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Editors: Maria Ciesielska, Piotr Gajewski, Jakub Antosz-Rekucki

Project coordinator: Mateusz Kicka

English translation: Teresa Bałuk-Ulewiczowa

English translation of the article "Froukje Carolina de Leeuw (1916-2002), a female prisoner doctor's view of Block 10 in Auschwitz" by Hans-Joachim Lang: Iman M. Nick

Proofreading: Teresa Bałuk-Ulewiczowa, Jakub Antosz-Rekucki

Book design: Łukasz Łukasiewicz

Typesetting: Wojciech Borowski

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Prologue

“When I think about the Nazi doctors, the medical executioners, I lose hope. To find it again I think about the others, the victim-doctors.”

Elie Wiesel (*Night*)

It is with great pleasure that we present the volume of proceedings of the 3rd International Conference Medical Review Auschwitz: Medicine Behind the Barbed Wire. This Conference is an integral part of the Medical Review Auschwitz project, which we launched in 2017. Our addressee is the international medical community, first and foremost doctors and medical students, as well as bioethicists and historians of medicine. The point of departure for our discussion on medicine during the Second World War are the articles in the Polish journal *Przegląd Lekarski – Oświęcim*, which was published by the Kraków Medical Society in 1961–1991. We are having this collection of nearly a thousand unique research papers, synopses, biographical articles, witnesses’ statements, and recollections translated into English and are posting them on the Project’s website at <https://www.mp.pl/auschwitz/>, where they may be accessed by new generations of researchers who have had no opportunity hitherto of reading these materials owing to the language barrier.

The COVID-19 pandemic turned the third edition of the Conference into a virtual event. We had four sessions and a panel discussion in which experts from Poland and other countries took part. A video record was made of all the presentations and discussions and is accessible at <https://www.mp.pl/auschwitz/conference/>.

The Editors of *Przegląd Lekarski – Oświęcim* did not stop at publishing papers limited only to “concentration camp medicine.” Likewise, the subjects addressed in this volume cover a wide scope, not only the history of Auschwitz but also other Nazi German concentration camps set up in German-occupied Poland and the Polish territories directly incorporated into Germany. The volume also contains articles on the history of medicine in German-occupied Warsaw and a remarkable contribution from the Japanese scholar Dr Giichiro Ohno.

The first article is by Marta Grudzińska, MA, on medicine in Lublin (Majdanek) concentration camp. Grudzińska, a historian and curator of the State Museum at Majdanek, describes the medical services provided for prisoners by Polish women prisoner-doctors in the prisoners’ hospital at Majdanek. She begins her paper with the remark that the German staff of the concentration camp used the words *Krankenrevier* and *Krankenbau* for the isolation barracks, thereby considering them more as premises confining sick inmates rather than as a true hospital. This is a highly apposite observation, because thanks to the women prisoners working in the *Krankenbau*, with time it turned into something that even prisoners started to call a hospital, a place where they could look forward to a respite or even a cure.

Professor Dorota Sula, PhD, the author of the second paper, a historian from the Gross-Rosen Museum in Rogoźnica, presents the history of this concentration camp, and reviews the articles published in *Przegląd Lekarski – Oświęcim* in 1966–1986 on the medical services available to its inmates. Most of these articles were written by physicians who survived the camp. Sula uses this information to reconstruct the history of some of the prisoners’ hospitals in Gross-Rosen. She also refers to recollections published in *Przegląd Lekarski – Oświęcim* by Gross-Rosen survivors who were not physicians themselves but felt a need to share their recollections and observations.

The victims of World War Two included children. Agnieszka Kłys, MA, a curator and archivist from the research department of Stutthof Museum, gives a poignant account of the story of the pregnant women confined in Stutthof concentration camp and the children born there. She writes that their fate was particularly dramatic. Those who were imprisoned before they knew they were pregnant learned of the fact when they arrived in the camp and had to go through a humiliating gynaecological examination. Pregnancy did not give them any privileges. Women prisoners who were pregnant had no access to medical care and had to do heavy

labour. If they managed to carry the pregnancy to term, they had to give birth in the primitive conditions in the camp, and afterward they struggled desperately to keep the baby alive. They had to get back to work as soon as possible, so as not to be qualified as “unproductive.” Today it’s hard to believe the immense cruelty these women and their new-born babies went through.

Prisoner-doctors were also held in German POW camps and tried to provide a medical service as best they could for other POWs. This is the subject of the next paper, by historian Joanna Lusek, PhD, head of the history department of the Upper Silesian Museum in Bytom, who presents an in-depth examination of the work of the medical services available to inmates of German POW camps. In addition, she gives a synopsis of the principles of international law applicable to medical services in POW camps, and uses this information as a context to evaluate the organization and operations of the hospital complex in Stalag II A Neubrandenburg, including issues like inmates’ living and sanitary conditions, the operations of the institutionalized medical services in the camp (its prisoners’ infirmary and hospital), the duties of its medical staff, the statistical medical records compiled for sick and wounded POWs, and mortality in the main camp of Stalag II A Neubrandenburg.

The next two articles focus on medical services in occupied Warsaw. Krzysztof Królikowski, MD, who is a medical practitioner and president of the Ujazdowski Hospital Society which commemorates, records, and examines the history of this institution, Warsaw’s earliest military hospital. His article presents a little-known aspect of the work of its physicians, who organized medical services for the casualties of Poland’s defence campaign in 1939, aid and a sanctuary for Jews, as well as secret university teaching and a network of medical services for AK underground resistance units—all on the premises of Ujazdowski Hospital.

Professor Anna Marek, PhD, who lectures in the Medical Faculty of Lazarski University, Warsaw, and specializes in the history of the underground medical services run by the insurgents of the 1944 Warsaw Uprising, focuses on the work of the medical stations providing treatment for combatants and civilian casualties, with special attention to the Roman Catholic female religious orders which made their premises available and organized medical stations. Marek gives an in-depth account of the technical aspect of treatment for the wounded, emphasizing that the limited resources forced the medical staff to use anaesthetics only for the most

serious surgeries, while less serious operations were performed with no anaesthetics. This unwritten rule was observed in all the districts of fighting Warsaw.

The next article is an extremely moving account of the medical services available for children during the War. Its author, Agnieszka Witkowska-Krych, PhD, is a cultural anthropologist, Hebraist, and sociologist specializing in the history of children's care in the Warsaw Ghetto. Krych writes that the limitless extent of cruelty the Germans occupying Poland set up for Jewish children is practically unimaginable and indescribable. To give readers an idea of what these children had to go through, she invokes the testimony given by physicians who did not abandon their work in the Ghetto at the worst time and despite the hopeless situation stayed at their post. One of the testimonies Krych cites was written by the paediatrician Dr Adina Blady-Szwajgier in her post-war recollections:

Only we were not there to stand and watch the horror, but to provide treatment or to help them [the children] die in peace. But above all to save lives, for even though things were bad and getting very bad, we still did not believe that it was all futile, we kept on thinking that if we could persevere, we would save the children and they would survive. So we tried to save them with what little food, medicine, and injections we had. The condition of some of them improved. And then from those terrible, swollen blocks there emerged little skeletons, and sometimes we saw something like a smile. Except that it was a grin which could make your hair stand on end or get you goose pimples.

Three years ago, Giichiro Ohno, MD, who is a surgeon and deputy chief physician of Tokatsu Hospital, Japan, came to Warsaw for the International Conference on Health Promoting Hospitals and took part in its session on war, peace, and health, which addressed medical issues in the face of these challenges. He became interested in the story of *Przegląd Lekarski – Oświęcim* and started to inquire into the circumstances in which some of the articles published in this journal were translated into Japanese. He discovered that it was thanks to Dr Mitsuo Kaneda that such an undertaking was accomplished and its results published in 1982 by the Japanese publishers Nippon Iji Shinposha. Dr Ohno examined the extant documentary records and obtained information (including interviews) from Dr Kaneda's family, which let him piece together the story of the translator's life and the motives which inspired him to embark on this most extraordinary exploit.

The next two articles are about the notorious Block 10 in Auschwitz, the place where Jewish women inmates were used as human guinea pigs for sterilisation experiments. Professor Paul J. Weindling, PhD, a globally acknowledged expert on the history of medicine during the Second World War who lectures in the Faculty of Humanities and Social Sciences of Oxford Brookes University, presents the results of his research on the legal, financial, medical, and ethical aspects of the compensation paid out to women who were victims of the gynaecological experiments carried out in Block 10. He combines scientific precision with a sympathetic approach to show the clash between human trauma and tragedy, and the heartless red tape of the post-war institutions responsible for awarding compensation.

Professor Hans-Joachim Lang, PhD, of the Eberhard-Karl University of Tübingen, Germany, author of the award-winning book *Die Namen der Nummern* (*The Names of the Numbers*) is the second of our authors to address the subject of Block 10. He presents the individual experience of life in Block 10 by Froukje Carolina de Leeuw, a woman prisoner-doctor forced to work in Block 10. Her testimony throws new light on the criminal experiments conducted in Auschwitz and the plight of the women prisoners subjected to them.

The volume concludes with the story of Dr Jeremiasz Barth, a Jewish physician and dentist. Marie Judille van Beurden Cahn, PhD, its author, is a historian working for the Treegenes Study, a research project for the examination of the psychosomatic transmission across the generations of the trauma of the Holocaust. She is also a representative of the Descendants of the Shoah Holland, a Jewish NGO with a membership of mainly second-generation Shoah survivors in The Netherlands whose aim is to conduct educational programs on the Holocaust. In Dr Barth's life, the inspirations he drew from firmly sticking to the Hippocratic ideal of medicine materialized in his successful efforts to save the lives of many individuals from selections for death or deportation to death camps. His resolution also built up his personal resilience, endurance, and ingenuity, allowing him to survive many seemingly hopeless situations and come out of them unscathed, to continue helping others who were at risk from the Nazi German policy of extermination.

The articles in this volume show how scholarship is trying to come to grips with the subject of criminally-oriented medicine presented in many of its dimensions. Their authors examine not only the perpetrators of medical atrocity and their nefarious work, but also look at the medical staff who endeavoured to come

to the aid of victims in the various camps, ghettos, prisons, and during combat. The work of this group is a special inspiration for us today; often they were the ones who had to make the hardest decisions. Those who took the Hippocratic Oath seriously also came to the aid of their enemies, which is what happened during the Warsaw Uprising. Life-and-death decisions concerning their patients often lay indirectly in the hands of prisoner-doctors. Professor Antoni Kępiński once wrote that such choices were unavoidable, nonetheless what distinguished prisoner-doctors from the SS physicians was the fact that the former did all they could to help their patients, even those whom they could no longer help, whereas SS physicians did not care at all about their patients and treated them as alien, expendable, and destined to be destroyed sooner or later. This fundamental difference should be the starting point for all reflection on medicine during the Second World War. Many years after the War, Professor Tadeusz Kielanowski introduced the motive for research as a category in medical deontology and wrote that the morality of a medical researcher's motive is always the decisive issue at stake.

*Maria Ciesielska, Piotr Gajewski (Chair), Mateusz Kicka, Jakub Antosz-Rekucki
the Organizing Committee of the 3rd international conference
Medical Review Auschwitz: Medicine Behind the Barbed Wire*

The prisoners' hospital in Majdanek women's concentration camp

Marta Grudzińska

What made Majdanek exceptional could be observed
in things like the fact that it had a hospital
which wasn't a death house.

W. Grzegorzewska-Nowosławska¹

In Lublin (Majdanek) concentration camp the German words *Krankenrevier*, *Krankenbau*, or their Polonised form *rewir* stood for the isolation barracks where sick prisoners received medical treatment.

Officially, German SS physicians were in charge of the work that went on in the prisoners' hospital, but in fact the real providers of medical care were the pris-

About the author: Marta Grudzińska is a historian and a curator, employed at the Research Department of the State Museum at Majdanek. The author of articles and books on the history of Majdanek concentration camp, the Lipowa slave labour camp in Lublin, and individual and collective memory in the accounts of witnesses. Co-author of museum exhibitions, including *Prisoners of Majdanek*, *Doctors in striped uniforms*. *The medical service in Majdanek concentration camp*. Her work at the museum is concerned with the camp's oral history preserved in the statements made by survivors and their families.

1 APMM (Archives of the State Museum at Majdanek, hereinafter APMM), VII/-466, W. Grzegorzewska-Nowosławska, 10.



Photo 1. | The hospital barracks in Field One. APMM (Archives of the State Museum at Majdanek, hereinafter APMM) collections

oner–doctors.² In the statements they made years later they said that the place was completely unprepared to serve as a medical facility—it gave no opportunity for treatment or rehabilitation, there were no drugs or medical instruments.

Its doctors made diagnoses on the basis of observing their patients’ appearance, behaviour, and symptoms. Professor Romuald Sztaba recollected:

There was no laboratory at all. So we did not have even the simplest urine tests. There were no blood pressure meters, the most rudimentary instrument you can have. There was no question of blood tests of whatever kind. There was no lab, there were no test tubes, no Petri dishes, no smears, no reagents. No nothing. Now, that’s not how you do diagnostics! Just looking at patients and reading their faces, diagnosing their disease by the way they look and tapping them—that’s very medieval. . . It’s not medicine. We had no possibility to perform a diagnostic procedure.³

2 Perzanowska, 1966: 209–211; Gajowniczek, 1991: 217–222; Ossowska, 1990: 262.

3 APMM, XXII-9, R. Sztaba.

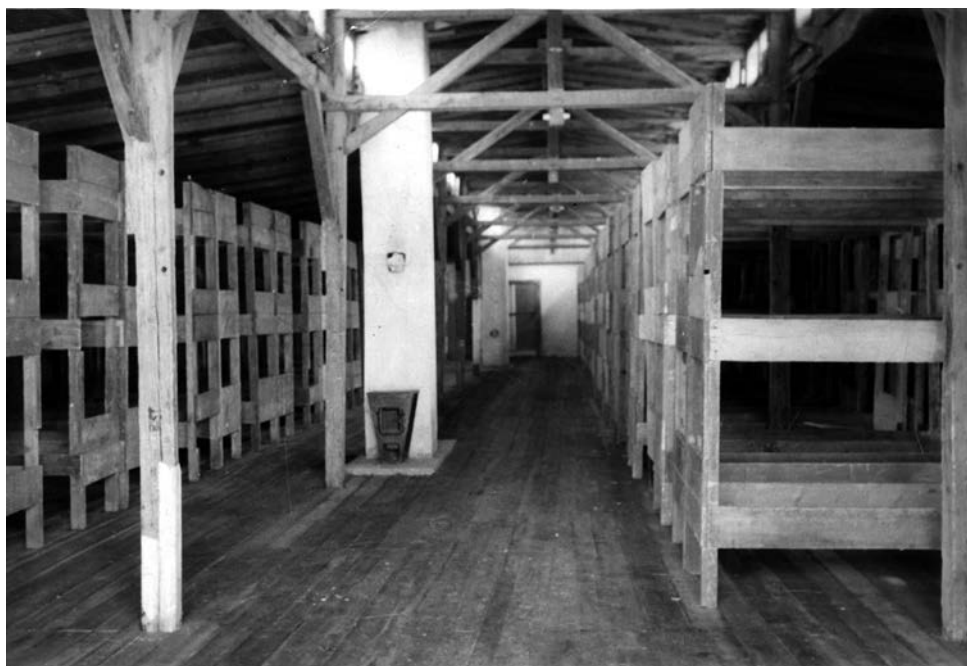


Photo 2. | Interior of a prisoners' residential barrack. APMM collections

Getting into the hospital was difficult enough—to be admitted you had to have a temperature over 38 degrees Celsius (100.4 degrees Fahrenheit), and even then there might not have been a vacancy for you.⁴

When the first women arrived in Majdanek in January 1943 the concentration camp had been in operation for nearly a year and a half.⁵ Up to that time only male inmates had been confined in it. The main purpose of the *rewir* was not to provide medical treatment, but to isolate the sick from the rest of the prisoners. Every so often, the German doctors carried out a selection in the prisoners' hospital, as a result of which those with typhus or the completely debilitated were sent to their deaths, regardless of their nationality. Fear of selections made sick prisoners put off seeing a doctor, and eventually it would be too late to help them at all.

The first women inmates arrived on 6 January 1943 and were put in the *Frauen-Konzentrationslager* (women's concentration camp) set up on Field Five. They were

4 APMM, XXII-12, J. Michalak.

5 Perzanowska, 1968: 169–180.



Photo 3. | 1944 aerial photograph of Majdanek concentration camp. APMM collections

Polish women, political prisoners sent from the Gestapo prisons in Częstochowa, Kielce, Skarżysko Kamienna, Radom, Warsaw, Lublin and Lwów, and women caught in street round-ups. At this time nothing at all had been done to adapt Field Five to accommodate people; not only did its buildings lack the most rudimentary furnishings, but there were no floors, no glass in the windows, or roofs, either. The women prisoners did not have the right clothes for the winter season; their meals were very low on nutrients and tasted disgusting; the place was rife with insects; and there was no running water. All these things made a variety of diseases spread. A Polish prisoner, Dr Stefania Perzanowska, a specialist in internal medicine, looked after the women's health. She conducted her first operation on a fellow inmate, for an abscess incision, using a bread knife disinfected in the fire. To prevent the outbreak of a typhus epidemic, she insisted the prisoners implement the basic rules of hygiene and saw that they were kept.⁶ In concentration camp conditions tasks as simple as taking a morning wash, answering the call of nature, or washing under-

6 Ossowska, 1990: 250.

wear turned into a real challenge. The women washed using snow, or the beverage they got for breakfast—herb tea or very weak coffee. When one of the women contracted typhus, Dr Perzanowska got the camp authorities to set up a hospital for women prisoners, arguing that prisoners infected with



Photo 4. | Thermometers found on the premises of Majdanek after the camp was closed down. APMM collections

typhus had to be isolated off from the camp's staff to prevent the disease from spreading. Initially, the women's hospital was in No. 15 Barrack. It had one room, in which patients were accommodated. Over the next few days internal walls were put in to create separate premises for patients with typhus and those with typhoid, a room for patients with plegmons, as well as a dispensary, an office, and a nurses' dormitory. Later there were separate typhus barracks. Hanna Narkiewicz-Jodko looked after patients with infectious diseases. This makeshift hospital did not have a sufficient amount of medical instruments, let alone proper hospital beds or bed linen. Patients were put on straw mattresses with no sheets, and most of them were naked under a blanket.⁷ One of members of the hospital's staff said that there were just six thermometers for its 85 patients.⁸

One of the nurses in a given hospital barrack was responsible for all the work in it, while the rest of its nurses were on duty on 8-hour day or night shifts according to a schedule. They took patients' temperatures and pulses three times a day and kept a record on temperature charts they made and hung on each of the bunks. They washed, combed, and fed the seriously sick patients; often they would wash a patient's soiled nightshirt and dry it on the heater. They would also change soiled mattresses, and bring and dispose of bedpans. The nurses conducted all the treat-

7 APMM, VII-135/178, A. Nostitz-Jackowska, 2.

8 APMM, IV-15, Grypsy H. Protassowickiej (H. Protassowicka's secret letters), 47.

Of course, the fact that no cases of typhus were reported did not mean that the epidemic stopped.¹³

Sometimes Germans operated on prisoners, even though none of them were qualified to do so, and women and children died on the operating table.¹⁴ German doctors and the crematorium manager Erich Muhsfeldt inspected the hospitals, and German female guards conducted hygiene inspections, looked through the hospital record book, and checked the medicine cabinet.¹⁵ No selections were done in the women's hospital; instead, they were conducted after the morning roll call, when the commandos were setting out for work. Only Jewish women were selected, and Jewish newborn babies were killed as well.¹⁶

Jadwiga Węgrzecka recalled that

Dr Perzanowska worked miracles, because in the conditions prevalent in the camp she managed to run our hospital almost like a hospital in a situation of freedom, that is she observed all the rules and regulations that apply in hospitals. The main problem was that there were no medicines. . .¹⁷

A partial solution to this problem was found thanks to the help of civilians who came to work in Majdanek and brought in illicit medical supplies. In the spring of



Photo 6. | Medicine vials found on the premises of Majdanek after the camp was closed down. APMM collections

¹³ Ossowska, 1990: 285.

¹⁴ Ossowska, 1990: 262; APMM, VII-135/187, M. Szczepańska, 4; APMM, VII-135/1189, H. Narkiewicz-Jodko, 6; APMM, VII/M-491, Z. Hamel-Michałowska, 1.

¹⁵ APMM, VII/M-3, Z. Pałowska, 48–50; Perzanowska, 1968: 238–239.

¹⁶ APMM, VII-135/187, M. Szczepańska, 5.

¹⁷ APMM, XXII-149, J. Węgrzecka.

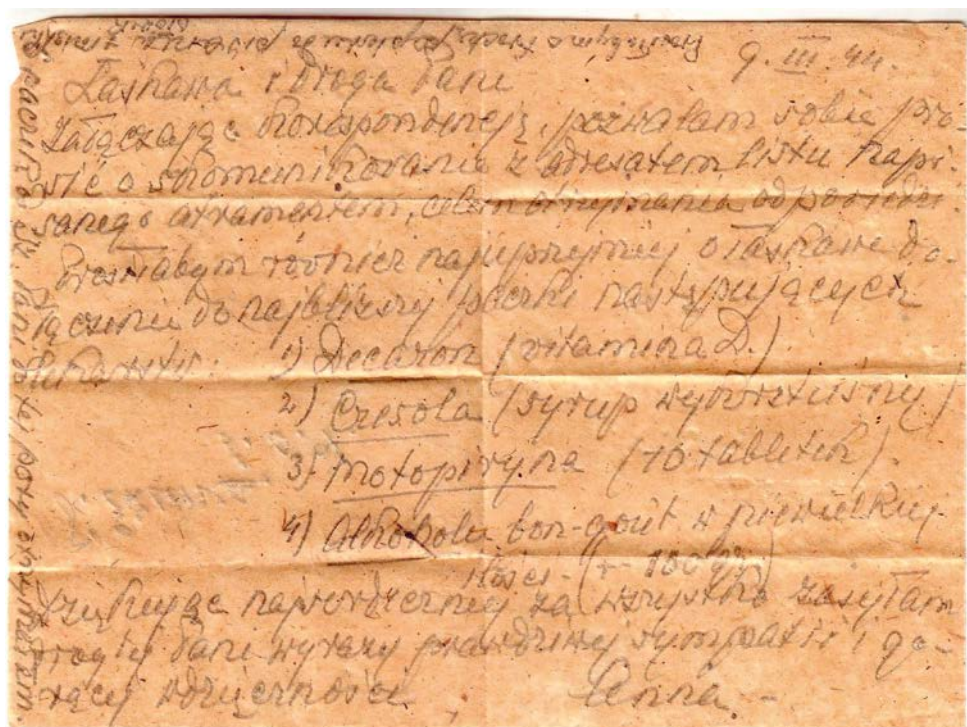


Photo 7. | A secret letter sent from Majdanek with a request for medications. APM collections

1943, thanks to the Main Council of Relief and the Polish Red Cross, the camp's management permitted prisoners to receive parcels with food and other necessities, including medicines.¹⁸ There were also illegal channels which supplied medications. For example, a Czech Jewish doctor used to bring medicines to the laundry on Field One and asked for them to go to Jewish women, for whom hospital admission was a problem. In return he passed on news from the men's part of the camp and performed minor surgeries.

The secret letters sent out from Majdanek provide a considerable amount of information on prisoners' health and needs. The women asked for an anti-typhus vaccine, vitamin C and vitamin D, tranquillizers, Cresola (an expectorant cough syrup), 10 tablets of Motopiryna (a painkiller containing acetylsalicylic acid),

18 APM, XXII-117, W. Ossowska. For more on aid from the Polish Red Cross and the Main Council of Relief, see Perzanowska, 1965: 140–144.

and “about 100 grams of Bon-goût” (an alcohol-based medication).¹⁹ Due to the shortage of medicines, the hospital staff often resorted to deception. They would give patients a throat pill, telling them that it was a special drug for their illness. In one of her secret letters Hanka Protassowicka asked for 4 thermometers and, if she could, three 10-cm syringes, as the medications usually administered to patients were injections of calcium.²⁰ “The hospital offered verbal therapy and miraculous hands,” Danuta Brzosko-Mędryk recalled. That was the treatment Dr Perzanowska administered to her patients whenever she had nothing else to give them. Krystyna Tarasiewicz described Dr Perzanowska’s therapeutic methods as follows:

We loved and worshipped her. She was a mother for many prisoners in need of a mother’s heart. Her kind hands, words, advice and comfort were the best medicines for all our ills, physical and psychological. All of us who survived Majdanek have a lot to thank her for. . . .²¹

Dr Aglajda Brudkowska observed that work in the prisoners’ hospital did not have much in common with medical practice:

The dreadful situation concerning hygiene and the shortage of medicines and dressings reduced our potential for treatment down to giving patients a modicum of peace, warmth, and staying in bed instead of spending hours up on their feet at roll calls and working beyond their powers. It was a lot. And it gave us a chance to look after the elderly, the less resilient, and the young—at least for a time.²²

Some lives were lost because there was no surgeon in the women’s field. Hanka Mierzejewska was accidentally hit by a bullet that passed through the wall of the barrack when a guard fired his gun. She died in excruciating agony because the management of the camp refused to let a surgeon come over to the women’s

19 APMM, XIX-1191, Grypsy W. Albrecht (W. Albrecht’s secret letters), 9 and 11; APMM, IV-97, Grypsy A. Grabowskiej (A. Grabowska’s secret letters), 21–22.

20 APMM, IV-15, Grypsy H. Protassowickiej (H. Protassowicka’s secret letters), 49.

21 Tarasiewicz, 1988: 103.

22 Grudzińska and Ciesielska, online; Ciesielska, 2015, online.

field or to have her transported to Field One for an operation.²³ It took her a week to die of peritonitis.²⁴

For the entire time the women's hospital was in operation there were cases of typhus, typhoid, diarrhoea due to concentration camp conditions, tuberculosis, skin diseases such as frostbite, burns, scabies, skin inflammation, hives, psoriasis, erythema nodosum, pemphigus, scurvy, boils, and abscesses and phlegmons. The condition most frequently treated was typhus, there were also many cases of women who sustained accidents at work or bullet wounds caused by the Germans shooting at them,

frostbite on their hands and feet, erysipelas, burns or phlegmons on their legs; there were also children with whooping cough, smallpox, and pneumonia.

Mental patients were a big problem for the hospital staff. Prisoners' behaviour changed especially at times when there were frequent selections of Jewish people, who were killed. At such times prisoners went into a frenzy, had episodes of schizophrenia, manic depression, or went hysterical. There was no possibility of isolating such individuals. At first they were put in the internal medicine ward with other patients; later Dr Perzanowska managed to get separate premises in one of the barracks for them.²⁵



Photo 8. Ania Rempa, a little girl released from Majdanek in 1943. APMM collections

23 APMM, IV-15, Grypsy R. Pawłowskiego (R. Pawłowski's secret letters), 18–19.

24 APMM, IV-42, Grypsy J. Modrzewskiej (J. Modrzewska's secret letters), 39–40.

25 APMM, XIX-1191, Grypsy W. Albrecht (W. Albrecht's secret letters), 79.

On 3 September 1943 the women were moved to Field One, and the men from that part of the camp were transferred to Field Five.²⁶ The women soon noticed that they now had better conditions, despite the masses of insects. There was running water and a drain and sewerage system. In one of the barracks they set up a dispensary, a pharmacy, and a dental surgery, with a ward full of inpatients in another part of the same building. Years later Dr Perzanowska recalled:

Ziuta Wdowska, a qualified pharmacist from Radom, ran the pharmacy. She looked after the medicines fastidiously and concocted a variety of mixtures and pills that we so needed. She came up with a splendid remedy for scabies and made the stuff by the bucketful once we got all the ingredients thanks to the Polish Red Cross. We already had a dental surgery when we were still on Field Five, once we obtained a dentist's chair and the required medications, which it took a lot of effort to get. The dentist was Jadwiga Łuczak, who arrived on the Radom transport, too. . . . There was one more thing we managed to acquire, a "lab." Irena Todleben, a chemist and bacteriologist with years of professional experience in the laboratory of the Warsaw Hospital of the Holy Spirit, was on our team of nurses. When we finally managed to get a microscope and the very minimum of equipment, Irena started work in the lab, which was located in the front part of the fifth hospital barrack. It had just one workbench with the only electric appliance in the entire camp upon it.²⁷

The hospital also had barracks for the following wards: infectious diseases, internal medicine, scabies, venereal disease, tuberculosis, and a children's ward.

When we were organising an exhibition on the medical service in Majdanek, we managed to draw up a list of 150 medical personnel who worked in the women's hospital, including 33 women doctors and medical students, 5 fully qualified nurses, and 98 nurses who had been trained in the camp.²⁸

On 3 November 1943 about 18 thousand Jewish prisoners—men, women, and children—were murdered in Majdanek. During the massacre some of the hospital's staff and patients were shot as well. Maryla Reich recalled that some women saw

26 Brzosko-Mędryk, 1975: 282.

27 Perzanowska, 1970: 108–109.

28 See Ciesielska and Grudzińska, *Doctors in Prison Uniforms*. Online. See also Ciesielska and Grudzińska, 2019: 146–161.

groups of Jews being hustled along in the direction of the crematorium, but they did not realise a huge massacre was going on there:

What we saw did not look serious; we could not have imagined that the people passing by the field along the road through the camp were going to their deaths. . . . The hospitals were working as usual, and many of their staff were Jewish; there were Polish women doctors and Jewish women doctors, who were rounded up in the afternoon, and that's when we started to worry what was going on. That's when we realised something bad was happening—when they left some of the patients unattended. We could never have imagined all the Jewish people were to be exterminated.²⁹

That day all the women doctors and nurses of the Czyste Hospital—twenty-two doctors and forty nurses—were murdered. Witnesses said that Dr Perzanowska ordered her staff to put on white coats and Polish Red Cross armbands, in the hope that it would save them. Years later she said,

“Although I didn’t see where they were taking them to, I was very afraid for them and naive enough to think that perhaps these white coats and red crosses would save them.”³⁰

After the murder of the Jewish women, Polish women classified as political prisoners were sent to work in the hospital. They were to serve as ancillary medical staff. Dr Perzanowska and Wanda Ossowska, who was a qualified nurse, trained them in nursing.³¹

In mid-December 1943 sick women prisoners started to arrive in Majdanek from camps in Germany. Eventually there were about a thousand of them. The first was a group of Greek girls with malaria. They were sent to Majdanek from Auschwitz.³² Dr Perzanowska noted:

They were the most miserable and pitiable group of sick prisoners. They were very young, with traces of an undeniable beauty on their small, wizened faces, and extremely terrified. Their big, dark eyes all aglow with malarial fever darted around helplessly. They were constantly tightly packed in little groups, bent and shivering with fever and cold

29 APMM, XXII-54, M. Reich.

30 Perzanowska, 1966: 213.

31 Brzosko-Mędryk, 1968: 310 and 320–322; Perzanowska, 1966: 41; Lenarczyk, 2009: 82.

32 Ciesielska, 2015: 91–95.

due to our climate. Incessantly hungry and thirsty, scavenging for the remnants of food and something to drink, they were the very epitome of human misery and degradation.³³

In February 1944 sick prisoners arrived from Ravensbrück. The women in this transport were suffering from a vast range of diseases:

The most common was tuberculosis contracted in the camp, usually by young girls. . . . There were serious cases of rheumatoid arthritis which had deformed the joints on victims' limbs and spine, chronic enteritis and endless diarrhoea, nephritis, cystitis, and serious complications caused by typhus, such as circulatory disorders leading to fluid build-up and weakness in the legs. Except for tuberculosis, there were no cases of recent or infectious diseases, but they were all chronic and serious, of the kind that according to the Germans gave no prospects of recovery. That's why they wanted to get rid of these sick women from Ravensbrück, in one way or another.³⁴

In a letter to Dr Ludwik Christians, the president of the Polish Red Cross, Perzanowska wrote,

We have a veritable tower of Babel here. When I was examining the last transport I found that there were women of 13 nationalities in it. As regards medicines, please send ours separately to our field (if possible). The medications I need most of all are intravenous

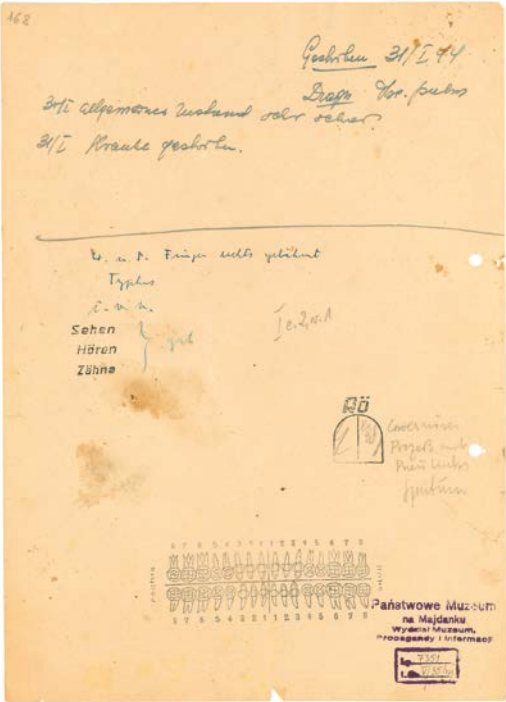


Photo 9. | A prisoner's medical record. APM collections

33 Perzanowska, 1966: 73.

34 Perzanowska, 1966: 134.

calcium and Thiocol (potassium guaiacolsulphonate), as lately we are getting a lot of cases of TB. We have a pharmacist, so we will be happy to get powdered Thiocol as we did last time, we can make a syrup, because we've received a consignment of sugar. Please send a large quantity of herbs, we have finished the last batch. I am using them to make a variety of tinctures and mixtures. Also, we have a great demand for Salol [phenyl salicylate] and Tannalbin. In addition, I would like to ask for syringe needles, thick and thin ones, and special ones for pleural aspiration and phlebotomy. I'd like to ask for the following cardiac medications: tincture of *Adonis vernalis* (spring pheasant's eye) and tincture of *Convallaria majalis* (lily-of-the-valley).³⁵

The situation in the hospital deteriorated owing to the arrival of such a lot of patients. Nonetheless, the staff continued to do all they could to help the new arrivals. They managed to save many lives thanks to the medicines that reached the camp from outside in parcels or were smuggled in by civilian workers. This kind of aid was available only to the Polish inmates, but they shared the medications they received with women of other nationalities. Sometimes in their letters they asked for additional parcels with specific medicines for Frenchwomen, Belgian, Russian, or Jewish women. "In many cases the hospital won the battle for prisoners' lives, but hunger and the lack of other types of medical services were decimating us."³⁶ At this time new wards were established. Matylda Woliniewska volunteered to look after German women with TB and as a result contracted the disease herself. She summed the situation up as follows:

But I have no regrets. None at all. You met other people there and got to know them well. You learned what they were worth and—this might sound a bit shocking—that's what I value about my confinement in a concentration camp.³⁷

When Majdanek was evacuated 50 members of the hospital staff plus the patients were sent to Auschwitz. Wiesława Grzegorzewska-Nowosławska recalled that some members of the staff decided to go to Auschwitz even though there was

35 Christians, 1946: 267–268. I would like to express my gratitude to Dr Monika Urbanik of the Pharmacy Museum of the Jagiellonian University Medical College for helping me to decipher the abbreviations for the herbal remedies (translator's note).

