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Medicine in Theresienstadt

Abstract:

Illness was a defining experience for prisoners of Nazi concentration camps and ghettos, and yet their medical history is missing; a startling lacuna, given the extensive research into medicine and the Holocaust. This article studies the medical staff, patients, and diseases in the Theresienstadt ghetto. In examining medical care in extremis, it studies how the Central European Jewish doctors succeeded in providing comparably excellent health care for the inmates. The article studies the mentality, experience, and the gendered power mechanisms that characterized the medical staff, the agency of the doctors, as well as the hierarchies they assigned to patients. Finally, in exploring how the prisoner physicians made sense of Theresienstadt as a part of their medical career, I show what kind of historical protagonists are doctors.

In 1979, looking back at her imprisonment in Theresienstadt (Terezín in Czech; I use both terms synonymously), the former nurse Emilie Valentová remembered her boss, the ophthalmologist Richard Stein: “He was a scientist, a specialist, he was operating on, in Theresienstadt, in the conditions there, he was even operating on strabismus, which was then by far not as frequent as today. After the war I realized, he was actually operating on people who were designated to die. But above all, he was a physician.”¹ Stein, who survived and emigrated to Israel, becoming one

¹ Emilie Valentová, Archive of the Terezín Memorial (hereafter APT), A, 1279, April 22, 1979. See also Egon Redlich, *Zítřka jedeme, synu, pojedeme transportem: Deník Egona Redliča z Terezína 1.1.1942-22.1.1944*, ed. Miroslav Kryl (Brno: Doplněk, 1995), entry for December 19, 1943.

of the key founding physicians of the country, was emblematic of many among the physicians in Theresienstadt.²

Illness was, aside from transports and hunger, the defining experience of Theresienstadt; in this regard it was similar to other ghettos and concentration camps. Due to the conditions caused by the Nazis, nearly all prisoners fell ill and many died. But most of the patients who were treated by the medical department, especially if they fell sick after 1942 and were not old, could get better. The doctors in the ghetto tackled the medical conditions as a job, making the Health Services probably the best functioning department of the Jewish self-administration.³ The prisoner physicians could increasingly conduct top-notch medical care, securing decent equipment and a wide range of modern medications. The SS supported the medical care because they feared the spread of infections, particularly among the large German population in the proximity of Theresienstadt.⁴

In the Nazi concentration camps, the infirmary represented a central place in the social landscape of camp life as it embodied both life and death. It was, at times, the only place where prisoners could seek refuge from forced labor and violence, where they could receive food, rest, and sometimes also medical care.⁵ However, at other times, it was the place where patients were killed; elsewhere, the sickbay became the site of forced medical experiments. This Manichean

² Richard Stein, "Terezín — zdravotnický úkol," APT, A, 739. After the liberation, Stein emigrated with his family to Israel and became one of the founders of Israeli ophthalmology.

³ Erich Springer, "Das Gesundheitswesen in Theresienstadt-Ghetto" (hereafter cited as Springer 1950), YVA, O64, 56a, 18, 9. In addition, the medical department has outstanding surviving documentation, making it unique, as the SS ordered all paperwork to be burnt in November 1944.

⁴ The military hospital Theresienstadt was located just outside of the water tower on the western side of the town. Erich Springer, "Das Gesundheitswesen in Theresienstadt-Ghetto," (1950), Yad Vashem Archives (hereafter YVA), O64, 56a; interview Miroslav Kárný, June 15, 1994, Jewish Museum Prague (hereafter ŽMP), Vzpomínky, 328.

⁵ For instance Kim Wünschmann, *Before Auschwitz: Jewish Prisoners in the Prewar Concentration Camps* (Cambridge, Ma: Harvard University Press 2015): 196f.

nature of the sickbay offers an excellent place to learn more about the nature of the concentration camps.

The medical history of the Holocaust has concentrated on three topics: the forced medical experiments in the concentration camps,⁶ medical history of the “healthy bodies” within the Nazi folk community,⁷ and the biographies of the expelled, often murdered, Jewish physicians.⁸

However, an analytical medical history of the victims’ community, beyond sentimentalization or heroic narrative, is missing.⁹ Research has stressed the little leeway the prisoner physicians enjoyed, and this over-interpretation of missing control contributed to this lacuna.¹⁰ There is very little research on medical care in the ghettos.¹¹ Medicine in Theresienstadt is a hitherto unexplored area of research.¹²

⁶ See, among others, Robert Jay Lifton, *The Nazi Doctors: Medical Killing and the Psychology of Genocide* (New York: Basic Books, 1986); Michael H. Kater, *Doctors Under Hitler* (Chapel Hill: University of North Carolina Press, 1989); Astrid Ley, *Medizin und Verbrechen: Das Krankenrevier des KZ Sachsenhausen 1936-1945* (Berlin: Metropol, 2005); Paul Weindling, *Victims and Survivors of Nazi Human Experiments: Science and Suffering in the Holocaust* (London: Bloomsbury, 2014). For a bibliography, see Robert Jütte, Winfried Süß, and Wolfgang Eckart, eds., *Medizin und Nationalsozialismus: Bilanz und Perspektiven der Forschung* (Göttingen: Wallstein, 2011).

⁷ Winfried Süß, *Der "Völkörper" im Krieg: Gesundheitspolitik, Gesundheitsverhältnisse und Krankenmord im nationalsozialistischen Deutschland 1939-1945* (Munich: Oldenbourg, 2003); Insa Eschebach and Astrid Ley, eds., *Geschlecht und "Rasse" in der NS-Medizin* (Berlin: Metropol, 2012).

⁸ See among others: Rebecca Schwoch, ed., *Berliner jüdische Kassenärzte und ihr Schicksal im Nationalsozialismus* (Berlin: Hentrich & Hentrich, 2009); Anna von Villiez, *Mit aller Kraft verdrängt: Entrechtung und Verfolgung "nicht arischer" Ärzte in Hamburg 1933 bis 1945* (Hamburg: Dölling und Galitz, 2009); Rivka Elkin, *Das Jüdische Krankenhaus in Berlin 1938 und 1945* (Berlin: Hentrich, 1993); Dagmar Hartung-von Doetinchem and Rolf Winau, eds., *Zerstörte Fortschritte: Das jüdische Krankenhaus in Berlin 1756 – 1861 – 1914 – 1989* (Berlin: Hentrich, 1989); “Medical Refugees in Britain and the Wider World,” special issue *Social History of Medicine*, 22,3 (2009).

⁹ With the exception of *Die Auschwitz-Hefte: Texte der polnischen Zeitschrift "Przegląd Lekarski" über historische, psychische und medizinische Aspekte des Lebens und Sterbens in Auschwitz*, ed. by Hamburger Institut für Sozialforschung, 2 vol. (Hamburg: Rogner & Bernhard, 1994); Charles G. Roland, *Courage Under Siege: Starvation, Disease, and Death in the Warsaw Ghetto* (New York: Oxford University Press, 1992); *Genezen verklaard voor--: een ziekenhuis in kamp Westerbork, 1939-1945* (= Westerbork Cahiers 11, 2006); Michael Grodin, ed., *Jewish Medical Resistance in the Holocaust* (New York: Berghahn Books, 2014); Roger A. Ritvo and Diane M. Plotkin, eds., *Sisters in Sorrow: Voices of Care in the Holocaust* (College Station, Texas: Texas A&M University Press, 1998).

¹⁰ For more differentiated view, see Astrid Ley, “Kollaboration mit der SS zum Wohl der Patienten? Das Dilemma der Häftlingsärzte in Konzentrationslagern,” *Zeitschrift für Geschichtswissenschaft*, 2 (2013): 121-139; Sari Siegel, “Treating an Auschwitz Prisoner-Physician: The Case of Dr. Maximilian Samuel,” *Holocaust and Genocide Studies*, 28,3 (Winter 2014): 450–481.

¹¹ Adina Blady Szwajger, *I Remember Nothing More: The Warsaw Children's Hospital and the Jewish Resistance* (New York: Pantheon, 1990); Myron Winick, *Hunger Disease: Studies by Jewish Physicians in the Warsaw Ghetto*

Medical care in Theresienstadt offers an opportunity to use the history of medicine to cast light on the everyday history of the Holocaust, just as this everyday history of the Holocaust can also offer new insight into the history of medicine. This article, based on extensive archival research of contemporaneous documents, including some files of the Health Services as well as diaries and letters, together with later oral histories and memoirs, studies the prisoners' experience of being ill as a moment of social interactions. I examine doctors as historical protagonists and their way of looking at the ghetto. The medical staff viewed Theresienstadt through the framework of public health and they saw themselves as having a task to perform within that framework. The social and gender power hierarchies of the ghetto were reflected in the realm of health care. These hierarchies were apparent in the medical staff's decisions concerning those "important" patients who were deemed worthy of receiving care and those "unimportant" patients who were not. I also connect Theresienstadt to the wider field of medical history by showing the links between the outside medical world and that of prisoner physicians. The manner in which prisoner doctors held on to their professionalism and reacted to the persecution foremost as doctors, was one of the reasons why the medical care in Theresienstadt was excellent. Experiencing the ghetto as doctors allowed the physicians a measure of agency.

This piece is structured in three parts: the first section follows the general conditions of the department of Health Services; the second outlines the illnesses and triage; and finally, the third and longest part examines the work and mentality of the medical personnel, the gendered social and ethnic hierarchies.

(New York: Wiley-Interscience Publications, 1979); Leah Preiss, "Women's Health in the Ghettos of Eastern Europe," <http://jwa.org/encyclopedia/article/womens-health-in-ghettos-of-eastern-europe> (accessed on December 21, 2015); Miriam Offer, "Ethical Dilemmas in the Work of Doctors and Nurses in the Warsaw Ghetto," *Polin* 25 (2012): 467-492.

¹² With the exception of Tomáš Fedorovič, "Několik poznámek k lékařům a jejich činnosti v ghettu Terezín," *Tereziňské Listy* 35 (2007): 84-100; Wolfgang Schellenbacher, "'Das Gesundheitswesen im Ghetto Theresienstadt' 1941 – 1945," (MA thesis, University of Vienna, 2010).

