

INTRODUCTION: JEWISH WOMEN MEDICAL PRACTITIONERS IN EUROPE BEFORE, DURING AND AFTER THE HOLOCAUST

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This issue of *Nashim* presents a collection of articles that examine gendered aspects of the history of Jewish medicine in Europe, by exploring the roles and activities of Jewish women in the nursing and medical professions in the mid-twentieth century, before, during and after the Holocaust.

Academic study of medicine during the Holocaust—both Nazi and Jewish—developed relatively late compared to other aspects of Holocaust research. The seeds of research on Jewish medical activity in the ghettos and camps, which began during the Holocaust itself and was continued in its immediate aftermath by Holocaust-survivor physicians, was shunted aside by other topics that troubled historians studying the “victim,” particularly Jewish leadership, Jewish resistance, and the roles of “bystanders” both inside and, primarily, outside German-occupied countries. In the field of the study of Nazi medicine, German physicians, who had served under the Nazis and continued to hold senior medical positions after the war, were instrumental in the deliberate silencing of research, so as to conceal the nefarious crimes committed by the German medical system and their personal involvement in these atrocities.¹

Renewed interest in Nazi medicine began in the 1980s, preceding the revival of the study of Jewish medicine and influencing the latter’s acceleration. The demise of the aging German physicians who had suppressed research on the subject, as well as the effects of the end of the Cold War, led to a dam-burst of new studies, starting in the 1980s, with a new wave since the start of the new century.² To date, however, very little has been written on gender issues as a significant subdiscipline of this field. Conspicuously absent, in particular, is a description of the central role of women in forming the medical systems established independently by the Jews in the interwar period, during the Holocaust and in its aftermath.³

From the end of the nineteenth century until the outbreak of World War II, following the opening of universities in Europe to women, the number of female university students grew steadily. However, Jewish women who wished to study medicine nevertheless faced great obstacles. Parents frequently objected, because they foresaw difficulties for their daughters in finding a match: Convention dictated

that a woman hold a lower position than her husband. Within the medical faculties, female Jewish students had to cope with derision and sexual harassment from male lecturers and students as well as antisemitism.⁴ Considering these difficulties, it is impossible not to be struck by the number of young Jewish women who flocked to study the profession, to the extent that they constituted a high proportion of all female medical students in the 1930s, until Hitler's rise to power.⁵ Jewish women were enthusiastic about penetrating formerly all-male occupations. The first Jewish female university students largely came from assimilated families that did not observe the religious traditions, but others came from modern-Orthodox homes and completed their studies while maintaining a religious lifestyle.⁶

This trend among Jewish women to study medicine produced a rise in the number and proportion of Jewish women doctors throughout Europe. In the Warsaw Ghetto, there were over 160 women doctors—around 20% of the approximately 730 doctors.⁷ About 350 nurses qualified at the Jewish school of nursing established in Warsaw during the interwar period, and about eighty more studied there in the ghetto. A list of the 2,800 Polish Jewish physicians who perished during the Holocaust, memorialized in a book dedicated to them by Polish Jewish physicians who had immigrated to the United States, includes nearly 400 female physicians—around 15% of this partial list of victims.⁸

In central and west European countries, secularization and modernization led to increased integration and assimilation among the Jewish intelligentsia and white-collar professionals. Hence, no nationwide Jewish medical organization was created, as in Poland, but the percentage of Jews in medicine was still far greater than their percentage in the general population, and the same was true of Jewish women.⁹ For example, on the eve of World War I, Jewish women constituted 11% of all students at Prussian universities and almost 30% of all the medical students. At the University of Vienna, where 34% of all female students were Jewish, they constituted 60% of all female medical students. After World War I, the number of female Jewish students continued to grow, though their overall proportion among female students decreased. In 1932, on the eve of Hitler's rise to power, female Jewish physicians comprised 40% of the 722 female doctors in Berlin, and their number was even higher in Vienna.¹⁰ At that time, about 17% (9,000) of the approximately 53,000 doctors in Germany were Jewish, though Jews constituted only 0.8% of the general population.¹¹

