Albert Uffenheimer: Pediatrician and Public Health Advocate before Nazi Rule

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Before World War II the number of Jewish physicians practicing pediatric medicine in Germany was very high, but soon after the National Socialists came to power the discrimination against Jewish physicians began. One of them, Dr. Albert Uffenheimer, serves as a moving example of this persecution. Dr. Uffenheimer was engaged in the fight against the high infant mortality and was instrumental in the creation of public health facilities for counselling parents. In 1925 he became Director of the Children’s Hospital in Magdeburg and within a short time had improved the medical care of both infants and mothers. In April 1933, two months after the Nazi takeover, he was dismissed from his post at the Children’s Hospital in Magdeburg and emigrated to the United States. Dr. Uffenheimer was a pioneer in the field of public health before such new concepts were recognized as important. As such he should be remembered as a founding father of social pediatrics in Germany.

ABSTRACT: Before World War II the number of Jewish physicians practicing pediatric medicine in Germany was very high, but soon after the National Socialists came to power the discrimination against Jewish physicians began. One of them, Dr. Albert Uffenheimer, serves as a moving example of this persecution. Dr. Uffenheimer was engaged in the fight against the high infant mortality and was instrumental in the creation of public health facilities for counselling parents. In 1925 he became Director of the Children’s Hospital in Magdeburg and within a short time had improved the medical care of both infants and mothers. In April 1933, two months after the Nazi takeover, he was dismissed from his post at the Children’s Hospital in Magdeburg and emigrated to the United States. Dr. Uffenheimer was a pioneer in the field of public health before such new concepts were recognized as important. As such he should be remembered as a founding father of social pediatrics in Germany.

KEY WORDS: pediatrician, Germany, persecution, National Socialists

Before the Second World War, pediatric medicine in Germany had a high percentage of Jewish physicians. According to current research data, of the 1418 pediatricians registered in Germany in 1933, 54.5% were considered to be Jewish [1] and therefore subject to the racial laws as outlined in the Nuremberg Laws [2]. The First Supplementary Decree to the Nuremberg Laws [2] defined “Jewish” as having at least three Jewish grandparents. In no other medical discipline was there such a high percentage of Jewish physicians. In the early 1900s the Dr. von Haunersche Kinderspital in Munich was one of the most renowned children’s hospitals in the German-speaking countries. It was here that Dr. Albert Uffenheimer began his academic career. In addition to his academic work, Dr. Uffenheimer was actively involved in developing and implementing concepts of preventive medicine (for example, nutritional counseling, preventive checkups, and maternal and infant care) which at the time was called ”Sozialhygiene” and today is known as public health. He was a strong advocate of breastfeeding: many mothers at the time could not breastfeed because of the financial necessity for them to return to work immediately after giving birth [3].

DR. UFFENHEIMER’S PEDIATRIC CAREER

Albert Uffenheimer was born in 1876 in Fürth, Germany. After graduating from high school in Nuremberg he studied medicine in Würzburg, Munich and Berlin. He received his medical license in Munich in 1899; the title of his thesis was “Histology of benign papillary ovary tumors.” He served his medical internship at the Pathologic Institute of the Urban Hospital in Berlin [4]. In addition to his clinical work, Dr. Uffenheimer was interested in scientific research, particularly the causes of enteritis in infants. In 1900 he was the first to successfully cultivate Bacillus aerophilus agilis, a pathogen causing “Puerperalfieber” [5]. From October 1903 to May 1905, Dr. Uffenheimer worked as a resident in the pediatrics department at the Dr. von Haunersche Kinderspital where he studied diseases of the gastrointestinal tract, which were suspected of causing failure to thrive in infants. In 1910 he became the first head of the clinical laboratories at the Dr. von Haunersche Kinderspital.

