“Transferred to Another Institution”: Clinical Histories of Psychiatric Patients Murdered in the Nazi “Euthanasia” Killing Program

Florian Steger, MD, PhD,1 Andreas Görgl, MD,2 Wolfgang Strube1, Hans-J. Winckelmann, PhD,1 and Thomas Becker, MD, PhD4

1 Institute for History and Ethics of Medicine, University of Halle-Wittenberg, MLU Halle-Wittenberg, Germany
2 Clinic Silima, Riedering, Germany
3 Institute for History, Theory and Ethics of Medicine, University of Ulm, Germany
4 Department of Psychiatry II, University of Ulm, Bezirkskrankenhaus Günzburg, Germany

ABSTRACT

This study aims to examine the practice of medical reporting in a totalitarian environment including systematic killing of people with mental illness in Nazi Germany. The historical analysis is based on patient documents and administrative files at today’s District Hospital, Günzburg, as well as on patient documents of inventory R 179 of the branch office of the Federal Archives (Bundesarchiv) in Berlin/Lichterfelde. The paper describes four patient histories and attempts to reconstruct some aspects of patients’ (mostly institutional) histories against the background of the Günzburg State Hospital serving as an assembly institution in the context of “Aktion T4.” There is no certainty regarding the places of death of the four patients whose medical documentation is reported. In the patient records examined, the practice of medical description and reporting was characterized by a mixture of medical terminology, ideological diction and common language. The type of medical description and documentation used is an expression of stigmatization and discrimination of patients and of traumatizing institutional practice, and it reflects institutional violence. It is an ethical responsibility to reconstruct and commemorate the individual histories of mentally ill patients who were victims of the program of organized mass killings of people with mental illness. Places of death were camouflaged by the “Aktion T4,” and there is uncertainty for many patients regarding where they were killed.

INTRODUCTION

The “euthanasia” project of National Socialism consisted of five distinct programs of systematic mass killing: 1. Child “euthanasia,” 2. the murder of psychiatric patients from the East Prussian Provinces and occupied areas of West Prussia by the SS (1939–1940), 3. the “T 4 Campaign” which refers to the decentralized murder of psychiatric patients by means of poison gas (1940–1941), 4. the “Special Treatment 14f13,” which refers to the gassing of concentration camp prisoners unable to work, organized by the members of the “T 4 Campaign” and the SS (1941-1943), and 5. the decentralized killing by intentional malnutrition and medical injections in long-term care institutions in the occupied eastern regions from summer 1942 until the end of the war (1). For political reasons, Adolf Hitler refused to initiate a euthanasia law and kept the mass killings secret under the code name “Aktion T4” both for Germany and occupied countries (and based on Hitler’s “euthanasia authorization” back-dated to September 1st, 1939 in October). The “Aktion T4” (1939-1941) was used to organize the systematic killing of about 70,000 patients from psychiatric institutions (2). This number corresponds to about one fifth of all patients who resided in psychiatric (mental) hospitals at the time. Within the organizational structure of the “Aktion T4” the Günzburg State Hospital was used as a so-called “assembly institution” (Sammelanstalt) to gather patients selected for the program of mass killings (3-5). The Günzburg State Hospital was opened in 1915 due to marked over-occupancy at the earliest Swabian district lunatic asylum in Kaufbeuren-Iseree. The asylum was built according to
a pavilion scheme, and it was planned for a maximum number of 400 patients. Outside Germany, the name of the small town of Günzburg is associated with the name of the SS-medical officer Josef Mengele. The Swabian town was home to Mengele, and he found shelter in Günzburg during his flight from Allied forces (6).

The medical staff involved in the patient killing programs were protected from prosecution for their actions. From the beginning of October 1939, the Reich Ministry of the Interior or provincial authorities sent “notification forms” comprising questionnaires regarding criteria for patient selection to all psychiatric institutions (1, 7, 8). These forms were examined by three medical officers (in Berlin), and this panel made a decision on the transfer and killing of each individual patient. In total, about 200,000 notification forms were examined by reviewers during the course of “Aktion T4.” The selection criteria used in Günzburg have been presented elsewhere; overall duration of hospitalization, diagnosis, social compatibility and working capacity of patients were used (9, 10). The diagnostic classification scheme used was the Würzburg (diagnostic) code [abbreviated Ws*] (11).

