

# MEDICAL PRACTITIONERS WHO WERE PRISONERS OF AUSCHWITZ-BIRKENAU

*One thing I ask, you who survive these times,  
do not forget either the good or the bad. Patiently  
collect documents relating to those who died  
for themselves and for you. I want people to know  
there were no nameless heroes, that there were individuals  
who had names, who had their homes and their hopes, and that the pain  
of the very last of them was no less than the pain  
of the first to have his name preserved*

Juliusz Fuczik

Thousands of doctors and other medical service staff were concentration camp prisoners. They included many from the Cracovian medical milieu. Thanks to the work coordinated by the TLK (Towarzystwo Lekarskie Krakowskie, the Kraków Medical Society) we have managed to draw up a list of the human losses in our professions. Hundreds of names of doctors, nurses, and other medical personnel who were inmates of Auschwitz-Birkenau have been published in our journal *Przegląd Lekarski – Oświęcim* alone. Unfortunately many of these individuals died in the camps or shortly after liberation.

It is estimated that at least five thousand Polish doctors, two and a half thousand dentists, and about three thousand ancillary medical staff died during the Second World War. But, as Stanisław Kłodziński has written, of the Polish physicians' graves scattered all over the world, the biggest charnel-house of human ashes is to be found on the marshy fields of Auschwitz.<sup>1</sup>

It comes as no surprise that the medical practitioners who were themselves concentration camp inmates were the first to embark on the documenting of the medical, psychological and social effects for their patients of a sojourn in one of these "death factories." There was good reason for such an epithet for the extermination camps. They were built to put into effect the insane Nazi ideology which sought to "clear the human race" of those "elements" that were "unworthy of life." Millions of human lives fell victim to that ideology: Poles, Jews, Roma, prisoners of war, representatives of scores of national and ethnic communities. German scientists, including medical practitioners, helped to design methods of mass destruction of human beings which worked as fast, as efficiently and economically as possible, and left no tell-tale evidence. The gas chambers and crematoria served to accomplish this, and a team of perverted camp functionaries carried out the task. Trainloads rolled up onto the ramp at Auschwitz, carrying prisoners from all over Europe like products on a conveyor-belt in a gigantic production-hall. Those who were

judged incapable of work were sent straight to the gas chambers; others were granted a scrap of life in the deadly conditions of camp existence, until they wasted away to a state of emaciation beyond recovery and eventually left the concentration camp via the chimney of the crematorium. The death factory worked perfectly.

## "DEATH FACTORY" HOSPITALS

So how can we explain the fact that there were hospitals (the ambient term for them in the German concentration camps was "revier"), outpatient clinics, and quarantine wards in these institutions "catering

for the dregs of society?" If the purpose of concentration camps was the exercise of mass extermination, why should there have been any concern in them for inmates' health? This diabolical feature was part and parcel of the ideology of the RSHA (Reichssicherheitshauptamt – the Central Security Office of the German Reich). Alongside its asset as counter-propaganda the aim of the scheme was to secure an extra dimension to foster mass extermination. Concentration camp hospitals and sickbays were places where selection was conducted, waiting-rooms from which patients were sent for a deadly intracardiac injection of phenol, or to the gas chambers. Patients were to be used as human guinea-pigs in sophisticated pseudo-medical experiments. These experiments involved sterilisation, castration, artificial insemination, burns with caustic substances, anthropological studies, research on monozygotic twins, cancer research, and the experimental carrying out of unnecessary surgery, to mention only a few projects. Some of the corpses were sent to anatomical museums



Zbiory A. Skomnickiego • A. Skomnicki's collection

*Ocena „czystości rasowej” małej dziewczynki przeprowadzana przez niemieckiego lekarza*

*A little girl's "racial purity" examination carried out by a German doctor*

or used for industrial purposes. The hospitals at Auschwitz and later Birkenau as well served as isolation wards for patients with infectious diseases, to prevent the spread of epidemics, which might have affected the staff of the camp too. The camp hospital was an elaborate propaganda device: it was shown to committees coming to supervise the camp, and passed off as a sign of the concern being taken for prisoners' health!

## QUARANTINE

Many of the new arrivals had to go through prison quarantine, the official aim of which was to prevent the spread of infectious diseases in the camp. In reality during quarantine prisoners were infected with diseases and underwent their first “natural” selection. The weakest physically and least resilient psychologically did not survive quarantine. Those who did were deemed fit for slave labour and were moved to the general part of the camp.<sup>2</sup> Polish physicians like Dr. Roman Zenkeler, and Polish Jews like Nussen Kleiberg, Leon Gelberger, Chaim Krause, Emil Lerner, Eugen Reach, and Arnold Rzędowski worked in quarantine admissions. Many patients were consigned to Block 12, the “antechamber to the crematorium,” and they died in the gas chambers. Quarantine staff tried to save the lives of patients who required hospitalisation by keeping them in quarantine.

## ORGANISATION OF THE REVIERS

The supreme authorities of the concentration camp medical service were the SS kommandants. The chief physician, usually a high-ranking officer, had his deputies who were doctors in the respective sub-camps. Certain prisoners, including doctors, made up a sort of extension of these authorities. As time passed, more and more inmates arrived and the camp grew, there were more and more sick inmates, mostly due to starvation. The doctors and nurses were obliged to keep time-consuming records, maintain order and make detailed records for individual patients. Initially, owing to the lack of medicines and dressings, treatment was practically out of the question. The authorities were reluctant about employing prisoners with medical qualifications; they were made to do physical labour and most died. From the middle of 1942, after Germany's series of defeats on the eastern front, conditions in the hospital improved and inmates who were doctors were sent to work in it. Auschwitz was losing its character as a concentration camp for Polish inmates only and was becoming internationalised as prisoners (mainly Jews) were arriving from all over Europe. The prison hospital turned into an undercover centre for the international resistance movement in the camp. Inspired by feelings of camp solidarity, the hospital staff managed to save many lives, by measures such as creating false medical data, discharging the less ill patients before a forthcoming selection for the gas chambers, hiding patients, or instructing them how to behave during a selection.

The discipline in the hospital block was extremely oppressive. How could a hospital be run if it had no doctors and no medicines, if patients' food was stolen from them, if the place was teeming with lice, fleas and bedbugs; if the floor and toilets reeked of chlorine; and the only things that made it look like a hospital were the patients' temperature charts and their medical records. The discipline was an additional meanness inflicted on the severely ill. The worst moment was when an SS doctor – a doctor, whose vocation was concern for patients' health – materialised in the ward. His appearance signalled danger: selection for the gas chambers or a phenol injection.<sup>3</sup>

## AUSCHWITZ PRISON HOSPITAL

The inhuman conditions of life in the camp, the omnipresence of dying and death left a deep psychological scar even on those

inmates who were physicians and more accustomed to the sight of human cadavers than other prisoners. Jan Olbrycht, a doctor with 35 years of experience in forensic medicine, observed instances of necrophagia in the camp: emaciated human skeletons cut out the muscles and internal tissues from the corpses of colleagues who had died and devoured them raw.<sup>4</sup> Olbrycht spent some time in the Block 28 hospital. When he had recovered he was made the chemist of the store of medications kept in the loft of Block 28. Josef Klehr, a German orderly, told him to prepare a prisoner's corpse for an autopsy which was to be held in the operating theatre on the ground floor of the block. Olbrycht left an eye-witness account of the incident:

*When I told Klehr that everything was ready, but there was no corpse, he said with an ironic smile, “Die Leiche spaziert noch.” (The corpse is still taking a stroll.) And indeed, after some time I saw a young, emaciated prisoner being brought into the operating theatre and Klehr giving the order for him to be put on the operating table. Then he ordered prisoner Pańszczyk inject a lethal dose of phenol into the heart. When death had ensued Professor Kremer, who was the Lagerarzt (camp physician) appeared with some jars of conserving liquids and announced that he intended to carry out a set of experiments to find whether atrophica fusca (brown atrophy) occurred in the organs after death. Next he told me to take samples from the organs in the body, including ones in which brown atrophy never occurs. Klehr did not wait for one of the emaciated prisoners to die, [...] he simply gave the order for a prisoner to be killed with a phenol injection.<sup>5</sup>*

In the autumn of 1944 Dr. Olbrycht and Dr. Władysław Fejkiel were ordered by Dr. Eduard Wirths the Standortarzt (garrison physician) to conduct a series of autopsies on prisoners who had just died. The aim was to determine which diastolic or systolic phase the heart was in on death, and the behaviour of the cardiac valves. Wirths paid no attention to the fundamental rule of forensic medicine, that a post-mortem may not be carried out until at least six hours have lapsed from the time when death was confirmed.

From 1941 on Polish doctors and nursing staff gradually started to be employed in the camp's hospital and outpatients' clinic. It was a similar story in the hospital laboratory and X-ray department, where a new opportunity arose for issuing fake examination results to the advantage of patients. Nearly all the jobs were taken up in an unobtrusive manner by political prisoners, Poles accounting for 90% of them. Dr. Stanisław Kłodziński recalled:

*the staff now running the hospital tried to frustrate the SS's plans as much as possible, and did all they could to mitigate the setbacks, cushion the blows, and reduce their consequences. [...] Good working contacts were established between the hospital and the camp kitchen, the workshops, the prisoners in the political department, the employment department and even Block 11 (the death block). These contacts went further – out to Birkenau, the men's camp, the women's camp, the Roma camp, Buna, and the sub-camps. [...] Bathrooms with running hot and cold water were illicitly installed in the hospital blocks, and the toilets were open 24 hours a day. The straw in patients' mattresses was changed several times a year. [...] The lice, fleas and bedbugs were got rid off thanks to regular, efficiently carried out pest control campaigns. [...] The hospital's medicine store increased to a substantial capacity, thanks to which treatment came to resemble normal medical practice. A large part of the drugs and medications*

came in through a clandestine channel from Kraków. A scheme was devised down to the minutest details for the illicit delivery of medicines, and I turned the hospital dispensary of Auschwitz into the dispatch point for the women's camp and the sub-camps. The whole process [...] had to work in an extremely precise way; the discovery of any evidence of it by the SS would have ended in the death bunker and the wall of death. [...] Of course some leaks and fatal accidents were inevitable.<sup>6</sup>

The situation improved when an inmate, Dr. Władysław Fejkiel, became camp physician in 1944. This doctor could count on the support of his fellow-prisoners. He had a fairly good knowledge of the camp's structure and was able to select trustworthy doctors and nurses to work with him. He managed to have denouncers and demoralised criminals transferred to another camp. The hospital made an important contribution to counteracting the sadistic practices of the kapos. The hospital staff communicated information on Auschwitz to the outside world. Drugs and medications were brought in thanks to the co-operation of persons outside the camp with the dispensary inside the camp. By the last phase of the camp's operations the hospital was actually performing the functions of a real hospital – providing treatment and protection for patients. Some of the SS functionaries were even seeing experienced Polish doctors secretly for private treatment. Finally the hospital became the headquarters of the resistance movement in Auschwitz. It was used as the springboard for escapes, the source of information to the outside world, for radio broadcasts on the truth about Auschwitz. Selections of patients for the gas chamber and phenol injections stopped in the period when the hospital was in the hands of Polish staff.

A doctor who distinguished himself in this work was Dr. Stanisław Kłodzinski.<sup>7</sup> He was a member of the prison resistance movement and had contacts with the outside world, sending out secret messages and bringing in food and medicines. Working as an orderly (paramedic) in the prison hospital, he protected patients by ingenious methods, saving them from death selections. He was one of the creators of a conspiracy centre in the hospital – one of the few undercover resistance units in the camp, and in that hospital sanctuary helped the medical staff, individuals distinguished for their services to Polish culture, survive the camp.<sup>8</sup> After liberation he spent the rest of his life generously helping fellow ex-prisoners of concentration camps, looking after their health, procuring compensation, and above all documenting what happened to them in the concentration camps and under wartime occupation. The medical world is especially indebted to him for the 140 articles he published in *Przegląd Lekarski – Oświęcim*, including scores of biographies of medical staff in the camps and elsewhere during the war. One of his own biographers called Dr.

Kłodzinski a “hero of Auschwitz,”<sup>9</sup> and Anna Poczatek published a monograph on his life during the war and in the concentration camp.<sup>10</sup>

Incidentally, the idea to study the consequences of concentration camps for those inmates which survived them and publish the research results in *Przegląd Lekarski – Oświęcim* was a joint initiative of Drs. Antoni Kepiński and Stanisław Kłodzinski.

Despite the hospital's efforts to dispense treatment and protect patients, it did not enjoy a good opinion with prisoners. The prevalent view was that the revier was a “bumping off place” or “the antechamber to the crematorium.” Prisoners were afraid of landing up in the revier, they preferred to conceal their ailments as long as they could, just so as not to be sent to the hospital. Artur Krzetuski left the following account: “I kept well clear of the revier, since that was the place where you would be most likely to depart this world. I mean the selections for extermination, gassing convalescents etc. But it has to be stressed that our doctors (those who were prisoners) did all they could to save people, often putting their own lives at risk to do so.”<sup>11</sup>

From the very start it was clear that the camp hospitals had been treacherously built into the functions of extermination envisaged in the so-called euthanasia programme, viz. the “mercy-killing” of persons declared incurably ill, and thus useless for the Third Reich. In mid-1941 concentration camp inmates were made subject to euthanasia. From then on prisoners with infectious diseases or disorders which gave little or no promise of recovery were systematically put to death. The first to be affected by this regulation were the patients of the prison hospitals. This was done by means of so-called selections. The first selection was conducted on 28 July 1941 by a medical committee headed by Dr. Horst Schumann. 575 patients were its victims. Until the gas chambers began operations, death by phenol injection was the standard method of “clearing” the camp of prisoners incapable of work. Selections were carried out systematically in all the reviers. One of the last selections was conducted in October 1944.<sup>12</sup>

The purpose of prison hospitals was to camouflage their fundamental aim, which was to annihilate prisoners. Patients were given half the regular food rations, unqualified individuals were allowed to work in the hospitals – not to mention the lack of the most rudimentary medications and surgical appliances. The way the patients were admitted to the prison hospitals was also designed to kill them. As Dr. Diem recorded, there was only one objective in the way the SS organised the “assistance” dispensed to the sick in Auschwitz: to do everything to dispose of the weak and the ill as fast as possible. They were loath to allocate money, space, medicaments or dressings to saving the sick.<sup>13</sup>



Zbiory A. Skoimickiego - A. Skoimicki's collection

*Ofiara „eksperymentu medycznego” w warunkach niedotlenienia*  
*A victim of a low-oxygen “medical experiment”*

In view of the shortage of medicines, all gestures of psychological support – an idiosyncratic form of concentration-camp psychotherapy – were worth their weight in gold. Father Konrad Szweda noted that when there were no medications, a smile and some friendly advice were all the medicine a patient could get at times of spiritual depression. He could not deny that religion played an important role in concentration camp therapy.<sup>14</sup> Czesław Czerwiński, another prisoner, testified to the following attitude adopted by the prisoner medical staff: “They did more than they could. They exhausted the physical means and resorted to an arsenal of psychological means. This meant the brightest rays of humanity: goodness, love, and self-sacrifice. The Polish doctors in the camp, our fellow-prisoners, passed this test with flying colours. I am full of an adulating respect and admiration for them and thank them from the bottom of my heart for the help I received.”<sup>15</sup>

Although the physician inmates did all they could to look after the sick, the functionaries, the kapos of the revier and the blocks, who were subordinated to the SS-men, treated patients brutally and denounced the doctors to the SS-men.

### DOCTORS WHO WERE PRISONERS

The doctors who were prisoners and found themselves working in the concentration camp reviers were in an extremely complicated predicament. The restrictions on the possibility of dispensing treatment and the shortage of medicines and instruments often forced them to make decisions on the life and death of their charges. Such decisions must certainly have been very hard for them. But they were unavoidable decisions; there were enough life-saving drugs only for a few patients, and they could not save every patient from selection for death. They had to choose who would be given the chance to live and who would be condemned to death. ... The doctors who were inmates themselves wanted to help all of their patients, at all costs, even those patients whom they couldn't help, and contrary to their will had to leave some of the patients to die. For the SS doctors the patients were alien organisms, of no consequence to them, destined sooner or later for annihilation.<sup>16</sup>

Prevented from dispensing treatment in the full sense of the term, doctors did all they could to save patients from selection. Here is the testimony of Franz Danimann, an Austrian ex-prisoner. He didn't know any Polish, so he found it difficult to understand the efforts the staff of the revier were making to keep him from being moved to Birkenau, where the sick were sent to the gas chambers and the crematorium: *I lost consciousness, I don't know for how long. Someone fed me like a baby. I was given a bedpan and a bottle; I couldn't get up. A Polish doctor who was an inmate said something in broken German about pneumonia with complications and shook his head. But luckily it wasn't typhus, which was the biggest bogey for prisoners. The doctor who was a prisoner cared for me in an admirable way. ... He whispered in my ear that there was no hospital in Birkenau, and certainly no facilities for convalescents, but there were gas chambers there, and that was where the prisoners selected by the camp physician would be going.*<sup>17</sup>

His life was saved and he survived the concentration camp.

The inmate medical staff were coerced into recording false data on medical documents, in particular to withhold informa-

tion on the true cause of death. When a Jewish prisoner named Liebermann was murdered, Leon Głogowski, clerk of the prison hospital, was made to put down that the cause of death was a stroke. “I realised that in the camp Jews had no right to life at all, and that it was a question of their utter extermination, regardless of the method of killing,” he wrote.<sup>18</sup>

On the other hand the SS doctors had a very different approach to making life-and-death decisions. For instance in the selections on the ramp. There was something of a last judgement about these events. A movement of the selector's finger would determine the life or death of hundreds, or even thousands, of human beings. But even in such situations the behaviour of the Polish doctors could save a life. Here is the statement made by Kazimierz Tokarz:

*In 1941 I contracted typhus. One day a selection started. . . . Those of us who were capable of transportation, were left to the next day, when we were to be disposed of in the gas chambers. . . . I was sorry to have to lose my life. After two years of struggling to survive for each new day, every hour, was I to die a terrible death in the gas chamber? In my thoughts I was already on the other side of life. [...] It was a state of exaltation, spiritually I had moved to a different, more beautiful world, where there were no murders, no cold, no beatings, no hunger, no appeals. This was the state in which I went out to the cars transporting patients to the gas chambers. Thanks to an intervention by the Polish inmate doctors the SS-men did one more review of the patients due to be sent to the gas chambers and, along with about 40 colleagues out of a group of about 600 prisoners, I was saved.*<sup>19</sup>

The first Polish inmate doctor to work in this way in the camp hospital was Dr. Stefan Pizło. The people who came into contact with him in the hell that was Auschwitz had Dr. Pizło to thank for his exemplary humanitarianism, something so precious and sought after in the community ravaged by the atrocities of the camp's criminal founders.<sup>20</sup>

Dr. Czesław Lutyński, a graduate of the medical faculties of Kharkov and Poznań, had an admirable record of work in the prison hospital of Auschwitz. He was sent to the camp in August 1943 for political activities. After a period in quarantine he was put into Block 30 to work as a medical orderly. He was skilful enough to get many sick prisoners out of the extremely hard work and keep them in the prison hospital, where he later worked as a nursing auxiliary tending to tuberculosis patients. He worked with other Polish doctors, such as Alfred Federkiewicz, Jan Malinowski, Witold Kulesza,<sup>21</sup> and Stanisław Kapuściński. Many witnesses stressed Dr. Lutyński's courage, even heroism, in hiding endangered patients. For instance, he kept a half-blind patient, Major Bronisław Mróz-Długoszewski, who later wrote a collection of Auschwitz stories, hidden in his block.<sup>22</sup>

Dr. Witold Kulesza was a political prisoner who worked in the men's revier at Birkenau. He risked his own life to save two Polish doctors and many other prisoners of different nationalities.

Dr. Tadeusz Gąsiorowski was remembered for being the first doctor to conduct an appendix operation in the drastically primitive conditions of the revier, saving the patient's life.<sup>23</sup>

There were also army doctors among the prisoners of Auschwitz-Birkenau, and they included Rudolf Diem, Czesław Jaworski, Tadeusz Kowalski, Czesław Kozłowski, Edward Nowak, Zbigniew Szawłowski and Jan Maria Suchomel. Work in the X-ray department of Block 28 gave Dr. Suchomel excellent conditions for resistance activities, such as dispatching secret

messages hidden among X-ray plates to the apothecary's shop at Brzeszcze.<sup>24</sup> Dr. Rudolf Diem also joined the resistance movement and risked his own life to save other prisoners. He wrote in his notes that all the time he was balancing on the edge of jeopardy. Once he had embarked on this road, the struggle for his own life day by day became more of a diversion, a game taking his mind off the realities of survival, and more of a gamble in which the stakes were his own life.<sup>25</sup>

Dr. Stanisław Mazurek earned a reputation for getting rid of Schnederer, one of the most dangerous kapos. He recommended pure cresol as a treatment for Schnederer's pediculosis (lice infestation). The kapo's skin was burned seriously enough for him to be sent to a hospital in Wrocław.<sup>26</sup>

Dr. Józef Jabłoński had two spells in the prison hospital of Auschwitz I. First he worked there cleaning the blocks after the women prisoners were transferred to Birkenau. Afterwards he worked in the outpatients' clinic. He contracted typhus, but his life was saved by a prolonged stay in the prison hospital.<sup>27</sup>

Dr. Tadeusz Szymański found himself in the revier in a state of extreme emaciation. He worked in the infectious diseases block, first as a male nurse, and subsequently as a physician. Later he was transferred to the Roma camp, where he was head in one of the blocks.<sup>28</sup>

Dr. Ignacy Kwarta was seriously ill with tuberculosis and survived thanks to the professional care of Dr. Władysław Tondos. Józef Mężyk, a medical student who worked with him, wrote, "In the midst of the continuous plotting, blackmailing, fantastic forms of spying, threats, and infections, together we toiled in that Slough of Despond and managed to escape all the catches and snares."<sup>29</sup> This quote shows the atmosphere in which inmate doctors had to work.

Dr. Czesław Gawarecki was the head of the X-ray station. He and Dr. Rudolf Diem worked bravely, not disclosing the real diagnoses to save patients from selection. Dr. Gawarecki was a political prisoner and was shot on this count in Block 11.<sup>30</sup>

Col. Dr. Czesław Wincenty Jaworski arrived in the camp in a very poor condition. He "worked his way up" from manual labourer, to nursing auxiliary, dispensing chemist, and finally to the position of a doctor in the revier. After the camp's liberation he stayed behind to look after 850 patients of various nationalities until the arrival of the medical staff of the Soviet army.<sup>31</sup>

Dr. Roman Łaba gained the admiration of the SS doctors for his diagnostic skills. Even Werner Rhode, the camp physician, sought his professional advice.<sup>32</sup>

Dr. Wilhelm Turschmid, a surgeon, nicknamed "Granddad" by prisoners, was shot in Block 11.<sup>33</sup>

Dr. Edward Nowak was a "bright ray of light in the darkness of Auschwitz, a man of principle in a place where human dignity had been dehumanised. He did not treat the therapeutic art as a profession but as a sacred vocation in the service of mankind."<sup>34</sup>

He died of typhus after being transferred to Majdanek.<sup>35</sup>

Dr. Stanisław Suliborski worked with patients with meningitis and infectious diseases.<sup>36</sup>

Dr. Czesław Kozłowski was a surgeon and block physician, who was consigned to the bunker in Block 11, and later punitively sent to Czechowice to remove unexploded bombs.<sup>37</sup>

Dr. Roman Szuszkiewicz from Tarnów was head of dentistry in the prison hospital. He fell seriously ill and was evacuated to Mauthausen concentration camp.<sup>38</sup>

It would be impossible in this paper to name and describe the work of all the Polish doctors who were prisoners of Auschwitz-Birkenau.<sup>39</sup>

## BIRKENAU REVIER

On 6 August 1942 the women's camp was transferred from the parent camp to Birkenau. From April 1943 the revier there was an autonomous unit, which made it possible to provide treatment for patients with typhus, and selections of non-Jewish prisoners for the gas chambers stopped. The Birkenau revier was managed by SS physicians Werner Rhode, Fritz Klein, Hans Wilhelm König, Josef Mengele, Heinz Thilo, and Horst Schumann. All of them took part in selections. The patients were cared for by Polish women doctors who were prisoners, and nurses, many of whom were Polish inmates.

Anna Tytoniak wrote that from the very beginning life in Birkenau was the most terrible thing possible. It was the nadir of indescribable dirt and squalor. The most resilient physical constitutions and the toughest human characters broke down in Birkenau. The air stank, and the place was full of filth, mud, fleas, lice, rats, and worms. No wonder the SS doctor Heinz Thilo dubbed this camp the world's anus (*anus mundi*).

The target capacity of the women's prison hospital was to comprise six wooden huts. Jadwiga Apostoł-Staniszevska recalls,

"From the entrance porch a door on the right led to the *sztube* ('parlour'!). On the left there were some not fully lidded prison latrines from which came a terrible stench. Inside the hut a couple of human skeletons clad only in dirty shirts with blankets on their backs wandered around the room, holding on to the three-tier bunk beds that lined the walls. A few patients sat on the chimney-pipe, which went along the entire length of the block."<sup>40</sup> The prisoners had go out to the toilets located beyond the hospital huts. At night some of the women prisoners used their food-basins for the call of nature. When caught they were severely punished.<sup>41</sup>

No medicines were supplied to the convalescents' block. Treatment was more like quackery than medicine, the range of medications available consisted of ichthyol ointment, and apart from that coffee dregs, raw potatoes, salt, garlic, onions, spittle and urine. The last-mentioned was a panacea for festering wounds and boils. The mortality rate was 250–300 per day. No wonder that no-



*Jeden z kilkudziesięciu zeszytów oświęcimskich „Przeeglądu Lekarskiego”*

*A copy of the periodical Oświęcim – Przeegląd Lekarski, which has had scores of issues published*

one went to the revier of their own free will: being in the hospital was tantamount to selection and death in the gas chamber.

All operations were done in primitive conditions. Instruments were “sterilised” in water which had a brown colour, with a layer of grease floating on top of it.

Birkenau revier was inspected by its camp physician, Josef Mengele.

*His elongated face was motionless, stony and sadistic. The tight lips and half-closed eyes concealed behind his glasses seemed to indicate this. He did not pay any attention to the women who passed by him, keeping up on their feet only with difficulty. [...] He seemed to be checking that everything was proceeding according to plan. He was celebrating a spectacle. His uniform and its sparkling insignia brought a “ceremonial” atmosphere of horror into the camp.*<sup>42</sup>

It was not until Polish doctors, prisoners Bolesław Zbozień, Julian Kiwała, and Władysław Tondos, took over in Birkenau revier, that conditions improved a good deal. Gradually Polish women prisoners took over in the administrative jobs and in the departments for political prisoners, thanks to which they could play a major role in admitting patients and saving their lives. For instance, they faked lists of those due to be sent to gas chambers by putting the numbers of deceased prisoners on them. Nonetheless they could not prevent all the selections and mass executions of patients.

