

1 Cor 6:12–20). “As marriage [is] a sign of Christ’s spousal love for the Church, celibacy can be a sign of the Church’s love for Christ” (161). Our sexuality through christification becomes like that of Jesus. The author points out that on the basis of Genesis, sexuality is constitutive of our personhood: “the body expresses personhood and ... male and female are two ways of being in a body” (174).

In this book, Fr. Benedict Guevin proclaims a chastity—premarital, marital, and celibate—which transcends the merely moral but one which leads the reader into the mystery of the deification of the human person in and through the Body and Blood of Jesus Christ, truly man and truly God. He stresses that the virtues are important means by which we become fully human. Yet while necessary, they are not sufficient (175). What is needed is a close participation in the liturgy, specifically, with the Eucharist. It is the intimate contact with the Body and Blood of Jesus which enables us to live “chastity in faith, sustained by hope, and perfected in love” (176).

Hence, I highly recommend this fine book to the bold.

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**McFarland-Icke, Bronwyn Rebekah.** *Nurses in Nazi Germany: Moral Choice in History.* Princeton, NJ: Princeton University Press, 1999. Cloth. xviii + 344 pp. Bibliography. Index.

In recounting the history of modern German medicine up to the demise of the Nazi era and the Nuremberg war crimes trials, particularly the care and treatment of the institutionalized mentally ill, a significant number of published works have illustrated, in sensitive and gruesome detail, unbridled violations of human dignity. Through the macabre activities of physicians and nurses, countless thousands of children and adults were identified

as persons unworthy of living and then subjected to unfathomable and unethical scientific experiments. They were tortured, abused, and euthanized or sent to their deaths in the crematoriums of hospitals or concentration camps.

Few published works which describe the activities of nurses during this time in human history have dared to describe nursing’s darkest period in such vivid detail. From clinical records, personnel files, and court testimonies, the expatriate American McFarland-Icke presents one of the most comprehensive and thoroughly researched studies on the activities of German psychiatric nurses during the height of Hitler’s reign of terror. Throughout her book, McFarland-Icke raises profound questions on how and why people make moral choices, why German nurses behaved as they did, and how collective choices produced institutionalized barbarism and the killing of thousands of patients.

McFarland-Icke has carefully traced the development of German psychiatric nursing and the influence of German medicine and National Socialism on the moral choices which governed the behavior of psychiatric nurses in caring for the mentally ill confined to institutions during the height of the Third Reich. In nine chapters presented in a compelling format, the author traces the historical development of education in and practice of German psychiatry from the late nineteenth century, and its influence on the fabric of National Socialism and its exterminatory policies. The socialization and education of physicians and nurses in the theory and practice of Weimar psychiatry, as further developed in the Nazi period, was a gradual and insidious process deliberately intended to separate the action of the clinician from any personal or moral culpability in the state’s authorization of the extermination of thousands of mentally ill persons. Nurses and physicians alike were formed in their thinking and in patterns of diagnosis aimed at the systematic diminution of the value and dignity of the mentally ill and the cognitively impaired. These persons were identified as useless, unworthy of living, and a burden to the German state.

Throughout the text the author identifies several fundamental themes that provide a window on understanding the gradual development among clinicians of such a culture of death, which became a significant feature of German socialism. In this milieu the value of the nurse, who was often subservient to physicians or hospital administrators, was further compromised by the diminution of the role of women in the German mindset. Though educated for their roles in nursing, nurses lacked an internal moral code which would assure that the protection of human dignity and healing, as the telos of care, could guide their actions. Through a careful examination of multiple sources, the author attests to the existence of caring behaviors among nurses. However, the majority of nurses employed a utilitarian ethic, choosing what was considered good for the state or society over the value and dignity of the sick person. Clinical care based on a virtue-ethics framework and giving importance to the character of the clinician in the nurse-patient relationship seemingly had no role. Ultimately nurses set aside their profession as healers and appropriated the role of technicians totally disassociated from any responsibility to bring healing to the sick and vulnerable. As McFarland-Icke states, the nurses “abandoned the moral responsibility that was rooted in their status as medical professionals, and in their proximity to the victims, and took refuge in technical responsibility” (264).

