migration” were the result of the fraudulent trade in European visas, blackmail and police corruption.

Regardless of the existing obstacles to Jewish migration, the Hilfsverein calculated that Argentina received 48,000 European Jews during the period 1933-1941, roughly half of whom entered the country illegally. If account is taken of the native German Jews and the Volga Germans who were in
transit to Argentina via neighbouring countries and were registered as ‘Russians’, the figure increases to roughly 70,000.

Large sections of the German community did not remain indifferent to Nazi outrages and reacted by creating institutions that provided aid to its victims. Das Andere Deutschland (The Other Germany) was founded in June 1937 by Dr. August Siemsen, Ernesto Aleman, Hans Lechmann, Richard Staudt, Clement Moreau and Oda Olber-Lerda. The Pestalozzi Schule was also opened, run by teachers who had been outstanding personalities in the Weimar Republic but were now exiled. It was said: “They defended the German language and the true German culture”. The Argentinisches Tageblatt led the anti-Nazi opposition within the German community.

The Second World War had a deep impact on the Argentine population, specifically because of three events. The first occurred on 13 December 1939, shortly after the war began, with the naval combat of Río de la Plata (Battle of the River Plate) and its immediate consequence: the blowing up and sinking of the pocket battleship ‘Admiral Graf von Spee’ by its captain, Hans Langsdorff, on 17 December. Langsdorff committed suicide at the city’s navy arsenal on 29 December and was buried in the German Cemetery in Buenos Aires with full military honours. The ship’s 1,043 officers and crew were interned by the administration of President Ortiz, provided with Argentine documentation, paid a monthly salary of $ 350, and sent to ‘detention centres’ in different parts of the country, such as the Hotel Casino de Sierra Ventana in Buenos Aires province and Hotel Eden de La Falda in Córdoba province. Most of the officers and some of the sailors were able to ‘escape’ and return to Germany (usually with the collusion of high-ranking officers in the Argentine Navy). The rest remained in Argentina and even today hold an annual meeting in Villa General Belgrano.

The second event took place towards the end of the war, when President General Pedro Ramirez severed diplomatic relations with the Third Reich on behalf of his de facto military government on 26 January 1944 (a declaration of war would later follow in March 1945). As a result of Decree no. 7,032 signed by the Minister of War, Colonel Juan D. Perón, on 31 March 1944, all German companies and associations, together with their subsidiaries and branches, were placed under the custody of the Council for the Administration of Enemy Capital.

The third event happened after Germany surrendered to the Allies on 8 May 1945. Two submarines of the Kriegsmarine surrendered to officers of the Argentine Navy on the South Atlantic coast near the naval base of Mar del Plata. The two submarines were the U-530 (10 July 1945), commanded by Lieutenant Otto Vermouth, with 42 crew members; and the U-997 (17 August 1945), commanded by Captain Heinz Schaffer, with 48 crew members. In other words, the submarines gave themselves up 62 and 89 days after the cease-fire. This gave rise to all kinds of speculation about what they had been doing in the meantime.

Even though Argentina was never occupied by German troops and remained ‘neutral’ during the first four and a half years of the war, it was infiltrated at every level of public life (government, armed forces and society) by internal and external
adherents of the NSDAP. The de facto military government finally had to yield to the heavy pressure exercised by the USA and England, and reluctantly declared war on Germany in 1945. Now that they had become the ‘enemy’, Hitler’s supporters went to ground as a kind of Nazi ‘fifth column’, which would continue to harm Argentina for many years to come.

In an interesting article published in La Revista (the magazine) of La Nación newspaper on 11 April 2014, the story of the Argentine Jews from Vichy France was told. The day after Argentina severed diplomatic relations with Germany, detention and deportation orders for Argentine Jews were issued from Berlin by Adolf Eichmann to the chiefs of the SS and the SA in France. Until that time, these Jewish Argentines had been registered as ‘citizens from a neutral country’, but now they were regarded as enemies. The SS Colonel Heinz Rothke rounded up 49 people, but thanks to the intervention of the Argentine Consulate General 19 of the detainees were re-routed from the Drancy Camp to the Rothschild Foundation Hospital and therefore saved. The remaining 30 were deported to Auschwitz in convoy no. 68 on 10 February 1944. Little could those unfortunate people ever imagine that the person directly responsible for their martyrdom – Eichmann – would later take refuge in their country.

