disagreed with the American Frederick L. Hoffman's perception that cancer rates as a whole were on the rise in civilized nations. Hoffman, in his view, had failed to take into account the aging of the population, whereas properly age-adjusted cancer death rates (for Switzerland in the period 1901–1933, for instance) actually showed *falling* rates. Lung cancer was the only clear-cut exception, and its rise was more than balanced by declines in other kinds of tumors. Hintze could just as well have taken aim at Liek, but Hoffman was a safer target. Haubold—an SS man as well as a party member—was his ally in stating that cancer was not an ineluctable consequence of "culture" (or civilization). His upbeat conclusion: culture has been conquering and will continue to conquer cancer.[28]

Lifestyle cancer theories were put forward even by a number of men (and almost all were men) whose primary focus was on genetic (or "racial") disease. Otmar von Verschuer's 1941 racial hygiene textbook stated not just that cancers were "somatic mutations" but that heredity contributed only trivially to cross-cultural variations in cancer incidence. Clear-cut heritable cancer syndromes accounted for less than 1 percent of all cancers, in his view.[29] Even Jewish cancer inclinations were often explained by environmental etiologies. In 1940, Martin Staemmler and Edeltraut Bieneck—both influential Nazi physicians—noted that Jewish birthrates had declined considerably in recent years and that there was therefore a higher proportion of elderly among Jews than among non-Jews. This helped account for the higher Jewish mortality rates from disorders such as cancer, diabetes, and circulatory failure; it also helped explain their lower death rates for tuberculosis and other infectious diseases, ailments that most commonly struck the young.[30] The much-commented-upon rarity of Jewish penis and cervical cancer was sometimes given a racial explanation, though, as already noted, it was more often—and correctly—traced to the ritual practice of circumcision. (Penis cancer was also observed to be rare among Muslims who practiced ritual circumcision.) Hintze in 1939 went so far as to celebrate circumcision as "the only definite example" of how "cultural measures" could help

prevent cancer; circumcision was a case where "culture has conquered cancer."[31]

How curious to hear a Nazi doctor in 1939 defending the health benefits of a Jewish ceremonial rite! Scientists at this time were in fact divided over what to attribute to nature, what to nurture—at least when it came to cancer. Generalizing, it seems that "nature" in the Nazi view of the world was looked to to explain diseases that seemed to appear in excess in Jews, while "nurture" was invoked to account for diseases from which Jews appeared to be exempt. When it came to cancer, however, opinions remained divided—for reasons I shall indicate in a moment.

More common than racial explanations were efforts to determine whether certain "constitutional body types" were predisposed to cancer, or cancer-causing behaviors—like smoking or alcohol abuse.[32] Fritz Lickint suggested that genetic factors might be involved in the addiction of certain people to tobacco or narcotics; Hans Weselmann postulated that the "vegetative-labile" type was less able to tolerate nicotine and was therefore less likely to smoke (and contract cancer).[33] Hofstätter in the 1920s put the matter bluntly, if anecdotally: "It seems to me that the Jewish race is more prone to nicotine addiction than the Aryan race. . . . Among the female smokers I know, those who smoke the most are three Jews and one Aryan woman. I know of no red-haired woman who smokes heavily, and only one blond."[34]

It was widely recognized by this time that darker skin pigmentation protected against sun-induced skin cancer; the Munich radiologist Friedrich Voltz, editor of the *Radiologische Rundschau*, took this further and proposed that the "red-blond constitutional type" was more vulnerable to cancers in general,[35] and even that the cancers of different races responded differently to X-ray therapeutics (he maintained that tumors in the "red-blond type" responded less favorably than did tumors in other races).[36] Robert Ritter, the Tübingen psychiatrist and Gypsy "expert" (read: murderer), wrote an entire essay on "red hair as a problem of racial hygiene," hinting at, among other things, a cancer predisposition.[37] The factory physician Wilhelm Hergt suggested that "blonds with delicate