Jewish self administration and Health Services

Theresienstadt was founded in November 1941 as a transit ghetto for all Jews of the Protectorate of Bohemia and Moravia. In June 1942, when the elderly German and Austrian Jews started arriving, its function changed to that of a ghetto for the elderly and a “privilege camp.” In 1943, the SS fashioned Terezín as a propaganda camp to be shown to a delegation of the International Red Cross. This aspect is often overemphasized. What is ignored, however, is the rather minor impact that the Red Cross visit and the subsequent propaganda film had on daily life in the ghetto.¹³ Prisoners died of malnutrition, were surrounded by dirt and vermin, and lived with the ever-present threat of deportation to the East. From the 87,000 people who were deported from Terezín to the East, only about 4,000 survived. Nearly 34,000 prisoners died in Terezín of diseases related to malnutrition, the majority of them elderly. Terezín was the only ghetto¹⁴ to last until the end of the war, when ca 15,000 inmates were liberated. Altogether 144,000 Jews were incarcerated in Terezín; of these almost 74,000 came from the Protectorate, ca 42,000 from Germany, and 15,000 from Austria. There were also smaller groups from the Netherlands, Denmark, and in the last months, from Slovakia and Hungary.

Terezín fell under the authority of the SS, but with only thirty members on the spot, it was the Czech gendarmes who did the actual guarding. The Nazis were largely absent from the ghetto’s landscape: the SS controlled Theresienstadt, but the Jews administered it. The Jewish self-administration was directed by an Elder of the Jews and the Council of Elders. This administration created a complex system: there was the Economical Department, Central

¹³ For the propaganda film, see Karel Margry, “Der Nazi-Film über Theresienstadt,” in *Theresienstadt in der „Endlösung der Judenfrage,”* ed. Miroslav Kárný, Vojtěch Blodig, and Margita Kárná (Prague: Logos, 1992): 285-306.

¹⁴ Theresienstadt was a ghetto rather than a concentration camp. See Anna Hájková, *Prisoner Society in the Terezín Ghetto, 1941-1945* (PhD diss, University of Toronto, 2013), 24f, and Peter Klein, “Theresienstadt: Ghetto oder Konzentrationslager?,” *Theresienstädter Studien und Dokumente* (2005): pp. 111-123.

Registry, and the Health Services. Theresienstadt never engaged in forced labor for Nazis on mass scale, but there was general labor duty for everyone between sixteen and sixty years of age (the age boundaries shifted throughout the duration of the ghetto). Men and women lived separated in rooms that housed between eight to 200 inhabitants. Most children were accommodated in youth homes. The food supply in Terezín was insufficient and included little fruit and vegetables or proteins; this was a decision of the Nazis. A majority of those who died in the ghetto succumbed to diseases caused by starvation, and 92% of those who died in Theresienstadt were people over 60 years of age. In May 1942, the self-administration introduced a food system categorizing inmates according to their working status: most importantly three: “hard laborers,” “normal workers,” and “non-workers.” The elderly who did not work as well as the long term ill were categorized as non-workers, who received the smallest portions (60% less than the hard laborers) and least nutritious food.¹⁵ An overwhelming majority of the hard laborers were young Czech Jews, who became the social elite. Their cachet was based on their seniority -- some of them arrived with the first two transports named the Aufbaupolizei (construction detail) and were for a long time protected from transports out of Theresienstadt. In addition, they also had the most advantageous jobs as cooks, bakers, or butchers.

The department in charge of medicine, the Health Services (Gesundheitswesen), was planned already before the foundation of the ghetto, when in fall 1941 the Central Office for Jewish Emigration tasked the Jewish community to plan Theresienstadt. When the first deportees in November and December 1941 fell ill, the physicians, who had neither instruments nor medications, could not help. The first patient died of appendicitis after six days.¹⁶ The three

¹⁵ Food tables, Terezín, 52, 115, 116, ŽMP.

¹⁶ Erich Springer, “Gesundheitswesen in Theresienstadt,” in *Theresienstadt*, eds. František Ehrmann, Otta Heitlinger, and Rudolf Iltis (Vienna: Europa-Verlag, 1968): 126-135, 127f.

founding doctors of the department, the radiologist Erich Munk, the surgeon Erich Springer, and the internist Erich Klapp set up medical rooms in the first two barracks, and collected whatever the newly arrived physicians had brought with them to use as medications and instruments. In December 1941, the SS ordered the old military hospital, the Hohenelbe barracks, to be used as the ghetto hospital.¹⁷ Hohenelbe barracks became the central location of health care services. Over the course of the next months, the backbone of the medical services developed: the hospital was set up, medical furniture and equipment shipped from the Protectorate, and doctors and nurses recruited among the prisoners. The Health Services, run centrally by Erich Munk, continued to grow: by summer 1943, it had eight hospitals (including a children's and a TB hospital) and five homes for the elderly. With altogether 4,066 workers¹⁸ - the medical staff included physicians, nurses, cleaners, orderlies, and pharmacists - it was the second largest department in Theresienstadt. The proportion of doctors per population was one physician per 500-600 people, unusually high for that time.¹⁹ This extensive medical staff was very much needed, as the morbidity was always very high; in February 1943, 31% of the ghetto population was sick. Over half of those registered as sick were chronically ill elderly.²⁰

The SS supported the medical services: the men were afraid of the potential of epidemics – the ghetto was in immediate vicinity of a Wehrmacht hospital and close to the district city of Leitmeritz/Litoměřice. The support included the medication supply, which after the first months became excellent. The physicians in Theresienstadt had at their disposal all essential medications

¹⁷ Stein, "Terezín — zdravotnický úkol;" Minna Wolfensteinová, "Die Schöpfungsgeschichte der Infektionsabteilung," Peter Barber papers.

¹⁸ Adolph Metz, "Ghetto Theresiestadt," (ca 1945) YVA, O33, 3257 (Metz gives 5,000 workers); for the lower number, see "Das Gesundheitswesen lädt ein, Juli 1943," YVA, O64, 54. Lilly Pokorná gives the workers at 2,000. Lilly Pokorny, "Eine Ärztin erlebt das 'Musterlager' Theresienstadt, 199, Institut für Zeitgeschichte, MA 199. With thanks to Giles Bennett for his help. Springer, 1950, gives 5,000. (p. 5).

¹⁹ Stein, "Terezín — zdravotnický úkol," 14.

²⁰ YVA, O64, 54; Karel Fleischmann, Terezínský den, ŽMP, 326.

used in that time on the continent, including pain, dysentery, insulin, paratyphoid, and heart medications, even the expensive sulpha drugs.²¹ The monthly bill ran up to half a million crowns.²² The relatively generous spending on medication was disproportionate to spending on food: the SS did not supply nearly funds for food for the ghetto population. The perpetrators were concerned about Theresienstadt inmates becoming infectious, but did not mind if the Jewish prisoners starved to death.

Who received some of the premium drugs depended on their age; the nurse Herta Kožičková remembered that cibasol, a sulpha drug, was reserved for those under 30 years of age.²³ The admirable situation of supplies continued even when the availability of medical supplies in Germany worsened. In 1943, the radiologist Lilly Pokorná had to accompany a visiting Wehrmacht officer. He inquired whether she had any photographic material for x-rays. She had little, she answered, and often had to make do with x-ray paper. The officer was amazed: in Vienna, there was no x-ray photographic material to be had for months.²⁴ Finally, Erich Springer's operation diary demonstrates that similarly, the operations were complex and state of the art, as demonstrated in the drawing of Jo Spier (fig. 1).²⁵ However, most of the patients were over 60 years of age, malnourished, and the operations occurred late, which all contributed to high post-operative mortality.

Fig. 1: The drawing of the Dutch artist Jo Spier shows the operating theatre in Terezín

²¹ Jarmila Saicová, delivery list, August 1, 1944, ŽMP, Terezín, 273; interview of Franz Hahn (1987), DÖW, 510.

²² On May 30, 1944, the pharmacy's bill was for 136,000 crowns. Aktenvermerk W 720 (Economic Department) ŽMP, Terezín, 146; for half a million, Karel Fleischmann, "Jak vznikalo zdravotnictví v terezínském ghettu," ŽMP, 326. Thanks to Harro Jenß for interpreting the medication list.

²³ Interview Herta Kožičková, July 25, 1993, Vzpomínky, ŽMP.

²⁴ Pokorny, "Eine Ärztin," 200.

²⁵ Erich Springer's operating notes (1943), Wiener Library Tel Aviv University, 578. Thanks to Harro Jenß for analyzing the first 100 operations of 1943.

Illnesses and Triage

In the unhygienic, crowded conditions of Theresienstadt, diseases spread quickly. People fell prey to illnesses they would not have had in normal life and died of infections that would be easily combatable elsewhere. Moreover, most prisoners were weakened by starvation — a deficit of vitamins results in organisms being more vulnerable to illnesses; patients of progressed stages of enteritis also showed avitaminosis B.²⁶ Nearly all prisoners in Terezín were affected by enteritis. Enteritis is a generic intestinal inflammation, resulting in diarrhea, which, in extreme cases, leads to dehydration and cardiac failure. For the elderly, the disease often had deadly effects.²⁷ Enteritis claimed the majority of those who died in Terezín. It was the main cause of death until October 1943; after this date, it was pneumonia, TB, intestinal obstruction, and blood poisoning.²⁸ But while the other diseases were treated, enteritis was not categorized as an important disease and only rarely treated. We can speculate whether the treatment — which includes saline drips, careful diet, and good care — would have been possible in Theresienstadt. The Health Services had saline drips and about 2,500 beds. Yet using these spaces for old prisoners affected with enteritis would have meant far less space for other patients. The conditions of Theresienstadt, created by the Nazis, downright fostered disease, and accordingly, the physicians faced a large percentage of ill population. In this situation, the Health Services applied a triage mentality in which the most frequent disease, enteritis, which was usually dangerous only for the elderly, was seen as unimportant. This triage mentality in medical care echoed that of self-administration in food distribution. Following the incarceration, hunger, and

²⁶ Stein, “Terezín — zdravotnický úkol,” 24; Alfred Wolff-Eisner, *Über Mangelkrankungen auf Grund von Beobachtungen im Konzentrationslager* (Würzburg: Sauer-Marhard, 1947).