36 Brzosko-Mędryk, 1968: 321.

37 APMM, XXII-6, M. Woliniewska.

a rumour that all the people in that transport were going to be killed. Just before they left Majdanek, she wrote to her family,

The Polish women are very worried; no wonder, this situation and being ill is a very unpleasant thing. What's worst about it is that there's nothing we nurses can do to help them."³⁸



Photo 10. | Pharmaceutical containers found on the premises of Majdanek after the camp was closed down. APMM collections

Dr Perzanowska wrote the following in one of her secret letters to her family:

We concentration camp veterans are no longer the same as we were a year ago. We don't get scared or lose our temper so easily. All that we've been forced to see and go through here has blunted our sensitivity. . . . It is my profound belief that whatever is to happen, will be, and that it will be all right. *Above all, I want to protect my patients, because it's my fundamental duty.* We have some people here who are cracking up already, so we have to keep their spirits up. . . . Dear Jasiulek, all my heart and thoughts go out to you, I commend you and myself to God's care and am calmly looking forward to what is to come. Your Mother.³⁹

She kept her word. She spent the whole journey to Auschwitz looking after her patients:

We were travelling for a long time. Every so often, the train would stop for hours. I was anxious about the psychiatric patients, they were travelling in congested conditions with all the others. It was hot and stuffy. The unusually conciliatory SS-men escorting the train

38 APMM, IV-24, Grypsy W. Grzegorzewskiej-Nowosławskiej (W. Grzegorzewska-Nowosławska's secret letters).

39 My emphasis, M.G. APMM, IV-91, Grypsy S. Perzanowskiej (S. Perzanowska's secret letters), no pagination.

allowed me to do a doctor's round of the carriages. I took a nurse with me. We distributed the most essential medications from a first-aid box and returned with a sense of relief that all the patients were managing quite well.⁴⁰

Just before the journey she managed to get a pair of stretchers from the Polish Red Cross, so they could carry the bedridden patients onto the train and move them in the train. She also managed to smuggle some medicines and medical appliances she had from the men's part of the camp.

Years later, Dr Perzanowska gave the following account of the women's hospital at Majdanek:

My thoughts about the Majdanek hospital are never bad or indifferent. Perhaps because we set it up from scratch, starting with just one little room and going up to ten barracks, but certainly because that hospital had an atmosphere that was morally clean, and because it could be and was a hospital, where patients were fed and given medical treatment, and could stay in bed in peace until they recovered. It would certainly have been impossible if it had not been for the assistance we got from the Polish Red Cross and the Main Council of Relief, and all the generous people of the Lublin area. All the medicines and food they sent reached the patients, nobody stole anything because we had honest Polish staff.⁴¹

Years later Grzegorzewska-Nowosławska recalled:

For me working in the hospital trained my character; that was where I learned what duty, sympathy, and teamwork mean. The hospital was the scene of the greatest tragedies—SS-men carrying out selections and taking patients to the gas chamber. Also, the thing that is pretty ordinary in any hospital—a patient's death—in that hospital it assumed a new meaning. We were always sure that in conditions of freedom we would have been able to save that life. All the misery of life in the concentration camp came together in the hospital, and our efforts had all the features of a battle to keep people alive, and finally of a battle to let people die in a way dignified enough for human beings.⁴²

40 Perzanowska, 1970: 157–158.

41 Perzanowska, 1970: 171–173.

42 APMM, VII/M-466, W. Grzegorzewska-Nowosławska, 11.

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Articles on prisoners' hospitals in Gross–Rosen concentration camp published in *Przegląd Lekarski – Oświęcim*

Dorota Sula

Gross–Rosen concentration camp was established in August 1940 in the vicinity of the quarry near the village of Gross–Rosen (now Rogoźnica, Lower Silesia, Poland). Initially it was a sub-camp of Sachsenhausen, but as of 1 May 1941 it was an independent concentration camp. Poles, Germans, and Czechs were its first prisoners. Large Jewish groups, mostly from Germany, started to arrive after Gross–Rosen became an independent camp. Nearly 125 thousand prisoners were held in Gross–Rosen (the main camp and about a hundred sub-camps). Apart from Jewish prisoners, the largest national groups were Polish and Soviet prisoners. Inmates held in the main camp worked in the quarry and on the construction and extension of the camp, while those in most of the sub-camps worked in the industrial plants for which the particular sub-camp was set up as a la-

About the author: Dorota Sula is a historian. She defended her doctoral dissertation at the John Paul II Catholic University of Lublin in 1999, and her post-doctoral dissertation at the Adam Mickiewicz University in Poznań in 2015. She is currently a researcher at the Gross-Rosen Museum in Rogoźnica. Her research interests revolve around the concentration camp complexes, especially Gross-Rosen, and the question of forced resettlements, including displacements, deportation, and repatriation of Poles in Russia and the USSR in the 20th century.



Photo 1. | View of the entrance gate to Gross-Rosen concentration camp. AMGR (Archiwum Muzeum Gross Rosen [Archive of the Gross-Rosen Museum, hereinafter AMGR]), F 109

bour force. Both the establishment of Gross-Rosen and its network of sub-camps, as well as its closure proceeded in stages. The evacuation of the sub-camps situated on the right bank of the Oder and on the riverside started after 20 January 1945; the closing down of the main camp started on 8 February; and the last of its prisoners, who were held in sub-camps in the Sudetes, were liberated on 8–9 May 1945.

After the War many Gross-Rosen survivors embarked on various projects and activities to commemorate the camp. Some made a written record of their ordeal, and some of these testimonials were published in *Przegląd Lekarski – Oświęcim*. Out of the 19 articles on Gross-Rosen which appeared in the periodical in 1966–1980, three were on various aspects of life in the camp, and one especially noteworthy contribution was on the children and adolescents confined in Gross-Rosen. Another group of articles presented the biographies of prisoner-doctors Ludwik Fischer, Mieczysław Kotarbiński, Józef Żegleń, and Stanisława Parczewska, who worked in the main camp or its sub-camps and for whom Gross-Rosen was one of the stag-

es of the concentration camp episode in their lives. Some of the best articles are those by prisoner–doctors, which give a lot of details on the life of inmates, as well as a mass of important information about the way the medical service and prisoners’ hospitals worked. Kazimierz Hałas and Józef Żegleń were the first prisoner–doctors sent to work in the prisoners’ hospital. Both had graduated in medicine from the Jagiellonian University and had been held in Tarnów prison and Auschwitz prior to being sent Gross–Rosen. They arrived on 24 December 1941, at a time when new transports of Soviet POWs were arriving¹ and being accommodated in a separate area. Hałas and Żegleń were sent there as well. Part of one of the barracks was set aside for the prisoners’ hospital. There were no beds, and over 100 patients were on mattresses spread out on the floor. There were no medications, either. The POW hospital was closed down after 20 January 1942, after the POWs had been poisoned, most probably with a concentrated solution of potassium cyanide (Hałas, 2010: 44–46). The hospital for the rest of the prisoners was initially accommodated in half of the barrack housing the kitchen, and in 1941 it had a small barrack added behind the kitchen, for use as a hospital laboratory. In 1942 the hospital was given another barrack, which served as an infectious diseases ward. In the winter of 1942 the prisoners’ hospital took over the “Russian” hospital and set up a diarrhoea ward in it. Next, a *Schonung* (convalescence) ward was established in Block 16 for patients in a less serious condition; and in the spring of 1943 a new prisoners’ hospital was set up in Block 8. Dr Hałas described the situation as follows:

In 1941/42 there were 30–40 patients, about 5% out of the total number of prisoners (950). It was not easy for a sick prisoner to be admitted to the hospital, because the rules were extremely rigorous, and even those who were hospitalised could not draw much benefit, as there were no doctors or nurses. It was not until the summer of 1942 that two prisoner–doctors (Dr Żegleń and I) started working in the prisoners’ hospital. By the end

1 On the grounds of a decision taken by the RSHA (Reichssicherheitshauptamt, Reich Security Main Office), Gross–Rosen became one of the concentration camps taking part in the operation to murder Soviet POWs, which started on 1 October 1941. However, on 15 November 1941 the Reichsführer-SS instructed the commandants of the concentration camps holding Soviet POWs (particularly Communist Party commissars) due to be killed to select and save those who were fit enough for hard labour. Those in Gross–Rosen were to be sent to work in the quarries. (Sula, 2019: 89–106).

of 1942, the number of patients had gone up to about 800, 25% of the total number of inmates. In 1943 new prisoner-doctors (Jachna, Frączek, Mianowski, and Jabłoński) were sent to work in the prisoners' hospital, while the number of patients went up to 1,500. . . . At any rate, by this time at least half of the prisoners in the camp were no longer fit enough to work owing to debilitation, a variety of diseases they had contracted due to maltreatment, abuse and violence used against them. . . . The hospital's medical and sanitary equipment was extremely modest. Our instruments and sterilisers were made by prisoners. We had to "organise" [get by illicit means] everything by ourselves.²

Medications and sanitary equipment for the prisoners' hospital was supplied from the SS stores on the basis of an order delivered by the SDG (*Sanitätsdienstgrad*, the SS orderly), but it did not amount to much. So bandages had to be made from sheets we managed to procure, the plaster for plaster-casts came from builders' commandos, and we procured medicines from the SS hospital and the quarry, which had a well-stocked pharmacy.³

A turning point for the prisoners came with the order issued on 29 October 1942 by Reichsführer-SS and Police Chief Heinrich Himmler allowing prisoners to receive food parcels from their families and friends. It came in force immediately. Senders put medicines into the parcels as well, which was still not enough to cater for the vast needs, though of course it was a considerable help.

In the latter half of 1943 an epidemic of trachoma broke out in the main camp. This serious eye disease arrived with Soviet POWs from Kazakhstan and Central Asia. The prisoner-doctors suggested quarantining prisoners who developed trachoma, but the German camp physician decided to keep them in their barracks. Dr Hałgas tried to persuade him to change his mind, but to no avail. By late August 1943 the number of prisoners with eye problems was rising at a dramatic rate. Realising how disastrous the situation had become, the prisoner-doctors finally managed to persuade the camp doctor to call in a military ophthalmologist from the nearby town of Schweidnitz (now Świdnica), whose diagnosis confirmed the prisoner-doctors' fears. He found that 900 persons had an advanced stage of trachoma and needed treatment in the form of removal of the follicles. He instructed the doctors on treatment and the medicines to be administered. Unfortunately, it was virtually

2 Hałgas, 1967: 199 and 201.

3 Hałgas, 1967: 201.

impossible to carry out his instructions in the conditions in the camp. On the following day after the ophthalmologist's visit, a special barrack was designated for the patients due to be isolated. However, the medications could not be purchased, apparently because of lack of funds. Fearing that the camp's authorities might resort to radical measures, the prisoner-doctors held a meeting with fellow inmates and arrived at a solution which they presented to the chief physician. For about two or three months there had been a prohibition on paying out the money relatives deposited in the camp's post office savings account for prisoners, so it was suggested that the lump sum which had accrued should be paid out at once to purchase the medications. Still on the same day, as soon as the commandant issued his consent, the money was paid out and a collection was made for the medicine. Over 30 thousand reichsmarks are believed to have been collected. On the next day the camp physician brought the medicine. At first, however, treatment took a long time owing to the doctors' inexperience, and some of the patients were injured. Eventually, thanks to the prisoner-doctors' determination and tremendous effort, after about 4 weeks they managed to control the epidemic, and Dr Żegleń earned the reputation of "at least a professor of ophthalmology." Unfortunately, anticipating a visit by a medical commission from Auschwitz, which had been announced in connection with the trachoma epidemic, and fearing for their patients, the prisoner-doctors closed down the trachoma barrack and stopped hospitalising trachoma patients. With the help of a prisoner working in the camp's office, they sent the patients to other blocks, backing up their diagnosis and decision by leaving just five debilitated elderly prisoners with vestiges of trachoma in the hospital. They spent the whole night disinfecting the block, so as to remove all the evidence that they had been administering treatment on a mass scale. The official who arrived from Auschwitz to conduct the inspection was SS-*Obersturmführer* Entress, who was familiar with Gross-Rosen because for a few months in 1941 he had served as its chief physician. All he said after he had seen the patients was that the prisoner-doctors had committed an offence by hospitalising prisoners who should have been working.⁴

In 1943 the prisoners' hospitals were so full that there were two patients to every bunk, which was very uncomfortable for patients.⁵

4 Hałas, 1975: 167–171.

5 Żegleń, 1969: 146.

As Gross–Rosen expanded and new sub-camps were created, more medical staff were needed. Prisoner–doctors were transferred to new sub-camps. Dr Żegleń was one of these transfers; in mid-August 1942 he was sent with the first transport of prisoners to a new sub-camp at Breslau–Lissa (now Wrocław–Leśnica). Later he returned to the main camp, probably due to an illness. He was replaced at Breslau–Lissa by Dr Józef Jabłoński, who arrived from Auschwitz on 13 March 1943. The Breslau–Lissa sub-camp had just one residential barrack, an old stable converted for the purpose, so there was no chance of having even a small room for a prisoners’ hospital. One of the corners was screened off with wooden boards and bunks for 12 persons were put inside, along with a cabinet for medications and a large bench which was to serve as an operating table. Dr Jabłoński used it to operate a prisoner with a large phlegmon on his thigh. All he had by way of instruments was a scalpel, tweezers, a bit of cotton wool, a piece of gauze, and a couple of paper bandages. Instead of applying an anaesthetic, he had three fellow–prisoners hold the man down. The patient eventually recovered.⁶

On 14 January 1944 Dr Hałgas was transferred to the Dyhernfurth II sub-camp (the nearby place is now known as Brzeg Dolny). At the time, the prisoners’ hospital was accommodated in two rooms on the ground floor of Block 4, with 35 beds in each of them. There was no running water or sewerage system in the block, so patients had to use a bucket for the call of nature.

6 Jabłoński, 1969: 163.

KRANKENBLATT	
Name u. Vorname: Janiszewski Michał	Haftl.-Nr.: 88597/17.
Geburtstag und -Ort: 29.9.1915.	Haftart: P
Aufgenommen am: 30.1.1945	Entlassen am:
wegen: Durchfall.	Endgültige Diagnose:
<p>88/245 Krankheitsgeschichte:</p> <p>Assanore seit 3 Tage Durchfall 9-6 Fühlorgane, Rötlich St. prazem 29-Jähriger Mann mit herabgesetztem E u. H.B. Lungen abg. der ganze Lungenraum schöpft sich vom Blut mit R.E. Hern. Hernie am Lumb., Palas schone Bauch drucksemerkt Eutromb. a. R. To 36. D 68/a Diagnose Akute Darmenentzündung Bruchstetisch, Henschelisch Therapie St.K Verlauf</p>	

Photo 2. Prisoner Michał Janiszewski's hospital record. AMGR, 119-1564/ MF

Thanks to Dr Hałgas' efforts, the hospital was expanded and eventually comprised two barracks. It had very modest fittings and equipment—thin mattresses with a filling of wood shavings, and blankets most of which were torn and in constant need of repair. Bedridden patients had only a nightshirt to wear. The rest of the patients had underwear, but it was not in a very good condition. At first there were a few score patients in the hospital, but at times there were so many that they had to be accommodated two to a bed.⁷

The prisoners worked for the Anorgana plant, and on special occasions the doctors could use its medical laboratory and X-ray facility. Dr Hałgas received medicines from the company physician, and in return tried to supply him with cigarettes he had procured. The fact that painkillers and anaesthetics were unavailable made the doctors conduct surgical treatments as quickly as possible to keep the pain their patients felt down to a minimum. As in the main camp, here too some of the medical instruments were made by prisoners. Sometimes old sheets were recycled as bandages, but eventually the hospital had to stop this practice because there was a risk that it would be taken as sabotage, for which there were heavy penalties. The largest group of patients were *Muselmänner*, prisoners who were so exhausted and debilitated by malnutrition that their bodies were swollen due to hunger. They were passive and no longer cared about what went on around them or what happened to them. The most common infectious diseases were tuberculosis and erysipelas. The prisoners' hospital in Dyhernfurth II also served as a "day room." The camp authorities allowed it to be used on Sunday afternoons for entertainment, consisting of solo and choral vocal performances, highland storytelling, and satirical stories. These soirées raised prisoners' spirits and had a beneficial effect on their health.⁸

There were also prisoners' hospitals in a couple of the sub-camps belonging to the Arbeitslager Riese complex in the Owl Mountains (German name *Eulengebirge*; Polish *Góry Sowie*). Prisoner–doctor Bronisław Rubin wrote about the dire situation in one of the sub-camps at Falkenberg (now Sokolec), that initially all he could do was to apply a few dressings and keep patients in the sick room (and later in two sick rooms). In the autumn of 1944 there were nearly 200 bedridden patients

7 Hałgas, 1977: 123–124.

8 Hałgas, 1977: 125–126.

unfit for work in one of the barracks.⁹ There was a substantial rise in the number of sick prisoners, which made the camp's authorities decide to establish a pair of central hospitals for the entire complex of 13 sub-camps. One of these hospitals was established in the sub-camp at Dörnhau (the place is now known as Kolce), on the top floor of a two-storey building, and from October 1944 (if not earlier) served as a collective facility. Patients sent to the Dörnhau hospital were so seriously ill that their prospects of recovery (and hence also of returning to work) were next to none.¹⁰ Little wonder that Dörnhau had a high death rate. 992 prisoners died there between 18 March and 22 May 1945,¹¹ an average of 15 deaths per day, and 16 for April. The hospital was so short of medications that presumably the only kind of treatment the doctors could apply was to have patients stay in bed. And that was probably why some patients spent months in hospital, which might seem odd. For some it was tantamount to a slow death. For instance, Arthur Müller (prison number 44385) was admitted on 28 October 1944 and died in the hospital on 23 April 1945, so he was there for nearly 6 months. Antal Freund, another prisoner (No. 33418), was in hospital from 1 November 1944 to 4 May 1945.¹² Alfred Konieczny examined the Dörnhau hospital's extant register of deaths to estimate the amount of time prisoners spent there. He published his results in *Przegląd Lekarski – Oświęcim*. He found that as many as 11 patients out of the 911 cases he looked at died on the same day they were admitted, and another 113 (i.e. 12.4%) died within the next ten days:

This shows that most of the patients sent to Dörnhau hospital were in a serious condition, when their illness had reached such an advanced state or when they were so exhausted that their prospect of recovery was practically nil. Another 98 patients (10.7%) died within the next 10 days. The first three weeks in the hospital turned out to be the most critical time for patients, and those who were still alive at the end of three weeks had a glimmer of hope for survival; perhaps their immunity was bolstered over the three weeks.¹³

9 Rubin, 184.

10 AMGR.

11 Some seriously sick prisoners stayed on the site of the concentration camp for a fairly long time after VE Day (Victory in Europe, 8 May 1945) and were looked after by ex-prisoner doctors, who were probably the ones who made a record of the deaths.

12 Sula, 2003: 42 and 44.

13 Konieczny, 104.



Photo 3. | Dörnau, a sub-camp of Gross-Rosen. AMGR, no reference number

Konieczny also examined the causes of death entered for 910 prisoners¹⁴ and found that the most frequent cause of death was *Herzschwäche bei allgemeiner Körperschwäche* (heart failure with general physical weakness). It was entered as the cause of death for 486 (53.4%) of the cases. Secondary causes of death were given for almost all of the “heart failures,” and in a few cases “heart failure” was an outcome of another disease. The second most common cause of death was “cardiac insufficiency with pulmonary tuberculosis,” which was entered for 123 cases (13.5%). Rare causes of death included “catarrh of the large intestine”—3 cases (0.3%), and “catarrh of the large intestine + oedema” (3 cases).¹⁵

The second hospital serving as a central facility for the sick prisoners of the AL Riese sub-camps was established in early November 1944 in the vicinity of the sub-camp at Tannhausen (now Jedlinka). It comprised four single-storey brick build-

14 Presumably due to the incomplete nature of the extant records Konieczny was unable to examine the cause of death for the last of the cases he studied.

15 Konieczny, 105.

ings and had a provisional operating theatre which conducted fairly complex surgery. Prisoners admitted to Tannhausen had relatively good prospects of recovering within a short time, while those in a serious condition were sent to Dörnhau.¹⁶



Photo 4. | The register of deaths for Dörnhau hospital. AMGR, 108/2MF

Dr Walenty Popek, an ENT specialist, arrived in Gross-Rosen on 29 July 1944 on a transport

evacuating prisoners from the Montelupich jail in Kraków, and was assigned to the surgical ward, where he performed the following operations: “Two antrotomies for mastoiditis, including the draining of a cerebral abscess; one tonsillectomy; and one operation on the frontal sinuses. . . .”¹⁷

Some readers might be surprised that such operations could have been carried out in concentration camp conditions.

The articles on Gross-Rosen published in *Przegląd Lekarski – Oświęcim*, especially those authored by physicians who survived this concentration camp, have enabled researchers to reconstruct the history of some of the prisoners’ hospitals in Gross-Rosen and its system of sub-camps. However, it would not have been possible to obtain a full picture of the situation without an examination of the camp’s extant records and the statements made by its staff and survivors. The prisoners’ hospitals also have mentions (of diverse length and information value) in the recollections of Gross-Rosen survivors Stanisław Dziaduś, Tadeusz Federowicz, and Julian Piórek published in *Przegląd Lekarski – Oświęcim*.¹⁸ These three individuals, albeit not medical practitioners, left records of their concentration camp experience because they felt a need to disseminate it.

If it had not been for the prisoner-doctors who worked in the prisoners’ hospitals of Gross-Rosen, those establishments would have been no more than just

16 Sula, 2003: 84 and 85.

17 Popek, 172.

18 Dziaduś, 138–139; Federowicz, 148–153; Piórek, 184–188.

waiting rooms for death. The articles I have referred to give a picture of absolutely dedicated, self-sacrificing individuals, as confirmed by the words of Gross–Rosen survivor Roman Niewiarowicz:

Doctors Mieczysław Michałowicz, Jan Nowak, Antoni Mianowski, Kazimierz Biały, Antoni Jankowski, Mieczysław Kotarbiński, Ludwik Fischer, Mieczysław Rieser, Roman Sztaba, as well as nurses Roman Stasiak, Szachowski, Targalski, and many others were the prisoners' Good Samaritans. Sometimes victims of violence and harassment themselves, they still did all they could to save prisoners. . . .¹⁹

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19 Niewiarowicz, 267.

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Births in Stutthof concentration camp

Agnieszka Kłys

The tragic stories I am going to relate in this paper are well-nigh unbelievable, especially as they are the stories of the youngest inmates of a German concentration camp—the babies born in Stutthof—and their mothers.

As in other Nazi German concentration camps, some of the women inmates in Stutthof were pregnant. Their fate was particularly dramatic. Some only learned they were pregnant when they arrived in the camp and had to go through a humiliating gynaecological examination. Pregnancy did not give them any privileges. Women prisoners who were pregnant had no access to medical care and had to do heavy labour. If they managed to carry the pregnancy to term, they had to give birth in the primitive conditions in the camp, and afterwards they struggled desperately to keep the baby alive. Straight after having the baby, when they should still have been in childbed, they were forced to go back to work. It was not until mid-1944, when the regime in the camp relaxed and the Germans were busy preparing to close it down, that babies born at the time (i.e. the latter half of 1944 and the first months of 1945) had a chance of survival. Though not all of them managed it. We shall never learn how many babies were born in Stutthof concentration

About the author: Agnieszka Kłys is a curator and archivist in the research department of the Stutthof Museum. She graduated from the Faculty of History at Nicolaus Copernicus University in Toruń and completed a museology postgraduate course at the Jagiellonian University in Kraków. She has been working for the research department of the Museum of Stutthof since 2013. She has published numerous publications on the history of the Stutthof concentration and extermination camp.

camp, because they were not registered in the camp's official records. There was just one exception: a report drawn up in April 1945 of the number of prisoners in the camp recorded thirty children.¹

STUTTHOF CONCENTRATION CAMP

Stutthof concentration camp started operations on 2 September 1939. It was established by the Nazi German authorities of the Free City of Danzig for the Polish and Jewish inhabitants of the Free City and the surrounding region of Pomerania. When Germany invaded Poland on 1 September 1939 and the Free City of Danzig was incorporated in Germany, large numbers of persons whose names the Gestapo had already entered on its proscription list were arrested. After a preliminary selection, on 2 September a group of about 150 was confined in Stutthof, which was ready and waiting for them.²

In October 1941, Stutthof was given the status of an *Arbeitserziehungslager* (educational labour camp). From this time on, it served as a repressive place of detention for slave labourers of various nationalities working on the land and in industry. Until 1942, Stutthof was a camp for prisoners from the local area. After a visit by Reichsführer SS Heinrich Himmler, it was “promoted” to the rank of a full-blown concentration camp. Henceforth it was known as *Konzentrationslager* Stutthof and became a centre for the implementation of the German general policy of extermination of Poles from other parts of Poland under German occupation as well as of other European nationals. After mid-1944 Stutthof was also a camp participating in the plan known as the *Endlösung der Judenfrage* (the Final Solution to the Jewish Question). From June to October 1944, nearly 50 thousand Jews from almost all the European countries were entered in the camp's register of prisoners.³

1 Archiwum Muzeum Stutthof (the Stutthof Museum Archive, hereinafter AMS), Raporty o stanie liczebnym więźniów KL Stutthof (Reports on the number of prisoners in Stutthof concentration camp), Ref. No. I-IIIIB-6.

2 Trocka; Madajczyk, 49–65; Chrzanowski.

3 Gliński, 42–46; Grabowska-Chałka, 2019; Drywa, 79–81 and 344.



Photo 1. | The commandant's office, Stutthof concentration camp, circa 1941. AMS, Ref. No. I-IF-1

By December 1944, Stutthof had an area of 120 hectares (296 acres). In November 1944, 57,056 prisoners were confined in Stutthof. In the latter half of that year it set up about 30 sub-camps, but in view of the impending approach of the eastern front, a decision was made to evacuate. Stutthof was evacuated in two phases, in January and April 1945.⁴

From 1939 to 1945, during the time when Stutthof was in operation, a total of about 110 thousand prisoners from 28 countries were confined in it. The largest group were the Jewish prisoners. The largest groups by country of origin were citizens of Poland, the Soviet Union, and Germany. About 65 thousand prisoners died in the camp due to disease, hard labour, violence, malnutrition, and during the evacuation.⁵

4 Orski, 1999.

5 Grot, 1993; Grot, 2003; Grabowska, 1992.

THE WOMEN PRISONERS OF STUTTHOF

The first women prisoners arrived in Stutthof in June 1940. They were Polish, local inhabitants of Pomerania. Women from other countries started to arrive in 1942. The first record of a baby being born in Stutthof (to Cecylia Stenke, a Polish prisoner) comes from this period. We know that the boy she gave birth to in the eighth month of pregnancy died.⁶

By 1944, there had been a considerable rise in the number of women inmates to over 44 thousand. The overwhelming majority were Jewish women from Hungary, Germany, Lithuania, Latvia, and Estonia.

St. 416

Stutthof, den 12. März 1944

die Leiche Stenke geboren. Gebieter,
Habe ich in Stutthof geboren. Gebieter,
wohnt in Stutthof. Gebieter, geb.
am 8. März 1944 um 13 Uhr 50 Minuten
in Stutthof einen toten Sohn geboren. Gebieter.

D. Verstorbenen war geboren am

in

(Standesamt) St.

Vater:

Mutter:

D. Verstorbenen war nicht — verheiratet.

Eingetragen auf mündliche — Anzeige des Geheilten
bevorsteht, wofür ich in Stutthof
Der Angelegende ist bekannt mit Stutthof,
auf so von dem Verstorbenen und seinem
Schicksal nicht mehr zu erfahren.

Vorgelesen, genehmigt und unterschrieben

Die Überstimmung mit dem
Ertrag wird beglaubigt.

Stutthof den 12. 5. 1944

Der Standesbeamte

Der Standesbeamte

Todesursache: Geburtstod

Geschließung des Verstorbenen am in

(Standesamt) St.

Photo 2. | Death certificate of Cecylia Stenke's premature son. AMS, Ref. No. Z-V-5

6 AMS, Akta personalne więźnia (Prisoners' personal records), Ref. No. I-III-27496; AMS, Książka chorych (Sick register), Ref. No. I-VB-10; AMS, Księga zmarłych USC (Register of deaths), Ref. No. Z-V-5.

WE KNOW THEIR NAMES

We know the names of a few of the boys and girls born in Stutthof in 1944 and 1945 to Polish mothers deported from Warsaw. There was also a Finnish woman who had a baby in Stutthof a few weeks before the camp was evacuated by a sea route.

A little boy called Jerzy was born on 27 July 1944 to Halina Połom, who was a hostage sent to Stutthof in December 1943, when she was in the second month of pregnancy. The baby was delivered by one of the prisoners, and Halina's sisters helped her look after the baby. They pilfered potatoes and fed the baby with grated potato. Jerzy was 10 months when the evacuation of the camp started in April 1945. His birth was entered in the prisoners' register of Stutthof, and it was one of the few births recorded in the register.⁷

Wanda Michałek's daughter was born on 28 November 1944. Wanda was in the second month of pregnancy when she arrived in the camp. She and her mother were in the old part of the camp, and she worked in the camp tailors' workshop making prison gear. She continued to work for the next months of her pregnancy, right up to the time the baby was due. At work, she managed to collect baby clothes that had belonged to other children in the camp, and a supply of rags she took from the sewing workshop to use as nappies. Her daughter Jadwiga was born in the prisoners' hospital and survived because she was breast-fed. The management of the camp only rarely gave mothers an extra ration of milk or semolina for their newborn babies, so women who had no mother's milk were in a desperate plight and had to rely on help from their fellow-prisoners. After giving birth, Wanda Michałek stayed in hospital, in a separate room for mothers and babies and was allowed a temporary leave of absence from her workplace. However, she had to attend the arduous roll calls, which were a great strain on prisoners because they could go on for hours. In April 1945, Wanda and her daughter, who was just short of

7 AMS, Książka kobiet osadzonych w obozie i przebadanych w szpitalu obozowym (Register of women prisoners and records of their medical examination in the camp hospital), Ref. No. I-VB-11; AMS, Akta personalne więźnia (Prisoners' personal records), Ref. No. I-III-12971; AMS, Relacje i wspomnienia – relacja Wandy Michałek (Statements and recollections, Wanda Michałek's statement), Vol. 24, p. 76; Information from Jerzy Połom.

five months, were put on board one of the evacuation ships.⁸

Małgosia was another baby born in Stutthof, to Maria Choromańska, who had been held in Dulag 121, the temporary camp at Pruszków for civilians displaced from Warsaw after the fall of the Warsaw Uprising. Maria did not want to be separated from her mother and sister, so they were all sent to Stutthof. Maria died shortly after the birth of her daughter. Other prisoners looked after the baby. They brought water, heated it up in their tin flasks, washed and dressed the baby, and then baptised her.⁹ As Sabina Gajor recalled,

The SS men beat us up for that. An old German used to come into our room . . . and heard the baby crying. We told him that its mother had

Konzentrationslager Stutthof **Polizeihaftung** **Sch.H.** **Art. Nr. 34 709**

Name und Vorname: **Michałek, Wanda**
 geb. **9. 5. 25** zu: **Kantorschin, Kra. Neustadt**
 Wohnort: **Wierndorf, Kra. Neustadt**
 Beruf: **Haushelferin** Rel.: **kath.**
 Staatsangehörigkeit: **P.O.** Stand: **led.**
 Name der Eltern: **Andreas M. + Monika, geb. Retske** Rasse:
 Wohnort: **Kl. Stutthof**
 Name der Ehefrau: Rasse:
 Wohnort:
 Kinder: **Alleiniger Ernährer der Familie oder der Eltern:**
 Ausbildung: **Volkshochschule**
 Militärdienstzeit: von — bis
 Kriegsdienstzeit: von — bis
 Größe: Gestalt: **gerast** Gesicht: **oval** Augen: **grün**
 Nase: **spitz** Mund: **normal** Ohren: **normal** Zähne: **gut**
 Haare: **dkl. blond** Sprache: **polnisch**
 Ansteckende Krankheiten oder Gebrechen: **keine**
 Besondere Kennzeichen: **Schwangerschaft**
 Fingerspuren: **nein**
 Verhaftet am: **26. 4. 44** wo: **an Orte**
 1. Mal eingeliefert: **12. 5. 44** 2. Mal eingeliefert:
 Überweisende Dienststelle: **Stapo. Danzig - 1. St.**
 Grund: **Bauabgrenzung**
 Parteizugehörigkeit: von — bis
 Welche Funktionen:
 Mitglied v. Unterorganisationen:
 Kriminelle Vorstrafen: **keine**
 Politische Vorstrafen: **keine**
 Ich bin derzeit kriegsweiblich, das heißt, ich bin schwanger wegen intellektueller Unkenntlichkeit
 erfolgt, wenn sich die obigen Angaben als falsch erweisen sollten.
V. d. H. **Der Lagerkommandant**

Photo 3. Wanda Michałek's personal data card with a remark that she was pregnant. AMS, Ref. No. I-III-10408

8 AMS, Akta personalne więźnia (Prisoners' personal records), Ref. No. I-III-10408; AMS, Relacje i wspomnienia – relacja Wandy Michałek (Statements and recollections, Wanda Michałek's statement), Vol. 24, p. 75–76; AMS, Relacje i wspomnienia – relacja Marii Kowalskiej (Statements and recollections, Maria Kowalska's statement), Vol. 24, p. 50; AMS, Relacje i wspomnienia – relacja Stanisławy Kłosińskiej (Statements and recollections, Stanisława Kłosińska's statement), Vol. 16, p. 46–47.

9 AMS, Lista transportowa więźniów (Transport list of prisoners), Ref. No. I-IIB-7; AMS, Akta personalne więźnia (Prisoners' personal records), Ref. No. I-III-41828; only the prisoner's account sheet has survived. Maria Choromańska's husband Zygmunt Choromański was the nephew of Father Zygmunt Choromański, the Bishop of Warsaw. Her husband was deported from Pruszków temporary camp, most probably to Neuengamme concentration camp, where he died. I obtained this information from Maria's family.

died, so he told us to bury her. . . .
The baby survived for another four weeks with us, but it was as thin as a stick and died.¹⁰

Another Małgosia was born in Stutthof. She was the daughter of Halina Artwich of Warsaw, who arrived in the camp in the fifth month of pregnancy and kept her pregnancy secret for as long as she could. In the autumn of 1944, when there was an epidemic of typhus in the camp and Halina was down with the disease and running a temperature of 40 degrees Celsius (104°F), the time came for her to give birth. She was delivered of a healthy little girl. Małgosia lived only for a couple of days. One of the German female guards snatched her from her mother and killed her.¹¹



Photo 4. | Halina Artwich, circa 1940. Family collection of Tomasz Wojtkowski

“I DON’T EVEN REMEMBER GIVING BIRTH”

Tadeusz was born on 5 March 1945 to Janina Jakubiak. When Janina was having a gynaecological examination in the camp, the German SS doctor grabbed her by the breast and said, “You’re pregnant.” She was terrified, worried whether she’d be able to keep the pregnancy, and she continued to worry over the next months.

10 AMS, *Relacje i wspomnienia – relacja Sabiny Gajor* (Statements and recollections, Sabina Gajor’s statement), Vol. XVI, p. 25.

11 AMS, *Akta personalne więźnia* (Prisoners’ personal records), Ref. No. I-III-626. I obtained the information about the child from the family of Halina Artwich.

She was especially afraid of going into the prisoners' hospital, where she could easily have lost the baby. Her son was born when she was very ill with typhus.¹² Years later Janina said,

I don't even remember giving birth, I was completely unconscious. But before it all happened, I felt like a stray dog, just like a wild animal. I had nothing to put the baby in, nothing to wrap him in, I didn't have the strength to give birth. I fell into despair and panicked, and then I lost consciousness.¹³

Her fellow-prisoners came to the rescue and looked after the baby until she was better.

"JANKA, I CAN'T STAND IT, I'M GOING TO JUMP OUT OF THIS WINDOW"

In the camp, Janina Jakubiak made friends with Irena Nowocin. At difficult times they supported each other, especially as Irena was pregnant, too. One day after a spell of delousing, when their group was herded into a barrack and kept there for nearly a whole day with no food and no access to the toilet, Irena said, "Janka, I can't stand it, I'm going to jump out of this window." It turned out that Irena was pregnant with twins. On 29 January 1945 she gave birth to twin boys, Piotr and Stefan.¹⁴

Janina Kazimierska's son Grzegorz was born in Stutthof in the autumn of 1944. Apolonia Kiszczak's son Krzysztof was born on 10 February 1945, and

12 Janina's surname was entered in the camp records as "Kowalczyk." See AMS, Akta personalne więźnia (Prisoners' personal records), Ref. No. I-III-47992. Only Janina's account sheet has been preserved; AMS, Lista transportowa więźniów (Transport list of prisoners), Ref. No. I-III-7.

13 In 2012 Janina Jakubiak was interviewed by Wirginia Węglińska and Marcin Owsński; AMS, Archiwum Programu „Ostatni świadkowie,” (Archive of the Last Witnesses Project). Ref. No. MS/DVD/168.

