Constitutional Therapy and Clinical Racial Hygiene in Weimar and Nazi Germany

MICHAEL HAU

ABSTRACT

The paper examines the history of constitutional therapy in Weimar and Nazi Germany. Focusing on Walther Jaensch's "Institute for Constitutional Research" at the Charité in Berlin, it shows how an entrepreneurial scientist successfully negotiated the changing social and political landscape of two very different political regimes and mobilized considerable public and private resources for his projects. During the Weimar period, his work received funding from various state agencies as well as the Rockefeller foundation, because it fit well with contemporary approaches in public hygiene and social medicine that emphasized the need to restore the physical and mental health of children and youths. Jaensch successfully positioned himself as a researcher on the verge of developing new therapies for feeble-minded people, who threatened to become an intolerable burden on the Weimar welfare state. During the Nazi period, he successfully reinvented himself as a racial hygienist by convincing influential medical leaders that his ideas were a valuable complement to the negative eugenics of Nazi bio-politics. "Constitutional therapy," he claimed, could turn genetically healthy people with "inhibited mental development" (*geistigen Entwicklungshemmungen*) into fully productive citizens and therefore made a valuable contribution to Nazi performance medicine (*Leistungsmedizin*) with its emphasis on productivity.

In June 1945, Walther Jaensch, the director of the University Institute for Constitutional Research at the Charité (the large research and teaching hospital affiliated with Berlin's Friedrich Wilhelm university) contacted the director of the clinic of surgery Erwin Gohrbandt. Jaensch had been at the Charité for almost twenty years. He had established his institute as *Ambulatorium for Constitutional Therapy* with significant public support during the Weimar Republic and expanded it after 1933 with the help of influential figures in the Nazi scientific and political establishment. Jaensch feared that his success during the Nazi period might become a problem after the war, which is why he felt the need to explain to Gohrbandt his experiences during the Third

Senior Lecturer, SOPHIS, Arts Faculty, Monash University, Victoria, Australia. Email: michael.hau@monash.edu.

Reich. He apparently hoped that Gohrbandt, whom he had known for a while, would plead for him with the Soviet occupation authorities in Berlin.¹

During the Nazi period, Jaensch advocated constitutional therapy as “clinical racial hygiene.” In contrast to mainstream racial hygiene, which focused on the biological improvement of the German population by eradicating “inferior” hereditary traits from the racial community through eugenics, Jaensch argued that clinical racial hygiene complemented the hereditary emphasis of much of Nazi medicine by ensuring the normal development of people who were hereditarily healthy but who suffered from “inhibited development” (*Entwicklungshemmungen*).² As he explained to Gohrbandt, the regime had been suspicious of his approach because he placed too much emphasis on environmental factors and downplayed the role of heredity in human development. The Nazi party, he claimed, had done everything to put a spoke in his wheel. It had undermined his collaboration with municipal welfare offices and tried to close down his institute. According to Jaensch, the “hereditary biologists” (*Erbbiologen*) had taken control and tried to suppress all medical approaches which still considered environmental factors in human health and disease.³

Political ideology threatening, corrupting, or even suppressing scientific approaches that might question or contradict the scientific orthodoxies of the Nazi racial state, was an attractive narrative to a scientist after 1945, in particular if he had been implicated in the racial policies of the regime.⁴ In Jaensch’s case, it was also a plausible narrative, given that medical and life scientists liked to cast their research in terms of support for the hereditarian racial policies of the regime.⁵ With the rise of Nazism to power, eugenics and the elimination of the “hereditarily inferior” became a central aspect of a program of “racial general prevention” to use Ulrich Herbert’s term.⁶ Now people suspected of hereditary illnesses were registered, sterilized, and, if they could not be turned into productive members of the community, murdered.

The eliminationist and exterminationist drive of Nazism constituted without doubt a radical break within German bio-politics, with negative and often deadly

1 “Jaensch to Gohrbandt (6 June 1945)” in Archiv der Humboldt Universität (AHU), Med. Fak. Nr. 282 (Institut für Konstitutionsforschung), Bl. 18. We do not know whether Gohrbandt pleaded for Jaensch, but if he did his efforts were unsuccessful. Jaensch was arrested in 1945 and sent to a Russian internment camp. He was released in February 1950 and died on April 1. Landesarchiv Berlin. B Rep. 031-03-09, Nr. 2050, Bl. 17.

2 Walther Jaensch and Oskar Gundermann, *Klinische Rassenhygiene und Eugenik. Ein Beitrag zur Frage ihrer Grenzen auf Grundlage konstitutionsbiologischer Untersuchungen mittels Kapillarmikroskopie am Lebenden* = Veröffentlichungen aus dem Gebiete der Medizinalverwaltung Vol. XLIII. 1 (Berlin: Richard Schoetz, 1934).

3 “Jaensch to Gohrbandt,” Bl. 18.

4 On apologetic narrative strategies of German scientists during the post-World War II period, see: Michael Schüring, *Minerva’s Verstoßene Kinder. Vertriebene Wissenschaftler und die Vergangenheitspolitik der Max-Planck-Gesellschaft* (Göttingen: Wallstein, 2006), 268–90, especially 269–73.

5 Sheila Faith Weiss, *The Nazi Symbiosis. Human Genetics and Politics in the Third Reich* (Chicago: University of Chicago Press, 2010), chaps. 2 and 3. Hans-Walter Schmuhl, ed., “Rasse, Rassenforschung, Rassenpolitik,” in *Rassenforschung an Kaiser-Wilhelm-Instituten vor und nach 1933*, ed. Hans-Walter Schmuhl (Göttingen: Wallstein, 2003), 7–37, on pp. 1f. and 26–33.

6 Ulrich Herbert, *Best: Biographische Studien über Radikalismus, Weltanschauung, und Vernunft 1903–1989*, 2nd ed. (Bonn: Dietz, 1996), 170–77.

consequences for those who did not fit into the category of healthy Aryan. As many historians have shown, the deadly rationale of Nazi bio-medicine was based on utopian notions of eliminating hereditary disease through racial hygiene as well as on a utilitarian distinction between those who were considered hereditarily inferior but who according to Nazi physicians could still be turned into productive members of the community and those who could not.⁷

But there was a grey area between those who were unambiguously classified as hereditarily healthy and those who were considered beyond utility for the regime. It was for the people in this grey area that Walther Jaensch's "Institute for Constitutional Medicine" at the Charité promised solutions. Focusing on children and young people with problems in their physical and mental development, Jaensch argued that some of these were classified as genetically "inferior" (*minderwertig*), even though they were not. He claimed it was possible to distinguish between people whose physical and mental deficits were the result of heredity and those who merely suffered from "developmental inhibitions." The former were to be targeted by the negative eugenic measures such as sterilization which aimed at the prevention of the reproduction of the genetically unfit. For the latter, Jaensch claimed, it was possible to develop constitutional therapies which neutralized the factors that led to people's arrested development in a therapeutic process which he described as "late maturation" (*Nachreifung*).

Jaensch's research was not fully accepted by the German medical establishment. He never received a full professorship nor did he gain the professional recognition and scientific reputation that he thought he deserved. But despite his marginality, he was quite successful in building and expanding an institutional base for his "constitutional therapy."⁸ I focus on Jaensch's work because it shows how a middling entrepreneurial scientist could successfully negotiate the changing social and political landscape of two very different political regimes and mobilize considerable public and private resources for his projects. During the Weimar period, his work received funding from various state agencies as well as the Rockefeller foundation, because it fit well

7 Götz Aly, *Die Belasteten. "Euthanasie" 1939–1945. Eine Gesellschaftsgeschichte* (Frankfurt: S. Fischer, 2013); Ulf Schmidt, *Karl Brandt. The Nazi Doctor. Medicine and Power in the Third Reich* (London and New York: Continuum, 2007); Michael Burleigh, *Death and Deliverance. "Euthanasia" in Nazi Germany 1900–1945* (Cambridge: Cambridge University Press, 1994); Hans-Walter Schmuhl, *Rassenhygiene, Nationalsozialismus, Euthanasie. Von der Verhütung zur Vernichtung 'lebensunwerten Lebens'* (Göttingen: Vandenhoeck & Ruprecht, 1987).

8 His outsider status is probably the reason why there is very little written about him. The edited collection on the Charité in the Third Reich, for example, does not even mention him. Sabine Schleiermacher; Udo Schagen, eds., *Die Charité im Dritten Reich. Zur Dienstbarkeit medizinischer Wissenschaft im Nationalsozialismus* (Paderborn: Ferdinand Schöningh, 2008). Anne Chr. Nagel and Carsten Timmermann discuss him briefly: Anne Chr. Nagel, "Die Universität im Dritten Reich," in *Geschichte der Berliner Universität Unter den Linden. Die Berliner Universität zwischen den Weltkriegen 1918 bis 1945*, ed. Michael Grüttner (Berlin: Akademie Verlag, 2012), 405–65, 455. Carsten Timmermann, "Constitutional Medicine, Neoromanticism, and the Politics of Antimechanism in Interwar Germany," *Bull. Hist. Med.*, 2001, 75(4), 717–39, 725. There is a section on Jaensch's "Ambulatorium for Constitutional Medicine" in Michael Koelch's dissertation on Berlin child and youth psychiatry: Michael Koelch, "Theorie und Praxis der Kinder- und Jugendpsychiatrie in Berlin, 1920–1935. Die Diagnose von 'Psychopathie' im Spannungsfeld von Psychiatrie, Individualpsychologie und Politik" (Diss., FU Berlin, 2002), 242–58. Koelch does not systematically analyze the biopolitical and institutional dynamics that made Jaensch's success possible.

with contemporary approaches in public hygiene and social medicine that emphasized the need to restore the physical and mental fitness of a population which was weakened by the social and medical consequences of war, hunger, and social dislocation. Jaensch successfully positioned himself as a researcher on the verge of developing new therapies that could restore the fitness of “retarded” and “feeble-minded” people, who threatened to become an intolerable burden on the expanding Weimar welfare state. In contrast to many mainstream eugenicists, who sought to prevent the mentally impaired from reproducing, Jaensch offered the promise to improve the mental ability, productivity, and social usefulness of young people. This was in line with the Weimar state’s promotion of social hygiene in order to ensure the healthy development and productivity of its citizenry. Paragraph 120 of the Weimar constitution declared it the responsibility of parents and the state to ensure the “physical, mental and social fitness” (*Tüchtigkeit*) of the younger generation.⁹

Jaensch’s work has to be understood in the context of a whole range of bio-medical, hygienic, and social initiatives in the 1920s and 1930s, which promised to bring weak, feeble-minded, and underperforming people to an acceptable standard of social usefulness and productivity. Edgar Atzler, for example, the director of the Kaiser Wilhelm Institute for Work Physiology, wanted to restore the productivity of Germany’s population through a program of physiological rationalization in industry that improved people’s weakened constitutions.¹⁰ Weimar “cripple care” denounced the attitudes of physically disabled people, who expected pensions, as “cripple mentality” and tried to combat welfare dependency with work therapy programs while declaring “work is the source of de-crippling.”¹¹ Other physicians promoted remedial exercise programs to slowly build up people’s physical capabilities. They developed programs for the training of young apprentices that promised to turn “weaklings” into productive workers.¹² Governments at all levels promoted mass sports and exercise to foster the health and productivity of their citizenry, while employers encouraged sport in

9 Detlev J. K. Peukert, *The Weimar Republic: The Crisis of Classical Modernity*, trans. Richard Deveson (New York: Hill and Wang, 1993), citation 131.