²⁷ Pokorny, “Als Ärztin,” 145.

²⁸ Monthly reports of Irma Goldmann, YVA, O64, 50.

dirt, this categorization contributed to the result of an extremely high mortality rate among old patients. By spring 1943, the Terezín physicians realized the tuberculosis had become pandemic: the percentage of people infected with TB rose to 7.8%.²⁹

In spite of the enforced density in which people had to live, Theresienstadt experienced only one full-blown epidemic, which came at the end of the war. The prisoners who arrived on the death marches brought with them typhus. The disease killed over 1,200 people, with most of victims among the inmates from death marches. Less than 126 among the 16,777 veteran inmates died, among them dozens of nurses and doctors.³⁰ However, the medical staff spoke of four epidemics in the ghetto time: scarlet fever in December 1941/42, typhoid in January-March 1943, encephalitis in summer 1943, and then the abovementioned typhus epidemic in April and May 1945.³¹ The way Terezín doctors categorized these epidemics demonstrates the triage mentality of the Health Services.

Using the example of the typhoid outbreak in the winter of 1943, we can examine the way Terezín doctors categorized patients. This epidemic started in January 1943 when a sewage pipe that led to a kitchen in a youth home burst.³² Typhoid infected 444 prisoners, both children and adults,³³ with an overall mortality rate of 9.63%.³⁴ The leading physicians were dismayed that the

²⁹ Lilly Pokorná, "Die Lungentuberkulose im Konzentrationslager Theresienstadt im Vergleich mit der bei Häftlingen in anderen deutschen Konzentrationslagern," *Tuberkulosearzt* 4 (1950): 406-414, 409; Vojtěch Král, "Nakažlivé choroby v Terezíně" (addenda to Stein, "Zdravotnický úkol"), 33.

³⁰ We have no numbers for the cause of death for those who arrived with the evacuation transports, and many died of exhaustion and malnutrition. According to the most recent estimate, 1,665 people who arrived with the death marches died. Marek Poloncarz, "Die Evakuierungstransporte nach Theresienstadt (April-Mai 1945)," *Theresienstädter Studien und Dokumente* (1998): 242-262, 249.

³¹ Stein, "Terezín — zdravotnický úkol," 32; see also Aron Vedder, "Bericht über die Gesundheitslage in Theresienstadt mit besonderer Berücksichtigung der Flecktyphus-Epidemie nebst Vorschlägen zu ihrer Bekämpfung" (May 15, 1945), YVA, O64, 56a.

³² Stein, "Terezín — zdravotnický úkol," 32; Springer 1950, 12.

³³ Diary of Arnošt Klein, entries for January and February, 1943; Gonda Redlich's diary, entry for August 16, 1944, and for February 6, 1943.

³⁴ In year 1943, altogether 74 people died of typhus. Annual report of the Health Services for 1944, YVA, O64, 56a.

illness was killing children.³⁵ However, the number of children who died of typhus in January-March was very low: none in January, twelve in February and one in March.³⁶ This data comes from death certificates; it is improbable they were underreported. In the same period, the total mortality in the population was 2,506 in January, 2,271 in February, and 1,653 in March, as opposed to that of dead children: 20, 28, and 12, respectively. The great majority of those who perished were old inmates who died of enteritis. In Theresienstadt there were far more elderly than children compared to a “normal” population (about 55,000 elderly to 9,000 children).³⁷ The huge disparity in what doctors perceived as alarming indicates that the prisoner physicians barely registered the six thousand deceased elderly people in the same period, instead focusing on thirteen dead children. In their conception of noteworthy deaths, the doctors reiterated the triage mentality that could be found throughout Theresienstadt.

Public Health and the Social Dimension of Illness

The medical staff in Theresienstadt often viewed the ghetto as an issue of public health; that is, everyone’s health was their responsibility.³⁸ They saw it as their goal to develop a preventive health system reaching beyond illness treatment. The administration documents of the Health Services, as well as physicians’ postwar testimonies, demonstrate the view that medicine was the central element in the running of the ghetto. In fighting tuberculosis, Terezín physicians dispatched entire barracks’ population for x-ray checks and sputum analysis.³⁹ It is in this context that we should place the fact that the department made infectious diseases obligatory to report.

³⁵ Munk to Edelstein, Janowitz, and Zucker, January 25, 1943, YVA, O64, 23/II.

³⁶ Defining children as fifteen and younger. Data Terezín Prisoners Database and the death certificates.

³⁷ Estimate, calculated at over 65 and under 15 years of age. For February 1943, inmate statisticians gave 1,921 of inmates over the age of 65 who died. YVA, O64, 45.

³⁸ On a similar case in the early years of the GDR, see Donna Harsch, “Medicalized Social Hygiene? Tuberculosis Policy in the German Democratic Republic,” *Bulletin of the History of Medicine*, 86, 3 (Fall 2012): 394-423.

³⁹ Pokorná, “Die Lungentuberkulose,” 407; Stein, 18.

Similarly, after the typhoid epidemic, the Health Services introduced obligatory immunizations for all arrivals. Fifty years later, the Viennese doctor Franz Hahn enthused about the hands-on approach of vaccinators: “We dealt with the typhus epidemic, the hygienic measures were intensified, typhus is, after all, a question of hygiene. [...] Mind you, how we treat typhus today, with antibiotics, that hadn’t existed yet. And so we treated typhus only in the traditional way, attend to the heart, attend to the circulation, lower the temperature, yes? Prevent the epidemic, for heaven’s sake, wash hands, wash hands, disinfect, yes? Look after the nurses, so that it does not spread. [...] Vaccinate, of course, there has always been the typhus serum, not 100% effective or at least by far not as effective as the one we have today, which you take orally, back then we injected it, which hurt, but without mercy, the entire camp was vaccinated lock stock and barrel, there was no other way.”⁴⁰ This lock, stock, and barrel approach of mass prevention and the key role of the Health Services that the doctors extolled was a classic moment of social hygiene.

With the exception of the first months, much of being sick, even for the elderly, was a social affair. Their roommates or family members fetched their food; after two weeks, their food rations were re-categorized into those of non-workers, unless a doctor prescribed convalescence food rations. Some elderly went to the doctor because of their loneliness: “they go to the doctor as they would have gone to a café,” remarked a medical statistician in summer 1943.⁴¹ Others went to a clinic because in Theresienstadt the medical care was free, and in civil life, they would have needed to pay a fee for the same service, not to mention the fact that the medical care available for Jews in the years prior the deportation had been very limited.⁴²

⁴⁰ Interview Franz Hahn.

⁴¹ “Die Morbidität in Theresienstadt,” 5, YVA, O64, 56.

⁴² In Germany in 1938, and in Czechoslovakia in 1940, Jews were only allowed to visit Jewish physicians. In Germany, stripped of their title, a fraction of them were allowed to continue practicing as “Krankenbehandler.” Rebecca Schwoch, “„Praktisch zum Verhungern verurteilt:“ „Krankenbehandler“ zwischen 1938 und 1945,”

If they succeeded in receiving care, the Terezín inmates enjoyed being ill because, in the ghetto environment, the hospitals were a safe environment, even a nice experience overall. The less seriously ill were excused from labor duty with a doctor's note and stayed in their accommodation. The hospital patients received better and richer food delivered to their bed, slept in a clean bed, and had a nurse caring for them. This experience of care and attention was particularly vital for the elderly. The Berliner former teacher Käthe Breslauer who was deported remembered her stay in the hospital warmly: "Those six weeks that I spent in the hospital were the nicest time of my stay in Theresienstadt: Clean beds, kind nurses, better food, far from the misery of the accommodation."⁴³ The hospitals were also a positive experience for the younger prisoners: the 24-year old Ilse Fuchsová from Ostrava spent most of her time in Terezín sick or recovering from jaundice and encephalitis; when she was deported to Auschwitz and the Mauthausen satellite camp Lenzing, she was healthy.⁴⁴

Illness in Theresienstadt was not only a specific physiological immunity reaction to the ghetto. We can also read it as psychological mechanism explaining the powerlessness of Holocaust victims, which, as Saul Friedländer pointed out, was a central experience of Holocaust victims.⁴⁵ Many of the new arrivals contracted a disease in the first months of their stay.⁴⁶ In her first twelve months in Theresienstadt, the 24-year old Etta Veit Simon from Berlin contracted

Jüdische Ärztinnen und Ärzte im Nationalsozialismus : Entrechtung, Vertreibung, Ermordung, ed. Thomas Beddies, Susanne Doetz, and Christoph Kopke (Berlin: de Gruyter, 2014): 78, fn. 12; Petr Svobodný and Ludmila Hlaváčková, *Dějiny lékařství v českých zemích* (Prague: Triton, 2004), 200, 202.

⁴³ Testimony of Käthe Breslauer, January 15, 1956, WL, P.III.h, 215.

⁴⁴ Interview Ilse Porath, June 4, 2000, YVA, O3, 11611.

⁴⁵ Saul Friedländer, *Nazi Germany and the Jews*, vol 2: *The Years of Extermination* (New York: HarperPerennial, 2006): 8f, 438-443; see also Amos Goldberg, "The Victim's Voice in History and Melodramatic Esthetics," *History and Theory* 48,3 (2009): 220-237.

⁴⁶ Interview of Eliška K., June 12, 1991, Vzpomínky, ŽMP, 40; Jiří Hahn et al, "Die Morbidität in Theresienstadt," YVA, O64, 56.

dysentery, typhus, scarlet fever, jaundice, and heart weakness, and lost fifteen kilograms.⁴⁷ In testimonies, the period of illness was often represented as a narrative gap standing in for a loss of control. For many of the newly arrived, becoming ill was a coping mechanism when things became too difficult. The extreme shock of the arrival signified a crisis caused by the extreme experience of powerlessness. But people loathe experiencing being powerless and this is why becoming ill, stepping aside from the responsibility to manage, represented an obvious and socially acceptable way of excusing oneself from taking control. This initial instance of falling ill was rarely remembered because it was a difficult period. For the elderly, whose friends could only rarely bring extra food or bribe for reliable medical help, the first disease often turned fatal. For the younger inmates, it was an episode usually narrated as an aside.

