

Can this  
happen  
again?

## MASS KILLING IN

PRE-WAR

GERMANY

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In the latter part of 1939, four men, in the presence of a whole group of physicians and an expert chemist, were purposely killed (with carbon monoxide gas). They had done nothing wrong, had caused no disturbance, and were trusting and cooperative. They were ordinary mental patients of a state psychiatric hospital which was—or should have been—responsible for their welfare. This successful experiment led to the installation of gas chambers in a number of psychiatric hospitals (Grafeneck, Brandenburg, Hartheim, Sonnenstein, Hadamar, Bernburg).

Let us visualize a historical scene. Dr. Max de Crinis is professor of psychiatry at Berlin University and director of the psychiatric department of the Charite, one of the most famous hospitals of Europe. He is one of the top scientists and organizers of the mass destruction of mental patients. Dr. de Crinis visits the psychiatric institution Sonnenstein, near Dresden, to supervise the working of his organization. He wants to see how the plans are carried out. Sonnenstein is a state hospital with an old tradition of scientific psychiatry and humaneness. In the company of psychiatrists of the institution, Dr. de Crinis now inspects the latest installation, a shower-roomlike chamber. Through a small peephole in an adjoining room he watches twenty nude men being led into the chamber and the door closed. They are not disturbed patients, just quiet and cooperative ones. Carbon monoxide is released into the chamber. The men get weaker and weaker; they try frantically to breathe, totter, and finally drop down. Minutes

later their suffering is over and they are all dead. This is a scene repeated many, many times throughout the program. A psychiatrist or staff physician turns on the gas, waits briefly, and then looks over the dead patients afterward, men, women, and children.

The mass killing of mental patients [in prewar Germany] was a large project. It was organized as well as any modern community psychiatric project, and better than most. It began with a careful preparatory and planning stage. Then came the detailed working out of methods, the formation of agencies for transporting patients, their registration and similar tasks (there were three main agencies with impressive bureaucratic names), the installing of crematory furnaces at the psychiatric institutions, and finally the action. It all went like clockwork, the clock being the hourglass of death. The organization comprised a whole chain of mental hospitals and institutions, university professors of psychiatry, and directors and staff members of mental hospitals. Psychiatrists completely reversed their historical role and passed death sentences. It became a matter of routine. . . .

The whole undertaking went by different designations: "help for the dying," "mercy deaths," "mercy killings," "destruction of life devoid of value," "mercy action." . . . They all became fused in the sonorous and misleading term "euthanasia." . . . In reality, these mass killings . . . were not mercy deaths but merciless murders. It was the merciless destruction of helpless people by those who were supposed to help them. . . .

The greatest mistake we can make is to assume or believe that there was a morally, medically, or socially legitimate program and that all that was wrong was merely the excesses. There were no excesses. Rarely has a civil social action been planned, organized, and carried through with such precision. . . . Often it took up to five minutes of suffocation and suffering before the patients died. If we minimize the cruelty involved (or believe those who minimize it), these patients are betrayed a second time. It was often a slow, terrible death for them. . . .

From the very beginning—that is, before the outbreak of war and before any written expression by Hitler—it was officially known to leading professors of psychiatry and directors of mental hospitals that under the designation of "euthanasia" a program was about to be carried through by them and with their help to kill mental patients in the whole of Germany. The object was "the destruction of life devoid of value." That definition was flexible enough for a summary proceeding of extermination of patients. The term "euthanasia" was deliberately used to conceal the actual purpose of the project. . . . The most reliable estimates of the number of psychiatric patients killed are at least 275,000. . . . The indications became

wider and eventually included as criteria "superfluous people," the unfit, the unproductive, any "useless eaters," misfits, undesirables. The over-all picture is best understood as the identification and elimination of the weak.

A considerable percentage of the whole number were . . . merely aged and infirm. Many of the old people included in the program were not in institutions but were living at home, in good health, with their families. A psychiatrist would go to these homes and give the aged people a cursory psychiatric examination. . . . The psychiatrist would then suggest that such people be placed under guardianship and sent to an institution for a while. From there they were quickly put into gas chambers. It is difficult to conceive that thousands of normal men and women would permit their parents or grandparents to be disposed of in this way without more protest, but that is what happened. . . .

