

MEDICAL INTELLIGENCE



LAW—MEDICINE NOTES

The Forensic Investigation of the Death of Josef Mengele

WILLIAM J. CURRAN, J.D., S.M.HYG.

AN important report has been published in a highly respected American journal of forensic pathology summarizing the conclusions of an international group of forensic scientists who gathered in São Paulo, Brazil, in June 1985 to help identify a man who had died in a swimming accident some five years earlier.¹ The man was buried under the name "Wolfgang Gerhard," but he was believed to be Dr. Josef Mengele, the most hunted remaining war criminal of World War II — the "Angel of Death" of Auschwitz, who was personally responsible for thousands of deaths, many under the guise of scientific biomedical experiments.²

The story of the search for Josef Mengele is as strange and contradictory as it is sensational. The news reports of mid-1985 gave the impression that Mengele had always been one of the most notorious of the war criminals and had been sought continuously and relentlessly since the war's end in 1945. On the contrary, Mengele was not one of the most hunted figures among the Nazi fugitives immediately after the war. The victorious allies had concentrated on the most obvious of the leaders and administrators of the Nazi party, the military, and the government, even when it was the physicians' turn to be tried, in late 1946. (The indictments were handed down on October 25, 1946.³) The chief defendant among 23 indicted physicians was Karl Brandt, the head of the national health and medical services and a personal protégé of Adolf Hitler. The trials against the medical leaders and administrators focused primarily on the deaths and mutilations due to experimental programs on behalf of the Armed Forces and on the prewar and wartime euthanasia program. Among the other defendants were several leading physicians in the *Schulzstaffel* (S.S.) of the Nazi Party who were responsible for administering the concentration camps. The most prominent was Karl Gebhardt, chief physician of the S.S., personal physician to the head of the S.S., Heinrich Himmler, and astonishing as it now seems, president of the wartime German Red Cross. Both Brandt and Gebhardt were among the seven physicians who received the death penalty for their crimes.

The medical defendants generally claimed one of two types of defense: (1) that they were merely acting

under orders from higher authority, and (2) that the experimental activities were proper and justified as necessary scientific inquiries designed to aid the war effort. Much of the experimental work cited in the trials did relate to war activities, such as research on high-altitude exposure, sea-water exposure, incendiary-bomb explosion, and epidemic conditions such as jaundice, typhus, and malaria.⁴ The first defense was uniformly disallowed throughout the trials but could be considered in mitigation of punishment in individual cases. The second defense caused the most searching legal and ethical inquiries of the entire "Medical Case." As a result, the prosecution produced the famous Nürnberg Code, a set of 10 principles of accepted practice in experimentation in humans, especially as applied to persons under constraint or imprisonment.^{5,6} The first and most important of the principles was the requirement of free, informed consent of the experimental subject. The code produced at Nürnberg became the principal legal and ethical standard for all clinical investigations on a worldwide basis in the postwar years.⁷ Not one of the defendants at Nürnberg was found to have complied with those principles.

Josef Mengele's name was not mentioned during the war-crimes trials. It was omitted for two reasons: first, he was not one of the high-level leaders of the Nazi party or the government structure; and second, his experimental efforts were of his own design and not related to an overall strategy or national conspiracy, as was alleged of the activities of virtually all the defendants. In my opinion, a trial of Mengele, with its narrower focus, would have presented great difficulties of proof in those early months of investigation after the war, when proof against even the major figures was not easily produced. By no means, however, were Mengele's crimes any less in number or heinousness. I have read the official records of the Medical Case against the 23 defendants and many other official and unofficial accounts of the medical atrocities in the concentration camps. None were worse than Mengele's. The undisputed accounts of his activities at Auschwitz are a revolting litany of depravity, torture, and death. Mengele is most often remembered by survivors as the swaggering, immaculately dressed captain of the S.S. who stood beside the railway cars after their arrival at the camp to select victims for his experiments.^{8,9} Those he did not choose went immediately to their deaths in the gas chambers. Those he selected died more slowly at his hands in his laboratory. On several occasions, as he stood by the arriving freight cars of Jewish, Polish, Hungarian, and other discarded and condemned peoples of the Nazi-held territories in Eastern Europe, he took out his pistol and shot to death someone who offended him. Particular targets of his experimental zeal were twins and dwarfs. They died frightful, horrible deaths at his hands in senseless, purposeless experiments notable only for the precise detail with which they were recorded. In his laboratory were displayed openly the

trophies of his crimes against humanity: human tissue and organs hung on the walls after being taken from victims, often before their deaths. One laboratory wall was described as almost totally covered with eyes taken from victims' bodies. (In his memoirs, Simon Weisenthal called his chapter on Mengele, "The Man Who Collected Blue Eyes."¹⁰)