Physicians, nurses, and power

For Jewish physicians, Terezín represented a possibility of agency after the years during which they were stripped of licenses, barred from treating non-Jews, and faced other humiliations. They saw the ghetto as both a medical problem and a challenge that they had the knowledge and power to solve. Unlike most other prisoners, even the Jewish functionaries, physicians continued in their jobs, and the jobs they had to perform were immensely important in Theresienstadt, a site marked by hardships. They could make a real difference, alleviate pain and suffering, and heal illnesses. In addition, working as a doctor was a source of esteem: in Central Europe during the 1930s and 1940s physician was a prestigious profession, which is why vocational continuity was for them so crucial.

⁴⁷ Medical certificate B, December 20, 1954, reparation file Etta Japha (#76079), Reparation Office Berlin, B8.

The physicians in Theresienstadt came from a specific world and place, as reflected in the ways they approached their roles in the ghetto. Since 1900, Jews were over-represented in the Central European medical profession. About 15% of physicians in Germany and Bohemian countries were Jewish; in Austria, this percentage was even higher, 65% in Vienna, and about one third Austria-wide.⁴⁸ German doctors were preeminent in the field of medicine worldwide, while in Czechoslovakia, the medical faculty of the Czech Charles University was progressive and innovative, training many young doctors.⁴⁹

Theresienstadt doctors stressed their work ethic,⁵⁰ which was also linked to the medical profession as a whole, famous for long working hours and absolute dedication. Erich Munk worked twenty-hour days and expected the same dedication from his doctors; Springer passed this on to the nurses.⁵¹ Both nurses and doctors were devoted to their jobs. The entire medical system was simplified in Terezín: there were no (real) salaries, no taxes, no telephones, and while the orders of drugs and instruments needed to be approved by the SS, most doctors did not have to worry about financial matters. The ghetto was a dream come true for the physicians' planning gaze with its pronounced feature of public health. Springer's recollection that "the cooperation of the departments was exemplary, certainly much better than in civilian hospitals, perhaps because we had no long distances and then the physicians shared the same fate; for us, there were only

⁴⁸ Daniela Angetter und Christine Kanzler, „Eltern, Wohnung, Werte, Ordination, Freiheit, Ehren verloren!": Das Schicksal der in Wien verbliebenen jüdischen Ärzte von 1938 bis 1945 und die Versorgung ihrer jüdischen Patienten, in Kopke et al; Michael Hubenstorf, "Vertriebene Medizin: Finale des Niedergangs der Wiener Medizinischen Schule?" in *Vertriebene Vernunft II: Emigration und Exil österreichischer Wissenschaft*, ed. Friedrich Stadler (Vienna: Jugend und Volk, 1988): 766-793.

⁴⁹ Svobodný and Hlaváčková, 191.

⁵⁰ Flusser, "Rückblick," 53; Kraus, "Boj," 131.

⁵¹ Springer 1950, 9.

moral duties and successes, in no way financial ones”⁵² indicated how much the doctors saw the ghetto as a drawing board.

The Theresienstadt physicians described their work in terms of achievements that would be valid in the outside world. The physicians worked in a collegial, competitive atmosphere: doctors worked hard to have the “best” station, better instruments, to be more successful and hence envied by colleagues.⁵³ Depicting “his” hospital, Springer spoke about “the best possible care” and “incessant improvements,” while emphasizing how difficult – and therefore a priori valuable -- the achieved successes were. In their postwar testimonies, doctors brought up illnesses, deaths, and epidemics in order to portray Theresienstadt as having been fixed by medical personnel.⁵⁴ Similarly, the TB specialist Evžen Kraus spoke of the treatment of tuberculosis patients in terms of accomplishments, stressing that the Terezín hospitals could be compared to those outside.⁵⁵ Lilly Pokorná was immensely proud of “her” x-ray station and pointed out that her work resulted in two postwar publications.⁵⁶ Similarly to Jewish functionaries, doctors described their careers in Theresienstadt as an item in their CVs.⁵⁷ People like to take pride in their accomplishments, and this tendency continued in the camps and ghettos.

In addition to performing medical services, music was another form of performing status in Theresienstadt, where music was a particularly beloved activity.⁵⁸ Erich Munk was one of the very few prisoners with a record player.⁵⁹ Erich Klapp, the head internist, was a keen cellist and

⁵² Springer 1950, 11.

⁵³ Interview Franz Hahn; Springer, 1950, 10.

⁵⁴ Springer 1950, passim.

⁵⁵ Kraus, “Boj,” 131.

⁵⁶ Pokorna, „Die Lungentuberkulose;“ Pokorná, „Das Röntgenbild der Osteoporose im Konzentrationslager Theresienstadt,“ *Radiologia Clinica* (1949): 360-370.

⁵⁷ Beate Meyer, “‘Altersghetto’, ‘Vorzugslager’ und Tätigkeitsfeld: Die Repräsentanten der Reichsvereinigung der Juden in Deutschland und Theresienstadt,” *Theresienstädter Studien und Dokumente* (2004): 124-149, 141f.

⁵⁸ Otto Zucker also had house concerts; Fleischmann, “Křivule II.”

⁵⁹ Elena Makarova, *University over the Abyss: The Story behind 520 Lecturers and 2,430 Lectures in KZ*

organized string quartet concerts in his room.⁶⁰ Playing music at home was a sign of belonging to the Central European educated bourgeoisie. For physicians, playing music was moreover a means of demonstrating their of cultivation beyond solely the medical craft.⁶¹

The medical community in Theresienstadt was transnational and interconnected, while simultaneously, reflecting the stark ethnic hierarchies within the prisoner community. The social elite of young Czech Jewish prisoners was replicated among the doctors.⁶² The Essen nurse and widow from a mixed marriage, Regina Oelze, remarked: “almost all nurses and physicians [...] were Czech. It is their country too and they were in the first transport.”⁶³ Indeed, the physicians in Health Services, in particular those in leading positions, were mostly Czech Jews.⁶⁴ The non-Czech physicians often felt keenly the camp’s ethnic hierarchies, and the success of surpassing them depended on the social capital of the “foreign” participants. When he arrived at Theresienstadt in October 1942, the 29-year-old Viennese Franz Hahn was first assigned to the Hundertschaft, the newcomers’ hundred hours labor duty. Assigned to shoving coal, Hahn was annoyed that his medical skills were going to waste, and then the manual job did not reflect his status as doctor. Hahn marched into Munk’s office and demanded an assignment; Munk, impressed by his self-assertiveness, gave him a job. Eventually, Hahn was promoted to an internist and worked under Erich Klapp in the Central Hospital in Hohenelbe. After a few

Theresienstadt 1942-1944, Jerusalem: Verba, 2004): 245.

⁶⁰ Jan Rocek to the author, July 22, 2015. (Rocek was Klapp’s cousin). Petr Kien’s drawing of the Doctors’ quartet, APT?

⁶¹ In this respect, music was related to Karel Fleischmann’s drawing or the dentist’s Kurt Kapper’s poetry. ŽMP, Terezín, 326, Kapper collection.

⁶² Anna Hájková, ‘Die fabelhaften Jungs aus Theresienstadt: Junge tschechische Männer als dominante soziale Elite im Theresienstädter Ghetto,’ *Im Ghetto: Neue Forschungen zu Alltag und Umfeld* (Beiträge zur Geschichte des Nationalsozialismus, 25), eds. Christoph Dieckmann and Babette Quinkert (2009), 116-135.

⁶³ Notes Regina Oelze, (1947) Alte Synagoge Essen.

⁶⁴ Grabower Vermerke, July 21, 1944, Grabower collection, Bundesfinanzakademie Brühl.

months, Klapp even invited the Viennese Franz Hahn to join his quartet.⁶⁵ Hahn was the only non-Czech physician among his nine colleagues, and he recalled how he was kept, to some degree, as the token foreigner.

Since January 1943, the administration of the second Elder of Jews, Paul Eppstein required every department of the Jewish self-administration to have a German or Austrian director or vice-director. In Health Services, Benjamin Murrelstein, the Viennese Jewish functionary, was named the political director (*Dezernent*).⁶⁶ Similarly, on the ground level, Martha Müller, a Viennese pediatrician, was one of the few non-Czech practising paediatricians in Theresienstadt. Müller, born in 1906, was a dedicated paediatrician: she had worked for the Viennese Jewish Community as a resident physician of the Jewish children's home; in September she was deported with the last 14 children to Theresienstadt.⁶⁷ Soon afterwards, Müller worked as paediatrician in the Hamburg barrack.⁶⁸ Unlike the "foreign" doctors, those Russian, Rumanian, and Moldavian Jewish physicians among the Czech doctors (who had arrived in Czechoslovakia decades earlier to study medicine) were perceived as a part of the "native" Czech group. However, other Czech prisoners usually mentioned that they were originally "Russian" or "Polish."

Many "foreigners" (that is, non-Czech prisoners) among the medical staff noticed that their strong work ethic helped bridge the camp's ethnic divides. Resi Weglein from German Ulm was a middle aged nurse who was deported to Theresienstadt in summer 1942. Immediately after arrival, she received a nursing job in the Dresdner barrack. In April 1943 she was able to move

⁶⁵ Interview Franz Hahn.

⁶⁶ Murrelstein to Josef Löwenherz, March 10, 1943, YVA, O30, 51.

⁶⁷ In the 1920s, in medical school, Müller was in a relationship with her fellow student, the dentist Emmerich Weindling. The relationship did not last. In 1938, Weindling left for Britain. Thanks to Paul Weindling and Karl Bettelheim for this information. For Müller in Vienna, see *Angestelltenverzeichnis der IKG*, Central Archives for History of Jewish people (hereafter CAHJP), A/W 568, 2. Thanks to Michaela Raggam Blesch for this information.