10 For Atzler’s concept of physiological rationalization, see: Edgar Atzler, “Rationalisierung der menschlichen Arbeit vom physiologischen Gesichtspunkt,” in *Physiologie der Arbeit*, ed. Edgar Atzler and Günther Lehmann (Halle: Marhold, 1930), 273–89. Idem. “Physiologische Rationalisierung,” in *Körper und Arbeit. Handbuch der Arbeitsphysiologie*, ed. Edgar Atzler (Leipzig: Georg Thieme, 1927), 407–87. On the Kaiser Wilhelm Institute for work physiology, see: Theo Plessner and Hans Ulrich Thamer, eds., *Arbeit, Leistung, Ernährung. Vom Kaiser-Wilhelm-Institut für Arbeitsphysiologie in Berlin zum Max-Planck-Institut für molekulare Physiologie und Leibniz Institut für Arbeitsforschung in Dortmund* (Stuttgart: Franz Steiner, 2012). Anson Rabinbach, *The Human Motor: Energy, Fatigue, and the Origins of Modernity* (New York: Basic Books, 1990), 277. Gertrud Schottendorf, *Arbeits- und Leistungsmedizin in der Weimarer Republik* (Husum: Matthiesen, 1995).

11 Carol Poore, *Disability in Twentieth-Century German Culture* (Ann Arbor: University of Michigan Press, 2006), 8–13 and 48–51. Philipp Osten, *Die Modellanstalt. Über den Aufbau einer “modernen Krüppelfürsorge”* (Frankfurt: Mabuse, 2004), 151, 159–63, citation 162. (*Arbeit ist der Kraftquell der Entrüppelung*).

12 Judith Hahn, *Grawitz, Genzken, Gebhardt. Drei Karrieren im Sanitätsdienst der SS* (Münster: Klemm & Oelschlaeger, 2008), 59–64 and 166ff. Herta Beck, *Leistung und Volksgemeinschaft. Der Sportarzt und Sozialhygieniker Hans Hoske, 1900–1970* (Husum: Matthiesen Verlag, 1991).

the work place to increase the physical strength and work ethic of their workforce.¹³ These and other health and welfare initiatives were cast in terms of utilitarian arguments that postulated a direct relationship between the health of the population and economic recovery. They targeted people designated as inferior, underperforming, and subnormal and tried to turn them into productive citizens. This was also the goal of Jaensch's constitutional therapy which, since it promised a relatively simple and practical solution to the intractable problems of feeble-mindedness and social dependency, received significant support from government agencies, city administrations, and science funding bodies.

During the Nazi period, Jaensch successfully adapted himself to the scientific and political priorities of the new regime. He presented himself as a racial hygienist with expertise in important areas of Nazi bio-politics, which aimed at increasing the physical and mental performance of racially acceptable non-Jewish Germans. From the mid-1930s, Jaensch could secure his position in the face of harsh criticisms by colleagues who disputed the scientific validity of his work. His critics argued that Jaensch undermined the hereditarian assumptions of Nazi racial hygiene, because his advocacy of constitutional therapies confused the boundaries between hereditary illness and acquired conditions. By contrast, Jaensch maintained that his work allowed for an improved differential diagnostic that might save genetically "valuable" people for the racial people's community. For a while it looked as if he would lose his battle for institutional support but as this article shows the contradictory and byzantine nature of the Nazi medical establishment enabled him to cultivate powerful allies and supporters who ensured not only the survival of his institute but also enabled him to expand the financial basis for his work.

Jaensch created a niche for himself by convincing influential people that his ideas were a valuable complement to the negative eugenics of Nazi racial policies. "Constitutional therapy," he claimed, could turn genetically healthy people with inhibited mental development into fully productive citizens and therefore made a valuable contribution to Nazi performance medicine (*Leistungsmedizin*) with its emphasis on productivity. The medical staff of his institute assessed children for welfare and state agencies which tried to determine whether the children were healthy and "valuable" enough to qualify for social benefits. Jaensch also developed a flourishing private practice. Every year thousands of patients came to his polyclinic in search for a cure for the developmental problems of their children. As I will show, an analysis of the relationship between the institute, state and party agencies, and the wider public can provide us with new insights into the relationship between clinical practices and the everyday functioning of a racist bio-political dictatorship.¹⁴

13 Michael Hau, "Sports in the Human Economy: 'Leibesübungen,' Medicine, Psychology, and Performance Enhancement during the Weimar Republic," *Cent. Eur. Hist.*, 2008, 41(3), 381–412.

14 Hans-Walter Schmuhl uses the term "biopolitische Entwicklungsdiktatur" to characterize the bio-political aspirations of the Nazi regime: Hans-Walter Schmuhl, "Eugenik und Rassenanthropologie," in *Medizin im Nationalsozialismus. Bilanzen und Perspektiven der Forschung*, ed. Robert Jütte et al. (Göttingen: Wallstein, 2011), 24–38, citation 24.

WALTHER JAENSCH AND CONSTITUTIONAL THERAPY DURING THE WEIMAR YEARS

Walther Jaensch was born in Breslau in 1889. He studied medicine at the Universities of Halle and Munich receiving his medical license approbation in October 1914. In 1919, he became assistant physician at the University of Marburg where he finished his doctorate in 1920. His early research was “about the interdependence of optical, cerebral, and somatic stigma in constitutional types.”¹⁵ In line with contemporary physiognomic ideas, Jaensch investigated whether specific morphological, physiological, and psychological characteristics in humans could be read as signs or stigma that indicated an abnormal physical and mental constitution.¹⁶ From 1922 to 1925, he was assistant physician at the University of Frankfurt where he worked on the “Performance Power of the slightly Disturbed” (*Leistungskraft Leichtgestörter*).¹⁷ This was a step into the direction of the academic interests that stayed with him for the rest of his life: the identification of people with good or only slightly impaired heredity who he believed could still be turned into productive citizens.

The emphasis on improving people’s productivity has to be seen in the context of biopolitical initiatives that promised to restore or build the performance capacity of the German population after the Great War. In the view of health officials and government bureaucrats, the war had done great damage to the biological substance of the German population. Some of the best men had been killed and others had become cripples or suffered from serious psychological damage. There were fears that those who had become incapacitated would lose their social usefulness and pose a burden on Germany’s social insurance system.¹⁸ The situation was aggravated by concerns about a general deterioration of public health due to malnourishment and disease, which had greatly weakened the working power of the German population.¹⁹ In this context, the diagnosis of “human inferiority” was not only of interest to eugenicists who tried to improve the quality of the population by preventing the reproduction of the hereditarily inferior. It was also a concern for the advocates of social hygiene who blamed the hygienic and social conditions of modern civilization for the stunted development of Germans.²⁰

- 15 AHU, UK Personalia, J 018, Vol. 1. Walther Jaensch, “Über Wechselbeziehungen von optischen, cerebralen und somatischen Stigmen bei Konstitutionstypen,” *Zeitschrift für die gesamte Neurologie und Psychiatrie*, 1920, 59, 104–15.
- 16 On diagnostic signs of constitutional inferiority in German medicine, see: Michael Hau, “The Holistic Gaze in German Medicine,” *Bull. Hist. Med.*, 2000, 74(3), 495–524, 514–23. Claudia Schmolders and Sander Gilman, eds. *Gesichter der Weimarer Republik. Eine physiognomische Kulturgeschichte* (Cologne: Dumont, 2000).
- 17 Hans Christian Harten, Uwe Neirich, and Matthias Schwerendt, *Rassenhygiene als Erziehungsideologie des Dritten Reiches: Biobibliographisches Handbuch* (Berlin: Akademie-Verlag, 2006), citation 155.
- 18 Andreas Killen, *Berlin Electropolis: Shock, Nerves, and German Modernity* (Berkeley: University of California Press, 2006), 137f., 154–59 and 206–9. Paul Lerner, *Hysterical Men. War, Psychiatry, and the Politics of Trauma in Germany* (Ithaca: Cornell University Press, 2003).
- 19 The concerns about the hunger blockade were summarized in a memorandum by the Reich Health Office in December 1918: Reichsgesundheitsamt ed. *Schädigung der deutschen Volkskraft durch die feindliche Blokade* (Berlin: 1918). See also: Axel C. Hüntelmann, *Hygiene im Namen des Staates. Das Reichsgesundheitsamt, 1876–1933* (Göttingen: Wallstein Verlag, 2008), 320; Corinna Treitel, “Max Rubner and the Biopolitics of Rational Nutrition,” *Cent. Eur. Hist.*, 2008, 41(1), 1–25.
- 20 Gabriele Moser, “Die Zukunft gehört der prophylaktischen Medizin.’ Sozialhygiene, medizinisches Präventionsverständnis und Gesundheitsbegriff Ende der 1920er Jahre,” in *Sozialmedizin, Sozialhygiene, Public*

In the 1920s and 1930s, Jaensch focused on a diagnostic methodology that he thought allowed him to diagnose children who suffered from arrested development. According to Jaensch, these children did not achieve the mental and/or physical maturity expected of their age, even though they had healthy genes. He believed that “skin capillary microscopy” (*Hautkapillarmikroskopie*), a technique developed by medical professor Otfried Müller (1873–1945)²¹ from the University of Tübingen, could be used to identify specific patterns in the capillaries of the skin, which indicated abnormalities in the development of young children. The method involved the microscopic examination of a child’s capillaries in the nail fold of one or several fingers. “Normal capillaries” had a vertical form similar to a hair needle with regular arterial and venous thighs, while abnormal capillaries were often horizontal with irregular patterns and slings.²² Jaensch had identified such irregular patterns in a sixteen-year-old girl suffering from cretinism—a medical condition caused by the hypo-function of the thyroid gland. He also confirmed similar patterns in other children with the same condition. Some of them had normal and healthy siblings, which indicated to him that the cause of their “inferiority” was not hereditary.²³

Jaensch claimed that the capillaries of these “retarded” individuals were similar to the capillaries which he had discovered in newborns. This insight was like an epiphany: “it became clear that . . . capillary development, its inhibition or abnormality [was] an extraordinarily fine indicator of the maturity and normal development of an individual in general.”²⁴ Based on the assumption that different capillary structures reflected different stages in ontogenetic development (that is, the development of individuals), Jaensch developed a simple taxonomy for the diagnosis of arrested development or as he called it “developmental inhibitions” (*Entwicklungshemmungen*). Capillaries that were similar to those of newborns he named “*Archikapillaren*” to characterize them in terms of their similarity with early ontogenetic forms (see fig. 1). So-called meso-capillaries represented an intermediate stage of individual development. Archi- and meso- forms were characteristic for infants and small children before they were two years old. In older children, youths, and adults, these capillary forms indicated arrested development. Healthy and normal people had what Jaensch called neo-capillaries.

Health: Konzepte und Visionen zum Verhältnis von Medizin und Gesellschaft in historischer Perspektive, ed. Udo Schagen and Sabine Schleiermacher (Berlin: Forschungsstelle Zeitgeschichte im Institut für die Geschichte der Medizin, 2002), 15–20.

21 Müller finished his habilitation in Tübingen in 1906. His research was on the influence of thermic stimuli on the blood distribution in the body, hence his interest in the structure of capillaries. “Gutachen E. Romberg (12 January 1905),” in *Universitätsarchiv Tübingen (UAT)*, Personalakte Otfried Müller. In 1912, he became full professor for special pathology and therapy and director of the clinic and nervous clinic in Tübingen.

22 Walther Jaensch, “Die Hautkapillarmikroskopie sowie die ersten Erkenntnisse über die Entwicklungsvorgänge an den Hautkapillaren und ihre psychophysiologischen Beziehungen,” in *Die Hautkapillarmikroskopie. Ihre praktische Bedeutung für Diagnose und Therapie körperlich-seelischer Individualität im Zusammenhang mit dem Kropf- und Minderwertigkeitsproblem*, ed. Walther Jaensch (Halle: Carl Marhold, 1929), 6–46, on 9–12.

23 *Ibid.*, 14–6.

24 *Ibid.*, citation 18.