Appalling as it may seem, no documentation is cited showing that nurses were coerced, threatened with punishment or reprisals, or risked being sent to concentration camps should they refuse to cooperate in the killings. Only a few nurses resisted the directives of their superiors. The author calls this general pattern of moral behavior “free-floating responsibility,” a state in which no one takes individual responsibility for any action. It is the basis of immoral or illegitimate acts taking place with obedient or even willing participation of people normally incapable of breaking the rules of conventional morality. This behavior further institutionalized the nurses’ belief in their own innocence of any wrongdoing and accelerated their flight from

morality. At the infamous Meseritz-Obrawalde Hospital, for example, nurse Gisela Feinmann “prepared premeasured quantities of medications to be administered by the senior nurse, and she carried away dead bodies. But in her eyes, ‘with my constant refusals to assist with the killings directly, I was of the opinion that I had in no way made myself culpable’” (240).

Seldom in the rich history of nursing has a treatise on formal and material cooperation in evil ever been written as clearly. Supported through years of painstaking investigation conducted in seldom-researched German archives, the book illustrates in vivid detail the systematic abandonment and betrayal of the sick, and the extermination of those whose lives were judged not worth living. Through active and passive participation in the abuse, injury, and murder of innocent human beings, German nurses and their physician counterparts violated the first principle of the moral order, the protection and defense of human life entrusted to them by reason of their profession as healers. It is frightening to consider that highly competent nurses, educated in one of the most sophisticated health-care delivery systems of its day, defended their abusive and even murderous professional behaviors by arguing that the good of German nationalism freed them from personal and professional culpability for their actions. It was indeed a dark period in the history of nursing and of care for the vulnerable sick.

These vivid and tragic accounts of the German eugenics movement and the systematic extermination of the sick, the handicapped, persons of color, and people of diverse ethnic and religious persuasions at the hands of nurses and physicians who had promised to care and to heal are chilling but valuable lessons for all health-care professionals today. Once the principle of human dignity, the fundamental guiding principle of the moral life, is removed or dismissed, the sick and vulnerable are disenfranchised and alienated from society and the health-care services they need to regain and maintain their dignity as full members of the human community.

When those who are abused, abandoned, or experience discrimination are stigmatized

or euthanized because of their physical or mental condition, their values and beliefs, their gender or color, economic status, or lifestyles; when technical competence is allowed to supersede and immobilize human caring and healing as the moral center of the clinicians' work; when the culture of the caring moment is no longer the critical essence of the art and science of nursing practice, then nurses who promise to care and to heal have profoundly violated the healing relationship and have betrayed their patients' dignity and their very own.

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**Tattersall, Ian. *The Monkey in the Mirror: Essays on the Science of What Makes Us Human*. New York: Harcourt, Inc., 2002. xiv + 204 pp.**

This book is a happy combination of anthropological science and common sense observations, sans ideological preaching. As curator of human evolution at the American Museum of Natural History and a foremost researcher himself, Ian Tattersall walks us through the science of his subject with an easy stride.

The author, however, throughout the book avoids specific mention of a human spiritual soul. For many readers this may be a negative, depriving the book of insights that ought to be there.

There are eight loosely connected essays united in some fashion by the thread of their relevance to human evolution. Science and religion are not opposed, he observes. The theory of evolution, which in essence is the notion that "all life forms are broadly descended from a single common ancestor" (29), in no way threatens the basis of social morality and cohesion. The ready acceptance of evolution, now nearly universal, is largely due

to the observance of the similarities in body structure among the multitude of species that populate the globe.

In the preface author Tattersall states that the book is at odds with beliefs of the 1960s that man's evolutionary history is a linear progression from primitive to modern, from imperfect to perfect, from *Australopithecus* to *Homo erectus* to *Homo sapiens*. Instead of linear gradualism he posits long periods of stasis without substantial changes, then "out of the blue" saltations of bodily changes that came upon the scene suddenly and fully formed. His explanation is innovative and plausible.

Jeffrey H. Schwartz, a colleague of the author, has suggested

that new forms of these regulatory genes originate by the same mechanisms as other genes, and thus that they are most likely to arise in the recessive state [*Sudden Origins: Fossils, Genes, and the Emergence of Species* (Hoboken, NJ: John Wiley & Sons, 1999)]. Each new individual receives two copies (alleles) of each gene, one from each parent. These alleles may be dominant, or they may be recessive. A dominant allele will be expressed in the individual even if only one copy of it is present; recessives require two copies to be expressed. Thus newly emerged recessives will remain "silent" in the population until there are enough of them in the gene pool to make it likely that both parents will pass them along. At this point the anatomies they specify—potentially radically new ...—will appear abruptly in the population, with no prior warning. Here, then, is a mechanism whereby major anatomical novelties can suddenly arise within species. And once they are in place, of course, natural selection can take its course with them, whether positive or negative. (47)

Hominid evolution has three major steps, 1) upright bipedal position at perhaps 4.4 million years ago, 2) toolmaking at 2.5 million