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**MODERN GERMAN DOCTORS: A FAILURE OF
PROFESSIONALIZATION?**

by

Charles E. McClelland

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This conference would perhaps not have come into being were it not for the nagging and still inadequately answered questions raised by the Nuremberg Tribunal about the "perversion", as Michael Kater has aptly called it, of German medicine. Perhaps the major question still looming over the history of medicine in twentieth-century Germany was succinctly put in the title of Alexander Mitscherlich's 1947 book on the Nuremberg physicians' trials, Medizin ohne Menschlichkeit, also translated as Doctors of Infamy.ⁱ How could a modern medical community with a tradition of classical as well as scientific learning, the descendants of Hippocrates and the collective bearers of scientific professionalism, ignore the admonition in the Hippocratic oath to "maintain the utmost respect for human life from the time of its conception"?ⁱⁱ How could the German medical profession, the peer if not the envy of its colleagues abroad at the outbreak of World War

I, have sunk to the level of a colluder in genocide during World War II? Can historical analysis offer anything to answer this question, especially its ethical, legal and political dimensions? In particular, can the new social history, especially the history of education and professions, add any new hints?

In recent years historians' attention has shifted somewhat from a focus on the tiny minority of German doctors who carried out perverted experiments in death camps or had a direct role in mass murder. It is for the social historian equally interesting to ask about the "normal" people among the nearly 60,000 physicians working in Hitler's Germany. May we justifiably speak, as Michael Kater did in his stimulating Journal of Contemporary History article of 1985, of the "failed socialization and professionalization of German medical doctors over previous [to 1933] decades"?ⁱⁱⁱ Did in fact "elements of their professional development predispose the German physicians to fascism in the twentieth century and ultimately set many, if not the majority, apart from other doctors of the western world who had once sworn the Hippocratic oath"?^{iv}

This essay, regretfully, must leave aside such primary questions as that most grievous breach of medical ethics, the misuse of concentration-camp inmates and assisting in the Holocaust, because they cannot easily be addressed by analyzing medical professionalization. The number and hierarchical position of the doctors involved was such as to make generalizing from them about the whole medical profession highly dubious. Even camp doctors, as Robert Jay Lifton shows, hardly behaved in a uniform way.^v Nor does the proclivity of many doctors before 1933 to evince interest in the

"eugenics" movement, reproductive sterilization programs, or even euthanasia for the incurably ill constitute a "special case" marking them off from their colleagues elsewhere, including Britain and America.

If the history of professionalization of physicians can shed new light, it is on some other, perhaps less existential questions: why did doctors, especially, find the Nazi party attractive? Even if we can assume that the vast majority of German physicians had nothing to do with medical "perversions," there must have been reasons why so many went along with other aims of the Nazi regime, at least initially. Were they more susceptible than other professional groups? If so, is there indeed something peculiar about their socialization and professionalization?

Michael Kater is not alone in asserting that German doctors suffered from a "legitimation crisis," social insecurity (but at the same time class snobbism), the autocratic tinge to medical training, suspicion of women and Jews as colleagues, and a proclivity toward conservative political views.^{vi} Yet at the same time, German medical standards, scientific training and professionalism were admired throughout the world both under and after the Empire, so much so that the Flexner Report on the reform of American medical education in 1910 held it up as the model.^{vii} Were German physicians poorly socialized or professionalized in comparison to their colleagues abroad or their fellow-professionals in Germany? Or, to what extent might the same factors that led to their profession being admired before World War I, under the radically changed postwar political, economic and social conditions, have started a process of decline or crisis? Is

the antithesis stated in Mitscherlich's title more dramatic than real? Or did highly professionalized modern medicine easily coexist with Nazi barbarism?

To rephrase the Looming Question into a more manageable one for the purposes of this essay, to what degree can the history of professionalization and professionally organized behavior in an advanced society serve as a useful analytical tool and a key to the tensions that might produce the dramatic reversal in the reputation of German medicine over a mere generation? Although I have little space to explore them here in any depth, I would like to stress the importance for new perspectives of comparative angles of view. How did the other "products" of the German university system, the graduates of the traditional university faculties and later of the technical and other higher educational colleges, evolve in their professional bodies, and did they behave differently from MDs? What can one learn by comparisons to the professionalization history of neighboring countries?

Allow me to repeat today a definition of a modern profession I have used elsewhere: "an exclusive, specialized, life-long form of labor which is accessible -- in a division-of-labor society -- only on the basis of a long, expensive and theoretically-based education."^{viii} Even in a country where education was relatively inexpensive, the costs of obtaining the necessary qualifications for professions had become high enough by the late nineteenth century to make the "old" professions of medicine and law (the clergy was an exception) as well as such "new" ones as engineering and teaching into occupations

qualitatively much more removed than before from others. It is this process which I mean by "professionalization." University-level education was now the chief watershed and led to a large degree of overlap between the professional class and the Bildungsbürgertum. It is therefore hardly surprising to find the attitudes among all German professionals, not just physicians, reflective of the elite values of the university-trained middle class.

