

Conspiracy in Paris, November 1938: Medical Fraud as Pretext for the *Kristallnacht* Pogrom

George M. Weisz MD FRACS BA MA

Wolper Jewish Hospital, School of History (Program in History of Medicine), University of New South Wales, Sydney, and School of Humanities, University of New England, Armidale, Australia

ABSTRACT: This medical history essay claims that a medical fraud was committed by the authorities and was used as a pretext for the November 1938 anti-Jewish *Kristallnacht* pogrom throughout the Third Reich. The suggested conspiracy covered up the real cause of death of the German Embassy's secretary in Paris. Baron Ernst vom Rath had been shot by a Jewish teenager who was frantic because of the plight of his family. A surgical analysis of the victim's injuries, and of the medical attention he received, suggests the likelihood of medical malpractice which led to his preventable demise.

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In October 1938 the authorities in the German Reich – the so-called Poland Aktion – rounded up Polish and stateless Jews and transported them to the Polish border. Expelled by Germany and rejected by Poland, some seven thousand deportees remained in no man's land where they were exposed to appallingly unsanitary conditions, hunger and a harsh climate. Interned on the Polish side of the border, the Grynszpan family wrote a desperate letter to their son Herschel in Paris, asking for help [1]. Herschel's reaction led to the dramatic events of November 1938 in Paris (described in *Die Tat*, a monthly publication of politics and culture). With the intention of demonstrating the injustice, the 17 year old Grynszpan entered the German Embassy on 7 November, asked to see the legation secretary in order to present him with a "secret document," and shot him. He was arrested immediately [2]. The life stories of the three participants in the Paris event are given below.

THE PLAYERS

Herschel Feivel Grynszpan was born in Hanover in 1921 to Polish Jewish parents. By the mid-1930s, the boy could not find any work, not even in farming. He was sent to an uncle in Paris but could not get a resident permit or a work card. He was desperate, wandering the streets, visiting cafes and dance clubs

in a suburb frequented by the gay community [3,4]. It is not clear whether Grynszpan was himself homosexual [1,2].

The victim, Baron Ernst vom Rath, was born in Frankfurt in 1909. He graduated with a law degree in Berlin at the age of 21, was dispatched as a diplomat to India where he contracted tuberculosis of the lungs, and returned to Germany to recuperate [5]. In 1933, by joining the Nazi Party he became an 'old member'. During 1935–36, while in Berlin, he contracted a homosexually transmitted infectious disease [6]. To avoid discovery, he sought treatment from a Jewish doctor, Dr. Sarella Pomeranz [7]. He recovered from both illnesses and was sent to the Embassy in Paris as third legation secretary in 1938. Publications about his life in Paris record him as devoted to work, quiet, private and frequenting meeting places of the gay community. Also recorded are his decency, his disappointment with the regime and his possible cooperation (as a double agent) with the French espionage [8,9].

Following the shooting in Paris on 7 November 1938, the first step in the investigation process was initiated by the French authorities [10,11]. Herschel was not found by three court-appointed psychiatrists to have any signs of mental illness. The French authorities prepared for a trial, but this was abandoned in 1940 after Germany occupied France. The Germans were only too keen to transfer Herschel to Sachsenhausen and later to Buchenwald – both concentration camps, preparing him for an anti-Jewish propaganda, international show trial [12]. It was at this stage, in 1941–42, that the notion of a possible homosexual relationship between Herschel and the legation secretary of the German Embassy emerged in Berlin. Rumors of Herschel's homosexuality were rife, but no definite proof was ever found. It was suggested that his French legal team fabricated the story about Herschel's homosexual relationship with vom Rath to assist in his defense. This legal action was successful in preventing his trial, but not in saving his life [2]. If exposed at a show trial, this relationship would have embarrassed the Nazis internationally. At this point in history, some time in late 1942, Herschel disappeared without a trace [13].