TH. HOEPFNER

Fig. 1. Capillary structures according to Jaensch and Hoepfner, from: Hoepfner, "Ergebnisse kapillarmikroskopischer Untersuchungen" (1926), 222. Column I: Archi-, meso- and neo-capillaries representing normal ontogenetic development, e.g., I f and g mature neo-capillaries in healthy youths and adults. Column II: archi-capillaries or archi-pseudo-neo-capillaries as indicators of arrested development, II b: cretins and II c: archi-capillary feeble-mindedness. Columns III-V: abnormal capillaries, e.g., V b-e: feeble-mindedness.

Jaensch claimed to have found archi- and meso-capillaries among people suffering from cretinism as well as among children who did not suffer from a malfunction of the thyroid gland but who nevertheless exhibited intellectual and psychological impairments. These were children who could not keep up with instruction in regular schools and were sent to so-called special schools (*Hilfsschulen*), or children who were diagnosed as "neuropsychaths" or "psychopaths."²⁵

From 1920, Jaensch and Theodor Hoepfner, a specialist physician for brain, nerve, and speech pathologies, conducted a survey of the capillaries of 3,100 school children in the Hessian city of Kassel.²⁶ The city was selected because it was in an area with a

25 Ibid., 20f. Walther Jaensch, "Die praktische Verwendung der morphologischen Kapillarmikroskopie (Th. Hoepfner) am Nagelfalze," in *Hautkapillarmikroskopie*, ed. Jaensch (1929), 69–155, especially 74–77. Contemporary psychiatrists often used these terms as summary diagnoses for children who were considered impaired or deviant in one way or another. For a discussion of the contemporary use of the term *Psychopath*, see: Koelch, "Theorie und Praxis der Kinder- und Jugendpsychiatrie," chap. I.

26 Jaensch, "Schwachsinn und Neurosen" (1926), 208–18; Theodor Hoepfner, "Ergebnis kapillarmikroskopischer Untersuchungen an 3100 Kasseler Schulkindern," *Deutsche Zeitschrift für Nervenheilkunde*, 1926, 88, 218–26.

high incidence of goiter (an abnormal enlargement of the thyroid gland often caused by iodine deficiency). Since cretinism resulted from a malfunction of the thyroid gland, they suspected that “goiter areas” (*Kropfgegenden*) were regions with a lower average “biological value of the entire population” and they claimed that their results confirmed this.²⁷ Their research demonstrated a higher incidence of “capillary inhibitions” (*Kapillarhemmungen*) among students of special schools compared to normal schools, but there were also remarkable differences between regions.²⁸ In goiter areas, student populations from regular schools had often a similar percentage of students with primitive capillary structures as special schools in areas without a high incidence of goiters.²⁹

In the view of Jaensch and his collaborators, these insights opened up a new frontier of bio-political interventions in the sense of a “prophylactic medicine encompassing entire populations.”³⁰ They believed that their early results justified the introduction of “capillary microscopic developmental control of small children” by the state, which would complement other public health measures such as compulsory smallpox vaccinations. This was not only about “combatting physical disabilities (*körperliche Krüppelhaftigkeiten*) and ‘mental inferiorities’ (*geistige Minderwertigkeiten*) in the sense of feeble-mindedness and certain neuropathies, but also cases of ‘moral insanity,’” a condition which was considered the cause of criminal proclivities.³¹ Jaensch thought the benefits to the state would be vast. He promised “increases in the average health of a population” and the saving of expenses for “the care of the permanently growing number of physically and mentally inferiors and their criminality.”³² Given the urgency of the situation, the state had no choice but to intervene. As Hoepfner put it: “Either the state socializes the ‘sick individual’ by selecting, treating, and taking care of his welfare, or it [the state] protects itself by discharging (*absondern*) the ‘case that cannot be socialized’ (*unsozialisierbaren Fall*).”³³ In other words, there was a choice between the segregation of affected individuals and therapy. Both were seen in terms of the self-defense of the state, which had an interest in the social usefulness of its citizens.

To dramatize the possibilities of therapeutic interventions, Jaensch and his collaborators presented case studies that demonstrated the progress of individual patients. The above-mentioned sixteen-year-old girl with cretinism from Kassel had the mental and physical condition of a five-year-old child. The girl had to be carried and constantly cared for. She also had the worst capillary status among a group of examined cretins.³⁴ Six years later, her condition was significantly improved. She had been treated with the thyroid hormone *thyroxine* and even attended a regular school for a while. She could now help her mother in the household, whereas

27 Jaensch, *Hautkapillarmikroskopie*,” 38 and 44f.

28 Ibid., 32ff.

29 Ibid., 37f.

30 Ibid., citation 46.

31 Ibid., citation 45.

32 Ibid., citations 45 and 46.

33 Theodor Hoepfner, “Das Kropfproblem im Lichte der Kapillarmorphogenese und ihrer psychophysiologischen Beziehungen,” in *Hautkapillarmikroskopie*, ed. Jaensch (1929), 47–68, citation 68.

34 Jaensch, “Hautkapillarmikroskopie,” 13–17.

earlier the mother had spent almost the entire day caring for her helpless child. Most importantly, from Jaensch's point of view, this remarkable transformation was reflected in changes in her capillary structure. Even now the girl was far from "normal" due to the long delay in her therapy. But in the future, such a tragic fate could be avoided, because capillary microscopy would be able to detect developmental inhibitions in the absence of external symptoms and treatment could start earlier. With earlier treatment, the girl would "certainly have become an individual of significantly higher value."³⁵

Improving the social usefulness of individuals was the main purpose of the constitutional therapy envisioned by Jaensch and his collaborators. The therapeutic goal was to upgrade children and turn them if possible from partial intelligences to children who had their "full senses" (*vollsinnige Kinder*). According to Hoepfner, the average IQ of "retarded" children increased significantly if they were treated with endocrine preparations (thyroid or pituitary gland extracts) and/or Lipatren an iodine and lipid compound that was produced by the pharmaceutical company Behring.³⁶ Jaensch & Co. attributed therapeutic success to a process they called "late maturation" (*Nachreifung*), which they described as the organism's "mobilization of its endogenous developmental forces."³⁷

Leading medical professors agreed that the problem of the feeble-minded was of great social and political importance and they thought that Jaensch's work was promising. Emil Abderhalden from the University of Halle was sympathetic to Jaensch's research project and supported it in an important session of the Prussian Health Council in November 1928. He endorsed the creation of a "central research and examination center" to examine the "somatic expression" (*körperliche Ausdrucksformen*) of "feeble-mindedness." Abderhalden's assessment of Jaensch's methodology was optimistic but cautious. He pointed to long-standing evidence that the intelligence of feeble-minded children could be positively influenced by doses of thyroxine, but he warned that this type of treatment could be dangerous and initial expectations had been exaggerated. Other medical preparations containing iodine [such as the Lipatren used by Hoepfner and Jaensch] might be promising but iodine could have negative side effects. Given these problems, he demanded that therapeutic experiments on feeble-minded children had to be supervised with the "greatest care." He noted that feeble-mindedness could not be reduced to a single cause, but he hoped that research on therapies might lead to a more sophisticated categorization of different forms of the condition.³⁸ Based on Abderhalden's assessment, the Prussian Health Council proceeded to recommend Jaensch's research to the Prussian state government. Even though it was too early for a final assessment, "the state health council considers the research results so remarkable" that it should be supported "by all means."³⁹

35 Ibid., 38–42, citation 42.

36 Wilhelm Witteben, "Die Therapie der kapillarstigmatisierten Entwicklungsstörungen," in *Hautkapillarmikroskopie*, ed. Jaensch (1929), 164–91, especially pp. 179ff.

37 Ibid., 182.

38 Referat Emil Abderhalden, "Ueber die Bedeutung des mikroskopischen Kapillarbildes und die therapeutische Beeinflussung abnormer Kapillarbildungen" (November 26, 1928) in *bundesarchiv berlin-lichterfelde (BABL)*, R 4901, Nr. 1463, Bl. 3–5.

39 Ibid., citations Bl. 5.

Even before this positive assessment Jaensch's work received significant support from the state. In the early 1920s, the Prussian Ministry of Welfare financed his research on 3,100 school children in Kassel.⁴⁰ In the following years, he would receive support from a number of Reich ministries, state, and municipal agencies. From 1928, the magistrate of Berlin supported Jaensch's "Berlin Counselling Center for Physical-Mental Developmental Disturbances." Together with his "Laboratory for Constitutional Medicine at the Charite," the Center conducted mass surveys of Berlin school children to examine the constitutional basis of feeble-mindedness and psychopathy. In the view of the city medical councilor Wilhelm von Drigalski, Jaensch's work was important for "social hygiene and the fight against physical and mental inferiority."⁴¹ The Berlin survey examined ten thousand school children between 1928 and 1930. In 1929, Jaensch received fifteen thousand Mark from the city of Berlin for work on children's developmental disturbances ranging from feeble-mindedness, psychopathy, neuroses, and speech impairment to growth inhibitions (*Wachstumshemmungen*) and other conditions that might be related to a malfunctioning of children's endocrine system.⁴² Berlin paid another fifteen thousand during the financial year 1930/31, but in 1931/32, the city had to cut back its contribution to five thousand Mark because of financial difficulties caused by the Depression.⁴³

From 1928, the Reich Interior Ministry funded a major survey on children's capillaries in the government district of Merseburg. In 1931 alone, this project received 5,000 RM from the Interior Ministry and the district governor of Merseburg von Harnack intervened personally to ensure further support, despite severe cutbacks in most areas of government spending. By late 1931, the survey had examined about twenty thousand children.⁴⁴ The Reich Labor Ministry was interested in Jaensch's work for two reasons. It hoped that his diagnostic methodology would be suitable to determine whether people were capable of working. In 1930, the ministry thus provided 5,000 RM for Jaensch's research. In return, Jaensch had to provide an assessment of capillary drawings for the main welfare office in the district Brandenburg-Pomerania.⁴⁵ But there also seems to have been the expectation that Jaensch's methodology could be useful for aptitude testing and vocational counseling. In 1931, the labor office of central Berlin sent about thirty individuals to Jaensch's clinic to determine their mental aptitude for their chosen profession.⁴⁶ At the time, the German labor administration looked to new science-based testing regimes that would allow for a perfect match between people's abilities and the requirements for specific vocations, and they apparently believed that capillary microscopy might be of help in some cases.⁴⁷ Jaensch also

40 Hoepfner, "Ergebnis kapillarmikroskopischer Untersuchungen," 218.

41 BABL, R 4901, Nr. 1463, citation Bl. 9.

42 "DENKSCHRIFT zwecks Gründung einer Arbeitsgemeinschaft für Konstitutionsmedizin," in *ibid.*, Bl. 79f.

43 *Ibid.*, Bl. 194 front.

44 The contribution for 1930 was also 5,000 RM. *Ibid.*, Bl. 16 and 85. Between 1926 and 1932, Jaensch's projects received 16,600 RM from the Reich Interior Ministry. *Ibid.* Bl. 194 front.

45 *Ibid.*, Bl. 16.

46 "Arbeitsamt Berlin-Mitte an Jaensch" (December 17, 1931), in *ibid.*, Bl. 92.

47 On the German labor administration during the Weimar and Nazi period, see: David Meskill, *Optimizing the German Workforce. Labor Administration from Bismarck to the Economic Miracle* (New York: Berghahn

worked with the psycho-technics department of the *Reichswehr* under its director Johann Rieffert, who developed psychological aptitude tests for the army. Rieffert's office also provided funds for his research.⁴⁸ He accepted Jaensch's claim that a preponderance of archi- and meso-capillary forms might indicate "inferior intellectual performance" or "lack in character."⁴⁹

A 1932 report by the Reich Health Office calculated that Jaensch had received at least 68,000 RM from different government institutions. As the president of the office, Carl Hamel, pointed out, this level of public assistance was very rare and could normally only be justified by exceptional circumstances.⁵⁰ The broad support for Jaensch's work demonstrates a widespread belief in the technocratic and scientific manageability of society, which also informed the rationalization discourses in Weimar Germany more generally. Impressed by the efficiency and seeming rationality of American industry and society, many people believed that Germany could recover from the war and promote productivity and wealth through social, technological, and scientific rationalization.⁵¹ In this context, it is not surprising that someone like Jaensch, who claimed that he was on the verge of developing diagnostic and therapeutic technologies that might improve the social usefulness of people, could attract the interest and support of a broad range of institutions.

