

The Anti-tobacco Movement of Nazi Germany: A Historiographical Re-Examination

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Abstract

Introduction: *The infamy of Nazi medical research conjures up images of horrific experiments in the concentration camps and SS (Schutzstaffel) doctors like Josef Mengele. However, the anti-smoking campaign of Nazi Germany is perhaps one of the least examined aspects of public health history and state sponsored anti-tobacco advocacy. Nazi public health activism was involved in work that may provide insight relevant to current public health issues.*

Purpose: *This article examined the current literature that discusses the anti-smoking campaigns of Nazi Germany, explored the phenomenon of quality medical research under the banner of National Socialism, and shed light into a forgotten aspect of Nazi medical history.*

Findings: *Previous authors have suggested that the Nazi war on cancer and the contributions made by Nazi public health activists were one of the most aggressive public health movements in the world. Marked with a certain level of ambivalence, these aggressive campaigns against smoking were less concerned with the universal dimensions of public health practices and ethics than they were towards a pursuit of a lifestyle that was worthy of a 'master race.'*

Keywords: *Public health, Nazi Germany, smoking, cancer, tobacco*

Introduction

The notorious narratives of racial hygiene, euthanasia, sterilization, and the 'Final Solution' overshadowed the conception of preventive medicine in Nazi Germany. The modern view of Nazi German scientific research is one characterized by scenes of inhuman brutality and unethical medical practices that targeted imprisoned human subjects, all of which was condoned by the leadership of the Third Reich. Stories of prisoners subjected to atrocious experiments echoed in the halls of Nazi medical research. Horrific experiments in the camps conducted by SS doctors like Josef Mengele in Auschwitz injecting different dyes into the eyes of twins to see whether it would change their color. The *Luftwaffe's* (German Air Force) experiments on prisoners of war with the intent of discovering the means to prevent and treat hypothermia were but a few of these atrocities.^{1,2}

Between 1942 and 1945, lesser known experiments conducted at the Dachau concentration camp investigated immunization and treatment of malaria. Camp personnel infected inmates with the disease by exposing them to mosquitoes or injecting them with malaria-infected blood. After contracting the disease, the inmates' treatment consisted of exposure to an array of experimental drugs to test their efficiency.³ At war's end, the crimes committed by Nazi human experimentation gained its universal notoriety on December 9, 1946, at the Doctors' Trial and the abuses perpetrated led to the development of the Nuremberg Code of medical ethics.⁴ These abuses and horrific human studies forever stand out as articulate warnings about the nature of medical complicity within the malevolent features of Hitler's dictatorship.

Was Nazi medical research completely tainted by atrocities or did Nazi medicine do some good work? For historians and public health professions alike, arguing the benefits gained from Nazi research remains problematic especially taking into consideration the overwhelming evidence concerning their extreme and unethical practices. Stanford historian and professor of the history of science and publisher of 'The Nazi War on Cancer' Robert Proctor explored these sensitive questions.^{5,6} The Nazis showed some astonishing concern for promoting what we might consider today as progressive public health advocacies, and launched the world's most aggressive anti-cancer campaign.⁷ The 25-Points-Program of February 1920 established

a core of principles for the Nazi platform including support for public health efforts.⁸ This principle stated that:

“the State is to care for the elevating national health by protecting the mother and child, by outlawing child-labor, by the encouragement of physical fitness, by means of the legal establishment of a gymnastic and sport obligation, by the utmost support of all organizations concerned with the physical instruction of the young.”⁹

Some of these areas of public health and health education proved very promising such as cancer care, nutrition, X-ray screening for tuberculosis, and state-wide advocacy against tobacco abuse.¹⁰ Nazi leaders embraced health reform believing that a healthy lifestyle led to a healthier and fitter nation.¹¹ Research and regulation were at the forefront in the fields of occupational safety, environmental health, and lifestyle-linked diseases. Cancer was declared an enemy of the state. Nazi principles favored healthier food choices that included whole grains, fruits, and vegetables; and opposed fat, sugar, and alcohol consumption.¹²

Historiographical controversies have shaped anti-tobacco advocacies and have been argued extensively by health educators, medical historians, and public health practitioners. Some of these controversies raised the following provocative questions -- how can health educators promote anti-tobacco movements and policies without infringing upon the value of individual autonomy? Are health educators and anti-tobacco advocates at risk of being labeled as 'fascists'? Should public health simply hand smokers pamphlets with information on the health risks of smoking and leave the smoker to make an informed decision?

