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THE MEDICAL FACULTY OF THE UNIVERSITY OF LEIPZIG

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COMBINED INTELLIGENCE OBJECTIVES
SUB-COMMITTEE

RESTRICTED

The Medical Faculty of the University of Leipzig at Leipzig, Germany

Reported by

CHAS. L. McCARTHY
Captain, MC, USNR

CIOS Target No. 24/141

Medical

Combined Intelligence Objectives Sub-Committee

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I. INTRODUCTION

The Medical School (Medizinische Faultaet) of the University of Leipzig was as large as any Medical school in Germany, with an enrollment of 2500 to 3000 students before this war. As more and more medical students were drafted into military service, the number gradually declined until only 800 were in attendance in 1943. Germany began to see the danger in such a policy and many medical students were returned to medical schools to finish their studies in 1944.

The enrollment for 1944 was just over 1600 at Leipzig, i.e. about 450 in each of the first two year classes, and 350 in each of the last two years. The course of instruction for medical students was from November 1st to August 15th each year and was the same for all universities in Germany. The first two years were devoted to preclinical work, with such studies as anatomy, physiology, pharmacology, etc. The third and fourth years were devoted to ward rounds with lectures in medicine, surgery, skin diseases, syphilis, etc., and practical work on the wards and in the out-patient departments. During the fifth year, each student had a rotating internship. Final examinations were given for permission to be licensed as a practicing physician. If the neophyte then desired to specialize and to be able to have the designation of specialist, for example, "Facharzt in Innere Medizin", he had to spend four years in a clinic. During this time he was given his room and lodging and paid a nominal sum (beginning with 50 marks per month and reaching 100 marks at the end of his third year). If a professorship was the ultimate aim, the doctor spent 8 more years in a hospital and clinic in the specialty he had chosen. At the end of this time he became an Oberarzt and after two more years he was eligible for appointment as professor (extra ordinarius = assistant professor) in some University. During all this time he was not allowed to have any private practice, but his salary had gradually risen until he was receiving 700 marks monthly without lodging or meals.

When eligible for an appointment as assistant professor, he was recommended by his own medical faculty and his name placed on a list that was sent out to all universities in Germany. He was then made an offer by one or more faculties, depending on how strongly he was recommended, and upon the reputation he had obtained thru his research work or his skill as a surgeon. He then could chose with what professor he wished to serve. Any number of years later, he might be offered a full professorship at any university and could for the first time have private patients. The income of a well-known full professor, including that from his private patients was, on the average, about 40,000 marks per year.

With the advent of National Socialism in 1932, medical students during their five years of instruction were compelled to spend 6 weeks each year at some "Handwerk" (laboring in fields or in factories); this was said to be for the purpose of acquainting them with the manner in which the laboring classes lived. Opinions were expressed by many professors that this was done to get some work out of the intellectual class, since this rule applied to all students in Germany. In addition, one month a year during the first four years had to be spent by medical students in "Krankenpflegedienst" i.e. as orderly on hospital wards. No reason was ever given for this Nazi ruling.

When an Oberarzt was eligible for nomination to assistant professorship, his appointment had to be approved by a central "Partei Committee" in Berlin. Even though he had been unanimously selected by a university faculty, his name was stricken from the list if it were found that he had not joined the N.S.party. This explains why all professors below the age of 50 to 55 are without exception members of the Party and why so many of the older professors who had already obtained their chairs never joined up.

At the present time medical schools in Germany are not offering courses to students because of military restrictions.

One of the reasons that so little information was obtained about activities of the various departments at Leipzig resulted from the fact that in many cases these departments had been headed by men who were in the S.S. They and most of their staffs have been made P.W.'s and the newly appointed staffs, who have been in control for about 3 weeks know very little about previous activities. Also most of the records of the clinic were destroyed by fire in December, 1943, and practically nothing but routine care of the sick has been done since.

II Description of the Present Condition of the Various Departmental Buildings at Leipzig.

The medical buildings and university hospitals as a whole were 90% destroyed, with 75% of their equipment, in bombing raids in December, 1943, and in March and April of 1945. The hospitals were reconstructed after the 1943 raid to a point where they had half their former bed capacity. The 1945 raids destroyed all of them except the Skin Clinic and the Ear, Nose and Throat hospital. The latter have suffered only a 25% destruction.

After the 1943 raids a certain number of records, medical books, reprints and apparatus were removed to a neighboring village called Doesen, 12 kilometers away. This is now inside the Russian Zone of occupation and the above articles were not available for inspection by this investigator.

For a medical man, the Medical School of the University of Leipzig presents a picture of utter desolation except for the two buildings mentioned above. Most of the buildings have been completely flattened out, or so gutted by fire that the walls still standing present a distinct liability as they will have to be removed before reconstruction can begin. This means that no research work can be started before reconstruction can begin. This means that no research work can be undertaken at the present time and probably for a long period. Medical staffs are considerably depleted; apparatus and laboratory supplies are sufficient only to care for the barest needs of the civilian population. The pharmacologic laboratory now occupies one 30' x 40' room in the basement of the ENT building and the Internal Medical Clinic formely the largest in Germany with 1100 beds now has a bed capacity of 40 beds in a portion of the skin clinic.

III A Listing of the Various Departmental Directors and an Outline of New or Interesting Work Done in Their Departments During the War.