Although a few women succeeded in entering academia as lecturers and researchers, many found their niche in private practice, usually specializing in pediatrics, gynecology, ophthalmology, or, particularly after World War I, psychiatry. There were some notable exceptions to this general rule. Rebecca Schwoch discusses the biography of the German Jewish physician Johanna Hellmann (1889–1981), a pioneer in surgery. Schwoch follows milestones in Hellmann's life, based on her memoir and documents in her estate. Notwithstanding the obstacles facing a Jewish woman seeking to pursue higher education and medical studies before World War I in Germany, Hellmann was undeterred from fulfilling her ambition to

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become a surgeon. Along the way, she converted to Christianity—as was typical of many Jewish doctors in the interwar period—and her career reached a peak when she became medical director of a hospital run by the Salvation Army in Berlin. However, in 1938, following the revocation of Jewish physicians' licenses, she was forced to flee, penniless, to Sweden. Although she resumed practicing medicine after the war, she never again enjoyed the success and prestige she had had in Berlin. Schwoch sets Hellmann as a role model for female surgeons, who, even today, are still few in number in Germany.¹²

In the ghettos, women among the medical and nursing staff expressed their resentment of discrimination on gender grounds. For example, a protocol documenting a strike initiated by female nurses and doctors in the Bersohn and Bauman Children's Hospital in Warsaw, deposited in the Ringelblum archive of documents preserved in the ghetto, illustrates the female staff's determination to stand up for their rights and make their voices heard:

The general assembly of all hospital workers, more than 120 people, has begun . . . Mrs. Dr. K. has the floor: We have gathered again to discuss the decisions we must make, so that we may receive at least some of the wages. . . . The auxiliary nurse S. has the floor. . . . Despite all the exhausting work, we cannot buy ourselves even a piece of bread. . . . Every day somebody faints from hunger at a bedside. . . . We'll strike because there's no other way. . . . The motion is up for a vote. Everyone is in favor of striking. . . .

When it is time to act, it seems that the male doctors begin to whisper to each other. Suddenly a motion is presented to the presidium: "We group of men have decided not to strike for special reasons that we're prepared to explain. The Kommissar said that striking means sabotage and the punishment for that is death by shooting." . . . We women explain that such behavior is indecent and a terrible act of treachery. . . . Sure, the doctors still do not know what hunger is . . . but we have nothing to lose. We're starving to death anyway, every day.¹³

The Holocaust period confronted the Jewish medical staff in the ghettos and camps, female and male alike, with unprecedented challenges of providing medical care under extreme conditions seen only in situations of genocide or mass atrocities. Studies reveal that in most of the large and medium-sized ghettos, the medical workers and ghetto leadership established professional medical systems offering hospitalization and ambulatory treatment based on modern medical concepts and public health principles. Alongside the provision of emergency treatment, medical training continued (an underground medical faculty was established in the Warsaw Ghetto), and diseases that spread through the ghettos were researched.¹⁴ The historical sources show that female physicians and nurses not only contributed much to the formation and functioning of these systems, but they also held key positions and played significant roles in them.

In their articles in this issue, Noa Gidron, Margalit Shlain, and Wiebke Lisner discuss the activity of female Jewish physicians, nurses and midwives in different regions and periods under Nazi occupation.

Gidron's article profiles Jewish physicians and nurses who saved fellow Jews in the ghettos, the camps and among the partisans in the forests. Official recognition of the phenomenon of Jews who saved Jews under Nazi occupation began as late as the 2010s, and those honored thus far for their outstanding initiative and bravery include numerous female doctors and nurses. Based on the examples of some twenty female doctors and nurses who were active in the areas occupied by the Nazis, Gidron shows that their actions had similar characteristics and motives. Like the non-Jewish individuals who have been recognized as "Righteous Among the Nations," they risked their lives beyond the call of duty and the demands of the Hippocratic Oath.