14 AMS, Lista uratowanych polskich więźniów KL Stutthof ewakuowanych drogą morską do Neustadt (List of Polish survivors of Stutthof evacuated by sea to Neustadt), Ref. No. Z-V-31; Interview given by Janina Jakubiak.

Sabina Supryka's daughter Elżbieta was born on 7 April 1945. All three women came from Warsaw and arrived in Stutthof from Pruszków temporary camp.¹⁵

Stanisława Rokita arrived from Warsaw in August 1944. She remembers the long hours of standing in roll calls and the brutal treatment prisoners got from the block senior. One of the devastating experiences she recalls was being forced to take a bath on a very cold day in January 1945. After the bath, the naked prisoners were made to leave the barrack and put their clothes on outside. For her, that bath led to pneumonia. Straight after that she contracted typhus. Owing to complications, she went partly deaf. She was in the sixth month of pregnancy at the time. During this difficult time her fellow prisoners helped, bringing her potatoes to eat, which they pilfered from the SS men's kitchen. In April 1945 she was put on board one of the evacuation boats, where she was delivered of a little girl.¹⁶

We know the name of yet another little girl born in Stutthof—Lea, the daughter of Maire Aaltonen, a Finnish woman who was a hotel stewardess on a merchant vessel which the Germans intercepted in October 1944, arrested its crew, and sent them to Stutthof. Maire did not know she was pregnant when she went to sea. She only learned of it once she was on board and saw the ship's doctor. She was confined in the *Germanenlager*, a part of the camp separated off from the rest of Stutthof and designated for Norwegian and Finnish prisoners. When she was getting ready for the birth, she stole some water from the kitchen. On 1 February 1945 she gave birth to a girl, assisted by one of the Norwegians, a medical orderly who delivered the baby, wrapped her in a newspaper and christened her. When a visit by functionaries was due to supervise the barrack, Maire hid the baby in the latrine, because she was afraid it would be taken away from her. During one of the air raids

15 AMS, Lista uratowanych polskich więźniów KL Stutthof ewakuowanych drogą morską do Neustadt (List of Polish survivors of Stutthof evacuated by sea to Neustadt), Ref. No. Z-V-31; AMS, Lista transportowa więźniów (Transport list of prisoners), Ref. No. I-IIB-7; AMS, Akta personalne więźnia (Prisoners' personal records), Ref. No. I-III-55793; *Kobiety pistolety. Polki – jeńcy wojenni w obozie koncentracyjnym. Historia 40 łączniczek i sanitariuszek osadzonych 29 września 1944 roku w KL Stutthof*. Exhibition catalogue, Ed. Wirginia Węglińska, 2014.

16 AMS, Relacje i wspomnienia – relacja Stanisławy Rokity (Statements and recollections, Stanisława Rokita's statement), Vol. 24, p. 156. A recollection of this bath, which had such tragic consequences, is to be found on pages 179–182 of the book by Szoszana Rabinowicz (Schoschana Rabinovici), who was a teenager at the time.

in March 1945, Maire was injured. Luckily, she recovered and was put on board one of the evacuation boats.¹⁷

Andrzej Kaźmierczak, born in Stutthof most probably on 17 August 1944, had an unprecedented life history. He was delivered by one of the women prisoners who worked in the camp hospital. After the War, the woman who acted as midwife testified under oath to the fact. In the hospital, the boy fell ill with smallpox and typhus, but survived thanks to other prisoners. He was in a separate room for mothers and children, but later he was taken away in a laundry basket and kept in the laundry until he left Stutthof. He was hidden in a laundry basket which was put on a lorry and taken to a Catholic children's home run by the Sisters of St. Elizabeth in Danzig. The home was for boys due to be Germanized (i.e. adopted by Germans to be brought up as Germans). Witnesses say that the SS men working in the camp knew of the incident but turned a blind eye. Andrzej was probably the son of a French couple. His mother was confined in Stutthof in August 1944. In 1946 he was adopted by Mr and Mrs Kaźmierczak, a Polish couple. He spent many years searching for information about his biological parents.¹⁸

THE TRAGIC PREDICAMENT OF JEWISH PRISONERS

A very large group of Jewish women was held in Stutthof, where the Germans sent them when they were liquidating the ghettos. Some were sent from Auschwitz-Birkenau and other concentration camps in Eastern Europe.¹⁹ The predicament of the Jewish women was particularly tragic. They were physically exhausted after a long journey. Initially, they were accommodated in half-finished barracks in the Jewish part of the camp, but soon they started to be sent out to the sub-camps, where they were forced to do heavy labour in munitions factories, building military fortifications, laying railway tracks, or on farms owned by German farmers.

17 Kłys.

18 For more see Orski, 2010: 109–126.

19 Drywa.

Mortality was high due to their extreme physical exhaustion and the diseases that ravaged them.

The first and decisive stage determining the fate of Jewish women who were pregnant was selection. Those whom an SS doctor diagnosed pregnant and Jewish babies were ruthlessly murdered, usually in a gas chamber or by a lethal injection of phenol. Jewish women whose pregnancy was not diagnosed had their children in the main camp and in its sub-camps, but their babies were killed as soon as they were born.²⁰ It was very rare for them to survive for a couple of days, as happened to the baby born to Gita Arkuska, a Jewish woman from the Vilnius ghetto. Gita managed to conceal her pregnancy under a loose striped dress. Her fellow prisoners in the block helped her whenever she felt weak, and one of them who was a midwife delivered the baby. Gita was in labour the whole night long and was very exhausted because she tried to be as quiet as she could, so as not to draw the block elder's attention. Gita gave birth to a girl. Surprisingly enough for the women prisoners, the block elder joined in looking after the baby. The little girl was put in a cardboard box and spent ten days with her mother, after which the block elder handed her over to the Germans, who killed her.²¹

Jewish babies were also born in the sub-camps, where mothers and their infants were in a tragic predicament—they had no chance to survive.²² Sara Mausowska and her little daughter, and Rozsi Fuchs and her little boy died in the Elbing sub-camp;²³ A baby, born probably to Frida Löwy, died in the Gutttau sub-camp.²⁴ Erzsebet Weisz, another Jewish prisoner, was moved from Stutthof to Buchen-

20 AMS, *Relacje i wspomnienia – relacja Chai Ber* (Statements and recollections, Chaja Ber's statement), Vol. VIII.

21 AMS, *Relacje i wspomnienia – relacja Jaffy Ulpman* (Statements and recollections, Jaffa Ulpman's statement), Ref. No. 26/43, p. 31–34.

22 For more information, see Orski, 1992: 283–285; AMS, *Relacje i wspomnienia – relacja Erny Valk* (Statements and recollections, Erna Valk's statement), microfilm 39.

23 The Elbing sub-camp, which was set up on 7 August 1944, was used by Baukommando Ostland, a workforce building military fortifications. The labour was done by about 6,500 Jewish women divided up into groups of a few hundred. Each group was sent to a different place, first in the area of the Vistula Lagoon, and later to places such as Gutttau in the region of Strasburg an der Drewenz (Brodnica) and Thorn (Toruń). See Drywa, 188–191; and AMS, *Akta personalne więźnia* (Prisoners' personal records), Ref. No. I-III-21601. This record has an error for the name of the sub-camp, which it identifies as Thorn.

24 AMS, *Akta personalne więźnia* (Prisoners' personal records), Ref. No. I-III-23393.

wald concentration camp. She was in the fifth month of pregnancy at the time. In November 1944, she was sent back to Stutthof because she was unfit for work, as she was nine months pregnant. Erzsebet died in Stutthof in January 1945. We don't know what happened to her baby.²⁵

THE EVACUATION OF MOTHERS AND BABIES FROM STUTTHOF AND BIRTHS DURING THE EVACUATION

Preparations to evacuate Stutthof started in late 1944. The rigours in camp discipline slackened, which gave the babies born at this time a better chance of survival. The prisoners evacuated included mothers and babies, and pregnant women who gave birth during the evacuation.

On 25 and 26 January 1945, about 11 thousand sick and weak prisoners left the camp on foot. The winter weather made their march even more difficult. Their destinations were evacuation camps at Navitz (now Nawcz), Lowitz (Łówcz), Gnewin (Gniewino), Burgshof (Toliszczek), Tauenzin (Tawęcino), Rübenau (Rybno), Gans (Gęś), and Krampe (Krępa Kaszubska) in the neighbourhood of Lauenburg (Lębork). The conditions in these places were disastrous. In addition, the prisoners were made to work on the construction of military fortifications. Many died of starvation or typhus. Those still left alive were liberated on 10–12 March 1945 when the Soviet offensive reached the area.

The women left Stutthof in two marching columns. In one of them, Column 7, there were Polish, Russian, Danish, German, French, and Norwegian women. First they were put on a narrow-gauge train and taken to Nickelswalde (Mikoszewo) and then ferried across the Vistula. From there they continued on foot, passing through Kashubian villages where they stopped for the night. They were tormented by the bitter cold and lack of food, and brutally harassed by the SS men escorting them and getting them to move faster. At a place called Niestępowo in Polish, one of the women started to get birth pangs. She was in dreadful pain and died shortly

25 AMS, Akta personalne więźnia (Prisoners' personal records), Ref. No. I-III-24699.

after giving birth. The baby died, too, and the mother and child were buried in a field.²⁶

The second group, Column 9, consisted of Polish, Jewish, and Russian women, and marched along a similar route to the one taken by Column 7. This group's destination was the Burgshof evacuation camp. There were pregnant women in this column, too. Two Jewish women gave birth in the parish church at a place called Lusin (Luzino). The guard escorting them allowed local women to take the babies. One of the babies, a little boy, was baptised Jan by the woman who took him in, but he only lived for a fortnight. The fate of the other child is unknown. The mothers of these two babies died as well.²⁷

The second stage of the prisoners' evacuation from Stutthof was by sea. The prisoners still left in the camp, including pregnant women and mothers with babies, were evacuated in ships which sailed on 25 April 1945. They were accommodated on the cargo decks of four barges which were not seaworthy and did not have facilities for passengers. The prisoners had no food or water, and no access to fresh air. They sailed for Germany in extremely bad weather conditions. Some prisoners were so thirsty that they tried to drink seawater. "Life on the lower deck was sheer hell. We quarrelled and shoved each other about in the dark, trying to get some extra room, just enough to sit down for a while," one of the prisoners wrote in his diary.²⁸ The women and babies were on barges called the Wolfgang and the Vaterland.

There were about a thousand prisoners on board the Wolfgang. That's where Stanisława Rokita had her baby. Later she recalled that

on 30 April 1945, when I started to give birth, the people around me packed together on the makeshift bed moved up even closer to each other to make room for me to lie down. There was a Soviet doctor with us, and he delivered the baby and attended to me. There were also other women with small children. They helped me, wrapped my baby in

26 AMS, *Relacje i wspomnienia – relacja Heleny Jarockiej* (Statements and recollections, Helena Jarocka's statement), Vol. X, p. 157.

27 AMS, *Zeznania świadków dotyczące Marszu Śmierci przez Luzino w styczniu i lutym 1945 r.* (Witnesses' statements on the Death March via Luzino in January and February 1945), Stefan Fikus (Ed.), p. 42 and 58.

28 Reponen, 269.



Photo 5. | Jerzy Połom, Jadwiga Jóźwiak née Michałek, and Andrzej Kaźmierczak, who were born in Stutthof. 2016 photo by E. Grot

nappies and clothed her. Once the Germans gave us some semolina and let us cook it for the children. I had given birth by that time, so I got some semolina, too.²⁹

Stanisława had a healthy baby girl who was named Zosia.

Maire Aaltonen and her daughter Lea were on the Wolfgang. Both barges sailed into the Bay of Lübeck in the area of Neustadt on 2 May 1945. When British troops entered the city, British and Swedish Red Cross doctors took care of the survivors of Stutthof and Neuengamme.

LIBERATION

Jadwiga, Zosia, Elżbieta, Lea, Jerzy, Tadeusz, Krzysztof, Piotr, and Stefan were liberated in Neustadt. Jadwiga and her mother Wanda Michałek went down with typhus.

29 AMS, *Relacje i wspomnienia – relacja Stanisławy Rokity* (Statements and recollections, Stanisława Rokita's statement), Vol. 24, p. 157.

In August 1945, after recovering, they returned home. Janina Jakubiak and her son left Neustadt for further medical treatment in Sweden and returned to Poland in October 1945. We don't know what happened to Irena Nowocin and her children. Presumably she left Neustadt for home as soon as possible, as she had left her elder daughter in Poland. Sabina Supryka and her daughter Elżbieta did not go back to Poland. Lea and her mother Maire Aaltonen went back to Finland via Denmark and Sweden. There was no happy end to the story of Zosia, Stanisława Rokita's little girl, who died on 9 July 1945 and was buried in Neustadt cemetery. Jerzy Połom was baptised in Neustadt. His godparents were a couple who survived Stutthof. Jerzy and his mother returned to Poland in late 1945, when he was nearly one and a half.

The data on the babies born in Stutthof concentration camp come from the camp's extant records and from accounts given by survivors and members of their family. Those are the only sources which I have been able to use for this paper.

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Księga zmarłych USC (Register of deaths).

Lista transportowa więźniów (Transport list of prisoners).

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Medical care for prisoners-of-war in Camp Fünfeichen (Stalag II A Neubrandenburg) during the Second World War

Joanna Lusek

During the Second World War Germany set up a network of over over 130 stationary prisoner-of-war camps in the Third Reich and on German-occupied territories. The principles in force during the Second World War for the medical care to be provided for POWs were based on the grounds defined in the Geneva Convention relative to the Treatment of Prisoners of War of 27 July 1929, which laid down that each camp was to “possess an infirmary, where prisoners of war shall receive attention of any kind of which they may be in need” (Art. 14). The 1929 Geneva Convention supplemented the regulations adopted in

About the author: Historian, museologist, educator. Currently head of the Historical Department of the Upper Silesian Museum in Bytom, certified curator, formerly an employee of the Scientific and Research Department of the Central Museum of Prisoners of War in Łambinowice-Opole. Content supervisor of the project of the Archive of Oral History of the House of Polish-German Cooperation in Opole, member of the Polish-German Society for the History of Medicine and the Polish Society of Oral History. Has published and designed exhibitions on the history of medicine and pharmacy, the history of education and upbringing, the history of World War II, with particular emphasis on prisoners of war and remembrance education.

the previous Conventions of 22 August 1864 and 8 July 1906. The developments which had occurred during successive wars, especially the First World War, made it necessary to formulate the regulations applicable to many of the issues more precisely. Apart from all the other arrangements, there was a moral obligation for belligerent countries to provide medical care both for their own armies as well as for the POWs in their detention.

In this paper, first I shall present the provisions of international law regarding medical care for POWs, and then apply them to examine the way the hospital complex attached to Stalag II A Neubrandenburg worked. I shall consider the details, the living and sanitary conditions on the premises in which POWs were accommodated in this camp, the way the camp's official medical service (the infirmary and hospital) worked, and the range of duties expected of the POW medical staff. I have reviewed the statistical records for the sick and wounded POWs receiving medical treatment and for the mortality rate in the main camp of Stalag II A Neubrandenburg.

HYGIENE AND SANITARY CONDITIONS IN STALAG II A NEUBRANDENBURG

Under the 1929 Geneva Convention, the detaining Power was “required to take all necessary hygienic measures to ensure the cleanliness and salubrity of camps and to prevent epidemics” (Art. 13). Prisoners of war were to have regular medical examinations and be vaccinated against typhus, diphtheria, and tetanus. POWs who contracted infectious diseases were to be quarantined in isolation barracks. The camps, their residential quarters, and the POWs were to be regularly disinfected, deloused, and dewormed. POWs were to be provided with personal hygiene appliances and sanitary facilities. There was to be a sufficient number of latrines for the number of inmates. “In addition and without prejudice to the provision as far as possible of baths and shower-baths in the camps, the prisoners shall be provided with a sufficient quantity of water for their bodily cleanliness” (Art. 13), enabling them to take a bath at least once a week. The POWs themselves were to be employed and paid for the construction of the sanitary facilities. They were to

receive the standard food rations the detaining country provided for its rearguard forces, though this rule was often abandoned as the situation on fronts during the Second World War deteriorated more and more. There were also international regulations concerning the supply of drinking water for POWs and extra rations for POWs who were working.¹

In 1938, the Wehrmacht purchased Fünfeichen, a property of about 70 hectares (173 acres) near Neubrandenburg. At the turn of 1939, army barracks, a training area, and garages for armoured vehicles were built there. When the War broke out, the area was in the Wehrmacht's Wehrkreis II (Second Military District), which had its headquarters in Stettin and was responsible for Provinz Pommern (Pomerania), the northern part of Provinz Brandenburg, and Land Mecklenburg.² The premises of the army barracks were converted to serve as Mannschafts-Stammlager II A Neubrandenburg, the first POW camp in the region, designated for rank-and-file soldiers and NCOs.³ This was a convenient location, less than 5 km (3.1 miles) away from the nearest railway station. POWs sent there had to cover this distance on foot. It was situated on slightly elevated land and surrounded by farmland, which it was believed would be an obstacle for potential fugitives. The only problem was that Neubrandenburg had an old and rundown water supply and sewerage network. Its pumping system was not good enough to cater for the residential areas, the industrial plants working for the needs of Germany's war economy, as well as the POW camp, which was quickly filling up with more and more inmates.⁴ Sanitary conditions in the camp did not improve until the summer of 1942, when an on-site well dug by the POWs started operations.

The first POWs were Polish soldiers, who arrived in September 1939. They were accommodated in tents each envisaged to house about 250 men. A double barbed wire fence was put up around this residential area. At the time, the premises envisaged for the barracks later built by the POWs was a sugar beet field. The Polish POWs

1 Flemming, 142–143; Sawczuk, 134; Lusek, 132–133.

2 Kobylarz and Sznotala, 26.

3 Bundesarchiv–Militärarchiv Freiburg (hereinafter BMF), RH 53, Kriegsgefangenenlager, No. 2/16, Stammtafel des Stalag II; Szczesiak, 133; Krüger, 11.

4 Politisches Archiv des Auswärtigen Amtes (hereinafter PAAA), R-Kriegsrecht (hereinafter R-Kr), No. 40992, Bericht über die Besichtigung des Stalag II A Neubrandenburg durch die Delegierten der Dienststelle Scapini (16–18 April 1942).

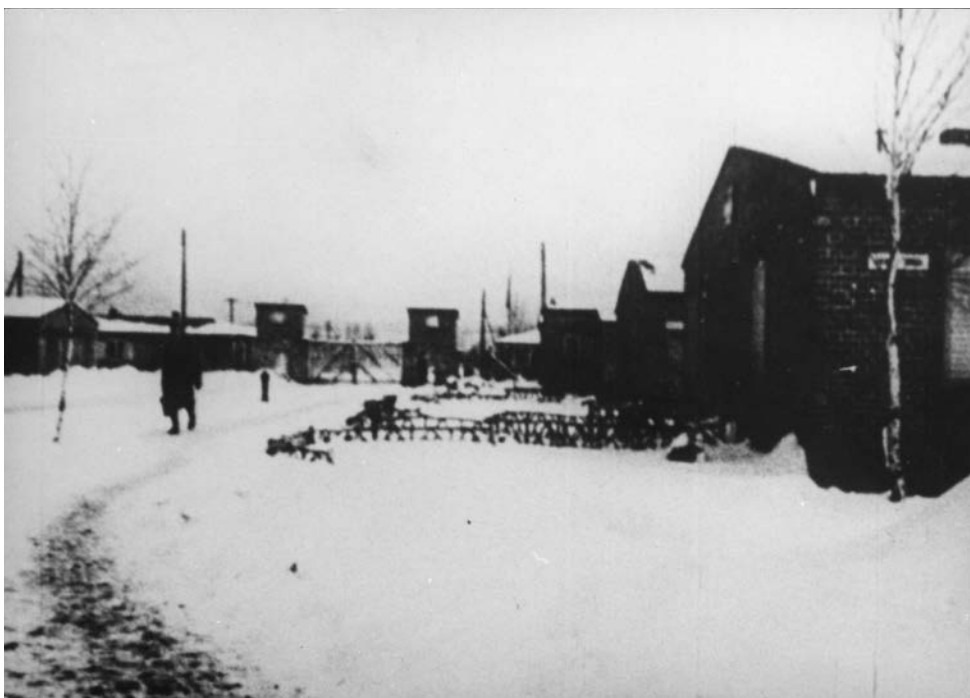


Photo 1. | Stalag II A Neubrandenburg. View of the camp (undated). Archives of Centralne Muzeum Jeńców Wojennych, Łambinowice. Photographic collection, Ref. No. 2281

spent the winter of 1939/1940 in tents, with straw for their mattresses. Each man had one blanket. They used makeshift latrines, and melted snow for water to wash and cook. The arrival of more POWs, this time from countries in Western Europe, forced the camp's management to embark on the development of the camp's facilities. Unlike the situation in other German POW camps, Neubrandenburg inmates were not quartered in the army barracks previously used to house German soldiers. It took just a year and a half to construct all the facilities in the camp, which was divided into the main camp and an outer area. The POWs who built them sustained contusions and limb and spine injuries due to having to carry and haul excessive loads, but there was no medical service available to dress their wounds. They had no winter clothing and suffered from frostbite. Their food rations were insufficient, not good enough to help them recover their physical vigour. In January 1940, Red Cross food parcels started to arrive on a regular basis, which brought a considerable improvement. However, the sanitary facilities were inadequate, which made personal hygiene extremely difficult and resulted in worm- and lice-infestation.



Photo 2. | A group of Polish, Serbian, and Soviet POWs in front of the hospital of Stalag II A Neubrandenburg (1944). Archives of Centralne Muzeum Jeńców Wojennych, Łambinowice. Photographic collection, Ref. No. I-7-26

There was a slight improvement in sanitary conditions once all the buildings were constructed. Bath-houses and disinfection facilities were built in the outer camp. The main camp comprised 48 residential and utility barracks, including a hospital and kitchen facilities. Each of the residential quarters were envisaged to accommodate about 250 POWs and consisted of several rooms. Three-tier bunks made up the sleeping facilities. Each barrack had its own washroom and a night latrine. In daytime, the POWs used outdoor latrines. Between the barracks there was an open space used for roll calls which the camp's management held at least twice a day, in the morning and evening.⁵

When the War started, each German POW camp was envisaged to hold no more than 10 thousand POWs, with a staff of about 150 to guard them. In practice, these

5 Archiwum Centralnego Muzeum Jeńców Wojennych (hereinafter ACMJW), *Relacje i Wspomnienia* (hereinafter RiW), Ref. No. 156, Jan Wójcicki's recollections; Ref. No. 227, Wincenty Brambosz's recollections; Ref. No. 924, Waclaw Wróblewski's recollections; Bojar-Fijałkowski, 135–136; Jeske, 36–37.

figures were much higher. The maximum for Stalag II A Neubrandenburg was recorded in a report for November 1941 and amounted to about 50 thousand.⁶ The rate of change in the influx of POWs from the armies of particular countries may be studied on the basis of the extant records. Usually they arrived by rail, transported in freight carriages. In the autumn of 1939, about 25 thousand Polish soldiers who had fought in the defence of their country against the German invasion arrived in Stalag II A Neubrandenburg. Some were later transferred to other camps, so that by mid-June 1940, there were only about 18.5 thousand of the Polish group left in Neubrandenburg, and nearly 85% of them were in work commandos.⁷

A group of Dutch POWs arrived in May 1940 and stayed in Stalag II A Neubrandenburg only for about a month and a half, after which time they were released. There are about 4 thousand names on the Dutch transportation lists.⁸ In June 1940 a group of about 100 Belgian officers arrived and left a month later. Belgians were entered in the camp's records for late 1941 as well. Not much is known about them except for a modest amount of data from the memoirs of Pierre Laberou, a French POW, and Luigi Roso, an Italian internee. Labarou worked as a stretcher carrier in the camp hospital in 1942–1943, transporting sick POWs from the railway station to the camp. He noted down that at this time there were Belgians in the hospital and they stayed there until the spring of 1944. Roso was sent from Stalag II C Greifswald to the camp hospital in Stalag II A Neubrandenburg for an operation. In his account he mentions a Belgian, Paul Brusselaars from Brussels, who died of peritonitis.⁹ This does not necessarily mean that these Belgians were Stalag II A Neubrandenburg POWs; they could have been sent there from another place.

In late May 1940, a large group of French POWs arrived in the camp. It comprised about 7.5 thousand men and NCOs including about 2.5 thousand Black soldiers from the French Colonies, and 185 officers. About 39 thousand Frenchmen were listed in the camp's records.¹⁰ In view of their physique, the Black POWs

6 BMF, RW 6, OKW / Allgemeines Wehrmachtsamt, Bestandesmeldung des OKW (1 May 1944), p. 450.

7 ACMJW, RiW, Ref. No. 156, Jan Wójcicki's recollections; Ref. No. 227, Wincenty Brambosz's recollections; Ref. No. 924, Waław Wróblewski's recollections; Bojar-Fijałkowski, 140–144.

8 Jeske, 48–50.

9 Stadtarchiv Neubrandenburg (hereinafter SAN), 4.03, NS-Zeit, AE 61, Ref. No. 30, *Memorie del prigioniero Pierre Laberou* (1994), not paginated; Roso, 125.

10 Jeske, 53.

were sent to work emptying latrines and disposing of excrement.¹¹ In the following months, the Polish POWs befriended the French POWs and exchanged food rations, i.e. bread and a helping of soup, with them. The camp's inmates were suffering from hunger, and many lost as much as 15–20 kg (33–44 lbs) in their first few months of confinement. In the autumn of 1940, food parcels started to arrive from the French and American Red Cross and from the families of detainees.¹²

In May 1941, a group of about 6 thousand Serbian and Greek POWs arrived. The Greeks were repatriated in October of the same year.¹³ Next, in August 1941, the first groups of Soviet POWs arrived. The records for December 1941 give their numbers at about 9 thousand. A total of about 20 thousand Red Army soldiers were held in Neubrandenburg.¹⁴ They slept out of doors, as no barracks were provided for them. In the first phase of their confinement they fed chiefly on grass and tree bark.¹⁵ Pierre Laberou wrote that they were kept out of doors and treated like animals brought to slaughter. In many of the next groups of Soviet POWs arriving in the camp there were bodies of those who did not survive the journey.¹⁶ Those who were not dead on arrival were weak and sick, and did not have adequate clothes for the season. Viktor Dumnov and German Matveyev said in their statements that they arrived in a group of about 200 fellow Red Army soldiers. They were disinfected for the first time since their confinement in Stalag 319 Cholm when they were boarding the train for Neubrandenburg. They travelled in freight carriages with no food or water, and when they disembarked, they were made to run all the way to the camp, which drained them completely of what strength they had left. Their uniforms were in tatters, many had no shoes, and they were all dirty and smelly. It was only once they got to the camp that they could take a wash. They had their heads shaved and were issued with clothing marked "SU." Those who had no foot-

11 Bojar-Fijałkowski, 137; ACMJW, RiW, Ref. No. 1109, Jan Kowalkowski's recollections.

12 Archiv des Regionalmuseums Neubrandenburg (hereinafter ARN), Q. Sammlung Dieter Krüger, Ref. No. 881, Correspondence of Pierre Loison with Daniel Krüger, 14 and 20 February 1994; Jeske, 54. Natalja Jeske refers to the memoirs of ex-POWs Maurice Magnin, Raymond Rastoul, and Roger Lainé.

13 Jeske, 67.

14 Reinhard, Keller, and Nagel, 577.

15 Krüger, 15–17; Fischer, 72–75.

16 SAN, 4.03, NS-Zeit, AE 61, Ref. No. 30, *Memorie del prigioniero Pierre Laberou* (1994).



Photo 3. | A group of Polish POWs working in the Stalag II A Neubrandenburg hospital. Dr Wojciech Leski POW No. 9199, standing first right (1941). Archives of Centralne Muzeum Jeńców Wojennych, Łąbinowice. Photographic collection, Ref. No. I-7-27

wear were issued with whole-foot clogs, which chafed the skin on their feet and made them bleed after a few minutes of walking.¹⁷ Soviet POWs were prohibited from fraternising with detainees from other countries. They were not entitled to Red Cross aid. The Polish physician Dr Wojciech Leski recalled that anyone who dared to give food to a Soviet POW was punished. There were cases of Soviet POWs being shot by firing squad.¹⁸ Inhumane treatment, catastrophic sanitary conditions, and infectious diseases made for a massive mortality rate. The camp records for late October 1941 give a figure of nearly 1.2 thousand Soviet deaths, and another 2 thousand by March 1942. French POWs in the penal commando disposed of the bodies using hand carts. Most of the Soviet POWs who died, died of typhus and were buried in mass graves under a layer of slaked lime.¹⁹

17 Jeske, 76.

18 ACMJW, RiW, Ref. No. 684, Wojciech Leski's recollections.

19 SAN, 4.03, NS-Zeit, AE 61, Ref. No. 30, *Memorie del prigioniero Pierre Laberou* (1994).

Italian detainees arrived in Stalag II A Neubrandenburg in September 1943. There were about 12 thousand of them. They were given barracks, but had to sleep on the bare ground.²⁰ Later many of them decided to collaborate with the Germans and worked as civilian forced labourers. About 3 thousand Italians were left in the camp. The Germans tried to break the morale of those who stayed in the camp and reduced their food rations, which were limited to just bread and potatoes. Luigi Roso recalled that they were not allowed to take a bath or change their clothes. His arms were covered with wounds which bled because he scratched the lice bites.²¹

In June 1940, some British POWs were brought to Neubrandenburg, but they were soon dispatched to other POW camps. The next time British soldiers were held in the camp was in the autumn of 1944, following the Normandy landings. About 200 of them were entered in the camp's records for November 1944. Around 560 American POWs arrived with them. The data for January 1945 give a figure of 3.1 thousand Americans and 521 Britons. A total of 5 to 6 thousand British and American POWs were held in Neubrandenburg.²² They were accommodated in 7 residential barracks and had the use of one of the barracks belonging to the hospital complex.²³ Towards the end of the War, the Germans started to evacuate their POW camps, moving inmates westward into the interior of the Third Reich. James H. Harris and Father Francis L. Sampson recalled that they had no water issued for the journey, so they tried to eat snow, which was strictly forbidden.²⁴ In February 1945, new groups of British and American POWs were transferred to Stalag II A Neubrandenburg from POW camps in East Prussia. Most of them were suffering from diarrhoea, tuberculosis and other lung diseases, and frostbite, and needed immediate medical attention. Due to sepsis progressing at an alarming rate, many had to have their fingers or toes, feet, or even whole limbs amputated. Father Sampson cited five cases of POWs who had to have both legs amputated,

20 Roso, 377.

21 Roso, 103–109. For more on the way Italian POWs were treated, see Schreiber, 446–477.

22 Sampson, 126.

23 The National Archives (hereinafter TNA), WO 224/4, International Red Cross and Protecting Powers. Reports concerning Prisoner of War Camps. Stalag II A (14th November 1944), Hospital—Visited on April 27th, 1944.

24 Jeske, 92; Sampson, 123–124.

and 18 cases of amputations of one limb or a foot. Due to a shortage of beds in the hospital, these patients were laid out next to each other on the floor of the hospital barracks previously used by French POWs.²⁵ The American Red Cross sent them parcels containing medications, toiletries, and food.²⁶

In September 1944, about a thousand Slovak insurgents were brought to Neu-brandenburg.²⁷ They were put up in the barracks in the south of the camp, which were vacant at the time.²⁸

THE CAMP'S INFIRMARY AND HOSPITAL.

According to the international regulations, every POW was to have access to medical care. This provision also applied to POWs in disciplinary arrest, penitentiaries, or working in commandos outside their main camp. POWs were to have medical examinations conducted regularly, that is at least once a month. Special attention was paid in the regulations to cases of infectious diseases, tuberculosis, malaria, and sexually transmitted diseases. The detaining country was bound to provide isolation premises for POWs suffering from infectious diseases, psychiatric disorders, and for those who were bedridden. It also had to provide suitable premises in camp infirmaries and hospitals for other POWs who were sick. The hospitals and infirmaries in German POW camps were subject to the authority of the *Lagerarzt* (camp physician), who supervised all the tasks involved in medical care and the provision of sanitary and hygiene amenities, as well as in the appointment of POWs to serve on his medical and sanitary staff as physicians and ancillary personnel. The volume of the medical facilities was comparable in all the German POW camps. Inmates requiring specialist or emergency treatment were to be transported to the nearest civilian or military medical establishment for treatment. After surgery, POWs were to be given rehabilitative care; those who had had amputations were to be provided with artificial limbs, and those who had lost their sight

25 Sampson, 137.

26 Jeske, 93.

27 Venorh, 102.

28 Jeske, 99.

or hearing had to be helped to adjust to life in their new condition. The authorities of the detaining country were bound to issue a medical certificate to every POW who received treatment, stating the diagnosis, and the duration and type of treatment administered. A copy of this document was to be sent to the Wehrmachtsauskunftsstelle für Kriegerverluste und Kriegsgefangene (WaSt, the Central Office for Prisoners-of-War) in Berlin. The detaining country bore the costs of medical treatment for POWs, as well as for artificial limbs, dentures, and other devices such as spectacles for their immediate use. The provision of artificial limbs for permanent use was the duty of a POW's home country. Medications and dressings were issued free of charge. This regulation was modified for officers held as POWs, who had to cover the cost of their medications out of their pay.²⁹

The camp physician also supervised the *Krankenrevierbuch* (register of infirmary patients), in which the patient's first name and surname were entered, along with his POW number and the date of his admission to the hospital. The camp physician was also responsible for the hospital register (*Lazarettkrankenbuch* or *Truppenkrankenbuch*), which recorded an additional set of data for the POW: his first name and surname, the name of the army and unit in which he had served prior to being taken into captivity, his rank, service number, date and place of birth, his religion and profession, his civil status and home address, as well as the doctor's diagnosis and recommendations, along with the place (camp, commando, or battlefield) from which he had arrived, and information concerning the date of his discharge from the hospital, the place to which he was sent, and additional remarks. A *Lazaretttschien* (hospital record) with an analogous set of data was made out for every POW who received treatment in the camp hospital, except that it gave more details about the POW's condition and diagnosis. It also had an entry for the personal belongings the POW handed in for safekeeping on admission to the camp hospital. The infirmary and hospital registers served as the basis for the general lists of the sick and wounded receiving in-patient treatment in the camp hospitals in a given military district, which were compiled for the military authorities. This data was then sent to headquarters in Berlin and to the International Committee of the Red Cross.³⁰

29 Sawczuk, 143–144; Lusek, 133–134.

30 Vojenský historický ústav (hereinafter VHÚ), Stalag VIII B, Ref. No. 134 (not paginated document of 1 October 1944).

In February 1942 Dr Karl Hartmann, a resident physician (senior house officer) from the city of Neubrandenburg, was appointed head of the camp hospital of Stalag II A Neubrandenburg. He was subject to the authority of the district physician for Neubrandenburg, not to the management of the camp.³¹ His relations with the POWs who worked as physicians in the camp hospital and were under his authority were satisfactory.³² He never refused treatment to any POW, regardless of which army he came from, and regularly notified the other doctors of the number of vacancies in the camp hospital, so as to admit as many cases as there were vacant beds.³³ Dr Hartmann stayed in the camp when it was liberated and handed the hospital over to the Red Army. In 1948 he was arrested by the Soviet secret service, charged with providing inadequate medical care for Soviet POWs in Stalag II A Neubrandenburg, and sentenced to life imprisonment by a Soviet military court.³⁴ He was sent to Bautzen to serve his sentence, and released in December 1955. The court records compiled by the Soviet authorities for his prosecution are still not accessible.

There is a very small amount of data extant concerning the POWs who were members of the camp's medical staff. In late October 1941 about 300 POWs—160 Frenchmen, 62 Poles, 41 Serbs, and 12 Soviets—were infirm patients. There were just three POW doctors, two Frenchmen and a Pole, looking after them.³⁵ An entry in the records for April 1942 says that only one French POW, Dr Dumont, was still working in the infirmary. He was overworked: every day about 100 French POWs wanted to see him, and he had over 150 inpatients in the infirmary.³⁶ In October 1941, there were two French dentists attending to POWs in the infirmary. But only one, Dr Gratadou, was left by April 1942, as the report for that month tells us. The other dentist had been discharged from the camp and sent home.³⁷

31 Bundesarchiv Berlin (hereinafter BAB), DO 1, Ministerium des Innern der DDR, Ref. No. 12598, Karl Hartmann, Persönlicher Bericht zur Strafsache (15 January 1955), p. 164.