1. Department of Internal Medicine and Neurology.

Director: - Professor Max Bürger, aged 57, speaks no English, but was very cooperative. His chief interest has been in the metabolic pathology of the various diseases and especially in the study of lipoid metabolism. He is the originator of the salt-free diet in nephritis and the fat-free diet in psoriasis. In 1944 he contributed to Mohr and Staehelins Handbuch der Inneren Medizin a section entitled Die Lipoidosen. In this contribution of some 50 pages he proposes a new classification of lipoid diseases, dividing them into three main groups as follows:

1. The cerebrocelled lipoidosis (Gaucher's Disease)
2. Phosphatidcelled lipoidosis (Niemann-Pick's Disease)
3. Primary essential Xanthomatoses with special reference to cholesterin and its esters.
   - A. Primary essential Xanthomatoses mainly involving the bony structures (Schuller-Christian-Hand's Disease)
   - B. Primary essential Xanthomatoses chiefly with cutaneous involvement.
     - a. Xanthoma tuberosum (lipoid gout)
     - b. Atypical forms (Xanthosis and Xanthomatosis)
     - c. Psoriasis as a lipoidosis
   - C. Primary essential Xanthomatosis with visceral involvement as the main symptom.
     - a. Hepatic Xanthomatosis (Lipoid hepatosplenomegaly)
     - b. Xanthomatosis with mainly laryngeal and pulmonary involvement.
     - c. Xanthomatosis with the endocardium and larger vessels chiefly involved.

c. Dysostosis multiplex (Gargoylism of Hurler)

After discussing in detail the chemistry of lipoidosis, Bürger gives the signs, symptoms and clinical course of each disease. Special emphasis is laid upon the X-ray picture and the histopathological findings as well as the blood studies. Recommendations are made as to special diets and treatment for the various types of cases when indicated.

This investigator would like to add that little value is placed upon the efficacy of a fat free diet in psoriasis by most skin specialists in the U.S., and by those interviewed in Germany. Prof. Bürger claims in support of his theory that the number of cases and the severity of psoriasis has greatly diminished in the last ten years during the period when there has been an ever increasing lack of fat in the German diet.

He has also published considerably on sprue, photosensitizarion following the ingestion of certain foods but stated he had never seen a sensitivity to light following the use of sulfanilamide. It might be mentioned here, in order to show how far behind research has fallen within the last four years in Germany, that in all clinics this investigator has visited the main sulfa drug in sulfanilamide even though it was freely admitted that it was very toxic compared to sulfathiazole which was obtained only in small amounts during the past year. Sulfadiazine was known only by name to all those questioned. Most men stated that they had had no contact with medical publications from the U.S. or England since early in 1942.

He also conducted for the government during the past two years a long series of experiments on the nutritional value of different foods and their relative rate of absorption by the body in order to find the most favorable low calorie diet that would suffice in health.

This work had not been completed, and no definite conclusions had been reached. All records were burned in the April 1945 bombing raids. He emphasized the fact that no other research had been done within the past two years because of lack of experimental animals, personnel and materiel. His department, formerly with 1100 beds is now housed in the Skin Clinic and has only 40 beds. However, he directs the care of 600 civilian patients scattered in various temporary hospitals not connected with the university. His staff consists of one Oberarzt and 6 assistants.

2. The Department of Surgery, and Neurosurgery is located in the St. Jacob's Krankenhaus on the university grounds. Before the bombing in 1943 the clinic had a capacity of 700 beds. It was 90%

destroyed but has been reconstructed to carry on operations and to accommodate 70 patients. Two wards of 40 beds each are across the street in the Skin Clinic. The Director also supervises a 400 bed surgical service at Doesen, 12 kilometers east of Leipzig within the present Russian area.

Unlike our opinion of it in the U.S., the specialty of Skin Diseases and syphilis is considered a major branch of medicine - in this university the skin clinic had 500 beds allotted to its service under normal conditions.

The Director of the Surgical Department, for the past 7 years, is Prof. Dr. Wilhelm Rieder, member of the Nazi party since 1933 - stated he joined only in order to get a professorship and because his wife is half-Jewish; - aged 53, spoke no English, but very cooperative. Has many friends and has visited surgical clinics in 1929 in the U.S. He is about to be deprived of his chair because he has been a member of the "Partie" so long - is not an S.S. member. Said to be one of the leading surgeons in Germany and his work is well known in the U.S. and France. Although a general surgeon he has done a great deal of vascular and neuro-surgery - he is especially adept at the Lereche vasosympathectomy. He has perfected a modification of Adson's operation for partial resection of the lumbar ganglia in children with congenital megacolon. He reported on the indications and contra-indications for the use of nail splinting in the bone marrow channel in fractures of the long bones of the extremities. In 1943, he gave a summary of his experiences with sulfa therapy in surgical conditions and in 1944 reported on the influence of sulfa in gas bacillus infections in animals. A summary of articles dealing with these subjects follows:

Prof. Dr. W. Rieder and Dr. G. Schumann: Deutsche Ztschr. f. Chir. 257, 1943: Pg. 415-444.

Indications for the use of the Medullary Nail in Long Bones.

This paper deals with the experience of the authors with the Küntscher medullary nail. He considers the following the most important indications of the use of the nail.

