The ambiguous victim: Miklós Nyiszli’s narrative of medical experimentation in Auschwitz-Birkenau

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Saul Friedländer’s highly acclaimed Nazi Germany and the Jews restored the centrality of personal stories to the historiography of the Holocaust. Friedländer believed that “an individual voice, suddenly arising in the course of an ordinary historical narrative of events ... can tear through seamless interpretation and pierces the (mostly involuntary) smugness of scholarly detachment and ‘objectivity’”. Memoirs written by Holocaust survivors are prime examples of such far-reaching and intense encounters with the “voice of the victim”, both in terms of historical memory and the commemoration of the Holocaust itself.

While recent scholarship has – for the past two decades – endeavoured to transcend initial reservations about these forms of testimony, the difficulty with some of these memoirs – namely their authors’ implicit complicity in unethical medical research and in the Nazi Holocaust in general – remains however problematic. To address this thorny issue, in this article I consider the memoirs of a Jewish inmate doctor and forensic pathologist who worked with and for SS medical officers in Auschwitz, particularly Josef Mengele. His name was Miklós Nyiszli.

There are a number of reasons why Nyiszli’s memoirs deserve scholarly attention. Firstly, Nyiszli’s account is a surviving Sonderkommando testimony. Secondly, unlike others, Nyiszli...
returned to Romania after the war. As a result, he did not have a chance to rebuild his medical career in the west (as others did), or to become one of those survivors able to guard the public use of their experience in Auschwitz through repeated interviews and participation in oral history projects. Finally, Nyiszli’s memoirs are rarely discussed as a contribution to the Jewish experience of the Holocaust, next to other letters, diaries and memoirs. For instance, Nyiszli does not appear as a Jewish author in the two-volume *Holocaust Literature: An Encyclopedia of Writers and Their Work*, edited by S. Lillian Kramer in 2002.

In part, this historiographic neglect, and to some extent mistreatment, is the result of a less sympathetic preface written by another Holocaust survivor, the psychologist Bruno Bettelheim, to the first English edition of Nyiszli’s memoirs. Bettelheim chastised Nyiszli for having volunteered to become “a tool of the SS to stay alive”. For Bettelheim, “prisoners who, like Doctor Nyiszli, were concerned with mere survival – even if it meant helping SS doctors in their nefarious experiments with human beings – gained no deeper meaning from their horrible experience.” One should, however, see Nyiszli’s and memoirs of inmate physicians in general as a multilayered rather than a monolithic text, one composed of synchronised narratives. Memoirs are at once *narratives*, namely “the syntagmatic dispersion of events across a temporal series presented as a prose discourse”, and *testimonies*, in the sense of serving as witness to those events. To engage with memoirs at these two conceptual levels presupposes an understanding of their epistemic normativity. Moreover, one should also recognise the author’s need to bear witness, his or her “desperate urge to testify in narrative”. I am therefore interested in the *manner* in which Nyiszli narrates his experience in Auschwitz both as physician and as Jew. Following James E. Young, I propose “an alternative hermeneutics” of Nyiszli’s text, one that emphasises the “memoirs’ claim to documentary evidence” and insists on their “tenable function as historical exegesis”. Moreover, in following this interpretative strategy, I situate myself within the recent historiography on the Holocaust that insists equally on method and methodology. Recently, Dan Stone charged that “Holocaust historiography, for all its size and sophistication, remains dominated by a more or less positivist – that is to say, untheorised empiricist–historical method.” In this statement and others, informing his recent work on the Holocaust, Stone attempts to promote – in the footsteps of scholars like Hayden White and Dominick LaCapra – “diversity and interdisciplinarity over narrow boundary-drawing and methodological rigidity”. Following Stone’s suggestion, I propose that we move beyond Bettelheim’s *rigid* judgment. Nyiszli did in fact gain a “deeper meaning” from his experience as a forensic pathologist working for Mengele in Auschwitz. His memoirs can help us understand wider truths about the “bond of complicity” that, according to Primo Levi, existed between perpetrators and victims in the Nazi concentration camp. Equally important, Nyiszli’s memoirs – like other Holocaust survivor’s testimonies – illustrate that “the voice of the victim” has not yet entirely lost, as assumed by Amos Goldberg, “their radical political and ethical force”. They may no longer seem “to bear the excess of history”, but they remain undoubtedly, both theoretically and autobiographically, an important source of historiographic reflection on the meaning of the Holocaust.
Who was Miklós Nyiszli?