32 SAN, 4.03, NS-Zeit, AE 61, Ref. No. 30, *Memorie del prigioniero Pierre Laberou* (1994); Jeske, p. 51 and 140.

33 BAB, DO 1, Ref. No. 12598, p. 164.

34 BAB, DO 1, Ref. No. 12598, p. 136.

35 PAAA, R-Kr, No. 40974, Bericht über die Besichtigung des Stalag II A Neubrandenburg durch die Delegierten des IKRK (24 October 1941).

36 PAAA, R-Kr, No. 40992, Bericht über die Besichtigung des Stalag II A Neubrandenburg durch die Delegierten des IKRK (16–18 April 1942).

37 Jeske, 135.

There were so many POWs who needed surgery that operations were carried out in the camp hospital. The camp hospital's chief surgeon was Dr Bolesław Markowski from Gdynia,³⁸ who spoke German, French, and English, which was an enormous help in his relations with patients and the German authorities of the camp hospital.³⁹ By the end of September 1944, Dr Markowski had performed over 3 thousand operations in the camp hospital of Stalag II A Neubrandenburg.⁴⁰ He also operated German soldiers.⁴¹

In the spring of 1944, there were 75 POWs working in the hospital complex of Stalag II A Neubrandenburg.⁴² This included 6 Polish and 2 French physicians, and several Polish, French, Serbian, and Italian medical orderlies. The Polish physician Dr Lewicki and Polish orderlies looked after the Soviet POWs.⁴³

Initially, the infirmary of Stalag II A Neubrandenburg comprised two barracks, one for patients with less serious conditions, and the other for more seriously ill patients. The bedding consisted of double bunks with bed linen. But due to a notorious shortage of bed linen, it was not always changed when a new patient arrived. Pierre Loison recalled that when he was assigned a bunk in the infirmary, he found brown marks on the sheets. He was told that the previous patient who had slept in his bunk had been sent to the hospital with dysentery.⁴⁴ In October 1941, after the outbreak of the German–Soviet War, a separate barrack was designated

38 Dr Bolesław Markowski (1908–1990) was a Polish military physician in the rank of captain. In 1938–1939, he had been the commander of the Oksywie maritime hospital (Szpital Morski na Oksywiu) and chief physician of its surgical ward. When the War broke out, he served in the defence of the Polish coast. He was taken prisoner and held first in Oflag II A Prenzlau and subsequently in Oflag II E Neubrandenburg. He was the chief surgeon in the Neubrandenburg complex of POW hospitals. During his internment as a POW, he took an active part in the resistance movement, setting up a unit of the Home Army (Armia Krajowa) in the POW camp and sending medications to Ravensbrück concentration camp. After the War, he stayed abroad as a political émigré. In 1946 he was promoted to the rank of lieutenant-commander. Later he held an appointment in a hospital in Belize, British Honduras, and (as of 1965) in University College Hospital, London (UK). He conducted research in gynaecological surgery. Dr Markowski died and was buried in London. See Sawicki et al.

39 Jeske, 139.

40 TNA, WO 224/4, Hospital—Visited on April 27th, 1944.

41 ACMJW, RiW, Ref. No. 1109, Jan Kowalkowski's recollections.

42 TNA, WO 224/4, Hospital—Visited on April 27th, 1944.

43 Jeske, 140.

44 ARN, Dieter Krüger, Ref. No. 881, Correspondence of Pierre Loison with Daniel Krüger (11 February 1994).

to accommodate sick Red Army soldiers.⁴⁵

The POW hospital was located about a kilometre (0.63 miles) south of the main camp of Stalag II A Neubrandenburg, and it started its activities in September 1940. It was the central hospital for all the POW camps in the Second Military District,⁴⁶ and admitted patients from all seven of the POW camps subject to its authority. Initially, it comprised five wooden barracks for patients, and one for the POWs working in the hospital. In addition, it had a barrack which served as an operating theatre, an administrative barrack, a laundry, a kitchen, and a mortuary. The facility with the operating theatre also accommodated an X-ray room, a hospital laboratory, and a rehabilitation room.⁴⁷

The hospital's medical equipment complied with the regulations. While POWs who were infirm patients had straw mattresses and just one blanket each,⁴⁸ the bedding in the hospital consisted of a mattress, bed linen, and at least two blankets for each patient, though even that did not guarantee patients would



Photo 4. | A group of Polish and French POWs working in the Stalag II A Neubrandenburg medical service (1941). Archives of Centralne Muzeum Jęrców Wojennych, Łąbinowice. Photographic collection, Ref. No. I-7-29

45 PAAA, R-Kr, No. 40974, Bericht über die Besichtigung des Kriegsgefangenenlazarets Neubrandenburg durch die Delegierten des IKRK (24 October 1941).

46 PAAA, R-Kr, No. 40974...

47 Jeske, 136.

48 PAAA, R-Kr, No. 40974...



Photo 5. | POWs on either side of a physician in front of the Stalag II A Neubrandenburg hospital (1944). Archives of Centralne Muzeum Jeńców Wojennych, Łambinowice. Photographic collection, Ref. No. I-7-3559

stay warm on a cold day.⁴⁹ The barracks had a provisional heating system using metal stoves. POWs belonging to different national armies were to be accommodated in separate rooms, but that did not always work out for practical reasons and due to shortage of beds.⁵⁰ Patients in the hospital slept in single bunks. The medical staff put up in separate quarters had two-tier bunks. Like all the other barracks in Stalag II A Neubrandenburg, the hospital barracks were rife with bugs and fleas.⁵¹ Pierre Loison recalled that the camp hospital was a far pleasanter place than the POW camp itself. Its wooden barracks were painted ochre and were surrounded by a lot of vegetation, including a rose garden and a vegetable patch.⁵²

49 TNA, WO 224/4, Hospital—Visited on April 27th, 1944.

50 TNA, WO 224/4, Hospital—Visited on April 27th, 1944.

51 TNA, WO 224/4, Hospital—Visited on April 27th, 1944.

52 ARN, Dieter Krüger, Ref. No. 881, Correspondence of Pierre Loison with Daniel Krüger (27 February 1994).

The hospital barracks could not accommodate all the patients in need of treatment. Many POWs were put on a hospital waiting list and had to stay in the camp receiving outpatient treatment. Jan Kowalkowski recalled that in February 1942, when he was being treated for pneumonia, he was moved to the main camp from the Lalendorf work commando. In the autumn of 1943, the Italian POW Luigi Roso was sent from Stalag II C Greifswald to the camp hospital of Stalag II A Neubrandenburg for an operation, but had to wait a few days in the camp to be admitted to the hospital.⁵³

In October 1941 a new, seventh barrack was installed for Soviet POWs on the hospital premises. Unlike the rest of the hospital barracks, it was lower, grey and definitely not so well equipped. It was not fitted out with metal heaters or double-pane windows, and there were no interior ceilings under its roof.⁵⁴ Soviet patients were not allowed to meet with other POWs in the hospital, and the other barracks were out of bounds for them.

POWs diagnosed with tuberculosis or other infectious diseases were accommodated in a separate isolation barrack to prevent their disease from spreading to other inmates. We have no information whether there was an isolation barrack for Soviet POWs.⁵⁵

Unfortunately, the statistical data for the patients of the hospital in Stalag II A Neubrandenburg is far from complete. The report compiled by Georges Scapini in April 1944⁵⁶ says that there were 330 patients in the camp hospital.⁵⁷ A fairly large

53 ACMJW, RiW, Ref. No. 1109, Jan Kowalkowski's recollections; Roso, 125; Jeske, 51 and 138.

54 ARN, Dieter Krüger, Ref. No. 881, Correspondence of Pierre Loison with Daniel Krüger (27 February 1994).

55 BAB, DO 1, Ref. No. 12598, p. 164.

56 After the outbreak of the War, when fighting started in Western Europe, the French authorities empowered diplomats to protect French interests in Germany. On 20 August 1940 the Vichy government issued a decree delegating the care of matters concerning French POWs in German detention to Georges Scapini, a co-founder of the Comité France-Allemagne (the French-German Committee). Marshal Pétain appointed him head of the French Service diplomatique des prisonniers de guerre (diplomatic service for matters concerning prisoners-of-war) in Berlin, in the rank of an ambassador. One of Scapini's duties was to see that French POWs were treated in compliance with the Geneva Convention, especially as regards the improvement of the conditions in which they were held and their discharge from detention. There are extant records of visitations of POW camps in which Frenchmen were held, conducted by Scapini's delegates in 1940–1944. See *France. Service diplomatique des prisonniers de guerre (1940–1944)* online.

57 TNA, WO 224/4, Hospital—Visited on April 27th, 1944.

number of them were Polish POWs, followed by Belgians, Dutchmen, Britons, and Americans, as well as patients from the Oflag II E Neubrandenburg, Oflag 67 Neu-brandenburg, Oflag II A Prenzlau, and Stalag Luft 1 Barth officers' camps. Although officers made up only a small fraction of all the POWs held in the Second Military District (about 9% in May 1944), nonetheless they accounted for over 25% of the patients treated in the camp hospital in late April 1944.⁵⁸ They were admitted to the hospital even if their condition was not serious. Under the Geneva Convention, they were a privileged group and the Germans allowed them to exercise those privileges.

French POWs constituted the largest national group of inmates of the POW camps in the Second Military District; in May 1944 they accounted for 41.5% of the total number of POWs,⁵⁹ and a comparable proportion of the patients in the camp hospital. In April of that year, there were 145 Frenchmen in the hospital, which amounted to 43% of the patients.⁶⁰ Soviet POWs made up about one-third of the inmates of the POW camps in the Second Military District but in late April 1944, there were only ten Red Army men in the hospital, just 2.7% of its patients. The medical care administered to Soviet POWs was at a lower standard than what was given to other national groups. The extant records for admissions and discharge from the hospital show that Soviet POWs were admitted only if they had a serious condition, such as a broken limb, a hernia, an inflammatory condition requiring surgery, or sepsis. Another category encompassed old and new gunshot wounds (the latter probably sustained during attempts to escape).⁶¹ Maksymilian Nochlin recalled that he was admitted to the hospital with a blood infection in his left arm. He stayed in the hospital for five months and during that time had four operations. In the end, his left forearm was amputated. He said that there were no more than 30 Soviet POWs in the hospital. They were all in a serious condition.⁶²

58 BMF, RW 6, OKW / Allgemeines Wehrmachtsamt, Bestandesmeldung des OKW (1 May 1944), p. 452.

59 BMF, RW 6, OKW / Allgemeines Wehrmachtsamt, Bestandesmeldung des OKW (1 May 1944), p. 452.

60 TNA, WO 224/4, Hospital—Visited on April 27th, 1944.

61 SAN, 4.03, NS-Zeit, AE 61, Ref. No. 30, *Memorie del prigioniero Pierre Laberou* (1994), not paginated.

62 Jeske, 138.

At the close of 1944 and the beginning of 1945, the imminent Soviet offensive made it more and more difficult to provide medical care for POWs in the last months preceding liberation. Supplies from the Wehrmacht's resources were cut down to a minimum. Medications, dressings, and disinfectants such as iodine were in short supply. Paper dressings were applied on wounds and to stabilise broken bones.⁶³ There was a shortage of medical equipment, especially for surgery.⁶⁴ Both the infirmary and the hospital were overcrowded. In late September 1944, prior to the arrival of American and British POWs, there were 388 patients in the hospital, which was envisaged for 330 beds.⁶⁵ By the end of the War, the figure had escalated. POWs evacuated from camps in the east were suffering from frostbite and colds.

The cemetery where POWs who died in Stalag II A Neubrandenburg were buried was situated a few hundred metres east of the camp hospital. Deceased POWs (except for deceased Soviet inmates) were given funerals attended by a chaplain and with military honours, and interred in separate graves with a wooden cross with the deceased's name, dates of birth and death, the service number on his dog tag, and the number of the grave. The numbering of the graves was consecutive. Over 400 POWs were buried in this cemetery during the War. About a quarter of them died within the last six months preceding the camp's liberation. The deaths of Soviet POWs were reported to the Central Office for Prisoners-of-War in Berlin, but no official entries were made in the German registry of deaths. Soviet POWs who died in 1941–1943 were buried in mass graves adjoining the POW cemetery. A few unnamed Soviet burials in separate numbered graves were conducted in October 1941, but later deceased Soviet POWs were interred in collective graves. Their death records said that they had been buried in a collective grave in the Stalag II A Neubrandenburg cemetery. In 1948–1949 the Prosecutor's Office of the Soviet Military Administration in Germany identified 48 such collective graves. POWs who died of typhus in the winter of 1941/1942 were interred in paper burial bags.⁶⁶ POW deaths had to be reported to the Central Office for Prisoners-of-War

63 ACMJW, Materiały i Dokumenty, Raporty Międzynarodowego Komitetu Czerwonego Krzyża, Ref. No. 11, Raport sur la situation des prisonniers de guerre polonais en Allemagne. Stalag II A (27 September 1944), p. 23 and 24.

64 TNA, WO 224/4, Hospital—Visited on April 27th, 1944.

65 BAB, DO 1, Ref. No. 12598, p. 164.

66 Jeske, 144.



Photo 6. | POW cemetery adjoining Stalag II A Neubrandenburg, with a company of Polish POWs paying a tribute (1 January 1941). Archives of Centralne Muzeum Jeńców Wojennych, Łambinowice. Photographic collection, Ref. No. 5198

in Berlin and to the Neubrandenburg registry office. The archives of the registry office were destroyed during the last phase of the War. To facilitate identification after the War, the lists of deceased POWs gave the date of death and the number of the grave. The extant data served as the basis for copies of death certificates which were transcribed and sent to the military authorities of the respective country and the next-of-kin of deceased POWs. They were issued for 149 Frenchmen, 66 Italians, 67 Poles, 27 Serbs, 14 Belgians, 3 Dutchmen, and 2 Americans.⁶⁷

⁶⁷ Jeske, 142–143.

EPILOGUE

The camp hospital continued to perform medical activities after liberation, when it became the Soviet forces' No. 37794 Field Hospital, which cared for ex-POWs, concentration camp survivors, and civilian ex-slave labourers who were too ill to return home on their own. They stayed in the hospital hoping to recover and be able to return to their country. Many of them found their last resting place in the POW cemetery. The field hospital was amalgamated with No. 165 Soviet repatriation camp, which was accommodated in the former Wehrmacht barracks on the Stalag II A Neubrandenburg premises. By the time the field hospital was closed in early August 1945, at least 65 deceased persons had been buried in the cemetery. However, we cannot say how many of these burials were of ex-POWs of the main camp and work commandos of Stalag II A Neubrandenburg.⁶⁸

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Ujazdowski Hospital in occupied Poland during the Second World War

Krzysztof Królikowski

When the Second World War broke out, Ujazdowski Hospital (Szpital Ujazdowski) in Warsaw was the largest military hospital in Poland and had enjoyed this status since 1794.¹ It was also the teaching hospital for the CWSan (Centrum Wyszkołenia Sanitarnego) medical cadets' college, which was to be transferred to Lublin but the plans for the move were never implemented because the War broke out on 1 September 1939.²

The war years—horrific, agonising, yet heroic years—marked the final chapter in the history of Ujazdowski Hospital. The period from 1939 to 1944 in that history is sometimes referred to as “the Ujazdowski Republic” (Rzeczpospolita Ujazdowska),

About the author: Krzysztof Królikowski is a physician and president of the Ujazdowski Hospital Society (Stowarzyszenie d. Szpital Ujazdowski), which commemorates, documents, and investigates the history of the oldest military hospital in Warsaw, Poland. He is a librarian at the Main Library of the Medical University of Warsaw. A former lecturer in History of Medicine at the Jagiellonian University in Krakow and Lazarski University of Warsaw, he is one of the founders of Polska Biblioteka Medyczna w Kijowie im. prof. Zbigniewa Religi (the Zbigniew Religa Polish Medical Library in Kiev, Ukraine).

1 Królikowski, 2018.

2 The medical cadets' college CWSan was founded in 1930 as the successor institution to Szkoła Podchorążych Sanitarnych. Szpital Ujazdowski (Ujazdowski Hospital) was the teaching hospital associated with the medical cadets' college.



Photo 1. | The Commander's Office of Ujazdowski Hospital. The Stowarzyszenie d. Szpital Ujazdowski collection

because against the backdrop of Poland and its capital Warsaw under German occupation, Ujazdowski Hospital was like an oasis of freedom. Whereas the entire city lived in a state of constant terror, plastered with flags bearing the Nazi German swastika and its streets troubled by frequent round-ups of its people for deportation to Germany for slave labour, as soon as you crossed the entrance gate to the main building of Ujazdowski Hospital at Górnośląska 45, you were in another world. There were Polish soldiers in Polish Army uniforms and speaking Polish; the medical staff was Polish, and so was its physician-in-chief and commander.

Ujazdowski Hospital had numerous departments and wards. We could say that it was self-sufficient because it had its own central heating system and boiler room, its own kitchen, greenhouse, and vegetable garden. All of its pavilions were interconnected by a narrow-gauge railway line.

Years later, Dr Cyprian Sadowski wrote in his recollections that one evening when he was on duty in Ujazdowski Hospital he felt an irresistible urge to abscond to pay a social call:

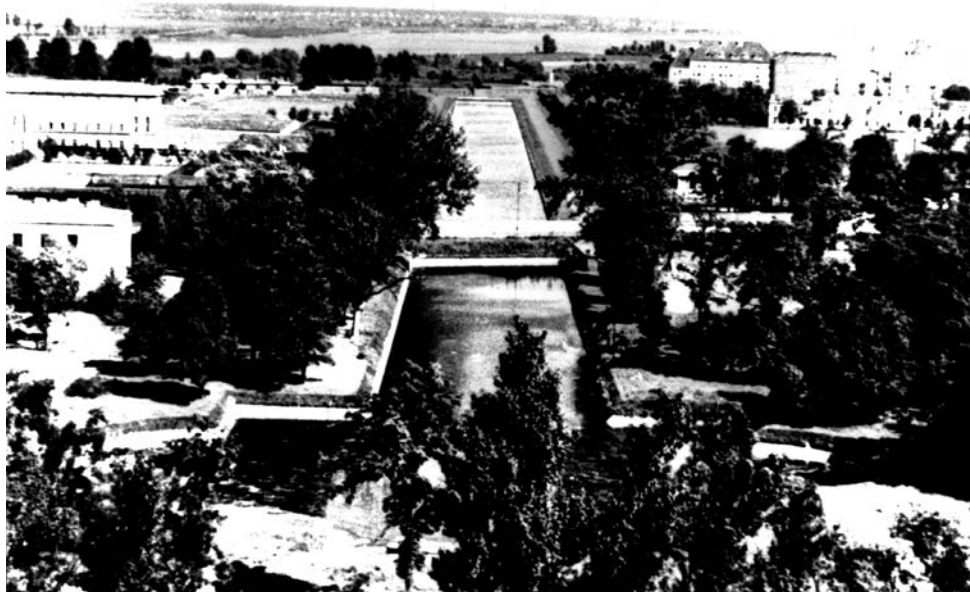


Photo 2. | View of the Piaseczyński Canal from Ujazdowski Castle (the 1930s). The Stowarzyszenie d. Szpital Ujazdowski collection

Ujazdowski Hospital consisted of several dispersed pavilions. I did the doctor's round in all of them. There was a nurse on duty in each of them, and all the pavilions were quiet. All the nurses were "our girls," so I left my phone number with each of them, so that if need be she could say I had visited the pavilion a while ago and had gone on to the next one.

When he left his friend's house, he went back to the Hospital, and on the way chanced on a man with a serious leg injury sustained in a road accident. He took the injured man to the Hospital.

It wasn't far to Ujazdowski Hospital. I took the man straight to surgery and got a team of surgeons who immediately set about operating him. After a couple of months, I saw him again, with an artificial limb. He's walking and is now working in Warsaw. He's an architect. I had saved his life. The blot on my conscience for leaving my post was wiped clean off my slate.³

3 Sadowski.

In the 19th century the pavilion system was the most widespread spatial arrangement used for hospital facilities. In the late 1930s a new building envisaged for Ujazdowski Hospital was built on aleja Niepodległości as part of the Marshal Piłsudski⁴ District project. The construction of the new hospital building was finished during the War under German occupation. The original plan was to move the Hospital to the new building and demolish the pavilions, thereby opening up a view of Ujazdów Castle, which was to serve as the residence of the President of Poland. When Germany invaded Poland and German troops entered Warsaw, Ujazdowski Hospital became a POW camp.

It was put under the German military command stationed in the city and armed German guards were posted on the Hospital premises. To be precise, I should add that the Hospital's pre-war management, which was subject to the authority of CWSan, had been evacuated along with the rest of the Hospital to the south-east of the country when general mobilisation was announced and implemented.

When combat stopped [in early October 1939], the Germans made Warsaw the centre for the medical treatment of Polish military casualties of all ranks from the entire territory of Poland under German occupation, including the region directly incorporated in Germany. Ujazdowski Hospital had the highest figure of bed occupancy of all the hospitals. As soon as patients were discharged, new ones were admitted from the diverse wartime and permanent hospitals, which meant more work all the time for the entire staff and quartermaster's office.

The POW Hospital's food rations were supplied by the Wehrmacht strictly in accordance with the rations envisaged by the Germans on the basis of the number of patients, which the Germans rigorously checked and controlled. The food rations were not enough for patients to survive, let alone recover. Under the regulations, the daily calorie intake was to be 2,000 calories, but only 100 g a week of fresh meat. In reality, the best the Hospital could do was to provide a bowl of *Eintopf* (wholesome soup) a day for every patient. The quartermaster faced a daunting challenge; he had to keep the Hospital running by maintaining supplies of all that was needed at the required level—bed linen, bedclothes,

4 Józef Piłsudski (1867–1935), appointed Marshal of Poland for his vital contribution to the restoration of the country's independence, had once been a medical student of Kharkov University but did not graduate. He was hospitalised in Ujazdowski Hospital on four occasions.

clothing and footwear for patients who were discharged, and he had to keep the Hospital heated and illuminated.

The patients did not starve only because the quartermaster was a sensible manager and the Hospital received aid from patients' families, private persons, farmers from the suburbs, and the staff of various institutions in the city. Another of the quartermaster's duties was to repair all the interior and exterior damage to the Hospital's buildings, none of which had come out of the fighting unscathed when the city was besieged.

Ujazdowski Hospital did not have an easy time because the regulations imposed by the German military authorities were hostile and ruthless.⁵

THE CHOCOLATE FACTORY AND THE BLOOD TRANSFUSION STATION

In early September 1939 the Hospital had been ready to receive casualties from the Armia Pomorze and Armia Łódź forces.⁶ At this time it was being bombed by the Luftwaffe, but aid was coming in from many parts of the city. The distinguished immunologist Professor Ludwik Hirszfeld⁷ arrived from the district of Saska Kępa to set up a blood transfusion station.⁸ In his autobiography he wrote,

A doctor from Ujazdowski Hospital came to my department and said that it had been evacuated and the casualties had been left with no one to look after them. Everything was gone or in very short supply. I asked her whether there was a blood transfusion station and was told that everything was gone or in very short supply. Straightaway I donated some of my own blood, took donations from my assistants, packed the bottles of blood, and reported to the commanding officer of Ujazdowski Hospital.⁹

5 Lityński, 1986, 84.

6 Królikowski, 2020.

7 Hirszfeld.

8 Hirszfeld.

9 Hirszfeld.

Hirszfeld offered to establish a blood bank and transfusion centre. The idea was accepted, as he later wrote:

The Hospital gave me the use of its bacteriological lab. I made an appeal broadcast on radio and published in the papers, asking the public, especially the women of Warsaw, to donate blood for the wounded. Róża Amzel and Zofia Skurska were my dependable co-workers, and Olgierd Sokołowski handled the clinical tests.¹⁰

Dr Jan Wedel, the proprietor of the Wedel chocolate factory, assumed patronage of Ujazdowski Hospital¹¹ and continued to provide it with financial assistance right up to the outbreak of the Uprising.¹² Other institutions which supported the Hospital included the Habermusch & Schiele company, the Institute of Hygiene, Konstanty Potocki's pharmacy, the Pod Bukietem restaurant, and the Bazar Różycyńskiego street market. Hotel Bristol sent in packed lunches.¹³

Dr Sadowski's recollections of "The Ujazdowski Republic" give the following details:

Several departments on the premises of our Hospital, as well as some in the Hospital of the Holy Spirit, which was transferred to Ujazdowski, were used for clandestine teaching for the medical students of the University of Western Poland and the University of Warsaw. Ujazdowski Hospital certainly merited its honourable titles, such as "The Ujazdowski Republic" and "The Unenslaved Town." Many people have written in their memoirs or recollections of the glorious achievements Ujazdowski Hospital accomplished in its teaching and care-giving activities.¹⁴

Other physicians who joined the staff of Ujazdowski Hospital, apart from Dr Hirszfeld, included Professor Wiktor Grzywo-Dąbrowski, Dr Wilhelm Knappe, and Dr Władysław Melanowski.¹⁵

10 Hirszfeld.

11 Janowska, 581.

12 Królikowski, 2020.

13 Odrowąż-Szukiewicz, 181.

14 Marcinkowski, 1988, 184.

15 Odrowąż-Szukiewicz, 181.

THE DISPENSARY

Ujazdowski's dispensary was a story in itself, and Dr Szczepan Wacek made a particularly distinguished contribution to its achievements. "The dispensary dispensed medications free of charge, and no fees were charged for emergency treatment."¹⁶

The dispensary was much more than just a place which dispensed medications and emergency treatment. It was also an important venue for resistance activities. "I had to carry out my duties for the resistance in the time I was examining my patients' eyes, despite the fact that there was always a German guard or a Gestapo officer attending them."¹⁷ The doctors who worked in the dispensary were prisoners themselves, yet they tried to distract the attention of any Germans guarding their patients, although it certainly wasn't easy. Dr Wacek dodged the guards by taking his patients into the X-ray dark room, which for reasons unknown no German ever ventured to enter. He memorised all the information the patient told him but took secret letters only in exceptional cases. He then passed on the information to an undercover liaison officer who worked in the Ujazdowski's outpatients' clinic.¹⁸

KATYN

On 6 September 1939, No. 104 Military 23 Hospital was ordered to evacuate east. Plans were being made to convert the teaching hospital¹⁹ into a military hospital already in July 1939,²⁰ and preparations speeded up when Germany invaded Poland.

¹⁶ Ciesielska, 2013.

¹⁷ Ciesielska, 2013.

¹⁸ Ciesielska, 2013.

¹⁹ "The teaching hospital"—i.e. Ujazdowski Hospital, which provided the practical training for the cadets' military college.

²⁰ Brzeziński.



Photo 3. | An operation in Department VII B, Ujazdowski Hospital (January 1941). The Stowarzyszenie d. Szpital Ujazdowski collection

Most of the Hospital's staff set out for the east of the country. Professor Stanisław Pieńkowski²¹ wrote in his diary that the medical cadets' college left on 7 September, and on 8 September the field hospital left Warsaw for Mińsk Mazowiecki but was stopped at the barricades and moved back to Otwock. It set out again for Mińsk Mazowiecki, and from there for Kałuszyn, which it reached on the ninth. From there its itinerary was Siedlce (arriving on the tenth); then Konstantyn, Janów and Biała Podlaska (arriving on the eleventh). On the twelfth the Hospital reached Trauguttów near Brześć (Brest–Litovsk). From there it headed for Brześć and Kowel, which it reached on the thirteenth. By the fourteenth it was in Krzemieniec, and that night reached Trembowla, where it was put up in the school building.²²

21 Professor Stanisław Pieńkowski was a neurologist who had read Medicine at the University of Warsaw, the University of Kharkov, and the Jagiellonian University, Kraków, and had graduated with a distinction in 1911. He was senior physician of the Ujazdowski's psychiatry and neurology department.

22 Stepek, 64.

On 17 September—the day the Soviet Union invaded Poland from the east—Professor Pieńkowski wrote in his diary he was glad that at last he could spend the night in a normal bed. He also put down that the Hospital was ready, but there were no patients. Most of those members of its staff who did not return to Warsaw were deported to the Soviet Union and held in the POW camps at Ostaszkov and Starobielsk. The Soviets murdered the overwhelming majority of them in Kharkov and buried them in mass graves at Piatikhatki (Kharkov), and some in Katyn. The rest returned to Warsaw. One of the survivors was Dr Witold Zawadowski, one of the pioneers of Polish radiology. General Bolesław Szarecki, one of the physicians arrested by the Soviets in the East who survived and was later the oldest surgeon serving in the Polish Second Corps which won the battle for Monte Cassino in 1944, said in a statement he made later,

On 17 September 1939, I was taken prisoner by the Soviets in Trembowla, where I was stationing with No. 104 Surgical Military Hospital, in which I held the office of scientific manager.²³

UJAZDOWSKI'S BRANCHES

When No. 104 Military Hospital was on its way for Trembowla, in Warsaw Ujazdowski Hospital was going through a dramatic time. There was a shortage of doctors and nurses; the pavilions, as well as Ujazdowski Castle, had been devastated in air raids. All the time Armia Modlin casualties were arriving in the Hospital. Dr Józef Konarski was the Hospital's new physician-in-chief.²⁴ The following wards were operational: I, gynaecology and obstetrics; II, psychiatry; III, radiology; IVA, Dr Kuśmierski's laryngology ward; IVB, maxillofacial surgery; V, Dr Irena Wojnicz's ophthalmology ward; VIA to VID, surgery; VIE, Dr Lenczewska and Dr Kołodziejska's internal medicine ward; VIF, Dr Natan's surgical ward; and VII, Dr Pęski's surgical ward.²⁵

²³ Szarecki.

²⁴ Brzeziński.

²⁵ Odrowąż-Szukiewicz, 35.



Photo 4. | Ujazdowski Castle. The Stowarzyszenie d. Szpital Ujazdowski collection

Ujazdowski Hospital and the First Regional Hospital (I Szpital Okręgowy), both on Nowowiejska, had branches in the following locations: the Princess Anna Wazówna Lutheran lower grammar school for girls at Kredytowa 2; the Mikołaj Rej Lutheran lower grammar school for boys on plac Małachowskiego 1; the Towarzystwo Przyszłość lower and higher grammar school at Śniadeckich 17; the Stephen Bathory lower and upper grammar school at Myśliwiecka 6; the Eastern Orthodox boarding school and seminary at Kopernika 13; Bank Handlowy on Traugutta; the courthouses on Leszno; the YMCA building at Konopnickiej 6, the Knights of Malta Hospital on Senatorska; and Kowalczykówna and Jawurkówna's lower grammar school at Wiejska 5.

THE ONLY INSTITUTION OF ITS KIND IN OCCUPIED EUROPE

Professor Edward Loth was granted permission to conduct a restoration project for Ujazdowski Castle, which had been damaged in the 1939 air raids. He also received funds from the assets of the pre-war ZUS social insurance company. The restored Castle was used to accommodate an institution for the retraining of disabled persons. It was the only institution of its kind in German-occupied Europe, and offered a wide range of courses, training the disabled to take jobs as tailors, shop assistants, gardeners, shoemakers, prosthetists, boot makers, and milliners.

Disabled persons who took these courses were given a special ID card which protected them against German harassment.



Photo 5. | Professor Edward Loth (1884–1944), founder and director of the institution for the retraining of disabled persons, 1941–1944. The Stowarzyszenie d. Szpital Ujazdowski collection

HANSEN AND GARLIŃSKI

Hansen is a household name in the history of Norwegian medicine and Polish architecture. Oskar Hansen and his Polish wife Zofia Garlińska-Hansen designed a series of renowned residential estates, Rakowiec (1961–1963), Bracławska (1964–1974), and Przyczulek Grochowski (1968–1974) in Warsaw, as well as

the Juliusz Słowacki housing estate in Lublin (1961).²⁶ Zofia Hansen's brother Bohdan Garliński studied medicine at CWSan²⁷ and contributed to the secret university teaching of medicine. He joined the Home Army and took part in an attempt to assassinate a Gestapo agent²⁸ on ulica Myśliwiecka.²⁹ According to Jan Gliński,³⁰ the agent had a bullet wound in the head but survived and was taken to Ujazdowski Hospital, where Garliński worked. When he regained consciousness, he recognised Dr Garliński, who was murdered in May 1943 in the Gęsiówka branch of the Pawiak prison.³¹

THE OSTLAGER

The Ostlager was a sad episode in the story of Ujazdowski Hospital. The Germans set up a camp known as the Ostlager intended for Soviet POWs on the premises of Ujazdowski Hospital. It was located in the old wooden pavilions of the infectious diseases department. The sight of its debilitated, starving inmates was horrific. Anyone who dared give them so much as a piece of bread could face serious consequences. Despite the prohibition, Col. Dr Leon Strehl organised food and medical aid for the few score Russians in the Ostlager and as a result had to go through a series of traumatic talks with the Germans (the same happened in many other similar cases).³²

26 *Zofia Garlińska-Hansen*, online.

27 Gliński, 101.

28 Gliński, 101.

29 Gliński, 101.

30 Gliński, 101.

31 Gliński, 101.

32 Królikowski, 2020.

NUMBER 11 ON FÓUTCA

When the Germans and Soviets overran Poland, General Jan Kołłątaj Srzednicki, commanding officer of the cadets' medical college until 1939, managed to cross the Rumanian border and get through to Hungary, and from there did a lot to help the needy. He used a special route from Hungary to send medicines to Ujazdowski Hospital for patients with the most desperate needs. He rendered invaluable services to save Jewish people, issuing false documents for them, thanks to which they could leave the country.

Margit Keley was on numerous sanitary trains taking wounded and sick Hungarian soldiers and repatriates home from Poland, and on her return journey she used to take back medications collected from General Kołłątaj Srzednicki, and handed them over to the Polish doctors working in Ujazdowski Hospital in Warsaw.³³

The procedure ended in tragedy when the Germans entered Budapest in 1944. The Gestapo shot General Kołłątaj Srzednicki just as he was destroying documents in the office of the Polish mission at Number 11 on Fóutca.

THE RIGHTEOUS OF UJAZDÓW

Wanda Makuch-Korulska

Wanda was a medical student who provided aid for Jews from the Warsaw Ghetto. She helped Halina Walfisz escape and got a job for her. She hid another escapee, the lawyer Marian Huskowski, in the Ujazdowski's anatomopathology department. She also harboured Kazia, another Jewish woman, in her mother's flat. Kazia's son Jurek was in hiding with a Polish family, and Wanda used to bring him to the anatomopathology department to see his mother.³⁴

33 Bielski, 394.

34 Ciesielska, "Historia pomocy – Makuch-Korulska Wanda," online.



Photo 6. | The Anatomopathology Department, Ujazdowski Hospital. The Stowarzyszenie d. Szpital Ujazdowski collection

Dr Michał Lityński

Dr Lityński kept wounded resistance combatants and Jewish escapees from the Ghetto hidden in his ward. He helped to save the life of Col. Feliks Gloeh, the Polish Army's Chief Chaplain for the Lutheran Church. Col. Gloeh gave Dr Lityński about 160 birth and baptismal certificates stamped with the official seal of Łomża Lutheran Parish, and Dr Lityński issued over 50 of these certificates to Jews hiding on the premises of the Ujazdowski Hospital.³⁵

35 Ciesielska, "Historia pomocy – Lityński Michał," online.



Photo 7. | Main building of Ujazdowski Hospital. The Stowarzyszenie d. Szpital Ujazdowski collection

Professor Edward Loth

Professor Loth was deeply committed to providing aid for Jews. He helped to get his acquaintance Dr Ludwik Stabholz out of the Warsaw Ghetto. Professor Loth sent Dr Stabholz a counterfeit ID card made out to Bolestaw Desidewicz and documents which said that Desidewicz had been wounded in combat in Germany. Professor Loth entered the Ghetto and put Dr Stabholz's leg in plaster. A week before the Ghetto Uprising broke out, Dr Stabholz was smuggled out of the Ghetto into the "Aryan" part of the city, where his wife and mother were waiting for him in a flat rented out for them. As the situation was still dangerous, the whole family was moved to a small place called Miłosna near Warsaw. In the spring of 1944, Dr Stabholz and his wife managed to reach the environs of Lwów, where he joined a Red Army battalion of bridge builders.³⁶

36 Ciesielska, "Historia pomocy – Loth Edward," online.

Professor Franciszek Raszeja

On 1 September 1939 Professor Raszeja was called up for service in the Polish Army's medical corps. He was the commanding officer of a military hospital stationed in Kowel (now Kovel, Ukraine). When combat for Poland's defence campaign ended, Professor Raszeja and his family left for Warsaw, where he reported at Ujazdowski Hospital. He registered with the Warsaw and Białystok Medical Chamber and was issued a medical practitioner's licence for the region.³⁷

On 5 December 1939 Professor Raszeja was appointed chief physician of the surgical ward in the Polish Red Cross Hospital on Smolna in Warsaw, and opened an orthopaedic ward attached to the surgical department. The orthopaedic ward held practical classes for medical students at the clandestine University of Warsaw.