A. Limited indications
   1 Fractures of the femur
      a) mid-shaft
      b) upper third, transverse and oblique fractures
      c) High supracondylar fractures, transverse and abliqus
   2 Fractures of the humerus, transverse fractures of the shaft

3. Tibial fractures
   a) transverse fractures
   b) fractures with separated wedges of bone.
4. Ulnar fractures.

B. Extended Indications.
1. Multiple fractures of the same limb at different levels (femur and patella, femur and tibia, humerus and ulna, etc.)
2. Multiple fractures of different extremities (humerus and femur)
3. Double-fractures
4. Pseudoarthroses
5. Delayed union due to an incomplete immoblization by conservative means.
6. Following osteotomies, in selected cases.
7. Compound fractures, in the first 6-8 hours, providing they are definitely stabilizable, and careful operative wound therapy has been carried out.
8. In the aged.

Disadvantages of the Nailing Method include:
1. The danger of infection.
2. Incomplete stabilization in certain cases, requiring additional fixation.
3. Interference with fracture healing process.

If conserative therapy is sufficient for good results, do not use the nailing method.

W. Rieder and M. Blum: Arch f. klin. Chir. 206; 1944; Pg 39-65

Neurosurgical Therapy of the so-called Idiopathic Megacolon

Summary: This report concerns itself with 7 cases of congenital megacolon in children. A modification was applied of Adson's technique of bilateral splanchnicotomy and resection of the two uppermost lumbar ganglia. This therapy resulted in 4 cures and 2 improvements. The four patients listed as cured have had daily spontaneous bowel movements for the past two years without the resort of artificial means. The two cases listed as improved have had bowel movements every one or two days with the use of small dosages of parrafin oil. One further case is to be classified as unimproved.

The safety of this neurosurgical procedure should be noted. The authors have had no deaths. Of the 180 cases mentioned in the literature, there were listed 36.8% cures, 49.4% improvement, 10%

unimproved. A mortality of 1.7% is very light compared to the high mortality of partial or total colon resection

W. Rieder, Knab, Kaufmann and Kehling: Zettschr. f. d. ges. exp. Med. 114; 1944; Pg 103-8.

Sulfonamides in Animal Experiments with Streptococcus Infection.

Summary:

Streptococci, culture Aronson, type A, hemolytic were used as pathogens in white mice. The mice were treated with sulfonamides following infection with resulting drop in mortality compared with a control group. There is a variance of efficacy among the various sulfonamides. Local application of sulfonamide powder is considered superior.

W. Rieder: Ztschr. f. d. ges exp. Med 114; 1944; pg. 91-102

Sulfonamides in Welch bacillus Experiments with Animals.

SUMMARY:

Local and general therapy with sulfonamides and local application of iodoform powder to wounds in the thighs of guinea pigs infected with dirt of mixed flora and pure Welch cultures, gave the following results:

1. The use of sulfonamide therapy plus local application of iodoform powder proved superior to the use of sulfonamides alone, in infection with dirt of mixed flora.

2. Pure culture animals, 100% mortality, if debridement alone is used.
   Pyrimal powder after 8 hrs -- mortality 50%
   " " on infection and debridement at 8 and 14 hours 22%
   Pyrimal powder twice on " " " as well as per OS - %
   Globucid " only at debridement after 10 hours - 80%
   " " at infection and on debridement - 0%

3. Local use of sulfonamides in pure Welch infections gave very good results.

4. Edema is much less in extent on use of sulfonamides.

5. Animals treated with Globucid plus iodoform powder show less muscle necrosis that those treated with Pyrimal who in turn showed much less necrosis than the controls.

6. Tissue bacteriologic count was greatly depressed by the use of sulfonamides.

7. Bacteria in vivo show morphologic changes to sulfonamides therapy.

W. Rieder: Lecture held before the 65th session of the German Surgical Society, Dresden, 4 - 9 October 1943

Sulfonamide Therapy Experience in Peace Time Surgery

Summary:

1. Animal experimentation with sulfonamides has yielded definite results in combatting artificially produced infection with dirt (soil), B. Welchi cultures, and streptococci.

2. The power of wound healing is not influenced by sulfonamides in cases of aseptic operational wounds or complex fractures of bones of the extremities.

3. Sulfonamides showed no effect in the following conditions:
   a. Mortality and course of all true cases of sepsis.
   b. Mortality and course of diffuse purulent peritonitis following ruptured appendix.
   c. Mortality of malignant facial furuncles.
   d. Osteomyelitis
   e. Severe erysipelas.

4. Mortality is reduced to 50% in the phlegmones with the exception of the axillary phlegmones following (German -'Panaritien')

5. Results with obstructional cystitis and pyelitis are no better than with the presently used methods of therapy.

6. In minor infections (especially simple erisipelas) the fever days are diminished, the illness is shortened, and the percentage of erysipelas recurrences is decreased.

7. Sulfonamide therapy should not alter surgical technique. As much care should be taken as in the pre-sulfonamide era.

8. Sulfonamides, altho of great value, should not be classified as a cure all, and have their limitations.

Further publications of original work are as follows:

1. Spätergebnisse der Elektroresektion bei prostatahypertrophie. Ztschr. f. urol. Chir., Bd. 46, 1942

2. Erfolgreiche Nagelung beim Schenkelhalsbruch der Tabiker. Ztbl. Chir. 1942, Nr. 47, S.1861-68 Dr. med. habil. Schumann

3. Über das Verhalten der Nebennieren beim experim. Darmverschluss (1. und 2. Teil Dtsch. Ztschr. f. Chir., Bd. 256, S. 546 u. 552 Doz, Dr. med. habil. Loffler.