In the late 1920s and early 1930s, the list of Jaensch's supporters was long and esteemed. Apart from the institutions already mentioned, they included the professor for internal medicine and director of Medical Clinic I of the Charité, Wilhelm His; the director of the hygienic institute of the University of Berlin, Martin Hahn; the director of the "Ambulatorium for the Speech and Language Impaired," Flatau; and the professor for internal medicine Gustav von Bergmann. Bergmann was the director of Medical Clinic II of the Charité where Jaensch founded his "Laboratory for Constitutional Medicine." (Later on Bergmann would become one of Jaensch's most outspoken critics at the University of Berlin.) While medical supporters like Abderhalden retained some skepticism about the ultimate potential of Jaensch's constitutional therapy, they still thought that his research was worthy of support, because it could provide some important insights into the causes of mental "inferiority." Jaensch himself had few doubts about the significance of his work. When his laboratory had to move out of Medical Clinic II, he convinced the administration to give him a larger space for his

Books, 2010). Idem. "Characterological Psychology and the German Political Economy in the Weimar Period (1919–1933)," *Hist. Psychol.*, 2004, 7(1), 3–19. On the use of aptitude testing as technology of rationalization, see: Katja Patzel-Mattern, *Ökonomische Effizienz und gesellschaftlicher Ausgleich. Die industrielle Psychotechnik in der Weimarer Republik* (Stuttgart: Franz Steiner, 2010); Alexandre Métraux, "Die angewandte Psychologie vor und nach 1933 in Deutschland," in *Psychologie im Nationalsozialismus*, ed. Carl Friedrich Graumann (Berlin: Springer, 1985), 222–62.

48 BABL R 4901, Nr. 1463, Bl. 81. On Rieffert, see: Ulrich Geuter, *Die Professionalisierung der deutschen Psychologie im Nationalsozialismus* (Frankfurt: Suhrkamp, 1988), 114 and 193.

49 Walther Jaensch, "Nachwort," in *Hautkapillarmikroskopie*, ed. Jaensch (1929), 208–40, on p. 229.

50 BABL R 4901, Nr. 1463, Bl. 194 back. The 68,000 RM did not include contributions from the *Reichswehr* which the report could not determine.

51 Mary Nolan, *Visions of Modernity. American Business and the Modernization of Germany* (New York: Oxford University Press, 2004). Jennifer Karns Alexander, *The Mantra of Efficiency: From Waterwheel to Social Control* (Baltimore: Johns Hopkins University Press, 2008), chap. 5.

new “Ambulatorium for Constitutional Medicine,” which combined research with outpatient treatment and diagnostic services for the state and city welfare bureaucracies. He was so convinced about the ultimate success of his research program that he committed most of his personal fortune to finance the fittings and furnishings of the new facilities.⁵²

But it was not only German researchers and institutions that were interested in his research. Arnold Gesell, the director of the Yale Psycho-Clinic of Child Development, who also worked on children with development problems, expressed admiration for the scope and originality of Jaensch's work.⁵³ The Rockefeller Foundation found his approach remarkable enough to provide funding for his laboratory/ambulatorium. At the time, the foundation funded a number of research projects and institutions in Europe that might provide medical-technocratic solutions to serious social and medical problems. Feeble-mindedness and other psychiatric conditions fell into this category, which is why the foundation also supported the German Psychiatric Institute in Munich and the Brain Research Institute of the Kaiser Wilhelm Society. Because of the hereditarian assumptions in psychiatry, this research had strong racial hygienic implications.⁵⁴ But the foundation also funded research that looked into environmental causes of human “inferiority.” Between April 1931 and April 1934, the foundation paid Jaensch \$3,000 per year. This was much less than the sum which the Rockefeller foundation provided for eugenics research at Ernst Rüdin's German Psychiatric Research Institute in Munich, but it was still significant in that it provided the financial backbone of Jaensch's institute for three years. In the year 1932/33, the support amounted to 12,600 RM which was more than half of the ambulatorium's total operating costs of 22,256.⁵⁵

- 52 BABL R 4901, Nr. 1463, Bl. 40. Jaensch promised to invest 10,000 RM of his own money, see “Notarized Protocol (8 Juli 1931),” in AHU, Charité Direktion, Nr. 870, Bl. 7 back and Bl. 9f. In the end, Jaensch paid more than 14,000 RM, in *ibid.*, Bl. 34–36. AHU UK Personalia Walther Jaensch, Vol. 18.1, Bl. 23.
- 53 Arnold Gesell, “Review of Jaensch, Walther, Grundzüge einer Physiologie und Klinik der psychophysischen Persönlichkeit,” *Psychol. Bull.*, 1927, 14, 610–15. On Gesell, see: Alice Boardman Smuts, *Science in the Service of Children, 1893–1935* (New Haven: Yale University Press, 2006), chap. 10.
- 54 Volker Roelcke, “Programm und Praxis der psychiatrischen Genetik an der Deutschen Forschungsanstalt für Psychiatrie,” in *Rassenforschung*, ed. Schmuhl (2003), 38–67. Paul Weindling, “The Rockefeller Foundation and German Biomedical Sciences, 1920–1940: From Educational Philanthropy to International Science Policy,” in *Science, Politics, and the Public Good*, ed. Nicolaas A. Rupke (London: Macmillan, 1988), 119–40. Weindling, *Health, Race, and German Politics*, 432f. On Rockefeller support for the biomedical sciences in Europe, see William H. Schneider, *Rockefeller Philanthropy and Modern Biomedicine: International Initiatives from World War I to the Cold War* (Bloomington: Indiana University Press, 2002).
- 55 “Rockefeller Foundation to Jaensch” (December 30, 1930), in BABL R 4901, Nr. 1463, Bl. 8. “Etat des Ambulatoriums für Konstitutionsmedizin an der Charité,” in: *ibid.*, Bl. 215 and 216. Apart from the assessment of its own officers, the Rockefeller Foundation cited positive remarks about Jaensch's work from Professor George J. Mohr of the *Institute for Juvenile Research* in Chicago, Professors von Bergmann and His (Berlin) and Prof. “Wigotzky” (Moscow) in support of its decision: Rockefeller Archive Center (RAC), University of Berlin Medical Clinic RG 1.1. 717 A Box 11, Folder 73. The German Psychiatric Research Institute had an established international reputation, which is why it received the largest grants from the foundation for its participation in a genetic-anthropological survey of the German population. (Jaensch's funding was not part of this program.) The Rockefeller foundation committed \$125,000 to this program between 1930 and 1934. For 1933, Rüdin's institute received 28,809 RM and 35,377 RM in 1934. The renowned Kaiser Wilhelm Institute for Brain Research under Oskar Vogt received 10,687 RM for 1933 and 8,931 for 1934 from this program. Roelcke, “Psychiatrische Genetik,” 54, fn. 47.

While not being able to provide any support, researchers in the Soviet Union were also interested in Jaensch's work. Lew Vygotsky, professor of psychology in Moscow, claimed that his work on feeble-minded children was influenced by Jaensch. In his view, Jaensch's work held out the possibility to develop a psycho-physiological functional and structural understanding of the human constitution. Like in Weimar Germany, researchers in the Soviet Union tried to find ways to mobilize productive reserves by turning the feeble-minded into useful citizens.⁵⁶

Disability, feeble-mindedness, and public health were significant concerns of politicians and welfare officials during the Weimar period and physicians were quick to offer medical solutions to social problems as the broader Weimar debates on eugenics and social and public health demonstrate.⁵⁷ Such discussions were not unique to Germany. In the 1920s, Americans, who worried about the "menace of the feeble-minded," turned to eugenics to curb the reproduction of the unfit.⁵⁸ In Weimar Germany, a combination of eugenics, social welfare, and individualized therapies were considered to address the problems of mental "inferiority" and arrested development.

In many ways, the establishment of Jaensch's institute can be described as a process in which medical science and government institutions provided "resources for each other" to use historian Mitchell Ash's terms.⁵⁹ State and scientific funding agencies and the Berlin city health administration were interested in Jaensch's research and clinical work because they thought that constitutional therapies could raise the mental fitness of problem populations and rein in welfare spending. This constellation provided Jaensch with the opportunity to stress the social and economic significance of his research and mobilize considerable resources for his projects. Despite some concerns about the diagnostic validity of capillary microscopy and the effectiveness of constitutional therapy, Jaensch managed to build a financial and institutional base for his work at the Charité. That he succeeded in this during the Great Depression when most publicly funded institutions faced serious cuts can in part be attributed to the persuasiveness of his utilitarian arguments in a political and economic environment in which such ideas had great purchase. But he also

56 BABL R 4901, Nr. 1463, Bl. 13. This was the renowned developmental psychologist Lev Vygotsky. From 1924, he was head of the section for the upbringing of physically and mentally handicapped children in the education ministry (Narkompros) and professor of developmental and child psychology. For a concise assessment of his significance, see: Anton Yasnitsky, "Lev Vygotsky: Philologist and Defectologist. A Socio-intellectual Biography," in *Portraits of Pioneers in Developmental Psychology*, ed. Wade Pickren, Donald A. Dewsbury, and Michael Wertheimer (London: Taylor and Francis, 2012), 109–34, especially 114.

57 Weindling, *Health, Race, and German Politics*, 338–44. Young-Sun Hong, *Welfare, Modernity, and the Weimar Welfare State, 1919–1933* (Princeton: Princeton University Press, 1998), 250–56.

58 James W. Trent, *Inventing the Feeble Mind: A History of Mental Retardation in the United States* (Berkeley: University of California Press, 1995), chap. 5.

59 Mitchell Ash, "Wissenschaft und Politik als Ressourcen füreinander," in *Wissenschaften und Wissenschaftspolitik. Bestandsaufnahmen zu Formationen, Brüchen und Kontinuitäten im Deutschland des 20. Jahrhunderts*, ed. Rüdiger vom Bruch and Brigitte Kaderas (Stuttgart: Franz Steiner Verlag, 2002), 32–51.

showed remarkable networking skills and entrepreneurial acumen, which would be further tested during the Nazi period.⁶⁰

JAENSCH AND NAZI BIO-POLITICS: CONSTITUTIONAL MEDICINE AS CLINICAL RACIAL HYGIENE

Jaensch was not an “old fighter,” a term which referred to Nazi supporters who had joined the Nazi party while it was still in opposition. Because of his reliance on the democratic city government of Berlin and its state medical councilor Wilhelm von Drigalski (who was forced to resign in March 1933), Jaensch would have found no advantage in joining or publicly supporting an extremist movement with uncertain prospects before 1933.⁶¹ After Hitler’s appointment as chancellor, he moved quickly to reposition himself. Since Jaensch did not have a permanent position at the university or the Charité, he tried to further his career by joining the Nazi movement and endorsing its racial policies. He applied for Nazi party membership on February 10, 1933, and was admitted on April 1. In the fall of the same year, he joined the SS, in which he would eventually become a lieutenant (*Untersturmführer*). Jaensch also managed to become the deputy leader of the *NS-Dozentenschaft* of Friedrich Wilhelm University and leader of the *Dozentenschaft* of the Medical Faculty, which policed the political reliability of new university appointments.⁶² To further demonstrate his willingness to adapt to the new political circumstances, he dismissed his Jewish assistant Carl Mandowsky on April 1, 1933.⁶³

Demonstrating loyalty to the new rulers was easy compared to Jaensch’s efforts to put his institution on a permanent and secure financial footing. The financial support from the Rockefeller foundation ended in April 1934, which meant that he had to look for new funding. From July 1934, Jaensch was paid for his teaching commitments at the university by the cultural ministry, and the Charité provided for some of his staff. The income of his institute’s polyclinic supported an assistant physician and the city of Berlin provided some funds because of Jaensch’s work on youth welfare.⁶⁴ There was also some funding from the German Research Community (*Deutsche Forschungsgemeinschaft/DFG*).⁶⁵ Jaensch was on good terms with the surgeon Ferdinand Sauerbruch, who was disciplinary leader (*Fachspartenleiter*) for the medical field of the

60 The Rockefeller foundation was not only impressed by the “high quality of the research” but also by Jaensch’s entrepreneurial spirit describing him as “an able and enthusiastic young leader.” RAC University of Berlin Medical Clinic RG 1.1. 717 A Box 11, Folder 73.