⁶⁸ "Ein Jahr Hamburger Kaserne," Beit Terezin Archives (hereafter BTA), 124.

into a nurses' room where she lived with 28 nurses: 14 Austrian, 13 German, and one Czech; the other nurse rooms had exclusively Czech inhabitants. After the deportations in fall 1944 that carried away two thirds of ghetto inhabitants, Weglein was moved with four of her old roommates to one of the rooms inhabited almost entirely by Czech inmates. Here lived the Prague ophthalmologist Julie Pollaková with her mother and the nurse Gertruda Thierfeldová. At first, the Czech women were unpleasantly surprised that they had to live side by side with five "foreign" women. But after they got to know them, the women developed a cordial friendship.⁶⁹ Similarly, Věra Kaufmannová, a young nurse from Pacov who worked in the phlegmona station, recalled her Viennese colleagues with warmth: "They were terribly kind, warmhearted friends and colleagues and I have the best memories of them."⁷⁰

Another important factor for a doctor's standing was their seniority as prisoners. Those physicians who were deported after Theresienstadt had already been in operation for a year struggled to find a position. Viktor Kosák, who was deported at Christmas 1942, was only able to get a position thanks to the help of his acquaintance Marta Grünhutová-Reinischová, the wife of the transport physician Otto Reinisch. It is possible, of course, that Kosák was neither as gifted physician nor as charming as Hahn; he was assigned to a hospital for the elderly, which was a position considered neither prestigious nor interesting. The task entailed visiting the elderly in their accommodations: "So I walk with my box through the town and take blood which is then examined in the lab. It's a bad job. I have to climb into all kinds of caves, crowded, dark, and often full of lice. I often have to work by candlelight and I can only put watch glasses and flasks on foot stools. I even have to go to the Infection department, where there is diphtheria and scarlet fever, even to the typhoid departments, and there typhoid is already certain. Never in my life have

⁶⁹ Weglein, 77.

⁷⁰ Interview Věra K., (January 20, 1992) ŽMP, Vzpomínky, 101.

I washed my hands this often.”⁷¹ Descriptions like Kosák’s remind us of the immense differences in the Terezín Health Services, between the “civilized” hospitals on one hand, where the medical elite could work, and the quotidian of those physicians who worked with the elderly in their accommodation.

Fig. 2, Photograph of the surgeon Erich Springer in 1939

For the older doctors, the situation was very different because they got to practice only rarely. Munk’s medical team consisted of young doctors, who also largely were among the most senior prisoners who built up the ghetto.⁷² Munk himself was 37 when he arrived in Theresienstadt, Erich Springer 33, and Erich Knapp 34. (see fig. 2) Pokorná, who was 47, was considered “old.” Because Munk led the Health Services until October 1944, there was but little generational change. Physicians over 65 years of age who applied for medical jobs were usually rejected, a situation that changed only after October 1944.⁷³ Before that time, the Health Services employed only a few older, usually well-known physicians. Perhaps the best known among them was Hermann Strauß, born in 1868, an eminent internist and one of the founders of gastroenterology. In 1910, he joined the staff of the Jewish hospital in Berlin, which he eventually came to direct.⁷⁴ Strauß and his wife Elsa, a noted social worker, were deported to Theresienstadt in July 1942. Strauß’s renown saved his life: Heinrich Stahl, upon hearing about his imminent arrival at Theresienstadt, organized for Strauß to receive a room of his own and

⁷¹ Viktor Kosák to friends, February 15, 1943, personal papers Viktor Kosák. I should like to thank Michal Kosák for sharing his grandfather’s papers.

⁷² Fleischschmann, „Jak vznikalo;“ Pokorny, „Als Ärztin,“ 17.

⁷³ Siegmund Hadra, “Theresienstadt,” Leo Baeck Institute (hereafter LBI), AR 1249, 2.

⁷⁴ The institution moved in 1914 to Wedding, and where after 1943, the Gestapo used the building also as a collection camp.

better food rations.⁷⁵ When Hermann and Elsa Strauß became ill with acute enteritis, they survived thanks to the care of Erich Klapp and Viktor Hahn, the medical head of the Hamburg barracks. In October 1942, Strauß joined the Council of Elders and put Hahn's entire family on his protection list.⁷⁶ Strauß did not practice as a physician in Theresienstadt, but he often accompanied Klapp as a conciliar. With Munk's blessings, he led the medical research seminar; the good relationship of both men, is evident in the drawing of Karel Fleischmann, showing Munk listening attentively to Strauß, who is looking up to him (fig. 3) Other doctors of advanced years who were able to secure positions included Emil Klein, one of the founders of homeopathy; the surgeon Jan Levit of Charles University; Hans Hirschfeld, the German hematologist; and Ota Morgenstern-Říkovský, a hygienist and epidemiologist.

Fig. 3, Karel Fleischmann's drawing of Erich Munk and Hermann Strauß

But largely, doctors over 60 years of age were only allowed to work as medical examiners.⁷⁷ Those who were even older were not allowed to work in their profession, which distressed many among the cohort of older medical experts. Edmund Hadra, a Berlin gynaecologist who was 65 when he arrived in Theresienstadt in the summer of 1942, first fell ill with enteritis. When he recovered, he went to the Health Services to inquire about a job, but an "arrogant young Prague physician" sent him back to get better first. When Hadra went a second time, a Viennese transport with fifty young physicians had filled all openings.⁷⁸ Hadra ended up

⁷⁵ Strauß' notes from Terezín are the only contemporaneous source of a member of the Council of Elders, and one of their few self-testimonies. Jenß and Reinicke, *Autobiographische Notizen*, 112f.

⁷⁶ Interview Marieta Blochová-Šmolková (Hahn's stepdaughter), *ŽMP, Vzpomínky*, 105.

⁷⁷ Randt, 53.

⁷⁸ Hadra.

overseeing toilets; his 20 years younger partner Josefa Ruben worked as a nurse. There are indications that the older doctors were often old-fashioned in their medical views and thus were often perceived as not as good as the younger physicians. The treatment Hermann Strauß received during his fatal heart attack during the transports in October 1944 can be interpreted as a symbol of the different medical generations: Strauß asked for bloodletting and camphor; Erich Klapp gave him strophanthin and morphine, which was then a state of the art treatment, and indeed is still used today.⁷⁹

Conducting research was another way Theresienstadt physicians were able to stay connected to the medical profession, and thus come to terms with Theresienstadt and exercise agency. Physicians could research, discuss with colleagues, write about, and so by extension master, this horrifying, deadly place. They organized talks, trained doctors, and conducted research on the medical phenomena they observed in the ghetto. Munk and his team considered medical research and the training of medical students in Theresienstadt as part of their jobs. The German émigré to the Netherlands, Henriette Louise Blumenthal-Rothschild, worked for Surgical department on anatomical drawings.⁸⁰ In the 1930s and after the war, she played a decisive part in the preparation of Martinus Woerdeman's anatomical atlas and the development of the Dutch anatomy.⁸¹ Hermann Strauß organized medical lectures and formed seminars for various specializations to serve as continuing education. The talks, held in German, Czech, and Dutch, were well attended.⁸² Doctors lectured about their prewar experience as well as from their

⁷⁹ Elsa Strauß's notes in Jenß, *Hermann Strauß: Internist und Wissenschaftler*, 62f.

⁸⁰ Erich Springer collection, ŽMP, personal papers, 17; Henriette Blumenthal-Rothschild to Erich Springer, 1 September 1946, personal papers Petra Kristen; Pokorny, 148-149.

⁸¹ Laurens de Rooy, *Snijburcht: Lodewijk Bolk en de Bloei Van de Nederlandse Anatomie* (Amsterdam, Amsterdam University Press, 2011): 280-281; Martinus Woerdeman, *Atlas of Human Anatomy. Descriptive and regional* (London: Butterworth, 1948).

⁸² Pokorny, "Als Ärztin," 203f; Stein, "Terezín — zdravotnický úkol," 7f.

findings in Theresienstadt. There were also smaller, unofficial afternoon and weekly get-togethers where doctors discussed particularly difficult or interesting illnesses, and then dictated the appropriate protocol to a nurse.⁸³ Doctors welcomed colleagues from among the new arrivals to Theresienstadt and inquired about medical developments in the world outside. Franz Hahn remembered that when in September 1944 a Dutch physician brought a copy of a Swiss medical journal with an article about penicillin, the new drug, he and his colleagues enthusiastically discussed the invention.⁸⁴

Erich Munk's medical library became the base for the Central Medical Library in Theresienstadt. The library's first head was Marta Weinwurmová-Löwyová; in December 1943 she was deported to Auschwitz.⁸⁵ Her position was filled by Felix Meyer, a 68-year old Berlin physician. In his memoir, Meyer described his staff, giving everyone's names and places they came from, ending with an aside describing the only female colleague: "and a Danish woman."⁸⁶

The medical research undertaken in Theresienstadt included the research of gynecologist František Bass on amenorrhea. Many women in Theresienstadt stopped menstruating for a time after arrival, or had their period only irregularly. For most women prisoners, who had no sanitary napkins, having no period usually came as a relief.⁸⁷ Bass researched the cessation of menstruation in the ghetto. Lecturing on the topic in December 1943, he argued that rather than malnutrition, amenorrhea was connected "to a psychological shock of incarceration."⁸⁸ After

⁸³ Interview Šmolková.

⁸⁴ Interview Franz Hahn.

⁸⁵ Health Services petition to be taken out of transport, YVA, O64, 22.

⁸⁶ Dr Felix Meyer, LBI, AR 1437. The books survived the war and are today kept, with the ghetto medical library stamp, at the Jewish Museum in Prague.

⁸⁷ Ruth Bondy, "Women in Theresienstadt and the Family Camp in Birkenau," in *Women in the Holocaust*, ed. Dalia Ofer and Lenore J. Weitzman (New Haven: Yale University Press, 1998): 310-326, 315.