4. Sonderstellung arteriovenöser Aneurysmen der Nierengefässe im Rahmen operativ. Behandlung schwerer Herzkreislaufschäden bei art.

5. Klinischer und experimenteller Beitrag zur Frage der Giftigkeit der Tintenstiftsubtanz (Dt. Ztschr.f.Chir., Bd. 257,S, 80, 1943) Doz. Dr. med. habil. Loffler

6. Methode der Kontrastfüllung des rechten Herzens und der Arteria pulmonalis am lebenden Menschen (Dtsch. Ztschr.f.Chir., Bd. 259, 1944 s.34) Doz. Dr. med. habil. Loffler.

7. Die konserative Behandlung der peripheren Durchblutungsstörungen insbes. der Endangitis obliterans (Rieder zus. mit Kaufmann) Chirurg 16. Jg., H. 7/10, 1944

The type of instruction given in special courses to army and navy doctors Dr. Rieder is indicated below:

1. Surgical clinics for War Surgery
2. Clinico-surgical ward walks two times weekly.
3. Operations and setting of fractures with use of "bone-marrow" nails.
4. Narcosis and anaesthesia
5. Cystoscopy
6. Diseases and injuries of the joints.
7. Neurosurgery (brain, spinal cord and peripheral nervous system).
8. "Acute" surgical conditions.

At the time of this investigator's visit the Director had a staff consisting of only one Oberarzt and four assistants. No research work is being carried on at the present time.

A visit was then made to the surgical clinic of Prof. E Heller at the St. Georg city hospital, 5 miles out of Leipzig. Heller is lecturer in Surgery at the University. He is 68 years old, of the old Prussian school, spoke no English, but was cooperative. He is an Army Medical

Officer and had had supervision of 32 surgical hospitals scattered throughout this area His clinic at St. Georg had 400 beds - one ward of 80 beds was destroyed by a bomb in April, 1945. I was shown through an underground operating unit built in 1942. There are four operating rooms complete with anesthesia and rest rooms. All of his ward patients can be evacuated to a series of underground passages l leading to the operating room unit.

Although Heller is a general surgeon, he states he has had a vast experience during the last 5 years with war fractures and operations to remove shrapnel fragments from the brain. All his reports with percentage of cures, failures, deaths, etc, were reported directly to the Sanitätsinspekteur of the German Army and have not been published as far as he knows. To remove metallic foreign bodies lodged in the brain he used a giant magnet (Riesenmagnet) two of which have been sent to the Equipment Laboratories of the Medical Field Service School in Carlisle, Pa. In well over 300 cases he stated that he encountered only 2 fragments that were too large to remove with this magnet. The fragment is first located by X-ray, then Heulsonde foreign body localizer and in some cases another foreign body localizer, the Boloscope , is used. After the approximate depth of the fragment and the direction of its path of entry are established, it is easy to open the skull and remove the foreign body with the magnet without further probing or manipulation of the brain structures. He followed closely the technique already worked out by the opthalmologists to remove foreign bodies from the eye with the Rissen magnet. Establishment of Collecting Stations for Gunshot Wounds of the Head and the Use of Giant Magnets in Removal of Shrapnel from the Brain, Der Chirurg, 1939 - Vol. 20', describes the details of his method.

An article entitled "A Rigid and Collapsible Extension Stand to be used for Application of Plaster Casts and in the Setting of Fractures of the Lower Extremities."-Der Deutsche Militärarzt, 1939, Vol. I - describes a new apparatus used to immoblize a patient and hold his extremities in the proper position of flexion, adduction or abduction when he is to be operated upon or when a plaster cast or splint is to be applied. This method assures good results without the help of the usual 2 or 3 assistants. It can be folded up and packed in a box 5 x 1 x 1 feet. The firm manufacturing it was totally destroyed by bombing so the only one at this hospital was not removed as it was in almost constant use. This apparatus has not been seen by any of our teams in Germany. An effort will be made to secure one.

An article entitled "Experiences with the Collapsible Extension Apparatus of Heller" - Der Chirurg, 1939, Vol. 7 - describes a simplified extension apparatus which has 3 pieces of one inch pipe, a pulley and an inverted V-shaped bed-clamp as its essential component parts. The clamp holds the upright piping to any bed and by the use of additional pieces of piping, an extension apparatus suitable for any type of fracture can be worked out. The apparatus can be completely disembled and occupies a very small space.

Most orthopedic beds in German have rollers only at the head of the bed- this makes it very difficult to evacuate patients in extension apparatus. Dr. Heller has solved the problem by using a roller that can be clamped upon the bottom of the upright piping of his extension apparatus.

An article entitled "A Bed Frame for Hospitaliza tion of Severe Decubitus Ulcers and Wounds of the Sacral Region" - Zentralblatt für Chirurgie, 1940 - 67:33 -- describes a new bed frame which simplifies the care of bedridden patients and frees personnel for other duties. It is composed of piping and can be used on any regular hospital bed.