61 On Drigalski, see: Wilhelm Katner, “Drigalski, Karl Rudolf Arnold Artur Wilhelm von,” in *Neue Deutsche Biographie*, 1959, 4, 144.

62 AHU, UK Personalia Vol. 1, Bl. 1 and 2 front and back.

63 Ibid., Bl. 25.

64 BABL R 4901, Nr. 1464, Bl. 92 front and back. Since November 1932, the city paid Jaensch’s ambulatorium for the counseling and treatment of needy children who were referred by a school doctor. BABL R 4901, Nr. 1463, Bl. 363f.

65 “Bericht über das Institut für Konstitutionsforschung. a. d. Charité,” in BABL R 4901, Nr. 1464, Bl. 31. “Jaensch an DFG (6 Sept. 1937): Klinisch-psychophysiologische Untersuchungen (Antrag v. 12. 1. 1937),” in BABL R 73, Nr. 11893.

Reich Research Council, which was responsible for the distribution of the research funds of the DFG.⁶⁶

It is not possible to fully reconstruct all the funding sources of Jaensch's work in the 1930s. What becomes clear, though, is that in the early years of Nazism, he managed to expand his research enterprise and his role within the medical faculty. For the financial year 1934/35, he could point out that the ambulatorium was better funded than ever. In 1934, he was appointed as a nontenured extraordinary professor and became a member of the university senate and the faculty committee of medicine.⁶⁷ In 1935, his ambulatorium was upgraded to the "Institute for Constitutional Research at the Charité." In the process, the institute obtained more than 8,000 RM from the state for extensions and new equipment.⁶⁸ In 1936/37, the institute received 16,000 RM for further expansions. Sixteen doctoral students worked in its twenty-seven rooms along with the director, a senior physician, two assistant physicians, three other assistants, a psychologist, a secretary, and a writing assistant.⁶⁹ Expansion continued in the financial year 1937/38 when the institute occupied thirty-five rooms and acquired new diagnostic equipment such as an autotonograph for the recording of blood pressure and a chronaxostat for electrical-neurological examinations.⁷⁰

Official support for Jaensch's work could certainly not compare with the state resources that were poured into research on mainstream racial hygiene during the 1930s. The leading geneticist Otmar von Verschuer, for example, received 42,000 RM per year for his new "Institute for Hereditary Biology and Racial Hygiene" in Frankfurt, because he could present his research as fundamental to the racial hygienic goal of the Nazi state to eradicate hereditary diseases. But even though Jaensch never obtained the same level of subsidies which Verschuer and other leading racial hygienists received, state support for his institute was still significant.⁷¹

66 On the Reich Research Council Fachspartenleiter and Sauerbruch's role, see: Sören Flachowsky, *Von der Notgemeinschaft zum Reichsforschungsrat. Wissenschaftspolitik im Kontext von Autarkie, Aufrüstung und Krieg* (Stuttgart: Franz Steiner Verlag, 2008), 235–40. Sauerbruch also intervened on Jaensch's behalf when Berlin considered cutting its annual financial support of 5,000 RM. "Sauerbruch an Conti" (May 10, 1938), in BABL R 4901, Nr. 1464, Bl. 73.

67 "Etatjahr April 1934/März 1935," in BABL R 4901, Nr. 1464, Bl. 92 back and front.

68 Ibid., Bl. 93.

69 "Etatjahr April 1936/März 1937," in *ibid.*, Bl. 93 back, 94 back and front.

70 "Etatjahr April 1937/1938," in *ibid.*, Bl. 94 back, 95 front. "Jaensch to Sauerbruch (30 August 1938), in *ibid.* Bl. 151.

71 Verschuer also received a generous start-up grant of 70,000 RM for his new institute. This was much more than the 22,000 RM annual operating costs of Jaensch's institute in the early 1930s. On the establishment of Verschuer's institute, see: Sheila Faith Weiss, "The Loyal Genetic Doctor, Otmar Freiherr von Verschuer, and the *Institut für Erbbiologie und Rassenhygiene*. Origins, Controversy, and Racial Political Practice," *Cent. Eur. Hist.*, 2012, 45(4), 631–68, on 635–39. In 1933, the larger *Kaiser-Wilhelm Institute for Anthropology, Human Heredity, and Eugenics* received 75,711.95 RM in state subsidies which increased to 168,100 in 1937. State support for Ernst Rüdin's genealogical department in the German Research Institute for psychiatry in Munich, an institution concerned with research on the prognosis of hereditary psychiatric illness, was also more generous. Already during the late Weimar republic Rüdin, the leading advocate of racial hygiene in psychiatry and the most influential psychiatrist during the Third Reich, received 46,734 RM for his department annually. In the 1930s, Hitler personally granted him altogether 98,000 RM to cover funding shortages for his institute. Weiss, *Nazi Symbiosis*, 95, 129, and 146f.

To finance the expansion of his institute, Jaensch had to rely on the income generated by his polyclinic, which was very successful in attracting more and more patients. The number of patients grew more than eight times between 1933 and 1939 from 714 in 1933 to 4,420 in 1936 and to 6,000 in 1939.⁷² There were probably several reasons which led to this remarkable growth. For one, Jaensch now received referrals from party agencies like the *NS Volkswohlfahrt* (see below). There were also referrals from the youth welfare office of Berlin, the state insurance (*Landesversicherungsanstalt*) of Brandenburg, and labor exchanges interested in vocational aptitude assessments.⁷³ It is not possible to establish exactly how many of the patients were referrals from state or party agencies. We know that the NSV referred about 150 patients for assessment in 1938, which indicates that most of the patients (4,993 in 1938) were not official referrals. In fact, in 1938/39, almost two-third of the institute's patient income was derived from private patients who subsidized the institute with their fees.⁷⁴

One can only guess why there was such a big public interest in Jaensch's polyclinic, but it is safe to assume that the larger political context had something to do with this. In a situation in which illness and people's inability to perform became increasingly stigmatized as a sign of hereditary inferiority, more and more people were looking for alternative assessments that certified the hereditary health of their offspring and provided some hope for treatment.⁷⁵ The institute catered for people with children who had difficulties in school or showed other signs of social, physical, or mental immaturity. One mother declared: "my child is not stupid but a little bit different from children of the same age." In cases like this, a diagnosis of "developmental inhibition" was preferable to the stigma of feeble-mindedness. "Late developers" (*Spätentwickler*) might be able to catch up with their peers. Children with a hereditary defect could not. They might even raise suspicion about the racial health of their parents.⁷⁶ As historian Doris Fürstenberg has shown in her research on the "Counseling Center for Hereditary and Racial Care" in Berlin-Steglitz, parents whose children were diagnosed with a hereditary condition were often concerned about the social stigma associated with hereditary inferiority. A father, whose daughter was diagnosed with schizophrenia, for example, contested the hereditary health court's decision to sterilize his daughter with the argument that "the decision . . . does not only concern my daughter, but indirectly also my entire family."⁷⁷

72 AHU Charité-Direktion, Nr. 2603, Bl. 106.

73 Walther Jaensch, "Die Aufgabe," in *Konstitutionstherapie und Entwicklungsstörungen. Ein Beitrag zur Erkennung und Bekämpfung konstitutioneller Frühschäden*, ed. Walther Jaensch and Kurt Pulvermüller (Stuttgart: Ferdinand Enke, 1939), 1–6, especially 5. "Etatjahr 1935/35," in BABL 4901, Nr. 1464, Bl. 92 back.

74 AHU Charité Direktion, Nr. 2603, Bl.104.

75 On the experience of illness in Nazi Germany, see: Geoffrey Cocks, *The State of Health: Illness in Nazi Germany* (Oxford: Oxford University Press, 2012), 16 and 88f.

76 Lore Jacobi, "Aus unserer Arbeit am Institut für Konstitutionsforschung an der Charité Berlin" (Sonderdruck Zeitschrift *Kindergarten* August/September 1937), in BABL R 73, Nr. 11893.

77 Doris Fürstenberg, "Aber gegen die Bezeichnung 'Erbkrankheit' wehren wir uns," Die Beratungsstelle für Erb- und Rassenpflege im Gesundheitsamt Steglitz, in *Steglitz im Dritten Reich. Beiträge zur Geschichte des Nationalsozialismus in Steglitz*, ed. Bezirksamt Steglitz von Berlin (Berlin: Edition Hentrich, 1992), 16–61, citation 49.

In getting a favorable diagnosis from Jaensch parents tried to ensure that their children were certified as normal members of the racial community with all the rights and social entitlements of ordinary non-Jewish Germans. This was comparable to the efforts of other Germans to get their Aryan ancestry certified through family trees in order to retain their citizenship status, get married, or to further their career opportunities through admission to the civil service or Nazi organizations.⁷⁸ The growing demand for Jaensch's diagnostic services indicates how much eugenics discourse and eugenic policies had penetrated into public consciousness by the mid-1930s. While Jaensch might have offered parents some help in negotiating the standards of healthy normalcy in the Nazi racial state, it needs to be stressed that he always operated within the political parameters of the Nazi health system.

In public or in his representations to state and Nazi officials, Jaensch presented his own work in terms of a contribution to the racial hygienic policies of the regime which emphasized the eradication of the hereditarily unfit through sterilization. In 1934, he published the final results of the capillary microscopic examination of school children in Merseburg, Kassel, Schleswig Holstein, and Switzerland, which he conducted with Oskar Gundermann between 1928 and 1931. Jaensch now claimed that his research complemented the work of people like Verschuer, who demanded the establishment of a "hereditary policlinic." His ambulatorium for constitutional medicine, Jaensch argued, was well positioned to become a central institute for clinical research on the physical and psychological foundations of constitutional medicine. It could serve as a "foundation for the positive complementation of eugenic legislation" by promoting what he called "clinical racial hygiene" which aimed at the "correction . . . [and] prophylaxis of physical-mental developmental disturbances."⁷⁹ Constitutional medicine, Jaensch argued, dealt with the "borderline questions of racial hygienic legislation."⁸⁰ Therapies were to be primarily directed at hereditarily healthy offspring with "unfinished constitutions" who, Jaensch believed, could overcome their arrested development through "artificial maturation" (*künstliche Nachreifung*), a process which he described as the "uninhibiting of healthy hereditary mass."⁸¹ This could be achieved through medication. Lipatren remained one of Jaensch's multipurpose weapons in the fight against "inferiority," but by the mid-1930s, he had considerably expanded his pharmaceutical arsenal. Apart from thyroxine and pituitary gland extracts, it now included vitamin A and Vigantol, a product containing vitamin D to treat rickets, a strychnine compound, and a number of other pharmaceuticals.⁸² Jaensch, who held an appointment as lecturer at the "German University of Physical Exercise" (*Deutsche Hochschule für Leibesübungen*), also thought that physical exercise could provide "developmental stimulus" which aligned his work with that of Hans Hoske, a physician working in the Nazi party "Main Office for People's Health" (*Hauptamt für*

78 On the Nazi ancestral proof, see: Eric Ehrenreich, *The Nazi Ancestral Proof: Genealogy, Racial Science, and the Final Solution* (Bloomington: Indiana University Press, 2007).