Professor Raszeja helped Professor Ludwik Hirszfeld set up a secret blood transfusion centre, where students attending the underground university course in medicine donated blood for Jewish patients in the Ghetto. On 21 July 1942 Professor Raszeja went to the Ghetto on a home visit to see Abe Gutnajer, a pre-war art dealer. A couple of SS men burst into Gutnajer's residence and shot Gutnajer, his family, Professor Raszeja, and all the people who happened to be there at the time.³⁸

THE LITTLE MOTHERS

The Little Mothers were an inseparable part of the history of the Ujazdowski Republic. During Poland's defence campaign in September 1939, when the Ujazdowski Hospital lost large numbers of its staff and there was a shortage of nurses, the women of Warsaw came to the rescue. They showed a lot of courage, looking after wounded soldiers, cooking for them, and feeding them. Romance blossomed,

37 Ciesielska, "Historia pomocy – Raszeja Franciszek," online.

38 Muzeum Uniwersytetu Medycznego w Poznaniu, "Prof. nadzw. dr hab. ortopedii Franciszek Raszeja – historia przedwcześnie przerwana," online.

sometimes with a happy end and taking some couples to the altar, sometimes sad when a girl learned that her officer was a married man.

One of the best-known Little Mothers was Jadwiga Sosnkowska, the wife of General Kazimierz Sosnkowski. Jadwiga served in Ujazdowski Hospital from September 1939 until she left Poland on 30 March 1940.

THE WARSAW UPRISING OF 1944

When the Warsaw Uprising started at 17.00 hours on 1 August 1944, Dr Leon Strehl was transferred to the Knights of Malta Hospital, and Lt-Col. Teofil Kucharski became the commanding officer of Ujazdowski Hospital. “On 5 August a German military police unit entered the Hospital and ordered everyone to evacuate.”³⁹ A medical convoy was formed, consisting of 1,491 persons from Ujazdowski Hospital and 340 persons from the Hospital of the Holy Spirit, and five vehicles carrying medical instruments, medicines, food supplies, dressings, and the hospital funds (on the way the Germans confiscated some of these supplies). Seriously wounded patients were carried on stretchers or beds. They set off on the morning of 6 August, with Professor Kucharski walking at the head and carrying a Red Cross flag. The Germans made a group of 350 women who had been held as hostages in the parliament building join the medical convoy. The streets along their route were Górniośląska, Myśliwiecka, Łazienkowska, and Chełmska. On Czerniakowska civilians came out to help the medical staff. They spent the night out of doors in the Sobieski Park and on the premises of the Legia Sports Club. When they reached the institution run by the Sisters of Divine Providence next to St. Casimir’s Church, they were given a warm welcome by the nuns and local people, who supplied them with extra equipment, medications, and dressings. By the end of August, the Hospital was the only medical facility left in this part of the city. It provided treatment for hundreds of casualties including German POWs.⁴⁰

39 Wiloch, interview, online.

40 Królikowski, 2020.

Capt. Walter Ruszkowski was transferred to the insurgents' hospital at Morszyńska 7 in the Sadyba district.⁴¹ Another group led by Col. Naramowski and Maj. Wiloch was sent to the municipal health centre at Puławska 91.⁴² On 2 September 1944 Sadyba surrendered. The patients and staff of the Hospital and its branches were transported to Warszawa Wschodnia (Warsaw East) railway station, where they boarded a train for Milanówek.⁴³ On reaching its destination, the Hospital was accommodated in a two-storey house, now owned by the actress Krystyna Janda.⁴⁴ In November 1944 the Hospital was evacuated to Kraków.⁴⁵

KRAKÓW

In Kraków, Ujazdowski Hospital was accommodated on the premises of the Jesuit Monastery at Kopernika 26.⁴⁶ This is how Dr Białokoz remembered the day:

On the last day of October, Ujazdowski Hospital arrived after a long journey from Warsaw and was installed in our building at Kopernika 26. That day, Dr Jan Krotoski, its physician-in-chief during the Warsaw Uprising, and Col. Teofil Kucharski, who had previously held the office and resigned in favour of Dr Krotoski, called on my office. Dr Przesmycki was present as well. They pointed out very tactfully that since the two hospitals were together now, they should make up an integral whole. I agreed. Hence there was still something to be settled—who would be physician-in-chief of the amalgamated hospital, which would henceforth be “the Ujazdowski Hospital in Kraków.”⁴⁷

Dr Białokoz recalls that Professor Kucharski did not take up the appointment for health reasons, and the candidacy of Col. Stefan Tarnawski, who “had arrived in Kraków with the insurgents”, and as well as with the Second and Third Warsaw

41 Odrowąż-Szukiewicz.

42 Odrowąż-Szukiewicz.

43 Odrowąż-Szukiewicz.

44 Odrowąż-Szukiewicz.

45 Odrowąż-Szukiewicz.

46 Odrowąż-Szukiewicz.

47 Białokoz.

Hospitals (as we all knew),”⁴⁸ was put forward. Dr Białokoz goes on to describe the Hospital’s atmosphere during its Kraków period: “it kept its military style and name, though of course, strictly confidentially.”⁴⁹ It pursued its activities in the traditional manner for Polish pre-war military hospitals, in other words, the hospital management “issued circulars which in fact were camouflaged orders typical for a military unit.”⁵⁰

As more and more problems mounted up, in early 1945 Col. Stefan Tarnawski decided to disband the Hospital. For Ujazdowski Hospital it was the end of the road. Nowadays its traditions are being continued by Wojskowy Instytut Medyczny (the Polish Military Institute of Medicine).

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48 Białokoz.

49 Białokoz.

50 Białokoz.

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Medical care for casualties during the Warsaw Uprising in the Powiśle area

Anna Marek

The outbreak of the Warsaw Uprising on 1 August 1944 was not a great surprise. The Home Army¹ had been preparing for it practically since the beginning of the German occupation of Poland.² The Uprising's command treated its underground medical services and facilities for casualties as one of the priorities in the work to be done in advance. Units preparing for combat in the city identified and inspected the hospitals and other medical facilities in their

About the author: Anna Marek is a lecturer at the Faculty of Medicine of Lazarski University in Warsaw, where she teaches history of medicine.

She graduated from the Faculty of History at the University of Warsaw. Her doctoral degree and habilitation were obtained from the Ludwik and Aleksandra Birkenmajer Institute of History of the Polish Academy of Sciences.

Her research interests cover medicine in the 19th century and during the Second World War, with a special focus on the Warsaw Uprising, to which she devoted her MA and habilitation theses as well as a number of articles. She is the author of *Leczenie ran wojennych w Powstaniu Warszawskim 1 sierpnia–2 października 1944* [Treating war wounds during the Warsaw Uprising, 1 August to 2 October 1944].

- 1 The Home Army (*Armia Krajowa*, AK) was the underground resistance organisation in occupied Poland subject to the authority of the Polish government-in-exile. It was established on 14 February 1942 in outcome of the union of all the Polish military resistance forces active in occupied Poland.
- 2 A detailed schedule of the plans for an armed rising against the Germans and Soviets occupying Poland was defined in the order issued by the Commander-in-Chief of the Home Army on 20 November 1943. See *Polskie Siły Zbrojne* ..., 651.

area for use as first aid stations, drafted the rules and routes for the evacuation of casualties, and collected medical equipment and dressings. Another important point high up on the to-do list was first aid training for volunteer girls and recruiting medical staff for service in the front line combat units. Training courses were organised for doctors on the latest techniques in the treatment of war wounds.

When the Uprising broke out, the Powiśle area of Warsaw, along with the adjacent areas of Stare Miasto (the Old Town) and Muranów, made up *Rejon 1* (Region 1), which was part of *Obwód I Śródmieście* (District I – City Centre).³ In outcome of a series of military setbacks already in the first days of combat, the District started to split up into a number of separate areas, including Śródmieście, Powiśle, and Stare Miasto, which were cut off from other parts of the city. Restricted access to the rest of the city meant that the medical services had to be reorganised.⁴

The plans for the Uprising envisaged six fully operational hospitals in the Powiśle area for the needs of the medical services.⁵ However, already in the first days of August the streets where three of them were located came under German control, and another two were on no-man's land. The only hospital the insurgents managed to hold was the children's hospital at ulica Kopernika 43,⁶ but it was located in the immediate vicinity of the fighting, so a decision was made to set up provisional first aid facilities and small hospitals. The premises used for them were medical centres, boarding schools, shops, and even private residential apart-

3 The Warsaw Division (*Okręg Warszawski*) of the Home Army consisted of the City of Warsaw and the suburban Powiat of Warsaw (*powiat warszawski*), and comprised 7 districts and 1 autonomous region. *Obwód I Śródmieście* (District I, the City Centre) comprised 4 regions: *Rejon 1* (Stare Miasto, Muranów, and Powiśle); *Rejon 2, Śródmieście południowo-wschodnie* (City Centre South-East); *Rejon 3, Śródmieście południowo-zachodnie* (City Centre South-West); and *Rejon 4, Śródmieście północno-zachodnie* (City Centre North-West). Kirchmayer, 203–208.

4 More on the medical facilities in Powiśle in my book, Marek, 167–180.

5 Powiśle was the part of Warsaw with the largest number of stationary hospitals. They included *Szpital Św. Rocha* (St. Roch's Hospital, at Krakowskie Przedmieście 24), *Szpital Ubezpieczalni Społecznej* (the Social Insurance Hospital, at Solec 93), *Szpital PCK* (the Polish Red Cross Hospital, at Smolna 6), *Instytut Oftalmiczny* (the Ophthalmic Institute, at Smolna 8), *Zakład Położniczo-Ginekologiczny* (the Institute of Obstetrics and Gynaecology, at Karowa 22), and *Szpital Dziecięcy* (the Children's Hospital, at Kopernika 43).

6 Before the Uprising started the children's hospital had already been designated as the facility to provide medical services for Battalion Gustaw, and had collected dressings, medicines, and medical equipment for that purpose. The basic amenities for the service were to be the hospital's operating theatre, treatment room, and blood transfusion station. Bielecki, 335.

ments. Not all of these places were adequate enough for the purposes they were to serve. The medical staff assigned to work in such places did their best to adapt them. Civilians played a key part in this task, joining in a spontaneous effort to furnish these places with beds, cupboards and lockers, chairs and tables, bed linen and clothes for casualties—sheets, blankets and pillows, nightshirts and pyjamas, slippers and cotton handkerchiefs.

Two Roman Catholic congregations of nuns helped tremendously by making their premises available and organising medical centres. The Grey Ursulines and the Sisters of Charity had houses in the Powiśle area. Sisters of Charity worked as nurses looking after children in the hospital at Kopernika 43, but they also set up a small hospital for insurgent and civilian casualties in their mother house at Tamka 35. The Ursulines set up an eye hospital in *Szary Dom* (the Grey House, their mother house) on ulica Gęsta. It was run by Sister Edwarda (Dr Zofia Wojno).⁷ The Sisters of Charity set up a medical station for the Home Army Krybar Unit in a building belonging to the Congregation at Tamka 30, with Dr Jerzy Rowiński as its head.⁸ In both these



Photo 1. | The children's hospital at Kopernika 43, a few years after the War, with the façade still pockmarked by bullet holes. Unknown photographer. Source: <https://wsdz.pl/o-szpitalu/nasza-misja-i-historia> [Accessed 15 August 2021]

7 Zofia Wojno (1886–1954), Polish ophthalmologist; graduated in medicine from Zurich University. <https://lekarzepowstania.pl/osoba/zofia-wojno> [Accessed 21 July 2021].

8 Jerzy Rowiński, “Doktor Jurand” (1906–1998), internist. The staff working in his medical station included his wife, a group of nuns, and a few other ladies. None of them were qualified nurses, though later they were joined by a qualified nurse. Rowiński, 85–90.

places the nuns ran a soup kitchen for combatants and civilians.⁹ In addition, some medical practitioners treated the wounded in their private surgeries. Apart from the children's hospital, during the Uprising there were 8 small hospitals and 11 first aid stations in operation in the Powiśle area.¹⁰

We know that all the medical stations kept records of their activities. Unfortunately, most of these records have not survived, and many of those that have are incomplete. This makes systematic research on the number and kind of casualties in the various facilities extremely difficult. There are 16 reports from the Powiśle hospitals and first aid stations in the collections of the Warsaw office of the Polish Red Cross Archives of the National Bureau for Information and Missing Persons Tracing Service.¹¹ 737 patients received treatment in those medical facilities between 1 August and 3 September 1944.¹² The overwhelming majority, 63%, were civilians. 311 (43%) were men, and 145, (20%) were women. The remaining 37% were insurgents: 265 men (35%) and 16 women (2%). Most of them were young people, in the 18–30 age group, which accounted for 293 persons (251 men and 42 women). The next largest was the 31–50 age group, with a total of 204 persons (160 men and 44 women). There were also small groups of children and elderly persons. Usually the casualties treated in these medical facilities had gun-

9 Every day the Grey House issued over 1,500 servings of soup and about 900 breakfasts and suppers. The house at Tamka 35 served about 600 meals three times a day, including about a hundred meals for an insurgents' unit. The basic ingredients were flour and cereals, while vegetables were few and far between, but although the meals were monotonous, the nuns continued to issue food (bread and meals) on a regular basis to the very end of hostilities. The nuns worked on a three-shift schedule to bake enough bread to cater for all the needs. See "Szare Urszulanki . . .," 502 and 506; and Michaelis and Rudniewska, 90.

10 This data refers only to the facilities which were officially recognised and supplied with medical resources by the commanders of the Uprising. These facilities were to be marked with the Red Cross flag, and their head was to be a physician, with a team of nurses working under his supervision. In addition, there was an unknown number of unofficial medical facilities arranged spontaneously by local inhabitants or persons with a provisional medical training, but they did not have the right to display the flag or to medical resources. See "Zarządzenie," 4; and Urbanek, 360–364.

11 The collection of documents preserved in the Archiwum Krajowego Biura Informacji i Poszukiwań Polskiego Czerwonego Krzyża w Warszawie is far from complete, and all that may be said on their basis is that there were certain regularities in the way these places were run.

12 On 3 September 1944 the Germans launched a concentrated offensive on Powiśle, which ended on 6 September with the area surrendering. During the offensive the situation in the medical facilities was so tragic and changeable that drawing up reports would have been unthinkable. Even if any of the personnel tried to compile such reports, they have not come down to us.

shot wounds or injuries due to bomb blasts, shrapnel, grenades, mines, or pieces of flying glass or metal. There were also persons with chest, thigh or shin wounds, and some who had been hurt on the face, shoulders, or abdomen. Another common group of casualties carried in for treatment were people with burns or bone fractures in addition to bullet wounds.¹³ Others requiring treatment, apart from those needing surgery, were patients with disorders of the stomach and intestines, bronchitis and pneumonia, rheumatic pain, neuroses, and heart attacks. Among the children brought in to these centres there were cases of diphtheria and scarlet fever. The Home Army's medical authorities designated a few additional facilities for the treatment of patients not requiring surgery, for instance in the doctors' surgeries at Smulikowskiego 15, Dobra 22/24, and Pierackiego 17.

Nurses administered first aid to casualties directly along the line of combat. If it was a limb injury with a heavy loss of blood they put on a pressure dressing or a tourniquet.¹⁴ Whenever there was a need for an anti-tetanus or painkiller injection, they would administer it (providing they had the medication). They applied plaster bandages or metal bars on broken bones, and then the patient would be evacuated to a medical station.¹⁵ Patients with minor injuries were sent to a first aid station, where they had their wound washed, disinfected, and a sterile dressing put on. Then they would leave, usually for their military base or for home. If need be, they would report again for a check-up.

Serious casualties requiring surgery were sent to a hospital. The classical treatment for war wounds prescribed an examination of the walls and bottom of the cavity, the excision of damaged tissue, and the removal of all the remnants of the projectile. Usually the wound was to be left without closure. The doctors worked

13 I did my research and calculations on the basis of the register of patients from the insurgents' hospital at Konopczyńskiego 3 (*Księga chorych szpitala powstańczego Konopczyńskiego 3*), and Polish Red Cross records of missing persons (Archiwum Krajowego Biura Informacji i Poszukiwań Polskiego Czerwonego Krzyża w Warszawie). These figures should be treated as approximations, because they are based on only a fraction of the information available on the patients of the Powiśle medical facilities.

14 Every time the nurses or orderlies applied a pressure dressing they had to record the time of the treatment.

15 In Powiśle orderlies used stretchers to bring in casualties. In Wola motor cars, or sometimes ambulances were also used to transport patients. This was feasible only in the initial phase of the Uprising; later on there were too many barricades to allow for the passage of motor vehicles.

in compliance with the guidelines for the treatment of war wounds adopted before the War and endorsed by General Monter (Antoni Chruściel) in an order issued on 20 August 1944. The regulations were standardised probably in outcome of reports coming in of procedures such as primary closures or stapling,¹⁶ which were considered inappropriate because they often resulted in wound infection and suppuration. Closure was only permitted for head or chest injuries. The new rules for the treatment of war wounds had been implemented in Polish military hospitals still before the War, but not all the civilian hospitals and physicians seem to have introduced them. So not all medical

practitioners had heard of the new method, and even fewer had had the chance to apply it. A variety of operating techniques were used, depending on the surgeon's skills, especially as during the Uprising many doctors who were not surgeons were faced with the dilemma whether to try to help a patient and operate, or refrain and wait for him to die. Many doctors decided to take the risk and operate, even though they were not fully qualified and did not have enough experience of the treatment of war wounds. Hence stories circulated of doctors applying primary



Photo 2. | A sanitary patrol on Piekarska. Photograph by Jerzy "Chojna" Chojnacki. Source: The Warsaw Rising Museum, Ref. No. MPW-IH/2234

16 Primary closure (stapling) was admissible only if not more than 10–12 hours (and preferably less than 6 hours) had passed since the patient was wounded, and if it was a shallow wound located in a highly vascularised part of the body. Stapling had to be performed in hospital in aseptic conditions, and the patient had to be under observation for the whole time it took the wound to heal. Hence large wounds and lacerations could be secured only with slack sutures or left open, as described by Owczarewicz and Sokołowski in a 1934 article on the treatment of war wounds.

closure or what was believed to be “debridement.”¹⁷

The medical staff examined and cleaned wounds, connected up broken blood vessels, and drained blood clots. Wounds due to a Dum-Dum expanding bullet were especially difficult to treat because the bullet made a small impact hole, but a large, lacerated exit hole.¹⁸ Broken bones would be reset and put in plaster after a few days. For open fractures a small aperture was left in the plaster to monitor the healing process and change dressings. Patients with burns due to a Nebelwerfer mortar were effectively in a hopeless situation.¹⁹ Shells fired by Nebelwerfers against insurgents, which they nicknamed “cows” or “wardrobes,” contained explosives and incendiary materials. The force of the blast wave caused by an exploding Nebelwerfer shell was so powerful that it could kill bystand-



Photo 3. | Medical staff treating a wounded insurgent in an insurgents' hospital. Photograph by Marian “Wyrwa” Grabski. Source: The Warsaw Rising Museum, Ref. No. MPW-IN/1524

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- 17 To debride means to remove dead, contaminated, or adherent tissue and/or foreign material. To debride a wound is to remove all materials that may promote infection and impede healing. Online medical dictionary; Medical Editor Melissa Conrad Stöppler, MD. <https://www.medicinenet.com/debride/definition.htm> [Accessed 21 July 2021]. The term comes from the French *débrider*, “to remove a bridle.” Incomplete debridement, with some of the necrotic tissue left in the wound, leads to inflammation and the need for longer treatment. Sokołowski, 1931: 91.
- 18 Dum-dum bullets are designed to expand on impact, giving rise to an extensive area of damage and lacerated tissue in the victim. Their name comes from an early British example produced in the Dum Dum Arsenal, near Calcutta, India, by Captain Neville Bertie-Clay. The Hague Convention of 1899, Declaration III prohibits the use of expanding bullets in international warfare. https://en.wikipedia.org/wiki/Expanding_bullet [Accessed 21 July 2021].
- 19 The Nebelwerfer was a German gun used to launch mortars, shells, grenades, and other projectiles.



Photo 4. | Set of medical instruments used by Andrzej Zaorski, a medical student, during the Uprising. Private collections of Anna Marek

ers. Those who escaped instant death turned into human torches and their bodies were completely covered with burns. They were sent to hospital, but at the time there was no effective treatment to handle such cases. Doctors tried to apply linseed oil, Vaseline, or cod liver oil to burns that covered practically the whole surface of the victim's body. They administered morphine injections to stop the horrific pain.²⁰ Abdominal injuries were another big problem. Patients had a chance to recover if their peritoneum was not damaged. But there were little or no prospects of survival for those with ruptured intestines; usually they would develop peritonitis and die within a short space of time.

Another important point was that medical resources were in short supply, so doctors were forced to observe the rule that anaesthetics could be used only for the most serious operations, and less serious surgery had to be done with no anaesthetic. This unwritten principle applied in all the districts of Warsaw during the Uprising.

20 From Gąsowska-Jabłkowska's recollections of the Uprising, preserved in the holdings of the Library of the University of Warsaw.

The antiseptic Rivanol (ethacridine lactate monohydrate) or sulphonamides were used (if available) to treat wound inflammation.²¹ We have no evidence to confirm claims made in some survivors' memoirs that penicillin was used during the Warsaw Uprising.²² There are no mentions of penicillin in any of the official records. On the other hand, there is no doubt that blood transfusions were conducted. In view of the ambient conditions and the fact that there were no storage facilities, blood was transfused directly from the donor's vein to the recipient's vein. And usually one of the medical staff was the donor.

At the end of their stay in the hospital or medical unit, patients would have their stitches taken out or their fracture immobilised. Patients with a serious condition were obliged to continue treatment at an outpatient clinic. Some patients asked to be discharged to go home or back to their unit, or transfer to another medical facility which they thought would be safer.

Nurses and orderlies provided the day-to-day care for patients in the small hospitals and first aid facilities. They tried to give post-op convalescents the best conditions they could. They changed dressings, fed their patients, and if need be comforted them and kept their spirits up.²³

An interesting document was drawn up at the small hospital at Konopczyńskiego 3, which was an annex of the children's hospital at Kopernika 43. It was a set of regulations for nurses,²⁴ probably compiled on a staff initiative, and Dr Stefan Żegliński,²⁵ the unit's commanding officer, signed it on 10 August 1944. The regulations defined the duties of the ward nurse and "room nurses." The ward nurse's duties were to supervise the serving of meals, patients' behaviour, check patients' temperature charts, and supervise the work of the staff. She was also responsible for the ward's material assets. Interestingly, the document does not say that the ward nurse was

21 The sulphonamides are a series of antibacterial drugs. Their antibacterial applications declined with the advent of antibiotics, which are safer to use.

22 On page 89 of his memoirs Dr Rowiński says that penicillin was used during the Warsaw Uprising, but he wrote this passage at the turn of the 1970s.

23 From Gąsowska-Jabłkowska's and Alina Zduńska's recollections of the Uprising, preserved in the holdings of the Library of the University of Warsaw.

24 "Regulamin pracy pielęgniarek," preserved in the collections of Centralne Archiwum Wojskowe (the Polish Central Military Archive), CAW, shelf mark 30/62/53.

25 Dr Stefan Żegliński (1908–1976) was a surgeon who worked in the children's hospital at Kopernika 43.

to supervise the work of “room” nurses. Bożena Urbanek suggests that perhaps this aspect was left to the discretionary decision of the doctors.

Room nurses were on 12-hour day and night shifts which started and finished with a 15-minute roll call. Their basic duty was to provide nursing care for the patients in their room. The regulations gave a full list of the tasks room nurses were to do. From 5 to 6 o’clock in the morning they were to take patients’ temperature and pulse, wash them, and make the beds. Seriously ill patients had to have their backs and particularly their buttocks rubbed with surgical spirit. Room nurses had to make an entry in the register of records for every treatment and drug they administered to a patient, as well as for the number of times a patient passed stools or vomited. Breakfast was served at 7 o’clock, and the doctor’s round was between 9 and 10 o’clock, which the room nurse had to attend at the bedside of each of her patients, taking down all the doctor’s recommendations. Temperatures were taken again between 5 and 6 o’clock in the afternoon, and patients had their evening wash between half-past six and eight o’clock. Unfortunately, we don’t know how well these regulations worked in practice during the Uprising, but the very fact they were drawn up means that the hospital’s staff wanted to define clear rules for their duties and the way they were to carry them out. The document is practically the only one of its kind to have come down to us. We don’t know whether a similar set of rules was drawn up in writing in any of the other medical facilities, or whether the staff’s work was regulated simply by oral instructions.

As the German offensive intensified, the medical facilities received more and more patients, which made the bad sanitary conditions they were working in even worse. Problems arose with the supply of food, water, and electricity. The staff could not cope with the increasing amount of work, despite the fact that the doctors were operating practically round the clock. The nurses changed dressings, looked after the patients, and fetched water, food, and new supplies of dressings. They comforted those who needed consolation and stood by the bedside of those who were dying. Their supplies of painkillers, blood substitutes, and serum for the treatment of gangrene were beginning to run out. There were times in September when the shortage of dressings was so bad that patients could not have a change for several days. They had to stay in bed with festering wounds infested by

“worms.”²⁶ More and more often patients had to be moved to lower floors, or even down to the basement to protect them against shrapnel, flying splinters of glass, or ricocheting bullets, and to give them a minimum of peace and quiet. Patients with war wounds were laid out next to each other, even on children’s beds in the paediatric hospital, and when there were no more beds, they were put on mattresses laid out on the floor.

When German forces took the whole of Stare Miasto, the brunt of the fighting moved to Powiśle. The main German aim was to unblock the Aleje Jerozolimskie communication route and secure the riverbank in anticipation of a Red Army sweep across the river. On 3 September 1944 the Germans launched a heavy artillery and bombing attack on Powiśle, which forced the insurgents to retreat to Śródmieście. An evacuation order was given for some of the civilians, and some of the small hospitals and medical facilities were closed. Casualties in a less serious condition were carried to Śródmieście. Unfortunately, not all the patients could be evacuated. Many died in the fires that broke out, or were crushed under falling debris, and some were murdered by the Germans when they stormed the district. After the surrender, the Germans let some of the medical staff and patients still left in Powiśle evacuate to the provisional camp in Pruszków.

According to the initial plan, the Uprising was to last for three or four days. That was the time the medical supplies were ready for. Thanks to the vast commitment and self-sacrifice of all the insurgents, and above all of the civilians, it continued for 63 days. But combat was not the only significant factor. Also the medical service was faced with a formidable challenge. From the very outset, vast numbers of physicians specialising in diverse branches of medicine, nurses, and orderlies answered that challenge, embarking on the difficult and responsible task of providing medical assistance to casualties. Orderlies proved their profound commitment by

26 The first to report in writing that the maggots bred by flies which settled on open wounds had a beneficial effect on the process of healing was Ambroise Paré in 1557. He observed that the maggots devoured the necrotic tissue, thereby cleaning the wound. His findings were confirmed by D.J. Larrey during the Napoleonic Wars and by Confederate Army surgeons Joseph Jones and John Forney Zacharias. Research on maggot therapy continued after the First World War with the work of W. Baer, and the method was in widespread use in American hospitals. It was only withdrawn with the arrival of antibiotics. However, today it is experiencing a revival. See Bonn, 1174; Donnelly, 49; and the recollections of Lena Zagórska in the holdings of the Library of the University of Warsaw.

collecting casualties from the battleground—often under German fire—and bringing them into the medical facilities, where the work was by no means easy. Doctors were operating well-nigh non-stop, attended by nurses, who then returned to their wards to provide medical care and solace for their patients. Often the mental and spiritual consolation was the most important thing, and by the end of the Uprising it was effectively the only remedy left. Everything was in short supply. Despite these problems, the medical staff proved their infinite commitment verging on heroism, bringing medical assistance to those in need of treatment.

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Paediatrics in the Warsaw Ghetto: an attempt to conceptualise the problem

Agnieszka Witkowska-Krych

The data preserved in Główna Biblioteka Lekarska, Poland's central medical library,¹ show that in the first year of the War there were over a hundred paediatricians in Warsaw who said they were Jewish. When an enclosed Jewish quarter was set up in Warsaw many of them moved there to continue their professional activities on behalf of children. This paper is an attempt to take a closer look at paediatrics in the Ghetto and the paediatricians whose lot it was to "practise in superhuman medicine,"² in far from normal conditions. And there

About the author: Agnieszka Witkowska-Krych is a cultural anthropologist, Hebraist, and sociologist. She graduated from the University of Warsaw with a degree in Inter-Faculty Individual Studies in the Humanities and gained another degree from the Collegium Civitas, Warsaw. Her PhD dissertation (defended in January 2021) is on the fate of the orphaned children in the Warsaw Ghetto. For many years Witkowska-Krych has worked at the research centre of the Museum of Warsaw. She is currently employed in the Institute of Polish Culture at the University of Warsaw and in the Jewish Historical Institute. She has published a number of academic and educational articles on the history and culture of the Polish Jews. She is the author of the 2019 book *Mniej strachu. Ostatnie chwile z Januszem Korczakiem* [Less fear. The last moments of Janusz Korczak], awarded with the KLIO prize for the best book on history.

- 1 The historical collections of this library are housed in Warsaw, in the buildings of the former Ujazdowski Hospital at Jazdów 1.
- 2 This was the expression used by Dr Adina Blady-Szwajgier, a paediatrician who worked in the Bersohn and Bauman Hospital in the Ghetto. See her book (Polish edition, Blady-Szwajgier,

was certainly a need for medical treatment—children still continued to be born³ and fall sick.⁴

The basic sources I am going to use for this paper start with the pre-war list of paediatricians working in Warsaw, but their main components are the records kept in the Ringelblum Archive and in the Jewish Social Self-Help, Centos,⁵ and American Joint Distribution Committee collections. I will supplement the data from these resources with information I have found in diaries, memoirs, and letters written in the Ghetto and in post-war recollections.

The activities of paediatricians practising in the Warsaw Ghetto may be divided on a preliminary working basis into several, sometimes overlapping categories. But before I go into that, I will first take a look at the general conditions for the professional activities of medical practitioners in the enclosed Jewish quarter of Warsaw. The Warsaw Ghetto was one of hundreds of ghettos established on occupied Polish territory. Officially, its operations started on 16 November 1940. Basically, it was intended for the Jews of Warsaw, but it also “offered a home” to refugees and persons resettled from more distant places. It is generally considered to have existed until 16 May 1943, although we should not forget that most of the inhabitants of the Warsaw Ghetto lost their lives in the gas chambers of Treblinka in the summer of 1942.⁶

2019). I have translated the passages quoted from the Polish edition of this book specifically for the purposes of this paper (translator’s note).

- 3 In this paper I will not deal with the work of gynaecologists, obstetricians, or midwives. In my opinion, gynaecological diseases and perinatal issues deserve a separate study.
- 4 An account of a sick child’s personal experience in the Ghetto is to be found in an autobiographical book by the scholar of Polish literature and drama Michał Głowiński. On page 22 he writes: “I went down with chronic flu with complications, if I am not mistaken; or perhaps it was whooping cough.” (Głowiński, Warszawa: Open, 1998; English edition, 2005).
- 5 Centos (Centrala Towarzystw Opieki nad Sierotami i Dziećmi Opuszczonymi; Central Union of Associations for the Care of Orphans and Abandoned Children), also known as Związek Towarzystw Opieki nad Sierotami [Żydowskimi] (Central Society for the Care of [Jewish] Orphans; Yiddish Farband far Kinder Szuc un Jatolim Ferzorgung) was a Jewish organisation which started its activities in Poland in 1924. It consisted of nine regional committees represented by its central committee which worked with the American Joint Distribution Committee. Initially, most of its funds (for family support, the maintenance of children’s homes, education, healthcare in clinics and outpatient centres, and the organisation of summer holiday camps) came from domestic resources. *Polski Słownik Judaistyczny* online.
- 6 For more on the history of the Warsaw Ghetto, see Sakowska, 1975; and Engelking and Leociak, 2013.

Doctors regarded as Jewish who lived beyond the “infectious area” had to move to the Ghetto as well. They moved with all their private belongings and took their professional activities with them (as far as possible), along with their private surgeries (if they had been using such facilities to see patients). When the gates of the Ghetto were closed, there were over seven hundred physicians inside. Whereas before they had held appointments in a variety of hospitals, medical centres, university hospital clinics, treatment facilities and accident and emergency stations, as of the autumn of 1940 they could only be employed in hospitals and medical centres run by the Jewish Council (commonly called: Judenrat) or by Jewish social or philanthropic organisations.⁷

Quite naturally, this number included physicians looking after the youngest. Many of them put announcements in *Gazeta Żydowska*, a Jewish paper licensed by the Germans, informing parents of the address to which their surgery had moved. A surge of ads of this type appeared in the autumn of 1940, by which time the plans to establish a Ghetto in Warsaw had been officially announced.⁸ If you browse through the last pages of the November issues of *Gazeta Żydowska*, you will come across the following notices:



Figure 1. | Map of the Jewish district of Warsaw. *Nowy Kurier Warszawski*, 1940, No. 243, p. 4 (15 October 1940), from the collection of Agnieszka Witkowska-Krych

7 Ciesielska, 110–111.

8 On 2 October 1940 Ludwig Fischer, the German governor of occupied Warsaw, signed an order for the establishment of a ghetto in Warsaw, and on 12 October it was announced by loudspeakers in the streets.

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pracytuje od 3-4% 22
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obecnie: ul. Żołnierska 64, m. 2.

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Dr Henryk Goldszmit (known publicly as Janusz Korczak), who called himself a “paedologist,” was asked for a home visit on at least one occasion. We have copies of two of his letters on the matter to a lady called K. Barenbaum. He did not really like the idea of a home visit, but eventually agreed to come, writing,

I don't believe a home visit will be of much use in the situation you refer to. I don't have much time. Yet should the parents be adamant enough to insist on my attendance, I shall not be able to treat it any otherwise but as a medical consultancy for a fee of 50 Polish zloty.¹⁴

A few days later he wrote another letter to this lady:

Your home appointment for Saturday cannot be kept. If you still want my advice, please come to my place on Wednesday between 9 and 10 o'clock, or between the same hours on Friday.¹⁵

We don't know why Korczak cancelled the home visit. And we don't know whether it was a one-off situation, or whether sometimes he visited other sick children at home. Alas, not all home visits had a happy end for the doctor and patient. In her post-war recollections, Dr Zofia Rozenblum (after war: Szymańska) described the following tragic incident:

Dr Steinkalk, an elderly and distinguished paediatrician, was quietly on his way to see a patient at home. There was something about him that two Gestapo men didn't like. One shot in the head and the man was down on the pavement.¹⁶

Some Jewish doctors, including some of the paediatricians, were employed by the “Ghetto administration” (in the broad sense of the term), either by the Judenrat or by self-help organisations. Dr Anna Braude-Heller was one of them; in the summer of 1942 she was appointed a member of the Central Health Council (*Centralna Rada Zdrowia*), which was to coordinate work to combat the infectious diseases rife at the time, as *Gazeta Żydowska* reported.¹⁷

14 Lewin, 50.

15 Lewin, 57.

16 Szymańska, 137.

17 *Gazeta Żydowska*, 1941, No. 60, p. 5 (18 July 1941).