Purpose and Methodology of the Study

This article examined the historiographic literature that discusses the anti-smoking campaigns during Nazi-controlled Germany. Relevant primary and secondary sources and articles were identified between 1933 and 2012 by applying search strategies to four academic electronic databases, PubMed, JSTOR, Scopus, and EBSCO. Combination of search terms included “tobacco,” “Nazi Germany,” “smoking,” and “cancer.” The results generated by

the search were limited to English and German language articles and reviewed for relevance to the topic. References from retrieved articles were reviewed to identify additional applicable publications.

Findings

Origins of the Anti-Tobacco Movement in Germany

The anti-tobacco movement in Germany began with the formation of the *Deutscher Tabakgegnerverein zum Schutze fuer Nichtraucher* (German Association against Tobacco for the Protection of Nonsmokers) in 1904 and the *Bund Deutscher Tabakgegner* (Federation of German Tobacco Opponents) in 1910.¹³

These groups published journals advocating nonsmoking and by the 1930s, German medical scholars noted a parallel rise in cigarette usage with lung cancer rates. In 1929, Dresden internist Fritz Lickint presented statistical evidence through a published case-series study linking lung cancer and cigarette usage. Lickint's article served as a prelude to several subsequent publications. Lickint went on to become a proponent of the antismoking message, stating that tobacco use had exceeded even alcohol abuse as a public health concern.^{1,14} A study published in 1930 by Victor Mertens, editor of the *Monatsschrift für Krebsbekämpfung* (Monthly Journal of Cancer), experimented on mice inhaling cigarette smoke to determine the cause of lung cancer.¹⁵

Researchers such as Franz Hermann Muller at the University of Cologne, often referred to as the 'forgotten father of experimental epidemiology,' investigated this relationship using the methods of case-control epidemiology leading to one of the first published retrospective case studies comparing lung cancer cases to a number of cancer-free controls. Muller asserted that tobacco smoking was the single most important factor responsible for the increased incidence of lung cancer.^{16, 17}

The Jena Study of 1943, conducted by E. Schairer and E. Schoniger, supported Muller's research findings. Their study utilized larger controls and demonstrated that smokers exhibited higher rates of lung cancer compared to non-smokers. The Jena study was conducted at the Friedrich-Schiller University Institute for Tobacco Hazards Research, a body that was established through grant funding from Hitler's Reich Chancellery and led by Nazi racial

scientist Dr. Karl Astel. The results yielded greater statistical significance than that of Muller's study. Muller, Schairer, and Schoniger were the first to use case-control epidemiological methods to study lung cancer among smokers.^{18, 19}

Another key German researcher who conducted studies confirming the carcinogenic effects of tobacco was Angel Roffo. Several of his publications were among the earliest made studies on the deleterious effects of tobacco use.²⁰⁻²² Referred to as the 'forgotten father of experimental tobacco carcinogenesis' by Stanford historian Robert Proctor, Roffo was one of the first to publish thorough studies of animal experiments using rabbits to demonstrate the development of respiratory tumors from tobacco tar exposure.^{23,24} He demonstrated that tumor developments along the respiratory tract were caused by exposure to tars and polycyclic aromatic hydrocarbons released from smoking rather than nicotine or other inorganic components. He also suggested that smoking may also be linked to cancer of the bladder.^{23, 25}