Research on the medical aspects of the Theresienstadt Ghetto has given attention mainly to the role of physicians, although the heavy daily burdens were largely shouldered by nurses. Margalit Shlain focuses on the nurses' largely overlooked contribution to the establishment of medical care in the ghetto, while presenting their human experience under the extreme conditions of a ghetto populated largely by older people. Shlain includes a rich variety of excerpts from nurses' testimonies and memoirs, opening a window into the world of nursing and daily life in what was falsely portrayed by Nazi propaganda as a "show camp" that provided tolerable living conditions. Many nurses persevered in their roles over prolonged periods, despite the worsening conditions. By continuing to offer their patients humane care and compassion, these women demonstrated that human values can be maintained even in challenging and inhumane circumstances.

Focusing on midwives and childbirth in occupied Łódź and particularly in the Łódź Ghetto, Wiebke Lisner's article examines the implementation of German policy in the western regions of occupied Poland that were annexed to the Reich, and its implications for German, Polish and Jewish midwives. Pregnancy, childbirth and parenthood were central to the biopolitics and Germanization policies of the Nazis. To increase the German population, German mothers' benefits were expanded, while the "inferior" Polish population's benefits were cut to a minimum to weaken its "biological strength." Jews, considered "racial enemies," were violently excluded from all care. Lisner shows how German midwives facilitated the implementation of Nazi racial policy and served as agents of "systemic violence," while Polish and Jewish midwives, though they experienced devastating repercussions, acted as agents for developing strategies to cope daily with births, midwifery and survival. Within the overall context of the occupation, Lisner points to the unique situation of the Jewish population. From the start, Jewish midwives were excluded and forbidden to offer assistance to non-Jews. Under the harsh ghetto conditions, the Jewish Council established professional obstetric care, reflecting the Jews' resistance and clinging to life—until the bitter end.

An examination of this phenomenon in its broad historical context indicates a continuity of Jewish medical activity patterns before, during and after the Holocaust. In general, Jewish society underwent accelerated secularization and modernization during the interwar period, manifested in the medical field by the large and growing numbers of Jewish medical students of both genders. The proportion of female Jewish students in this field and their inclusion in groundbreaking medical roles during the interwar and Holocaust periods exemplify the nature of the Jewish response to the Nazi persecution as the product of a modern society.

In independent Poland, which had the largest concentration of Jews in interwar Europe, the Jewish health care organization TOZ (Towarzystwo Ochrony Zdrowia Ludności Żydowskiej), established in 1921, ran some 400 medical institutions for Poland's 3.5 million Jews. As a response to independent Poland's illiberalism and intolerance of minorities, especially Jews, a separate, independent, Jewish culture of belonging developed, notwithstanding the disputes and sectarianism within the Jewish population, spurred by turn-of-the-century transformations.¹⁵ Rising anti-semitism during the 1930s and the exclusion of Jewish doctors from professional organizations and public medical associations accelerated the development of the nationwide Jewish medical system. Many Jewish medical students driven to study abroad by the *numerus clausus* restricting the admission of Jews to Polish universities came back equipped with state-of-the-art medical knowledge acquired in the developed countries of central and western Europe.¹⁶ The proportion of Jews in the medical professions was very high, considering that they constituted only 10% of the population. In 1931, for example, there were 4,488 self-employed Jewish physicians, more than half of all the private physicians in Poland, and 2,256 Jewish pharmacists and laboratory workers—a quarter of all the workers in those fields.¹⁷ On the eve of World War II, there were approximately 3,500 Jewish physicians in Poland, and more than 40 Jewish hospitals.¹⁸

