just of improved instrumentation but also of increasing hospitalization and the preparation of ever-more-accurate mortality tables.[62] Evidence for such a view came from the fact that techniques of cancer diagnostics had improved enormously in the second half of the nineteenth century. Prominent among these were medical microscopy, cellular pathology, X-ray photography, and a host of new devices designed to allow the viewing of the interior of the body: illuminated rectoscopy, ureter cystoscopy, the laryngeal mirror, the gastric tube, the bronchoscope, and so forth.[63] Further evidence came from the circumstance that opportunities for diagnosing cancer were far greater than in previous years.[64]

Hellmut Haubold, the Berlin physician (and SS officer) who wrote about cancer policy in France, Germany, and Japan, examined the question of increase in a 1937 article comparing cancer rates in cities and farming regions. Since the 1830s, urban cancer rates had been observed to be higher than rural rates—the presumption being that something about urban/industrial life (or "civilization" more generally) was causing an upsurge in malignancies. Haubold argued that the lower cancer mortality in rural areas was simply an artifact of the failure in those locales to record accurately the causes of deaths. Support for this idea came from the fact that deaths from "old age" or "undefined causes" were invariably *high* in regions where cancer rates were *low*, and vice versa. Statistics from various parts of the world showed that countries with high cancer rates invariably recorded few deaths from "old age" or "cause unknown." Austria, for example, was home to Europe's highest annual cancer mortality (161/100,000) but it also recorded zero deaths from old age or unknown causes. Haubold formulated this as a law: "the higher the death rate from cancer, the fewer the deaths from old age and 'unknown causes.'"

Haubold also showed that, at least in the case of France, the reported cancer rate was rising somewhat more slowly than the rate at which deaths from "old age" or "cause unknown" had been falling—suggesting that progress was being made against the disease. He rejected the notion that people living in industrial nations were more likely to die of cancer than were people in agricultural regions: cancer rates in industrial nations were often higher (one in

eight Austrians died of cancer in 1930 compared with only one in forty Lithuanians), but this was most likely a result of differences in the thoroughness with which such data were gathered. High cancer rates, when found with low rates of death from unknown or unspecified causes, were simply a measure of the reliability of a region's mortality statistics. Haubold concluded that "the primary and perhaps the only cause for the increase in Germany's cancer rate" was that Germans were now living twenty years longer than their counterparts half a century earlier.[65] This was not something taken lightly. The "aging" of the German population was a major fear of racial hygienists, to which now could be added the additional threat of cancer, notorious for striking down the elderly. Haubold cautioned that a nation losing its "will to bear children" (*Wille zum Kind*) would suffer higher and higher rates of tumorous malignancies.[66]

The question of whether "civilization" (modernity, luxury, industry, city life, etc.) was a major cause of cancer, and whether cancer was therefore on the increase, continued to divide German intellectuals—as it does to a certain extent today. The political valence of the dispute, however, was different from what it would become in the 1960s and 1970s, when the environmental Left began to warn against an "epidemic" of cancer caused by industrial pollution and diverse personal vices.[67] In Germany in the 1930s, the romantic Right was more likely to raise the specter of epidemic cancer than was the technocratic Left. The orthodox curative medical community (radiologists, for example) was more likely to argue that cancer was under control and that evidence for its increased incidence was illusory.[68] This was a common view in many of Germany's most influential pathological institutes: Hans Schwarz at the German university in Prague[69] doubted a genuine increase, as did Robert Rössle in Berlin and Bernhard Fischer-Wasels at Frankfurt.[70] The same was true of many industrial physicians. E. Pfeil, chief physician for the Ammoniawerk Merseburg and the man who, in 1911, first identified lung cancer among the chromate workers at Ludwigshafen, was convinced that lung cancer rates were not on the rise and that the disease was simply more likely to be diagnosed than in the era prior to X-rays. Lung cancers