79 Jaensch and Gundermann, *Klinische Rassenhygiene*, 122.

80 Ibid., citation Bl. 36.

81 Ibid., 135ff, citations 135.

82 Ibid., 137–45.

Volksgesundheit), and of Karl Gebhardt, a leading SS physician and close associate of Heinrich Himmler. Both promoted exercise as a way to further the physical and psychological performance of hereditarily healthy “weaklings.”⁸³

In Nazi Germany, citizenship rights and social entitlements were contingent upon people’s willingness and ability to be productive contributors to the racial community. Those who did not or could not be productive were denounced as “asocials” and “work-shy” which culminated in the arrest of more than ten thousand men in concentration camps in 1938.⁸⁴ In line with the regime’s emphasis on productivity, Nazi physicians promoted what they called “performance medicine” (*Leistungsmedizin*) to raise the fitness and productivity of Germans into their old age. Jaensch, therefore, positioned his approach as part of performance medicine.⁸⁵ Research on human constitutions was to pave the way for “performance increases of individuals and the People’s community.” He claimed that the “unfolding of the unchangeable racial and constitutional hereditary predisposition develop subject to influences . . . of the environment, nutrition, and education.” While physical and psychological racial characteristics remained static and were not affected by these factors, Jaensch maintained that the “constitutional characteristics of individual human beings [were] . . . subject to developmental stimuli of a supporting or damaging nature.” In other words, people could not change their race and their heredity. They could not become Aryan, but if they were Aryan, constitutional medicine had to make sure that they achieved their full potential. This included the early diagnosis and improvement of pathological predispositions in those who were weak or were only slightly hereditarily impaired. These people had to be “made useful” (*Brauchbarmachung*) by attenuating their constitutional weaknesses and need for care (*Pflegebedürftigkeit*). This would lower the cost to the community and free resources for offspring with good heredity.⁸⁶

After the official announcement of the four-year plan in late 1936 (an ambitious armaments and economic rationalization drive under the plenipotentiary Hermann Göring that aimed to get Germany ready for war within four years), Jaensch claimed that his work could contribute to “the best possible preservation and economic utilization of human performance power” for the purposes of the plan.⁸⁷ During that time, the regime intensified its efforts to raise the productivity of its workforce. Big national performance campaigns such as the Reich Vocational competitions

83 Ibid., 144. Jaensch gave lectures on the “Biology of the Personality” at the *Hochschule für Leibesübungen* until 1936. He also lectured on the topic at Berlin University. BABL R 4901, Bl. 48–50. Beck, *Leistung und Volksgemeinschaft*. Hahn, *Grawitz, Genzken, Gebhardt*, 173, 182–89.

84 Wolfgang Ayaß, “Asoziale” im Nationalsozialismus (Stuttgart: Klett-Cotta, 1995).

85 On Nazi performance medicine, see: Winfried Süß, “Volkskörper” im Krieg: *Gesundheitspolitik, Gesundheitsverhältnisse und Krankenmord im nationalsozialistischen Deutschland, 1939–1945* (Munich: Oldenbourg, 2003); Martin Höfler-Waag, *Die Arbeits- und Leistungsmedizin im Nationalsozialismus von 1939–1945* (Husum: Matthiesen Verlag, 1994); Beck, *Leistung und Volksgemeinschaft*; Detlef Bothe, *Neue Deutsche Heilkunde, 1933–1945* (Husum: Matthiesen Verlag, 1991); Karl-Peter Reeg, *Friedrich Georg Christian Bartels (1892–1968). Ein Beitrag zur Entwicklung der Leistungsmedizin im Nationalsozialismus* (Husum: Matthiesen Verlag, 1988).

86 “Zweckbestimmung des Faches Konstitutionsforschung” (1937), in BABL 4901, Nr. 1464, citations Bl. 35.

87 “Ökonomie der menschlichen Leistung im Gefüge des Vierjahresplanes!,” in AHU, Universitätskurator Nr. 648, 1.

mobilized millions of apprentices and young workers in demonstrations of their vocational skills and performance ethic. The regime's goal was to raise productivity through the systematic development of existing human resources, and Jaensch maintained that his version of constitutional therapy could make significant contributions in this respect. While many young people were "developmentally inhibited," modern research on constitutions, Jaensch argued, showed that such inhibitions could be overcome if the offspring was genetically healthy. Hormone therapy could be used to help young people reach their innate performance potential for the benefit of the four-year plan and national productivity. Constitutional medicine was supposed to complement other racial hygienic measures by determining which people were hereditarily healthy and worthy of medical intervention. The task was "to shed the hereditarily healthy offspring from the innately weak (*Lebensschwächlinge*)."⁸⁸ Justifying his claims with reference to the official Nazi party paper *Völkischer Beobachter*, Jaensch argued that "a full third of German Youth was not fully fit (*nicht voll leistungsfähig*)" but only a small part of this group had to be considered as "inferior humans with regard to their hereditary disposition."⁸⁹

While "heredity was fate," it was a fate that could to some extent still be challenged in cases where heredity was only slightly compromised. In Jaensch's view, the physician had the duty to bring healthy hereditary mass to its full maturity. He demanded a "more activist attitude in the spirit with our National-socialist world view," and rejected resignation in cases in which there was still hope for therapeutic intervention.⁹⁰ Jaensch accepted the "hereditary-biological racial basis" of Nazi health policies, but he rejected the therapeutic nihilism characteristic of mainstream racial hygiene. He argued that the human constitution was shaped by factors of a "peristatic-dynamic nature" by which he meant the changing influences of the social environment.⁹¹ He believed that it was possible to disentangle the influences of nature and nurture and identify those children and youths who suffered from arrested development but had good heredity and were therefore deserving of therapeutic or social interventions.

In the mid-1930s, Jaensch succeeded in establishing a cooperation with the Nazi welfare organization *NS Volkswohlfahrt*, for which he assessed children who were to be sent to summer camps. His institute was asked to determine which children were eligible for the camp, because they were "deserving of support" (*förderungswürdig*). To be judged *förderungswürdig*, the children did not only have to be "*förderungsfähig*" (meaning that they would be capable of improving through social welfare or recreational activities) they also had to meet the racial and hereditary health criteria that were a precondition for social entitlements in Nazi Germany.⁹² This shows that

88 Ibid., 3f, citation 4.

89 Jaensch, "Aufgabe," citation 3.

90 Jaensch and Gundermann, *Klinische Rassenhygiene*, citations 149f.

91 AHU Charité Direktion, Nr. 2603, citations Bl. 155.

92 Kurt Pulvermüller, "Konstitutionstherapie und Erholungsverschickung bei Entwicklungsstörungen," in *Konstitutionstherapie und Entwicklungsstörungen*, ed. Jaensch and Pulvermüller (1939), 7–37, on p. 7. On the NSV, see: Eckhard Hansen. *Wohlfahrtspolitik im NS-Staat. Motivationen, Konflikte und Machtstrukturen im "Sozialismus der Tat" des Dritten Reiches* (Augsburg: Maro Verlag, 1991).

Jaensch's claims about the role of nurture in human development did not contradict the eugenic assumptions of Nazi racial health policy. They complemented them. In determining the hereditary value of patients, the institute could rely on the files of the city's health offices which collected data on the hereditary illnesses of Berlin citizens and filed applications for forced sterilizations.⁹³

Jaensch participated in the exclusionist practices of the Nazi racial state by writing expert reports for hereditary health courts which decided on the sterilization of people suspected of hereditary illnesses.⁹⁴ There are no copies of these reports, which make it impossible to examine his role in the Nazi sterilization campaign in any detail. But Jaensch also assessed whether borderline children were worthy of public assistance because they could significantly benefit from therapies and social welfare. Two copies of such assessments have survived among the German research council files in the German federal archive. They are not representative since Jaensch selected them to demonstrate to the DFG that his therapies were promising. Ten-year-old Richard S. suffered from irritability of the cerebrospinal system. He was intellectually about one year behind normal children of his age which was confirmed by the structure of his capillaries as well as a series of psychological tests for perception and memory. Medication, tutoring, and pedagogical encouragement, Jaensch thought, could have a positive effect in his case. Despite some negative racial traits (inclination toward mysticism and libidinous tendencies typical for Eastern Baltic racial traits), the overall prognosis for Richard was encouraging and justified public expenditures.⁹⁵ The other case was eight-year-old Heinz S. Since his mother had died and his father abandoned him, he lived in an orphanage. While he was a good student, he was childish and emotionally immature and unstable, which Jaensch attributed in part to his difficult upbringing. Jaensch considered him *förderungsfähig* and recommended foster care combined with Lipatren to support his general development.⁹⁶

There were also negative evaluations. Of the 150 children, which Jaensch and his co-workers assessed for the NS *Volkswohlfahrt* in 1938 because they were suspected of having hereditary health issues, only about 80 (53 percent) were judged to be worthy of support. This meant that almost half of the socially disadvantaged children sent to Jaensch were denied benefits from this organization.⁹⁷ (Whether any of these children faced additional racial hygienic sanctions because of Jaensch's assessment is not known.) Forty-three percent of those rejected were diagnosed as more or less feeble-minded, 14 percent were epileptics, 11 percent came from families with a history of alcoholism, and 9 percent were diagnosed as schizophrenics. Some of these children had only minor physical and psychological problems, but they were nevertheless excluded from NSV summer camps and other benefits because of their family history. An eight-year-old boy, for example, showed normal development and intelligence. Apart from rickets, frequent colds, and nervousness, he was healthy and a good

93 Fürstenberg, "Bezeichnung Erbkrankheit," 55.

94 "Siebeck to Universitätskurator (14 Mai 1937)," in BABL R 4901, Nr. 1464, Bl. 15.

95 "Gutachten Richard S. (24.10.1935)," in BABL R 73 Nr. 11893.

96 "Gutachten Heinz S. (6.1.1937)," in *ibid.*

97 Pulvermüller, "Konstitutionstherapie und Erholungsverschickung," 15.

student. But his mother suffered from epilepsy and was sterilized in 1936, her sister was a psychopath, and a maternal grandfather of the child was an alcoholic.⁹⁸

Jaensch and Pulvermüller felt ambivalent about such cases. While they thought that such children were not worthy to get support from the NSV, they did not think that they should be deprived entirely of public support. In their view, raising their health and productivity through constitutional therapy was still cheaper than institutionalized care which could cost the state between 800 and 1,200 RM per year. Some of them could even reach the same level of work performance as those who were judged hereditarily healthy. They, therefore, advocated a reassessment of some of the children who until now were not considered *förderungswürdig* because of bad heredity but who were nevertheless *förderungsfähig*. To avoid the danger of offspring with bad heredity, Jaensch thought that members of this group could simply be sterilized in accordance with the sterilization law.⁹⁹ In this way, negative eugenics and constitutional therapy could help reconcile conflicting demands of the Nazi racial state: the growing demand for labor power in a society preparing for war and the elimination of the hereditarily ill from reproduction.