Dr. Karl Brandt, the third player, was not recognized until recently as a co-conspirator in vom Rath's death. Brandt was born in 1904 in Mulhouse, Alsace-Lorraine. He studied

Medicine with specific interests in trauma and infectious diseases (particularly tuberculosis). He graduated in 1928 and furthered his career in a general surgical unit under Prof. Georg Magnus in Munich, who stated that Brandt "possessed significant medical expertise and skills" [14]. Brandt became head of the University Surgical Clinic (Berlin) in 1935 [15]. Dr. Brandt had joined the Nazi party in 1932, the SA in 1933 and the Waffen SS in 1934, and with the rank of major general he became the Reich's Commissioner for Health and Sanitation. Appointed by the Fuhrer as his personal physician, he was dispatched to Paris to attend vom Rath [16]. At the Nuremberg Trials in 1946, Dr. Brandt was convicted for crimes against humanity, for participation in medical crimes as head of the Euthanasia program and for being responsible for medical experimentations in the camps, and was executed in 1947. His alleged role in vom Rath's death was not ventilated at his trial [17-19].

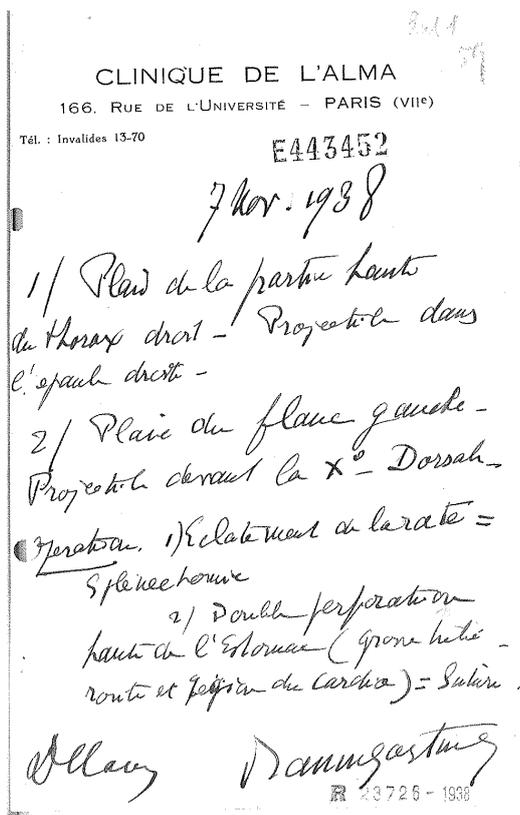
THE SURGICAL MANAGEMENT

The analysis of vom Rath's injury and Dr. Brandt's management of this patient is based on the fact that the fundamental surgical principles of the routine management of abdominal gunshot injury would have been well known in 1938 to any surgeon. Immediately after the shooting, vom Rath was taken to a nearby hospital and despite his desperate condition, X-ray examination of his abdomen was undertaken before the emergency surgery [18]. The brief handwritten note by the operating surgeon, dated 7 November 1938, describes the bullet wounds as: "a wound of the right upper thorax: projectile in the right shoulder and a wound in the left flank, projectile in front of 10th dorsal (vertebra)," and the operation as "excision of the spleen and suture of double perforation of stomach" [19] [Figure 1].

Following blood transfusions and emergency surgery, which lasted from 10.30 to 12.00 noon, vom Rath was awake the next morning, sitting up and talking. On the day after surgery, Dr. Brandt announced that his injuries were extensive. Two days after the shooting the patient's condition deteriorated rapidly, he went into a coma at 3.00 pm and succumbed at 4.30 pm, some 55 hours after the shooting. Questions have been raised repeatedly about his deterioration [20]. The suggestion that he was intentionally mismanaged by Dr. Brandt is discussed below.

The interpretation of these injuries by different commentators varies [2,5]. It was clear that there were no exit wounds for the bullets. The conclusion reached in the present paper is based on the sole medical description, namely, that of Dr. Cuenot, the first to suggest injury to the pancreas and who was able to read the original French documents. In 2007 a scholarly biography of Dr. Brandt was written by U. Schmidt, who had the advantage of being able to read the original German documents [7]. The operative documents (obtained from the German National Archives) are interpreted based on the surgi-

Figure 1. Operation notes of Dr. Baumgartner



cal literature and on the author's personal experience.

One bullet was fired horizontally into the left side of vom Rath's lower rib cage. It split an enlarged (tuberculous) spleen, went through the front wall and then the back wall of the stomach. Where could the bullet finally have lodged? The near-horizontal line of abdominal penetration would end up in the left half of the pancreas. Plain X-rays would have shown the location of the bullet. The proper management of severe damage to the pancreas was already known before World War I, being well recognized in Germany in the early years of the 20th century. It is to be expected that Dr. Brandt would have been acquainted with the well-publicized approach to abdominal injuries, such as described in April 1900 by Boeckel (Report of the XIII Congress Internationale de Medicine et Chirurgie Abdominale) and even more so, with the work of Borchardt published in 1904 in the *Berliner Klinische Wochenschrift*, both dealing with "Gun-shot wounds to the pancreas" [21].