Tobacco Prevention Initiatives in Nazi Germany

During the Nazi period in Germany, elementary schools required instruction on the health risks pertaining to tobacco use. By 1938, smoking bans appeared in several public places such as government offices as well as military barracks. Police officials, SS officers and other uniformed service members were forbidden to smoke on duty. Bans were also imposed on individuals under the age of 18 in public as well as anyone in air-raid shelters, city trains, and buses. Drivers involved in accidents while smoking were considered criminally negligent.^{26, 27}

Interestingly, these bans had little impact on tobacco use. On the contrary, the annual consumption of tobacco increased after the Nazi party came to power and only decreased due to the outbreak of war and the subsequent war induced tobacco shortages.²⁸

Hereditary diseases and genetics were among key Nazi medical interests towards a healthy German public. German physician Hans Reiter of the Health Ministry, a staunch eugenicist defended the biological necessities and developments of the German State, and the prevention of hereditary defects from spreading for fear these defects would reach the next generation. Consequently, one of the main objectives of the Institute in Jena was tobacco research and finding out whether it caused hereditary defects. Though Hitler abstained from smoking and banned it during attended meetings, this did not

necessarily prove that the Nazis had a defined policy against tobacco use. In fact a program against the use of tobacco existed; however, its message pertained towards women and children and omitted men and members serving in the armed forces. When tobacco rationing was imposed in the beginning of the war, women received half rations. Almost 70% of tobacco supplies were diverted to the armed forces for the remainder of the war.²⁹⁻³²

The Nazi regime not only tried to prevent women and children from smoking, it imposed regulations on major tobacco industries.²⁹ However, the Nazis had a rather ambivalent approach to tobacco control, and restrictions did not reach German troops. Members of the German armed forces received special dispensations and provisions of cigarettes while tobacco advertisements appeared in leading Nazi party newspapers. Commander of the *Luftwaffe* Hermann Goring as well as other high-ranking members of the Nazi hierarchy smoked often in public.^{33, 34} Inconsistencies in Germany's anti-smoking program existed as evidenced by their occupation of Austria. In the wake of the *Anschluss* (The German annexation of Austria) in 1938, no effective anti-smoking policies existed. Authorities in Vienna did little to discourage smoking and the Austrian tobacco industries such as Reemtsma Cigarettenfabriken worked directly with the Nazi party to ensure the flow of tobacco goods.³⁵

There was a clear rise in the consumption of tobacco after the First World War and in the early years of the Nazi party, so measures had to be taken to instill healthy habits among the party members. For example, SS officers were instructed to stop smoking during the commencement of party meetings; however, this order pertained more to maintaining discipline among the SS ranks, rather than an ideological or public health statement. In April 1941, the first scientific meeting to discuss tobacco and its health risks convened at the Friedrich-Schiller University in Jena, and led by State Secretary for the Interior Ministry and Reich Health Leader, Dr. Leonard Conti. He opened the meeting by reading a telegram from Hitler along with a grant of 100,000 Reich Marks to the University's Tobacco Research Institute. Conti stated that smokers have underestimated the risks associated with tobacco, and that smoking was more hazardous than alcohol consumption. Other speakers discussed topics covering the teratogenic consequences and other deleterious effects of tobacco use in women.^{29, 36} In 1942, the Institute for the Struggle against the Dangers of Tobacco was established at Friedrich-Schiller University, where Schairer and Schoniger

conducted case-control studies on smoking and lung cancer.²⁶

Government sponsored anti-smoking initiatives often depicted Hitler, a notable anti-smoker, in their advertisements stating the following:

“Brother national socialist, do you know that your Fuhrer is against smoking and thinks that every German is responsible to the whole people for all his deeds and omissions, and does not have the right to damage his body with drugs?”^{19(p.54)}