Photo 2. | Children on a street in the Warsaw Ghetto, Bundesarchiv, N 1576 Bild-003 / Herrmann, Ernst / CC-BY-SA 3.0, public domain: https://commons.wikimedia.org/wiki/File:Bundesarchiv_N_1576_Bild-003,_Warschau,_Bettelnde_Kinder.jpg

Another physician engaged in the Ghetto's administrative medical work was Zofia Rozenblum, who was associated with Centos both before and during the War. "There was a special atmosphere in Centos," she wrote. "We worked as if our job was to go on forever. We made plans for a distant future."¹⁸ Yet when she became the chief physician of Centos, she was not so optimistic in the reports she wrote then and there, in the spring of 1941, on the institutions subject to Centos operating in the realities of the enclosed Jewish quarter:

Less than a year ago the in-house doctors' and dentists' services were withdrawn from the boarding schools. . . . Currently, tuberculosis is such a real danger that the medical care we should be administering ought to be preventive. Doctors should not only be on call to see sick children, . . . but they should be keeping medical records and a watchful eye on all the developments which could give rise to the outbreak of the disease.¹⁹

18 Szymańska, 139.

19 Archiwum ŻIH (Archive of the Jewish Historical Institute), cat. no. 211/14, p. 3.

To what extent could this postulate be carried out in practice? I will try to answer that question in the subsequent part of this paper.

Another type of activity in which Ghetto paediatricians were involved was teaching and scientific research, often in connection with the given doctor's pre-war pursuits. Dr Henryk Brokman, who was seeing patients in his new surgery at Śliska 7 as of November 1940, was also giving lectures on the clandestine university programme for medicine, as we learn from the post-war statement made by the histologist Juliusz Zweibaum:

Apart from the regular lectures, we also had a series of one-off lectures on epidemiology and infectious diseases. This was done to fool the German authorities and to justify the name of the course. "Combating typhus and typhoid," "Tuberculosis," "Scarlet Fever," "First Aid for Emergencies," "Hospitals and Social Welfare in Polish Ghettoes in Former Times," "Epidemics over the Ages." The lecturers were Dr Grosblat, Dr Brokman, Dr Beilis, Dr Szenicer, Dr Lewinfisz, Prof. M. Bałaban, and Dr Świeca."²⁰

Unfortunately, we don't know the subject of Dr Brokman's lecture. Another aspect of the strictly scientific side of the paediatricians' work was research on the effects of starvation. The Warsaw Ghetto Hunger Study, published in its original Polish version straight after the war,²¹ contains one article on children, written by Dr Anna Braude-Heller, who was head of the Bersohn and Bauman Hospital.

In her contribution, entitled "The Children's Hunger Study,"²² Dr Braude-Heller followed the typical style for contemporary medical articles and began by describing the children's condition on admission to the hospital, where they were given "food with an energy value of less than 800 kcal per day; it had practically no fats and a very small protein content."²³ She then went on to list the consequences of severe malnutrition: apart from apathy, weight loss, arrested growth, hypother-

20 Archiwum ŻIH (Archive of the Jewish Historical Institute), cat. no. 301/4108, p. 4.

21 *Choroba głodowa: badania kliniczne nad głodem wykonane w getcie warszawskim z roku 1942*, Emil Apfelbaum (Ed.), Warszawa: American Joint Distribution Committee, 1946. The English version, *Hunger Disease: Studies by the Jewish Physicians in the Warsaw Ghetto*, was published in 1979 by Myron Winick of Columbia University.

22 This English rendering of the title and passages cited from Dr Braude-Heller's article have been translated from the original Polish text specifically for the purpose of this paper (translator's note).

23 Braude-Heller, 174.

mia, and changes to the skin,²⁴ she described the subsequent stages, such as swellings, contractures, flaccid muscles, pulmonary emphysema (chronic obstructive pulmonary disease), and pleural effusion. She concluded her observations on starving children with the following remark:

Of course, the progress of hunger disease and prospects of patients with the condition depend on many factors. . . . But with other factors remaining stable, the younger the child, the less it is able to withstand hunger. The death rate was colossal, nearly 100%. . . . In most cases of young children under 5–6, a swollen body was a sign of irreversible changes and generally ended in an adverse outcome.²⁵

The Polish edition of the book on hunger disease published just after the War contains a set of photographs taken during the study. One of them shows Anna Braude-Heller standing by the bedside of a small child.

It has an impersonal caption: “Hunger disease. Permanent contracture of the thighs and shins. General swelling. Ascites.”²⁶

Other members of the hospital staff were involved in the research as well. Some were junior staff with no research experience. Adina Blady-Szwajgier made the following observation:

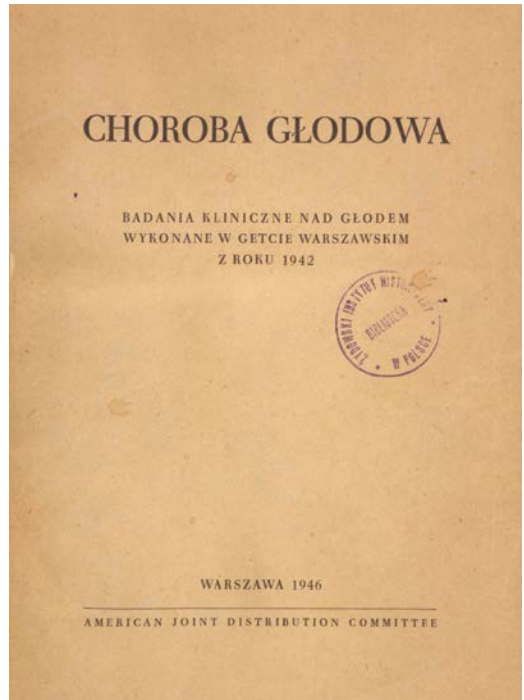


Photo 3. | Title page of the original Polish edition of the Warsaw Ghetto Hunger Study, public domain: <https://cbj.jhi.pl/documents/855132/4/>

24 Such as bluish or excessively pigmented skin and inflammations.

25 Braude-Heller, 189.

26 Braude-Heller, 187.

All the children admitted to the hospital had to have a blood sample taken. . . . You could not find a vein in their swollen or debilitated little arms. I mastered the technique of taking a blood sample from the external jugular vein on their little necks. So I saw all the new children who were admitted to the hospital. And that's probably why I had the honour of taking blood samples from these starving children for Tosia [Teodozja] Goliborska, who was a member of the [research] team.²⁷

There was one other Jewish paediatrician in the Warsaw Ghetto who conducted a presumably independent study on hunger. It was Dr Hanna Hirszfildowa, the wife of Ludwik Hirszfild. In 1946 she published her paper on hunger disease in children and adolescents during the German occupation of Poland.²⁸

Ghetto paediatricians also worked full- or part-time in a variety of welfare and therapeutic institutions for children in need of medical aid. For instance, there were several care centres for mothers and children in the Ghetto. In March 1941 *Gazeta Żydowska* wrote that there were two large Care Centres of the Mother and Child founded by a pre-war organisation associated with Centos, Towarzystwo Przyjaciół



Photo 4. | Anna Braude-Heller with a sick child in the Bersohn and Bauman Hospital in the Warsaw Ghetto, 1942: https://pl.wikipedia.org/wiki/Anna_Braude-Hellerowa#/media/Plik:Hunger_Disease_Clinical_Research_in_Famine_Performed_in_the_Warsaw_Ghetto_in_1942_05.jpg

²⁷ Blady-Szwajgier, 2019: 45.

²⁸ Hirszfild. 1946. *Stany głodowe u dzieci i młodzieży podczas okupacji niemieckiej*, Warszawa: Lekarski Instytut Naukowo-Wydawniczy.

Dzieci (the Society of Children's Friends),²⁹ as well as a children's outpatient clinic.³⁰ The same issue of the paper also mentioned two other facilities, at Śliska 28 and Nalewki 21 flat 6.³¹ In another edition, for August 1941, it published the following article:

Over one and a half thousand infants and newborn babies and their mothers from the most impoverished part of the community in the district are in receipt of full-time medical care and welfare sponsored by TOZ (Towarzystwo Ochrony Zdrowia, the Society for Health Care) in Warsaw. . . . During the current heat wave . . . they are processing and distributing milk and other baby foods. The services of the baby care centres are available to all poor mothers and their children. They are located at Nalewki 21 in the northern part of the district, and at Śliska 28 in the southern part.³²

Paediatricians also worked in full-time welfare institutions, that is orphanages and boarding schools for adolescents. The best-known children's home in the Ghetto was run by the paediatrician Dr Henryk Goldszmit aka Janusz Korczak, who lived in the institution, though other children's homes generally employed doctors on a part-time basis, just for their surgery hours, or they worked free of charge. This was the case with the boys' home at Twarda 7, which was under the care of Dr Elżbieta Spielrein, as *Gazeta Żydowska* reported.³³ The head of Główny Dom Schronienia, the biggest and most tragic children's home, and probably the worst administered one (for various reasons), was Dr Aleksander Kirschbraun, with Drs Mieczysław Mayzner and Zofia Friedman as in-house physicians. After some time, Dr Natalia Zylberlast-Zandowa was employed there, even though she was a neurologist, not a paediatrician. Dr Noemi Wajsman was a young doctor who worked with Raisa Abel, a nurse from Łódź, in the institution at Dzielna 67, and made a memorable contribution to the history of the Warsaw Ghetto. Zofia Rozenblum wrote about them in her post-war recollections:

29 They were located at Leszno 11 and Lubeckiego 5.

30 At Elektoralna 6.

31 *Gazeta Żydowska*, 1941, No. 22, pp. 3 and 8 (18 March 1941).

32 *Gazeta Żydowska*, 1941, No. 72, p. 3 (15 August 1941).

33 *Gazeta Żydowska*, 1942, No. 32, p. 2 (13 March 1942).

The children's homes in the Ghetto enjoyed an excellent reputation. I visited all of them, but had my favourites, especially the one for small children,³⁴ which was run by Sister Abel and Dr Noemi Wajsman, a young doctor who came from Lwów.³⁵ . . . One day I remarked that using gauze dressings for net curtains was wasteful. They were taken aback. "Would you have no curtains in the windows?" they said. "No, we can't have that! Curtains make the room warm and cosy."³⁶

Dr Jonas Przedborski was yet another paediatrician deeply committed to the care of orphaned children and those in need of aid. In 1942 he was appointed head of a new institution at Zegarmistrzowska 14 (the name of the street had been Wolność before the war). Earlier he had been a tutor on the epidemiology courses and had worked in the outpatients' clinic for Judenrat employees at Twarda 6, and had also taught in the nurses' college at Mariańska 1.³⁷ In his post-war memoirs he wrote that he used to arrive at the Zegarmistrzowska orphanage

every day at seven o'clock, and try to get there before the cordons could block the street off. On 7 August, when I went to Wolność 14, I found that its exit onto Żelazna was blocked off. It wasn't cleared until about nine-thirty, and when I finally got to the orphanage, alas, I found it almost completely emptied of children and staff.³⁸

The place in the Ghetto which in principle only employed doctors who were specialists in paediatrics was the Bersohn and Bauman Hospital, which had been founded in the 19th century, later closed down for a time, and reopened in 1930. When the War broke out, it had two hundred and fifty beds for children. Anna Braude-Heller was its chief physician, Henryk Kroszczor was its administrative director, Natalia Szpilfogel-Lichtenbaumowa was head of its internal ward, Seweryn Wilk was head of surgery, Sabina Folksztrumf was head of the infectious diseases ward, Anna Margolisowa was head of the tuberculosis ward, Teodozja Goliborska managed the lab, and Dora Keilson was chief nurse. The children had to be evacuat-

34 In the Ghetto at Dzielna 67.

35 Noemi Wajsman was born in 1909 in Suwałki. She graduated in Medicine in 1934 and specialised in paediatrics. Ciesielska, 367.

36 Szymańska, 139.

37 Ciesielska, 220.

38 Archiwum ŻIH (Archive of the Jewish Historical Institute), cat. no. 301/175, p. 30.



Photo 5. | Main building of the Bersohn and Bauman Hospital on the Sienna-Śliska street corner, public domain: https://pl.wikipedia.org/wiki/Szpital_Dzieci%C4%99cy_Bersohn%C3%B3w_i_Bauman%C3%B3w_w_Warszawie#/media/Plik:Szpital_Dzieci%C4%99cy_Bersohn%C3%B3w_i_Bauman%C3%B3w_w_Warszawie_1930.jpg

ed already in the first days of the War due to the fire risk. There were shortages of electricity, gas, and water. Yet the biggest problem was the staff shortage due to the fact that many doctors had been called up for military service. Meanwhile, adults for whom there were no vacancies in other hospitals started to be sent to the children's hospital.³⁹ Luckily, the building sustained no damage. But want of a facility to prepare meals forced the staff to construct a makeshift ceramic cooker using tiles recycled from an old heating stove which had been dismantled. Carbide lamps were used to light up the wards. When a projectile damaged the water supply, Anna Braude-Heller is said to have shouted, "It can't be! We've put

39 Engelking and Leociak, 292–298.

After the city surrendered, the Hospital was put under quarantine. It reopened in February 1940. A few months later it found itself within the Ghetto. It was admitting children with typhus and tuberculosis, children dying of hunger disease, and children with gunshot wounds received in the streets. The best source of information on the Hospital's everyday work are the recollections of Adina Blady-Szwajgier, who was a member of its staff. What comes across very clearly in her observations is the awareness that their work, albeit carried out as conscientiously as possible despite the children to die:

By this time we all knew that our potential to save lives was diminishing more and more, and more and more we were turning into dispensers of a quiet death. . . . Every morning we went round rooms which were still white, white with the paleness of death. Eyes as deep as bottomless pits, dreadfully serious and sad, were watching us."⁴¹

There were also admissions from the Ghetto orphanages, as the extant death records show. One of these documents says that Josek Minor, who died in the Hospital on 5 August 1941, had come from Główny Dom Schronienia, the orphanage at

[illegible]

Photo 6. | Death record of Josek Minor, a ward of the Główny Dom Schronienia orphanage, who died in the Bersohn and Bauman Hospital, public domain: <https://cbj.jhi.pl/documents/533643/0/>

40 Meroz, 13.

41 Blady-Szwajgier, 2019: 37.

Dzielną 39. His record gives “intestinal catarrh,” in other words gastroenteritis, as the cause of death.⁴²

The Hospital was overcrowded and its staff started to look around for an annex. In October 1941 the annex was opened in a former school building on the corner of Leszno and Żelazna (its pre-war address was Żelazna 88 corner of Leszno 80/82).⁴³ Dr Braude-Heller was appointed director of the annex, while Dr Anna Margolisowa took over the management of the main building. Meanwhile, the children’s hospital on Sienna continued its activities until August 1942, when it was ordered to evacuate. *Grossaktion Warschau* (the operation to close down the Ghetto and exterminate all of its inhabitants) was already in progress. The staff managed to send some of the children home, and the rest were transferred to the Leszno annex. The building was opposite a guardhouse and could accommodate four hundred persons. Adina Blady-Szwajgier wrote:

The children in those huge rooms were on paper mattresses on wooden bunks, with no bed linen but just the same kind of paper mattresses for a cover. And in the corners there were metal buckets because there were no bedpans or children’s pots, and they were suffering from *Durchfall*, bloody diarrhoea due to hunger disease, and couldn’t go to the toilet.⁴⁴

Thanks to the efforts of Dr Braude-Heller, in early 1942 the situation for the children in the Hospital improved. Adina Blady-Szwajgier recalled that the Hospital was fitted out with proper beds and proper mattresses, proper bed linen and proper blankets.

During *Grossaktion Warschau* more patients were relocated to the Leszno Children’s Hospital. The newcomers were adult patients from the infectious diseases ward of the hospital then at Stawki 6/8, and children from the building at Śliska 51/Sienna 60. A few days later, on 13 August, there was another move, this time from Leszno back to the building at Stawki 6/8. After the War, Alina Margolis wondered

42 Centralna Biblioteka Judaistyczna. Online.

43 It was a new, four-storey building, built in a Modernist style in 1937 and designed for educational purposes. It accommodated four primary schools (Nos. 10, 17, 56, and 119), each with a storey to itself. They shared the basement, where the cloakrooms, showers, dining hall, kitchen, and a few doctor’s and nurse’s rooms were located. See Guttmejer online.

44 Blady-Szwajgier, 2019: 52

why the Germans left some room on Umschlagplatz for a children's hospital. . . . Almost all of the children had diarrhoea. Their breathing was very fast and they looked like dirty, shrivelled, louse-ridden dolls.⁴⁵

The sick children stayed there for some time, until 12 September 1942, when the hospital was closed down. But before that happened, Dr Blady-Szwajgier and Dr Anna Margolisowa, who knew that nothing could save the children and wanted to spare them either being “taken east” or killed on the spot, gave them a dose of morphine.⁴⁶

Being a paediatrician in such an extreme situation was an exceptionally difficult task. In many cases there was nothing a doctor could do to help his or her young patients. The vast needs coupled with the lack of resources, and sometimes also with organisational inertia, meant that the job required a special approach to the young patients. In many cases it was more of a question of accompanying the dying child rather than giving him or her treatment. An extant report written on 27 June 1941, on the situation of Jewish children in Warsaw, describes the tragic predicament of street urchins, children who “had nowhere to go, nothing to wear, nor even—an unprecedented fact in history—a place where they could rest and die in peace.”⁴⁷ The lack of a place which could give an exhausted human being the chance to die in peace and dignity was a subject of concern for many people. To remedy this need they drew up a realistic, well-designed plan to set up a house for the children of the streets to die in. Dr Mieczysław Kon mentioned the subject in his recollections of Dr Henryk Goldszmit (Janusz Korczak):

I remember one of his visits, during which he made the following request, “You know that every morning the bodies of a dozen or more dead children are found on the streets. They’re homeless and die in the streets of cold, hunger, or disease; or their parents have thrown them out into the streets dead or still alive because they can’t afford to bury them; or they’re children shot by the Germans while trying to scale the Ghetto walls for food. The hospitals are so overcrowded that they don’t admit these moribund children, not even if someone brings them in. We should set up a place for these children to die.”

45 Margolis-Edelman, 75.

46 Blady-Szwajgier, 2019: 71.

47 Archiwum ŻIH (Archive of the Jewish Historical Institute), cat. no. 211/15, p. 3.

Goldszmit suggested a very practical solution:

It won't call for large premises or costs. . . . Let it be something like a large room with shelves like in a textile shop. . . . We could put dying children on the shelves, and there will be no need for a lot of staff, just one person, something like a cross between an orderly and a gravedigger.⁴⁸

Unfortunately, neither Kon nor the surviving records confirm that this truly humanitarian undertaking was accomplished. But what is striking is Korczak's sensitivity. Although he knew it was far too late to help these children, yet he suggested that there was still something that could be done to provide them with the most basic care and as far as possible spare them the dread of a lonely death. In the spring of 1942, he envisaged himself as the physician in charge of such a ward. In one of his writings, he presented a very concrete plan for a ward for the dying attached to a hospital. It was to consist of six rooms: a mortuary, a post-mortem room, a room where decisions could be made whether an attempt should still be made to save the child's life or just to make the suffering of his or her last passage easier, a room for the most seriously ill children, a quarantine room, and premises from which welfare institutions with vacancies could take some of the children.⁴⁹ The fact that Korczak had no illusions that he could still work a miracle, but only postpone the moment of death and thereby prolong the child's suffering, shows his profound understanding of the situation on the one hand, and on the other his respect for the child's right to die in peace.

I find it very hard to write a conclusion of any kind whatsoever. Perhaps it would be better to let those speak who never left their workplace and despite the lack of hope for an improvement stayed at their post. In her post-war memoirs, Adina Blady-Szwajgier wrote:

Only we were not there to stand and watch the horror, but to provide treatment or to help them die in peace. But above all to save lives, for even though things were bad and getting very bad, we still did not believe that it was all futile, we kept on thinking that if we could persevere, we would save the children and they would survive. So we tried to save them with what little food, medicine, and injections we had. The condition of some

48 Kon.

49 Lewin, 63.

of them improved. And then from those terrible, swollen blocks there emerged little skeletons, and sometimes we saw something like a smile. Except that it was a grin which could make your hair stand on end or get you goose pimples.⁵⁰

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50 Blady-Szwajgier, 2019: 52.

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Mitsuo Kaneda: the first doctor to translate *Przegląd Lekarski – Oświęcim* into Japanese

Giichiro Ohno

In 2019, I held a war and medicine workshop at the 27th International Conference on Health Promoting Hospitals and Health Services in Warsaw. Dr Maria Ciesielska gave a lecture at the Conference on a medical issue concerning Auschwitz. Later, when she traveled to Japan, I asked her to speak about Auschwitz at my hospital. Many young staff were impressed.

At that time, she told me that there was a Japanese doctor who had produced a Japanese translation of a selection of articles on Auschwitz from *Przegląd Lekarski – Oświęcim* 40 years before. And she gave me some homework—to find out about that doctor. That is the story I am going to present today.

Photo 1 is the Japanese volume. The translator was Dr Mitsuo Kaneda (Photo 2), a medical practitioner in Koganei, Tokyo. Around 1970, he received a copy of the 1962 edition of the Polish medical journal *Przegląd Lekarski – Oświęcim* compiled by

About the author: Giichiro Ohno, surgeon, deputy president of Tokatsu Hospital, Japan. Councilor of the Japanese Society for Social Medicine and officer of the Japanese Society for Research on War and Medical Science. Antarctic doctor, visiting professor of the National Institute of Polar Research and deputy chair of the Expert Group of Human Biology and Medicine in the Scientific Committee on Antarctic Research.

a group of medical researchers and practitioners treating Auschwitz survivors. After a long period when nothing happened, Dr Kaneda translated an anthology of papers from this journal with the help of English and Polish experts. Dr Józef Bogusz of Kraków checked the accuracy of the translation. In 1980, Dr Kaneda presented his translation for publication, but he was refused by some publishers, who said, “We can’t fit it in.” Finally, Dr Kaneda’s Japanese version of the Polish articles on Auschwitz was accepted and published. The story of the Japanese translation and its publication in

Japan “caused a ripple of excitement in Poland and West Germany,” and Dr Kaneda was invited to join the International Korczak Society (see Photo 3).

What kind of doctor was Dr Kaneda? Why did he want to convey information from this Polish research program on Auschwitz to the people of Japan? I have found 72 essays written by Dr Kaneda and have met his family, who told me his military history, and this is what I would like to talk about today.

Mitsuo Kaneda was born in Tokyo in 1912. It was a time when Japan’s capitalism was developing rapidly thanks to the triumphant mood after the Russo-Japanese War and Japan’s economic boom of World War I, while militarism was beginning to emerge. Mitsuo Kaneda spent his childhood in Otaru, Hokkaido.

His parents were born in Tokyo and his father was a branch manager of the New York Standard Oil Company in Otaru. He spoke fluent English and was acquainted with many American families. He made American-style beef stew for his family at a time when men rarely entered the kitchen. He had a wide range of hobbies, a modern outlook on life, was good-humored, and used to take his children to the Opera House in Asakusa. Dr Kaneda described his father as an impatient



Photo 1. | The Japanese translation of *Przegląd Lekarski – Oświęcim*, 1962, published by Nippon Iji Shinposha (Japan Medical Journal), 1982. Photograph from the Author’s collection



Photo 2. | Dr Mitsuo Kaneda (courtesy of Dr Kaneda's family)



Photo 3. | Dr Kaneda and Prof. Zdzisław Jan Ryn at a conference in Poland, 1982 or 1983. (courtesy of Dr Kaneda's family)

but honest man who deplored injustice, came to the assistance of the vulnerable and stood up against the powerful, and adopted a humanitarian lifestyle without being swept away by the spirit of the times. His father gave away a considerable amount of his material assets to those in need, so Dr Kaneda did not inherit much in the way of an estate, but a sense of justice and humane way of life was the legacy he received from his father.

In 1914, Mitsuo, who was two at the time, was admitted to Otaru hospital (Photo 4) with severe dyspepsia. This hospital had been set up by doctors who had left a money-making medical institution. Dr Nobunori Kayo, a pediatrician who was deputy director, was Mitsuo's doctor. Mitsuo's mother often told him that Dr Kayo had saved his life. By the way, the Kaneda family had a pet dog, Bis, which they were very fond of. When Mitsuo was on the verge of death, Bis suddenly disappeared, and from that day on, Mitsuo's condition improved. The family was grateful that Bis was a substitute. It can be said that he grew up in a progressive, warm and blessed family environment, which was rare in Japan at that time.

When Mitsuo was 10 years old, his brother who was 2 years older was hospitalized for hernia surgery. His brother used to come to the window on the second

floor and wave. Unfortunately, he died of postoperative peritonitis. From that time on, Mitsuo would say, “I will be a good surgeon and help those who are in trouble.” Whenever he had misgivings and was about to give up, his mother encouraged him and spoke of her eldest son, saying, “You’re going to be a good surgeon and help those in need, aren’t you?”

The Great Kanto Earthquake erupted in 1923, when Mitsuo was 11 years old. Tokyo was devastated and a fire broke out shortly afterwards, killing 105 thousand people. The Kaneda house was gutted (Photo 5). Immediately afterwards, police and the military released a hoax story which said that the Koreans had set fire to the city and were inciting riots. As a result, 6 thousand innocent Koreans were killed. How did young Mitsuo Kaneda, who was under the strong influence of his father and growing up in a family that was not prejudiced against foreigners, react to this story?

Mitsuo was evacuated to his uncle’s house in Osaka and sent to Mitsu elementary school. His homeroom teacher gave him a set of pastel crayons as a gift, and drawing pictures became his hobby for the rest of his life. He returned to Tokyo in 1924 and attended the seventh prefectural junior high school. After graduating, he applied for admission to Tokyo Medical College but was rejected. He made several attempts and was eventually admitted. He graduated in 1938.

While Mitsuo was at college, world developments involving Japan changed drastically. The Manchurian Incident occurred in 1931, Japan withdrew from



Photo 4. | Otaru Hospital in early 20th century.
Source: <http://www.ogasawara.oswb.net/archives/8656>



Photo 5. | The Great Kanto Earthquake in 1923.
Source: https://www.jiji.com/jc/d4?p=jeq001-00000400&d=d4_mili

the League of Nations in 1933, entered a war with China in 1937, attacked Nanjing on December 12, 1937, and on the following day Japanese troops began to massacre the local people. In July 1938, a military clash between Japan and the Soviet Union broke out. In 1939 German troops invaded Poland.

Dr Kaneda, who had graduated from medical school, wanted to be a pathologist and internist, working as a practitioner as well as engaging in medical research, but the social situation did not allow for it. The military, who considered a clash with the Soviet Union was unavoidable, expected it would call for 30 thousand medical officers and an additional 50 thousand, but at that time the number of doctors nationwide was just 63 thousand. All the physicians at the university's medical faculty except for the professors were recruited as surgeons, and researchers had no choice but to become medical officers or enter military laboratories for war medicine. There was also a need for surgeons on the battlefield.

Dr Kaneda was assigned to work for three months as a reserve military surgeon in Japan. His unit was the Third Akasaka Regiment (Photo 6) in Tokyo, which staged an attempted military coup d'état on February 26, 1936. Three months later, he became an army hygiene officer, completed his term of duty in the military, and returned to work in a hospital.

The Pacific theater of World War Two began with the attack on Pearl Harbor in 1941, and escalated against the United States, China, and the Soviet Union. In 1942, while working in the X-ray room, Dr Kaneda received a call-up letter, was recruited as an army surgeon and sent to China (Photo 7).

In August 1942, Dr Kaneda was assigned to a field hospital in Yueyang, central China. He believed that the true value of human life was to be found in work to help the weak, and that even in the military he should have the awareness of what it means to be a doctor and be proud of his profession. He learned Chinese and sympathized with the Chinese people and what they felt when their homeland was



Photo 6. | Headquarters of the Akasaka 3 Regiment.
Source: ja.wikipedia.org

under Japanese occupation. He defended a soldier who had injured himself due to war neurosis. He was often dispatched to dangerous operations because he was always on the side of the soldiers and stood up for them against their superiors. Over the course of five years he traveled extensively in central and southern China, treating thousands of wounded soldiers.

In China, Dr Kaneda was a witness to unreasonable commands issued by his superior, the Japanese army's contempt for and discrimination against the Chinese, and the Japanese considering themselves superior. He also observed the cruelty of a war in which violence against civilians, looting, requisitioning, and rape were rampant. And he could not reconcile himself to the fact that he was providing humanitarian medical care in an environment where murder was justified and that doctors were also involved in the war. His father sent him a letter from Japan supporting him and encouraging this attitude. Dr Kaneda replied with a picture of a Chinese landscape (Photo 8).

Japan surrendered in 1945 and the Second World War ended. Surgeon Kaneda returned to Japan a year after the defeat, dressed like a beggar.



Photo 7. | Military surgeon Mitsuo Kaneda in his uniform (courtesy of Dr Kaneda's family)



Photo 8. | A picture presenting Chinese scenery drawn by Dr Kaneda and sent to his father (courtesy of Dr Kaneda's family)

The death toll of the Japanese army has been estimated at 2.3 million. Japanese civilian casualties were about 1 million. 100 thousand were killed overnight in an indiscriminate air raid on Tokyo; the Battle of Okinawa killed 180 thousand; the atomic bomb killed 160 thousand in Hiroshima and 75 thousand in Nagasaki. On the other hand, in China, which fought against the invading Japanese troops, the death toll was 3.5 million, and civilian casualties were 9.71 million, which was enormous compared to Japan's losses.

After returning to Japan, Dr Kaneda returned to his university post and started research in pathology. He married and had two daughters. After receiving his doctoral degree, he left the university to become a municipal doctor providing medical care to help the local people (Photo 9). He wanted to restore the image of being a doctor that he had dreamed of but couldn't put into practice during the war. He worked on what he thought was right, including anti-war, community medicine, patient-centered care, and Schweitzer hospital activities, and learned of the work done by the Polish team of doctors researching on Auschwitz and treating survivors.

In the preface to his translation, Dr Kaneda points out that war transforms medicine and doctors, who are supposed to save human lives, into life-threatening implementers of cruelty. The medical affairs of Auschwitz are a typical example of this, and perhaps Dr Kaneda was thinking of the Japanese army in China as he worked on his translation. Dr Kaneda was not involved, but there was a research institute called Unit 731 in northern China. There, as in Auschwitz, biological ex-

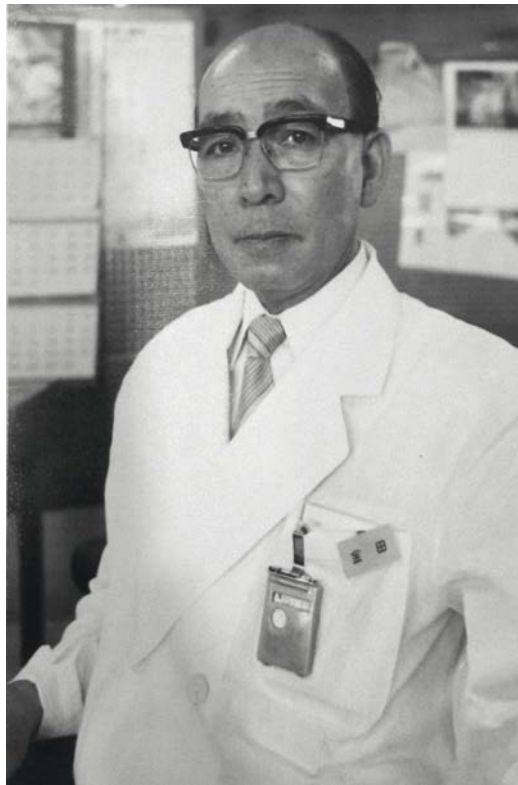


Photo 9. | Dr Mitsuo Kaneda in his middle age
(courtesy of Dr Kaneda's family)

periments were being conducted to research on and manufacture biological and chemical weapons.

Dr Kaneda also emphasized the importance of efforts to produce a scientific clarification of the mistakes of the past and convey it to future generations.

Dr Kaneda served as a doctor until the age of 80. When he retired, he lived with his eldest daughter's family in Tokyo and engaged in drawing, which was his favorite hobby (Photo 10). He died on November 7, 2008, having lived to the age of 96, longer than the average Japanese life expectancy.



Photo 10. | A picture drawn by Mitsuo Kaneda during his retirement (courtesy of Dr Kaneda's family)

Pharmacological procedures against women during the Shoah: the victims of Block 10 in Auschwitz¹

Paul Weindling

Block 10 in Auschwitz was for chemical sterilisation research, and was wholly for Jewish women. The Nazi gynaecologist and hormone researcher Carl Clauberg conducted inter-uterine injections with different mixtures of formalin-based liquid to seal the Fallopian tubes. X-rays with a contrast solution

About the author: Paul J. Weindling, PhD, is Wellcome Trust Research Professor in the History of Medicine, School of History, Philosophy and Culture at the Faculty of Humanities and Social Sciences of the Oxford Brookes University, UK. He worked at the Wellcome Unit for the History of Medicine at the University of Oxford (1978–1998). After graduation from the University of Oxford, he earned an MSc and PhD at University College London. He was a member of the Max-Planck-Gesellschaft President's Committee for the History of the Kaiser-Wilhelm-Gesellschaft under National Socialism (1999–2004) and worked for the Advisory Boards of the AHRC project on German-Jewish refugees, and on the history of the Robert Koch Institute and was a member on the advisory board of the German Society for Psychiatry project on psychiatrists in Nazi Germany, and a member of the project on the history of the German Foundation for Memory, Responsibility and the Future. He is currently a Director of the project of the Max Planck Society on the provenance of brain specimens from the Nazi era. He is a member of the Leopoldina, the German National Academy of Sciences. He has advised the Deutsche Forschungsgemeinschaft (DFG), the Centre national de la recherche scientifique (CNRS), Swiss Research Council, and other national funding agencies. He is a Trustee of the Council for Assisting Refugee Academics (CARA).

1 I am grateful for funding from the Conference for Material Claims Against Germany in collaboration with Prof. Peggy Kleinplatz, Ottawa.

showed the effects. Clauberg had approached Himmler with the idea of research on developing therapy for infertility but had instead been given the task of devising a method of chemical sterilisation.²

There are open questions regarding the research due to Clauberg's research records having been presumably retained by the Russians. One basic question is the fluctuating numbers in Block 10 and identifying the inmates. A second issue is the procedures against the women, and the subsidies from the Schering pharmaceutical company. Unexplained injections in the breasts and back were conducted by the SS doctor Hans Münch.

Clauberg's research in Auschwitz ran from December 1942, and after interruption from a typhus epidemic Clauberg resumed experiments from April 1943 until January 1945. SS-*Standortarzt* Eduard Wirths was responsible for most selections for Block 10. He selected well-nourished women who had given birth, but this was not always the case. By July 1943 there were 200 women in Block 10, and by September there were 300.³ Numbers would reach over 600. The conditions in the block are mainly known through survivor testimony. Clauberg's research notes were scrutinised by a British medical officer who failed to detect criminality, and then the notes disappeared, possibly after Clauberg's arrest by the Soviets. The survivors were mostly infertile and had painful complications. According to Danuta Czech, the number of victims who went through Block 10 was approximately 550, and on 28 November 1944 there were 273 left in the block.⁴ It is possible to identify ca. 823 persons to date, with reliable evidence for 411 persons. All the females in Block 10 were Jewish. What is harder to know is how many died: there is data on only 48 deaths. Certainly, victims were subject to many hazards: a threat for non-compliance in the Block was being sent to labour and likely death in Birkenau.