It is important to note that learned professions (including medicine) did not enjoy in previous centuries the consistently high public esteem they came to have by 1900 (and still, according to public opinion surveys, tend to retain today).^{ix} It is perhaps not exaggerating too much to point out that the medical butchers of Auschwitz had only to fall back to the level of the medical pioneers of a century before, if that far, to find their technical (if not moral) peers. From the inception of their organization into modern national associations, all German professions aimed at die Hebung des Standes -- the raising of the collective professional "estate." German physicians followed some of the same paths toward this as their counterparts in other fields in Germany as well as some shared with physicians abroad; they also, however, pursued professionalization under some unusual and even unique conditions.

Perhaps no other modern or modernizing profession had come to depend so heavily for its legitimation on swift advances in science as was the case of medicine, and relatively less on strategies of market control. The degree to which the German medical profession was "scientified" under the Empire was probably the highest in the world. (British and even French physicians could also scoff at the relative German neglect of

hospital or clinical training and "bedside manner".) Pride in "scientific" achievement could nevertheless be shared by the leadership groups in the medical profession itself and the leadership of the German higher educational system, backed by the German states with sensible policies and lavish financial resources. As I have argued elsewhere, barring artificial restrictions on admission to medical training (which neither government higher-education policy nor a majority of German physicians favored), the path for limiting ruinous competition in the profession lay exactly in the promotion by the profession of ever-higher educational qualifications for new physicians.^x

One can only speculate about the resulting proclivity of many German doctors to seek status reinforcement from the outside. Recourse to "authority" such as science was certainly one strategy. When this appeared to fail, as during the Great Depression, a turn to the "strong state" had its appeal (even though the NSDAP was basically more in sympathy with "alternative" than "school" medicine, as German MDs discovered to their horror in 1939 with the passage of the Lay Healer's Law). Perhaps the question to be raised --and it certainly cannot be answered here -- is not so much why German doctors were "authoritarian" as why French and British doctors did not get an opportunity to throw in their lot with an initially successful fascist regime.

The process of professionalization is an almost universal phenomenon accompanying modernization, urbanization and industrial as well as postindustrial change. It should not, however, be thought of as an absolute condition (either there is professionalization, or there is not); nor as irreversible; nor as linearly continuous or

"progressive." It is almost impossible to conceive of something called "perfect professionalization," since the very term designates a process that is far from uniform in time, geography or even among different occupations. Should such perfection ever be momentarily achieved, however, it could hardly be maintained, at least in a changing and relatively free-market society.

A look at the historical vicissitudes of the professionalization process in Germany, and particularly with regard to German medicine, might show us this most dramatically.

One could reasonably argue that German medicine was professionalizing well down to 1900, even to the start of World War I, although under conditions different from those in many foreign countries.

The professionalization of modern German medicine began well before the creation of a German national state. Even under the Empire, the education and certification of doctors remained a prerogative of the federal states, as did the administration of medical ethics (in the course of time increasingly through Aerztekammer or Medical Chambers). The medical profession continued to be organized locally and regionally, with the national medical association (Deutscher Aertzevereinsverband, or DAeV, founded in 1873) as a league of regional medical societies rather than an association of individual members. Membership in medical societies was voluntary; but in most states membership in the medical chambers was or became compulsory, and the leadership of both types of professional organization tended

to overlap.

The DAeV was concerned chiefly with the status of the profession, including issues of training and certification. The local and state medical chambers dealt mostly with policing medical ethics, but these were defined in practice more by questions of unfair competition than malpractice involving patients. It is worth noting that certain categories of physicians, e.g. military and state medical officers, were not required to belong to the chambers on the argument that their bureaucratic superiors would supervise their activities. Finally, although sickness-insurance funds to some degree pre-dated the founding of the German Reich, they remained local and diversified in administration and structure even after the creation of a national health-insurance system in the 1880s. Their counterpart was the nationally-organized Hartmann-Bund (to which doctors did belong as individual members), which in turn affiliated with the DAeV before World War I.

