

complexions" were more likely to fall victim to occupational cancers than were "stout and well-fed persons,"³⁸ and some physicians argued that the diverse races of the world harbored different predispositions to addictive drugs. Thus blacks were said to prefer hashish, Asians opium, and "Nordic" Europeans alcohol.³⁹ A 1940 medical thesis claimed that cigar smoking was most common among the "pyknic" and "sclerotic" types (Winston Churchill was the example given), while slender leptosomes—the typical Bavarian farmer—stood out among the users of snuff.⁴⁰

The story of Jews and cancer is rather more subtle and scurrilous than what I have presented thus far: Jews were not just said to be either more or less prone to cancer; Jews were also said to be the *purveyors* of cancer, in various and sundry ways. The 1941 conference celebrating the founding of Jena's antitobacco institute (see chapter 6) blamed Jews for introducing tobacco into Germany, and Jews were charged with dominating the tobacco import centers of Amsterdam.⁴¹ Jews were also said to trade in other dangerous products. Hugo Kleine in a popular book on nutrition blamed "capitalist special interests" and "masculinized Jewish half-women" (*jüdischer Emanzipierter und vermännlichter Halbweiber*) for the deterioration of German foods—one consequence of which was cancer.⁴² Jews were not just disproportionately immune or susceptible to cancer; Jews were also accused of being one of its causes.

SELECTION AND STERILIZATION

One should keep in mind, of course, that there were practical, one could say surgical, implications at this time for whether a particular disease was classed as heritable. The 1933 Sterilization Law (*Gesetz zur Verhütung erbkranken Nachwuchses*) provided for the sterilization of a broad class of genetic defectives, and familial cancers were sometimes categorized as falling under the rubric of the law.⁴³ Prof. Wilhelm Clausen of Halle, for example, in 1936 argued that children suffering from retinoblastoma, a familial cancer of the eye, should be sterilized. (He did not believe that people

with lesser forms of hereditary blindness—such as color or night blindness or blindness in consequence of minor albinism—should be sterilized.)⁴⁴ Fischer-Wasels was another outspoken supporter of sterilization to prevent the breeding of cancerous human stocks. In a 1934 article in *Strahlentherapie*, the Frankfurt pathologist claimed that "much that is good" could be achieved "by removing the heavily burdened families from the reproductive community, by preventing the combination and expression of afflicted genes."⁴⁵ The cancers in question included tumors of the nerve and kidney stem cells, neuroblastomas of the adrenal gland and sympathetic nerves, and certain heritable kidney cancers (nephromas) and childhood cancers of the retina (retinoblastomas). These were by no means common cancers, but the fact that they were highly heritable and often killed at an early age mandated sterilization, in his view, to prevent their being passed on into future generations.⁴⁶

There were also implications of a more subtle nature. We do not yet know whether the notion of "red-blond" types being more vulnerable to cancer led radiologists to be less prudent in their irradiation of darker-skinned individuals, but we do have evidence that the idea of differential racial susceptibility was used to screen workers in carcinogenic industries.⁴⁷ In November of 1934, for example, at a meeting of the German Society for Industrial Hygiene, Prof. Gunther Lehmann of Dortmund's Kaiser Wilhelm Institute for Labor Physiology found that workers differed substantially in how well their noses filtered out the silica (quartz) dust known to cause silicosis, a much-feared hazard of mining, foundry work, porcelain making, sandblasting, gem cutting, and other trades where large volumes of rock dust were inhaled (see also chapter 4). Lehmann constructed an apparatus by which dust could be blown into the upper air passages of a worker, retrieving it through the mouth to see how much had been filtered out (presumably avoiding lung contamination during the test).⁴⁸

Lehmann found that while noses with "exceptionally good filtering capacity" were able to capture 60 percent or more of the dust introduced, there were also noses that allowed almost all of the dust to enter the lungs. He used his apparatus to examine