Anti-smoking initiatives were also distributed to paramilitary organizations and Nazi party youth movements such as the Hitler Youth and its female counterparts, the League of German Girls and the Federation of German Women. Restrictions on cigarette labeling were also in place. Advertisements implying smoking had hygienic purposes or any gender associations towards masculine or feminine imagery were banned. The Nazis also implemented smoking cessation programs. These included psychological counseling, nicotine gums, methods to make cigarettes distasteful using silver nitrate mouthwash, and transpulmin injections said to bond with the terpenes and aromatic compounds in tobacco that produced a disagreeable sensation. Researchers developed ways of producing low-nicotine and nicotine-free tobacco. All part of a broader public health initiative that emphasized preventative medicine.^{37, 38}

Anti-smoking activists reminded the public that Hitler stopped smoking as early as 1919 along with Fascist leaders' Mussolini and Franco, whereas Allied leaders Churchill, Stalin, and Roosevelt were habitual smokers.^{39, 40} Taxes levied on tobacco generated a considerable portion of the national tax income. By the 1930s, the *Sturmabteilung* (Stormtroopers) financed more than half of their activities from their own *Sturmzigarette* brand and in 1941 taxes on tobacco produced over eight percent of the government's revenue.^{29, 41}

Despite these initiatives, tobacco consumption continued to rise in the 1930s. Tobacco use between 1907 and 1935 increased 500% and between 1932 and 1935, cigarette consumption per capita increased from 570 to 900 cigarettes per year.⁴² It was not until the latter years of the war did tobacco consumption decrease dramatically. However, it is uncertain whether this was due to the anti-tobacco public health campaigns or the rationing and the economic hardships of the war.⁴³

Balancing Autonomy and Collective Responsibility

Since the end of the Second World War, tobacco industries have evoked Nazi rhetoric in the attempt to marginalize public health and tobacco control advocacies. Tobacco industries and smokers' rights groups have suggested the rhetoric of Nazism having utilized this strategy to describe anti-smoking authorities and public health advocates as 'fascists' who discriminate against smokers. Nazism's strict approach to tobacco control may have deterred German society from pursuing anti-tobacco policies in a post-1945 Germany. Proctor stated that anti-smoking campaigns are not intrinsically fascist or oppressive and such rhetoric should not deter public health media advocates from educating the public on the harmful consequences of tobacco.^{44, 45}

Today, the case of smoking has been partially solved by the discovery of the deleterious effects of passive smoking. The fact that second-hand smoke can kill non-smokers has provided a prevailing argument to interfere with smokers' behavior. However, considering the American Public Health Association 'code of ethics' regarding the rights of the individuals to achieve community health, health education programs and priorities should be thoroughly evaluated using courses of action and strategies that ensure opportunities for input from the community.

Conclusion & Implications

The collapse of the Third Reich and the notorious stigma subsequently attached to Nazi medicine meant that much of Germany's cancer pioneers and its subsequent research were overshadowed. It could be said that the scientific community ignored much of the research claiming that sound research could not have been done by Nazi scientists. Though the regime was obsessed with cancer, the use of the term was both a public health concern and a social phenomenon that described the Jews, communists, and the antisocial as 'cancerous' to the body politic of the Reich. To the Nazis, society was just a synergistic compilation of multiple individuals that made up the Nazi organism.

The Nazis were primarily interested in preventive medicine and public health to the end effect of serving the National Socialist ideals of advancing a healthy and vigorous German public. The promotion of these lifestyles only fitted the grand scale of racial hygiene movement. Since Nazi wishes were to encourage its citizens to live a healthy life, it seemed only logical that such a State sought to discourage or

ban what was seen as harmful to its cultural health. Nevertheless, tobacco remained a legal product even under state funded anti-tobacco propaganda and legislation. The level of ambivalence observed in Nazi anti-smoking policies indicate the necessity for a clear and consistent body of federal and state laws that present a clear message regarding smoking and tobacco use.