The post-war Period

A new military coup orchestrated by the Grupo de Oficiales Unidos (United Officers Group or GOU) toppled President Castillo in 1943 and put General Ramirez in his place, who in turn would later be replaced by General Edelmiro J. Farrel. Farrel belonged to the nationalist pro-Nazi faction and in late 1944 he appointed Colonel Juan Peron as his Minister of Labour. Peron soon won over the sympathy of the workers and the union leaders, and after a massive popular demonstration on his behalf on 17 October 1945 he was allowed to stand in the forthcoming elections with a platform similar to the one the British Labour Party had used to defeat Winston Churchill. The Argentine population supported Peron in the election of 24 February 1946, although he only won by a narrow margin of 52% against the 47% of the Democratic Union, a coalition of several other political parties.

Peron soon surrounded himself with dubious characters, like Carlos Horst Alberto Fuldner, an Argentine who had travelled to Germany at a young age and who in 1922 had joined the SS. From 1936 onwards, with a captain’s rank, he became part of Himmler’s Security Service, the Sicherheitsdienst (SD). He went to Spain, where the SD extorted money and expropriated works of art, before later moving to Buenos Aires, where he was able to ingratiate himself with the military officers of the incipient GOU. He soon made Peron’s acquaintance and became his advisor. Shortly after the Peron administration began, he met at the Pink House with Branco Benzon, a former Croatian Ambassador to Hitler, and Gino Monti de Valsesia, another Croatian and former pilot in the Luftwaffe, for the purpose of planning the rescue from Europe of their Nazi ‘comrades’ and Croatians from the fascist ‘Ustachas’ movement. This was all carried out under the umbrella of the National Information Division.

In December 1947, the Argentine Delegation of Immigration in Europe (DAIE) was established in Berne. It was run by a former colonel of the GUO, Benito Llambi, who had been appointed as Argentina’s ambassador to Switzerland with the support of Rodolfo ‘Rudi’ Freude, the Director of the Information Division. Freude was the son of the prominent pro-Nazi German businessman, Ludwig Freude, once a director of the Deutsche Übersee Bank, who had become extremely wealthy during the 1930s.
and 1940s on the back of corrupt public works carried out by his construction company.

The DAIE assisted members of the Nazi hierarchy – leading figures from the SA, SS and the Gestapo, including many war criminals – to escape quietly from Germany to Switzerland, moving on from Geneva to the port of Vigo in Spain, from where they were shipped by boats of the Dodero Line (which later became the State Shipping Line) to Buenos Aires. In this way, the so-called ‘ratlines’ enabled thousands of wanted men to reach what was already becoming known as the ‘Argentine Nazi Paradise’.

The DAIE also opened an office in Rome to evacuate the Ustachas and other European collaborators. This office worked closely with the Catholic Church, especially with the Austrian-born Bishop Alois Hudal. He was the spiritual leader of the German community in Rome, but was also a fervent supporter of the Reich and had close dealings with many war criminals after 1945.

Research conducted by the historians Ignacio Klich and Holger Meding has indicated that between the years 1945 and 1955 about 80,000 Germans entered Argentina, 25% of whom later settled in neighbouring countries like Chile, Bolivia, Paraguay, Uruguay and Brazil, lands where there was little or no border control. The vast majority travelled on documentation provided by the International Red Cross or else with Argentine passports or passports issued by the Vatican State, often with changed names and nationalities. Author John Loftus has claimed that between the 1945 and 1950 around 60,000 people of German, Austrian and Croatian origin were admitted to Argentina with forged papers.

Official data from the Bureau of Immigration and Ports confirms that during the immediate post-war period (1946-1957) Argentina received some 2,310,000 immigrants, most of them from Latin America, but also 660,000 from European countries, of whom 68,500 were documented Germans.

