spinach, green cabbage, tomatoes, calves' liver, tongue, cocoa, legumes, almonds, chestnuts, vitamin B–rich soups, and tea (for its potassium). He recommended instead a calcium- and magnesium-rich diet, roughly comparable to what diabetics were supposed to follow.[145] Suspicion of vitamins as carcinogens was so high by 1933 that scholars at the Charité Hospital's Institute for Cancer Research in Berlin actually postulated that cancer mortality was high in June–July and October–November owing to the higher consumption of vitamins in those months. Like many others at this time, the authors recommended a low-vitamin diet for cancer patients.[146]

The problem with all such theories was that for every study seeming to indicate an effect, another failed to reproduce the result. Vitamins were obviously required for growth—but cancerous growths were not unlike any other kind of growth in this regard. Like hormones, vitamins were required for bodily metabolism whether cancerous or not. When Max Borst reviewed the state of cancer research in 1941, he noted that neither hormones nor vitamins could properly be regarded as carcinogens or anticarcinogens. Both were important for bodily function, but neither seemed to offer much hope as a cancer cure.[147]

The situation was similar to that of another popular craze designed to combat cancer: colonic cleansing. The Russian embryologist and yogurt enthusiast Elie Metchnikoff had popularized the idea early in the century, spurred by his observation that yogurt-eating Bulgarians had a surprisingly high percentage of centenarians.[148] The idea was that the human colon sometimes accumulates stagnating, putrefying, cancer-causing bacteria, which a proper dietary regimen can help to counteract. As it was developed in Germany in the 1920s and 1930s, the theory held that toxic coliform bacteria secreted poisons that could cause cancer and other digestive ailments; colonic cleansings were prescribed for stomach and colorectal cancer patients, along with medicinal enemas and more orthodox regimens of radiation and surgery.[149]

One of the most ardent advocates was a Prof. Alfred Nissle at the Bacteriologic Research Institute of Freiburg, who designed a special cancer diet to combat the *Dysbakterie* in the colon. In the late 1920s, Nissle marketed a dietary supplement known as "Mutaflor," a mistletoe leaf extract sold in various forms to redress purported imbalances in the bacterial "flora" of the colon. Mutaflor became very popular in Nazi era,[150] and not just for cancer but for chronic arthroses, skin and organ cancers (under the trade name "Plenosol"), and many other ailments.[151] Hitler was a devotee, allowing his feces to be routinely inspected for pathogenic bacteria, though the SS nutritionist Ernst Schenck after the war noted that whatever unhealthy germs may have been present in the Führer's stool must have perished beyond recognition after transport hundreds of kilometers back to the laboratories where it was scrutinized. Fecal inspection was popular in the Nazi era: there is at least one book devoted entirely to the structure and chemistry of human excrement.[152]

It is not possible even to mention all of the cancer diets proposed at this time; there are literally hundreds. The popularity of such therapies—often scoffed at by orthodox healers—must have derived in no small part from the desperation of cancer sufferers. The willingness to grasp at straws did not change when the Nazis took over; things are not so very different today.

Banning Butter Yellow

I mentioned earlier the Nazi-era distinction between "negative" and "positive" racial hygiene—the former designed to curb the reproduction of the "unfit," the latter to encourage the breeding of "superior" populations. There was also what was known as *preventive* racial hygiene, designed to protect the genetic material from harm. The goal of this third kind of *Rassenhygiene* was to safeguard the human genetic heritage by preventing exposure to hazardous genotoxins—substances like alcohol, radiation, and tobacco, but also other threats to genetic health stemming from a hazardous environment. The Nazi campaign against environmental carcinogens can be seen as part of this push for preventive racial hygiene.

One of the more interesting aspects of this campaign was the move to ban dimethylaminoazobenzene, a widely used coal tar