

example, resulted in the deaths of a million Iraqis—most very young and elderly—mainly from lack of medicine and maladies caused by poor-quality drinking water.

There are also well-known cases, however, where aspects of human health actually *improved* as a result of wartime privations. We know from the First World War, for example, that while rickets and other vitamin deficiency diseases rose in many European nations (from the low consumption of fresh fruits and vegetables), diabetes rates actually plunged from the unavailability of refined sugar. Many similar effects were observed after the Second World War—low rates of arteriosclerosis, for example, caused by the low consumption of meat and fat.⁵⁰

What can we say about long-term cancer consequences in the German case? One interesting fact is that, over the period 1950–1990, German women appear to have experienced one of the most dramatic declines in cancer rates of any First World population. Female age-adjusted cancer mortality rates dropped by about 12 percent from 1952 to 1990—while many other populations of the world continued to show increases.⁵¹ Since cancer rates today are generally expressions of exposures twenty or thirty years previously, it is not inconceivable that Nazi social policies—combined with the low-fat diet of the war and the postwar poverty—may have played a role in these declining rates.

When I began work on this book, I imagined that Nazi policies toward women—financial support for female athletics and for childbearing, for example, along with incentives for women to nurse their own children—might have played a role in the decline of female cancer rates. It now appears, however, that this was not the case—or at least not to any substantial degree. I say this because German breast cancer rates, precisely the rates that, according to what we now believe, should have declined in response to the above-mentioned policies, do not in fact show a decline in the postwar period. From 1952 to 1990, the West German age-adjusted breast cancer mortality rate showed a growth of more than 40 percent, from 16 per 100,000 to 23 per 100,000.

How then do we explain the fact that the overall cancer rate for men has grown in the postwar period, while that for women has

TABLE 7.1
West German and U.S. Lung Cancer Mortality,
per 100,000 Inhabitants^a

	West Germany		United States	
	1952	1990	1952	1990
Men	22	49	25	75
Women	4	8	5	32

Sources: Deutsches Krebsforschungszentrum (Nikolaus Becker); American Cancer Society.

^aAll figures are age-adjusted.

declined? The crucial point seems to be that, apart from sex-specific cancers (breast and cervical cancer, for example, or testicular and prostate cancer), the most important cancer from which males and females suffer dramatically different rates is lung cancer. The difference is substantial. In 1952, the annual lung cancer death rate among German women was only 4 per 100,000; that same year, however, the rate for German men was 22 per 100,000. By 1990 the rate for women had climbed to 8 per 100,000, while the rate for men had increased to a whopping 49 per 100,000 (see table 7.1). In Germany today, more men die from lung cancer than from any other kind of cancer. Among women, by contrast, lung cancer is still in third place, behind breast and colon cancer. The difference in lung cancer mortality between the sexes is so great that if this particular difference were somehow to vanish, most of the difference in overall cancer mortality between men and women would also disappear.

How can we explain the difference in the lung cancer mortality between German men and women? One could plausibly argue that German men were far more likely to be exposed to dangerous chemicals in the workplace, but such an argument cannot help us explain why American women's lung cancer rates have grown so much higher than German women's rates.⁵² There is, in fact, a better explanation. I would suggest that the most important factors behind the relatively slow rise of female lung cancer rates by comparison with male rates in Germany and female rates in the United States, are: (1) Nazi *paternalism*, which discouraged, often with police force, women from smoking; and (2) Nazi *militarism*, which