Concept of the Sick Bay in the Nazi Camps: Humanity or Terror

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ABSTRACT Recent publications based on newly available list of surgeries performed in Nazi concentration camps raised the question of motivation for thousands of procedures on internees incarcerated from occupied Europe. The performance of major surgeries would be suspicious in their intent, indicating, if not directly proving, their intention as an exercise for junior physicians or medical students. The concept of the Revier (infirmary/sick bay) is discussed. The Revier (also known as Krankenrevier or sick bay) in Nazi concentrations camps was located next to the extermination unit. Procedures performed at the Revier were considered non-therapeutic, as the victims had a minimal chance of survival without appropriate postoperative facilities. A review of medical documents of major concentration camps (Auschwitz, Mauthausen, Gusen, Ebensee) indicates the criminal intention of the authorities. This unusual type of crime was raised in post-war trials, but no specific legal code was nominated.

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KEY WORDS: Holocaust, medicine, Revier (Krankenrevier), infirmary/sick bay, surgery in World War 2 camps

The Nationalist Socialist Empire of the Third Reich of German Nations (Nazi Germany) lasted 12 years with devastating consequences. It was full of contradictions and loaded with illogical and counterproductive decisions, particularly in medicine.

One of the paradoxical ideas was the establishments of extermination camps yet offering medical services in parallel [1-4]. Similarly paradoxical was the establishment of hospitals next to a crematorium, such as in Birkenau, Stutthof, Mauthausen, Ravensbrück, and Dachau.

Why would the Nazi authorities develop extensive medical facilities in the death camps, performing thousands of surgeries for the benefit of the detainees, when many people were killed every day, and detainees who were ill could easily be replaced. In this article I classified the surgeries performed according to their intensity (low, moderate, or high), rather than by diagnosis [5].

MAUTHAUSEN

For the moderate- and high-intensity surgeries, postoperative intensive care units were needed by 1940. It is suggested that the existence of, or lack of, such a facility indicated the real purpose of the surgeries. Was the Revier (also known as Krankenrevier, infirmary, or sick bay) such a facility? [6-8].

A list of the surgical procedures that were performed at the Mauthausen camp was secured by the liberating American troops in 1945. Between 1940–1945 close to 6000 surgeries performed [5]. Today, these documents are stored in the Arolsen Archives, which are under World Heritage protection.

AUSCHWITZ

The list of surgeries performed at Auschwitz were like those at Mauthausen; however, the procedure performed at three main camps of Auschwitz (AI, A2 (Birkenau), A3 (Monowitz) were not the same [6]. A book listing the surgeries was found by the liberating Red Army. The procedures were limited in length, but the number of surgeries was impressive. Some 4000 readable names were recouped from the singed books, which had been burned by the deserting Schutzstaffel (SS) troops just days before the liberation on the 27 January 1945.

Low-intensity surgeries included cleaning and repair of wounds, removal of foreign bodies, ingrown nails, deformities, or finger or toe fractured/dislocations requiring reposition or amputations. All of these procedures offered one to two days of respite for the patient in the infirmary or the neighboring huts. The patients were perhaps given an extra slice of bread or were immediately discharged.

Specific moderate-intensity procedures required local or general anesthetic and requiring specific surgical instruments for the repair of hernias, laparotomy (without diagnosis), appendectomy (without diagnosis of appendicitis), or draining of large collections (e.g., hematoma, abscesses). Some cases involved drainage of the mastoid

bone and oral interventions for dental or mandibular bone infections. Specific procedures were performed to repair fractured ribs, with chest collections needing drainage. These surgeries were the only lifesaving procedure. The arm and leg fractures were more demanding and required reduction and immobilization with limited, but not impossible future work capacity.

The most illogical, as well as inhuman surgeries were the high-intensity surgical procedures. These operations required specific instrumentation for deep and prolonged general anesthesia. Exploratory laparotomies were performed to treat obstructive or bleeding gastric ulcers (a gastrectomy, Billroth II procedure). Patients with gastric issues require prolonged parenteral alimentation and hydration until oral ingestion is possible.

In addition, the repair of lung collapse and/or pneumothorax required respiratory assistance. The excision of tuberculotic lung lobes necessitated tracheal intubation. Most illogical and counter-effective procedures included strumectomy (thyroidectomy) with unidentified diagnosis (hyperthyroidism or hypothyroidism), which led to gradual loss in energy and apathy. These surgeries ended with cardiopathy and cognitive decline. Equally demanding were the repair of complex fractures requiring a traction device in bed for a long period of bone healing.