In addition to his academic career, Dr. Uffenheimer was committed to what today would be called social pediatrics or public health. A main focus of his work in this field involved combating the high infant mortality rate in Germany. In his book Soziale Säuglings- und Jugendfürsorge published in 1910, Dr. Uffenheimer analyzed the reasons for the high infant mortality rate in Germany and rejected the argument espoused by followers of social Darwinism that a high infant mortality rate would strengthen the state through the concept of survival of the fittest. He concluded that the high infant mortality in Germany was primarily due to mothers not breastfeeding their infants because they had to return to work soon after giving birth. This resulted in infants being fed modified cow’s milk, which did not meet their nutritional needs.
After serving as a doctor in the army during World War I, Dr. Uffenheimer opened his own medical practice in Munich. In 1925 he was appointed to the position of Director of the Children’s Hospital in Magdeburg. Here again he was active in public health counseling and modernized the hospital within a short time. In furtherance of his continuing efforts to reduce high infant mortality rates, as well as improve the overall well-being of infants, he introduced the official registration of newborns at the city’s social welfare office [12]. Registered mothers would receive credit vouchers for food. Dr. Uffenheimer concurrently advocated a program to support breastfeeding by providing six months financial support to those mothers who showed up for regular checkups and who breastfed their infants.

**DR. UFFENHEIMER, VICTIM OF NAZI PERSECUTION**

In April 1933, two months after the Nazi takeover, Dr. Uffenheimer was dismissed from his post at the Children’s Hospital in Magdeburg under the new racial laws governing Jews that had been enacted by the Nazis. Dr. Uffenheimer moved with his family to Kattenhorn am Bodensee, a small town in southern Germany close to the Swiss border where, as recounted by his daughter after the war, the family hoped to wait out the Nazi terror. Here he experienced all the humiliating regulations that the National Socialistic government had enacted against its Jewish citizens. Dr. Uffenheimer remained with his family in Kattenhorn until August 1938 when he fled to London, England [11] leaving his family behind in Germany. While attempting to arrange for the emigration of his family to England, Dr. Uffenheimer was informed by the Nazi authorities that to get approval for their emigration he would have to transfer all of his assets in his Swiss bank to a Nazi-controlled bank in Germany. A Certified Award of the Claims Resolution Tribunal [16], based upon the claim of Uffenheimer’s granddaughter, shows that Dr. Uffenheimer had possessed a bank account at the Zurich branch of Credit Suisse. Credit Suisse records show that in December 1938 Dr. Uffenheimer contacted the bank from London and instructed it to transfer all the assets in his account to a branch of the Deutsche Bank in Constanze, Germany. Credit Suisse complied with the request, thus transferring ownership of Dr. Uffenheimer’s life savings to the Nazi government. In February 1940 the family moved to Albany, New York, where Dr. Uffenheimer gave lectures at Siena Catholic College on various health issues as well as on psychosocial problems of adolescents. Dr. Uffenheimer died in April 1941 of a heart attack at the age of 64 [11].

**AFTER THE WAR**

The Certified Award of the Claims Resolution Tribunal shows that in May 1949 Dr. Uffenheimer’s widow wrote a letter to Credit Suisse explaining that her husband had been forced by the German authorities to transfer his assets deposited at Credit Suisse to the Deutsche Bank. An internal memorandum of Credit Suisse at that time concluded that “from this correspondence it follows that Professor Uffenheimer was forced by the German authorities to hand over his assets deposited with us to the Deutsche Bank.” The memorandum further states that “for these reasons, we are careful about providing information and withhold information. If necessary, we should rely on the fact that, since then, more than ten years have passed, so that we no longer today are obligated to preserve this correspondence” [16]. The letter that was then sent to the widow states: “In response to your query of 11 May 1949, we must unfortunately inform you that, pursuant to Swiss legal requirements regarding banking secrecy, we cannot provide information about activities that pertain to the business dealings of our customers during their lifetime, not even to their heirs. In addition, we draw your attention to the fact that the activities referred to in your letter happened more than ten years ago, while we are only obligated to preserve our correspondence for ten years” [16]. Due to this withholding of information Dr. Uffenheimer’s widow could not make demands against the postwar German government and therefore received no restitution. It took another 54 years until the Claims Resolution Tribunal took over the claim on behalf of the family and ruled that “if the Swiss banks had jointly agreed to refuse to cooperate with the Nazis in the case of such coerced transfers, the Nazis would have had no motivation for torturing victims of Nazi persecution to obtain their consent to the confiscation of their financial resources in Switzerland to use against the Allies.” Therefore, the Tribunal concluded that in 1949 Credit Suisse intentionally misled the account owner’s widow who was seeking information about the asset transfer to the Nazi authorities in order to make a compensation claim against Germany. Credit Suisse was held accountable to the account owner’s widow for the loss of her husband’s deposits. Finally in 2003, the heirs of Dr. Albert Uffenheimer did receive some compensation for the lost financial assets [16]. In the 1990s the city of Magdeburg named a public square the ”Dr. Uffenheimer Platz” in honor of his contributions to the medical care of the children of Magdeburg.