Due to widespread resistance in the general population and to open protest from within the Church (defining euthanasia as murder), the “Aktion T4” was suspended in August 1941. However, in many psychiatric institutions killing of patients was continued by other methods (e.g., by medication or by medical or nursing neglect). Many patients incapable of working were starved using a fat-free and low-calorie diet following the “starvation diet decree” of 1942 (4). Between 1933 and 1943, 366 patients were sterilized at the Günzburg State Hospital (12). Forced sterilization was based on the Gesetz zur Verhütung erbkranken Nachwuchses (Law for Prevention of Hereditarily Diseased Offspring). Moreover, organs of patients who died at the Günzburg State Hospital were sent to the Kaiser-Wilhelm Institut München (German Institute for Psychiatric Research) for the purpose of neuropathological research (13).

**METHOD: SELECTED PATIENT HISTORIES**

The presentation of institutional records and medical histories of female and male patients from the Günzburg State Hospital is primarily based on a total of 394 medical files noted in the inventory R 179 of the branch office of the Federal Archives (Bundesarchiv) in Berlin/Lichterfelde (9, 14). The letters “AZ” behind the abbreviated name indicate “Aktenzeichen” (reference file number), and they are followed by a number and information from the file “R 179”; this helps identifying the corresponding file at the Bundesarchiv Berlin/Lichterfelde. The documents held at the Bundesarchiv were found during the early 1990s at the central archive of the Ministry of State Security of the former German Democratic Republic (GDR). Apart from administrative files they contained the histories of about 30,000 patients who, in the course of “Aktion T4,” were transported to killing institutions from diverse mental hospitals and nursing homes and killed in 1940 to 1941 (15). Apart from the medical files additional information was retrieved in (medical) patient files and administrative files of the Bezirkskrankenhaus Günzburg (Günzburg District Hospital).

The selection of institutional records and medical histories presented in this paper was made according to criteria defined in advance. The central criterion was that some information on patients’ medical history, the clinical picture and course of disease should be available. Single case studies were chosen to reflect differences in age group, diagnosis, form and duration of hospitalization. The case histories presented concern patients with differences in clinical characteristics and life histories. The state of conservation of patient files was a limiting criterion. Information was obtained by historical reconstruction of selected patient histories from the branch office of the Federal Archives in Berlin and by describing medical reporting and documentation as practiced at the time. On this basis, we report the information that could be retrieved on the histories of four specific patients. Other case histories have been reported in a previous paper (14).

**PLACES OF DEATH OF PATIENTS**

Patients were transported to assembly institutions (Sammelanstalten) and aggregated into larger groups before being deported to killing institutions (Bernburg, Brandenburg, Grafeneck, Hadamar, Hartheim and Pirna–Sonnenstein). The actual places of killing were camouflaged. There are records on patient killings on 394 patients of the Günzburg State Hospital. There is incomplete information (from various sources) on transfer of patients to killing institutions: On July 5, 1940, 75 patients were transferred (as far as we know, 6 patients to Grafeneck, 1 patient to Pirna-Sonnenstein, 2 patients to