Miklós Nyiszli was born on 17 June 1901 in Szilágysomlyó (Șimleu Silvaniei) in Transylvania, at the time in the Austro-Hungarian empire. He studied medicine, first in Cluj in 1920, then in Kiel between 1921 and 1924. In 1926 he enrolled at the medical faculty of the Silesian Friedrich Wilhelm University in Breslau, completing his degree in 1929. It was a moment of immense gratification and accomplishment. He would remember the graduation and the short encouraging message to succeed in life he had received from the rector upon handing him the diploma when, 15 years later, he arrived in Auschwitz and was tattooed with his camp number: A 8450. This startling juxtaposition between the immovable mark of Nazi physical aggression and the admiration he once had for German medicine haunts Nyiszli throughout his memoirs.

In Germany, Nyiszli specialised in forensic pathology; his doctoral dissertation dealt with indications of causes of death in suicides. He studied and worked under the supervision of Karl Reuter, the director of the Breslau Institute of Forensic Medicine, and Georg Strassmann, pathologist and professor of forensic medicine at the University of Breslau. His studies at a prestigious German university with respected specialists provided Nyiszli not only with a successful medical career, but also with the opportunity to impress Mengele in Auschwitz.

In 1930, Nyiszli returned to Transylvania and began practicing in the town of Oradea. He soon established himself as a forensic pathologist, often assisting the police and the courts in identifying unusual or disputed causes of death. In 1937, he moved with his wife and daughter to Maramureș in northern Transylvania, to the small town of Vișeu de Sus, where he opened a private practice. Following the Vienna Award of August 1940, Northern Transylvania was returned to Hungary. In 1942, Nyiszli was sent to the work camp in the village of Desze (Desești), also in Maramureș, from where in May 1944 he and his family were deported to Germany. First he worked on the construction site of the artificial rubber factory being built by IG Farben in nearby Monowitz (Auschwitz III); in June 1944 the Nyiszli family was transferred to Auschwitz II-Birkenau. He remained there until January 1945. After Auschwitz, came Mauthausen, Melk and Ebensee in Upper Austria. In July 1945, upon his return to Transylvania, he offered his deposition before the Budapest Commission for the Welfare of Deported Hungarian Jews.

Nyiszli’s wife and daughter survived as well. The family settled in Oradea, where Nyiszli opened a private practice in 1946. It was short-lived. By 1948, he could no longer practice as a private doctor. A year earlier, moreover, he had travelled to Nuremberg and, on 8 September 1947, offered his deposition to one of the interrogators in the Medical Trials, Benvenuto von Halle. Nyiszli had by then finished writing his memoirs, which he published in 1946, in a serialised form in the Hungarian newspaper Világ (The World), and as a book under the title Dr Mengele boncolóorvosa voltam az Auschwitz-i [sic] krematóriumban (I was Dr Mengele’s autopsy doctor at the Auschwitz crematorium). Nyiszli died on 5 May 1956.

Fragments from the 1946 Hungarian edition of the memoirs were first published in Jean-Paul Sartre’s monthly review, Les Temps Modernes, in 1951, which was followed immediately by an English translation in the avant-garde journal Merlin under the title “SS Obersturmführer Dok-