The women were told that the injections were with a contrast substance. But victims were convinced they were being sterilised. After injection in the uterus with a large syringe, there followed an X-ray. The injection could be accompanied

2 For an account of Clauberg and Schering, see Lang; and Weindling, 148–152.

3 Lang, 84, 168.

4 Czech, *Auschwitz Chronicle*, 385–393.

by pain in the lower body, and discharging blood. The procedure was often repeated several times.⁵

Clauberg required that a woman should have had children, and when selected on entry to the camp, he considered that they should be healthier and still menstruating. Once the experimental research had moved to the new block in the main camp of Auschwitz in April 1943, numbers of inmates rose into the hundreds. The selected women, according to historian Ruth Weinberger, still had to maintain menstrual bleeding. Women who stopped menstruating were no longer useful for experiments and were sent away from Block 10.⁶ Melanie Scheinova was asked “if we were menstruating? When I answered I had not menstruated lately I was returned to the camp. . . .”⁷ Nora Keizer wondered why she was asked on arrival at Auschwitz “*Frau oder Fräulein?*”⁸ Her turn to lie on the “slaughter slab” for the experimental inter-uterine injection of caustic liquid came when someone who had a prior abortion was required. Asking the question what was the liquid being injected earned her a slap in the face.⁹

Schering was a major producer of the hormone-based progesterone under the trade name Proluton. It established a network of expert clinicians, one of whom was Carl Clauberg. Proluton and Progynon production was sustained as a priority by Schering in Berlin throughout the war. Schering—as will be shown—maintained contact with Clauberg throughout the war, including while he was at Auschwitz. The Schering archives have details of production but not distribution of progesterone-based products. However, there is no evidence of any use whatsoever of Proluton in Auschwitz in general, or specifically in Block 10.¹⁰

The Schering Company supplied Clauberg with the contrast agent (Barium sulphate) with the patent name Neo-roentem, and at least some of the chemicals

5 Bundesarchiv Koblenz B126/61121 Medical report December 1954 for Elisabeth Helena Frank-Hofstede. An award of 4,000 DM was made.

6 Weinberger, 52.

7 Politisches Archiv Berlin B 81 631.

8 Keizer, pt ii, 8.

9 Keizer, pt ii, 72.

10 I gratefully acknowledge access to documents on Proluton production during the period of the Second World War at the Schering Archive.

for the injection.¹¹ Initially and importantly, Clauberg gave the impression that he was conducting research at his Königshütte clinic. Deliveries of chemicals from Schering to Carl Clauberg were addressed to Königshütte: one example was on 5 November 1942.¹²

It is suggested that deliveries of chemicals by Schering ceased at the end of 1942.¹³ The argument against this view was that the Auschwitz address was subsequently given “to save time” for deliveries: senior figures at Schering, notably Hans von Behring and Walter Hohlfeld, realised the true location of the experiments.¹⁴ Yet Goebel remained an employee of Schering even though working in Auschwitz in 1944.

Clauberg’s research had hitherto been to remedy infertility by opening sealed Fallopian tubes. In Auschwitz he attempted the reverse—his new research on a means of sterilisation by sealing a woman’s “tubes” did not involve hormones. The Schering scientists knew that the research was on sterilisation when Clauberg explained it to Drs Jungmann and Goebel.

Clauberg needed a qualified pharmacist in the shape of Goebel, to mix a substitute substance for Iodipin, an iodine and sesame oil preparation to render the body parts visible when X-rayed.¹⁵ Goebel described his transfer to Clauberg as that of an “external employee” of Schering. At a later point—in early 1944—Goebel had a heart attack and was a semi-invalid. It was at this point that Clauberg secured Goebel as a “gift” or semi-permanent “loan” from Schering: on 1 May 1944 Goebel joined Clauberg in Königshütte. At this time, Clauberg received a new purpose-built Block 1 in Auschwitz.¹⁶ Goebel came to Block 1, finding new women swelled the ranks, providing ample experimental fodder.¹⁷

11 Schering Archive, 737 Prozesse (Clauberg), Hans von Behring statement 14 June 1956. Langbein, 342.

12 Weinberger, 103 citing 352.3, Nr. 16444, 2 Js 3484/55.

13 Weinberger, 102–105.

14 Schering Archive, 737 Prozesse (Clauberg), Hans von Behring statement 14 June 1956.

15 Schering Archive, 737 Prozesse (Clauberg), Goebel, interrogation 1956. Protokoll der Vernehmung Prof. Dr Schoeller (hereinafter Schoeller interrogation), 18 June 1956.

16 Schering Archive file B 13-0737, Clauberg, 20 December 1955, p. 7.

17 Lang, 228.

Schering came increasingly under government control, because of the need to allocate increasingly rare resources for the war effort. The surgeon Karl Brandt in his capacity as co-ordinator of health care in the Reich (*Bevollmächtigter für das Sanitäts- und Gesundheitswesen*) set a target for increased pharmaceutical production in 1944, as well as storing six months' worth of production of the firm's 50 pharmaceutical products.¹⁸ The Schering factory remained in Berlin despite being bombed on 23 and 26 November 1943, prompting apothecary Johannes Goebel's preference to move to Auschwitz. Fathoming the firm's attitude to Clauberg is by no means straightforward: despite senior figures having reservations about Clauberg, Goebel remained on the firm's payroll.

There had been some surprise at Schering that the ambitious Clauberg had moved to the clinic at Königshütte in Silesia, where he was visited by Walter Hohlfeld in October 1940. It seemed as though Clauberg had ceased hormone research and turned his back on a university career, although Schoeller was interested in the scheme for "sterilisation without an operation," discussed on 10 March 1941. What was not realised was that the move enabled him to keep a clinical post while overseeing the Auschwitz research. The retainer payment from Schering apparently ceased, but resources in kind were offered. A shipment of chemicals was made in late 1942. It must be stressed that the firm would not at first have known of Clauberg's dealings with the SS, and of the Auschwitz location.¹⁹

In June 1943 Clauberg requested a second X-ray machine from Himmler. He needed one that could allow the female subject to lie flat. Clauberg alleged that the Schering firm in midsummer 1943 contributed 15,000 RM towards the costs of an X-ray unit as a gesture of personal support. Hans von Behring confirmed this amount as a possible loan.²⁰ However, Clauberg still gave the impression that the research was being conducted at his new clinical post in Königshütte rather than Auschwitz.

By far the most substantial benefit that Clauberg derived from Schering was in terms of technical assistance. Dr pharm. Johannes (also known as Hans) Goe-

18 Kobrak, 300, 302–3, 347.

19 Schering Archive, Interne Notiz 08.2012, Schoeller interrogation 18 June 1956.

20 Schering Archive, B13-0737 Prozesse (Clauberg), Clauberg interrogation, statement 3 September 1956. Hans von Behring statement 14 June 1956.

bel had trained as a pharmacist, and worked as a chemist with Schering-Kahlbaum since 1924. Goebel collaborated with the head of the research department, Walter Schoeller, on patents and publications.²¹ Clauberg had joined the Nazi Party and SA in 1933, while Goebel had joined the Nazi Party in 1936. Schoeller had already recommended Goebel to Clauberg as an appropriate specialist in 1940. Officially from late 1943 until April 1944, Goebel was on sick leave in the Tyrol due to heart disease. Goebel then came to Auschwitz in May 1944 to assist Clauberg. A new contingent of women arrived in Block 10 from Hungary. Although the injections ceased in autumn 1944, Goebel remained at Auschwitz until January 1945 preparing the transport of the women from the experimental block, and remained employed with Schering until April or possibly 31 May 1945.²²

Goebel's employment status with Schering, along with what was known at the company, and the extent that Schering sent supplies require clarification. Goebel maintained that he worked in Auschwitz only from early June 1944 to 28 September 1944, but this claim seems dubious.²³ In all, Goebel claimed that officially he spent 244 days during 1944 in Auschwitz, although he was absent some of the time negotiating about Bad Königsdorff. He later claimed that he worked in Auschwitz only for 45 days because of absences and transport delays.²⁴

Goebel staunchly maintained that he was ordered by Schering to transfer from Berlin to Clauberg. Clauberg had to renew the permission for Goebel's secondment on a monthly basis.²⁵ What is not fully clear is whether he was ordered to work at Clauberg's clinic at Königshütte rather than at Auschwitz. Schering continued to pay Goebel's salary: the payments ran to late 1944 or to early 1945—Goebel stated that his employment with Schering ceased in April 1945. Clauberg certified a se-

21 Schoeller, Goebel, and Schenk, 1933, 286. UNITED STATES PATENT OFFICE 2, 302,581 FERTILIZER Walter Schoeller, Berlin-Charlottenburg, and Hans Goebel, Berlin-Reinickendorf.

22 Schering Archive, Goebel Personal File, cover states "Eintritt 1.4.1924. Austritt 1945," Hans Goebel to Schering, Personal-Abteilung 15 January 1948, 30 January 1955. TNA WO 309/469 Medical experiments. Goebel statement, no date [prior to 4 October 1946].

23 STAN KV Rep 502 KV-Anklage Interrogations Generalia G 46 Göbel, Johannes Dr chem. born 22.10.1891 Berlin Apotheker bei den Schering-Werken. Mitarbeiter Claubergs. Interrogated 30 January 1947 by Halle. Lang, 129–30, 228.

24 The National Archives, Kew WO 309/469 Goebel Statement, 4.

25 TNA WO 309/469 Medical Experiments, statement by Goebel, "The Order to go to CLAUBERG was given me by the firm SCHERING/BERLIN."

ries of monthly extensions. It might have looked as though Goebel was working with Clauberg at Königshütte. But in May 1944 Goebel visited Hans von Behring at Schering to request materials, asking that they be sent directly to Auschwitz “to save time.” Von Behring was perturbed that the research was not on clinical cases at Clauberg’s clinic but instead at Auschwitz. Moreover, Goebel boasted that he was carrying out injections of the substance. Von Behring became keen to terminate Goebel’s employment, but this remained in place.²⁶ (Von Behring was in fact half Jewish although exceptionally declared by Hitler a full Aryan because of his pioneering bacteriologist father.) According to Walther Hohlweg (formerly assistant to the sex hormone researcher Eugen Steinach in Vienna), Schoeller became aware of the experiments, and realised the need to distance the company.²⁷

Goebel claimed that he was caring in his treatment of prisoners, citing that he produced cosmetics for the women and provided entertainments and even make-up for a show. Goebel stated that from July 1944 he was in charge of the herb-collecting party of 45 persons.²⁸ Victim testimony instead shows that Goebel in fact swung between being personable and being viciously cruel.²⁹

Goebel mixed his specially concocted uterine sealant with 10% formalin. Clauberg devised the sterilising fluid. He then added a contrast fluid to make the uterus visible. The mixture was supplied by the Schering works. Clauberg maintained the sterilising fluid remained constant in composition with Novocain or cocaine later added to reduce pain. Goebel later provided details of the composition—Fondin 1–2%; water 25 ccm; Novocain 1–2%; contrast preparation 50%; Nipasol solution 5 ccm. In fact, Goebel referred to 5 different compositions as he constantly adjusted the amounts of ingredients.³⁰ Certainly, there was a high level of pain, inflammation, and on occasions death.

26 Schering Archives, 737 Prozesse (Clauberg), Testimony of Rudolf Schmidt 13 January 1956; testimony of Hans von Behring 14 June 1956 albeit mistaken that Goebel’s employment ended late 1944; Deposition by Clauberg dated 27 August 1956.

27 Schering Archives B 13-0737 Protokoll der Vernehmung Dr Walter Hohlweg, 16 January 1956.

28 TNA WO 309/469 Goebel Statement, p. 5. He celebrated Christmas 1944 with a group of Block 10 inmates. Statement, p. 6.

29 New York Public Library, Lifton Papers, Alexander Diary II, information from Spanjaard.

30 TNA WO 309/469 Goebel Statement, p 7.

Marc Dvorjetski (a doctor who survived the Vilna Ghetto) made a detailed study of Clauberg's procedures, based on clinical examination of surviving victims as well as documentation. The first stage was to see if the womb was normal by means of injecting Iodipin as an X-ray contrast substance, and to see that it was not closed due to an existing infection. The sterilisation injection into the womb and ovaries was only a later procedure. The difference between the pre-examination with Iodipin was that the second time around a caustic substance was used to sterilise. The victim could not necessarily feel a difference between the first and second injections. The sterilisation injection was usually scheduled after the woman's last menstruation. In comparison to the olive oil-like contrast substance, the sterilisation agent was white in colour. Weinberger observes that some women recalled seeing different coloured substances, though the meaning was not known to them.³¹ The sterilising substance was injected several times. A few weeks later, an injection was made into the female victim's breast. Rose Spiero described how Goebel gave painful injections in the breasts of a group of women, and that she had 29 injections over two days. What made it worse was not giving any explanation. What was injected and for what reasons remains unclear.³²

Weinberger explains that these injections sealed the Fallopian tubes, which would later be tested by yet another X-ray. This time around, the X-ray contrast solution was an oily brown liquid which was injected into the woman's body, enabling Clauberg to see the extent of penetration. If the X-ray showed potential shadows, Clauberg considered that the ovaries were still penetrable. If the contrast substance could not penetrate the Fallopian tubes, and the liquid remained at the beginning of the Fallopian tubes, the sterilisation was successful. If the results were inconclusive and the substance was able to slightly penetrate the Fallopian tubes, another X-ray was ordered with Iodipin, Lipidol, or both being used. This procedure took place 4–8 weeks after the injection of the caustic substance. The experiments caused great pain, a sense that the stomach was about to ex-

31 Weinberger. Harry Ransom Research Library, Uris vs. Dering, Witness Statement Alina Brewda, Evidence Eleventh Day, 27 April 1964. HSTA 631a Dr Carl Clauberg interrogation, 17 August 1956, 2 Js 3484/55. HSTA 631a Witness Statement Ida Fink, 2 November 1967, Js 18/67. Ks 2/70.134 Indictment against Dr Carl Clauberg, 14 December 1956, p. 76, 2. Js 3484/55.

32 Center for Jewish History, New York, Dvorjetski, Statement. Weinberger, 121–122 for the analysis of Clauberg's procedures. NIOD 250d/860 f. 18 Rose Spiero memoirs, 1976.

plode, bleeding, infection, accompanied by fever and shivering.³³ In one case, when a woman did give birth after the war, it was because Goebel had injected the fluid into the urinary tract, causing immense pain and lasting injury.³⁴

One of the women from Thessaloniki recollected,

He took us each to an examination room and they gave us injections in the uterus. They gave us no explanations. As they continued to examine us, we understood their purpose was to sterilise us. Some had been bled to provide blood for German soldiers. Others had their intestines burned . . . then we realised that they were trying to dry the internal organs in order to learn how to make mummies. Many died from the operations . . . they needed us to be in acceptable health to do the experiments.³⁵

Clauberg informed Himmler on 7 June 1943 that his aim was to sterilise by means of a single injection. He stated that his method was “as good as ready,” but with just a few aspects still to be checked. He considered that a doctor with ten assistants could sterilise up to one thousand persons a day. He hoped to develop a positive population policy for dealing with Czechs and Poles as well as Jews, and hoped that Himmler would visit him.³⁶

Many of the women testified that they received multiple injections. One retrospective drawing is entitled “Dr Münch’s 42 Shots.”³⁷ Münch was acquitted at the Polish Auschwitz Trial of 1947 in Kraków. The British war crimes investigators had transferred him to Polish custody with great reluctance, as they believed they had a strong case against Münch. This doctor provided multiple explanations of his activity in Block 10, creating the myth of being “the good doctor” of Auschwitz. Münch’s explanations ranged from rheumatism to malaria research. One can speculate on the injections but there is no conclusive evidence.

33 Center for Jewish History, Dvorjetski, memo 3 October 1956, 3–4.

34 HSTA 631a/556 testimony of Michel Steyne 13 March 1956.

35 Bienvenida, M. Holocaust Testimony (HVT 2785) Fortunoff Video Archive for Holocaust Testimonies, Yale University Library.

36 Yivo Archives, Statement Given by Dr Marc Dvorjetski in connection with the Nazi Criminal Professor Clauberg, 3 October 1956, 4.

37 Renee Duering, Biography. Bundesarchiv Koblenz Bundesfinanzministerium B126/ 61117. <http://www.mem.com/Story/2239264/16760376/16760446?title=Biography>.

Table 1. | Prisoners of Block 10 in Auschwitz by nationality

Nationality of Block 10 Inmates	Numbers	Additional Foreign Residents	Total
Austrian	5		5
Belgian	3	11 stateless 1 Lithuanian, 1 Austrian, 1 born Russian, 1 UK	18
Czechoslovakian	172		172
Dutch	179	2 stateless	181
French	25	8 Polish	33
German	26	one boy	27
Greek	67		67
Hungarian	195		195
Italian	4		4
Polish	74		74
Romanian	6		6
Stateless	2		2
Swiss	1		1
Unknown	25		25
Yugoslav	11		11
Total			823

No register survives for Block 10. However, to date I can identify 823 women of different nationalities between 1943 and 1945. Curiously, there was also a very young boy, Peter Dattel. All were Jewish. Most survived and most were sterilised irreversibly.

The question arises as to how the victims were awarded care and compensation after the war. 57 of the Block 10 survivors had children. Many recorded miscarriages or hysterectomies. Some of their children had severe disabilities, for example cerebral palsy. Most survivors experienced cessation of menstruation, pain due to varying formulations of the formalin-based sterilising fluid, and the contrast solution, and permanent sterility.

Around 500 women applied to the government of West Germany for compensation, from 1951 onwards. One survivor related:

Oh, were we ever miserable! After the war, my husband wanted to find out what was the substance they injected us with, for I had so many health related troubles and problems. Through the German Ambassador, in a roundabout way, we did find out that it was formaldehyde the Nazi doctors injected into us. What else they tried to find out other than measure our endurance or methods for sterilisation, I really don't know. Certainly they knew well how to torture women. Those very long injection needles left open sores

Table 2. | Minimum and maximum financial compensations for Block 10 prisoners

Nationality	Numbers	Compensation Minimum (DM)	Compensation Maximum (DM)	Period
Austrian	3	2,000	3,000	
Belgian	4	3,000	4,000	
British	1	3,000		1954
Czechoslovak	129	1,000	35,000	1952–1970
Dutch	175	1,000	4,000	1952–1954
French	27	2,500	5,000	1953–1957
German	23	4,000	5,000	1952–1954
Greek	48	2,000	10,000	1953–1959
Hungarian	185	3,000	40,000	1961–1967
Italian	3	-	6,000	
Lithuanian	1	?	?	
Polish	74	2,000	30,000	1952–1968
Romanian	9	3,000	30,000	1953–1966
stateless	13	2,000	6,000	1953–1959
Swiss	1	-	4,000	1954
Unknown	12	4,000	8,000	1954–1959
Yugoslav	10	3,000	4,000	1959

on our bodies. They also took biopsies from the womb, I suppose to check the results of the injected substance. Our resistance was so low that our wounds and sores never healed. And I repeat, anaesthetic was never used.³⁸

The West German Ministry of Finance compensated victims, as for an industrial accident. The sole concern was loss of earnings, which was set against a husband's earnings. There was no concern for loss of fertility, and pain, both at the time and enduring. The result was a single lump sum payment of 1,000 DM at the lowest. These low payments were received by the earliest to apply, often Dutch, Belgians and Germans.

French and German compensation policies for survivors differed markedly. In contrast to the Germans, the French considered pain, suffering, and shame. However, the French medical panel thought a man's shame if castrated would be worse than that of a woman who had endured a chemical injection which had effectively sealed her Fallopian tubes.³⁹ The shame for the man was considered to be

³⁸ United Nations Organisation Geneva, SOA 417/3/01.

³⁹ Archives de France 20010535/001 Commission medico-administrative... , 2 February 1968; note on special assistance.

constant and visible whereas the internal damage to the woman meant a lesser level of damage. Amounts for Poles and Hungarians greatly increased from the mid-1960s. 30,000 to 40,000 DM were awarded in 1960s by International Committee of the Red Cross (mainly for Hungarian Jews).

Rejected compensation cases arose from: refusing to allow examination by a German doctor; the husband being so financially well off that the sterilised victim experienced no loss of earnings; inadequate proof; or the obtaining of a German victim pension; the BEG (Federal Compensation Law).

German compensation was based on loss of earnings. This failed to recognise the traumatic stress of being held in Auschwitz amidst death and brutality, amenorrhoea and loss of fertility, the pain experienced during the experiment, recurrent pain in the long term, the psychological pain and the stigma of involuntary sterility. Clauberg was imprisoned by the Soviet Union, and on release in October 1955 planned further research. The result for him was being held for prosecution since November 1955 in the Federal Republic, although Clauberg died on 9 August 1957 before his trial commenced.

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Froukje Carolina de Leeuw (1916-2002), a female prisoner doctor's view of Block 10 in Auschwitz

Hans-Joachim Lang

A total of four female prisoner doctors lived and worked in Block 10, an experimental Block in the main camp of Auschwitz (*Stammlager*).¹ The physicians Dr. Alina Brewda, Dr. Adeleide Hautval, and Dr. Dorita Kleinowa² (after the war, when married again, with the surname 'Lorska') all became well-known. Their post-war notoreity primarily came as a result of their serving as trial witnesses in London. Their testimony helped bring public attention to the caring

About the author: Hans-Joachim Lang, PhD, is a professor at the Universität Tübingen, Germany. Born in 1951, he received an MA (1976) and PhD (1980) from the Eberhard Karls University of Tübingen. An honorary professor since 2013, he conducts research on the Shoah, culture of remembrance, and history of democracy. He is one of the founding members of the Tübingen-based research team "University under National Socialism" (2002). Prof. Lang is the author of the award-winning book *Die Namen der Nummern* (*The Names of the Numbers*, 2004). Since 2016 he is a member of an international historical commission at the Université de Strasbourg, researching the history of the Faculty of Medicine at the Reichsuniversität Straßburg.

1 For more on the topic see: Hans-Joachim Lang, *Kobiety z bloku 10. Eksperymenty medyczne w Auschwitzu*. Warszawa: Marginesy, 2018.

2 After the war, Dr. Kleinowa took on the married surname Lorska.

support they had provided their fellow prisoners during their time in Auschwitz.³ The fourth female prisoner doctor, Dr. Froukje Carolina de Leeuw, did not receive as much attention. This oversight is unfortunate.

1.

On the 26th of August 1943, Froukje de Leeuw arrived in Auschwitz along with a transport from the Netherlands. Together with 43 other women from this transport, she was sent to Block 10. After providing a few general remarks about the Block, the focus of this article will be on Froukje C. de Leeuw. It will present many of the everyday yet extraordinary observations she later transcribed about this excruciating period of her life, the role she played in Block 10, and the lives of the other women held prisoner there.⁴

In Auschwitz, on a Thursday in August of 1943, when time seemed to come to a complete standstill. Froukje de Leeuw is standing in front of a barrack, two stories high. The number “10” appears at the entry-way of the building. Dazed and confused, she arrives to one of two giant sleeping quarters and she has the feeling that she has somehow entered an insane asylum. She and her husband were two of 1,001 Jewish men, women, and children who had been sent on this involuntary journey that had lasted two days and two nights. She was 27-years-old at the time. Both were physicians from Rotterdam. In the Dutch transit camp, Westerbork, they had been driven into trains on the 24th of August 1943. On the 26th of August, at 4 am in the morning, their train—as well as the lives they had temporarily shared together—came to complete halt. After what felt like an infinite period of time, the doors of the train were ripped open and the frightened men and women were met with the barking of dogs as men shouted: “*Raus! Raus!*” They were ordered to place their luggage to the side, and line-up in rows.

3 Mavis M. Hill and L. Norman Williams. *Auschwitz in England. A record of a libel action*. London, 1965.

4 Ervaringen in het Experimentenblok No. 10 KL. Auschwitz. Verslag van Mevrouw F. C. de Leeuw-Bernard. Typescript, 68 pages, without year. Nederlands Instituut voor Oologsdocumentatie, Amsterdam.

“My husband quickly squeezed my hand and then he was gone, because everything had to move very quickly,” recalled Froukje de Leeuw several years later about the incomprehensible routine that the SS soldiers followed on the train ramp of Auschwitz. 188 young men here, 92 young women there. These were the ones who were strong enough to make the march to the camp. And then, there was the other line that was made up of the sick, the aged, and the women with children, who were all told to wait until more comfortable transport arrived. And all the while, in the background, was the ever-rolling progression of train car after train car transporting their human cargo directly to gas chamber.

“Many men saw how their wives and children climbed into the car; and it was only a few days had passed that they realized what they had actually witnessed,” reported Froukje de Leeuw, a sober witness who had become hardened, but in no way numb to what she had seen. Days later, she spoke with a young woman, who had arrived with her mother and baby. Leeuw’s concise description was as follows: “She handed the baby to her mother in the car, to avoid unnecessarily taking up too much space. She herself could go alone. One can only imagine how she felt afterward.”

On the train ramp, the women were made to stand in rows of five. Each person was required to declare whether she was a “*Frau*” or a “*Fräulein*.” After having marched together for a while down a country road, their paths parted. The “*Fräuleins*” were driven to the *Arbeitskommandos* of Birkenau, while the “*Frauen*,” of whom Froukje de Leeuw belonged, were driven away to the so-called “*Stammlager*,”



Photo 1. | Entrance of Block 10
(© Hans-Joachim Lang)

the main camp of Auschwitz. They were driven along an unbroken electrified double barbed wire fence that lead to a door laden with the slogan “*Arbeit macht frei*.”

All around them, the camp was teeming with men. The *Stammlager* was an exclusively men’s camp. All of the male prisoners were busy with heavy labor, everyone dressed in prisoner clothing. A pair of young women in German uniforms took over the command of the arriving group of female prisoners. “Naturally we were counted once again. Forty-four pieces of livestock. Counting would later prove to be one of the most important activities of the SS in the camp.” A barrier lifted up in front of the group and then closed down behind them. The group were marched along a cobblestone street lined with a long stretch of red-brick buildings to the left and right.

First, the women were led into a building that was called “The Sauna.” It was there that the women’s heads were shorn, bald; their armpits and genitals were razored naked. They were then ordered to shower before they were sprayed with a liquid disinfectant. Immediately afterwards, they were issued a shirt, a pair of pants, a dress, and a handkerchief. Almost none of the clothes fit. Froukje de Leeuw said:

And like that, looking like a troop of scarecrows, we went to our future residence, Block 10. Down a path, a few steps over the doorway, down the hall, up the stairs to the left, and then we were set free to enter both of the giant halls. At the doors of these rooms there was “*Krankensaal 1*” (“Infirmary Number 1”) and “*Krankensaal 2*” (“Infirmary Number 2”). Both halls were completely filled with beds, stacked three on top of one another. A small number of the beds were already occupied by women. There were also several women who were walking around or sitting on the side of one of the beds. It was terrifying for us. . . . Why did we have sleep in a hospital? And why weren’t the woman working like the men, we’d seen along the way. Why were they aimlessly walking around in the room? I had the feeling that I had landed in an insane asylum. There were many different languages being spoken. The residents looked at us in curiosity and asked us about how the war was progressing. But we only gave quick answers. We wanted to know what kind of insanity we had entered.

Among those who had already arrived were seven women with whom Froukje de Leeuw could communicate in Dutch. But no one really wanted to speak. At the beginning, the talk was limited to this: “You should not ask so many questions. In a few days, you will find out everything for yourself, anyway. Just be happy that you ended up *here*!” they said. Then, two tables were set up in the room. The new women had to line up in alphabetical order in front of the tables as a male prisoner

tattooed each one on the left lower arm with a five digit number with a triangle underneath. “Sometimes, the tattoist made a mistake with one of the digits. When that happened, he simply taattoed over it with a line and then placed the correct number above it.” Froukje de Leeuw received the number 55999 which took the tattoist exactly 76 strokes.

Later she would write:

From that moment on, I was Prisoner 55999. My name would cease to exist for almost two years. Later, we knew that there were far worse things that could happen to a person. For example, you could arrive in the camp and not be given a number. Because that meant that in a very short period of time you would be sent to the gas. . . So it was not worth the effort to register you.

2.

Who was Froukje de Leeuw? She had been born “Froukje Carolina Bernard” on the 11th of July 1916 in Arnhem, as the eldest of three children.⁵ A few years after her birth, her parents, Eduard Ephraim Bernard and Adèle Judith Bernard, moved to Utrecht. It was here that Froukje’s father worked as a salesman at Polak’s Frutal Work, a coloring and flavoring factory. In his free time, he worked for the Jewish Council of Utrecht of which he was a member. Froukje studied medicine in Utrecht. It was during this time that she would meet another medical student, Simon de Leeuw, the man whom she would marry in 1940. Froukje first began work as a GP in the summer of 1941 but she would not have the opportunity to establish her own practice. Instead, she was only allowed to treat Jewish patients who came to her parents’ home. In August or September of 1942, the husband and wife medical team decided to go into hiding. They were successful until July 1943, when Froukje and Simon de Leeuw were arrested and sent to the transit camp Westerbork. On the 24th of August 1943, the deportation trains began to roll to the East. “We were completely resolved to survive,” wrote Froukje de Leeuw looking back later.

5 For the information on Froukje de Leeuw’s biography, I thank her nephew Jonas Schellekens.



Photo 2. | Front view of Block 10 (© Hans-Joachim Lang)

She and her husband did manage to survive Auschwitz. They brought a daughter into the world and lived together in Rotterdam before Froukje de Leeuw died on the 19th of April 2002. But her time in Auschwitz had deeply marked her. Shortly after being liberated, she revealed that she had held onto very clear, detailed, and in part intensely personal memories. In order to depict Block 10 from her perspective, her autobiographical notes will be the focus. But before going into detail about those experiences, a few words about Block 10.

3.

Block 10, part of a former barracks, was a building in Auschwitz in which numerous doctors conducted experiments on prisoners. It was made available for the gynecologist, Professor Dr. Carl Clauberg, to test the methods he had developed to sterilize women without surgery. Clauberg was a talented hormone researcher. He had headed two clinics for women's medicine in Chorzów, which was then called König-



Photo 3. | Block 10, view from the courtyard between Block 10 and Block 11. Because executions took place there, the windows were boarded up (© Hans-Joachim Lang)

shütte. There were some periods when his car frequently drove into the Auschwitz camp. There were other times when he rarely came at all. Initially, he had wanted to start the experimental trials in Block 30 of the Auschwitz-Birkenau in December of 1942 but he had been dissatisfied with the conditions he found there. The Camp Commandant, Rudolf Höss, therefore, ordered that Block 10 of the main camp be put at the doctor's disposal.

April of 1943 marked the start of the experimental trials, for which SS *Standortarzt* (resident camp doctor) Dr. Eduard Wirths was responsible.⁶ Using general criteria like marital status, health, or age mostly, he was the one who selected the women for the Block 10 on the train ramp. It did not take long before the imprisoned women were being forced to undergo examinations by other doctors for clinical trials. From the initial group of women, Dr. Horst Schumann selected a smaller set. In Block 30, he later subjected these women and a number of male prisoners to X-rays to test out this method of forced sterilization. The results of

6 The “SS-*Standort-Arzt*” was the highest-ranking physician of KZ Auschwitz.

this method were then compared against those obtained from a control group of women who had had one of their Fallopian tubes removed. Along with these tests, on behalf of his brother, Dr. Helmut Wirth, Eduard Wirth also arranged for tests to be carried out on a method devised for detecting cervical cancer in its early stages. And there were also Dr. Bruno Weber and Dr. Helmut Münch of the SS-Hygieneinstitut (SS Hygiene Institute) in Auschwitz-Rajsko. These physicians were contracted to undertake a series of different blood tests and pharmaceutical experiments on selected women prisoners.

The first large group of female prisoners whom Wirths sent to Block 10 were more than 100 Greek Jewish women who had arrived in Auschwitz from Thessaloniki on the 17th of April 1943. After them, on the 22nd of April, a group of approximately 100 Jewish women from the Belgian transit camp of Mechelen came. Together with a smaller number of imprisoned women who had been selected from Birkenau, by the end of April 1943, there were 264 female prisoners in Block 10. Later, on the 29th of June, another 65 women from Berlin were added to this group. Thereafter, on the 20th of July, the group was expanded once again with 75 French women who had been transported from the French transit camp Drancy. On August 2nd, that number was increased again with another 55 women from Drancy. And later, still more Jewish women would be sent to the Block from three transports arriving from the Dutch transit camp of Westerbork. Of those 44 women who arrived on the 26th of August was Froukje de Leeuw. More Dutch women were sent to the Block in the month of September: 100 on the 16th and 100 more on the 23rd.

However, not all of the women remained in the Block. There were not only arrivals but also exits. Some women refused to take part in the experiments. These women were sent to Birkenau, along with those whom the physicians had classified as being either inappropriate or no longer useful for the tests. Depending on their physical state, these women were either immediately sent to their deaths in the gas chamber or were sent to join an *Arbeitskommando*.

The SS largely delegated the responsibility of enforcing the internal communal rules of the Blocks to chosen prisoners (*Kapo*). At the top of the prisoner hierarchy was a Block Elder (*Blockälteste*), often referred to as the *blokowa*. And each of these elders had a scribe (*Schreiberin*). The Block Elders delegated certain powers to appointed Room Elders and the door guard. Amongst the general prisoners, a few

were given smaller privileges such as serving the food or cleaning the quarters. As Froukje de Leeuw recounted:

Everyone who had barrack-room duty [*“Stubendienst”*] had their own fixed task. There were about three for each sleeping room, two for the hallway, one for the washroom, one for the infirmary, and one for the toilets, one for the operating room, and even one for the smaller rooms. Each day, the floors were cleaned in all of the rooms of our Block.



Photo 4. | Froukje Carolina de Leeuw
(© Jona Schellekens)

The female prisoner-nurses (of whom only few had real medical training) and the female prisoner-doctors formed a class of their own. The vast majority of the female prisoner-nurses were housed together with several “special prisoners” in the *Pflegerstube* in the basement.

4.

The prisoner-doctors—and here we come to Froukje de Leeuw—were in fact doctors among the prisoners and were charged with medical tasks. They were therefore not free in the medical decisions and actions they took. Sometimes, the tasks they were ordered to undertake could indeed serve to promote the health of the patients they were assigned. Whatever they did, or more exactly were made to do, always, first and foremost served the purposes of the camp physician (*Standortarzt*) and the camp administration. Disobeying an order could cost them their lives. During the time that Block 10 was in operation, there were four female prisoner-doctors. Aside from Froukje de Leeuw, there was Adélaïde Hautval, the only non-Jewish

woman in the group; Slawa Kleinova, and Alina Brewda. Not all of these women were in the Block at the same time. Along with these women, there was also a male prisoner physician, Maximilian Samuel, who came to the Block and served as an external physician for a few months.

Contrary to what is often conveyed, only a few general statements can be made about what daily life was like inside this Block. One should always determine whether each piece of information gathered is supported by eye-witnesses, and whether the reports gathered were made by outside observers or by persons within the Block who were directly affected. Even when the latter is the case, it makes a difference whether the persons affected learned about the beginning of the Block from hearsay. It is also important to determine what knowledge they used to assess the events that took place in the Block. For example, after only a few days of her stay, Froukje de Leeuw was already in the position to profit from the experiences shared with her by other prisoners who'd been in the Block much longer. By comparison, the Greek women who arrived in April 1943 had absolutely no idea what was to befall them. Their language alone made it practically impossible for them to make their way in the camp. In June 1944, after a large selection had taken place, a group of approximately 300 women were transferred to a newly erected Block 1 in the so-called *Erweiterungslager* (camp extension), the situation changed radically. The conditions in this new Block were substantially better.

Usually there were between 350 and 450 Jewish women kept in Block 10. The vast majority of them were housed in one of the two large halls. These quarters were filled with three-tier beds made of 90 cm wide wooden planks. The women were held in these cramped quarters day and night. The previously mentioned *Pflegerstube*—quarters for the prisoner medical assistants in the basement—was occupied by 33 women. It was here that Froukje de Leeuw resided. Large numbers of so-called “Pflegerinnen” (nurses) were forced to live in one of these halls.

One of the first tasks of the new female prisoner-doctor was to share shifts with another Dutch woman, Ima von Esso, as an anesthesiology assistant for the prisoner-doctor Maximilian Samuel. Would it not have been better for her to have refused this order as the female prisoner-doctor Adélaïde Hautval had done before her? A few weeks after refusing to do experiments in Block 10, Hautval was deported to Birkenau, where she just managed to escape the gas chamber by a hair's breath. De Leeuw took a pragmatic approach to this question. According

to her, experience had shown that there was absolutely no point in refusing or sabotaging the work:

You would only endanger yourself and the work would just continue anyway. The only thing you could do was to try to help the others as much as you could with little things in the work that you did or alongside the duties you had to perform.