Angieszka Witkowska-Krych's article sheds light on the biography of Dr. Anna Braude-Heller, one of the most prominent female Jewish physicians in Poland during the interwar period and the Holocaust. Braude-Heller has already received research attention, particularly in publications describing the medical system in the Warsaw Ghetto, but she has yet to be the subject of a biographical article, as befits a leader of pioneering projects in Polish Jewish society after World War I. She dedicated her life to the development of social medicine in the fields of pediatrics and gynecology and was director of the Bersohn and Bauman Jewish Children's Hospital in Warsaw from 1930 and until its liquidation during the Warsaw Ghetto uprising in April 1943. Witkowska-Krych adds pieces to the large puzzle of Braude-Heller's life, activity and views, on the assumption that "rediscovering this microhistory" can shed light on the fateful decisions taken by Braude-Heller at crucial moments in her role as a hospital director in the ghetto, including her choice to stay with her patients until the end, forgoing a chance to escape into hiding. Dr. Moshe Tursz, a member of the TOZ administration in Warsaw, testified that Braude-Heller was an outstanding physician and social activist whose "name should be engraved in gold

as one who outstandingly fulfilled her role in the history of the ghetto and was an example of endless self-sacrifice.”¹⁹

Female physicians, nurses and medical staff had to cope with the terrible ethical dilemmas born of the appalling conditions imposed on the Jews during the Holocaust. Ruth J. Weinberger investigates three women who were forced to assist in the horrific medical experiments conducted in Block 10 in Auschwitz. The three Nazi doctors who conducted the experiments, Carl Clauberg, a gynecologist, Horst Schumann, one of the leading doctors in the Aktion T4 euthanasia program, and Eduard Wirths, the head SS doctor at Auschwitz, enlisted female Jewish doctors and nurses to assist in their use of women inmates for research on sterilization methods and pre-cancerous growths of the uterus. Weinberger describes the roles of the youthful Sylvia Friedmann, an experienced nurse from Slovakia, Sonja Fritz, a native of Vienna considered half-Jewish by the Nazis, and Dr. Alina Brewda, a gynecologist and obstetrician from Warsaw. All three survived the war. Based on their own testimonies, on interviews with survivors of the experiments, and on testimonies given during legal proceedings against Clauberg and Schumann, Weinberger reconstructs some of the three women’s activities, compares their backgrounds and endeavors, without judging, to present some broader observations about their behavior and choices.²⁰

Prominent in several of the articles included herein and in a number of testimonies are the issues of pregnancy and abortion, which led to terrible dilemmas for pregnant women and medical staff. Scholars Beverley Chalmers and Annette Finley-Croswhite observe that the methods employed by the Nazis in their effort to destroy Jewish fertility have been neglected in Holocaust research. Finley writes:

The womb was a killing field, an interior landscape where potential Jewish life was formed, and its destruction not only created another bloody battleground on which the Holocaust was fought, but also affected seriously the demographic realities of Jewish people for generations to come.²¹

In ghettos where childbirth was banned, such as the Lithuanian ghettos established for forced labor once the Final Solution had been set in motion, in the second half of 1941, the ghetto leaders and medical staff had to cope with this cruel decree. For example, according to protocols and diaries left behind in the Siauliai Ghetto, the Jewish authorities there permitted abortion on the basis of the halakhic principle that the mother’s life takes precedence over that of the fetus.²² Indeed, faced with the German policies, under which a pregnancy put the mother, her family and the entire ghetto in great peril, there was no choice but to abort all pregnancies or, at more advanced stages, to deliver the babies and put them to death. Many abortions were performed in that ghetto, though a very small number of women refused abortion and gave birth, in the hope of being able to raise their children after the war. Following the *Aktion* in which all the children were cruelly deported from the ghetto, some women in advanced stages asked to end their pregnancies, appreciating

the impossibility of caring for their newborns under the worsening conditions in the ghetto.²³