---

4In contemporary documents the abbreviation “Ws” for “Würzburger Schlüssel” is used.
the neighboring Kaufbeuren state hospital, 12 patients to another state mental hospital in Zwiefalten); on October 9, 1940, 91 patients were transferred (as far as we know, 2 patients to the state hospital at Zwiefalten, 1 patient to Hartheim); on October 22, 1940, 49 patients were transferred (as far as we know, 2 patients to Grafeneck, 1 patient to Hartheim, and 1 patient to Zwiefalten); on November 22, 1940, 39 patients were transferred to other institutions (as far as we know, 1 patient to Grafeneck, 1 patient to Zwiefalten, 1 patient to Kaufbeuren); on July 1, 1941, 140 patients were transferred (as far as we know, 3 patients to Hartheim). According to the literature many patients from Bavarian institutions were transferred to Hartheim, other patients were transferred to Grafeneck which was followed by Hadamar, some patients were also transferred to Pirna-Sonnenstein (5); Aas (16, 17) reported the following data: July 5, 1940 – patient transport from Günzburg to Grafeneck: 74 patients (65 male, 9 female); October 9, 1940 – patient transport from Günzburg to Zwiefalten: 89 patients (all female); October 22, 1940 – patient transport from Günzburg to Hartheim: 48 patients (36 male, 12 female); November 22, 1940 – patient transport to Hartheim: 42 patients (all male); July 1, 1941 – patient transport from Günzburg to Hartheim: 140 patients (54 male, 86 female) with slight inconsistencies. As far as we know, from the “Aktion T4” clinic, 101 patients from Günzburg were transferred to the Pirna-Sonnenstein killing institution. According to correspondence with the Grafeneck memorial center (e-mail correspondence, March 25, 2011), no patients from Günzburg were transferred to Grafeneck. According to the literature many patients from Bavarian institutions were transferred to Hartheim, other patients were transferred to Grafeneck which was followed by Hadamar. In addition, some patients were also transferred to Pirna-Sonnenstein (5); Aas (16, 17) reported the following data: July 5, 1940 – patient transport from Günzburg to Grafeneck: 74 patients (65 male, 9 female); October 9, 1940 – patient transport from Günzburg to Zwiefalten: 89 patients (all female); October 22, 1940 – patient transport from Günzburg to Hartheim: 48 patients (36 male, 12 female); November 22, 1940 – patient transport from Günzburg to Hartheim: 42 patients (all male); July 1, 1941 – patient transport from Günzburg to Hartheim: 140 patients (54 male, 86 female) with slight inconsistencies. As far as we know, from the “Aktion T4” memorial center at Pirna (e-mail correspondence, March 25, 2011), no patients from Günzburg were transferred to Grafeneck. According to correspondence with the Grafeneck memorial center (e-mail correspondence, March 7, 2011), a total group of 47 patients (27 male, 20 female) were transferred from Günzburg to Grafeneck (patient transport dated October 9, 1940: 11 patients; patient transport dated October 22, 1940: 22 patients). According to the Zwiefalten hospital (e-mail correspondence, March 7/25, 2011) there were patient transports from Günzburg to Grafeneck via Zwiefalten (patient transport dated July 5, 1940: 66 patients transferred to Zwiefalten of whom 64 were transferred to Grafeneck; 1 patient died in Zwiefalten on July 13, 1940; patient transport from Günzburg to Zwiefalten dated October 9, 1940: 89 patients were transferred of whom 85 or 86 patients were transferred to Grafeneck on November 6, 1940; two patients died in Zwiefalten, one patient may have been transferred later [November 7, 1940]; patient transport on October 22, 1940: 36 patients were transferred from Günzburg to Zwiefalten all of whom were transferred to Grafeneck on November 13, 1940).

In summary, it is likely that of the four patients referred to below two were killed at the Grafeneck and two at the Hartheim killing institution (near Linz, Austria).

PATIENT HISTORIES

Patient J.M. (AZ 3131 R 179), “transferred to another institution” on October 22nd, 1940, at the age of 50.

J.M., male, was born on July 24th, 1890. On August 1st, 1911, he was first admitted to the mental hospital at Kaufbeuren. Nine months later J.M. was discharged to the care of his father; he subsequently started his military service in Munich. Due to mental instability he was committed to the University Psychiatric Clinic in Munich. In February 1913, J.M. was transferred to Kaufbeuren, which was close to his home; hospital transfer was supervised by the police. The medical report attached to the police report states that “M. is mentally ill” (dementia praecox). As there is a risk of periods of aggression during which he attacks other people he must be considered a danger to the public. He has to be transferred to an institution according to the regulations of Art. 83 II of the Penal Code of the Police [Polizeistrafgesetzbuch] (assessment in police report of February 27th, 1913). The medical report from the Kaufbeuren hospital records states that the patient suffered from delusions. “The food is poisoned, it has always been poisoned...” Apart from this, J.M. also believed that he was being held in prison in his home town. In September 1913, J.M. was discharged to his home following medical assessment. During the three years that followed he was repeatedly admitted (and committed) to the hospital at Kaufbeuren. Finally, in March 1916, he was arrested for reasons of public safety and taken to the Kaufbeuren mental hospital. In an expert report of the district doctor his mental condition is described as follows: “J.M. (…) is mentally ill and as he has a tendency to states of aggression during which he becomes violent, he has to be considered a danger to the public as well. He [says that he] is Christ, ‘the almighty God, if my father is going to treat me badly, a terrible punishment will come upon him’” (report of district doctor of March 11th, 1916, medical report of Kaufbeuren state hospital).

In a decision of the district administration of Wertingen of March 27th, 1916, the following statement is made: “He refuses food, no longer works, threatens his father with murder, looks for weapons and does other similar things.” After that J.M. remained in long-term inpatient treatment. In the care report of April 26th, 1940, his state of health is described with the following words: “mentally indifferent
and requires permanent professional attention and supervision 24 hours a day. He requires a high level of care from the nursing staff as he leaves an impression of destitution and disgust in every respect. There is no way the patient can live with mentally sane people. It was even difficult to make him share his daily routine with other patients/inmates, and he would substantially disturb tranquility by constant screaming. In summary, there are effects of an incurable, serious mental illness: complete idiocy. Signed Dr. Eichinger” (Institutional medical report of the sanatorium and nursing home of Schweinspoint, September 12th, 1934). Mental handicap (Ws 1a) was diagnosed, it was assumed that the patient was unable to work.

On November 13th, 1940, i.e., after 11 years in the Schweinspoint institute, the patient was transferred to the Günzburg State Hospital at the age of 22 together with 31 other fellow-residents (patients). The stay at Günzburg lasted only 9 days. On November 22nd, 1940, S.F. was taken to a killing institution, probably to Hartheim/Linz. During the short stay at the Günzburg State Hospital no entries were made in the patient’s medical file. The only document to refer to S.F. is a notification in the patient file from the archive of today’s Günzburg District Hospital by Dr. Barth, a senior member of the medical staff, to the town registry office (Standesamt) of Günzburg dated January 14th, 1941. It refers to an enquiry of the registry office regarding the whereabouts of the patient, and the brief statement reads, literally: “place of residence and demise unknown” (notification to town registry of Günzburg, January 14, 1941, file Z, patient archive, Günzburg).

Patient G.S. (AZ 3157 R 179), “transferred to another institution” on July 1st, 1941, at the age of 32.

G.S., male, was born at Stettenhofen near Augsburg on October 1st, 1909. There are few hints concerning the circumstances of his life prior to his admission to a mental institution. Early in his life a “congenital mental deficiency” (Ws 1a) was diagnosed. A medical report of the local health authority (Gesundheitsamt) of Augsburg, dated June 15th, 1937, states that the relatives had “neither time nor understanding” for what was considered, in terms of diagnosis, to be congenital insanity, and family members considered him to be a “malicious and lazy man.” In the report on medical findings the general condition of G.S. was described as being in need of care, and he himself was described as “feeble and shrunk” (medical report of the health authority of Augsburg, June 15th, 1937). Therefore, the health authority of Augsburg ordered the admission to the sanatorium (mental health care insti-
On July 5th, 1940, after a total duration of hospitalization of 21 years, H.D. was transferred from Günzburg to the mental hospital of Zwiefalten (with 75 other female and male patients). On that day, no other entry was made; on July 30th, 1940, she was transferred to the Grafeneck killing institution. Even if no other hints can be found for the assumption that some patients may have been sent to a killing camp directly, the date of death of the patient, which is noted in the patient file, suggests this assumption. In the administrative file of the patient at today’s Günzburg District Hospital, correspondence between relatives of the patient and the medical director, Dr. Sighart, has been preserved. A female cousin living in Jerusalem and a family from Speyer asked for the whereabouts of the patient after her deportation. Dr. Sighart responded and informed the patient’s family of the transfer to the Zwiefalten institution. There are also enquiries of the British Red Cross dated July 1940 and of the United Restitution Office dated 1953 which asked for the whereabouts of the patient. Enquiries of this kind from relatives and administrative authorities can often be found in medical files of (female and male) Jewish patients who were deported within the “Aktion-T4.” Contrary to the widely held belief that “euthanasia” was only practiced on non-Jewish citizens – many thousands of Jewish people with mental illness died in the “Aktion T4” (18).