⁸⁸ Lecture notes Franz Bass, "Amonerrhoe in Theresienstadt," (December 12, 1943), ŽMP, 272.

liberation, Bass wrote up his research and went on to direct a gynecological clinic in Prague.⁸⁹ In his Theresienstadt research, Bass, who was a dedicated, warm physician, followed a long-lived medical praxis. Medicine has a tradition of pathologizing women's bodies, in particular their reproductive system.⁹⁰ Until the late 18th century, physicians recognized female orgasm and saw it as key for conception. However, 19th century doctors saw women as passive, rejecting the notion of female sexual excitement. Freud reintroduced the clitoris and female climax, setting out the path to the subsequent "rationalization of sexuality" in Weimar Germany that dictated that a woman needs to orgasm to conceive.⁹¹ But crucially, it was always the female sexuality that was being constituted, and women who were being reduced to their reproductive organs.⁹²

It is within the frameworks of this more general professional and societal context that we should view Bass's research. Simultaneously to Bass' Theresienstadt observations, the Berlin anatomist Hermann Stieve dissected the bodies of women executed at Plötzensee prison and examined how chronic stress, in his case, women's imprisonment and impending execution, affected female reproductive function. Sabine Hildebrandt established that among the executed women were resistance fighters, women whose last wish was to have their bodies returned to their families. Stieve was thus not only dissecting Nazi opponents, but was doing so against the wishes of the dead.⁹³ Stieve did help to establish that stress is a key factor for why women stop menstruating, proving Bass right. The issue at hand, though, is that these doctors treated women's

⁸⁹ Franz Bass, "L'amour et les camps de concentration," *Theresienstädter Studien und Dokumente* 13(2006): 343-347; Bass' son Giovanni and his granddaughter Barbara Bass are gynaecologists in Zurich.

⁹⁰ Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge, MA.: Harvard University Press, 1990).

⁹¹ Atina Grossmann, "The New Woman and the Rationalization of Sexuality in Weimar Germany" in *Women in Culture and Politics a Century of Change*, ed. Judith Friedlander et al (Bloomington: Indiana University Press, 1986): 153-171.

⁹² Laqueur, 22, 216.

⁹³ Sabine Hildebrandt, "The Women on Stieve's List: Victims of National Socialism Whose Bodies Were Used for Anatomical Research," *Clinical Anatomy* 26 (2013): 3-21 .

bodies as objects. Women were reduced to their reproductive function. This mentality stretched across countries, centuries, indeed even from a German physician to a Jewish prisoner doctor.⁹⁴

Material advantages

Theresienstadt's medical personnel had various material advantages. Physicians and nurses could be accommodated in separate rooms with colleagues, which meant that their roommates had similar working times and showed consideration for those who worked night shifts. The leading physicians even had their own rooms; Erich Munk, Erich Klapp, Viktor Hahn, and Karel Fleischmann lived with their families in one room, which in the crowded ghetto meant an ultimate privilege. After the fall transports in 1944 carried away two thirds of Theresienstadt inmates, most doctors, this time including women physicians, received a room of their own.⁹⁵ Both physicians and nurses received better food rations; some physicians were categorized as hard laborers, and those who were categorized as even harder working, such as the TB doctors, had triple rations.⁹⁶ The nurse Alice Randt, deported from Hannover, was able to achieve better food rations and baths for her team of 70 nurses.⁹⁷ Similarly, Health Services offered preferential food for patients as well; when an inmate was recognized as sick, he or she could receive convalescence rations. To many older prisoners, these rations represented the crucial nourishment that kept them alive, and which was the reason they attempted to register as ill.⁹⁸ The Central Hospital had baths and laundry, and so the staff living in the hospital could wash and change their clothing daily, a major perk in Theresienstadt where most people washed in cold water at sinks

⁹⁴ In contextualizing this argument, I follow Robert Jay Lifton's placing of prisoner doctors into his study of Nazi physicians, *The Nazi Doctors*, ch. 11-14.

⁹⁵ Pokorny, "Als Ärztin," 215.

⁹⁶ Interview Franz Hahn.

⁹⁷ Randt, 77.

⁹⁸ Martha Glass, "Jeder Tag in Theresin ist ein Geschenk:" *Die Theresienstädter Tagebücher einer Hamburger Jüdin 1943-1945*, ed. Barbara Müller Wesemann (Hamburg: Ergebnisse, 1996), entry for September 3, 1943, p. 81.

and had only rare access to showers.⁹⁹ Some patients brought the medical staff food. Anna Auředníčková remembered that old people presented their nurses with gingerbread.¹⁰⁰ The cooks, compared to such humble gifts, brought them copious quantities of food. In a drawing, Erich Lichtblau depicted a waiting room full of patients with a cook walking straight in: “Because doctors are hungry too, the cook always has right of way...!”¹⁰¹ Pokorná and Fleischmann stressed that they did not take bribes and that they encouraged their staff not to either.¹⁰² Finally, the Health Services was represented in their team Aeskulap in soccer, which was in Theresienstadt an immensely popular sport.¹⁰³ Aeskulap, including medical orderlies as well as physicians, was one of the weakest teams, placing ninth out of eleven in the spring league 1944. Still, the fact that the medics played and were invited to participate indicated that the nourishment of the medical staff was good enough to participate in this exhausting physical activity -- and more importantly, that they belonged to the social elite.¹⁰⁴ The drawing of the young Stuttgart prisoner Walter Thalheimer depicts a muscular, healthy, markedly un-Jewish soccer player:

Figure 4, Walter Samuel Thalheimer, Aeskulap

The ultimate material advantage in Theresienstadt was protection from transports, and the Health Services could offer such protection only to some. The SS asked for several physicians and nurses to accompany every departing transport, to support the belief that at the destination,

⁹⁹ Springer 1950.

¹⁰⁰ Anna Auředníčková, *Tři léta v Terezíně* (Prague: Alois Hynek, 1945): 61.

¹⁰¹ “Doctors Are Hungry Too,” drawing of Eli Lesklý, catalogue of artworks, Los Angeles Museum of the Holocaust (1943).

¹⁰² Pokorný, “Als Ärztin”; Fleischmann, “Jedna ruku druhou myje,” *ŽMP*, 326.

¹⁰³ Hájková, „Die fabelhaften Jungs,” 128-130.

¹⁰⁴ František Steiner, *Fotbal pod žlutou hvězdou* (Prague: Olympia, 2009), 23, 41; diary of Willy Mahler, entry for April 29, 1944; poster Aeskulap, Heřman collection, APT. Thanks are due Tomáš Raichl for identifying many of the signatures.

the departing will live and hence need medical care. Because the Health Services was a large department and the transports were filled from every department accordingly to its size, for each transport many medical workers were called up. While the SS announced transports and dictated the numbers, it was the Jewish functionaries who had to set together the actual transport lists. Once these were released and individuals were called up for transports, the chief medical staff could and did apply for “their” workers to be exempt. It seems that the petitions for the auxiliary medical staff were relatively successful.¹⁰⁵

Before the transport, a medical committee headed by Otto Reinisch decided who from the drafted prisoners was too ill to go. This was not a feature specific to Theresienstadt, for instance, the *Krankenbehandler* in Germany were forced to decide who can leave on transport.¹⁰⁶ The medical committee was susceptible to bribes and Reinisch became despised. Rolf Grabower, a former high ranking clerk in the German Ministry of Finance, worked in 1944 for the Personnel Office of the Elder of the Jews. Grabower began investigation of the medical exemptions at transports, which then led to a major scandal.¹⁰⁷ Viktor Hahn and Bedřich Berl offered Grabower inside information.¹⁰⁸ Erich Munk understood these interventions into the work of Health Services as a personal attack and covered for Reinisch, who also happened to be one of the most senior colleagues in Health Services. Grabower noted that the subsequent meeting with the chief physicians “was one of the most unpleasant hearings I have ever had.”¹⁰⁹ The investigation was

¹⁰⁵ Petitions to be taken out of transport, YVA, O64, 22.

¹⁰⁶ Rebecca Schwoch, „The Situation and ethical dilemmas of Krankenbehandler (Sick Treaters), 1938–1945: The example of Hamburg,“ *Korot* 23 (2015-16): 173-194, 186.

¹⁰⁷ Pokorny, “Als Jüdin,” 207.

¹⁰⁸ Grabower, Vermerke, September 15, 1944. On Grabower, see also

¹⁰⁹ Grabower, Vermerke, August 16, 1944. On Grabower, see also Max Strnad, *Flachs für das Reich: Das jüdische Zwangsarbeitslager „Flachsroste Lohhof“ bei München* (Munich: Volksverlag, 2013): 85-96.

never concluded; during October 1944, nearly all of the physicians and clerks of the Personnel Office were deported to Auschwitz, where most of them were murdered.

During the transports, some physicians induced high fever to protect their friends and family who were then proclaimed too ill for transport. In December 1943, Lilly Pokorná's 17-year old niece Alena Neumannová was called up for transport. Pokorná gave her a fever-inducing shot, and Alena was ruled too ill to go on the transport.¹¹⁰ In a similar turn of events, when the 23-year old Hana Ledererová was called on transport, the cook Antonín Utitz who was in love with her, helped save her in January 1943: "Tonda [...] threw himself into an action with which he wanted to save me: with flour, sugar, dumplings, and God knows what else he bribed doctors and got them to agree to take me in to the hospital, my artificial illness [...] and he made them promise that should I receive the transport slip, they will write 'unfit for transport' and so I will be saved, for this time."¹¹¹ In the hospital, Ledererová made friends with her attending physician, Gerhard Aron from Pelhřimov, who ensured that she was registered as ill until the transport wave passed.

Nurses, sexism, and power structures

Medical power in Theresienstadt was gendered: the Health Services was a starkly sexist institution. In this respect too, Theresienstadt was a product of the contemporary medical world. Many physicians slept with their nurses. Some of these relationships became serious while others were casual. Ella Roubíčková-Cabicarová remembered how paediatrician Dr Hardt became enamored with a German nurse named Lieschen from a different department. Hardt "bought"

¹¹⁰ Pokorny, "Als Ärztin," 54.