The heightened dilemmas that faced physicians during deportations and in the extermination camps instantiated what American philosopher Thomas Nagel has called “bad circumstantial luck,” when any choice made by an individual entails a heavy moral price.²⁴ Some, for example, had to decide whether to try to save themselves at the price of abandoning their patients, or whether to risk contracting serious illnesses by continuing to treat them. Some were ordered to perform selections in the hospital wards in the ghetto and determine whom to deport, and some decided to euthanize patients without their knowledge to spare them torturous deaths during the *Aktions*.²⁵ The medical staff was constantly faced by such ethical questions, and the moral challenge seems to have been one of the dominant experiences of their work in the ghettos and camps. No study to date has compared the decisions of male and female doctors when faced with such dilemmas, but many female doctors and nurses testified in this regard.

The three closing articles in this issue of *Nashim* follow the biographies of several female physicians who survived the Holocaust and went on to gain international renown in their areas of expertise.

Sean Martin’s article enriches our knowledge of the personality and activity of child psychiatrist Dr. Zofia Szymańska, née Rosenblum (1888–1978). Born in Łódź, she dedicated her life to child welfare, faithfully serving Jewish and Polish communities alike. She was a leading figure in the medical community in Warsaw throughout the twentieth century, before, during and after World War II. She earned international acclaim and served as Vice-President of the International Society of Psychiatrists. Inter alia, she founded a clinic in Warsaw for children with special needs and led the Therapeutic and Educational Institution in Otwock, one of the only special needs institutions in Poland for children, under the auspices of CENTOS, the Jewish umbrella organization for the care of Jewish orphans. In the Warsaw Ghetto, she continued to work as a physician in CENTOS institutions until the deportations of August 1942. After spending the remainder of the war in hiding, she resumed working in her specialist field in Poland. Her career sheds light on the history of the development of child welfare services, as philanthropy was transformed into professional social work; on the contributions of Jewish and Polish women to this field; and on the history of juvenile crime and punishment and the development of special needs education among Polish Jewry.

Monika Rice’s article illustrates the difficulties of belonging and identity that were an inseparable part of Jewish women’s road to a medical degree and a professional career. Rice discusses the complex identities of physician and anthropologist Krystyna Modrzewska (1919–2008), née Mandelbaum, a native of Warsaw, who converted to Catholicism as a student. She survived the Holocaust under a false name while playing a double role as a translator for the German administration and simultaneously working for the Polish Underground (AK). Although she and her mother were saved by a Polish priest, her prewar Polish patriotism was undermined

by the indifference and hostility toward the Jews that she witnessed during the war. Once the war was over, this did not prevent her from remaining in Poland, studying medicine and developing a successful career. It was the antisemitic events of March 1968 that drove her to migrate to Sweden, where she carried out anthropological research and completed a second doctorate. After her retirement, she devoted the rest of her life to writing. Rice focuses on the three “selves” identifiable in Krystyna Modrzewska’s biography: Polish Jewish, transsexual, and Catholic. In analyzing Modrzewska’s autobiographical writings and her ethnic Polish-Jewish, gender and religious identity, Rice contributes to our understanding of the experiences of the female Jewish doctors who fought to establish their status during the interwar period, a process sometimes accompanied by conversion.