CONCLUSION

The medical records of patients analyzed and described above bear testimony to the fact that everyday language and medical terminology were mixed in the medical entries, especially in the descriptions of patient behavior. Further consideration of this practice of medical reporting requires that medical records should be seen in their historical context: mentally ill people were considered to be a potential danger in everyday life, and the period was characterized by widespread views that exhibiting behavior beyond the obvious norm constituted a danger and threat to public order. Expressions of everyday and colloquial language can be found in the description of psychopathologic examination reports. In summary, stigmatizing, disdainful, pejorative and humiliating wording is used in the descriptions of medical conditions and behaviors of patients; examples for this include terms such as “idiotic,” “dull,” “silly,” “completely stupid,” “stupid grimaces” or “congenital idiocy.” From a historical perspective this finding may not be surprising as there has
been a significant development in medical psychiatric terminology (especially since 1945), and this has comprised a clear distinction of descriptive clinical terminology from everyday language (7). In the 1930s and 1940s there was no recognized operationalized psychiatric classification system and no established psychopathological descriptive inventory which would have supported a diagnostic routine striving for more objectivity.

Another finding to be considered is that entries in medical reports were made at widely irregular intervals. Shortage of time among medical staff may have played a role. The transfer of large patient groups made continuity of treatment and the provision of individualized care more difficult. On the basis of the medical records scrutinized it must be assumed that individualized care was not practiced. Furthermore, there is a clear impression that the practice of listening to patients in order to understand and determine the basis or type of mental disorder was not part of the daily routine of clinical examination, diagnostic work-up and treatment practice. At an early stage, stigmatizing and discriminating terms and concepts were chosen which are likely to have led to multiple traumatization. It is difficult to reconstruct biographical trajectories or data on illness course from clinical records. It is only rare that biographical fragments and personal statements of patients were taken note of and documented. These findings are also due to the genre of “patient history,” because in the patient file a socially designed reality emerges as the final point of biological and social parameters (7, 14).

Under the conditions of the medical documentation routine found in the patient files it was difficult to obtain insight into the living circumstances and individual biographies of the patients (8, 19). What has been presented barely reflects the institutional itinerary or history of patients and is restricted to a narrow institutional perspective. In patient histories and medical documents we are confronted with views which were close to the ideological premises of the time saturated with experiences of violence. Some entries are an expression of medical discourse in a time of degeneration theory and eugenics, with the additional element of political-ideological radicalization in the Third Reich (20) which exacerbated the traumatization of patients. Thus, the brief case histories taken from medical records highlight medical evaluation practice regarding patients with mental illness in a general environment of a clandestine killing program and dehumanizing institutional practice. In addition, the case studies reported attempt to recall the persons killed in the “Aktion T4” in a dignified way by partially reconstructing the institutional aspects of their life stories and claiming a historical place of remembrance for them. The description of single patient histories can help us understand the collective fate of a whole group of people suffering from mental disorders. The full biographical reconstruction is pending, and any such attempt will have to search beyond the institutional records that are available. The futile attempt of biographical reconstruction of life stories of patient victims presented in this paper is but one attempt to remember the fate of people with mental illness who were killed in Nazi Germany. Finally, we have to take note that the current state of research provides no clarity concerning the circumstances of patients’ deaths. The program of systematic extermination of people with mental illness comprised the attempt to camouflage even the places of death of victims.

Acknowledgements
We thank Boris Böhm, Gedenkstätte Pirna-Sonnenstein, Gerhard Fischer, director of nursing, District Hospital (BKH) Günzburg, Sebastian Koch, Gedenkstätte Grafeneck, Wilhelm Losert, former head of administration, BKH Günzburg and Bodo Rüdenburg, Südwestdeutsche Zentren für Psychiatrie Zwiebtaufl, for their support in our research.

References