¹¹¹ Diary of Hana Posseltová-Ledererová, in Posseltová-Ledererová, *Máma a já (Terezínský deník)* (Prague: GG, 1997): 33-39, entries for January 14-30, 1943.

Lieschen from his colleague with a “payment” of sugar so she could work for him.¹¹² Being accompanied by a young, attractive woman was also a way for the physicians to demonstrate their high status. Similarly, Karel Fleischmann, a painter, dermatologist from České Budějovice, and hunchback who in the ghetto headed the Welfare department of Health Services, married to a fellow doctor, had a young lover.¹¹³

Otto Šťastný was a 52-year old GP from Prague; he and his Gentile wife divorced in order to keep the family house, planning to remarry after the war. Benjamin Frommer pointed out that many Czech intermarried couples opted for a fake divorce, in order to save the property or the job, but remained living together.¹¹⁴ When the transports began in fall 1941, the divorced partners were no longer protected. This is what happened to Šťastný as well, who was in summer 1943 deported to Theresienstadt. Here he worked with the 27-year old nurse Hilde Pohlmann from Berlin. Pohlmann too had non-Jewish relatives and was alone in the ghetto; her Gentile father refused to acknowledge her and her mother was deported to Riga. During one night shift, Šťastný invited her for dinner and the famished Pohlmann joined him for canned goulash with dumplings. The dinners became routine and the two became a couple. For the first time in Theresienstadt, Pohlmann was happy; in the fall of 1944 they married.¹¹⁵ To the gynaecologist Edmund Hadra, whose wife Josefa Ruben also worked for Šťastný, the relationship was a confirmation of the arrogance of the Czech physicians. Hilde was “young, blond, and vivacious” — and distinctly

¹¹² Interview Cabicarová.

¹¹³ Edmund Hadra, memoirs II, LBI, AR 1249, box 2, 87f; interview of Margit Silberfeld, April 17, 1997, ŽMP ŽMP, *Vzpomínky*, 658.

¹¹⁴ Benjamin Frommer, “Czechs and Germans, Gentiles and Jews: Inter-marriage in a Decade of Genocide and Ethnic Cleansing, 1938-1948,” in Adrienne Edgar and Benjamin Frommer, eds., *Inter-marriage in Eastern Europe and Eurasia: Ethnic Mixing Under Fascism, Communism, and Beyond* (Lincoln: Nebraska University Press, forthcoming 2017).

¹¹⁵ Bürger, *Bezwingt*, 64f.

younger than Šťastný, who was not even separated from his wife, as Hadra noted.¹¹⁶ The older German doctor was angry at his Czech colleague because he recognized the doctors' pattern of expressing power by employing the frame of the married physician dating a younger nurse.¹¹⁷ In his envy, he even described the brunette Pohlmann as blond to validate her trophy status. In fact, Šťastný's relationship with Pohlmann mirrored Hadra's with Ruben: both women were significantly younger and worked as nurses.

Not all nurses dated physicians; some went out with cooks. When Arnošt Reiser, a 23-year old Czech man, was delivered to a hospital with scarlet fever, he developed a crush on an attractive nurse called Lilly. She dated Fricek Gross from the Aufbaukommando, who had an elegant room of his own with a gramophone. Reiser remembered: "I could not trust my own eyes: Fricek was wearing an elegant dressing gown and was smoking a cigarette."¹¹⁸ That was a kind of luxury no physician could offer. Even though prisoners saw physicians as important and they were truly grateful for their work, doctors were not among the most prestigious groups in Theresienstadt. The Aufbaukommando, the cooks, bakers, some of the musicians and painters, all of them young Czech Jews, were the social elite in the prisoner community. This existence of a more powerful and prestigious group was possibly another reason why it was so important for the prisoner physicians to confirm their status.

In interwar Bohemian countries, women worked as physicians: at Brno and Prague medical faculties, 20% of the students were female (11% at the Prague German University).¹¹⁹ In Theresienstadt, there were only three leading female doctors (who were all friends with one

¹¹⁶ Hadra.

¹¹⁷ After the war, Šťastný returned to his first wife. Pohlmann attempted to commit suicide, survived, returned to Berlin, married a physician and had two daughters. Bürger's and Šťastný's offspring have differing interpretations of their parents' parting.

¹¹⁸ Reiser, *Útěk*, 89f.

¹¹⁹ Svobodný and Hlavačková, 179.

another): the radiologist Lilly Pokorná, Irma Goldmannová of Pathology, and Gertrud Adlerová of Bacterioscopy.¹²⁰ Pokorná was divorced from a mixed marriage, her two children were in England. Her Sudeten-German ex-husband Adolf Pokorny later gained notoriety at the Nuremberg trials; in 1942, he suggested to Heinrich Himmler a procedure to sterilize three million Soviet POWs.¹²¹ Pokorná was an eminent figure in her young field: she was the only to present at interwar radiology conferences and she had published several articles.¹²² (see fig. 5 for a photo of Pokorná) In her memoir, Pokorná repeatedly brought up her rank, including the fact that her salary was ranked just after that of the Elder of Jews. However, a quarter was subtracted; women were paid only 75% of the men's Theresienstadt wages. The ghetto currency had almost no buying power but Pokorná was still frustrated.¹²³ The team of women in Radiology was celebrated in a poem of Lucie Auerbach's, a 34-year old Breslau refugee to Czechoslovakia.¹²⁴ The first stanza demonstrates that Pokorná and her team were aware of their exceptional situation in the men's world of the Health Services:

“We are the republic of women
the place that works without males
we just look right through every man
and trash him as well as his tales.”

¹²⁰ Pokorny, 49f. Adlerová's husband was the later Theresienstadt historian H.G. Adler.

¹²¹ Pokorny to Heinrich Himmler proposing chemical sterilization experiments, October 1941, Harvard Law School Library. Nuremberg Trials Project: A Digital Document Collection, http://nuremberg.law.harvard.edu/php/pflip.php?caseid=HLSL_NMT01&docnum=477&numpages=2&startpage=1&title=Letter+to+Heinrich+Himmler+proposing+the+development+of+medicinal+sterilization.&color_setting=C (accessed on December 21, 2015).

¹²² Emilie Těšínská, „Kontakty českých a německých rentgenologů a radiologů v českých zemích (do r. 1945),” *Dějiny věd a techniky* 30, no. 2 (1997): 88-96. The Viennese radiologist Nelly Blum was the only female department head in the Rothschild Hospital: Angetter and Kanzler, “Eltern, Wohnung, Werte,” 67.

¹²³ Pokorná, 197f.

¹²⁴ Lucie Auerbach, “For the second anniversary of the X-ray department in EVI,” cited in Pokorny, “Als Ärztin,” 114f. Translation Justus von Widekind.

Not everyone appreciated Pokorná's work; when Franz Hahn needed an X ray, he went to see a different, male, radiologist.¹²⁵ Even though Pokorná, an accomplished scientist, researched and published about tuberculosis in Theresienstadt, she received no mention in the work of her colleague Evžen Kraus.¹²⁶

Fig. 5, Lilly Pokorná after the war, emigrating to Brazil

Finally, women doctors belonged among the groups for whom it was difficult to work in their profession in the ghetto. Some male medical students worked in Theresienstadt as doctors.¹²⁷ Gertruda Freundová, a more advanced female medical student — she had finished her studies but could no longer pass the second *rigorosum* — worked in Theresienstadt for two years as a nurse. Only after October 1944 could she work as assistant doctor and helped Erich Springer lead the Surgical department.¹²⁸ In the last months, facing a serious shortage of the employed medical staff, doctors who before had not been accepted on the basis of being too old, new arrivals, or foreigners, were employed.¹²⁹ There were many more “foreign” doctors in these final six months of Theresienstadt's existence, including Dutch, German, and Austrian prisoner doctors. Nevertheless, even then it was easier for men to work as physicians than for women: of

¹²⁵ Interview Franz Hahn.

¹²⁶ Kraus, “Boj.”

¹²⁷ Interviews of Rudolf Klein and Jindřich Flusser.

¹²⁸ Pokorny, 204f does not give her name, but Lits of doctors in the liberated ghetto, ŽMP, Terezín, 262, gives MUC Gertrude Freund as the second doctor in the Surgery in the General Hospital. See also ‘Grete Freund’ in Springer papers, ŽMP, personal papers, nr. 17.

Vally Scheftel-Fabisch, a young Viennese doctor, was only able to find work as nurse after her move to Berlin when she started working for the Reich Association. Sarah Wildman, *Paper Love: Searching for the Girl My Grandfather Left Behind* (New York: Riverhead Books, 2015), ch 8 and 9.

¹²⁹ Pokorny; interview of Leo Spitzer, December 5, 1971, APT, A, 500 (on Salomon Vintura); Vedder.

the Rotterdam dentist couple Lion Jacques Frenkel and Carolina Wiener Frenkel, only Jacques could work as a dentist in Theresienstadt, whereas Carolina cleaned toilets.¹³⁰

While in Theresienstadt there were many more doctors present than needed, there was a nursing shortage.¹³¹ Some nurses were trained before the deportation, while others were trained in Theresienstadt. Several women prisoners were appointed nurses in spite of their having had no prior training, including Minna Wolfensteinová, the head nurse of the isolation ward.¹³² Springer recalled that in the beginning there were only two nurses with a diploma, and so the Health Services had to train the nurses and later recruit trained personnel deported from Austria and Germany.¹³³ Murrelstein confirmed the lack of Czech-trained nurses; he remembered that the only large group of trained nurses came from the Viennese Rothschild hospital.¹³⁴ A large segment of the medical caregivers came from medical families: they were the wives or daughters of physicians. Other women studied or intended to study medicine or pharmacology.¹³⁵ Most of the Terezín medical staff was intergenerational members of medical families, a trend that continues to this day.¹³⁶

One of the Rothschild hospital nurses was the 31-year old Federica Spitzer who worked in the hospital of the Sudeten barracks for the Prague internist Max Gutmann. Her colleague was a single, older Czech nurse, Etelka, who felt threatened by the presence of the younger, well-liked

¹³⁰ Author's interview with Ina ter Beek Frenkel, February 5, 2001.