Here is Maria Elżbieta Jezierska’s account:<sup>43</sup>

*The hospital had a complete change of face. This happened when Polish women took over and the antisocial German women were thrown out. [...] How different the hospital hut looked now. [...] Unbelievable luxury by the beds – chamber-pots, and privies with lids and wooden seats at the back of the block, a world apart from the old latrines which stank for a hundred miles. There were also basins with water for washing, and most importantly, real hospital staff: women doctors and nurses, and even cleaners [...] It was all the result of efforts made by the prisoners, and their ingenuity [...] In a word, the revier started to resemble something that could be called a hospital. For a time there was a herbal kommando. Women prisoners returning to the camp [from work outside] smuggled in vegetables and berries with the herbs.*<sup>44</sup>

Inmate physicians, like Bolesław Zbozień and Leon Głogowski, and male nurses, who were sent in every day from the men’s camp, were a tremendous help. Dr. Zbozień, to whom hundreds of patients owed their lives, was described as follows in the recollections of Anna Tytoniak: “women patients well-nigh venerated him prayerfully; it was enough for him to exchange a few words with them, and they would assure him that they were feeling better.”<sup>45</sup>

Janina Kowalczykowska, a specialist in anatomical pathology from the Jagiellonian University Faculty of Medicine, was a prisoner in Birkenau from January 1943. First she worked in the sauna, and later in Block 24 as a doctor looking after patients. She worked with three Jewish women doctors from Berlin. She saved patients by writing out fake diagnoses and discharging them when a selection was due. Finally she was transferred to the SS institute of hygiene at Rajsko. She was pregnant when she was incarcerated in the concentration camp hell.<sup>46</sup>

The most credit has to be given to the women doctors. Names like Irena Białówna,<sup>47</sup> Aglajda Brudkowska, Celina Choynacka,<sup>48</sup> Jadwiga Havelka, Jadwiga Jasielska, Władysława Jasińska,<sup>49</sup> Zo-

fia Kączkowska,<sup>50</sup> Irena Konieczna,<sup>51</sup> Zofia Kordylewska, Janina Kościuszkowa,<sup>52</sup> Janina Kowalczykowska, Jadwiga Kobierska, Katarzyna Łaniewska,<sup>53</sup> Ernestyna Michalikowa, Janina Moczyńska, Stefania Perzanowska,<sup>54</sup> Alina Piotrowska-Przeorska, Alina Przerwa-Tetmajer, Maria Wiktorja Werkenthin, Janina Węgierska, Halina Witaszek<sup>55</sup> and others make up a glorious chapter in the history of Polish medical care.

They risked their own lives to make changes in the medical records, write fake diagnoses, alter admission dates to the camp and the revier, transfer less seriously ill patients to another block in order to conceal the true duration of their spell in hospital – all this they did to protect patients against selection. They were courageous and ingenious in carrying out this task.

Irena Białówna managed to get many women prisoners out of a selection, including a Jewish woman dentist named Mazo. She was absolutely devoted to her patients, especially the children. She proved her extraordinary daring, a steadfast character, an admirable attitude, courage, resourcefulness, and goodness. She would resort to the most elaborate measures to rescue patients.

Another individual with an admirable record was Dr. Janina Kościuszkowa, who was punitively transferred from the revier of Auschwitz I to Birkenau when she was observed to have made false medical records for prisoners to save them from selection. She looked after antisocial German women prisoners, and children who were brought to the camp after the Warsaw Uprising. A special children’s block was set up for them and was in operation for several months.

Dr. Katarzyna Łaniewska was yet another who worked indefatigably and efficiently rescuing patients. Her courage and ingenuity saved the lives of several Jewish prisoners. She was capable of hoodwinking even Dr. Mengele himself.

Dr. Celina Choynacka managed to survive nearly a year of Birkenau only thanks to being in the care of Polish doctors. She was ill with typhus and erysipelas (St. Anthony’s fire), and she had a bone-fracture in the thigh. She was transferred from Auschwitz to Ravensbrück, where she stayed until April 1945.<sup>56</sup>

Jadwiga Apostoł-Staniszevska had Dr. Jerzy Reichman from Tarnów to thank for saving her life. He risked discharging her to save her from a selection Mengele had ordered. She later wrote in *Przegląd Lekarski* that Dr. Reichman’s decision to discharge her in the state of health she was in at the time in order to save her life was outstanding proof of the admirable attitude adopted by a Polish doctor who was a concentration camp inmate himself.<sup>57</sup>

Dr. Zofia Kączkowska worked in Block 22, which was designated for German women patients. She kept in touch illegally with her son Zbigniew, who was a prisoner of Auschwitz I. Just before New Year 1944 she contracted typhus and despite special care from the Polish doctors in the camp died on 13 January.

Irena Konieczna refused to carry out abortions when ordered to do so by the German camp physician.

Janina Lach-Kamińska, one of the many whose lives were saved, said that the names of the Polish women doctors and nurses should be inscribed on a roll of honour in the camp’s museum.

And I cannot pass over Stanisława Leszczyńska, an extraordinary person.<sup>58</sup> She was a midwife who delivered over three thousand births in the camp. Despite the horrifying conditions in the revier, none of the babies died at birth. Unfortunately, until

May 1943 all the babies born in Auschwitz, especially Jewish babies, were drowned in a barrel. This was done by depraved German women kapos, who drowned over 1,500 babies. Another thousand died of hypothermia and malnutrition. Only 30 infants survived the camp. Leszczyńska flouted the regulations, which prohibited the tying up and removal of Jewish babies' umbilical cord. She disregarded this rule in full awareness that it could cost her her life. She baptised the neonates of Christian women and handed them back to their mothers. The babies died because mothers were forbidden to breast-feed them; in any case, many mothers lost their milk. Leszczyńska defied the prohibitions imposed by the SS in order to help women in labour in the camp through a most difficult moment in their lives. Her funeral in March 1974 was attended by many of those whose lives she saved.

This is how Stanisława Leszczyńska summed up the work of the Polish doctors in Auschwitz:

*I shall not go into all the details of the work of inmate doctors in Auschwitz, because what I saw transcends my ability to describe the greatness of the doctor's vocation and duty heroically accomplished. The greatness and dedication of those doctors stayed in the eyes of those who, afflicted by imprisonment and suffering, shall never again speak out. These doctors fought to save lives that had already been marked down as lost, and for those lost lives they put their own lives in jeopardy. All they had available by way of treatment were a few aspirins and a great heart. They worked neither for fame, flattery, nor to pamper their professional ambition. What remained was simply the physician's duty to save lives in every case and every situation, multiplied by his empathy for the human being.<sup>59</sup>*

Everything that happened in the reviers took a paradoxical course: there were doctors who fought for their patients' lives and health; and there were the camp functionaries who regularly conducted death selections. Birkenau revier was segregated off with barbed wire from the rest of the camp and out of bounds to most SS men on account of the infectious diseases in it. This made it a good sanctuary for the saving of patients' lives. Yet at the same time it was a place where mass selections and the mass murders of babies were going on.