An article on "Prevention and Treatment of Cavities Occuring as Sequelae to Empyema" - Der Chirurg, 1934 - Vol 8. - describes Dr. Heller's experiences with regard to the prevention and treatment of empyema cavities. He performed thoraplasty according to his own technique and got 17 out of 20 cures.

An article on "Implantation of Cartilage Following Injury to the Corpus Cavernosum for the Purpose of Re-establishing Coitus-Function. - Zentralblatt für Chirurgie, 1944; 71; 1 to 3 - describes the technique of the operation and the re-establishment of successful coitus in 3 cases.

Dr. Heller, although old, has the energy and enthusiasm of a man of 40 and talked at lenght about a number of surgical problems he is interested in. His main interest is Rehabilitation Surgery. Although he had never used penicillin, he feels its use would greatly reduce disability due to ankylosed joints and peritonitis; he is also working on a plastic material to be used as a substitute for plaster in casts. He has a large orthopedic work shop for his private use and is interested in artificial legs saying that there is still no perfect one on the market.

He called my attention several times during my visit of five hours to a two volume work entitled "Erfahrungenaus dem Weltkrieg"

written by Payr & Franz and published by J.A. Barth at Leipzig in 1922. He claims that this is the work published in Germany on war surgery and no advances in this branch of science had been made since; in other words, the principles of war surgery laid down by Payr and Franz have been closely followed during the present war. This work is undoubtedly in our libraries at home, and it is desired only to call our attention to it again.

He is also doing considerable work on nerve transplants and repair to restore function and plastic repair of destroyed jaws. He does the plastic surgery for all the military hospitals in the Leipzig area.

3. The Skin and Syphilis Department.

Prof. Von Kennel was director of this section from 1934 until he was made a prisoner of war in May 1945. His entire staff were also S.S. men and they were also arrested. Prof. Oscar Kiess, in charge of the clinic prior to 1934, was reinstated June 6.

This department was housed in a large four story T-shaped building with a capacity of 500 beds and ample laboratory and outpatient space prior to the 1943 bombing at which time one wing was destroyed. At present the Surgical Service occupies two wards and the Medical Service three wards, while the Medical Out-Patient department occupies half of the remaining ground floor. The bombing destroyed the Skin Library and most of the records. No reprints could be secured.

The new director knew little of the activities of this clinic during the last ten years. He did state that Prof. Von Kennel was a political appointee and he was not up in the dermatological world in Germany. I was told that not only here but throughout Germany very few advances had been made in skin diseases and syphilis since the Nazi Party did not approve of research unless it would contribute to the war effort. They were satisfied with the plan of treatment of syphilis in vogue. The plan consisted of alternating courses of 12 to 15 intravenous weekly injections of neosalvarsan and 16 weekly intramuscular injections of an oily bismuth preparation, followed by a 6 week rest period. For fresh syphilis, this treatment was continued for 1 year while treatment begun in the secondary stage was continued for 18 to 24 months. As a rule, the blood test and spinal test were negative at the end of these periods. If not, treatment was continued. It was noted that the original Bordet-Wassermann test is used almost exclusively in Germany. The Kahn test is also run simultaneously in some clinics but it is considered too sensitive and gives too many false positive reactions.

Cases with negative serology are checked every three months with the Wassermann test and if the spinal fluid is negative at the end of one year, the disease is considered cured. If patients do not report for treatment or fail to continue treatment, they are notified by card and then letter from the local health department and are brought into a clinic by plainclothes police men or women, if necessary. This is all done contrary to law, since there exists no law in Germany making the reporting of venereal disease compulsory. Fever resulting from malaria induced by the injection of infected blood was still used in this clinic in the treatment of late syphilis. Mapharsen was known by name only, and no pencillin had been used in the treatment of syphilis; in fact, Prof. Kiess had never heard of its use in syphilis and he was astounded by the results that had been obtained in the U.S. and England.

Marriage certificates are not issued by local police authorities until the patient's Wassermann test has been negative every three months during the first year and twice during the second year after the cessation of treatment. Here again the authorities act without the force of law behind them.

Treatment of pregnant women with active syphilis, or a history of syphilis but with negative serology, has prevented the birth of but very few syphilitic babies. If there is history of syphilis or if the husband has recently had syphilis, treatment is begun in the middle of the fifth month and continued without rest period until the end of pregnancy.

The treatment of fresh gonorrhea falls in the domain of the syphilologist in Germany. Fresh case are treated with sulfa drugs for 4 days; 6 grams is the initial dose and ½ gram every 4 hours during the remainder of the course. This cures 60 to 70%. If not cured, after one week a second course of Sulfa is given, half per os, and the rest intravenously. This cures another 15%. The remaining resistant cases are admitted to the hospital and given a fever treatment combined with sulfa intramuscularly. Fever is induced by either typhoid, intravenously, or in the case of severe joint or cardiac involvement by malaria infected blood. It was stated all the cases except endocarditis were cured this way and sulfa resistant cases were unknown. No pencillin had been avilable for treatment of gonorrhea.

Prof. Kiess was questioned about advances in treatment of skin diseases in general in Germany. Psoriasis was the commonest chronic skin disease; manganese intravenously and white precipatate (ammoniate mercury) ointment or Cignolin (a synthetic derivative of chrysarobin made by the I.G. Farbenindustrie) continued to be the

treatment of choice. Roentgen rays in 75 R doses at weekly intervals for four times was used sparingly, and then only on isolated lesions. He was un familiar with the tar-ultraviolet method of Goeckerman and the high vitamin A & D therapy used with great sucess in the U.S. He felt that most of the infantile eczemas that we consider allergic in origin were not due to allergy but to a nervous imbalance of the organism as a whole . In general, very little emphasis is laid upon allergy in skin diseases except in industrial workers.