German medical leaders had boldly struck a bargain with the new national government in 1869. Despite the localized and heterogeneous nature of the medical profession and its working conditions, medicine was one of the two major traditional professions (along with attorneys) to be affected by a national "framework law." The medical profession, just then organizing on a national scale, even conceded the lifting of laws against unlicensed practice, or "quackery," in order that the Reichsgewerbeordnung declared medicine a "free profession". This meant that medicine would no longer be tightly controlled by state bureaucracies but left to the free play of the market, within certain limits. The chief spokesmen and negotiator for the medical profession in striking

this deal was the Berlin Medical Society, itself heavily influenced by liberal ideology and a professorial faith in the obvious superiority of "school" medicine.

Not all members of the DAeV were entirely happy with this national legislation. The practice of medicine as covered by the Reichsgewerbeordnung was treated as a "trade." Not only did this seem demeaning to many physicians; it rankled even more that non-licensed health-care providers, such as herbalists, wise women, shepherds and others dismissed by the MD's as "quacks" were allowed to practice freely also. Many in the medical profession as well as the DAeV persisted in demanding a national physicians' code (Reichsärzteordnung) that would, inter alia, suppress competition from these so-called Kurpfuscher. Such an aim was quite consistent with "power" theories of professionalization, which posit the drive to monopoly over the market as the only real goal of professional organizations, as well as with the attitudes of doctors in other countries (e.g. America).

Failing to convince the state to criminalize "quack" practice, however, the medical profession fell back on arguments that only school medicine, with its ever-higher educational and scientific requirements, provided real therapy. Ironically, the expansion of the sickness-fund system, while having an unwelcome effect on the complete freedom of doctors in matters of treatment and fees, at least helped in the marginalization of "quacks." (The funds nevertheless continued to hire paramedically-trained people such as medical students and nurses for tasks the profession believed should be carried out by fully licensed physicians.)

The practical effect of continued endorsement of the most open access to medical training consistent with completion of secondary school was a flood of new doctors, with especially high crests in years of slow economic growth. A minority of doctors began raising calls for a numerus clausus or restriction on the number of students admitted to the study of medicine as the least painful form of professional market control. Yet all such calls were resisted by the majority of the rapidly-growing German medical profession and its major organization, the DAeV. Its persistent answer for overcrowding came from another angle -- that of Verwissenschaftlichung. Raising the cost of medical education in terms of time and difficulty of study and examinations was the route chosen consistently by the DAeV (and, beginning a generation later, also of the American medical profession). Yet there was also a limit to manipulation of such standards of knowledge: they could not arbitrarily be increased or decreased over short time-periods, since the arguments for increasing them were linked to the progress of knowledge. A countervailing "interest of state" also led in the direction of easy access to medical training for various reasons -- whether wartime emergency (as in 1914-18), need to fill panel physicians' slots in an expanding health-insurance scheme, or even meritocratic and democratic ideology.

As in other fields of study, medicine changed its traditional student recruiting base, especially in the early twentieth century. Traditionally a field for ambitious young men of commercial and lower-middle class families (compared to law, which drew

heavily on the Bildungsbürgertum and administrative elites), medicine had also offered a haven to scions of Jewish families in the German Empire -- precisely because it was a "free" profession. The expansion of student bodies in the early twentieth century, and especially in the 1920s, meant a far larger number of future physicians facing stiff competition; for many, financial exigency during student years and worry about the future; and a sense of desperation about the need to change the system if they were to survive. The Nazi promise to rid universities of Jews and women -- in effect a numerus clausus affecting some 36% of medical students in 1933 -- thus had a certain attraction, especially among students whose social and economic backgrounds made their future professional existence precarious in the extreme.^{xi}

Thus the German path to increased professionalization paralleled the path of ever higher scientific and educational qualifications precisely for the younger aspirants to the profession. There were already numerous complaints about overproduction of doctors, ruinous competition, sinking average incomes and the like by the beginning of the twentieth century. The progressive inclusion of more and more citizens in the mandatory health insurance scheme, while providing more patients, also limited the fees and working conditions of panel physicians.

One must also consider the unique set of conditions of the German medical market caused by sickness insurance. It undoubtedly facilitated, inter alia, the support of many more doctors than would have been possible without it. At first a mere cloud on the horizon in the 1880s, it was greeted with indifference or even positively by doctors. Even

later it never upset German physicians in any way remotely comparable to the tantrums of American doctors against "socialized medicine" over the past 70 years. No majorities of German physicians ever called for the abolition of the sickness funds, which were a rational substitute for the old obligation (also abolished in 1869) of any doctor to treat any indigent patient gratis. Further, until the Insurance Reform of 1911, mandatory coverage had been extended to citizens in the lower income classes, which opened up a new market in services, even if the regulated fees were low.

Even when the medical profession began to collide with other social and political institutions, it showed both power and responsibility. One might cite the widespread strikes of 1913 against the provisions of the new insurance law, which forced a compromise on the insurance funds. In these steps toward greater professional solidarity and organization, German doctors pushed through many long-standing demands, such as the insurance patients' right to choose their physician.

If "power" over the market in services is the best indicator of "successful" professionalization, as the current fashionable theory holds, (with "perfection" equaling "monopoly"), German medicine probably could not be said to compete equally with British or American equivalents in 1914. But by many other traditional measures of professionalization, such as the existence of self-regulating ethics bodies (Aertzekammer), prestige and public trust, economic security, a high degree of inclusiveness in professional organizations and of effectiveness of the same, and

autonomy in the exercise of one's professional practice, one can see on the whole marked advances in 1914 over the previous half-century.

Instead, some historians have referred to the phenomena of interwar Germany in terms of "deprofessionalization," with characteristic massive overcrowding, economic insecurity and ruthless competition, and the entry or expansion of recruits from heretofore little-included strata of the population. What made the economic crisis of Weimar Germany even more wrenching for young medical professionals, however, was that the scientific standards set already before 1914 were not relaxed (except during World War I). Thus professional standards remained nominally high, while professional prospects became very dim for a generation.

Can "professionalization" and "deprofessionalization" take place at the same time? Ironically, both tendencies appeared present in the tumultuous years of the Weimar Republic.

The results of World War I greatly exacerbated the conditions under which all doctors worked, but it was especially dire for young people. If the universities of Imperial Germany were producing too many physicians, as was argued in 1913, then those of the Weimar Republic went into hyperinflation. Competition for clients was made even more acute by the economic crises of the Weimar era, during some of which even the medical insurance coverage had to be curtailed.

These conditions were not unique to Germany. The successor states to Austria-Hungary experienced similar phenomena of "deprofessionalization." Well before and more vehemently than in the German Reich, for example, Hungarian doctors and lawyers developed a strong affinity for fascist doctrines and anti-Semitic jargon of which they had been remarkably free before 1914. As in Germany, Hungary had a very large number of physicians who happened to be Jewish. The proportion of Jewish physicians in the lands of the former Austro-Hungarian empire was even higher than in Germany, where it was quite high by standards further west.

Trends of deprofessionalization (in terms of income, status, occupational security and even social esteem) appear to have had the greatest impact on the young, the economically less well-off, and the non-specialist. Not surprisingly the leadership of the DAeV and other medical associations tended to belong to the senior generation and to be cushioned by success against many of the effects of deprofessionalization. One could thus legitimately hypothesize a "professionalization crisis" as a major cause for the support found among German doctors -- particularly among younger ones -- for Nazi promises to make not only the German race but the medical profession "healthy" again.^{xii}

One should not, of course, conclude either that the DAeV and the German medical profession generally were inclined to enthusiasm for democracy, liberalism or leftist causes. Physicians were by necessity members of the Bildungsbürgertum, and most were operating small businesses, in economic terms. The political left constituted the enemy, in the eyes of most doctors, if only because of the structure and functioning of the

national health-insurance system. Germany's Krankenkassen negotiated contracts with the country's panel physicians that determined their working conditions and fees. Even when these contracts were negotiated with the powerful DAeV/Hartmann-Bund, German doctors viewed the sickness insurance funds as dominated by representatives of the workers that they covered -- in other words, by socialist, union or communist influences. At the very least, German physicians regarded the labor-dominated sickness funds as threats to their autonomy and livelihood; at worst, they viewed the funds, with their single-minded concern for cheap, mass treatment under very restricted bureaucratic direction, as the enemy of good medical practice.

Considering that the anti-Marxist rage of the NSDAP was at least as strong a lure to German voters as anti-Semitism, one would think a shared antipathy toward the left would have attracted doctors more than many other professional groups to the brown ranks. And it no doubt did serve as an attraction for those who joined the NSDAeB. But the DAeV (like most professional organizations at the time) adopted a position above the parties and attempted, with varying but considerable success, to couch its lobbying and arguments in nonpartisan terms.

The German medical profession -- and its organizations -- were disproportionately influenced by German doctors who happened to have Jewish backgrounds. The open and cooperative attitudes of an older generation of German doctors had become a thorn in the side of younger aspirants by the late 1920s. The fact that younger German doctors and medical students founded the NS Aerztebund already in 1929 is not so much an index of

the virulence of the brown disease among German doctors: it is rather a sign that fascist resentments could not get very far in the major national medical organizations, including the most important one, the DAeV.

