Udo Benzenhöfer & Hanns Ackermann

Die Zahl der Verfahren und der Sterilisationen nach dem Gesetz zur Verhütung erbkranken Nachwuchses (Münster: Kontur, 2015)

George Canning once remarked: ‘I can prove anything by statistics except the truth’.1 Many a scholar or politician has fallen into the trap of employing statistical ‘truths’ whilst debating ‘the greatest good for the greatest number’.

The field of ‘biopolitics’, all the more topical because of recent advances in prenatal, pre-conceptional or, even, premarital carrier screening, is no exception. National Socialist biomedical policies, as evidenced by the 1933 Gesetz zur Verhütung erbkranken Nachwuchses [GzVeN; Law for the Prevention of Hereditarily Diseased Offspring] makes a clear case in point. For not only was the GzVeN spawned under the influence of statistics (declining birth rates, biological degeneration, social decline ‘observed’ within social and eugenics movements), staunchly defended by a statistician,2 but also propagandized with the aid of figures and now, finally, it has been ‘reconstructed’ exclusively in terms of statistics with this novel publication by Benzenhöfer and Ackermann. The question that the authors – medical doctor/professor History of Medicine and Dr. biostatistician at the Johann Wolfgang Goethe-Universität, Frankfurt am Main – seek to answer is twofold, namely: (a) What was the number of Verfahren [sterilization trials or cases brought], and (b) How many involuntary sterilizations were performed under the law (1934–1945), within the Altreich and angeschlossenen or annexed territories?

The Unrechtgesetz GzVeN entailed compulsory sterilization on the basis of (presumably) hereditary illness and was later extended to encompass eugenic abortions and marriage regulations. It is generally assumed that from 1939 ‘less urgent’ sterilization procedures were postponed until after the war resulting in a steep decline in the numbers of cases brought and judged. Official statistics for the GzVeN were published until 1936 (Trials and Sterilizations). For 1937–1945 only some (incomplete) regional data exist. The eight categories of the law encompassed congenital mental deficiency, schizophrenia, manic-depressive insanity, hereditary epilepsy, chorea, blindness, deafness and severe physical hereditary deformities. However, individuals apparently suffering from severe

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alcoholism could also be rendered incapable of procreation. The majority of sterilization procedures affected the first two categories of individuals and/or those hailing from the lower social strata. Roughly the same number of German men and women found themselves at the receiving end of said ‘medical treatment’. Benzenhöfer and Ackermann have not broken down their findings into the different categories under the law, nor by gender or age groups (including children). Some two hundred Erbgesundheitsgerichte [Hereditary Health Courts] and circa twenty Erbgesundeheitsobergerichte [Hereditary Health Courts of Appeal] were established throughout the expanding Reich. An unknown number of Akten for these (Appeal) Courts have survived. It is unknown how many court files have disappeared or were actively destroyed. The GzVeN has never been revoked and is not considered a war crime thus ‘patients treated’ are ineligible for compensation. The battle for recognition is ongoing, and so is the reparation debate.

To the uninitiated reader of this monograph it may appear that this aspect of modern German history has received little or no attention outside officialdom until the groundbreaking feminist analysis of Gisela Bock (1986), but eugenic involuntary sterilization has been the object of scientific research from its very inception and continues to be so. Indeed, the vantage point for this particular strand of research is and has been the ever delicate numbers question. This makes the limited bibliography of this long overdue ‘meta-study’, all the more remarkable as it excludes relevant local and regional scholarship since and before 1945 and focusses solely on Bock, postwar official statistics and singled out publications for the sample locations. The need for a full and complete GzVeN study building upon the works of Fichtmüller (1972), Leuthold (1975), Beck (1995) and Benzenhöfer (1993, 1994) inclusive

7 Udo Benzenhöfer, Verzeichnis der medizinhistorischen Dissertationen aus dem westlichen Besatzungszonen bzw. aus der BRD zwischen 1945 und 1959 (Aachen: Mainz, 1993); Udo
of the historiographical turn in Austria, encompassing all categories under the law, as well as, non-germanophone publications, appears, once again, present and urgent.

The structure of the book can be summarized as follows; after an introduction and a discussion of the GzVeN in chapters one and two, the authors move on to some previous estimates of the number of cases brought and sterilizations performed in the third chapter. Chapter four deals with the total yearly counts for the Altreich Verfahren and discusses controlled estimates for nine districts. The final chapter is an extrapolation of sterilization numbers from the Verfahren statistics under the law within the Altreich and a remark on the new territories.

In order to arrive at the likely number of trials and sterilizations the authors calculate back from the (incomplete) 1934–1937–1945 Verfahren stats for the nine selected districts to 100% per location. They establish the arithmetic mean for trials in the Altreich as 436,227. This compares rather unfavourably to the Bock’s calculations of 480,000–530,000 Verfahren (mean 505,000). Next the authors deduce that, given the fact that some 64.5 to 70.1% of the trials resulted in actual sterilization, the number of ‘Hitler cuts’ performed amount to 281,366–305,795 cases for the Altreich (mean 293,581). Bock argues for circa 360,000 (356,000) enforced ‘treatments’. Finally the authors simply theorize the numbers for the annexed areas to be somewhere between 10,000 and 20,000. Bock calculates 40,000 as a likely number in their reading. This makes for a grand total of over 300,000 involuntary sterilizations between 1934–1945 for both the Altreich and the annexed territories (294,000 + 10–20,000). Bock claims 400,000 sterilizations (360,000 + 40,000). The authors do not discuss the possible implications of their findings.

Leaving rounding errors aside, as well as possible comments upon the sample size I was struck by the predominance of Prussia amongst the selected districts (7/9). This not only makes for unrepresentative extrapolations, but also eliminates the town-country and Catholic and Protestants divides, which influenced implementation policies and styles, from the equation. Moreover, the authors also fail to adjust their findings for observed Sonderwege [special paths], double diagnoses, appeal cases, geographical spread of health and care facilities, and ‘geno-geographical’ observations made by the Kaiser-Wilhelm-Institute für Anthropologie, menschliche Erblehre und Eugenik. Finally, the rather limited number of pages allotted to the important and

infinitely complex questions under discussion is puzzling, not least in the light of Benzenhöfer’s earlier detailed methodological critiques.8

In sum, this book first and foremost highlights the problem of methodology (transparency) in relation to (missing or incomplete) data sets in GzVeN research. Secondly it underlines the need for continuing GzVeN research per se. I, for one, hope that research into the hitherto forgotten categories of the law, such as the (presumed) physically hereditarily disabled and alcoholics, as well as into the relatively unexplored categories of GzVeN perpetrators, bystanders and, possible, helpers will set us further on the road to wisdom. I would hazard an educated guess that this will engender new statistics bringing us ever closer to the truth in numbers.

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