The Nazi protection network established in Argentina by Peron lasted for about 50 years through a succession of different regimes, whether democratic or military. The core of the network was the Ministry of Internal Affairs, the federal police force, and the estates of the central and provincial governments. This made it possible to provide former Nazis with a place of residence, work in state jobs or private companies, the use of German capital and, most importantly, official identification papers. The latter not only made it easier to travel, but also impeded extradition requests from other countries.

In 1945, among those who arrived at the Argentine ‘Garden of Eden’ were members of the Nazi Government, the NSDAP, the SS, the Wehrmacht and the Luftwaffe, as well as a number of German scientists: Karl Klingenfuss, Alfred Janko, Edmund Fishboeck, Jurgen Muller, Gerhard Bohne, Hans Hefelmann, Wilfred von Oven, Carl von Merck, Robert Kessler, Johann von Leers, Adolf Dannemann, Rolf Haublein, Friedrich Lamtschnier, Albert Ganzenmuller, Andre Albert Baert, Radislaw Ostrowky, Adolph Eichmann, Joseph Mengele, Hebert Cuckurs, Gerhart Bonne, Joseph Schwamberger, Walter Kutschmann, Erich Priebke, Walter Rauff, Aribert Heim, Martin Bormann, Klaus Barbie, Friedrich Wegener, Eduard Roschmann, Erich Schoeder, Fredrick Rauch, Fridolin Guth, Walter Scheiber, Kurt Meyer, Wilhem Monhke, Ludolf von Alvenslebn, Joseph Votterl, Franz

The following European collaborators and members of the pro-Nazi Croatian Government and the ‘Ustacha’ were also given shelter: Charles Lescat, Pierre Daye, Georges Gilgaut Degay, Hugo Bytterbier, Jaques De Mahieu, Emile Dewoite, Augute Ricord, Czeslaw Smolinsky, Sandor Kepiro, Vlado Svencen, Ante Pavelic, Jakov Jovovic, Gino Monti de Valsassina, Branco Benzson, Mirco Eterovic, Dinko Sakic, Milo Bogetic, Daniel Crjen, Ivan Asancaic, Eugen Kvaternic, Joseph Berkivic and Nicola Vidacovic.

For many years, extradition requests were systematically denied by the Argentine Government, with only very few being granted. As a result, when Adolph Eichmann was identified by the Mossad, Israel decided to kidnap him in a commando raid. He was taken back to Tel Aviv, where he was put on trial in May 1961. When the facts of the Israeli operation became known, the democratic government of President Arturo Frondizi made a strong protest against the violation of Argentine sovereignty. The Israeli premier Ben Gurion eventually sent a letter of apology and explanation. Eichmann was convicted and executed.

In 1994, the war criminal Dinko Sakic, who ran the Jakovar concentration camp in Nazi-occupied Croatia, allowed himself to be interviewed for television. This revived claims that Argentina was still the ‘Nazi paradise’ that Peron had created. The Croatian Ministry of Justice requested Sakic’s extradition and President Menem granted the request.

In the same year, Erich Priebeke – who was responsible for the Ardeatine massacre in Rome in 1944 – was also identified and interviewed by an American journalist working for ABC News. This caused worldwide outrage among people who had not forgotten the incident and the Italian Government requested extradition, which was again granted by President Menem.

These cases and the growing age of the surviving war criminals prompted President Menem in 1996 to set up a commission – CEANA – that would clear up the question of Nazi activities in Argentina once and for all. After two years of hard work, the CEANA submitted its final report in 1998. It concluded that during the post-war period only 180 of the Nazis arriving in Argentina were war criminals; the remaining 569 had no cases to answer. Moreover, many of the 180 criminals had moved on to other countries after their arrival.