Nyiszli’s is therefore a known text. Yet scholarly interpretations of it are lacking; his memoirs are either used to provide background historical information about Mengele – as in Robert Jay Lifton’s *The Nazi Doctors*, Benno Müller-Hill’s *Murderous Science* or Gerald L. Posner’s book *Mengele: The Complete Story*, to name but a few – or they constitute auxiliary material for other reflections on the nature of medical science under National Socialism. For example, Nyiszli describes two proverbial instances in his memoirs, widely used in Holocaust literature and film, to describe that unique ontological relationship that emerged in the concentration camps between the SS and the members of the *Sonderkommando* (SK). This is the infamous “Grey Zone” – where victims and perpetrators are coupled together in what Levi calls the “bond of complicity”. Subjecting Nyiszli’s memoirs to a new reading constitutes, however, only the beginning, for a comprehensive analysis of the nature of the involvement of inmate Jewish physicians in human experiments would ultimately require the meanings attached to medicine in the Nazi concentration camps by other memoirs and testimonies.

**Reading Nyiszli’s memoirs**

Throughout his text, Nyiszli is acutely aware that he is experiencing a unique and the most terrible suffering in the history of the Jewish people, but is also aware of the difficulty of describing this experience. He is not the only Holocaust survivor to experience this dilemma. Primo Levi also struggled to recount his camp experience and its compound functionality as a testimony:

> [W]hen describing the tragic world of Auschwitz, I have deliberately assumed the calm, sober language of the witness, neither the lamenting tones of the victim nor the irate voice of someone who seeks revenge. I thought that my account would be all the more credible and useful the more it appeared objective and the less it sounded overtly emotional; only in this way does a witness in matters of justice perform his task, which is that of preparing the ground for the judge. The judges are my readers.

How does Nyiszli narrate his experience? Like Levi, Nyiszli too writes in expectation of a “judge” (posterity, history, family etc). Although he similarly employs the “sober language of the witness”, he does not write as a *witness*. Nor does he use “the lamenting tones of the victim”. Like Levi, however, Nyiszli attempts nevertheless “to maintain the power of objective observation, a rationality of judgment, and clarity of expression”. In other words, he favours not a literary but an analytical approach, one more suited to his background as a physician.
The reader is informed directly of the purpose of this testimony: “In writing this work I am not aiming for any literary success. When I lived through these horrors, which were beyond all imagining, I was not a writer but a doctor. Today, in telling about them, I write not as a reporter but as a doctor.” Nyiszli’s “documentary realism” – described by Young as “the style by which to persuade readers of a work’s testamentary character” – prompts us to establish its multiple textual components, its “performativity” as a historical document. Each of these components will be considered in turn, since they reveal the complexities, structures and problems characterising Nyiszli’s experience as a Jewish physician in Auschwitz. Ultimately, the goal is to bring to light some of the rich complexity of Nyiszli’s memoirs, both in terms of their intrinsic value as narrative and testimony of the Holocaust as well as an illustration of Levi’s “Grey Zone”.

**Nyiszli’s self-perception of camp realities**

As with other Holocaust memoirs, Nyiszli’s too are dominated by the terror of extermination, but his anxieties are rarely expressed. At first, Nyiszli was under the impression that his stay in the camp would be short-lived:

> For the moment my situation was tolerable. Dr Mengele expected me to perform the work of a physician. I would probably be sent to some German city as a replacement for a German doctor who had been drafted into military service, and whose functions had included pathology and forensic medicine. Moreover, I was filled with hope by the fact, by Dr Mengele’s orders, I had not been issued a prisoner’s burlap, but an excellent suit of civilian clothes.

Here, plainly, we have the worldview of a physician, a man accustomed to viewing each moral problem through the prism of his profession, and to viewing it as entangled in the endlessly complex web of practical social reality in a concentration camp.

At the same time, Nyiszli is aware of his own medical knowledge and able to articulate the contours of a new life ahead. Moreover, he is deluded by the fact that his status as a Jew would be overlooked. This felt disjuncture for Nyiszli between his status as a prisoner and his civilian clothes operates throughout the memoirs and serves as a source of constant reaffirmation of his desire to survive. Nyiszli thus pictures himself as outside “prisoner society” or rather positioned on its margins. Not surprisingly, then, having spent his first night in the barracks’ hospitals, Nyiszli remained convinced that his was a justified decision:

> After all I had learned, I was not sorry to have acted boldly and tried to better my lot. By having been chosen, the very first day, to work as a doctor, I had been able to escape the fate of being lost in the mass and drowned in the filth of the quarantine camp. Thanks to my civilian clothes, I had managed to maintain a human appearance, and this evening I would sleep in the medical room bed of the twelfth “hospital” barracks.