Mengele made his escape from Auschwitz and disappeared into the chaos of a shattered Germany. He obtained his passage to South America in 1949 or 1950 and lived in Argentina under an assumed name until the mid-1950s, when he apparently became convinced that he would never even be sought, let alone returned to West Germany or Israel for trial. He took out identity papers in his own name and even traveled to Switzerland to see his only son, Rolf. He returned to Argentina and was in regular contact with the family business in West Germany until he became greatly frightened by the Israeli capture of Adolf Eichmann on the streets of Buenos Aires.¹¹ Mengele undoubtedly learned that the Israeli intelligence force had been seeking both Eichmann and himself in Argentina. The highly publicized Eichmann trial called attention to Mengele and his wartime atrocities, and he became, from the 1960s onward, a hunted man throughout South America. He fled from Argentina to Paraguay and then to Brazil, where he apparently settled in São Paulo in late 1961. He lived at different times with two families under the names Peter Hochbichlet and Wolfgang Gerhard. He died in an apparent drowning accident at Bertioga Beach, a resort area some 40 miles north of São Paulo, on February 7, 1979.

Persistent reports of his death circulated in West Germany, Paraguay, and other countries over the next few years. West German police conducted rather leisurely investigations, surprising in their lack of urgency despite rewards for Mengele's capture amounting by then to over \$3 million. In May of 1985, in Mengele's home city of Gunzberg, police questioned a retired executive of the Mengele family business and discovered documents that seemed to show that Mengele was living in São Paulo.

The West German police notified federal law-enforcement authorities in São Paulo, who immediately investigated and discovered the family with which Mengele was said to have been living. The family quickly admitted that the man known as Gerhard was actually Josef Mengele. The police found that Mengele's son, Rolf, had come from West Germany to visit Gerhard twice. (The son had used his own name and passport both times.) The last visit was only a few days after the drowning accident in 1979. Contacted in West Germany, the son admitted to his part in keeping his father hidden in Brazil for nearly 20 years.

The Brazilian police were apparently convinced by the evidence they collected that Gerhard was the notorious Josef Mengele, and they released stories to that effect to the world press in early June 1985. Many groups, however, especially in Israel, expressed doubt about the accuracy of the report. The Brazilian police

decided to exhume the body and offer undisputed proof of its identity. Confidence in the exhumation process was shaken at first when news photographs in the local and international press showed huge crowds of onlookers at the grave site and one of the official medical examiners holding the detached skull taken from the grave (the photograph is reprinted in Gerald Astor's recent book²).

Confidence was fully restored, however, when it was learned that the medicolegal investigation would be conducted under the direction of Dr. Rubens Brasil Maluf, the director of the Institute of Legal Medicine of the State of São Paulo, a highly respected independent investigatory agency in Brazil. A multidisciplinary team of Brazilian experts was formed, along with a group of forensic experts from West Germany and the United States to act as observers and advisers to the Brazilian team. The author of the report of the investigation, Wilmes Roberto G. Teixeira, M.D., Ph.D., was a member of the Brazilian team and the coordinator of the foreign-observer group.

A preliminary report released in São Paulo on June 21, 1985, concluded that in the opinion of the Brazilian team, supported by the foreign observers, the skeletal remains were those of Josef Mengele "within reasonable medical certainty."² The conclusion was carefully worded. It is in accordance with the Anglo-American common law requirements for medical proof in a court of law and with accepted principles of law in Brazil and West Germany.

The report now published in the American journal supports the earlier conclusion, although it is still called a "preliminary forensic anthropological report."¹ The paper summarizes very well the findings of the handwriting and photographic experts and the work of a group who conducted a "psychological autopsy" of the deceased, as well as the very thorough efforts of the forensic anthropologists.

The handwriting experts examined documents, letters, and notes recovered from the house where "Gerhard" was living and compared them with materials known to have been written by Mengele previously. The experts, including the American observers, concluded that the Gerhard samples were definitely written by Mengele. West German photographic experts compared earlier photographs of Mengele taken in Germany with a number of photographs of Gerhard taken during the years he lived in Brazil and concluded, on the basis of 24 individual points of similarity, that Gerhard and Mengele were the same person. The anthropologic examination followed traditional, recognized procedures to determine the sex, age, race, and stature of the skeletal remains, which were cleaned, anatomically reconstructed, and subjected to thorough radiography. The sex was determined by examination of the pelvis, skull, femurs, humerus, and sternum. The age was determined to be "over 50" by examination of the pubic articular surfaces. Mengele's birth date, 1911, would have made him much older in 1979, however. Further examination of the remaining

teeth raised the possible age to a range of 65 to 70. One of the foreign experts, Dr. Ellis R. Kerley, was asked to conduct a further microscopical investigation of cross-sections of the femur and tibia, and he set the age at 69 plus or minus 5 years. The race was determined to be Caucasoid by review of post-cranial bones, examination of the femur and tibia, and review of the remaining hair. The stature was also found to be compatible with the known height of Mengele: approximately 1.7 m plus or minus 2.99 cm.