CRISIS AND CONSOLIDATION OF CONSTITUTIONAL THERAPY

Despite Jaensch's success in adapting to the bio-political priorities of Nazism, Jaensch's institute came under considerable pressure during the second half of the 1930s. But this was not pressure from Nazi ideologues who thought that Jaensch's work implied a rejection of hereditary biology and racial hygiene. In fact, it was the ideological watchdog of the university, the *NS-Dozentenschaft* in which he had played a leadership role, which supported him against criticism from his medical colleagues.¹⁰⁰ The attacks on Jaensch's work came from his professional peers in internal medicine who had serious doubts about the soundness of his research. Their efforts can be described in Thomas Gieryn's words as a form of exclusionary boundary work which tried to expel Jaensch's research from the realm of respectable science by disputing its scientific validity and credibility.¹⁰¹

In a letter to the curator of the University of Berlin, the director of the first university medical clinic and dean of the medical faculty, Richard Siebeck, maintained that the work of Jaensch's institute was characterized by a "great lack of criticism and confusion." Jaensch, he claimed, had two methods, capillary microscopy and the eidetic method (which involved an assessment of people's maturity based on how they perceived so-called after-images) and he used these methods to classify mankind as either healthy or sick. Jaensch also conflated hereditary and environmental factors in his

98 Ibid., 31f. Pulvermüller discusses four more cases of children who might have benefited from constitutional therapy but who had to be excluded because of their heredity. All of them had family histories of epilepsy, schizophrenia, and/or alcoholism but were apart from a few minor problems healthy and "normal."

99 Pulvermüller, "Konstitutionstherapie und Erholungsverschickung," 35ff.

100 "NS Dozentenbund, Reichsdozentenführer to Reich Ministry for Science and Education" (April 20, 1942), in AHU UK Personalia, J 018, Vol. 2, Bl. 85.

101 On the credibility contests in exclusionary boundary work, see: Thomas F. Gieryn, *Cultural Boundaries of Science: Credibility on the Line* (Chicago: University of Chicago Press, 1999), 15–16.

work, because he was unfamiliar with the methods of hereditary biology, which, in Siebeck's view, should form the basis of modern constitutional research: "Especially today this must be considered dangerous, because everything depends on the creation of secure foundations for a hereditary and constitutional pathology." Hereditary health courts, which adjudicated applications for involuntary sterilizations, Siebeck claimed, also considered Jaensch's work unsatisfactory. Under these circumstances, the continued existence of Jaensch's institute could not be justified.¹⁰² While Siebeck accused Jaensch of compromising the effectiveness of the racial policies of the regime due to his incompetence, it should be noted that Siebeck's main argument concerned the scientific validity of his work. He essentially considered him a charlatan who had no place in a respectable medical institution.¹⁰³

Siebeck's intervention was supported by Jaensch's former mentor Gustav von Bergmann. The director of the second medical clinic of the Charité was irritated by Jaensch's single-mindedness and lack of critical reflection. Bergmann seems to have lost patience with his former student because of his neglect of the wider field of internal medicine and his single-minded emphasis on problematic diagnostic techniques such as capillary microscopy.¹⁰⁴ Despite these concerns, the Reich Science and Education ministry decided against the closure of the institute. *Ministerialrat* Emil Breuer found it preferable to integrate Jaensch's department into another institute once the university had moved into its new quarters.¹⁰⁵ (Hitler's and Albert Speer's plans for the German capital called for a complete rebuilding of Berlin, which would have moved the university to a large new science district in the city's West). But in June 1938, a delegation from the Reich science ministry visited the institute and was impressed by the originality of its work. It recommended that the institute receive the financial support it needed for its regular operation as a polyclinic.¹⁰⁶ The Reich Science Ministry first tried to integrate Jaensch's institute into the university institute for racial biology but this met with resistance from Germany's leading racial scientists Eugen Fischer, Fritz Lenz, and Otmar von Verschuer. Then the ministry thought about moving it

102 "Siebeck to Universitätskurator (14 Mai 1937)," in BABL R 4901, Nr. 1464, Bl. 15.

103 This interpretation is consistent with what we know about Siebeck's attitudes toward scientific standards and autonomy. Siebeck was appointed as director of the first medical clinic of Friedrich Wilhelm's university in 1934, even though there were questions about his political reliability. In his previous post as dean of the medical faculty at the university of Heidelberg, he had defended the autonomy of the medical faculty against political interference and criticized the antisemitic purges of the professoriate in the course of the law for the restoration of the civil service. Volker Hess, "Es hat natürlich alles nur einen Sinn, wenn man sich der Resonanz des Ministeriums sicher ist." *Die medizinische Fakultät im Zeitalter der 'Führeruniversität'.* In *Die Berliner Universität in der NS-Zeit. Band I: Strukturen und Personen*, ed. Christoph Jahr and Rebecca Saarschmidt (Stuttgart: Franz Steiner Verlag, 2005), 37–48, here p. 44.

104 "Bergmann an den Dekan der Medizinischen Fakultät (5 Juni 1942)," in AHU UK Personalien J 18, Vol. 2. Bergmann also criticized Jaensch's reliance on other diagnostic indicators for maturity and arrested development. He rejected Jaensch's reference to constitutional types in personality diagnostics, his new interest in the pituitary gland, and his claim that the structure of the sella turcica (the location of the pituitary gland in the base of the skull) had some diagnostic significance. In Bergmann's view, this was "confusing" (*verwirrend*) and without empirical basis.

105 "Breuer to Regierungsrat Huber (4 August 1937)," in BABL R 4901, Nr. 1464, Bl. 18. "Aktenvermerk Besprechung mit Prof. Siebeck (24 August 1937)," in BABL R 4901, Nr. 1464, Bl. 22.

106 "Aktenvermerk (20 Juni 1938)," in BABL R 4901, Nr. 1464, Bl. 79.

into one of the inner clinics of the university.¹⁰⁷ In the end, the institute could preserve its independence. By early 1939, it was considered in the plans for the new Charité building.¹⁰⁸

Despite the harsh criticism from powerful peers within his own institution, Jaensch could continue with his work because he had a powerful supporter: Hitler's physician in the Reich Chancellery Karl Brandt. When Jaensch heard that the Charité administration did not include his institute in the plans for the new university hospital, he sent them a letter from Brandt in which the latter had made concrete proposals for the floor plan of Jaensch's institute. Jaensch suggested that the Reich Science ministry and Brandt, who oversaw the planning of the new hospital complex, assumed the institute would have to get a prominent space in the new Adolf Hitler University.¹⁰⁹ Jaensch's plans were now very ambitious. He demanded a separate building for his institute, including a polyclinic with a ward of twenty beds. This was necessary because the clinic for constitutional medicine realized for the first time the "integration of somatic and psychological sciences in the national-socialist sense." It had three major departments: a medical polyclinic, a department for clinical psychophysiology, and a department for constitutional anthropology. Jaensch seems to have realized that his plans might be considered somewhat immodest, but he justified the size of the new institute and clinic with reference to Hitler's demands that the plans for the new university had to reflect "the needs of . . . [the] future and not the present."¹¹⁰ While the science ministry was sympathetic to Jaensch and agreed to provide it with "an appropriate space" in the new university, it was not willing to fulfill all of his extravagant demands, which would have resulted "in the creation of an entire third medical clinic."¹¹¹

In April 1940, Jaensch's institute was taken over by the state, which was a public recognition of Jaensch's work and also eased financial pressures.¹¹² In 1942, the Reich Science Ministry considered appointing Jaensch to a regular tenured extraordinary professorship (*planmäßiges Extraordinariat*). This would have ended the anomaly that a nontenured (*ausserplanmäßiger*) professor directed a state-financed university

107 "Vermerk Reichswissenschaftsministerium (23 Juni 1938)," in AHU Universitätskurator, Nr. 648.

108 "Verwaltungsdirektor Charité zu Reichsminister Wissenschaft, Erziehung und Volksbildung (26 Januar 1939)," in BABL R 4901, Nr. 1464, Bl. 85.

109 "Jaensch to Director of Charité (8 Februar 1938)," in AHU Charité Direktion, Nr. 2603, Bl. 34. "Copy Brandt to Jaensch (1 Februar 1938)," in AHU Charité Direktion, Nr. 2603, Bl. 35. On Brandt's collaboration with Albert Speer on the new hospital complex, see: Schmidt, *Karl Brandt*, 101ff.

110 "Neubauplanung (15 Januar 1938)," in AHU Charité Direktion, Nr. 2603, Bl. 36. "Raumplanung für das Institut für Konstitutionsmedizin und Poliklinik für Konstitutionsmedizin in der Hochschulstadt an der Heersrasze (*sic*)," in AHU Universitätskurator, Nr. 648.

111 "Citation Ministerialrat Breuer and Professor Bach (8 November 1938)," in AHU Universitätskurator, Nr. 648. "Professor Bach an Ministerialrat Breuer (10.11.1938)," in *ibid.* Jaensch was not deterred and continued to push for a separate building at least until 1941, when Brandt agreed with the Science Ministry to have the decision deferred. "Jaensch an Universitätskurator (7 Juni 1941);" "Universitätskurator an Brandt (14 Juni 1941);" Brandt an Universitätskurator (16.6.1941), in *ibid.*

112 "Jaensch an Universitätskurator (7 Juni 1941)," in AHU Charité Direktion, Nr. 2603, Blatt 153. "Reichsdozentenführer an Reichswissenschaftsministerium (14 Mai 1942)," in AHU UK Personalien J 18, Vol. 2, Bl. 85.

institute.¹¹³ When the medical faculty asked its leading medical professors about the plans, Jaensch had the support of the surgeon Ferdinand Sauerbruch and the gynecologist Walter Stoeckel.¹¹⁴ The professors for internal medicine von Bergmann and Friedrich Koch had reservations. Bergmann was willing to grant Jaensch a “personal tenured extraordinary professorship,” but he rejected the idea of elevating “constitutional medicine” to a new university discipline, which would have ensured the institute’s survival after Jaensch’s retirement.¹¹⁵ In the end, the faculty suggested a “personal tenured extraordinary professorship (*persönliches planmässiges Extraordinariat*) for internal medicine with an emphasis on constitutional medicine.” The compromise reserved the right of the faculty to make a decision about the continued existence of the institute once Jaensch retired.¹¹⁶ But at around the same time, the financial fortune of Jaensch’s institute changed dramatically, because he received a grant of one hundred thousand Reichmark (more than four times of the annual operating cost of the entire institute in 1938/39) from the “Donor Association (*Stifterverband*) of the German Research Council” in recognition of his personal commitment to an important area of population policy.¹¹⁷ The *Stifterverband* collected money from private industry for the support of research and distributed it through the German Research Council. Sauerbruch, the disciplinary leader for medicine in the DFG, seems to have brokered the grant together with the former president of the DFG Friedrich Schmitt-Ott.¹¹⁸

While Jaensch did not get everything he wanted, this was not because of the resistance of prominent racial hygienists or because his work was considered undesirable for political reasons. Jaensch himself emphasized that any concerns that his work might pose a danger for the dominant racial hygienic paradigm were unfounded and he was keen to show support for the sterilization policies of the regime (see the previous section).¹¹⁹ The most prominent racial hygienists of the day were neither very supportive nor very hostile to Jaensch’s work. While Eugen Fischer and Fritz Lenz, the professor for racial hygiene at Berlin University, had objected to the plans of the Reich science ministry to integrate Jaensch’s institute with the Institute of racial biology in

113 “Response of Ministerialrat Klingelhöfer to Prof. de Crinis (28./29.4.1942),” in BABL 4901 Nr. 14528, Bl. 267. The Science ministry raised the issue because a tenured extra-ordinary professorship in the medical faculty became available which could be given to Jaensch.

114 “Sauerbruch an Dekan Rostock (11 Juni 1942),” in AHU UK Personalia J 18 Vol. 2, Bl. 100. “Jaensch an Dekan Rostock (29 April 1942),” in *ibid.* Bl. 83.

115 “Bergmann to Rostock (5 Juni 1942),” in *ibid.*, Bl. 98.

116 “Dekan Rostock an Reichswissenschaftsministerium (Juli 1942),” in *ibid.*, Bl. 105.