Significant lessons maybe learned from the anti-tobacco movement of Nazi Germany. Nazi tobacco prevention strategies may have revealed to health educators and tobacco control advocates that state-sanctioned policies and paternalistic approaches to battle tobacco use may not be as effective or ethically justifiable as utilizing health education strategies, models and constructs intended to target specific beliefs, attitudes, and perceptions of smokers. Such effective health education strategies that do not impose on personal freedoms include implementing mass-media and counter-marketing campaigns, creating accessible and affordable options to assist people to quit smoking, and implementing evidence-based strategies to reduce tobacco use.

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References

1. Proctor RN. *The Nazi war on cancer*. Princeton, NJ: Princeton University Press; 1999.
2. Concar D. Hitler's healers. *New Sci*. 1999; 162: 48.
3. Spitz V. *Doctors from Hell: The horrific account Of Nazi experiments on humans*. Boulder, CO: Sentient Publications; 2005.
4. Khidir M, Elnimeiri M. Nuremberg Code: A landmark document on medical research ethics. *Sudan J Public Health*, 2008; 3(2): 94-96.
5. Monaghan P. Delicately, a historian of science examines the Nazis' public-health campaigns. 1999. Available at <http://chronicle.com/article/Delicately-a-Historian-of/15678/>

6. Proctor RN. Nazi science and Nazi medical ethics: some myths and misconceptions. *Perspect Biol Med.* 2000; 43(3): 335-346.
7. Proctor RN. Why did the Nazis have the world's most aggressive anti-cancer campaign? *Endeavour.* 1999; 23(2):76-79.
8. Anheier HK. Studying the Nazi party: "clean models" versus "dirty hands". *Am J Sociol,* 1997; 103(1), 199-209.
9. U.S War Department Office of the United States Chief Counsel for Prosecution of Axis Criminality. *Nazi Conspiracy and aggression Volume IV.* United States Government Printing Office, Washington, DC; 1946
10. Biddiss M. Disease and dictatorship: the case of Hitler's Reich. *J R Soc Med.* 1997; 90(6): 342-346.
11. Blaich R. Health reform and race hygiene: Adventists and the biomedical vision of the Third Reich. *Ch Hist.* 1996; 65(3): 425-440.
12. Lemieux P. Heil health. *Independent Rev.* 1999; 4(2): 303-306.
13. Proctor RN. The anti-tobacco campaign of the Nazis: a little known aspect of public health in Germany, 1933-45. *BMJ.* 1996; 313(7070): 1450-1453.
14. Lickint F. Tobacco and tobacco smoke as an etiological factor of carcinoma [in German]. *Zeitschrift fur Krebsbekämpfung [Journal of Cancer].* 1929; 30: 349-365.
15. Mertens VE. Is cigarette smoke the cause of lung cancer [in German]? *Zeitschrift fur Krebsbekämpfung [Journal of Cancer].* 1930; 32: 82-91.
16. Muller, F.H. Tobacco abuse and carcinoma of the lungs [in German]. *Zeitschrift fur Krebsbekämpfung [Journal of Cancer].* 1939; 49: 57-85.
17. Proctor RN. The history of the discovery of the cigarette – lung cancer link: evidentiary traditions, corporate denial, global toll. *Tob Control.* 2012; 21(2): 87-91.
18. Schairer E, Schoniger E. Lung Cancer and Tobacco consumption [in German]. *Zeitschrift fur Krebsbekämpfung [Journal of Cancer].* 1943; 34: 261-269.
19. Dostrovsky N. Anti smoking initiatives in Nazi Germany: research and public policy. *Uni West Ont Med J.* 2008; 78(1):53-56.
20. Roffo AH. Tobacco as a cancer-causing agent [in German]. *Deutsche Medizinische Wochenschrift [German Medical Weekly].* 1937; 63: 1268.
21. Roffo AH. The carcinogenic element in various tobacco tars [in German]. *Deutsche Medizinische Wochenschrift [German Medical Weekly].* 1939; 65: 963-967.
22. Roffo AH. The carcinogenic effects of Tobacco [in German]. *Monatsschrift für Krebsbekämpfung [Monthly Journal of Cancer].* 1940; 8(5): 97-102.
23. Proctor RN. Angel H Roffo: the forgotten father of experimental tobacco carcinogenesis. *Bull World Health Organ.* 2006; 84(6): 494-496.
24. Roffo AH. Tobacco-induced cancer in rabbits [in German]. *Zeitschrift fur Krebsforschung [Journal of Cancer].* 1931; 33: 321.
25. Roffo AH. Tobacco as a carcinogen [in Spanish]. *Boletin del Instituto de Medicina Experimental [Bulletin of the Institute of Experimental Medicine].* 1936; 42: 287-336.
26. Davey Smith G. Lifestyle, health, and health promotion in Nazi Germany. *BMJ.* 2004; 329(7480): 1424-1425.
27. Doll R. Uncovering the effects of smoking: historical perspective. *Stat Methods Med Res.* 1998; 7(2): 87-117.
28. Nicolaidis-Bouman A, Wald N, Forey B, et al. *International smoking statistics.* Oxford, UK: Oxford University Press; 1994.
29. Lewy J. A sober Reich? Alcohol and tobacco use in Nazi Germany. *Subst Use Misuse.* 2006; 41(8): 1179-1195.
30. Proctor RN. Cigarette smoking and health promotion in Nazi Germany. *J Epidemiol Community Health.* 1997; 51(2): 208-214.
31. Doyle D. Adolf Hitler's medical care. *J R Coll Physicians Edinb.* 2005; 35(1): 75-82.