The virulent antisemitism of the NSDAP would logically have had more appeal to members of the medical profession than most others, simply because it had been one of the few to be completely open to Jews under the Empire. Thus young, frustrated aspirants to a secure medical practice and income often found (particularly in big cities) that they had to compete with older, well-established Jewish physicians. According to one contemporary study, Jews made up sixteen percent of all Prussian doctors on the eve of the Nazi seizure of power (as opposed to about one percent of the population).^{xiii} The professional organizations and their directors reflected also the high percentage of Jews in medicine. Ironically, too, the very permeation of professional organizations by doctors of Jewish background posed a formidable barrier for a Nazi takeover from within -- undoubtedly one of the reasons for the early founding of the NSDAeB (Nationalsozialistischer Deutscher Aerztebund) as a separate organization. In other words, the existence of the NSDAeB, often cited as an indicator of the strength of Nazi sentiment in the German medical profession, may more correctly be seen as an indicator of the failure of Nazi physicians' influence in the DAeV.

Let us finally review our considerations of how the dynamics of professionalization and the specifics of the German environment for professionals interacted, especially in view of the relationship of the profession to Nazism.

I have argued that German medicine was indeed highly professionalized by the end of the Hohenzollern Empire, with a number of important qualifications. Less than in some countries, the monopoly status of German physicians as dominators of the market in health services was only uncertainly protected. Strong competition and specialization were other signs that the medical profession was far from unified in solidarity. A state-mandated medical insurance system disrupted the traditional doctor-patient relationship even as it brought expanded, if not usually highly lucrative practice.

Yet the path chosen by the medical profession to strengthen its position -- including ever higher educational and certification requirements -- was effective in many ways, if not as arbitrary and immediate as the imposition of a numerus clausus. The effective resistance of the Hartmann League and its ally, the DAeV, to encroachments by sickness funds in 1913 showed the power of professional solidarity, and repeated "doctors' strikes" in the 1920s also made an impact.

Had Germany not frittered away much of its new-found prosperity and political stability in World War I, one could easily imagine a continuing expansion of the medical profession (which occurred anyway) along with the maintenance of satisfactory

professional working conditions (which did not happen). The disruptions of the war and the socio-economic turmoil of the early and late phases of the Weimar Republic, however, exacerbated the real and perceived problems of the German medical profession. Especially the younger aspirants witnessed a trend toward proletarianization of their incomes, insecurity in their practice, increasing competition, and even the crumbling of the medical-insurance system, all worse in 1932 than ten years earlier. Despite these threats to professional status, despite what some have termed "deprofessionalization," doctors, not even young ones, in Germany then or since often considered the option of changing careers. Far more, if not a majority, appeared to prefer to change the "system."

The last Weimar governments attempted feebly to relieve some of the crisis phenomena by facilitating admission of panel practitioners who had been waiting years, but this typical effort merely reduced the number of patients (and thereby fees) per physicians. The Nazi government starting in 1933 pursued its typical carrot-and-stick tactic of dissolving autonomous professional organizations (such as the DAeV and Hartmann League) and replacing them with "brown" ones, while simultaneously offering the appearance of long-standing concessions, as with the creation of a the Kassenärztliche Vereinigung to assure smoother relations between sickness funds and panel physicians, the Reichsärztekammer and the Reichsärzteordnung (hollow concessions, as it turned out). Despite reduction of competition, by throttling medical enrollments, purging Jewish and leftist physicians, etc., any promises of "normalization" and "reprofessionalization" that National Socialism dangled before the German medical profession in the early 1930s were later made a mockery by the most serious assault on professional standards seen in

modern times, accelerating through the peacetime years and intensifying during the Second World War.^{xiv}

These crisis phenomena have been cited for clues to the undoubtedly high rate of membership by doctors in Nazi organizations after January 1933. Low rates of participation before that date, the relative lack of success of the NSDAeB, and the autonomy to the bitter end of the DAeV provide evidence sustaining the interpretation that many doctors (like even more civil servants) opportunistically shifted their bets.^{xv} (Just as many did again in 1945.) The goal still presumably remained the growth of their professional autonomy, power, income and status -- just as it did after 1945 again.

The professionalization stories of other groups, from attorneys (the learned profession with the highest percentage of Jews) to schoolteachers, vary in detail, but not in dramatic substance.^{xvi} Whereas the Nazis' League of National Socialist Jurists had been able to attract only a meager 1,500 lawyers to the end of 1932, it found another 78,500 members the year following January 30.^{xvii} Purges, restrictions on admission, the Nazi takeover under the guise of a new national lawyers' code and national lawyers' chamber also improved the economic lot of the remaining (and far fewer) attorneys, but only until the beginning of the war.^{xviii}

Perhaps what we can hypothesize from the history of modern professionalization

is that highly organized and well-educated "professionals" behave in roughly similar ways in the face of overweening social and political crises. These include attempts to improve their own position -- den Stand zu heben -- and rarely include a component of "civic courage." Opportunism and, at best, resignation in the face of force majeure has been more the rule than the exception with all major professional groups in societies taken over by dictatorships of whatever ideology.