More importantly, Nyiszli pictures himself as an accomplished medical specialist, one whose work was valued, not least by Mengele. When told by a French doctor that what he mistook for a “toolshed” was in fact “The KZ’s only dissenting room”, Nyiszli is genuinely surprised: “The very
thought dampened my spirits, for I had pictured myself working in a modern dissecting room, not in this camp shed. In the course of my entire medical career I had never had to work with such defective instruments as these, or in a room so primitively equipped.” Notice also that in this passage Nyiszli juxtaposes reiterations of his professional status with expectations for “normal” working conditions.

These expectations were, however, short-lived. A few days after his arrival, he is taken by Mengele to “a very bright, completely modern dissecting room” located in one of Auschwitz’s crematoria. It is then that Nyiszli finally realises what would become of him:

I took it all in, paralysed with fright. As soon as I had come through the main gate I had realised that I was on death’s path. A slow death, opening its maddening depths before me. I felt I was lost. Now I understood why I had been given civilian clothes. This was the uniform of the Sonderkommando – the kommando of the living-dead.

Nyiszli’s responsibilities changed. In addition to his “laboratory and anatomical work” requested by Mengele, Nyiszli was “also responsible for the medical care of all the crematorium’s SS personnel (about 120 men) as well as the Sonderkommando (about 860 prisoners). Medicines, medical instruments, dressings, all in sufficient quantity, were at my disposal.”

It was an overpowering moment. Nyiszli is both terrified and astonished by his new role: “Under such conditions, I should be the KZ’s most important figure, were I not in the Sonderkommando and were all this not taking place in the ‘Number one Krema’.” He was now under Mengele’s direct protection and answered only to him. At this point, Nyiszli knows that his expertise is valued and needed; his confidence returns. At one point, he demonstrates his knowledge of the German language and culture in front of two Schaarführer (squad leaders):

politics, the war, and conditions in the KZ were subjects I could broach. Still, this did not bother me, for the years I had spent in pre-war Germany furnished plenty of material for discussion. They were much impressed by the fact that I spoke their own language better; or at least in a more cultured manner, than they did. I soon realised that there were certain expressions they did not understand, although they carefully refrained from letting me know it.

It is a revealing incident. For a moment, it is Nyiszli who is the superior man, empowered by his knowledge of German language and culture. But it was his medical expertise that was most valued, and not only by Mengele. Working and sharing experiences with a forensic pathologist was an opportunity that other inmate doctors in Auschwitz found attractive. After the dissection of his first bodies, for instance “several French and Greek doctors” visited Nyiszli asking for instruction “in the technique of lumbar punctures”. That these were bodies of other Jews did not inhibit the inmate doctors from wanting them for medical practice. “They also requested me, “ Nyiszli notes, “to grant them authorisation to try the operation on some of the bodies given me, a request I readily granted.” And indeed, why should he not, for he “was deeply moved to find that, even inside the barbed wire fences, they continued to manifest such an interest in their profession. They attempted the puncture and after six or seven tries at last succeeded, then withdrew, quite pleased with their afternoon’s work.” The question then becomes how to interpret the decision of these inmate
physicians, who by disregarding ethical imperatives, chose nevertheless to use the opportunity afforded by Nyiszli’s dissections of dead Jewish bodies to advance their medical education and enhance their professional expertise.\textsuperscript{58}

**Mengele and human experiments**

Nyiszli’s unique relationship with Mengele, Auschwitz’s most infamous SS doctor, was commented on by other prisoners. Primo Levi, for example, notes that Nyiszli “was a renowned anatomical pathologist, expert in autopsies and the chief doctor of the Birkenau SS whose services Mengele ... had secured; he had given him special treatment and considered him almost a colleague”.\textsuperscript{59} It was indeed remarkable that such a relationship could develop between these two individuals: one representing the absolute power over life and death in the camp, the other the victim.

How does Nyiszli describe his relationship with Mengele? He met the SS doctor shortly after his arrival in Auschwitz. When his group of prisoners was asked whether it included a pathologist, Nyiszli did not hesitate to put himself forward. Medicine, he believed, would be able assure his survival.

Dr Mengele ordered all doctors to step forward; he then approached the new group, composed of some fifty doctors, and asked those who had studied in a German university, who had a thorough knowledge of pathology and practiced forensic medicine, to step forward. “Be very careful,” he added. “You must be equal to the task; for if you’re not...” and his menacing gesture left little to the imagination. I glanced at my companions. Perhaps they were intimated. What did it matter! My mind was already made up. I broke ranks and presented myself.\textsuperscript{60}

It is clear nevertheless that, although he volunteered, Nyiszli did not know the exact nature of the work he had agreed to do. His naivety is often disconcerting. Soon, however, “despite his numerous functions”, Mengele made it clear to Nyiszli what was expected of him: dissection, autopsy and scrutiny for specific genetic and other diseases. The camp provided the human material necessary for such procedures, and Nyiszli openly acknowledges the “vast possibilities for research [in the camp], first in the field of forensic medicine, because of the high suicide rate, and also in the field of pathology, because of the relatively high percentage of dwarfs, giants and other abnormal types of human beings”. For Nyiszli, this “abundance – unequalled elsewhere in the world – of corpses, and the fact that one could dispose of them freely for purposes of research, opened even wider horizons”.\textsuperscript{61}

Complete control over these bodies “for proposes of research” led to Nyiszli’s increased awareness of the human experiments performed in Auschwitz by the SS doctors. Indeed, one of Nyiszli’s undeniable merits is his being the first to discuss Mengele’s medical experiments in Auschwitz. There were, he notes, three categories of experiments: “the first consisted of research into the origin and causes of dual births”; the “second was the search to discover the biological and pathological causes for the births of dwarfs and giants”; finally, “the study of the causes and treatment of a disease commonly called ‘dry gangrene of the face’”. Nyiszli remarks candidly on the opportunities offered by the camp in providing medical research not only with diverse human subjects but also with rare diseases, such as noma. It was, he notes, “fairly common among both children and
adolescents. And so, because of its prevalence, research had been greatly facilitated and considerable progress made towards finding an effective method of treating it. And further, oblivious to any ethical considerations, he notes that research on Roma children suffering from hereditary syphilis helped Mengele and his team develop a new treatment for noma, “consisting of a combination of malaria injections and doses of a drug whose trade name is ‘Novarsenobenzol’ with “most promising results”.

As the chief medical officer at Birkenau, Mengele is described as directly involved in these and other experiments. According to Nyiszli, he “paid daily visits to the experimental barracks and participated actively in all phases of the research”. Mengele’s was always in search of human subjects for medical research. Twins and dwarfs were his greatest interest. Nyiszli describes in detail the selection of and the experimentation on these human subjects.

After their complete physical examination, the twins and the dwarfs were “immortalised” in drawings made by “Dina, the painter from Prague”. The aim was to have an accurate representation of the selected individual, one that can serve as a basis for “the comparative studies of the structure of the twins’ skulls, ears, noses, mouths, hands and feet. Each drawing was classified in a file set up for that express purpose, complete with all individual characteristics; into this file would also go the final results of this research.” This was composite research, combining racial anthropology and human genetics with anatomy and pathology. According to Nyiszli, “the experiments performed on live human beings ... were far from exhausting the research possibilities in the study of twins. Full of lacunae, they offered no better than partial results.” As a result, these experiments “were succeeded by the most important phase of twin-study: the comparative examination from the viewpoints of anatomy and pathology.” For this to take place, however, “as for all studies of a pathological nature, corpses were needed”. Mengele provided them and entrusted Nyiszli with the autopsies. It was, Nyiszli notes, a “phenomenon unique in world medical science history. Twin brothers died together, and it was possible to perform autopsies on both. Where, under normal circumstances, can one find twin brothers who die at the same place and at the same time?” In Auschwitz is where one could find “several hundred sets of twins, and therefore as many possibilities for dissection”.

It is at this junction that Nyiszli’s expertise, as forensic pathologist, was needed. Here’s the description of one such episode:

I began the dissection of one set of twins and recorded each phase of my work. I removed the brain pan. Together with the cerebellum I extracted the brain and examined them. Then followed the opening of the thorax and the removal of the sternum. Next I separated the tongue by means of an incision made beneath the chin. With the tongue came the oesophagus, with the respiratory tracts came both lungs. I washed the organs in order to examine them more thoroughly. The tiniest spot or the slightest difference in colour could furnish valuable information. I made a transverse incision across the pericardium and removed the fluid. Next I took out the heart and washed it. I turned it over and over in my hand to examine it.
Yet, the experiment was not just medical; it served a racial purpose as well – the breeding of a “master race”.73 This is an important element of Nazi science, one that Nyiszli assesses critically. It was the twins, he records, “who had to – or whose tiny bodies had to – resolve the secret of the reproduction of the race. To advance one step in the search to unlock the secret of multiplying the race of superior beings destined to rule was a ‘noble goal’. If only it were possible, in the future, to have each German mother bear as many twins as possible!” This breeding project, “conceived by the demented theorists of the Third Reich, was utterly mad. And it was to Dr Mengele, chief physician of the Auschwitz KZ, the notorious ‘criminal doctor,’ that these experiments had been entrusted.”74

It is at this point in his memoirs that Nyiszli offers a remarkable insight into Mengele’s racial worldview and his criminal medical practices, coupled with a concise description of Nazi eugenics and population policies. It deserves to be reproduced at length:

Among malefactors and criminals, the most dangerous type is the “criminal doctor”, especially when he is armed with powers such as those granted to Dr Mengele. He sent millions to death merely because, according to a racial theory, they were inferior beings and therefore detrimental to mankind. This same criminal doctor spent long hours beside me, either at his microscope, his disinfecting ovens and his test tubes or, standing with equal patience near the dissecting table, his smock befouled with blood, his bloody hands examining and experimenting like one possessed. The immediate objective was the increased reproduction of the German race. The final objective was the production of pure Germans in numbers sufficient to replace the Czechs, Hungarians, Poles, all of whom were condemned to be destroyed, but who for the moment were living on those territories declared vital to the Third Reich.75

Mengele emerges here – in Paul Weindling’s fitting description – as the “type of ruthless racial hygienist” produced by the SS.76 Equally important, by connecting Mengele’s research to the renowned Kaiser Wilhelm Institute for Anthropology in Berlin-Dahlem,77 Nyiszli demonstrates how scientific practices and medical experiments carried out in concentration camps informed German science during the Third Reich.

Nyiszli carries out Mengele’s orders, yet he questions the validity of Nazi science. “I who had work here [at Birkenau’s pathology laboratory],” he confesses, “knew that it was not an institute of science, but of pseudo-science.” And further:

Like the ethnological studies, like the notions of a Master Race, Dr Mengele’s research into the origins of dual births was nothing more than a pseudo-science. Just as false was the theory concerning the degeneracy of the dwarfs and cripples sent to the butchers, in order to demonstrate the inferiority of the Jewish race.78

There is no place for Jews in the German racial utopia. Other European nations (Russians, Poles and so on) were also deemed “inferior”, but it was the Jews that the racial war was waged against. Why were the Jews the victims? Nyiszli asks. According to the Nazi ideologues:
in the course of its long history the Jewish race had degenerated into a people of dwarfs and cripples. By mixing with other races, they had sullied, and threatened to contaminate with degeneracy, the only pure race: the Aryan. Because of their blood, the Jews were harmful to that great race. Moreover, they were dangerous because their teachers, their artists, their merchants and financiers had become so powerful they threatened the whole of Europe. By destroying this race the Third Reich’s first Führer had given his name immortal stature, and gained the respect and gratitude of all the civilised nations of the world.79

Conclusions

“To designate a hell is not, of course, to tell us anything about how to extract people from that hell, how to moderate hell’s flame.”80 Nyiszli’s memoirs provide us with insights into the hell that was Auschwitz. His is an uncomfortable narrative and a troubling testimony about survival, shame and complicity. Nyiszli is a witness – to the human experiments, the gassing of Jews, the murder of the members of the Sonderkommando, the annihilation of the so-called “Czech” and “Gypsy” camps and so on – and he identifies his responsibility and participation as such. Take the cleaning of crematoria of dead bodies after the gassing had occurred, for instance. He admits that he had “no reason to be here [at the crematoria], and yet I had come down among the dead. And he confesses: “I felt it my duty to my people and to the entire world to be able to give an accurate account of what I had seen if ever, by some miraculous whim of fate, I should escape.”81

Is Nyiszli, then, in Levi’s words, connected to Mengele and his experiments through a “bond of complicity”? Was he afterwards burdened “with guilt” and covered “with blood”? Was Nyiszli compromised “as much as possible”, so that he was “no longer be able to turn back”?82 By working so closely with Mengele, he was among the most compromised of the survivors. He was certainly no hero. He joined the ranks of the Sonderkommando, the “living dead” as he called them; and he was not like the group of 400 Greeks from Corfu who in July 1944 were immediately gassed to death following their refusal to obey the orders of the SS;83 or like the others who committed suicide following recruitment in the Sonderkommando. He did not refuse to take part in Mengele’s medical experiments,84 and it is from this perspective that Bettelheim charged Nyiszli with cowardice and complicity.

Nyiszli’s actions in the camp typify the uneasy coexistence of morality and ethics that characterised the “Grey Zone”. Yet his testimony remains a powerful one. There is now an established critical tradition in representing the Holocaust in all its aspects, but there is still need for a critical evaluation of witness testimony in general and memoirs in particular.85 In this context, then, a reading of Nyiszli’s memoirs recommends looking at his ambivalent testimony not as a secondary source but as a primary narrative about Nazi medical experiments and their problematic legacy for postwar debates on medical ethics.86
NOTES

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9 Ibid, 173.

10 In a similar vein, Zoë Vania Waxman has argued that “it is necessary to resist the tendency of recent Holocaust scholarship to universalise or collectivise Holocaust testimony, and instead to revive the particular by uncovering the multiple layers within testimony”. See Zoë Vania Waxman, Writing the Holocaust: Identity, Testimony, Representation, New York: Oxford University Press, 2006, 1.
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14 Ibid.


21 The title was *Selbstmordarten auf Grund des Sektionsmaterials des Breslauer Gerichtsarztligen Instituts von Juni 1927–Mai 1930* [Types of suicide, based on the autopsy material of the Breslau Forensic Medicine Institute, June 1927–May 1930].


23 As Nyiszli recalled in his memoirs, “Dr Mengele questioned me at length, asking where I had studied, the names of my pathology professors, how I had acquired a knowledge of forensic medicine, how long had I practiced, etc. Apparently my answers were satisfactory, for he immediately separated me from the others and ordered my colleagues to return to their places.” In Nyiszli, *Auschwitz*, 4.

24 Details of this and other deportations from Maramureş are to be found in the unpublished memoirs of Grigore Dănăcuş, a Greek Catholic priest from Dragomireşti (Dragomirfalva). I want to express my thanks to Prof Mihai Dănăcuş for making his father’s memoirs available to me.


26 Auschwitz, the largest of the concentration camps in Nazi Germany, included three main camps: I (the main camp); II-Birkenau (the extermination camp) and III-Monowitz (the slave labour camp). See Yisrael Gutman and Michael Berenbaum (eds), *Anatomy of Auschwitz Death Camp*, Bloomington: Indiana University Press, 1994.


28 Having obtained authorisation from Mengele, Nyiszli was able to visit his wife and daughter in the C Camp, and provide them with clothes and food. See Nyiszli, *Auschwitz*, 99–105.

29 It must have been a difficult decision and, perhaps not surprisingly, it is how Nyiszli chose to end his
memoirs. “Life suddenly became meaningful again”, Nyiszli writes after being reunited with his wife and daughter. “I would begin practicing again, yes… But I swore that as long as I live I would never lift a scalpel again…” In Nyiszli, *Auschwitz*, 162.


33 Miklós Nyiszli, “SS Obersturmführer Doktor Mengele”, *Merlin* 3 (1952–1953): 158–171. *Merlin* was published in Paris by the Scottish expatriate and novelist Alexander Trocchi. Richard Seaver, one of Nyiszli’s translators, was the journal’s advisory editor and director. The journal also published authors such as Samuel Beckett and Eugène Ionesco.


38 It is interesting to note that in the texts published during his life, Nyiszli’s always kept Mengele’s name in his title. Only the 1986 edition retains it.


41 Both episodes are retold by Primo Levi in his famed 1986 *I sommersi è i salvati* (*The Drowned and the Saved*): the first, a football match between the SS and the Sonderkommando (Nyiszli, *Auschwitz*, 42); the second, the exceptional moment when members of the Sonderkommando found a 16-year old Transylvanian girl still breathing under a pile of dead bodies (ibid, 80–84). According to Levi, these two episodes perfectly illustrate the profound ontological transformation experienced by the members of the Sonderkommando which enabled them to carry out the SS orders of extermination: “We have embraced you, corrupted you, dragged you to the bottom with us. You are like us, you proud people: dirtied with your own blood, as we are. You too, like us and like Cain, have killed the brother. Come, we can play together.” Levi, *The Drowned and the Saved*, 54–55. Tim Blake Nelson cinematically explores Levi’s philosophical reflections and Nyiszli’s memoirs in his 2001 film, *The Grey Zone*. The film’s opening credits state that it is “based in part on the eyewitness account of Dr Miklós Nyiszli, the Hungarian Jew assigned by Dr Josef Mengele to assist in medical experiments on camp inmates”. Nelson made Nyiszli’s memoirs mandatory reading for the film’s cast along with Levi’s *The Drowned and the Saved* and Filip Müller’s *Eyewitness Auschwitz* (1979).
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43 The veracity of Nyiszli’s memoirs has never been contested although, as with other memoirs, there are clear indications that some events may have occurred differently than described by the author.


46 According to White, Levi “believed that the kinds of scientific procedures he learned as a student of chemistry (weighing, measuring, breaking compounds down into basic elements and then reassembling them into different combinations) could serve him adequately for observing the events of the camps as they really were and not as either desire or prejudice would wish them to be. And in his writing, Levi tried to develop a mode of exposition equivalent to the kind of quantitative idiom chemists used to record changes and stabilities in chemical compounds.” In ibid, 115.

47 Nyiszli’s “Declaration”, placed at the beginning of the book (unpaginated).

48 Young, “Interpreting literary testimony”, 406.


51 Ibid, 10.

52 Ibid, 12.


54 Ibid, 21.

55 Ibid.

56 Ibid, 22.

57 Ibid, 17.


60 Nyiszli, *Auschwitz*, p. 4

61 Ibid, 33.


63 Ibid, 14.
Mengele – and other SS medical officers involved in medical experiments, like Horst Schumann and Carl Clauberg – was under the authority of Auschwitz’s chief SS doctor, Eduard Wirths (1909–1945).


This is the artist and Holocaust survivor Dina (born Gottliebová) Babbitt (1923–2009).

Nyiszli, *Auschwitz*, 34.

Nyiszli, *Auschwitz*, 34.

Ibid, 35.

Ibid.

Ibid, 37. For more descriptions of dissections of twins, see ibid., 95–97.


Ibid.


Ibid.


Ibid, 30.


Lengyel, *Five Chimneys*, 126.

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