Many female Jewish physicians were at the forefront of promoting reforms to raise the status of women. Their political leanings were generally liberal-socialist, and some joined left-wing movements. The concluding article, by Cynthia Gabbay, looks at the autobiographical writings of two Jewish women medical practitioners who were among the 40,000 volunteers from 53 nations, including around 9,000 Jews, who joined the International Brigades to support the Spanish democratic government against the nationalist rebels during the Spanish Civil War (1936–1939). Micaela Feldman Etchebehere, a dentist born in the Argentinian cooperative Jewish colony of Moisésville, captained a militia of the POUM (the Workers’ Party of Marxist Unification) and a unit of the 14th Division of the Anarchist Battalion of the Spanish Republican Army. Psychoanalyst Marie Lisbeth Glas Hauser—or Marie Langer, as she was later known—a native of Vienna and a member, at the time, of the Communist Party, assisted with surgeries in the emergency wards at the University Hospital of Murcia. Later, fleeing the Nazis, Langer migrated to Uruguay and then to Argentina, where she helped found a psychoanalytical school and developed her Marxist and feminist worldview. Persecuted by the right-wing government in Argentina, she migrated again to Mexico, where she co-founded the Internationalist Team for Mental Health, supporting women in revolutionary Nicaragua. Gabbay analyzes these two women’s narratives for traces of their identities as participants in the secular Jewish intelligentsia, as well as their feminist and cosmopolitan outlooks. Their writings add to the broad picture of female Jewish doctors’ actions, development and contributions in the twentieth century.

The fate of the female Jewish doctors and nurses, who worked in the various regions under Nazi occupation was no different than that of the rest of the Jews in the ghettos and camps. For most of them, their long, exhausting and dangerous medical service, under impossible conditions, culminated in extermination. Their individual loss was also a great loss to the development of medicine in general, and Jewish medicine in particular. The historian Emanuel Ringelblum, who headed the underground “Oneg Shabbat” archive in the Warsaw Ghetto, before he was killed with his wife and son on the Aryan side of the city, aptly described the final journey of the male and female medical staff:

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We previously mentioned the passive and quiet heroism of the educators, beginning with Dr. Korczak. We recounted how they walked to their deaths willingly, accompanying the children whom they had been nurturing for years. The doctors and nurses at the Jewish Hospital on Stawki [St.] ... which bordered [the Umschlagplatz] ... where the shouts and cries of the deportees were audible, comported themselves similarly. Everyone knew that the hospital would not be spared deportation. There were dozens of examples of this in the rural towns, in Lublin, and elsewhere. Therefore, some doctors and nurses left. However, a group of a few dozen doctors and nurses remained and did not abandon the patients until the last moment. When that tragic moment came, and more than 1,000 sick people were loaded into the [railroad] cars, a handful of doctors and nurses went with them. Such was the comportment of the people whom the Nazis deemed subhuman.²⁶

The female physicians and medical staff who survived the Holocaust migrated to different countries. Some attempted to rehabilitate their lives and careers in Poland; a larger number migrated to various European countries and overseas; and some 260 were among the approximately 1,300 survivor physicians who immigrated to the fledgling State of Israel, where they constituted an important element in establishing the health services and absorbing tens of thousands of immigrants.²⁷ Despite the losses and difficulties, many female physicians managed to recover, to resume working in their profession and to develop their careers, and even to earn international renown. Some went on to recount their own histories and those of their colleagues who perished.

The articles in this issue of *Nashim* provide insight into the hundreds of female Jewish physicians, nurses and midwives who worked between and during the world wars, in the storm of world revolutions and amid the upheavals undergone by the Jewish people. Many of them emerge as trailblazers, fighting for their freedom and rights. They did not hesitate to cross gender and spatial boundaries as they explored their national and cosmopolitan identities and strove to do their chosen work and to climb the career ladder. Many of them demonstrated social responsibility for their communities and sensitivity to weak sectors. Some carried their Jewish identity with pride, while others shed their religious background and relinquished family life on the road to professional achievements. During the Holocaust, they drew on their rich professional experience to fulfill key roles in forming the medical systems in the ghettos and in the struggle to preserve health and life in the camps and forests. Their paths were fraught with difficulties and quandaries, leading some of them to painful postwar soul-searching in relation to their decisions and life courses.