Ringworm infection of the scalp is not frequent in Germany; epilation is produced by X-ray. Thallium acetate is too toxic and is no longer used. Epidermophytosis of the hands and feet is a major problem in troops returning from the African desert areas. The best method of treatment was found to be K Mno4, 1 - 8000 soaks for acute cases and a drying powder plus 3% salicylic and 1% benzoic acid ointment for the chronic cases. Specific instructions regarding the care of the feet was found to be the best prophylactic measure. No X-ray therapy had been used. Acne vulgaris, the second most common skin disease, was treated mainly by local application of strong sulphur and resorcin lotions or salves and changes in dietary and living routine. The number of cases have diminished materially in the past ten years since there has been a scarcity of fat and an almost total disapperance of chocolate from the diet. No X-ray treatment of acne was known to be in use.

4. The Orthopedic Department.

Prof. Franz Schede, director of the clinic since 1933, and Oberarzt Günther Imhäuser were interrogated. The clinic building which had a normal capacity of 175 beds was greatly destroyed in 1943. It was rebuilt to be able to handle out-patients and house 70 bed cases Dr. Schede was 63 years old and impressed one with his scientific qualities. His chief interest for many years has been the study of the prevention and the rehabilitation of cripples. He organized the first school in Germany for crippled children with the invention of special bed-desks for those in casts. He also organized the first school to prevent malpostures resulting in the development of flat feet, kyphosis, scoliosis, etc., later in life. With proper rest and play periods during the hours of study, with proper desks and proper lighting, he stated he was able to prevent these deformities. He has written several educational books on this subject and especially on flat feet. He has invented a new shoe allowing more space for movements of the toes which he claims prevents the development of flat feet. He stated that he has used no new operative procedures during the war and that his clinic did not care for wounded troops.

A summarization of articles illustrating the above points of interest follows:

Franz Schede: Fortschr. d. Chirurgie 935; No 45:2733

The Treatment of the Congenital Club Foot

Summary:
Various methods of correction of club foot are mentioned, such as extension apparatuses, splints, etc. The second part of the paper concerns itself with the "Pfannendachplastic" - a plastic operation for the construction of an artificial hip joint when such is indicated as in congenital dislocated hip.

Franz Schede: Ztschr. f. Altersfrschg. Vol 2;3; 1940: 231

The Ageing of the Supportive and Locomotor System

Summary:
This study tells about the senescent changes of bone, joints, muscles, etc. important to the supportive and locomotor skeletal system, and their therapeutic management.

Franz Schede: Ztschr. f. Krüppelfürsorge 35:9 - 12: 33 Sept.-Dec.1942

Freedom of the Toes as a Medical Requirement for the Prevention of Foot Deformities.

Summary:
This study concerns itself with the optional measurements and shapes for shoe wear. The long axis should run through the 2nd toe, it should not displace the lateral digits, the heel should not be of more than 4 cm height. etc.

Franz Schede: Results of Various Methods of Treatment of the congenitally Dislocated Hip, Ztschr. f. Orth. u ihre Grenzgeb. 71:1 1940

Summary:
This is an extensive report 67 pages of the results of the Orthopedic Clinic at the University of Leipzig during the past 15 years in the treatment of congenitally dislocated hip, with special reference to early and late treatment. Methods used, types of casts, and exercises are described. Statistical reports of cures, recurrences, etc. are listed. The text is well supplemented with reproductions of radiographs and photographs of casts and apparatus.

Hellmut Eckhardt: Organization of Disability (cripple) Compensation in Germany (German Union for Cripple Compensation)

Summary:

This pamphlet concerns itself with the organization and list the directors of the various disability compensation organizations in Germany.

The following is a list of organizations mentioned:

1. Reichsarbeitsgemeinschaft zur Bekämpfung des Krüppeltums. (Committee to Prevent Disability)
2. Deutsche Vereinigung für Krüppelfürsorge (German Association for the Care of Cripples)
3. Deutsche Orthopädische Gesellschaft (German Orthopedic Association)
4. Reichsbund der Körperbehinderten (Association of the Disabled.)

It also lists German law as to disabilities, the problem of employment, and the various clinics in Germany.

F. Schede: Hygiene of the foot, 4th Ed. 1943: Georg Thieme, Leipzig.

Summary:

This is a small pamphlet of 48 pages discussing the prevention of foot disease. It explains the hygiene and prevention of foot deformities in the child and adult. Therapy is also covered, and a section of the book is devoted to foot exercises.

Günther Imhäuser: The Hip Joint in Daily Practice, Der Landarzt, 1942: Vol. 33 page 377.

Summary:

This is a practical article describing the various types of hip joint disease at different ages with the differential diagnosis, prognosis and appropriate treatment. Fractures of the neck and the femur also discussed.

G. Imhäuser: Plaster Technique for Clubfoot and Contracted Flatfoot, Ztschrft. fur Orth. u. ihre Grenzegbiete, 1940; 71:265

Summary:

After giving the technique of applying plaster casts for these two conditions, the author describes a speculum-like metallic instrument which is inserted between the layers of the cast. It acts

as a lever for easier manipulation of the foot to secure the desired degree of flexion, adduction or abduction. It is removed just before the plaster is dry.