### THE REVIER IN THE ROMA CAMP

The medical staff in the revier of the Roma camp, which was established in March 1943, were prisoners, mostly Poles. Drs. Ludwik Kotulski, Witold Kulesza, Adam Przybylski, Tadeusz Szymański and Tadeusz Śnieżko were moved here from the main camp. In the last phase of this hospital's existence a Polish doctor, Rudolf Diem, a political prisoner, was the senior physician here.

Of the 30 medical practitioners working here, 18 were Polish. There were also Polish auxiliary medical staff in this hospital. It was from this hospital that Dr. Josef Mengele sent over a thousand Roma people suffering from typhus to the gas chambers. They were gassed on 26 May 1943. A similar fate befell the remaining Roma, only a year later. We can imagine the desperate helplessness of the Polish medical staff. The Roma camp ceased to exist. The Polish doctors were sent to work in the penal companies of Auschwitz or to concentration camps in Germany.<sup>60</sup>

### MONOWITZ SUB-CAMP

Buna-Monowitz (Auschwitz III) was the largest sub-camp of Auschwitz. It had its own hospital and outpatients' clinic from the very beginning. The hospital was run by Dr. Stefan Budziaszek, a Polish prisoner from the city of Oświęcim. Other Polish inmate physicians working there were Tadeusz Rutkowski, Czesław Jaworski and Stanisław Makowski, the last-mentioned was the doctor of the first internal diseases ward. The staff constructed a simple X-ray apparatus out of materials "collected" in the camp. Dr. Budziaszek informed an SS doctor, who procured a missing lamp. The appliance was installed and used to help patients. The staff also constructed an electroshock apparatus in a similar manner. It was the only equipment they had to treat patients with serious psychiatric disorders. In this way they managed to save the lives of many patients.<sup>61</sup>

With the shortage or lack of medicines, the doctors faced a difficult dilemma: how to distribute what little they had "fairly". Should they have given each patient a little of the medicine, which would not have been very effective; or should they have administered it intensively and successfully only to a chosen few, and if so, what criteria should they have applied in making the choice? "On consultation with the other doctors, I prioritised young patients for sulphonamide treatment. After recovery from a serious illness they still had the

chance to survive the camp," said Dr. Makowski.<sup>62</sup> To protect patients, for instance those suffering from tuberculosis, from extermination, the doctors put counterfeit diagnoses in their records.

Drs Józef Żegleń and Kazimierz Hałas, Polish inmates, worked in the Soviet prisoners'-of-war revier. However, their work consisted mostly of registering the prisoners of war and sending corpses to the pits at Birkenau.<sup>63</sup>

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We have to bear in mind that Polish doctors were not the only ones imprisoned in Auschwitz. There were physicians of many nationalities and religions in the camp. In the opinion of Stanisław Kłodziński, the best expert on the matter, there were many Jewish doctors and medical personnel in the camp hospitals with distinguished service in the field of saving lives. They managed



Okladka książki Antoniego Kepińskiego *Refleksje oświęcimskie, mówiącej o kondycji ludzkiej w obozach koncentracyjnych*

Cover of Antoni Kepiński's book *Refleksje oświęcimskie, on the human condition in the concentration camps*

to rescue many prisoners, sabotaging the SS doctors' plans of extermination and creating a good environment for prisoners' resistance activities.<sup>64</sup> Similarly, there were German doctors who refused to take part in the extermination of prisoners, thereby putting their own lives at risk.<sup>65</sup>

The doctors in the reviers were assisted by male and female nursing staff who were imprisoned in the camp, for better and or worse sharing the lot of the doctors. The nurses also made a laudable contribution to the saving of prisoners.<sup>66</sup>

In our scholarly journal *Przegląd Lekarski – Oświęcim* we have published many other testimonials of the humanitarian and heroic work of doctors and nurses who were inmates of Auschwitz-Birkenau. But it was only a small fraction of what was going on in other concentration camps, prisons, in the resistance movement, not to mention all that was to happen in the aftermath of the war. The survivors were marked for life by their concentration camp traumas. Not only that, but they also passed the legacy down to the second and third generations.

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*Today when I think of all those corpses piled high I am bewildered. They were all PEOPLE, for the love of God, why so many? I don't want to believe it was an extermination camp, I am only aware that they were people. I can find no answer why it was tolerated, why the world did not intervene: they were people. How many human heads, how many hearts that were beating for someone, how many pairs of eyes of different colours? Why did these people die with no retribution? [...] The war ended, the twentieth century came to terms with it and moved on. New people are being born, but no-one will replace those people...*

Such were the remarks of Maria Ślisz-Oyrzyńska.<sup>67</sup> Jan Marzalek put his reflections in another way:

*Once in the camps, in our endless discussions, we reached a conclusion that after the experience of the war and the concentration camps mankind would massively turn to God. There would be an overwhelming search for values that are extratemporal and supra-human, for a support independent of man's changeable will, to build up our mutual existence on these values, so that there should never again be any wars, never again any concentration camps. How far we are today from that vision of the future we had then...*<sup>68</sup>

The psychiatrist Antoni Kępiński, himself a prisoner of the Miranda de Ebro concentration camp in Spain, must have been thinking of the doctors who were concentration camp inmates when he wrote the following:

*If in the life of the anus mundi that was the concentration camp there was so much self-sacrifice, so much courage and love of one's neighbour, phenomena which might be thought impossible in such conditions, then it must have been so due to an inner freedom.*<sup>69</sup>

Roman Niewiarowicz made the following remarks:  
*Here medicine had literally entered in articulo mortis. It happened so very often in the concentration camp [...] where over every therapy, every instance of our doctors bringing help to patients, there loomed the constant threat of death to the doctor who was a prisoner and to the patient who was also a prisoner... The eyes of tens of thousands of prisoners were fixed on the doctors. They were the only sanctuary where help and security might be sought. They worked under the unprecedented pressure of the sense of their role and responsibility. When all else failed, only the Polish doctor*

*could be the last resort for assistance or rescue. [...] A handful of doctors, just a few of them, or maybe a dozen in the big camps, and tens of thousands of prisoners, who were sick, injured, exhausted to the extreme, all of them in need of immediate assistance and treatment – such were the proportions. Added to that – the best intentions and the terrible awareness of what was needed, and just two, usually empty hands. And all around an overwhelming mass of putrefying humans in distress slowly dying a dog's death. For in the concentration camps you did not die a human death – you perished like an animal. That was the aim and intention of the "new masters of the world."*<sup>70</sup>

Professor Jan Sehn, who worked with our journal, wrote *Crimes against humanity not only bring shame on their perpetrators and an assault on humankind, but above all they are a warning of what man must never again sink down to in his future history.*<sup>71</sup>

The following words of Antoni Kępiński have turned out to be well-nigh prophetic:

*The Nazis did not achieve their aim, they did not sanitise the world in spite of millions of victims ... but they did show the world to what an insane ideology may lead. Let us hope that the smoke of Auschwitz will for a long time serve as a warning against blind hatred and contempt of other people. Ready formulas for thought and action, blind obedience to orders may be extremely dangerous in their consequences and that is why we should all take the full burden of responsibility for our thoughts, feelings, and actions . . . The anus mundi revealed man in the whole extent of his nature: from monstrous bestiality to heroism, dedication and love.*<sup>72</sup>

Father Konrad Szweda, a nurse and orderly in the infectious diseases ward, wrote the following:

*Even behind barbed wire there were doctors who were faithful to their oath to save the life and health of all people, regardless of race or nationality. That is why in the concentration camps meanness could be observed next to greatness, and bestiality next to heroism. [...] Doctors were capable of counteracting horrific hatred with love and charity, and contempt of mankind with a profound respect for human dignity. That was what put us back on our feet, kept us from falling into despair, and helped us to survive.*<sup>73</sup>

It is no surprise that the original idea to found the journal *Przegląd Lekarski – Oświęcim* came from doctors who were ex-prisoners of concentration camps, Stanisław Kłodziński, former inmate of Auschwitz, and Antoni Kępiński, former inmate of Miranda de Ebro in Spain. They were also the journal's scientific editors and first authors. For over 30 years they were assisted on a voluntary basis by Jan Masłowski, the sole surviving member of the original editorial team.

To conclude I would like to quote the words of Giuseppe Saragat, former President of Italy, from the back cover of Antoni Kępiński's book *Rytm śmierci* (The Rhythm of Death):

*Those who wanted to kill man achieved the very opposite: they made him stronger and nobler. Those who attempted to destroy the human values unwittingly sowed the seeds of a great and lofty renewal. Auschwitz proved yet again that no chasm of horror can annihilate humanity and break the human desire to live in freedom, dignity, and justice.*

**Zdzisław Jan Ryn**

<sup>1</sup> S. Kłodziński, 'Wkład polskiej służby zdrowia w ratowanie życia więźniów w obozie koncentracyjnym Oświęcim,' *Przegląd Lekarski*, No. 1a, 1961, p. 51.

<sup>2</sup> I. Strzelecka, 'Obóz kwarantanny dla mężczyzn więzionych w Brzeżnicy,' *Przegląd Lekarski – Oświęcim*, No. 1, 1987, p. 102–116.