32. McDermott RJ, McCormack KR. Tobacco use among women in Germany: a brief historiography. *Int Electron J Health Educ.* 2001; 4: 67-73.
33. Gruning T, Strunck C, Gilmore AB. Puffing away? Explaining the politics of tobacco control in Germany. *Ger Polit.* 2008; 17(2): 140-164.
34. Bachinger E, McKee M, Gilmore A. Tobacco policies in Nazi Germany: not as simple as it seems. *Public Health.* 2008; 122(5): 497-505.
35. Bachinger E, McKee M. Tobacco policies in Austria during the Third Reich. *Int J Tuberc Lung Dis.* 2007; 11(9): 1033-1037.
36. *Muenchner Medizinische Wochenschrift [Munich's Medical Weekly].* 1941; 88: 745-772.
37. Zimmermann S, Egger M, Hossfeld U. Commentary: Pioneering research into smoking and health in Nazi Germany--the 'Wissenschaftliches Institut zur Erforschung der Tabakgefahren' in Jena *Int J Epidemiol.* 2001; 30(1): 35-37.
38. Proctor RN. The Nazi war on tobacco: ideology, evidence, and possible cancer consequences. *Bull Hist Med.* 1997; 71(3): 435-488.
39. Proctor RN. Bitter pill. *Sciences (New York).* 1999; 39(3): 14-19.
40. Proctor RN. On playing the Nazi card. *Tob Control.* 2008; 17(5): 289-290.
41. Proctor RN. The global smoking epidemic: a history and status report. *Clin Lung Cancer.* 2004; 5(6): 371-376.
42. Moore R. Can 'good science' come from unethical research? *J Biol Educ.* 2002; 36(4): 170-175.
43. Proctor RN. Commentary: Schairer and Schoniger's forgotten tobacco epidemiology and the Nazi quest for racial purity. *Int J Epidemiol.* 2001; 30(1): 31-34.
44. Schneider NK, Glantz SA. "Nicotine Nazis strike again": A brief analysis of the use of Nazi rhetoric in attacking tobacco control advocacy. *Tob Control.* 2008; 17(5): 291-296.
45. Mackenbach JP. Odol, Autobahne and a non-smoking Fuhrer: Reflections on the innocence of public health. *Int J Epidemiol.* 2005; 34(3): 537-539.