From the eyewitness reports of survivors, it is possible to infer that at the end of August and in the month of September 1943, there were large numbers—approximately 250—of women who were assigned to Block 10. And, at least a substantive portion of these women were subjected to a series of experiment trials designed for the early detection of cervical cancer. “When I arrived, Professor Samuel had already performed operations upon a series of women (German women, French women, etc.) but then he received a large contingent of Dutch material.” The experiments were carried out by Maximilian Samuel upon the orders of camp doctor Eduard Wirths on behalf of his brother Helmut Wirths.

For several weeks, almost every single day, ten women, primarily from the Netherlands, were called up and ordered to wait outside of the operating room. One after another, they were then commanded to take a seat in the examining chair. The professor inserted an instrument, a so-called “speculum,” into their vaginas to pry them open. He then looked through a colposcope that was placed at the entrance of the cervix. Sometimes, everything was normal, but often it was possible to detect small deviations like for example white spots which he then applied iodine to see how they reacted.

These examinations were the less harmful part of the procedure.

After the results of the examination were obtained, women were selected for the operation—and most of them were selected. The other women who were not found to have any special features that would have made an operation useful, were forced to go to Birkenau.

Clearly, the “utility” was rather broadly defined, as Adélaïde Hautval criticized. On the one hand Leeuw asserted that Samuel meticulously performed the tasks assigned to him. On the other hand, to his credit, she also stated that he calmed the women, who were to be operated upon and treated them humanly. And in those few cases when the female prisoners had husbands in the main camp, he also from time to time carried secret messages.

De Leeuw, who was responsible for the anesthesia, was able to make additional first-hand on Samuel's other conduct. She injected the arms of the test persons with Eunarcon or with Epivan.⁷ Then, avoiding the muscle tissue, Samuel removed part of the cervical mucus membrane that had identified as being of interest during the colposcopic examination. After a necessary pre-treatment, he examined the tissue sample under the microscope. The purpose of the clinical trials was to try to chart and diagnose the development of the cancer across all age groups and in all of its variations by examining the mucus membrane. The reason used for the trials was that cervical cancer frequently appeared in older women.

When the transport with Froukje de Leeuw arrived in Auschwitz, the gynecologist Carl Clauberg had paused his forced sterilizations. It was for this reason that she only became aware of his trials later on. Afterwards, aside from a few short breaks, his experiments which were often conducted with the chemist Johannes Goebel⁸ at his side, were conducted non-stop.

Her report provides considerable information about this work. As soon as the women laid down upon the X-ray table, Clauberg injected a liquid into their cervix and Fallopian tubes. Then, through the X-ray screen, he observed how the liquid spread. For most of the women, the procedure caused extreme pain. The next morning, the same women were then sent to determine how much of the injected liquid was still in the body.

Often an additional X-ray was made. The injections caused the women extreme fear and pain. Almost all of the women in the Block were made to undergo this procedure. The only exception were those who had special posts.

Women were subjugated to the procedure "usually, every four to six weeks." Most of the women had the procedure two or three times, some even more, and only a few had it only once. "If a woman developed a bladder infection, for example, she would be skipped until she was healthy again." And if the sterilization was not declared a success by Clauberg, the woman in question was in constant danger of

7 Eunarcon and Epivan were anesthetics used in surgical procedures.

8 Dr. Johannes Goebel (1891-1952) was a chemist at the German pharmaceutical company Schering. In the summer of 1944 he moved to Oświęcim and assisted in Block 10.



Photo 5. | One of the two dormitories on the upper floor of Block 10 (© Hans-Joachim Lang)

being sent to Birkenau. “I could not figure out what standards they used to make this decision.”

What was worse was the fact that the internal organs of many of the women became inflamed after the injections. In most of these cases, the women healed after a short period of time. But in some cases, the inflammation lasted longer. “Luckily, no one died as a result,” she added. This statement was made in relation to the immediate effects of the procedure. In her Block, there were “approximately seven or eight women” who died from illnesses. This was because in comparison to other areas of the camp, the living conditions in the Block were relatively better “because as professional laboratory rats the women were considered to have a certain degree of value.” When women from Block 10 died in Auschwitz, it was mostly in Birkenau in the gas chamber after they were deemed useless or no longer useful for experimentation. Once there was a woman with her newborn daughter who was sent to the gas chamber. Her pregnancy had been overlooked.

No other group of women in Block 10 was larger than the one from the Netherlands. From Autumn of 1943, almost only Dutch women were being housed

in one of the two sleeping quarters. As a result, it was called the Niederländischer Saal—the Dutch Hall. The majority of them were young women from Amsterdam. Several of them were either related to one another or knew one another from the time before their imprisonment. De Leeuw was also charged with providing medical care in that place. “I was responsible for the Dutch Hall and Slawa was in charge of the other one,” she reported. Twice a day, she and Slawa spent a half-an-hour on medical rounds: once in the morning at 6:30 am, and then later in the day at 4:30 pm. During the majority of the time that de Leeuw was in Block 10, Alina Brewda from Warsaw was the one mainly responsible for the medical supervision. For a period of time, she held this responsibility at the same time that she served as a *blokowa*.

Because her assignment with Samuel only lasted a few weeks, the Dutch female physician spent the rest of the tedious time with her Dutch compatriots on the top floor. Like only a few of the surviving women, she reported on a plethora of everyday events that took place in Block. She documented the ever-present fear, the constant hunger when food became scarce, and the insatiable desire for life. She did not ignore discussing sexual needs and the ways she sought compensation. She reported on the ritualized daily routine as well as special times like the holidays. She talked about the little joy and tremendous cruelties, about the privileges of the few and the relationships that developed amongst the prisoners. She also reported on the hierarchical structures and the manifold rivalries that resulted from them. On the surface many of these conflicts appeared in the guise of national rivalries but in actuality they were often the result of the women having come from differing social classes, as shown in the conflicts between the Polish female prisoners who often came from lower socioeconomic levels than the Dutch female prisoners who frequently came from well-to-do families. The conflicts developed a life of their own which de Leeuw herself was also not entirely able to resist.

In the end, there were three points that Froukje de Leeuw stressed as being the absolute worst:

1. The experiments that meant physical pain and psychological humiliation. And in the cases involving forced sterilization, it can be assumed that the women—most of whom were young and not yet mothers—were never able to bear children later in their lives.

2. The constant fear that as the war progressed, their doom in the gas chamber became ever more certain: “We could not believe that they would allow us, the living witnesses of their inhuman experiments, to survive to see the the end of the war.”
3. “The deadly boredom that ultimately attacked all of us. Always being in the company of the very same women, having to get up very early but having nothing to do, while being in an atmosphere of constant tension. And the worst thing of all was the hopelessness. There was no end in sight and if that end did finally come, it would in all likelihood be in the form of death. Yes, that was basically what it was: each day we survived brought us closer to our deaths.”

And yet, despite all those horrendous obstacles and uncertainties, most of the women in Block 10 fought to stay alive. There were a few who died in the Block. Just how many of them perished in Birkenau rejected from further experimentation is unknown. Among those women who survived Auschwitz, a large number succumbed during either the *Todesmärsche* in 1945 or in one of the other concentration camps. Over 300 women lived on to experience their liberation. Among those survivors, the majority were seriously ill and infertile and some like Froukje de Leeuw went on to tell the story of their survival in the shadow of death.⁹

9 I would like to thank I. M. Nick for the German to English translation.

The dentist Jeremias Barth: “medical treatment means dealing with patients’ problems and surviving”

Marie Judille van Beurden Cahn

The Polish claimant *Jeremias Barth*, referred to in Section 2, Part 1, was born in 1894 in Rzeszów, Poland. He came to our country in 1938 and has integrated here. During the war years, the claimant proved to be deserving of Dutch citizenship. Employed as a dentist at the Jewish Theater in Amsterdam, where Jews were incarcerated before deportation, he enabled several other Jews to escape. He was arrested in 1943. However, he soon managed to flee and remained in hiding for the rest of the war. The claimant is married to a Dutch woman. After the war he graduated in medicine in the Netherlands and has an adequate income from his medical practice.

National State Publication on behalf of Her Majesty Queen Juliana, Queen of The Netherlands.¹

About the author: Marie Judille van Beurden Cahn, historian and head of History of the Treegenes Study into the (epigenetic and psychosomatic) Consequences of the Shoah on the lives of Children of Survivors. She gives Teacher Trainer courses on the Holocaust and other Genocides, has a teaching and research position at The Descendants of the Shoah Holland, Dutch part of the international movement of 2/3/4 generation children of Holocaust Survivors. For her ongoing research, she compiled a database of 67 oral-visual testimonials from children of (Dutch) Jewish survivors with the primary aim of distilling the individual and collective memory in the accounts and to complement the historiography of the post-war period.

1 https://repository.overheid.nl/frbr/sgd/19521953/0000285270/1/pdf/SGD_19521953_0000040.pdf [Accessed June 29, 2021].
https://repository.overheid.nl/frbr/sgd/19521953/0000285512/1/pdf/SGD_19521953_0000223.pdf [Accessed June 29, 2021].

INTRODUCTION

This quote is from the 1953 application for the naturalization of Jeremias Barth (1894–1984) and his family, and the apotheosis of a long journey from Rzeszów via Vienna to Amsterdam. In retrospective, one might view Jeremias Barth as an active participant, sometimes in the role of victim, of the vast changes in the violent 20th century, as the historian and writer Geert Mak has observed.² A century marked by technological innovations that facilitated long-distance travel and communication, and two world wars that created new nations. Jeremias Barth fought in the First World War and was persecuted as a Jew in the Second World War. A man of great curiosity, flexibility, and ingenuity, he had a gift for making the best of any given situation for himself and the people he loved and who were dependent on him. He used his knowledge of medicine to accomplish acts of resistance against the Nazi Germans and saved the lives of countless fellow Jews; on two occasions when he was put on deportation trains he was able to lead the German authorities astray and managed to escape, went into hiding, used whatever equipment he had at hand, kept from starving to death.

Jeremias Barth was a man with a personality you could hardly ignore, even if only because he was six feet two with a handsome head of blond hair and clear blue eyes (Photo 1). He was a planner with an aptitude for technical invention who could rapidly turn a situation to his own advantage. Unfortunately, he was unable to save his wife and the rest of his Galician family, except for his son, from being murdered.

This article is largely biographical and mainly in the form of a case history. I will try to present the story of Jeremias Barth—who he was and what he did—and show the complexity of his actions in their genocidal context. Investigating his character and achievements—both personal and professional—was no simple matter. All that is available on his past is a pile of scarce and chaotic primary materials preserved in private hands,³ along with several intensive oral history interviews with

2 <https://www.vpro.nl/programmas/in-europa/kijk/afleveringen/2007-2009/1900-dawn-of-the-century.html> [Accessed June 29, 2021].

3 They were in a brown suitcase which was kept in the attic of the private residence at Sarphatistraat 68 in Amsterdam, and are now in boxes in the possession of Peter Barth, while the digital duplicates are with Jacques Barth.

two of Jeremias Barth's sons recorded over a period of four years.⁴ Apart from the note in a 1953 issue of *Staatscourant* (the government gazette of the Kingdom of The Netherlands) recording his new citizenship (see quote), there are hardly any public sources.⁵

After the War at the age of 53, Jeremias Barth showed admirable perseverance to build up a new practice and he founded a new family. The Netherlands, the country he landed in as a refugee on his way to the United States in 1938, became his new home till he died in 1984.

The article is divided chronologically into three parts, the period up to World War One, the Interbellum (1919–1939), and World War Two (1940–1945). It is important for the reader to be aware that this description of the man's life is limited and will certainly give rise to questions. Like: was he a skillful dentist, was he a friendly person? What we know is based upon personal observation, things we have heard and a combination of information from the rare sources the descendants of Jeremias Barth hold so dear.

Jeremias Barth was an interesting man who lived to almost ninety years of age. He was not talkative, even reticent about the years of persecution during World War Two, and that is what makes writing this article such a puzzle, but an important puzzle to solve: saving individuals and their stories from oblivion is something



Photo 1. | Jeremiasz Barth. Photograph from Barth family collection

4 My interviews with Peter and Jacques Barth, most of them taken separately from 2017 to 2021.

5 Like some announcements which appeared in several newspapers and letters in the National Archive in The Hague.

that all too often fails to be done. Against the backdrop of grand-world history with all its famous and infamous actors, a great deal of what also occurred fades into the twilight zone of history as if it never happened. But history is also about ordinary people like the dentist Jeremias Barth, many of whom accomplish great things. The dentist Jeremias Barth saved twelve Jewish lives, if not more, by giving medical treatment in his own, special way, by making duplicates of keys to open locked and double-locked doors, by providing dental care while he was in hiding, and by practicing his religion in a clandestine synagogue in Amsterdam.⁶

THE STORY

Oral history has always been problematic for traditional historians, who do not consider stories passed down by word of mouth the best material for historical research and would rather focus on primary written sources. After all, how reliable are memories, how subjective are they and to what extent affected by emotions? On the other hand, that is the power of oral history. You can extract a vast amount of information from an oral source that a written source could never provide. Memories, feelings and non-verbal signals can sometimes reveal so much more than any written source.⁷

The largest digital oral history data base available today, the Shoah Foundation Visual History Archives,⁸ was compiled in the 1990s. Jeremias Barth had already passed away in 1984. This does not mean we have no audio-visual material at all, because there are private tapes and family photographs taken with an analog film camera and digitized in 2021.⁹ Some of these short films include the sound of Jeremias Barth's voice in the mid-1970s—the deep bass voice of a man who does not seem to be accustomed to the microphone which he is gripping so tightly. He is in his early eighties and is standing in front of his prewar residence at Piaristengasse in Vienna, pointing with his left hand at his erstwhile apartment on the first floor.

6 <https://www.amsterdam.nl/stadsarchief/stukken/feest/loofhuttenfeest-1944/> [Accessed June 29, 2021].

7 Thompson, 2000.

8 <https://sfi.usc.edu/what-we-do/collections> [Accessed 29 June 2021].

9 In the private collection of Jacques Barth.

There are no special emotions voiced, he gives just, just a detailed description of the building. He says that there was a very luxurious office at Otto Kringerstrasse 144. His third wife, Maria Barth née Goudekiet (1906–2006), like her husband the only Holocaust survivor of a large family, comes to stand next to him. She is an elegantly dressed lady who looks up radiantly at her husband. You don't need a lot of imagination to see that despite all the anguish and hardship, this elderly couple has plenty to be proud of and also happy about.



Photo 2. | Jeremiasz Barth's birth certificate.
Photograph from Barth family collection

THE PERIOD FROM 1894 TO 1918

Jeremias Barth was born in Rzeszów in what was then the province of Galicia in Austria–Hungary (Photo 2).¹⁰ Around 1910, there were half a million Jews living in this crown land of the vast Habsburg Empire.¹¹ After the First World War and the disintegration of the Habsburg Empire, Galicia became part of Poland, which was restored as an independent state. Virtually all the Jews who lived in Galicia were murdered during the genocide of the Holocaust (1941–1945). The extermination camp Belzec¹² where Jeremias Barth's extended family was murdered, was,

10 <https://www.geshergalicia.org/about-galicia/> [Accessed June 20, 2021].

11 Galicia bordered Moravia on the west, the Russian Empire on the north and east, and Hungary and the Ottoman Empire (Moldavia) on the south. Galicia was the largest province of the Austrian Empire.

12 <http://www.belzec.eu/en/history> [Accessed 20 June, 2021].

in Poland under Nazi German occupation.¹³ The region still makes a rather desolate impression, though you do see the enormous economic development launched by the construction of American-type shopping malls and huge companies like Ikea and Lidl.

Jeremias was born in 1894 as the eldest child and only son of Jakub Shulem Barth (1862–1933) from the industrial petroleum city of Gorlice, and Sarah Leuchtag/Leichtag (1868–1941) from Brzostek at the foot of the Carpathian Mountains. Jakub Shulem Barth did not live to see World War Two, he died of a cardiac disorder in a Rzeszów hospital in 1933.



Photo 3. | The mass grave in Gogołów. Photograph from Barth family collection

The life of Jeremias' mother Sarah ended in a more violent way. After being kept inside the ghetto of Rzeszów for a year, she was murdered in 1941 in a forest at Gogołów (Photo 3) ten kilometers from her hometown. Jakub and Sarah Barth ran a beautiful place, a large hotel with a restaurant and a bar on the east side of Rzeszów next to the army barracks (Photo 4). It was always busy there and they earned a good living.

In addition to their son Jeremias, Jakub Shulem and Sarah had two daughters, Ethel/Ecia (Rzeszów 1898 – Vienna 1932) and Rivka/Regina (Rzeszów 1902 – Belzec 1942). The Barths were a well-to-do family, Orthodox Jewish but not traditionally dressed and interested in modern life. Newspapers, their clientele, and travel gave them a sophisticated view of the world. They were early Zionists; in 1907, at the age

13 The Republic of Poland was restored as an independent state after the First World War, after 123 years of being partitioned between Russia, Prussia, and Austria (1795–1918). In September 1939 Poland was invaded and occupied first by Nazi Germany (on September 1), and next by Soviet Russia (on September 17).

of thirteen, Jeremias Barth and his parents attended a large Zionist Conference held in The Hague.¹⁴ He later joined the Bund (1913), the Socialist Zionist Movement with strong ties to Yiddish culture. He read *Die Welt*, spoke fluent Austrian German, Polish, and Yiddish. He faithfully performed the Jewish rituals, attended two of the over fifty synagogues in Rzeszów, and on the High Holidays, he and his parents went to the Old or the New Synagogue, both of which were just off the cemetery close to the market place in the city center of Rzeszów. Until the day he died, he believed in the Zionist ideals with the same conviction as he practiced his daily Jewish rituals. “As long as it is good for Israel,” was the guiding principle throughout his life. If he didn’t know the answer to a question, he would always come up with this sentence about Israel. And he meant it! Israel could count on his annual donations and if necessary, Jeremias Barth would act on his own initiative, even if it met with other people’s disapproval.

The three Barth children attended the best secondary schools in Rzeszów. The girls graduated from the Erste Gymnasium (First High School)¹⁵ with honors. The son, destined to take over the business, was less interested in school. Cheerful and full of vitality, he loved going out and was billiard champion of Rzeszów,



Photo 4. | Jeremiasz Barth's birthplace in Rzeszów.
Photograph from Barth family collection

14 <https://artsandculture.google.com/asset/the-8th-zionist-congress-in-the-hague-1907-jewish-museum-and-tolerance-center-moscow-russia/8AH2dGT5KFWPHQ?hl=en&ms=%7B%22x%22%3A0.5%2C%22y%22%3A0.5%2C%22z%22%3A8.846950918977962%2C%22size%22%3A%7B%22width%22%3A1.7901350682412827%2C%22height%22%3A1.2374999999999999%7D%7D> [Accessed June 20, 2021].

15 <https://1lo.rzeszow.pl/> [Accessed June 13, 2021].

which led his parents to send him off to the faraway Viennese Piaristen Gymnasium¹⁶ to complete his education. The Austrian capital was his gateway to the big world. The bicycle, the automobile, airplanes, telephones, trains, and electricity had all appeared in public and private life and it looked like there was no stopping technical progress, though the distances remained sizable because hardly any of the roads in Poland had been paved.

When World War One broke out, Jeremias Barth had just graduated from the Gymnasium. He and many of the other Jewish boys in town signed up for the army. His diploma made him eligible for training as a petty officer, which didn't happen automatically because he was Jewish. In 1916, Jeremias Barth joined a predominantly Jewish regiment, the 40th Ritter von Pino infantry regiment¹⁷ of the Austrian *Kaiserliche und Königliche Armee*. The regiment took part in the Kerenski offensive from June 1917 to January 1918 near the town of Lutsk, which is now part of Ukraine, 92 km east of the Polish border and about 200 km from Lublin. His job was to carry the heavy central portion of a mortar on his shoulder, something that left him with lifelong back problems. In 1917, he was badly wounded from bayonet stabs in the stomach. Severely wounded and infected with tuberculosis, he was shipped to a field hospital in Hrubieszów near Zamość. That was the end of World War One as far as he was concerned. Contrary to expectations, he recovered. But he didn't take over the business of his parents. Instead, he decided to study medicine in Vienna.

THE INTERBELLUM (1919–1939)

To be able to study in Vienna, he registered as a resident of Munich in 1920. In this way he managed to dodge the quota for Jews from Galicia and could leave for Vienna, very much against his parents' wishes and without any financial means. He got a job at the university hospital and another job at the Vienna Volksoper, and that's how he worked his way through college. He graduated in 1926, and followed up his

16 <https://www.bg8.at/inhalt/die-geschichte-des-piaristengymnasiums> [Accessed June 23, 2021].

17 <http://doccdn.simplesite.com/d/e8/06/282319406111852264/a8a735c5-c00f-4329-80b7-0477c7382d85/IR.40..pdf> [Accessed June 13, 2021].

degree with a double PhD in two specialist fields, ophthalmology in 1927 and oral surgery in 1928—as the story goes, because “you only have two eyes and one mouthful of teeth.” By 1934 he was a respected physician, and married Basia Brun, who was Jewish, too. A year later, they agreed it was best to get a divorce and in 1936 he married Gertrud (Trude) Bunzlau, a banker’s daughter (Photo 5).



Photo 5. | Jeremiasz Barth's wedding with Gertrud Bunzlau. Photograph from Barth family collection

On the eve of the German invasion of Austria in 1938, Jeremias Barth was the proud owner of a fashionable medical clinic at No.

144 on the elegant Ottakringerstrasse in the Austrian capital, and the father of a son, Peter (born in 1937). As is clear from a postcard from his mother and sister Regina at the time, life was going very nicely for him. He had a car with a chauffeur, often ate out at restaurants, gave generous tips and “loved to play the big shot and seems to have forgotten all about us,” as his sister Regina reproached him in writing after a visit to Vienna. “So be a little more generous with your own family, because life here is not that great and not that easy. If only you knew. But how could you, you haven’t been in Rzeszów for ages.” After the death of Jakub Shulem, the family was clearly no longer as well-to-do as before. For Jews in general, the Second Polish Republic (1918–1939) was no longer a good place to be after the death of Marshal Piłsudski (1867–1935). In the late 1930s the anti-Semitism that had never been that far away was becoming very scary indeed.

In 1938, Jeremias Barth’s clinic was brutally confiscated by the Nazis, seized and “sold” to a physician whom Jeremias was to run into in the 1950s in Amsterdam. From one day to the next, the family was on the street. The Jewish community supported the Barths, and they fled the country in November 1938. They bade farewell to Jeremias’ mother and Regina in Rzeszów and took a train from Vienna to Amsterdam. The destination was New York in the United States. Amsterdam

was only a stop along the way to arrange the financial issues and the tickets for the ship. On December 10, 1938, the family rented a small upstairs apartment in the Dutch capital.

One might generalize and say Jeremias Barth and his family were stranded in The Netherlands in December 1938. He traveled alone to Geneva, where he participated in the 21st Zionist Congress¹⁸ and also had money in a Swiss bank account. For reasons that are unclear, he purchased tickets for a variety of ships. To Nicaragua, to Shanghai, and to New York—tickets that were never used. It looks like the family was just as surprised as the rest of the Dutch population by the German invasion on May 10, 1940.¹⁹

THE PERIOD FROM 1940 TO 1945

Within four days, The Netherlands, which had been a neutral state, was defeated and occupied. The country was annexed and now under the strict control of the SS. Jews were trapped. By the end of 1940, the SS had started to introduce anti-Jewish measures, to begin with the question to specify just exactly how many Jewish ancestors they had? Jeremias Barth had the status of a refugee, no work permit, and was not allowed to provide medical assistance. His foreign accounts were frozen and the last money he had was converted into gold coins that he was to wear in a special belt inside his pants; he did so until the end of his life. Always prepared to flee.

In her PhD dissertation *Don't Forget You Are a doctor. Jewish Doctors in The Netherlands 1940–1945*,²⁰ medical historian Hannah van den Ende poses the following questions: What does a doctor come up against when he tries to practice his profession in conditions of injustice and persecution? What are the obstacles he faces?²¹ These questions pertain only in part to Jeremias Barth,

18 Ussishkin, the president of the Congress, expressed his grave concern for the fate of Polish Jewry in Geneva. <https://www.encyclopedia.com/religion/encyclopedias-almanacs-transcripts-and-maps/zionist-congresses> [Accessed June 11, 2021].

19 De Jong, 1969.

20 Van den Ende, 2015.

21 Van den Ende, 2015: 28.

so in the title of this article the sentence “Medical treatment means dealing with the problem of survival is added, which is more appropriate.” As a refugee without a work permit, living under an SS regime was not the same thing as the effects of National Socialist racism for Dutch Jewish doctors. Having fled the racist madness in Vienna following the *Anschluss*, Jeremias Barth had experienced persecution and at most could practice his profession illegally, and then just hope to survive the anguish of persecution. The context he found himself in was more compelling, his needs were more urgent and his freedom to act effectively was virtually non-existent.

According to J. H. Copenhagen in the memorial book *Anafiem Gedoe’iem. Deceased Jewish Doctors from the Netherlands 1940–1945*, the medical profession in The Netherlands before World War Two consisted of approximately 6,500 doctors. More than 10% of them were Jewish.²² According to Loe de Jong, the authoritative national historian of World War Two, there were 677 Jewish doctors when the War broke out.²³ This figure has been disputed. In her study, Van den Ende gives a figure of 534 Jewish doctors. Jews were over-represented in this professional group. “An extremely visible group in the medical profession, certainly at the moment when the occupying power drew a distinction between Jews and non-Jews.”²⁴

Doctors were high on the social ladder in Dutch society. They belonged to the upper bourgeoisie, and in the provincial towns they were on a par with the mayor and other dignitaries and leading citizens. They were an elite and an authority.

The Netherlands was a completely compartmentalized or stratified society, and patients would always go to a doctor of their own religion or denomination, a rule strictly adhered to outside the large cities. Catholics consulted Catholic doctors, and the various Protestant denominations each had their own doctors. There were barely any independent specialized clinics in the Netherlands of the kind that existed in many other countries in Europe. Doctors generally had their own practice with their own pharmacy, and in the countryside as well as the large cities, they would perform minor operations themselves. There were very few specialists, and physicians were more like the half-surgeons of the 17th century. The situation was

22 Copenhagen, 2000: 44.

23 De Jong, 1969: 545.

24 Van den Ende, 2015: 16.

different in the hospitals of the large cities, Amsterdam, Rotterdam, The Hague, Utrecht, Eindhoven, and Groningen. There the hospitals were often associated with a university and specialized in specific fields of medicine.

Before the German invasion, there were 677 Jewish doctors, while Van den Ende's dissertation refers to 534 Dutch Jewish doctors. Jeremias Barth was presumably one of the 143 Jewish refugee doctors that have yet to be described in a collective historical study. All the doctors acted according to the Hippocratic Oath and provided the care and treatment their patients came to them for. Doctors who did not obey the professional code had to reckon with the Medical Board.

As Van den Ende notes, there was a specific Jewish code of medical ethics,²⁵ an independent entity with a long history going back well into the sixth century when the Jewish physician Asaph formulated an oath for doctors in Mesopotamia. Jeremias Barth, who was a conscientious Orthodox Jew, faithfully said the Morning Prayer of the Physician every day, as formulated by Maimonides (1135–1204). He never departed from this custom. He took the principles of medical ethics very seriously.

No information is available on Jeremias Barth's contact with other Jewish doctors in the period from 1940 to 1942. There was Medical Contact, a resistance group set up by Dutch doctors in 1941. They made a collective effort to exert an influence over the process of Nazification. Jeremias Barth had his own very different personal problems at the time. A week before the general strike of February 25, 1941 against the anti-Jewish measurements introduced by the German occupying authority, he lost his wife. While walking in the street along a canal on the afternoon of Saturday, February 22, she was hit by a bullet fired from a Dutch policeman's gun. Rioting started in the vicinity of Waterloo Square in Amsterdam and there were large-scale roundups and the police intervened by raising the bridges over the canals. Trude Barth tried to run away, there were shots, and she fell into the canal. The official cause of death was an accident. She was an early victim of the persecution of the Jews in the Netherlands. Jeremias Barth, left with a small child, must have been at his wit's end. There was never more than a tiny item in the paper about Trude's death. She was buried in the Jewish section of Zeeburg cemetery in Amsterdam (Photo 6).

25 Van den Ende, 2015: 43.

In late 1942, with the help of employees from the Jewish Council,²⁶ he managed to find a job at the Jewish Theater, which was being used as a depot for deportation.²⁷ He offered dental care! That may sound ridiculous, but every part of the genocidal process needed to run as smoothly and normally as possible. If you take a cynical approach you could imagine that making deportees travel with a toothache would not be a typically German thing to do... Looking at situations from the perspective of the perpetrator is sometimes helpful. Whether Jeremias believed in the charade of Jews being sent out to work somewhere is doubtful, but many Dutch Jews clung to

the idea, and it enabled him to help them and stay relatively safe. His East European background must have made him suspicious of the perpetrators' intentions and he was a realist. His decision to help fellow Jews escape from the Jewish Theater must have been based on his very realistic misgivings. Was it an act of resistance, described as *Amida*, according to the famous Holocaust historian Yehuda Bauer?²⁸ Jeremias Barth's resistance wasn't violent, but it was a violation of German orders. He sabotaged the process that led to genocide.

His defiance started with keeping his patients waiting as long as possible in his dental surgery. The Nazi selections stopped promptly at five o'clock, at the end



Photo 6. | Gravestone of Gertrude Bunzlau.
Photograph from Barth family collection

26 https://theses.whiterose.ac.uk/25942/1/Vastenhout_PhD.pdf [Accessed April 11, 2021].

27 <https://jck.nl/nl/longread/De-Hollandsche-Schouwburg-als-deportatieplaats> [Accessed May 4, 2021].

28 Bauer, 2010.

of the working day, and anyone who was still being treated was lucky for the time being.

At the Jewish Theater, Jeremias met Jo van Hal, who was a physician there. They got along well and were to remain lifetime friends after the War. In the 1960s, they were even almost neighbors at Numbers 68 and 92, Sarphati Street (Amsterdam) and Jo was the Barth family doctor for years.

But let's go back to what they were doing at the Jewish Theater. Jeremias Barth used his skills of making plaster impressions of teeth to produce copies of keys, which enabled people scheduled for deportation to leave the premises. Walter Susskind²⁹ and Felix Halberstadt³⁰ were his companions in the process.

Not everyone could be saved, there was always the chance of betrayal and Jeremias Barth could be deported himself. He faced enormous dilemmas daily.

How many people were able to escape thanks to him? The documents accompanying his Request to the Queen for Naturalization include twelve letters, testimonies to acts of resistance. So at least twelve people escaped with his help. The letters are from those who survived the war, there could have been more.

Ferdinand aus der Fünten, the man appointed to supervise the deportation of the Dutch Jews, was a regular visitor to the Jewish Theater.³¹ It's hard to imagine what relations between the chief executioner and his victim Jeremias Barth might have been like. Both loved Vienna and spoke the same dialect of German. Jeremias Barth's appearance, tall with blond hair and blue eyes, also worked in his favor. And he had the flair to easily make informal contact, which proved very convenient and he became aus der Fünten's personal physician. The man even warned him when Jeremias and Peter Barth were about to be deported.

It is known Jeremias Barth listened to the clandestine BBC broadcasts including the ones in Polish. Jan Karski, later honored as a Polish Resistance hero, gave eyewitness accounts of the events in the Warsaw Ghetto and the Nazi German extermination camps set up in occupied Poland. Jeremias Barth told his fellow employees at the Jewish Council what he heard on the radio. Its chairmen David Cohen

29 <https://westerborkportretten.nl/westerborkportretten/walter-suskind> [Accessed May 7, 2021].

30 Van Rens, 2013. https://pure.uva.nl/ws/files/1726280/119640_09.pdf [Accessed November 21, 2020].

31 <https://www.oorlogsbronnen.nl/thema/Ferdinand%20Hugo%20aus%20der%20F%C3%BCnten> [Accessed May 3, 2021], <https://www.youtube.com/watch?v=zcIRXJuZaRY> [Accessed May 5, 2021].

and Abraham Asscher were not happy about it and told him not to spread that kind of “horror story,” although Jakob Edelstein and his associate Richard Friedmann had told them the same “nasty stories” in the early spring of 1941. The Dutch Jewish Council was not brave, “accommodation to prevent worse” was their motto, which is a painful subject for discussion. Even in academic circles.

The leaders of the Dutch Jewish Council told Jeremias Barth to visit Theresienstadt with his child and report what he heard from the Jewish Council there. When he told aus der Fünten of this, the Austrian responded with a cynical laugh and crossed Jeremias and Peter Barth off the transport list that had already been drawn up. Aus der Fünten advised him to “stay safe.” Jeremias Barth followed this advice, went into hiding, tried to stay alive by not wearing his yellow star while traveling by streetcar, and started practicing his dental profession in secret, as requested by the resistance movement. As he hardly had any professional equipment, he produced his own, including a foot-powered drill to fix cavities in teeth.

Walking around without a yellow star in public led to a couple of very close calls. One of the rare stories Jeremias Barth told after the War was about his arrest during a roundup on Weteringschans (Amsterdam). It wasn’t specifically a roundup of Jews, but a reprisal for an attempted attack by the resistance movement. The men who were arrested had to line up and pull down their pants one by one. If they were circumcised, they were shot on the spot. The man ahead of Jeremias Barth was a French refugee from Algeria and circumcised. He was executed. Jeremias Barth could keep his pants on and go on his way. In May 1943, he was arrested and sent to the Sicherheitsdienst (German security) Office on Euterpe Street. He was tortured for three days, and his kneecaps were fractured. He was put on a train for the penal camp of Amersfoort but managed to escape at the platform of Amersfoort station, having been warned by a Dutch police officer of what was ahead. He roamed about and finally ended up in Betondorp, a neighborhood in Amsterdam, where he paid the family of a collaborator to hide him. From there, he hid in other places in the city center until mid-1944.

Jeremias Barth was a kind of daredevil. In *Faces of Jewish Resistance*,³² there is an abridged version of his war story. His name has since been linked to the TreeGenes study in a memorial gesture and it has been cited in the anthology published by

32 Sprenger, 2020.



Photo 7. | Prayer in a clandestine synagogue. Artwork by Anton Witzel

the University of Rzeszów in the conference proceedings on Galician Judaism. His role as a courier who delivered food coupons has been mentioned in an interview conducted in the mid-1980s which has luckily been preserved. We know he attended weekly services at the secret synagogue at Nieuwe Keizersgracht 33 in Amsterdam, which can only be deduced from three drawings by the Dutch artist Anton Witzel (1911–1977). They are on exhibit at the Amsterdam City Archives and the Portuguese Synagogue, and one is privately owned (Photo 7). The prints show a minyan of ten men conducting the Yom Kippur rituals in 1944. Jeremias Barth is one of them.

By the time The Netherlands was liberated on 8 May 1945, Jeremias Barth was practically starving to death.³³ He weighed just 39 kilograms (75 lbs.), not much for a man of his height. He spent seven weeks in hospital, recuperating on

33 Due to the so-called Hunger Winter (aka Dutch famine), there was a long-lasting period of food shortages in the northern part of the Netherlands. <https://www.liberationroute.com/pois/176/the-hunger-winter> [Accessed June 29, 2021].

a protein-rich diet and resting in bed, it was the only available remedy at the time. He recovered, met a Jewish woman, and they had two sons. His naturalization in 1953 was his reward, there was never a special thank-you, no ceremony, no public acknowledgement,³⁴ at any rate not until now.

CLOSING WORDS

Jeremias Barth was an example of Yehuda Bauer's *amidah*. He continued his dental practice until the age of 84. If his patients couldn't pay, he didn't send them a bill. But he kept a drawer full of gold watches. His patients included many Jews, an alderman and a prospective prime minister, as well as girls working in the red lights district. He kept strictly to the Hippocratic Oath, treating anyone and everyone. Jeremias Barth was no nonsense, a refugee doctor who did everything he could to survive and more: he helped others, Jews and non-Jews. His name deserves to be mentioned as he serves as an example of (Jewish) resistance and resilience. In the genocidal context of the Holocaust (in The Netherlands) he used his medical skills for survival.

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³⁴ For an exception to this general rule, see: Van Beurden Cahn, 2018. In: Galas and Wierzbieniec, 2018: 151–157.

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