

Burnham does not discuss Germany, but what is interesting is how the situation there was inverted. In Germany, the tobacco and alcohol temperance movements of the 1920s were actually strengthened by the rise of national socialism. Nazi rule was welcomed by antialcohol and antitobacco forces, and even in the United States, at least one antialcohol journal applauded the election of Hitler.¹⁶⁴ Germany therefore experienced nothing comparable to the sea change experienced in America when Prohibition was repealed in 1933 (at least not until the 1950s—see below). German physicians rarely felt that by criticizing tobacco they were caving in to an outdated puritanical zeal; in Germany under Hitler, temperance or abstinence in matters of habit was more in fashion than ever—at least at the level of public propaganda.

Germans never experienced prohibition and never suffered the backlash against tobacco moralism felt by American physicians. German doctors in the 1930s were therefore much more likely than their counterparts in the United States to endorse the claims of antitobacco activists. The health effects of smoking were more aggressively studied, more broadly condemned. Germans found it easier to castigate tobacco, having never suffered the moral excesses of Prohibition. The burden of proof was not so much on those affirming a danger; there was little risk of appearing puritanical or “moralistic” by attacking tobacco. Indeed, many of the same moralistic tones we associate with American Prohibition can be found in Nazi-era rhetoric. Thus in 1941 we hear Germany’s leading public health journal arguing that tobacco causes not just diarrhea and diminished sexual performance but also criminal sexual deviance. The author of this essay suggested that “most of the men condemned for violating Paragraph 175 [barring homosexuality] were heavy cigarette smokers,” and called for further research into links between smoking and sexual deviance.¹⁶⁵ Other physicians linked smoking to gambling, prostitution, alcoholic overindulgence, and other depravities of the antisocial *Untermensch*.¹⁶⁶

If we expand our field of view for a moment, we can in fact see a kind of backlash—it just occurs two decades later in Germany than in America. After the war, Germany loses its position as home

to the world’s most aggressive antitobacco science and policy. Hitler, of course, was dead, and many of his antitobacco underlings either had lost their jobs or were otherwise silenced. Karl Astel, head of the Institute for Tobacco Hazards Research, committed suicide in his Jena University office on the night of April 3–4, 1945. The death of this SS officer and war criminal was a major blow to antitobacco activism. So was the death of Reich Health Führer Leonardo Conti, who hanged himself with his shirt on October 6, 1945, in an Allied prison awaiting prosecution for his role in the “euthanasia operation” and other crimes against humanity. Hans Reiter, the Reich Health Office president who once characterized nicotine as “the greatest enemy of the people’s health” and “the number one drag on the German economy,”¹⁶⁷ was interned in an American prison camp for two years, after which he worked as a physician in a Kassel clinic, never again returning to public service. Gauleiter Fritz Sauckel, the guiding light behind Thuringia’s antismoking campaign and the man who actually drafted the grant application for Astel’s antitobacco institute in Jena, was executed on October 1, 1946. The Nuremberg Tribunal had found him guilty of war crimes and crimes against humanity, after reviewing his role as chief of Germany’s system of forced labor.¹⁶⁸ It is hardly surprising that much of the wind was taken out of the sails of Germany’s antitobacco movement.

Some tobacco research did continue: Fritz Lickint continued to write on tobacco topics, as professor of public health at Dresden’s Technische Hochschule and as an adviser to the German Hygiene Museum. Ernst Wynder in the United States had shown that Seventh-Day Adventists—who were supposed neither to smoke nor to drink—died of lung cancer far less often than did Americans as a whole; Lickint performed a similar study, showing that among 3,626 German Adventist deaths there was not a single case of lung cancer. A 1968 West German review of health and smoking praised Lickint as “one of the first people in the world to have drawn attention to the role of cigarettes in the genesis of lung cancer,”¹⁶⁹ but the more interesting fact is that Lickint’s antitobacco work was taken much more seriously in the