A damaged pancreas requires partial or total removal, with drainage of the retroperitoneal space. There is no record of any drainage having been placed and no record of the removal of the bullet. Removal of even a part of the pancreas would not have been possible during an operation starting at 10.30 am and "running before noon" [17-19]. The diagnosis

of tuberculosis of the stomach and intestine was made by Dr. Brandt (together with Georg Magnus) on the day after the operation, and tacitly approved by the two participating French doctors, surgeon Baumgartner and blood transfusion specialist Louis Jube [17,21].

This undisclosed diagnosis of tuberculosis was revealed by Dr. Brandt only in July 1941, at a 'table talk' (a common way of communication in German diplomacy) with a high-ranking diplomat in the Foreign Ministry, Otto Brautigam, and revealed to the public in the latter's autobiography only in 1968. "Dr Brandt discovered when he examined v. Rath on the 8 November 1938, his medical condition to be also tuberculous. It became clear to all, including the French medical team, that if vom Rath were to die, this would be due partly to his tuberculosis, and not simply to the gunshot wounds, which would not necessarily have killed him." ["... Vom Rath ware trotz dieser Verletzung wahrscheinlich zu retten gewesen, wenn er nicht an einer schweren Magen- und Darmtuberkulose gelitten werde."] Apart from hiding the diagnosis of tuberculosis, it is of particular interest that Dr. Brandt did not mention anywhere, neither in the communication sent to Berlin nor in his later confession in 1941, the injured pancreas with probable resulting diabetes. Surgery and insulin therapy would have been life-saving for someone in vom Rath's situation. The idea of operating at the well-equipped American Hospital in Neuilly, Paris, was raised immediately after the shooting. Because vom Rath was bleeding extensively, emergency splenectomy was performed in the nearer (gynaecological) Alma Hospital.

However, once vom Rath's blood loss was replaced and his general condition had returned to normal, why was the first procedure not followed with a more extensive intervention, paying attention to the pancreas, in an appropriate academic surgical center?

Dr. Brandt, after a phone call with the Fuhrer, decided not to make the diagnosis of tuberculosis public, because it would have "disturbed the causal link between the shots which had been fired by a Jew and the death of v. Rath" [22]. It is suggested that the same political decision regarding the tuberculosis disclosure would also apply to any other pathology contributing to the victim's death. The proof came from W. Diewerge, published in 1939 in a Nazi Party magazine [23]. The cause of death was established by Dr. Charles Paul (1879–1960), a forensic pathologist (*Gerichtsarzt*) based on his autopsy of November 9, performed on behalf of the Court de Seine, Paris: "The first bullet went over the right side of the thorax and lodged in the right shoulder. This event did not contribute to the death. The second bullet entered the abdomen through the rib cage, hit the spleen, and lodged in the pancreas and diaphragm. This was the cause of the death" [23]. The projectile was not removed, the damaged pancreas tissue was not excised and no insulin was administered. An alternative cause

of death could have been a delayed, secondary bleeding or pneumothorax. However, no such findings were detected in the autopsy (concluded within four hours after death); hence, the pathologist's final opinion. This seems a clear case of medical negligence that would not be defensible in court.

CONCLUSION

Based on the above surgical analysis, it seems clear that the Nazi regime had no interest in saving vom Rath's life. A successful assassination was of far greater propaganda value than an attempted assassination. The criminal response to a compatriot's shooting was determined on the one hand by their decision to sacrifice him for his three sins (homosexuality, treatment by a Jewish physician, and suspicion of spying), and on the other hand by officially making him a martyr, using his assassination as a pretext for the 'spontaneous' anti-Jewish pogrom of Kristallnacht [24]. It is not unusual for orders from high in the hierarchy to be received verbally and not followed by written documents.