G. Imhäuser, Rotary Gliding of the Vertebral Column, Arch. für Orthopaedische u. Unfall Chirurgie. 40: 473, 1940

Summary:

Lateral rotation of the vertebrae was thought to occur only in the lower portion of the vertebral column and followed scoliosis of this area. It was not thought to be the result of previous trauma. The author describes the same condition for the first time in the vertebrae of the cervical region which he attributed to an old injury.

G. Imhäuser: Calcification of the Costal Cartilages, Arch. f. Ortho. und Unfall Chirurgie: 40:538, 1940.

Summary:

This is a discussion of the etiology of calcification of the costal cartilages. The 47 cases under consideration were divided into different age groups. It was concluded that calcification occured following longstanding scoliosis, spondylosis deformans and kyphosis which resulted in a lessened action of the chest during breathing. Due to the activity of the heart, the calcification is always less on the left side. This is an example of disease atrophy with resulting deposit of calcium.

C. Mau and G. Imhäuser: An Operation for the Contracted Pes Transversoplanus, Ztschrft. f. Ortho. und ihre Grenzgebiete 70:1, 1939

Summary:

Description of an original operation in which a ½ to 1½ cm portion of bone is removed from the basal section of the second, third and fourth metatarsal bones. After 4 years observation of these patients the authors believed they could recommend this operation very favorably.

G. Imhäuser: Intra-articular Spanarthrodisis of the Hip Joint, Ztschrft. f. Ortho. und ihre Grenzgebiete 70:48, 1941

Summary:

The author describes the method used in placing a bone splint in the hip joint to produce thorough fixation. Bone was considered preferable to a steel pin if total fixation is desired. Operation

was entirely successful since pain, disability and limp disappeared.

G. Imhäuser: Our Experience with "Homburg 680" in the Treatment of Hemiparesis, Ztschrft. f. Orth. und ihre Grenzgebiete 74: 136, 1943

Summary:

"Homburg 680" is a mixture of Bulgarian belladonna roots. Given by mouth it causes relaxation of spastic muscles and is especially indicated with late stages of epidemic encephalitis

G. Imhäuser: The Relationship between Supernumary Lumbosacral Vertebrae and Hip Disease, Ztschrft. f. Ortho. und ihre Grenzegbiete 75:286, 1944

Summary:

In a review of 1072 X-ray films, 4.57% were found to have extra vertebrae. Half of these had concomitant disease of the hip. Cases with dissolution of the epiphysis showed 21.6% of assimilation vertebrae, while in luxation, there were only 2.23%.

G. Imhäuser: Montion of the Illiosacral Joint in the Presence of Bilateral Ankylosis of the Hip Joints, Ztschrft f. Ortho. und ihre Grenzgebiete 75:288, 1944

Summary:

Considerable compensatory montion always occurs after bilateral ankylosis for the hip joints following infection. Standing upright, mounting steps and participation in sports were possible in the two patients reported.

G. Imhäuser: The Treatment of Periarticular "Stiff-Shoulder", Ztschrft. f. Ortho und ihre Grenzgebiete 73:263 1942.

Summary:

This condition occurs suddenly after acute and chronic trauma, inflammation and unexplained causes. Early cases are treated with conservative methods. In long standing cases the patient should be placed under anesthesia and the adhesions broken by forced manipulation. The patient is then given a course of daily corrective exercises.

5. The X-ray Department.

This department was located in three rooms in the rebuilt portion

of the Surgical Clinic. All apparatus was destroyed in the 1943 bombing, but enough has been replaced to carry out routine work for the various clinics. In the absence of Prof. W. Baensch, the director, who is one of the leading X-ray men in Germany his Oberarzt Prof. Dr. Reinhold Finsterbusch was interrogated. Dr Finsterbusch has been at the clinic for 22 years. Neither of these men ever joined the "Partei" as they had already attained their professorships.

This department formerly had 40 beds and now has ten. In addition to the diagnosis and treatment of routine cases, Prof. Baensch has been especially interested in the use of radium and x-rays in diseases of the bones and in treatment of cancer of the breast.

The plan of treatment giving the best results in Cancer of the breast is as follows:

In operable cases prophylactic x-rays are used to prevent metatases. Five to six exposures at intervals of 5 to 7 days depending upon the amount of general and local reactions are given. The entire breast and regional glands are then removed. Dr. Finsterbusch could not give me the exact figures on the percentage of cures after five years. He believed they were between 30 and 40%.

Inoperable cases are given repeated heavy doses of x-rays. The results were always bad and only prolonged life.

The Coutard method of treatment of widespread superficial cancer of the skin highly thought of. It used up x-ray tubes very rapidly and it had not been used for 18 months due to a shortage of tubes. At the present time this clinic had only three tubes and no possibility of getting new ones. The Coutard methods was especially useful in cancer of the larynx.

Ulcus rodens was preferably treated with radium needles and tubes inserted radially into the skin. This method was considered greatly superior to radium plaque treatment.