This issue of *Nashim* is dedicated to Dr. Sofia Syrkin-Binstein. A successful doctor of internal medicine who devoted her life to advancing health and medicine in Jewish society, she helped found and manage the Jewish health organization TOZ, was a prominent activist in the Joint Distribution Committee and the Jewish Medical Association, and served as chair of the Organization of Jewish Women (IFO) and

in other public roles. She held key health care positions in the Warsaw Ghetto and was the only female physician to participate in directing the ghetto health department, alongside renowned physician Dr. Israel Milejkowski. After World War I and in the ghetto, Dr. Syrkin Binstein led the struggle to eradicate epidemics. In 1943, during their deportation to Treblinka, she and Milejkowski, together with several other senior colleagues, are thought to have committed suicide.²⁸

These articles are an important contribution to the study of the history of the Jewish people, and of gender, medicine, the Holocaust and rehabilitation. They expose the need for more in-depth study of gender and Jewish medicine, before, during and after the Holocaust.

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Notes:

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2. Eadem, *White Coats in the Ghetto: Jewish Medicine in Poland during the Holocaust* (Jerusalem: Yad Vashem, 2020), pp. 33–48.
3. See, for example, recent studies on women in the ghettos: Juliet D. Golden, "'Show That You Are Really Alive': Sara-Zofia Syrkin Binsztejnowa's Emergency Medical Relief and Public Health Work in Early Interwar Poland and the Warsaw Ghetto," *Medizinhistorisches Journal*, 53/2 (2018), pp. 125–162; Maria Ciesielska, "To Care for Children on Their Way and Beyond—History of Female Doctors from the Warsaw Ghetto Who Stood with Their Patients Until the Very End," *Acta Historiae Medicinae—Journal of the History of Medicine* (2016), no. 1, pp. 1–6. For a summary on the subject of gender and the Holocaust, see the introduction by Dalia Ofer to *Nashim*, no. 27 (Fall 2014): *Gender and the Holocaust: New Research*.
4. Harriet Pass Freidenreich, "Jewish Women in Medicine in the Early 20th Century," in Natalia Berger (ed.), *Jews and Medicine: Religion, Culture, Science* (Philadelphia–Jerusalem: Jewish Publication Society, 1995), pp. 185–193; Nissim Levy and Yael