We searched unsuccessfully for the existence of a Revier listing postoperative care.

MAJDANEK, CHELMNO, SOBIBOR, BELZEC, AND TREBLINKA

No Reviers were detected at Majdanek, Chelmno, Sobibor, or Belzec, but the Treblinka camp had a hospital mapped next to an execution site. There are descriptions of detained medical personnel, physicians, and nurses at these camps. These prisoners worked in the barracks, treating people affected with infectious diseases with limited instrumentations or medications. No laboratories were noted. There is no record of surgery performed in these camps. Maps indicated the placement of gas chambers and crematoriums next to hospitals in Mauthausen, Stutthof, Dachau, Auschwitz-Birkenau, Ravensbrück, and Buchenwald.

REVIER AS A THERAPEUTIC ENTERPRISE

All the concentration camps were built in similar ways, with slight differences depending on local conditions. Same relates to the Revier. The Revier, originally from French sources, became accepted with little variants between the camps. It was supervised by a Wehrmacht SS officer and operated by liberated criminals who directed the detained medical staff [7]. Was this facility an intensive postoperative recovery unit with life-support instrumentation intended for postoperative recovery?

HISTORICAL REVIEW

The first analysis of the concept of the Revier is from descriptions by historians:

- Krankenrevier, with variations in most camps [13]. Revier was kept for those unfit for work. Patients received a diet with fewer calories and hygiene was poor. Recovery was not expected [1,11,12].
- Sonderrevier, a special medical facility for infectious diseases or for medical experiments [www.holocaust.examined.org]. Patients had no medical treatment and died from weakness [1,11,12].
- Sanitätslager, designated for specific sanitary purposes and for interesting cases [1-3].

In Mauthausen, the postoperative care was especially inadequate and harsh. The camp's infirmary known as Sanitätslager was overcrowded, lacked medical supplies, and hygiene was poor. The operated detainees were often housed in unsanitary conditions, leading to high rates of infections and mortality [1,5,8-10,13]. From Mauthausen documents, a follow-up of 22 patients operated within the high-intensity group showed that 17 died within one week [5].

In Auschwitz, inmates seeking help, except for those with high fevers or signs of external body injury, were suspected of trying to evade work. They were either severely punished, treated with intracardiac phenol injections, or sent to gas chamber [4,7,9,10].

THE REVIER (ALSO KNOWN AS KRANKENREVIER OR INFIRMARY) IN NAZI CONCENTRATIONS CAMPS DID NOT OFFER LIFESAVING THERAPY FOR THE DETAINEES

In general, the hygiene, the infections, the sub-nutrition, and the lack of treatment was conducted on principle of not performing surgery with intent of life saving [8]. The Revier had no instruments and no facilities. It was perceived by prisoners as a place of death not of healing [8]. Mortality was high as the Revier lacked everything: beds, manpower, diagnostic and therapeutic means, sterile supplies, and drugs for anesthesia. Surgery was performed without analgesia and managed by non-medical persons [8].

The Revier in Ravensbrück concentration camp, an infamous women's camp, was a functional infirmary, but it was far from a place of healing. Rather, it was notorious for medical experiments and selections for execution [14].

In Dachau and Buchenwald, internees were treated like Guinea pigs. Particularly unhygienic conditions were found in the Mauthausen subcamp of Gusen where 500 prisoners were exposed to camp physicians who were learning surgical techniques [4,11-16].

The reviews prepared by historians helped in searching for information about Revier and the activity of a postoperative infirmary.

The documents by Marsalek are essential as a historical review because they detail descriptions of Mauthausen [1-3]. He categorized the different types of barracks dedicated to Revier (e.g., Revier, Sonderrevier, Sanitätslager) at different times and for different people (e.g., SS, capos, detainees, partial assistance to the Jews) without assistance for the Russians [1].

The surgical cases that were of special interest to the chief surgeon were kept separately. The conditions were unsterile in the operating theaters [1]. During the last two years of activities, the asepsis in special operation rooms improved, and major surgeries were performed so that SS surgeons could learn and practice their techniques [1].