**EPILOGUE**

This tragic story of a dedicated pediatrician is but one of many examples of Jews during the Nazi regime. Their fates must not be forgotten.

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**References**

PersPective

Laboratory mice are well known to be highly susceptible to virulent strains of *Yersinia pestis* in experimental models of bubonic plague. Blanchet et al. found that *Mus spretus*-derived SEG/Pas mice are exceptionally resistant to virulent *Y. pestis* under multigenic control. Upon subcutaneous injection of $10^7$ colony-forming units (CFU), 90% of females and 68% of males survived, compared with only an 8% survival rate for both male and female C57Bl/6 mice. Furthermore, half of the SEG mice survived a challenge of up to $10^7$ CFU. The time required for mortality was similar between B6 and SEG, suggesting that survival is dependent on early rather than late processes. The analysis of 322 backcross mice identified three significant quantitative trait loci (QTLs) on chromosomes 3, 4 and 6, with dominant SEG protective alleles. Each QTL increased the survival rate by approximately 20%. The three QTLs function additively, thereby accounting for 67% of the difference between the parental phenotypes. Mice heterozygous for the three QTLs were just as resistant as SEG mice to *Y. pestis* challenge. The SEG strain therefore offers an invaluable opportunity to unravel mechanisms and underlying genetic factors of resistance against *Y. pestis* infection.

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**Mus spretus SEG/Pas mice resist virulent *Yersinia pestis*, under multigenic control**

Mammalian prions cause fatal neurodegenerative conditions including Creutzfeldt-Jakob disease in humans and scrapie and bovine spongiform encephalopathy in animals. Prion infections are typically associated with remarkably prolonged but highly consistent incubation periods followed by a rapid clinical phase. The relationship between prion propagation, generation of neurotoxic species and clinical onset has remained obscure. Prion incubation periods in experimental animals are known to vary inversely with expression level of cellular prion protein. Sandberg et al. demonstrate that prion propagation in brain proceeds via two distinct phases: a clinically silent exponential phase not rate-limited by prion protein concentration which rapidly reaches a maximal prion titer, followed by a distinct switch to a plateau phase. The latter determines time to clinical onset in a manner inversely proportional to prion protein concentration. These findings demonstrate an uncoupling of infectivity and toxicity. We suggest that prions themselves are not neurotoxic but catalyze the formation of such species from PrPC. Production of neurotoxic species is triggered when prion propagation saturates, leading to a switch from autocatalytic production of infectivity (phase 1) to a toxic (phase 2) pathway.

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**Prion propagation and toxicity in vivo occur in two distinct mechanistic phases**

“A learned County Court judge in a book of memoirs recently said that the overwhelming amount of his time on the bench was taken up ‘with people who are persuaded by persons whom they do not know to enter into contracts that they do not understand to purchase goods that they do not want with money that they have not got’”

Lord Greene (1883-1952), British lawyer and judge