German doctors did not behave differently from lawyers, professors, engineers, chemists, schoolteachers or other "professionals." The statistical variant that is obvious -- more German doctors joined the National Socialist Party or its organizations after 1933 than other professional groups -- is interesting only if one holds medical professionals to a higher standard of moral responsibility than other professionals. Even if one makes this assumption, one must look carefully at motives and conflicted aims. (It is not, for example, fashionable today to point out that the Hippocratic Oath forbids abortion, or that Nazi medical directives at least partly upheld this aspect of the doctors' supposed creed.) Enthusiasm for a greater state-sanctioned medical control over society was not necessarily "Nazi," unless one wants anachronistically to color Rudolf von Virchow and other nineteenth-century medical "liberals" brown. Given the lavish Nazi promises to "reprofessionalize" medicine, offered by no other political party in such unqualified sweep, one might almost be surprised how few MDs snapped at the lure in 1933 and subsequent years.

One can easily read the recent literature on university professors of history and

other fields^{xix} to find a certain "continuity of values" spanning at least the years 1910 through 1960, and beyond. According to this literature, German professors did not need to join the NSDAP because they were already half-way in it, mentally. If this reasoning holds up, why did doctors egregiously rush to the Swastika flag in such numbers?

The NSDAP had reasons for wanting to recruit medical doctors to its ranks that simply transcended its reasons for wanting lawyers, professors, teachers and other professionals. These reasons went along with the Nazis' desire to recruit engineers, while also subverting any vestigial sense of professional independence on their part. Geoffrey Herf has given a label to this: reactionary modernism.^{xx} As Michael Kater and others have argued, public Gesundheitspflege was to be transformed into Volksgesundheitspflege with a brown stamp.

Yet it does not mean that concern about the "national health" or right-wing ideas before 1933 automatically made MD's more susceptible to specifically Nazi ideas. A close reading of the publications of Rudolf Virchow, an unimpeachably "liberal" leader and influence in German and world medicine in the second half of the nineteenth century and beyond, clearly indicates an acceptance of an etatist, interventionist philosophy of care "for the people." It is by no means clear to this researcher how many of the MD's who joined the NSDAP or its organizations might have seen the promise of the self-styled "Government of German Renewal" of 1933 as one that gave a green light to Virchow's frustrated demands for a "national health policy" beyond Bismarck's social insurance system.

We cannot imagine what German doctors thought in 1932 without also looking at what American, British, French and Polish doctors also accepted as "up-to-date" and "scientifically founded" orthodoxy. This orthodoxy included eugenics, euthanasia, sterilization, and experimentation on human subjects without much regard to their "consent". One of the reasons so few German doctors were put on trial in Nuremberg (let alone thousands of others who perhaps should have been in the dock) was a lack of consensus among the Allies' advisors about what the minimal standards of medical ethics really were.

To return to Michael Kater's charge, which has thankfully provoked this essay, it seems to me dubious if German doctors were especially badly socialized and professionalized. If we wish to understand why so many doctors (a statistically obvious variant among the professions) joined the NSDAP, we might as well ask why so many of them cooled to it, even before the onset of World War II and the Holocaust. We might as well also ask why, in a world dominated by "experts," as today, doctors feel utterly frustrated in their "profession" -- why they feel blocked from doing what they were trained and sworn to do, to preserve and improve human life.

Maintaining the profession at a high moral cost has also been defended under other dictatorships with the classic argument of "preventing worse" or, in the case of the medical profession, combating the deterioration of the national health in the wake of "deprofessionalization."

Two world wars and Hitler did more to undermine Germany's national health than any imaginable plague. In the light of post-1945 experience, the German medical profession (and not it alone) appears to have absorbed the lesson that war and racism are not "healthy." The fact that the German medical profession survived Nazism and went on to adapt again to world standards of health care for the "clientèle" is often ruled out as evidence about "Nazi medicine." All statements about "professions", however, must be placed on a chronological continuum. It is just as valid today to ask the uncomfortable question "Why were GDR judges unacceptable to West German lawyers and politicians?" as to ask "Why did the Allies accuse so few German physicians in the trials at Nurneberg?"