THE SURGERIES PERFORMED IN CONCENTRATION CAMPS OFFERED MINIMAL BENEFIT TO THE SICK, AND MOST SUFFERED SEVERE OR EVEN LETHAL CONSEQUENCES

Important non-medical evidence came from Edmond Michelet (1889–1970). The testimony was given in 1955 by Michelet, who was the senator and minister of justice in the French Republic at the time. He had been incarcerated at the Dachau camp between 1943–1945 for political reasons. He stated:

> *The sick bay of the concentration camps and without fail that of Dachau, had nothing to do with what one imagined hospital to be. It was an inhospitable place that had no helpful medical atmosphere. Underneath the sham of the surface view was a complete indifference toward the most primitive rules of hygiene and asepsis [17].*

MEDICAL TESTIMONIES

In addition to retrospective descriptions offered by historians, evidence was given by surviving medical personnel

Dr. Med. Francois Wetterwald (1911–1993), Haftling Artz number 63329, Dachau, written in 1947

Dr. Wetterwald studied medicine in Paris, with a specialty in urological surgery. He was actively involved in the French Resistance against the Nazi occupation. He was sent to the Mauthausen subcamp of Ebensee, where he acted as a general surgeon [18,19].

He highlighted the presence of both health services and gas chambers. The Revier was organized by SS physicians, medical students, or others. The trained medical staff (all prisoners) was treated as no more than technicians.

The treatment protocol was designed for the maintenance of the working force, particularly for accident victims. The latter had financial implications as they were covered under the work accident law and covered by medical insurance. Those patients who were unfit for work or unable to recuperate from their disease or disability were either sent to gas chambers or injected with intracardiac phenol.

The specific description of the Revier in Ebensee was on some 3000 of 10,000 detainees. They were treated in a Revier that had no radiological installation, no laboratories, no way to sterilize surgical instruments, and no anesthetic or antiseptics [18].

Wetterwald believed that medicine was created for all people. He noted that Jews who were sick were treated differently than "Aryans" with supplies that were inferior [19]. Despite all these insufficiencies, Wetterwald performed over 600 surgical interventions before liberation in May 1945.

The majority of procedures performed were defined as low-intensity surgeries that required limited instrumentation and conducted under local anesthetics or without anesthesia [5,6]. Recovery was expected, even though it required a longer hospitalization for fractures, amputations, or large abscesses.

The moderate- and high-intensity surgeries that were performed under these circumstances had high infection and mortality rates. The survival rates after neurosurgery, spinal surgery, chest and complicated factures were limited. In addition, many appendectomies and gastric and intestinal surgeries were recorded [5,6,18].

In addition to his surgical work, Wetterwald noted several observations that remain valid in medicine today. He also noted that apyrexia was due to starvation induced low-grade body resistance. He also noted the very low presence of malignancies in the starving population. There was only one case of cancer. It was interpreted as a connection to starvation; a fact also found among survivors of Ghetto Lodz during the war [20]. Wetterwald noted that after 1943, when conditions of the war changed, the work force had to be preserved, and the conditions in hospitals have accordingly improved.

After the war, Wetterman returned to France and was ordained with a Legion d'Honneur. He practiced medicine. He also became a writer, a poet, and a musician. He was active until the age of 82 years.

Dr. Med. Albert Haas (1911–1997), Haftling Artz number 1762222, Auschwitz

Dr. Albert Haas was originally from Hungary. He married into a French Jewish family but was arrested in Paris as a political enemy. His Jewish background was unrecognized for the entire war [21].

Haas was deported to Dachau, but he escaped. He was severely tortured after he was recaptured. He was transferred to the Aryan side of Auschwitz as a physician and was treated with privilege until 1944. Later, he was transferred to Mauthausen/Gusen2, as chief physician. In 1984, he described his experiences in his memoirs *The Doctor and the Damned* [21].

THE MAIN PURPOSE OF THE SURGERIES WAS FOR SURGICAL PRACTICE OF THE YOUNG AND INEXPERIENCED SURGEONS AND WERE PART OF THE NAZI HORROR

Haas described the surgical hospital and the Revier, which he also called *Schonungsblock* or *Häftling Krankenbau* (HKB). He pointed out that the HKB was equivalent to the Revier, which he found to be a travesty. He said that it was no more than an extermination center where patients were sent for postoperative care, which was a holding pen for the victims of impending extermination. The unlimited power by the authority allowed for uncontested and unnecessary surgery while sterilization practices were limited.