Thousands of children were [also] disposed of. . . . They were killed in both psychiatric institutions and pediatric clinics. Especially in the latter a number of woman physicians were actively involved in the murders. Among these children were those with mental diseases, mental defectives—even those with only slightly retarded intelligence—handicapped children, children with neurological conditions, and mongoloid children (even with minimal mental defects). Also in this number were children in training schools or reformatories. Admission to such childcare institutions occurs often on a social indication and not for any intrinsic personality difficulties of the child. . . .

The chief of the mental institution Hadamar was responsible for the murder of "over a thousand patients." He personally opened the containers of gas and watched through the peephole the death agonies of the patients, including children. He stated: "I was of course torn this way and that. It reassured me to learn what eminent scientists partook in the action: Professor Carl Schneider, Professor Heyde, Professor Nitsche." . . . And when Dr. Karl Brandt, the medical chief of the euthanasia project, defended himself for his leading role in the action, he stated: ". . . Were not the regular professors of the universities with the program? Who could there be who was better qualified than they?"

### Doctors Kill "Worthless People"

These statements that leading psychiatrists supplied the rationalization for these cruelties and took a responsible part in them are true. . . . Historically there were tendencies in psychiatry (and not only in German psychiatry) to pronounce value judgments not only on individuals, on medical grounds, but on whole groups, on medicosociological grounds. What was (and still is) widely regarded as scientific writing prepared the way. Most influential was the book

*The Release of the Destruction of Life Devoid of Value*, published in Leipzig in 1920. . . . The book advocated that the killing of "worthless people" be released from penalty and legally permitted. It was written by two prominent scientists, the jurist Karl Binding and the psychiatrist Alfred Hoche. The concept of "life devoid of value" or "life not worth living" was not a Nazi invention, as is often thought. It derives from this book. . . .

These ideas were expressed in 1920. Surely Hoche and Binding had not heard of Hitler at that time, nor did Hitler read this book. It is not without significance that at this time, when Hitler was just starting his career, the "life devoid of value" slogan was launched from a different source. Evidently there is such a thing as a spirit of the times which emanates from the depths of economic-historical processes.

This little book influenced—or at any rate crystallized—the thinking of a whole generation. Considering how violence-stimulating the ideas in it are, it is significant that both authors were eminent men who played a role as intellectual leaders in a special historical period. This illustrates the proposition that violence does not usually come from the uncontrolled instincts of the undereducated, but frequently is a rationalized policy from above. . . .

### **Executions Precede Hitler**

It has been stated that the psychiatrists were merely following a law or were being forced to obey an order. Again and again we read—as if it were a historical fact—of Hitler's secret order to exterminate those suffering from severe mental defect or disease. . . . According to this view, everything was fine until that order was given and became fine again when the order was revoked. The reality was very different. There was no law and no such order. The tragedy is that the psychiatrists did not have to have an order. They acted on their own. They were not carrying out a death sentence pronounced by somebody else. They were the legislators who laid down the rules for deciding who was to die; they were the administrators who worked out the procedures, provided the patients and places, and decided the methods of killing; they pronounced a sentence of life or death in every individual case; they were the executioners who carried the sentences out or—without being coerced to do so—surrendered their patients to be killed in other institutions; they supervised and often watched the slow deaths.

The evidence is very clear on this. The psychiatrists did not have to work in these hospitals; they did so voluntarily, were able to resign if they wished, and could refuse to do special tasks. . . . The psychiatrists in authority did not take advantage of this. Instead they initiated the most extreme measures and cloaked them in scientific terminology and academic respectability. . . . Without the scientific rationalization which

they supplied from the very beginning and without their mobilization of their own psychiatric hospitals and facilities, the whole proceeding could not have taken the shape it did. . . . [For example:] The special agency for child "euthanasia," the Reich Commission for the Scientific Registration of Hereditary and Constitutional Severe Disorders. . . . was a commission of experts, psychiatric and pediatric, that decided—entirely on its own—which children should be killed as being mentally below par or handicapped or physically malformed. . . .