We must also not restrict our field of inquiry solely to German doctors. A "professionalization crisis" and an "illiberal" backlash is also easy to find in other Continental countries not yet dominated by Hitler Germany. The history of Hungarian doctors and lawyers presents a sad but accurate mirror-image of German events, even though the Hungarian dictator Horthy personally (and with some public and even professional backing) resisted the Nazi Holocaust.^{xxi}

The answers we get from the history of professions will depend on the questions we ask. If we ask if German MD's were especially susceptible to Nazi allures, the answer is yes. If we could ask the same questions, under the same historical circumstances, of MD's elsewhere, the answer might be more alarming and often positive. (The anti-

semitism of American doctors in the face of pre-Holocaust European refugees is now a sad but little-publicized fact.) If we ask whether German doctors were attracted to the NSDAP because of their socialization and professionalization, the answer is not so clear. An authoritarian political regime and historical tradition is not entirely necessary to explain authoritarian and haughty thinking in doctors (leave alone other professions).

The history of professionalization can and should raise questions about the gap between ideals and realities in the minds of "professionals." This gap has always yawned. It has become more and more gaping as professionals organize in highly sectoralized modern societies. If the altruistic ethos claimed by most modern professions may seem weak compared to self-serving rhetoric, anxiety about survival, fears of competition, and opportunism, it is nevertheless an ethos, the obligation that binds expert to client and justifies professional privilege. The special difficulties and threats to the German medical profession were both real and perceived under the Weimar Republic. With the political eclipse of traditional "middle class" political parties under the weight of the Depression, coupled with the opportunistic targeting of professional groups by the NSDAP, it is not hard to understand the way a "professionalization crisis" could translate into a sense of having no serious political options.

The history of German medicine in the twentieth century shows us the consequences of interrupted professionalization. It does not deliver us the paradigmatic example of evil consequences of professionalization as such, which so many historians of German professions are inclined to seek out. There are enough evil consequences of

professionalization, just as there are those of industrialization and the "iron cage" described by Max Weber. Examining the interrupted professionalization of German doctors in an international and comparative framework may help us better to understand the fragility of the "professionalizing project" and the dangers posed to professional autonomy by the powerful forces of modern societies. The temptation to secure elusive aims of the profession by resort to authoritarian rule -- since democratic, parliamentary government seemed unable to meet those aims -- was strong in many European countries in 1933. The falseness of the NSDAP's "reprofessionalization" promises only became apparent when it was too late to climb down from the tiger's back. That experience, in turn, must go a long way toward explaining the relatively successful alliance between professions and parliamentary democracy after 1945.

NOTES

i

Alexander Mitscherlich with Fred Mielke, Das Diktat der Menschenverachtung. Medizin ohne Menschlichkeit (Heidelberg, 1947); translated as Doctors of Infamy (New York, 1949).

ii Thus the phrasing of the 1948 World Medical Association version. (Reprinted with a commentary by Albert Deutsch in ibid., p. xxxviii.) In fact the notion of a particularly grave and binding "Hippocratic oath" (as opposed to the teachings and aphorisms of Hippocrates) appears to be a fairly recent concept, perhaps the result of a twentieth-century Hippocrates revival, since it played little role in modern medical discussions in Germany before

1933 and is not even found in the OED.

iii Michael Kater, "Professionalization and Socialization of Physicians in Wilhelmine and Weimar Germany," Journal of Contemporary History, 20 (1985), p. 694.

iv Ibid., p. 677.

v Robert Jay Lifton, The Nazi Doctors. Medical Killing and the Psychology of Genocide (New York, 1986), esp. chapters 11-13.

vi Kater, "Professionalization," passim.

vii Abraham Flexner, Medical Education in the United States and Canada; a Report to the Carnegie Foundation for the Advancement of Teaching (New York, 1910); also see Flexner's Medical Education in Europe (New York, 1912).

viii Charles E. McClelland, "Zur Professionalisierung der akademischen Berufe in Deutschland," in Werner Conze and Jürgen Kocka (eds.), Bildungsbürgertum im 19. Jahrhundert, Part One, Bildungssystem und Professionalisierung in internationalen Vergleichen (Stuttgart, 1985), p. 237.

ix Even one of the founders of the prestigious University of Göttingen referred contemptuously to the necessity of creating a medical faculty in order to produce a few Würgengel -- angels of death, "so that the dead can be conveyed to the cemetery in an orderly fashion"; just as the King of Prussia decreed that lawyers should wear distinctive robes so that the people could "see the scoundrels coming." See J. G. von Meiern, as cited in Götze von Selle, Die Georg-August-Universität zu Göttingen, 1737-1937 (Göttingen, 1937), p. 27; Adolf Weessler, Geschichte der Rechtswissenschaft (Leipzig, 1905), p. 310. By contrast, doctors have enjoyed increasing esteem over the last century, demonstrable among other things by public opinion polls. The Fall, 1993 survey of German professions' public esteem by the Institut für Demoskopie in Allensbach showed that 81% of surveyed Germans had high respect for doctors. The next most respected occupational group was pastors (40%), followed by lawyers (36%) and, as a poor fourth, university professors (33%). Politicians, journalists and schoolteachers did significantly worse (9%, 17% and 15% respectively). Of course the road from eighteenth-century Würgengel to 1990s public hero was littered with many public complaints, justified skepticism and outright mistrust, just as in any other country. Yet many documented public criticisms of the medical care system were often heartily shared by the professionals themselves.