Haas presented that two "surgeons" working in the camp were N...., a vicious Ukrainian prisoner who was assisted by P.... a "blood thirsty murderer, an unskilled laborer who metamorphosed into a "surgeon." Haas also described the nightly killing of the unfit, which was conducted in the convalescence barracks.

Haas also presented the story of a famous Viennese orthopedic clinic, which was interested in improving the existing technique for fractured hip repair. He stated that researchers smashed prisoners' hip joints to try a variety of surgical techniques and artificial hip pins [21]. The surgeon was not named, but I presented a case from the neighboring Linz hospital where they inserted a long pin into the detainee's hip, even with no signs of fracture on the X-ray. It is the same place where the Viennese surgeon, Lorenz Boehler, was deconditioned from the Wehrmacht [21,22].

Haas also found a solution to edema abscesses, the phlycten mentioned by Wetterwald, which were abscesses of the lower extremity's starvation edema. Once contused by beating, infection set in.

Hass offered very clear proof for the exercise practice of surgery performed in the camps, by quoting the example of abortion of female brothel workers. The rule was very strict: anyone who was pregnant or presenting with an infection would be killed. Why, other than training young inexperienced surgeons, was abortion performed in Mauthausen? Haas remained active until his death in 1997.

Dr. Med. Giuseppe Calore (1909–2002) Haftling Artz number 113925, Ebensee

An important testimony came in 1992 by Dr. Giuseppe Calore. Calore was born in Padova. He was arrested in Milano in 1944 for antifascist activity. He was severely beaten and imprisoned in Ebensee until liberation. He was the physician for the Italian detainees, obsessively recording and preserving the documents. A description of the events at Mauthausen, Ebensee, the Italian prison camps, and Gunskirchen was published as recollections many years later. They had been recorded by a fellow camp prisoner, who was a journalist [23].

Calore found similarities with observers from other camps. He noted the starvation of the detainees. He observed and described lower limb edematous conditions that when beaten, the limb becomes infected, which leads to local tissue necrosis.

Calore named the Revier *infermeria tedeschi* or *campo sanitaria* for Germans, Austrians and Aryans. These camps differed from the *I'infermeria speciale*, which was created for the detainees. They were a Revier in which minimal or no treatment was accorded.

His observations recorded less nutrition for Jews, who were considered *peso inutile* (a burden) with no benefit and were prepared for intracardiac injections or for gas centers. The children of the *Ebreii* were secretly fed by the prisoner physicians. [23].

Calore presented a simplified map of the camp, which noted the location of the hospital close to the crematorium. He described the Revier in Mauthausen as a gigantic extermination camp [23]. After liberation, he resumed practicing medicine, and continued until age 93 years.

CONCLUSIONS

The Revier was not a postoperative care unit. Reviewing several major Nazi concentrations camp archives, the topographical positioning of the hospitals in the camp, the minimal supply of pharmaceutical materials, the lack of preoperative diagnoses, the inexistent postoperative

care, the list of same surgery repeated on the same day, the negative outcomes, all indicate that the Revier did not offer therapy for the detainees.

Medical infirmaries were not performed for the benefit of the prisoners in the camps, but rather for economic interests such as securing the minimum level of labor force. The partial assistance for health improvement in the low-intensity surgery group increased the war efforts and preserved the especially skilled workers. The high-intensity surgeries were of minimal benefit to the sick, and most of the surgeries resulted in more suffering. Most patients presented with severe or even lethal consequences. The main purpose of the surgeries were for young and inexperienced surgeons to gain surgical experience and is confirmed to be an aspect of the Nazi horror.

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Capsule

Flipping immune signals

The mitochondrial antiviral signaling (MAVS) protein is part of the cellular machinery that helps to protect mammalian cells from viral infection. **Okazaki** and co-authors found that the amino acids in MAVS are carboxylated, and this modification is dependent on γ-glutamyl carboxylase (GGC), a membrane protein found in the endoplasmic reticulum that can invert its orientation so that its active site faces the cytosol. In the presence of activating signals, the authors found that GGC-dependent carboxylation of MAVS stimulated cells to produce type 1 interferon but suppressed signals leading to apoptosis. Mice in which GGC was inhibited, either by genetic knock-out in neurons or by depleting its cofactor vitamin K, had dysregulated responses to viral infection of the brain.

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