In 1972, the writer Frederick Forsyth published his novel *The ODESSA File*, which tells the story of the creation of an organization in Strasbourg that sought to preserve and use Nazi gold for the purpose of providing new lives for members of the Nazi hierarchy and perpetuating Nazi ideology in the post-war world. This conspiracy involved members of the NSDAP, the SS, German industrialists and Swiss bankers. Even though it was fiction, the book was probably very similar to what actually happened, with Peron in a leading role. The researcher Sergio Kierman has commented that in those days the US Congress was “frankly worried about the reluctance, if not the obstruction, of the Argentine authorities to submit supporting documents about the way in which huge numbers of Nazis came to the country from 1945 onwards”.

In 2003, the journalist Uki Goñi published *The authentic ODESSA*, highlighting the real-life Nazi escape network created by President Juan Peron. But in defence of historical truth, it should nonetheless be noted that the CEANA created by President Menem, himself a Peronist, did good work within the impossible limits imposed by the active participation of General Peron in the arrival of Nazis in Argentina.
Urology in Argentina and its Connection to Nazism

In his book *De Alemanes a Nazis* (From Germans to Nazis), the researcher P. Fritzsche explains his theory about the popularity of Nazism in Germany, stating that its attractiveness was to be found in its promise to consolidate national unity and build a powerful nation.

This meant that the Germans who emigrated from their native land developed a keen sense of the 'fatherland', which was transmitted to their descendants. As a result, many German families in Argentina, despite being thousands of kilometres from Germany, viewed Nazi principles favourably.

From 1938 onwards, some 6,000 Jewish doctors had to leave Germany. Many of them migrated to Argentina but none were urologists.

One of the few urologists in Argentina with a German connection was Eduard Pflaumer. He was born in Goeninggen in 1870, studied at the University of Munich, and graduated as a physician in 1896. He completed his surgical practice in the Urban Krankenhaus Berlin (Berlin City Hospital) with W. Korter and E. Rose. He was an assistant to Friedrich Trendelenburg, who recommended him to the Deutsche (German) Hospital in Buenos Aires, where he arrived in 1904. He sat the equivalency tests at the UBA, graduating in 1912, following which he worked as a surgeon in private practice. He travelled to Berlin to perfect his skills as a urologist with Nitze, Jacob and Israel.

In 1914, he again returned to Germany to serve as a military surgeon during the First World War. He was appointed professor of urology at the University of Erlangen in 1919, but during the following decades returned several times to Buenos Aires to perform operations as a specialist.

In 1929, he joined the NSDAP, entering the SA in 1933 and acting in the SS from 1934 to 1937. He developed programmes for the training of urologists and formed the new German Reich Society of Urology. In 1937, he was appointed head of the urological clinic at the Urban Krankenhaus in Nuremberg, where he was visited by Professor Alberto García of Buenos Aires in 1939. He chaired the Second Congress of the GRU in Eisenach and was appointed emeritus professor of urology in 1937. It was said of him: “He wasn’t a true national socialist, but simply used the party to promote his career”. He died in Nuremberg in 1957.

Dr. Alfonso Carden von der Becke was born in Rosario, Santa Fe in 1884. His parents were German (Alfonso von der Becke-Kluchtner of Saxony and Clementina von Helbig of Silesia). He had three brothers: Dora who was a teacher in the Cangallo Schule and the Germania Schule; Carlos Maximo, who was a military engineer; and Otto Alejandro Federico, a biochemist and pharmacist, who was managing director of Chemical Schering Argentina. They all spoke several languages.

Alfonso studied at the UBA, graduating in 1919 as physician with honours for his high marks. He was appointed as a vice-consul to the City of Berlin from 1920 to 1924, where he had the opportunity to increase his knowledge with such urological masters as Leopold Casper in the Clinic of the Friedrich Wilhelm University and Alexander von Lichtenberg in St. Hedwig’s Catholic Hospital.

Moreover, he lived in Germany at a time of great social and political upheaval, with the birth of the Nazi Party (NSDAP), the failed Munich Putsch, the hyperinflation and the publication of Hitler’s *Mein Kampf*, all of which caught his attention.