### **Children Starved to Death**

The children slated for death were sent to special "children's divisions," first Goerden, then Eichberg, Idstein, Steinhof (near Vienna), and Eglifing. They were killed mostly by increasing doses of Luminal or other drugs either spoonfed as medicine or mixed with their food. Their dying lasted for days, sometimes for weeks. In actual practice, the indications for killing eventually became wider. Included were children who had "badly modeled ears," who were bed wetters, or who were perfectly healthy but designated as "difficult to educate." The children coming under the authority of the Reich Commission were originally mostly infants. The age was then increased from three years to seventeen years. . . . A further method of "child euthanasia" was deliberately and literally starving children to death in the "children's divisions." This happened to very many children. . . .

There is a persistent myth about the whole "euthanasia" project which serves to ease the conscience of the civilized world. It is entirely false. According to this myth, Hitler stopped the program after about a year (when "only" some 70,000 patients had been killed) because of protests and pressure from the churches and the public. The "euthanasia" killing was *not* stopped. It went on until 1945, to the end of the Hitler regime—and in some places, e.g., Bavaria, even a few days longer. . . . It did not even get less cruel but in many cases was more cruel. . . . The methods employed were deliberate withdrawal of food, poisoning, or in many cases a combination of both. The poisoning was done by injections of overdoses of drugs. Patients screaming from hunger were not unusual. If it got too bad, they were given injections which quieted them, made them apathetic, or killed them. This was called euthanasia too. "Euthanasia" by starvation. Such methods had the advantage of more discretion: patients who were destroyed in this way could be more easily counted as "natural deaths." . . . With respect to children, the legend of the 1941 ending of "mercy deaths" does not have even a semblance of truth. The child-killing agency functioned openly and efficiently till the collapse of the regime in 1945. . . .

As for the resistance of the churches, the fact that the killing did continue shows that it was not so strong or so persistent as to be effective. It was not enough. Dr. Karl Brandt stated that it was Hitler's opinion (which proved right) that resistance to the "euthanasia" killings on the part of the churches would under the circumstances not play a great role. The efforts were sporadic, isolated, and fragmentary. At certain levels the attitude was for a long time so passive and ambiguous that a top bureaucrat in the mercy killings, Hans Hefelmann, could state truthfully in court in Limburg that it had been his understanding that the church "was willing to tolerate such killings [at the time] under certain conditions."

What clergymen did was sixfold. They first protested about the transfer and eventual killing of patients in institutions under their jurisdiction. They wrote to the government and submitted evidence. They protested against the project from the pulpit. In some, but not all, institutions where religious sisters worked as nurses, the clergy made the further work of the sisters dependent on the assurance that they did not *have* to "participate" in any way in any part of the project. They reported instances to local juridical authorities as punishable crimes. (This was of no effect, because all complaints relating to the "action" were forwarded to Berlin and disregarded.) . . .

### **Mass Killing, 20th-Century Style**

The mass killing . . . cannot be subsumed under any of the old categories. It is not bestial, because even the most predatory animals do not exterminate their own species. It is not barbaric, because barbarians did not have such organized, planned, and advanced techniques for killing people and processing them into such commercial products as fertilizers. It is not medieval—it is indeed very twentieth century. It is not strictly a national matter, for the perpetrators had no difficulty in finding collaborators—even very active ones—in other countries. It is not a past, historical episode, because it is still largely unresolved legally, politically, psychologically and educationally. It is not a unique occurrence, because there is no certainty whatsoever that it will not be repeated when similar circumstances arise. It is not an unforeseeable natural catastrophe, because it was long foreshadowed. It is not the work of madmen, for many of the perpetrators and organizers led (both before and after the killings) normal, average bourgeois, working-class, professional, aristocratic, or intellectual lives. . . . It was not a disorderly orgy of primitive violence but a mass action lasting years and carried out with pedantic orderliness.

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