Since the person to whom Dr. Brandt immediately reported by phone was none other than the Fuhrer himself, it is likely that Brandt was ordered not to mention the tuberculosis. The same would have applied to any other medical condition. It is indeed surprising that this idealistic physician, ready early in his career to volunteer for missionary work with Dr. Schweitzer in Africa, became the head of the Euthanasia program in 1939. At Nuremberg he stated that: "... the demands of the society are placed above every individual human being, completely used in the interest of that society" [24]. Dr. Karl Brandt stands accused of betraying everything sacred in Medicine by covering up and falsifying medical information, deliberately neglecting the proper treatment of his compatriot and, inadvertently, also offering a pretext for a nationwide pogrom [25].

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Correspondence:

Dr. G.M. Weisz
P.O. Box 543, Vaucluse, NSW, 2030, Australia
email: gmweisz@aol.com

References:

- Schwab G. *The Day the Holocaust Began: The Odyssey of Herschel Grynszpan*, New York: Prager, 1990: 10, 19, 70.
- Risen R. 'Herschel Grynszpan: The fate of a forgotten assassin'. *Holocaust and Genocide Studies* 1986; 1(2): 217-28; Doescher HJ. Reichskristallnacht, Die Novemberprogromme 1938 im Spiegel ausgewahlter Quellen, Niederkassel rund um den Druck 1988: 61.
- Doescher HJ. *Ibid.*: 174.
- Cuenot A. *The Herschel Grynszpan case*. Beverley Hills, CA: D. Rome, 1982:

- 70; Marino A. Herschel: The boy who started World War II, London: Faber & Faber, 1995: 106. Marrus M. The strange story of Herschel Grynszpan. *American Scholar* 1988; 57 (1): 69-79.
5. Cuenot A. Ibid.: 63.
 6. Kaul FK. Der Fall des Herschel Grynszpan. Berlin: Akademie Verlag, 1965: 130.
 7. Doescher H J. op. cit.; p. 60; Schwab. op. cit.; pp.70-1; Schmidt U. Karl Brandt: The Nazi Doctor, New York: Hambledon/Continuum International, 2007: 107.
 8. Marino A. op. cit: 78-79; Greene H. The German Officer's Boy. The University of Wisconsin Press, Terrace Books, 2005: 198-205.
 9. Marino A. op. cit.: 144-6.
 10. Cuenot A. op. cit.: 90.
 11. Cuenot A. op. cit.: 105.
 12. Kaul F K. op. cit., pp.36-7; Bräutigam O. So hat es sich zugetragen: Ein leben als Soldat und Diploma. Würzburg: Holzner, 1968: 345.
 13. Marino A. op. cit.:193, 199.
 14. Dörner K. The Nuremberg Medical Trial, 1946/47: Guide to the microfiche-edition, Munich KG. Saur 2001; Schmidt U. op. cit.: 41.
 15. Snyder L L. Hitler's Henchmen: The Nazis who Shaped the Third Reich. Cincinnati, OH: David & Charles, 2005: 294.
 16. Kaul FK. op. cit.: 7.
 17. Schmidt U. op. cit.: 345-6.
 18. Documents 4443, 4449-58, from the German Embassy, dated 8 November 1938.
 19. Document R433452, Courtesy of the Auswaertiges Amt Politisches Archiv, Berlin.
 20. Read A, Fisher D. Kristallnacht Unleashing the Holocaust. London: Papermac, 1989: 6-24, 54-60.
 21. Connell GF. Gunshot wound of the Pancreas. *Ann Surg* 1905: 41 (5): 724-39. Boeckel J. La chirurgie du pancréas. Congrès International de Médecine, 13^e, Paris, 1900 ; 10: 207. Borchardt M. *Berlinr Klin Woch.* Jan. 1904: 3&4.
 22. "It was overwhelmingly in Hitler's interest for V. Rath to die," Marino A. op. cit.:106.
 23. Diewerge W. Anschlag gegen den Frieden. Eine Gelbbuch ubre Grunspan und seine Helfshelfer. Zentral Verlag der NSDASP. Munich 1939: 50-2.
 24. Spitz V. Doctors from Hell: The Horrific Account of Nazi Experiments on Humans, Boulder, CO: Sentient, 2005: 189; Ehrenfreund N. The Nuremberg legacy: How the Nazi War Crimes Trials Changed the Course of History. New York: Palgrave Macmillan, 2007: 94-5 and 150-2.
 25. Weisz GM. Seventy years since Kristallnacht. *Jerusalem Post.* November 9, 2008.