With such a wealth of knowledge and experience, he quickly stood out as a urologist in Buenos Aires when he returned home. He was appointed to the Academic Council of the School of Medicine in 1925 and became a leading member of the Argentine Urology Association (SAU), as well as joining several other committees.
In his position as the treasurer of the SAU, he had many contacts in Germany. In 1935, he learned that Professor von Lichtenberg would travel to Brazil. He convinced the president of the SAU, Professor Maraini, to invite von Lichtenberg to visit Buenos Aires after the Río de Janeiro congress was over. Maraini agreed to the idea and instructed von der Becke to make the necessary arrangements. Alfonso then requested a meeting with the German ambassador, von Thermann, together with his brother Alejandro, the managing director of Chemical Schering Argentina. It was agreed that the embassy and the company would jointly finance the entire venture.

In November 1935, von Lichtenberg travelled from Friederichshafen to Río de Janeiro in the airship ‘Graf Zeppelin’ with his colleague, Paul Rosenstein. They were the only foreign guests who responded to the invitation to attend the Brazilian Congress of Urology. During the congress, a proposal from the Argentine delegation to create the American Confederation of Urology (CAU) was approved by a majority of the delegates (Argentina, Chile, Brazil and Uruguay). It was also decided unanimously to support the motion of Professor Maraini to appoint Professor von Lichtenberg as honorary president of the CAU for the further schooling of South American urologists.

Professor von Lichtenberg and Dr. Rosenstein arrived in Buenos Aires on 14 November 1935. They remained in the city for a month of intense activity. Von Lichtenberg showed his usual surgical skill, conducting demonstrations in which he performed operations on 30 patients with diverse urological pathologies in most of the city’s hospitals: Alvear, Rawson, Ramos Mejía, Piñeyro, Italiano, Alemán and Militar Central. He also spoke at various conferences: at Professor Maraini’s chair of urology at Rawson Hospital (on ‘The delimitation of urological diagnostic tasks, by elimination and refilling’); at the Urology Society (on ‘The physiological basis and the therapeutic importance of renal interven-

\[\text{Brass Plate donated by the SAU as a tribute to Nitze at his grave.}\]
that they should appoint as their representative to the congress the newly designated senior professor of urology at the University of Rosario, Ricardo Ercole, who accepted the nomination. The motion was approved and a commemorative plaque was commissioned from the artist Constante Rossi.

Dr. Mathias Reuter, in his book *The History of Endoscopy*, makes reference to this incident, recording that: “Dr. Alonso von der Becke sent Professor Ricardo Ercole from Rosario by ship to render homage at Nitze’s grave during the Second Congress of the German Reich Society of Urology in October 1937 at Eisenach. There he unveiled a plaque with a bronze inscription that paid tribute to Nitze, which read: ‘To Nitze: the Argentine Society of Urology not only wishes to express the high regard of Argentine urologists for our German colleagues, but also to underline the good relationship between Argentina and Germany. Argentina was the only country in the Americas that did not declare war on Germany in the First World War. 9 October 1937’. In response, Professor Eduard Pflaumer and Dr. Otto Ringleb commented: ‘The German School in particular encouraged and nurtured urology in the Latin American countries. It is therefore with special gratitude that we see today that our German work and success is honoured by Argentina, as shown by this dedication to Nitze’s grave’.

In 1940, the SAU annual general meeting chose Dr. Alonso von der Becke as its president. Sadly, in July 1945 he was tragically killed at age 51 by three gunshots in the office of his private practice. His murderer was a former patient of his, who had been treated for a sexual dysfunction. After he had killed the unfortunate doctor, he committed suicide. Alfonso von der Becke was buried at the German Cemetery in Buenos Aires.

Historical research is a question of gathering together names, times, events and behaviours. Only then can it be seen how these things meet, touch and relate, sometimes subtly and other times strongly. But somewhere there is always a connection.

As far as the history of the 20th Century is concerned, a contemporary Spanish writer, Pérez Reverte, has said: “I despise the Nazis, but I despise even more those ordinary citizens, who loudly click their heels simply to get a reward. Because they are much more dangerous.”

But perhaps the final word should be left to the author and scientist Carl Sagan: “Things are as they are, and not as we wish they were.”

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