¹³¹ For history of nursing and the Holocaust, among others, Bronwyn Rebekah McFarland-Icke, *Nurses in Nazi Germany: moral choice in history* (Princeton: Princeton University Press, 1999); Susan Benedict and Linda Shields, eds., *Nurses and Midwives in Nazi Germany: The "Euthanasia Programs"* (Oxford: Routledge, 2014).

¹³² Opfer des Faschismus application of Lucie Salzmann-Lewy (October 8, 1945) LAB, C Rep 118-01, 31041. Peter Barber (Wolfenstein's grandson) to the author, October 23, 2015.

¹³³ The lack of professional nursing training in interwar Czechoslovakia mentioned in Joža Bruegel, „Memoirs,” 20, private archive Richard Kuper.

¹³⁴ Murrelstein, „Geschichtlicher Überblick,” 33.

¹³⁵ Interview of Věra Kolářová; Felicitas Průšová, “Vzpomínky na okupaci,” (June 1984) ŽMP, Vzpomínky, 953.

¹³⁶ For instance both daughters of Rudolf Klein's (later Klen) became medical workers.

Spitzer. “I think Etelka had a hard life behind her,” remembered Spitzer.¹³⁷ The tense situation ended after a few months when Etelka in October 1943 was part of the team of 50 nurses and physicians who accompanied a group of Polish children on a transport reported to be going to Palestine.¹³⁸ Instead, the transport was sent to Auschwitz and murdered. Etelka’s was indeed a hard life: Spitzer’s colleague was, in fact, Otilie Davidová, the youngest sister of Franz Kafka.¹³⁹ The Czech diminutive of Otilie is Otilka (Ottla being the German one), which the Viennese Spitzer changed into a more familiar Etelka. Davidová was married to a Gentile who divorced her in order to keep his job as a director of an insurance company.¹⁴⁰ No longer protected by a mixed marriage, Ottla was delivered to the persecution. Both her daughters remained in Prague, and she missed them bitterly, as documented in her letters. Once, describing the prisoner community, she looked back at her long dead brother: “Uncle Franz would love it here.”¹⁴¹

Nurses took on an important amount of work with the patients in Theresienstadt. The quota was between twenty and thirty patients per nurse.¹⁴² Many patients had enteritis and the nurses struggled to keep them clean; the sanitary facilities were rudimentary. Nurses described how they struggled with fecal matter, a lack of clean bedding, and long working hours.¹⁴³ In addition, the nurses also had to clean the rooms. Radiology nurses even waxed the floor when the SS wanted to show radiology to outside visitors.¹⁴⁴ In spite of extensive responsibilities, nurses did not have the power to decide to hire more colleagues; that decision was in hands of the

¹³⁷ Federica Spitzer, “Verlorene Jahre,” in Wolfgang Benz, ed., *Theresienstadt: Aufzeichnungen von Federica Spitzer und Ruth Weisz* (Berlin: Metropol, 1997): 63.

¹³⁸ Spitzer, 62f, 67.

¹³⁹ Anna Hájková, “Die Jahre der Verbitterung: Neues über Otilie Davidová, die 1942 nach Theresienstadt deportierte jüngste Schwester Franz Kafkas,” *Süddeutsche Zeitung*, November 24, 2015.

¹⁴⁰ SOAP, KSC Praha, CK VIIIa 95/40, March 1940.

¹⁴¹ Otilie Davidová to Věra and Helena née Davidová, no date, ŽMP, private collection. I should like to thank Josef Třeštík and Hermína Neuner for letting me read the letters.

¹⁴² Springer 1950; Weglein.

¹⁴³ Poems of Minna Wolfenstein (“Terezinka im Kinderzimmer”), YVA, O64, 78.

¹⁴⁴ Pokorný.

doctors.¹⁴⁵ Bringing food for the patients was a moment that gave nurses a measure of power; some nurses stole food from the portions of the elderly.¹⁴⁶ Nurses often stressed that they experienced the medical conditions as a challenge, learning new techniques and enjoying being part of the medical collective.¹⁴⁷ The twenty-four-year-old Illa Loeb from Wuppertal in Germany had worked as a nurse in the Dutch Westerbork transit camp; after her deportation to Theresienstadt in February 1944 she received a position in the septic surgery. Later, she was transferred to the new *Heilgas* department which worked with healing gas, and after the war recounted with ardor about her work and how it helped the patients.¹⁴⁸

However, physicians saw nurses as aides rather than colleagues. Franz Hahn even recalled the nurses as his own creation: “From us, there were some nurses in the Central Hospital, among them my later wife, and they had an excellent education. They had namely been seamstresses, not nurses, but already during Hitler's time in Vienna we trained them into perfect nurses. And the Czechs were enthusiastic, especially in the Central Hospital: ‘What, Viennese nurses? Oh my god.’ And one of the people, who trained the Viennese nurses, was I. And people would ask them, where do you know this from? Oh we were taught this by Dr Hahn.” Hahn, Springer, and most of the male doctors saw the nurses’ skills as an extension of their own accomplishments, rather than the women’s own. Many of the doctors did not even know their full names; when Arthur Lippmann asked the Hamburger Hermann Bohm about the nurses from the Eckernförde hospital, Bohm replied that he would not know the answer to his question, as he only knew his nurses’ first names.¹⁴⁹ Erich Springer devoted only a few side remarks to the nurses, saying he

¹⁴⁵ Helga King’s comment to Bruno Zwicker’s letter to Minna Wolfenstein, April 24, 1942, Peter Barber’s papers.

¹⁴⁶ Auředníčková.

¹⁴⁷ Spitzer; Thea Höchster, YVA, O33, 3534; Trude Groag, BTA, 81; Zdenka Bínová, APT, Sbíрка vzpomínek, 68.

¹⁴⁸ Ellen Loeb, “Liebe Trude, lieber Rudy” (1945), in Ritvo and Plotkin, *Sisters in Sorrow*, 107-125, 112.

¹⁴⁹ Bohm to Artur Lippmann, June 20, 1949, HHStA, 622-1/55 Lippmann, B5.

was sorry that he occasionally was impatient, but that all nurses had to work as long as they could stand — and look presentable and pretty.¹⁵⁰

Notably different was the attitude of the female physicians: Lilly Pokorná, describing her team, gave her nurse colleagues character and names, expressed gratitude for their support and help, and corresponded with those who survived after the war.¹⁵¹ She remembered the radiology nurse Alžběta Wotitzká-Schönhofová who survived Auschwitz and Birnbäumel, a satellite camp of Groß-Rosen and after the war, became head nurse in the radiology unit of a Prague hospital. Schönhofová was appreciated for her work, with the most modern equipment at her disposal; “[A]nd yet she likes to reminiscence of the beginnings of the x-ray unit in Theresienstadt.” Pokorná described Schönhofová’s professional success as her own genuine achievement. In this case, it was the former nurse’s memories that confirmed the reputation of her doctor’s work.

Conclusion

Due to the conditions that the SS engendered in the ghetto, the prisoner population was much weaker and sicker than under “normal” life conditions. However, against the odds, the medical personnel in Theresienstadt developed good medical care. One reason they were able to do so was because the SS were afraid of infection, but an even more important factor was that prisoner doctors saw the Health Services as having the power to fix all the ills of Terezín, interpreting their professional responsibility as one of social hygiene. Medical care in Theresienstadt was characterized by asymmetries for physicians and for patients. Among the doctors, non-Czech, older, and women doctors had lower chances of being able to continue to work in their chosen

¹⁵⁰ Springer, 1950, 9.

¹⁵¹ Pokorny, “Als Ärztin,” 85-89, 214-215. In 1968, Alžběta Kúrtiová left with her second husband, a Slovak Jewish physician, for Canada. Thanks to Andrea Rudorff for helping me identify Schönhof.

professions as medical practitioners in the ghetto. Struggling to keep the enormous level of patients at bay, the doctors applied a triage system. Younger patients or those who were ill after fall 1942 were far more likely to be treated. Enteritis, the main disease leading to fatal mortality among the elderly, was not seen as a relevant disease.

The Terezín doctors believed, to paraphrase Deborah Dwórk, that the ghetto was good for medicine; and medicine good for the ghetto.¹⁵² To the medical personnel, health care in Terezín, and by extension their incarceration, was a success story. Their attitude was chiefly informed by doctors' habitus. Physicians saw their medical work in terms of professional continuity and therefore stressed the legitimacy of their work in Theresienstadt. Their position echoed that of Jewish functionaries who were catapulted into fraught positions of power.

This article argued that history of Holocaust victims contributes significantly to our understanding of medical history. Examining society in extremis leads to a better understanding of society at large, and this rule also applies for medicine. The triage the medical staff applied to their fellow inmates in Theresienstadt, while explaining the high mortality of the elderly prisoners, shows us how a society in danger creates and applies social hierarchies of value, and makes them legitimate. The decision for triage was ethically fraught, raising difficult questions about doctors' responsibility. This article showed how medical staff in extreme situations can make very uncomfortable decisions, even if they see themselves as trying to save as many as possible in a dire situation. The mentality of public health was an important means of agency; prisoner doctors loathed being powerless perhaps even more than other inmates, and had all the reasons to believe they could make a difference. This clinging to agency and control in Theresienstadt characterizes the doctors as historical protagonists, showing us the importance of

¹⁵² Deborah Dwórk, *War Is Good for Babies And Other Young Children: A History of the Infant and Child Welfare Movement in England 1898-1918* (London: Tavistock, 1987).

historical continuity, of status and competitive spirit, often expressed in starkly gendered terms and employing stark sexism.

On a final note, the study of medicine in Theresienstadt demonstrates the role medical care and hospitals play in society at large: as long as they work, there is a measure of a working society in effect. But when they stop, it is a sign that that everything has fallen to pieces. The medical staff in Theresienstadt worked so well because the efforts of medical staff to make the best out of a terrible situation was more likely to succeed because they were relatively well supplied. Once the situation is beyond doctors' control – for lack of resources or support from above -- the emerging state is of chaos and neglect. Medicine is a measure of humanity. As long as it works, we are a functioning society; when it fails, all else already has.