More precise identification of the remains as those of Mengele was aided by S.S. records of a dental chart and a history of a serious motorcycle accident, which had incapacitated Mengele for over a month with a fracture of the right hip bone. Particularly telling was a space between the upper central-incisor teeth. The teeth were now missing, but the space was easily established as being in the same place on Mengele's dental chart and in several photographs of "Gerhard." Evidence of the old hip fracture was found, along with later arthritic changes in the spine and the bones of the hands.

Two experts, Dr. Richard Helmer and Dr. Wilmes R.G. Teixeira, used photographic methods imaginatively and convincingly to reconstruct likenesses of Mengele from the skull, in profile and full-face; these likenesses are reproduced in Teixeira's report.¹ Teixeira summarizes the most telling anatomical evidence in his own photographic-anatomical reconstruction: (1) In the profile view, the fitting of the buccal rimae and the eye pupil exactly at the center of the orbital cavity; and (2) in the frontal view, the junction of the upper central incisors of the denture of "Gerhard" fitted perfectly into the space of the diastema, and most important, the pupils of each eye in

the photograph were "millimetrically located" at the center of the orbital cavities. (These features are shown in a series of 16 figures, 9 in profile and 7 in full frontal view.¹) Teixeira concludes that in the absence of fingerprints, which were not available, the photographic drawings and facial reconstructions and superimpositions "must be considered highly corroborative, almost conclusive evidence for personal identification" of the remains as those of Josef Mengele.¹

After some 40 years, the identity of Josef Mengele and his death in Brazil in 1979 would seem to have been established clearly by fully adequate forensic scientific evidence. The unprecedented international, interdisciplinary effort was well worthwhile to bring to a close this chapter in the grim story of the crimes against humanity committed by so many in the concentration camps of Europe four decades ago.

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CONCOMITANT INFECTION WITH HTLV-I AND HTLV-III IN A PATIENT WITH T8 LYMPHOPROLIFERATIVE DISEASE

MARY E. HARPER, PH.D.,

MARK H. KAPLAN, M.D., LISA M. MARSELLE, B.A.,

SAVITA G. PAHWA, M.D., KAREN J. CHAYT, M.D.,

M.G. SARNGADHARAN, PH.D.,

FLOSSIE WONG-STAAAL, PH.D.,

AND ROBERT C. GALLO, M.D.

ALL currently known human retroviruses are T-cell lymphotropic viruses (HTLVs) and primarily infect T4 cells (reviewed by Wong-Staal and Gallo¹).

From the Laboratory of Tumor Cell Biology, National Cancer Institute, Bethesda, Md., and the Department of Medicine and the Department of Pediatrics, North Shore University Hospital, Manhasset, N.Y. Address reprint requests to Dr. Harper at the Laboratory of Tumor Cell Biology, Bldg. 37, Rm. 6C03, National Cancer Institute, Bethesda, MD 20892.

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HTLV-I immortalizes normal T lymphocytes in vitro, and in vivo is associated with adult T-cell leukemia/lymphoma²⁻⁵ as well as other T4 neoplasms with various clinicopathological names.⁶ HTLV-II also transforms T4 cells, but has been detected only rarely in milder forms of leukemia⁷ (and Salahuddin Z, Gallo RC: unpublished data). In contrast, HTLV-III (human immunodeficiency virus) is cytopathic to its target T4 cell and is the etiologic agent of the acquired immunodeficiency syndrome (AIDS).⁸⁻¹² HTLV-IV, more closely related to the simian T-cell lymphotropic virus Type III than to HTLV-III, was isolated from healthy subjects in western Africa and has been found to infect human T4 cells, without a cytopathic effect.¹³

HTLV-III appears to be an emerging retrovirus that has spread recently to many parts of the world.¹ With its dissemination, it is possible that patients previously infected with HTLV-I (or HTLV-II) may also contract HTLV-III infection. In addition, HTLV-I and HTLV-II are transmitted by modes similar to those of HTLV-III and are appearing to become more prevalent in some populations.¹⁴ Whether pa-