- <sup>3</sup> S. Kłodziński, 'Wkład polskiej służby zdrowia w ratowanie życia więźniów w obozie koncentracyjnym Oświęcim,' *Przegląd Lekarski – Oświęcim*, No. 1a, 1961, p. 55.
- <sup>4</sup> J. Olbrycht, 'Z przeżyć obozowych,' *Przegląd Lekarski – Oświęcim*, No. 1, 1965, p. 139.
- <sup>5</sup> J.S. Olbrycht, 'Przeżycia medyka sądowego w czasie okupacji hitlerowskiej oraz po wyzwoleniu w sprawach z nią związanych,' *Przegląd Lekarski – Oświęcim*, No. 1, 1968, p. 86.
- <sup>6</sup> *Ibidem*, p. 56.
- <sup>7</sup> E. Opoczyński, 'Dr Stanisław Kłodziński,' *Przegląd Lekarski – Oświęcim*, No. 1, 1991, p. 157–161.
- <sup>8</sup> *Ibidem*, p. 158.
- <sup>9</sup> *Ibidem*, p. 161.
- <sup>10</sup> Z. Początek, S. Kłodziński. Więźni hitlerowskich obozów koncentracyjnych. Działacz społeczny. Dokumentalista, Wydawnictwo „Sapientia”: Katowice, 2003.
- <sup>11</sup> Z. Jagoda, S. Kłodziński, J. Masłowski, 'Samolecznictwo więźniów Oświęcimia,' *Przegląd Lekarski – Oświęcim*, No. 1–3, 1982, p. 31.
- <sup>12</sup> See I. Strzelecka, 'Eksterminacyjna funkcja szpitali obozowych w KL Auschwitz,' *Przegląd Lekarski – Oświęcim*, No. 1, 1990, p. 103–107; S. Kłodziński, 'Pierwsza oświęcimska selekcja do gazu. Transport do „sanatorium Dresden,”' *Przegląd Lekarski – Oświęcim*, No. 1, 1970, p. 39–50; S. Kłodziński, 'Fenol w KL Auschwitz-Birkenau,' *Przegląd Lekarski – Oświęcim*, No. 1, 1963, p. 62–65; S. Kłodziński, 'Pierwsze zagazowanie więźniów i jeńców radzieckich w obozie oświęcimskim,' *Przegląd Lekarski – Oświęcim*, No. 1, 1972, p. 80–94.
- <sup>13</sup> R. Diem, 'Wspomnienia lekarza więźnia z Oświęcimia,' *Przegląd Lekarski – Oświęcim*, No. 1, 1988, p. 134–147.
- <sup>14</sup> E. Opoczyński, *op.cit.*, p. 54.
- <sup>15</sup> E. Opoczyński, *op.cit.*, p. 54.
- <sup>16</sup> A. Kępiński, 'Refleksje oświęcimskie: rampa. Psychopatologia decyzji,' *Przegląd Lekarski – Oświęcim*, No. 1, 1968, p. 27.
- <sup>17</sup> F. Danimann, 'W obozie oświęcimskim,' *Przegląd Lekarski – Oświęcim*, No. 1, 1968, p. 189.
- <sup>18</sup> L. Głogowski, 'Moje pierwsze dni w obozie oświęcimskim,' *Przegląd Lekarski – Oświęcim*, No. 1, 1968, p. 194.
- <sup>19</sup> Z. Ryn, S. Kłodziński, 'Śmierć i umieranie w obozie koncentracyjnym,' *Przegląd Lekarski – Oświęcim*, No. 1–3, 1982, p. 70.
- <sup>20</sup> S. Kłodziński, 'Dr Stefan Pizło, więzień Oświęcimia No. 333,' *Przegląd Lekarski – Oświęcim*, No. 1, 1970, p. 258–260.
- <sup>21</sup> S. Kłodziński, 'Dr Witold Kulesza,' *Przegląd Lekarski – Oświęcim*, No. 1, 1975, p. 194–195.
- <sup>22</sup> S. Kłodziński, 'Dr Czesław Lutyński,' *Przegląd Lekarski – Oświęcim*, No. 1, 1980, p. 200–203.
- <sup>23</sup> See S. Kłodziński, 'Płk dr Tadeusz Gąsiorowski,' *Przegląd Lekarski – Oświęcim*, No. 1, 1979, p. 199–202.
- <sup>24</sup> S. Kłodziński, 'Mjr lek. Jan Maria Suchomel,' *Przegląd Lekarski – Oświęcim*, No. 1, 1979, p. 207–210.
- <sup>25</sup> R. Diem, 'Wspomnienia lekarza więźnia z Oświęcimia,' *Przegląd Lekarski – Oświęcim*, No. 1, 1988, p. 134–147.
- <sup>26</sup> S. Kłodziński, 'Dr Stanisław Mazurek,' *Przegląd Lekarski – Oświęcim*, No. 1, 1979, p. 210–213.
- <sup>27</sup> S. Kłodziński, 'Lek. med. Józef Jabłoński,' *Przegląd Lekarski – Oświęcim*, No. 1, 1979, p. 213–215.
- <sup>28</sup> T. Śnieżko, 'Dr Tadeusz Szymański,' *Przegląd Lekarski – Oświęcim*, No. 1, 1971, p. 153–155.
- <sup>29</sup> S. Kłodziński, 'Dr Ignacy Kwarta,' *Przegląd Lekarski – Oświęcim*, No. 1, 1978, p. 195–200.
- <sup>30</sup> S. Kłodziński, 'Dr Czesław Gawarecki,' *Przegląd Lekarski – Oświęcim*, No. 1, 1978, p. 208–211.
- <sup>31</sup> S. Kłodziński, E. Niedojadło, 'Płk dr med. Czesław Wincenty Jaworski,' *Przegląd Lekarski – Oświęcim*, No. 1, 1977, p. 217–220.
- <sup>32</sup> S. Kłodziński, 'Dr Roman Łaba,' *Przegląd Lekarski – Oświęcim*, No. 1, 1973, p. 198–200.
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- <sup>34</sup> K. Szweda, 'Pierwszy okres oddziału chorób zakaźnych w obozie oświęcimskim,' *Przegląd Lekarski – Oświęcim*, No. 1, 1972, p. 98.
- <sup>35</sup> S. Kłodziński, 'Dr Edward Nowak. Więzień obozu oświęcimskiego nr 447,' *Przegląd Lekarski – Oświęcim*, No. 1, 1971, p. 156–159.
- <sup>36</sup> K. Szweda, 'Pierwszy okres oddziału chorób zakaźnych w obozie oświęcimskim,' *Przegląd Lekarski – Oświęcim*, No. 1, 1972, p. 98.
- <sup>37</sup> S. Kłodziński, 'Dr Czesław Kozłowski,' *Przegląd Lekarski – Oświęcim*, No. 1, 1972, p. 232–234.
- <sup>38</sup> T. Śnieżko, 'Dr Roman Szuszkiewicz,' *Przegląd Lekarski – Oświęcim*, No. 1, 1972, p. 237–239.
- <sup>39</sup> The following doctors are also mentioned in *Przegląd Lekarski – Oświęcim* (in alphabetical order): Stefan Budziaszek, Rudolf Diem, Władysław Fejkiel, Czesław Gaca, Czesław Gawarecki, Tadeusz Gąsiorowski, Leon Głogowski, Jakub Gordon, Józef Grabczyński, Franciszek Gralla, Kazimierz Hałgas, Czesław Wincenty Jaworski, Stanisław Kapuściński, Stanisław Kłodziński, Julian Kozieł, Czesław Kozłowski, Kruczek, Janusz Krzywicki, Janusz Kuczbara, Witold Kulesza, Bolesław Kwapiński, Ignacy Kwarta, Edward Nowak, Jan Nowak, Janusz Okła, Tadeusz Orzeszko, Tadeusz Paczula, Stefan Pizło, Jerzy Rajchman, Zbigniew Sobieszkański, Henryk Suchnicki, Romuald, Sztaba, Roman Szuszkiewicz, Tadeusz Szymański, Tadeusz Śliwiński, Tadeusz Śnieżko, Władysław Tondos, Wilhelm Turschmid, Nicet Włodarski, Tadeusz Wójcik, Stanisław Wrona-Merski, Bolesław Zbozień, Roman Zenkeller, Jan Zielina, Stefan Żabicki; and nursing staff Stefan Czubak, Czesław Duzel, Witold Kosztowny, Adam Kuryłowicz, Janusz Młynarski, Eugeniusz Niedojadło, Edward Pyś, Czesław Sowul, Feliks Włodarski, Jan Wolny, and others.
- <sup>40</sup> J. Apostoł-Staniszevska, 'Wspomnienia z Brzezinki,' *Przegląd Lekarski – Oświęcim*, No. 1, 1969, p. 133.
- <sup>41</sup> See I. Strzelecka, 'Warunki bytowe więźniów w szpitalach obozu oświęcimskiego,' *Przegląd Lekarski – Oświęcim*, No. 1, 1990, p. 100.
- <sup>42</sup> J. Apostoł-Staniszevska, *op.cit.*, p. 136.
- <sup>43</sup> M.E. Jezierska, 'Chorować nie wolno. Wspomnienia z Oświęcimia,' *Przegląd Lekarski – Oświęcim*, No. 1, 1966, p. 197.
- <sup>44</sup> I. Białówna, *op.cit.*, p. 174.
- <sup>45</sup> A. Tytoniak, 'Jesień 1942 roku w szpitalu kobiecym w Brzezince,' *Przegląd Lekarski – Oświęcim*, No. 1, 1968, p. 200.
- <sup>46</sup> S. Kłodziński, 'Prof. dr Janina Kowalczykowa,' *Przegląd Lekarski – Oświęcim*, No. 1, 1980, p. 196–200.
- <sup>47</sup> I. Białówna, 'Z historii rewiru w Brzezince,' *Przegląd Lekarski – Oświęcim*, No. 1, 1979, p. 164–175; S. Kłodziński, 'Dr Irena Białówna,' *Przegląd Lekarski – Oświęcim*, No. 1, 1983, p. 154–161.
- <sup>48</sup> M. Przychodzki, 'Dr Celina Choynacka,' *Przegląd Lekarski – Oświęcim*, No. 1, 1978, p. 205–208.
- <sup>49</sup> S. Kłodziński, 'Dr Władysława Jasińska,' *Przegląd Lekarski – Oświęcim*, No. 1, 1969, p. 199–201.
- <sup>50</sup> S. Kłodziński, 'Dr Zofia Kączkowska,' *Przegląd Lekarski – Oświęcim*, No. 1, 1977, p. 220–222.
- <sup>51</sup> I. Konieczna, 'Z przeżyć wojenno-okupacyjnych,' *Przegląd Lekarski – Oświęcim*, No. 1, 1991, p. 150–156.
- <sup>52</sup> S. Kłodziński, 'Dr Janina Kościuszka,' *Przegląd Lekarski – Oświęcim*, No. 1, 1983, p. 162–168.
- <sup>53</sup> S. Kłodziński, 'Dr Katarzyna Łaniewska,' *Przegląd Lekarski – Oświęcim*, No. 1, 1978, p. 200–205.
- <sup>54</sup> See her biography in S. Kłodziński, 'Dr Stefania Perzanowska,' *Przegląd Lekarski – Oświęcim*, No. 1, 1981, p. 189–197.
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