- Levy, *Rofeha Shel Eretz Yisra'el 1799–1948 (Physicians of the Holy Land 1799–1948)* (Zikhron Ya'akov: Itai Bahur, Israel Medical Association, Ramat Gan, 2012), p. 72.
5. John M. Efron, *Medicine and the German Jews: A History* (New Haven: Yale University Press, 2001), pp. 235–236.
 6. Freidenreich, “Jewish Women in Medicine” (above, note 4), p. 185.
 7. Maria Ciesielska, *Lekarze Getta Warszawskiego* (Warsaw–Kobyłka: Wydawnictwo Dwa Światy, 2018), pp. 290–311.
 8. Louis Falstein (ed.), *The Martyrdom of Jewish Physicians in Poland* (New York: Exposition Press, 1963).
 9. Offer, *White Coats in the Ghetto* (above, note 2), p. 642.
 10. Edward Seidler, *Kinderärzte 1933–1945 entrecht-geflohen-ermordet* (Bonn: Bouvier, 2000), pp. 72–73; Efron, *Medicine and the German Jews* (above, note 5), pp. 235–236.
 11. Hans-Peter Kröner, *Sonderheft: Die Emigration deutschsprachiger Mediziner in Nationalsozialismus in Berichte zur Wissenschaftsgeschichte* (Weinheim: VCH, 1989), p. 2.
 12. On the achievements of Jewish doctors in Germany and their fate under the Nazi regime, see, e.g.: Rebecca Schwoch (ed.), *Berliner jüdische Kassenärzte und ihr Schicksal im Nationalsozialismus* (Berlin: Hentrich & Hentrich Teetz, 2009); Susanne Doetz and Christoph Kopke, “Und dürfen das Krankenhaus nicht mehr betrete”: *Der Ausschluss jüdischer und politisch unerwünschter Ärzte und Ärztinnen aus dem Berliner städtischen Gesundheitswesen, 1933–1945* (Berlin: Hentrich & Hentrich, 2015); and Anna von Villiez, *Mit aller Kraft verdrängt: Entrechtung und Verfolgung “nicht arischer” Ärzte in Hamburg 1933 bis 1945* (Munich: Dolling u. Galitz, 2009).
 13. Testimony of an anonymous nurse at Bersohn and Bauman Children’s Hospital: Report on the organization of a strike. Yad Vashem Archives, M10/AR.1/1099.
 14. Almost every large Jewish center had a health care system. The existence of a Health Department in many Judenräte attests to this. See Isaiah Trunk, *Judenrat: The Jewish Councils in Eastern Europe under Nazi Occupation* (New York: Macmillan, 1972), chaps. 4 and 7. Several studies have described the Jewish medical systems in the ghettos and in different regions under Nazi occupation. See, e.g., Michael A. Grodin (ed.), *Jewish Medical Resistance in the Holocaust* (New York–Oxford: Berghahn, 2014), pp. 59–178.
 15. Ezra Mendelsohn, *The Jews of East Central Europe between the World Wars* (Bloomington: Indiana University Press, 1983), p. 82.
 16. Miriam Offer, *White Coats in the Ghetto* (above, note 2), p. 643.
 17. Mendelsohn, *Jews of East Central Europe* (above, note 15), p. 27; Raphael Mahler, *Yehudei Polin bein shtei milhamot ha’olam: Historiyah kalkalit–sotziyalit be’or hase-tatistikah* (Polish Jewry between the world wars: A Socioeconomic history in light of the statistics; Tel Aviv: Dvir, 1969), p. 159.
 18. Falstein (ed.), *The Martyrdom of Jewish Physicians* (above, note 8), pp. 46–47.
 19. Dr. Moshe Tursz, testimony, Yad Vashem Archives, O.3/438, pp. 16–18.
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 22. Mishnah *Ohalot* 7:6: “If a woman is in difficulty giving birth, they cut up the child in her womb and bring it forth limb by limb, because her life comes before the life of [the child].”
 23. Miriam Offer, “Medicine in the Shavli Ghetto, in Light of the Diary of Dr. Aaron Pik,” in Grodin, *Jewish Medical Resistance in the Holocaust* (above, note 14), pp. 164–172.
 24. Thomas Nagel, “Moral Luck,” in Daniel Statman (ed.), *Moral Luck* (Albany: State University of New York Press, 1993), pp. 57–71.
 25. Miriam Offer, “Ethical Dilemmas in the Work of Doctors and Nurses in the Warsaw Ghetto,” *Polin: Studies in Polish Jewry*, 25 (2012), pp. 467–449.
 26. Emanuel Ringelblum, *Ketavim aḥaronim: Yaḥasei Polanim–Yehudim, Yanuar 1943–April 1944* (Last writings: Polish–Jewish relations, January 1943–April 1944) (Jerusalem: Yad Vashem, 1994).
 27. Rachel Herzog, *Le’eḥot et hashevarim: Hit’arutam shel rof’im nitzolei sho’ah bema’arekhet haberi’ut uvaḥevrah beyisra’el 1945–1957* (To heal the fractures: The integration of Holocaust survivor doctors in Israeli health care and society, 1945–1957) (Jerusalem: Yad Vashem, 2020).
 28. On Dr. Sara Zofia Syrkin Binstein, see Golden, “Show That You Are Really Alive” (above, note 3); Leon Wulman, in Falstein, *Martyrdom of Jewish Physicians* (above, note 8), p. 464; Moshe Tursz, testimony (above, note 19), pp. 20–21; and Adolf Avraham Berman, *Bamakom asher ya’ad li hagoral: ‘Im Yehudei Varshah, 1939–1942* (In the place where fate brought me: With the Jews of Warsaw; Tel Aviv: Hakibbutz Hameuchad–Ghetto Fighters’ House, 1977), p. 154.