Wagner claimed that the mixing of Jewish and non-Jewish blood would spread the "diseased genes" of the "bastardized" Jewish race into the "relatively pure" European stocks.[15]

Today, most of the world's variation in cancer rates is recognized as due either to some kind of reporting bias (people with poor access to health care often look as if they have low cancer rates, when in fact they simply do not get fully counted in statistical surveys) or to reseachers' failure to take into account age profiles;[16] alternatively, there may be something about dietary or tobacco habits or exposure to pathogens that would explain the difference. But in the hyperracialized biologism of an earlier age, geographic and ethnic variations were often taken as proof of inborn racial predispositions. Cesare Lombroso, the Italian father of criminal biology, claimed that the Jews of Verona were twice as likely to suffer from cancer as Veronese Christians. Many Americans regarded Negroes as relatively immune[17]—a consequence, it is now recognized, of the failure properly to count all the tumors in this population. At the First International Conference on Cancer in London in 1928, Alfredo Niceforo of Naples and Eugene Pittard of Geneva claimed that *Homo alpinus* and *Homo nordicus* (the Alpine and Nordic types) had the highest rates of cancer among the "native" anthropological types in Europe, owing to their higher cancer "receptivity."[18] Italians were sometimes said to be cancer resistant—an idea that led some Americans to argue that intermarriage with Italian women would confer cancer resistance on the offspring.[19] Jews were said to be particularly susceptible to tumors of the "neuromyo-arterial glomus," while at the same time being virtually immune to cancer of the penis.[20]

In Germany, opinions differed concerning whether Jews were more or less vulnerable to cancer. Berlin's mortality tables for 1905 showed that 8.6 percent of all Jewish deaths were from cancer, compared to only 6 percent for Christians, but faith in such data was not always strong, and evidence was also growing that for some kinds of cancer, Jews were actually less vulnerable. The requirement (circa 1900) that cause of cancer deaths be recorded according to site in the body (lung, stomach, etc.), prompted new speculation about who was vulnerable or immune to particular

kinds of cancer. The gynecologist Adolf Theilhaber noted that Jewish men had higher rates of stomach and intestinal cancer, but very little penis cancer. The rarity of Jewish uterine cancer was most often attributed to the ritual practice of (male) circumcision, but the Jewish neurologist Leopold Löwenfeld offered a "constitutional" explanation: Jews began their menstrual periods earlier and therefore had more blood in the uterus and were less likely, as a result, to contract uterine cancer. This was typical, he claimed, of people of the "plethoric" constitutional type.[21]

Hints of racial propensities also came from laboratory studies, which had already shown by the 1920s that strains of mice could be bred that were more or less receptive to the uptake of cancer tissue transplants, or more or less vulnerable to the agency of carcinogens.[22] SS chief Heinrich Himmler was apparently intrigued by the prospect of breeding a race of cancer-prone rats: in a 1939 meeting with Sigmund Rascher, the notorious Dachau hypothermia experimenter, the SS Reichsführer proposed breeding such a race of rodents to be released in German cities to control the rat population. It is not yet clear how far such far-fetched plans were ever carried out.[23]

Animal experimental evidence was extrapolated to humans, bolstered by the ideological push to see all aspects of human behavior—including purported racial differences—as rooted in "blood," race, or genes. Otmar Freiherr von Verschuer, director of the Frankfurt Institute for Racial Hygiene and mentor to Dr. Josef Mengele of Auschwitz, argued that Jews suffer disproportionately not just from diabetes, flat feet, hemophilia, and deafness, but also from xeroderma pigmentosum, a heritable childhood disease that results in multiple cancers of the skin, and muscular tumors (the latter ailment shared also with "coloreds" [*Farbige*]). TB, interestingly, was the only disease Verschuer considered to be less frequent in Jews, a consequence, he claimed, of the "evolutionary adaptation" of Jews to urban life.[24]

Clear-cut evidence of cancer's heritability, however, turned out to be more elusive than many cancer researchers had hoped. Karl Heinrich Bauer in 1937 used twin studies to argue that cancer was overwhelmingly a disease of "external" environmental origins: