Jan R. McWhinney, Ronald M. Epstein, Tom R. Freeman. Am Coll Physicians 1997;126:747

Patients with so-called somatoform disorders are very common, especially in the primary care setting. These disorders are a source of frustration and difficulty for physicians and frequently strain the relationship between physician and patient. (...)

The verb to *somatize* and the noun *somatizer* are unusual in the vocabulary of medicine because they imply that patients are performing a deleterious action on their own bodies. For most diseases, no word exists that signifies the actual patient: We say that patients have pneumonia or cancer. The ending-ic for nouns designating patients (diabetic, schizophrenic) implies that the disease is inseparable from the person; these terms,however, do not suggest that patients are responsible for their diseases. Only the stigmatizing term *somatizer* implies that patients are the authors of their own bodily suffering.

Somatization is a product of western medicines's dualistic ontology. The assumption is that emotions, instead of being expressed symbolically in words, are transduced to bodily events. A further assumption is that our emotions are not embodied in the first place. Our ethnocentricity hides from us how unusual this belief is. In many societies, the concept of somatization is meaningless because distinctions are not drawn between mental and physical illness. (...)

The notion of the disembodiment of the emotions is quite recent, even in western medical thought. Classical and neoclassical medical theory recognized a definitg association between emotions and physical states. Contrary to modern assumptions, Descartes did not deny mind-body interactions but maintained that most aspects of affective states are primarily somatic. Until the 19th century, a unitary view of illness prevailed, and diagnosis often meant diagnosis of a patient rather than of a disease. (...)

This change in the medical world view was reflected in a transformation in the popular view of the human body. For the 18th century patient, there was no separation between the emotions and the body. Nor was there a distinct boundary between the physician's diagnostic vocabulary and the feelings of the patient. To an 18th century patient, the idea of the emotions being in the head would probably not have occurred. (...)

Edzard Ernst. Am J Med 1996;100:579

On January 27, 1945, the concentration camp in Auschwitz was liberated by the Red Army. (...) Fifty years later we are reminded of the unspeakable atrocities that occurred during the Nazi period. (...)

It is important to remember that the Nazis, pseudoscience of race hygiene had strong roots. In the second half of the 19th century, Social Darwinism had become increasingly popular throughout Europe. (...)

Throughout his credo Mein Kampf, Hitler refers to the Jewish race as a bacillus, a parasite, a disease. (...)

The lay public were given to understand that to mix with Jews was a threat against the blood of the Aryans. The medical profession promoted the belief that to cure individuals was one thing, but to heal the nation was incomparably more important. (...)

There was little resistance from organized medicine and many have wondered why. One answer is that critical peers who could have constituted opposition within the profession had been quickly eliminated. (...)

Forced sterilization was introduced in order to secure the freedom of the German nation from the threat of contamination by inferior (Jewish) blood. It was legalized through the law for the prevention of genetically diseased offspring. (...)

The law provided that handicapped individuals were to be identified, examined by a jury of experts who had to write an experts' report, and subsequently sterilized. (...)

The Nazi euthanasia program started in various specialized medicine departments in 1939. (...) In theory, the program was aimed at eradicating children suffering from idiocy, Down's syndrome, hydrocephalus and other abnormalities. In practice, however, it was sufficient for physicians to fill in the diagnosis Jew to effectively issue a death sentence. (...)

The role the medical profession played in the atrocities of the Third Reich was therefore critical and essential. German physicians had been involved at all levels and stages. They had developed and accepted the pseudo-science of race hygiene. (...)

The memory of what happened during this period should fortify ourselves against similar, future violations. Medicine's supreme principle of first do no harm is continuously endangered. (...)

Evelyne Shuster. New Eng J Med 1997;337:1436

The Nuremberg Code is the most important document in the history of the ethics of medical research. The Code was formulated 50 years ago, in August 1947, in Nuremberg, Germany, by American judges sitting in judgment of Nazi doctors accused of conducting murderous and torturous human experiments in the concentration camps (the so-called Doctors' Trial). It served as a blueprint for today's principles that ensure the rights of subjects in medical research. Because of its link with the horrors of World War II and the use of prisoners in Nazi concentration camps for medical experimentation, debate continues today about the authority of the Code, its applicability to modern medical research, and even its authorship. The chief prosecutor at the Doctors' Trial, General Telford Taylor, believed that one of the three U.S. judges, Harold Sebring, was the author of the Code. Two American physicians who helped prosecute the Nazi doctors at Nuremberg, Leo Alexander and Andrew Ivy, have each been identified as the Code's author. A careful reading of the transcript of the Doctor's Trial, background documents, and the final judgment reveals that authorship was shared and that the famous 10 principles of the Code grew out of the trial itself. (...)