x At various times since the foundation of the DAeV in 1873, some doctors expressed the wish that a numerus clausus be adopted by German universities to limit the number of professionals being turned out. Articles and letters in medical journals sometimes made such calls; occasionally, resolutions were unsuccessfully proposed to the national medical conventions (Aerztetage). Yet even in the depths of the Great Depression, the German Medical Association was never willing to endorse much more than restrictions on the number of physicians that could be admitted to panel practice, which it negotiated with the sickness funds. The DAeV represented 95% of German licensed physicians by the 1920s. For more detailed discussion, see Charles E. McClelland, The German Experience of Professionalization. Modern Learned Professions and their Organizations from the Early Nineteenth Century to the Hitler Era (Cambridge and New York: Cambridge University Press, 1991), pp. 142, 183 and passim.

xi Ibid., p. 183.

xii Michael Kater has written that the "bulk of Nazi supporters among the physicians ... before 1933 were young rather than old, insecure rather than established, desperately casting about for chances of gainful self-employment and economic stability rather than opportunities for self-sacrifice to augment the fortunes of some political party." Doctors under Hitler (Chapel Hill, 1989), p. 64.

xiii Comité des délégations juives (ed.), Das Schwarzbuch. Tatsachen und Dokumente. Die Lage der Juden in Deutschland (Paris, 1934), pp. 84 and 81. Jews comprised 27% of the Prussian attorneys and about 15% of the dentists. By contrast, the percentage of Jews in the higher civil service in all Germany was less than 0.3%.

xiv The introduction of the Reichsärzteordnung (Physicians' Ordinance) and a Reichsärztekammer (Reich Physicians' Chamber) in 1935 and 1936 respectively delivered the token but not the substance of reforms German doctors had been requesting for decades. Like most other National Socialist legislation on the professions, both these measures reduced rather than enhanced physicians' autonomy. The chief objective "gain" in the mid-1930s, partly because of the purges to eliminate leftist and Jewish physicians from competition and partly by raiding the health-insurance funds, was a certain increase in average doctors' incomes. This rose from a low of RM 9,300 in 1933 to RM 15,000 by 1938, incidentally making them the

best-paid professional group for the first time in history. See Walter Wuttke-Gronberg (ed.), Medizin im Nationalsozialismus (Tübingen, 1980), p. 347.

xv Civil servants, who had not joined the NSDAP in any higher percentage than in the general population through 1932, made up 81% of the new members joining between 30 January and 1 May 1933. See McClelland, Experience, p. 221.

xvi See in particular the complicated account in Konrad H. Jarausch, The Unfree Professions. German Lawyers, Teachers and Engineers, 1900-1950 (New York, 1990), Chapter 6, "The Illusion of Reprofessionalization". Although admitting that opportunism, economic motives and resignation played major roles in the lack of loud resistance to totalitarian regimes in Europe (including bolshevik and fascist ones), Jarausch nevertheless insists on locating the root of the corrosion of German professionalism in the turn away from nineteenth-century liberal values (*ibid.*, pp. 226-7). This reductive fallacy goes back to the semantic identification of modern "professions" with "free" or "liberal" occupations, a highly questionable, misleading and chronologically limited assumption that does more harm than good to the international study of professionalization.

xvii Bernd Wunder, Geschichte der Bürokratie in Deutschland (Frankfurt, 1986), p. 140.

xviii McClelland, Experience, p. 223.

xix Karen Schönwälder, Historiker und Politik. Geschichtswissenschaft im Nationalsozialismus (Frankfurt/M, 1992) and Helmut Heiber, Universitäten unterm Hakenkreuz (Munich, 1991 ff.)

xx Geoffrey Herf, Reactionary Modernism. Technology, Culture and Politics in Weimar and the Third Reich (Cambridge and New York, 1984).

xxi Cf. Maria Kovács, The Politics of the Legal Profession in Interwar Hungary (New York, 1987); Victor Karady, "Antisemitisme universitaire et concurrence de classe. La loi de numerus clausus en Hongrie d'ancien regime," in Actes de la recherche en sciences sociales, 34 (1980); and the papers by both authors in Charles E. McClelland, Stephan Merl and Hannes Siegrist (eds.). Professions in Modern East Central Europe: Between Difficult Origins and Uncertain Future (forthcoming).