117 “Ministerialrat Breuer an Jaensch (24 Juli 1942),” in BABL R 73, Nr. 11893. “Jaensch an Breuer (15 Juni 1942),” in *ibid.*, “Personalebogen Jaensch,” in AHU, UK Personalia J 18, Vol. 1, Bl. 1.

118 “Jaensch an Breuer (15 Juni 1942),” in BABL R 73, Nr. 11893. “Jaensch an Charité Direktion (8 Juni 1942),” in AHU Charité Direktion, Nr. 2727, Bl. 72.

The national-conservative Schmidt-Ott was forced to resign from the DFG presidency in 1933, but he became president of the *Stifterverband* in 1935. On Schmidt-Ott’s resignation from the DFG presidency and his role in the *Stifterverband*, see: Flachowsky, *Notgemeinschaft*, 115 and 315ff. On the *Stifterverband*, see: Winfried Schulze, *Der Stifterverband der deutschen Wissenschaft 1920–1995* (Berlin: Akademie Verlag, 1995).

119 “Jaensch an Dekan der medizinischen Fakultät (6 February 1942),” in AHU UK Personalia J. 18 Vol. 2, Bl. 77.

the new university, they saw some merit in Jaensch's approach.¹²⁰ When consulted about Jaensch's appointment as extraordinary professor, Fritz Lenz opposed the establishment of constitutional medicine as a separate discipline with a chair because it was not clear how the new discipline would differ from racial hygiene: "All hereditary diseases, all hereditary anomalies, all racial differences, all differences in aptitude and character are constitutional. In this sense all of racial hygiene would also be constitutional medicine."¹²¹ This kind of boundary work was different from the attacks mounted by professors in internal medicine discussed above. Bergmann and Siebeck attacked the very credibility and validity of Jaensch's research. By contrast, Lenz wanted to have clearly defined boundaries between racial hygiene and other disciplines and he thought that Jaensch's work had little to do with his own. But Lenz did not dispute the scientific validity of Jaensch's work. He thought that Jaensch's approach to treating constitutional weaknesses resulting from the imbalance of people's endocrinological system was promising in cases of "infantilistic developmental disturbances, disturbances of the thyroid gland, and diabetes." Even though Lenz admitted that he was not really qualified to judge Jaensch's work, because Jaensch's background was in internal medicine, he supported Jaensch's appointment to an extraordinary professorship in internal medicine, provided that his peers considered him qualified.¹²²

Eugen Fischer, the director of the Kaiser Wilhelm Institute for Anthropology, Heredity, and Eugenics (KWI-A), was even more positive in his assessment. In his evaluation of one of Jaensch's applications for a DFG grant, he argued that Jaensch's work was important. He had some reservations about the DFG's practice to provide basic finance for a research institute, because he thought this should be the task of the Charité or the university, but he insisted that the research itself "deserved every support."¹²³ The fact that the most influential academic racial anthropologist of the Nazi period endorsed Jaensch's work is remarkable. But it is less surprising if one considers the shift in research orientation among Nazi Germany's leading racial hygienists and anthropologists from the mid-1930s. Eugen Fischer and his successor at the KWI-A in 1942, Otmar von Verschuer, moved away from a strictly determinist understanding of heredity to what they called "Phänogenetik," best described as a form of developmental genetics. The new paradigm tried to explain the relationship between genotype and phenotype (the characteristics of an organism as shaped by hereditary and environmental factors). In order to understand this relationship, Fischer emphasized like Jaensch the importance of "peristatic" factors in human development, which is probably why he showed interest in his approach. *Peristase*, as understood by Fischer, included all those environmental factors that contributed to the formation of the human phenotype (in utero and after birth) which were not directly determined by the genes.¹²⁴

120 "Vermerk Reichswissenschaftsministerium (23 Juni 1938)," in AHU Universitätskurator, Nr. 648.

121 "Fritz Lenz an medizinische Fakultät (1 Juni 1942)," in AHU UK Personalien J 18 Vol. 2, citation Bl. 95 back.

122 "Lenz an medizinische Fakultät," AHU UK Personalien J 18 Vol. 2, Bl. 95f, citation 95 back. One could say that Lenz engaged in boundary work between different medical disciplines. Gieryn, *Cultural Boundaries*, 34.

123 "Eugen Fischer an Deutsche Forschungsgemeinschaft (3 Juni 1942)," in BABL R 73, Nr. 11893.

124 Weiss, *Nazi Symbiosis*, 107–10. Hans-Walter Schmuhl, *Grenzüberschreitungen. Das Kaiser-Wilhelm-Institut für Anthropologie, menschliche Erblehre und Eugenik 1927–1946* (Göttingen: Wallstein, 2005), 320.

But Jaensch did not only have the (admittedly sometimes qualified) endorsement of some of Nazi Germany's leading racial scientists. The ideological watchdogs of the university, the NS-Dozentenschaft and the Reichsdozentenführer, backed him unequivocally in his bid for a tenured *Extraordinariat*, because his appointment would give a "meritorious scientist and . . . faithful fighter for the national socialist university" the recognition he deserved.¹²⁵

CONCLUSION

Immediately after the war, Jaensch complained about the dominance of hereditary biologists and racial hygienists in the Third Reich. Together with the Nazi party, he claimed, they had made life difficult for him because they suspected that his work emphasized environmental conditions over hereditary factors in human development. The real story was more complicated. Jaensch's version of constitutional medicine, which emphasized the role of peristatic factors in the arrested development of children with good heredity, had critics among leading medical scientists but also powerful supporters. The promise to turn children with developmental deficits into useful and productive citizens accorded well with Nazi performance medicine, which tried to ensure that every racially "valuable" people's comrade could realize his full productive potential.

Nazi organizations such as the NSV relied on Jaensch's expertise to distinguish between the "valuable" and the hereditarily "inferior." The latter were denied welfare benefits which were reserved for healthy and normal "people's comrades" of the racial community. Jaensch and his co-workers actively participated in these discriminatory practices and they potentially exposed children to further racial hygienic sanctions once they classified them as a threat to the hereditary health of the nation. It was not possible to find out whether some of the children and youths assessed by Jaensch were eventually subjected to forced sterilizations. But Jaensch himself demanded that sterilization should be used to contain threats to the gene pool from hereditarily tainted people, even though he argued that some people who fell into this category could still be turned into productive workers through constitutional therapy.

Jaensch certainly subscribed to the utilitarian premises of Nazi medicine, which determined the value of human beings based on their productivity. His approach, therefore, was quite compatible with the reform paradigm in Nazi psychiatry that emphasized a strict separation of patients who had the potential to become productive from the rest who would be denounced as "burden existences."¹²⁶ Jaensch accepted the need for "exterminating and enhancing racial care (*ausmerzende und mehrende*

125 "Reichsdozentenführer an Reichswissenschaftministerium (20 April 1942)," in AHU UK Personalia, J 18, Vol. 2, Bl. 85.

126 Aly, *Die Belasteten*, 115, 192, and 198–201. Weiss, *Nazi Symbiosis*, 172–80. Burleigh, *Death and Deliverance*, 82–90. Hans-Ludwig Siemen, "Die Reformpsychiatrie der Weimarer Republik: Subjektive Ansprüche und die Macht des Faktischen," in *Nach Hadamar. Zum Verhältnis von Psychiatrie und Gesellschaft im 20. Jahrhundert*, ed. Franz-Walter Kersting, Karl Teppe, and Bernd Walter (Paderborn: Ferdinand Schöningh, 1993): 98–108, especially 107f. Hans-Walter Schmuhl, "Reformpsychiatrie und Massenmord," in *Nationalsozialismus und Modernisierung*, ed. Michael Prinz and Rainer Zitelmann (Darmstadt: Wissenschaftliche Buchgesellschaft, 1991), 239–66.

Rassenpflege),” but he wanted to complement it with constitutional therapies for those who could still become productive.¹²⁷

The war provided the regime with the opportunity to step up its campaign against people with mental disabilities and move from forced sterilization and institutionalization to mass murder. There is no evidence that Jaensch was either directly or indirectly involved in the euthanasia killings. His institute, for example, was not part of any of the extensive institutional networks that allowed Kaiser Wilhelm institutes to source pathological specimens from euthanasia victims or concentration camp prisoners for their research.¹²⁸ The moral responsibility of Jaensch lies not in participation in the high profile crimes of Nazi medicine. It lies in the involvement of his institute in the everyday discriminatory decisions and processes of a racist society: should children be eligible for social and financial benefits from government or party institutions, should they have access to summer camps of the NSV, or should they be eligible for therapies that might turn them into “normal” and healthy members of the racial community.

Members of the public, who were able to afford the fees for Jaensch’s private diagnostic services, could (within limits) negotiate the boundaries between the “normal” and “defective” for their own children. The fact that the number of Jaensch’s polyclinic patients grew more than eight times between 1933 and 1939 was mostly due to the demands from private clients who worried about the health and normalcy of their children. For racially acceptable Germans, a diagnosis of “arrested development” was preferable to the label “hereditarily inferior,” which could lead to their sterilization and deprive them of basic citizenship rights such as the right to get married and social entitlements such as marriage loans and child allowances.¹²⁹

The fact that Jaensch’s work was comfortably embedded in the everyday racial hygienic policies of the Nazi regime, which in their radicalism had no parallel elsewhere, should not obscure that some of the issues addressed by his research were also a prominent concern in other national contexts. After all, there was a reason why an institution like the Rockefeller Foundation gave him considerable support in the late 1920s and early 1930s. Jaensch also shared with his Yale colleague Arnold Gesell an interest in the signs and stages of healthy child development, even though their methodologies and research approaches were quite different (Gesell showed no interest in capillaries). In the United States, philanthropies that supported studies in child development moved away from purely humanitarian concerns to a focus on

127 Jaensch, “Aufgabe,” 6.

128 Hans Walter Schmuhl, “Brain research and the Murder of the Sick: The Kaiser Wilhelm Institute for Brain Research, 1937–1945,” in *The Kaiser Wilhelm Society under National Socialism*, ed. Susanne Heim; Carola Sachse, and Mark Walker (Cambridge: Cambridge University Press, 2009), 99–119. Achim Trunk, “Two Hundred Blood Samples from Auschwitz: A Nobel Laureate and the Link to Auschwitz,” in *ibid.*, 120–44. Jürgen Peiffer, Wissenschaftliches Erkenntnisstreben als Tötungsmotiv? Zur Kennzeichnung von Opfern und deren Krankenakten und zur Organisation und Unterscheidung von Kinder- “Euthanasie” und T4-Aktion. (=Ergebnisse. Vorabdrucke aus dem Forschungsprogramm “Geschichte der Kaiser-Wilhelm-Gesellschaft im Nationalsozialismus Nr. 23) at <http://www.mpiwg-berlin.mpg.de/KWG/publications.htm#Ergebnisse>, last accessed February 2, 2015.

129 Michelle Mouton, *From Nurturing the Nation to Purifying the Volk. Weimar and Nazi Family Policy, 1918–1945* (Cambridge: Cambridge University Press, 2007), 56 and 123f.

improving the nation by improving its children.¹³⁰ There were significant resonances with what happened in Weimar Germany where bio-political initiatives directed at children (one only needs to think about infant and maternity health centers or Jaensch's counseling center for children with impaired development in Berlin) sought to safeguard the health and productivity of the nation. As these interesting parallels show, early twentieth-century research on child development would make for a fascinating transnational story, which could be explored in future research.

ACKNOWLEDGMENTS

I would like to thank the anonymous reviewers and my colleagues at Monash University who have read and commented on drafts of the article: Adam Clulow, Reto Hofmann, Ernest Koh, Seamus O'Hanlon, Susie Protschky, and Noah Shenker.

FUNDING

Early research for this project was partially funded by an Australian Research Council Discovery project grant (DP 0558404).