Dr. Baensch is considered to be Germany's leading exponent of the x-ray diagnosis of the stomach and intestinal tract and the genito-urinary tract. He has contributed the following sections of the "Lehrbuch der Röntgendiagnostik" by H.R. Schinz, W. Baensch und E. Friede, Leipzig, Georg Thieme, 1939.

a. Röntgenuntersuchung der Harnorgane. - 83 pages
b. Röntgenuntersuchung der Verdauungswege (alimentary tract) - in three parts.
   1) Section on the mouth, pharynx, and oesophagus, Forty-nine pages.
   2) Section on pneumoperitoneum (gas in the peritoneal cavity), on the liver, spleen, pancreas, adrenals, gall bladder and tracts, and tuberculosis of peritoneal lymph glands.) Fifty-three pages.
   3) Section on the ileocrcal region, the appendix, the large intestines and internal fistulae of the alimentary canal. Eighty-nine pages.

This text-book was said to be the most up-to-date work on these subjects and had been recoginized as the standard book on x-ray diagnosis since tha appearance of the first edition several years ago. Its earlier editions are well known in the U.S. These sections are part of the fourth edition.

6. Miscellaneous Departments.

The Pharmacological Institute was 100% destroyed in December 1943 with loss of all records and apparatus. Its director, Prof. W. Lendle, has been evacuated to the U.S. area, but some attempt to carry on its activities is going on in one room in a cellar under Dr. C. Henze, newly appointed. No information of any value could be obtained from him. It was stated that Prof. W. Lendle has already been interrogated by one CAET team and two CIOS teams.

The Department of Physiology with Prof. Thomas as its director was entirely destroyed. He had been interviewed by CIOS teams and I was told he had been evacuated to the States. The same applies to Prof. Helfferich, head of the Department of Chemistry, and Prof. Hueck, head of the Pathological Department.

The Department of Diseases of children is functioning in a make-shift out-patient clinic and has only 40 beds. A newly appointed director, Prof. Werner Catel, could give no information of value.

Dr. H. Bostrom, the professor of Psychiatry, died very recently and his successor, Prof. H. Wagner, had moved his department, formerly of 500 beds but now with only 90 beds, to Doesen, within the Russian area.

The Ear, Nose and Throat Clinic under Prof. W. Lange was only 25% destroyed but is now used mainly to house parts of other departments. Its bed capacity has been reduced from 250 to 70 beds.

The entire staff were members of the S.S. and are now P.W. No information of value could be obtained from the new staff.

The Eye Clinic under Prof. H. Jess was completely bombed out and now has 30 beds in the Nose and Throat Clinic. Prof. H. Jess was absent and it was said that he had been evacuated by a group of scientists because of the work he had been doing on the physiology of the eye and on the technique he had devised for removal of foreign metallic bodies from the eye with the Riesenmagnet. This technique has been mentioned above in the section of Prof. Heller.

Since all records and reprints were destroyed, no other information of value was obtained from Oberarzt Sklartz.

The visit to the Gynecology and Obstetrics Department was a complete failure as the department had been moved within the Russian area at Doesen. It had been directed by Prof. Robert Schrader who was thought to be a P.W. at this time.

IV. Conclusions:

Due to a variety of circumstances mentioned in the body of this report this investigator feels, that with a few exceptions, very little of scientific interest or progress was found at the Medical School at the University of Leipzig. Nazi restrictions during the past 5 years limiting research work to fields that could contribute to the war effort and lack personnel and loss of material and apparatus due to bombing were only partially responsible for the present state of affairs. The December 1943 bombing brought to a climax the psychological feeling that had been gradually growing among the older members of the Faculty that the war was going to be lost but before this would happen Germany would completely destroyed by bombing. After the December bombing, no research work was done; facilities were so limited the faculty had to improvise methods to care for the routine civilian sick by scattering different departments piecemeal throughout the city in private homes or city buildings.

Destruction of all records by incendiary bombs contributed largely to the collapse of research morale. It is felt that it will be many years before Germany reaches again its pre-war level in the research field.

The main items of interest may be listed as follows:

1. Dr. Heller's new stand used without assistants for applying plaster casts or in operations for fractures of the long bones

of the lower extremities.

2. His simplified universally adaptable extension apparatus and a roller to convert stationary orthopedic beds into ones allowing evacuation.

3. His work with the giant-magnet in removing metallic foreign body particles from the brain.

4. His bed frame for the care of cases with severe decubitus ulcers or wounds of the sacral region.

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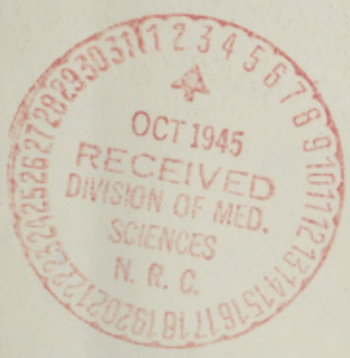

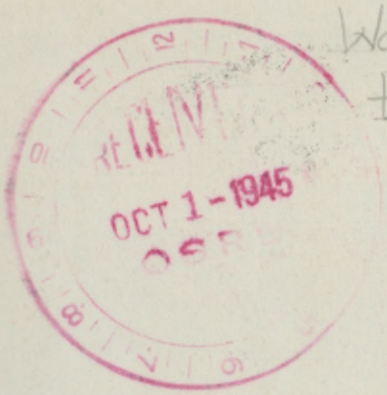

War Dept., Combined Intelligence Objectives Subcomm. Report #69

Undated