In Fear of the Frail: The Treatment of the Disabled at the Eichberg Asylum for the Mentally Ill in Nazi Germany

by

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ABSTRACT

The National Socialist era was a terrifying time for Germany's disabled population. The purpose of this work is to provide a detailed case study of the campaign launched by the German Government against its handicapped people. This thesis outlines the history of an asylum, the Eichberg located in the Rheingau. Records from the Eichberg trial, autobiographical accounts of pertinent cases, administrative records of the institution, and interviews with survivors and residents of the Rheingau are the sources upon which this study is based. Special emphasis is given to the recollections of the Eichberg's victims and victimizers. Beginning with a discussion of Wilhelmine and Weimar culture, this work shows that the impetus for the extermination and abuse of disabled people preceded National Socialism. This thesis then gives a detailed account of how the directors of the asylum exploited their patients through starvation, slavery, torture, and murder. It becomes apparent that the horrors of the Eichberg were motivated not only by the ideological interests of the regime and economic interests of the local community, but also by the professional ambitions of the asylum's directors. This work concludes by examining the immediate post war era, where one the asylum's directors, Dr. Schmidt, stood trial for his crimes. Far from being seen as criminal by the people of the Rheingau, he was embraced by them as a victim himself—as a benevolent medical practitioner doing his best to preserve life under difficult circumstances. That the local community, the press and the judiciary could so easily accept the weak arguments posited in Schmidt's defense proves that the handicapped of post-war Germany were given far from a fresh start, but still faced significant prejudice—prejudice born of fear.
DEDICATION

To the victims and survivors
Acknowledgements

Through the experience of writing this thesis I have been the fortunate recipient of support, insight and friendship from many. As this has been my greatest reward I feel compelled to acknowledge their contribution. The decision to research a part of German history which led to the collective guilt of a generation would not have been possible without my parents. They encouraged my curiosity and taught me through example the importance of truth and integrity. I have relied on their unending love and support always. I am and will always be further grateful to Dr. Martin Kitchen, my mentor and friend, whose direction led me to this topic and whose inspiration and valued companionship have remained a constant in my ever-changing life. The facilitation of my archival research at the Hessisches Hauptstaatsarchiv in Wiesbaden was made possible through the friendly openness of Dr. Eiler. Answering a multitude of questions he demonstrated a wealth of knowledge, all to my benefit. I would like to thank Dr. Rodney Day, my second supervisor, for his help and participation on my thesis committee. The administration staff and faculty of the History Department of Simon Fraser University similarly extended their expertise and assistance throughout my efforts. I am indebted to my colleague and friend Thomas Keeley whose critical insight and assistance are without measure. The extent of his academic talent matches the extent of his kindness and I am extremely appreciative of both. Most of all I give my gratitude to my fiancée Cynthia whose love, emotional support, and insights from her experiences as a handicapped person were immeasurably valuable. Finally, I would like to acknowledge my gratitude to a man whose name I never knew but whose words will remain an inspiration. As a survivor of the concentration camps he had moved to Israel where I met him in my travels. Grappling with my own sense of guilt related to my German heritage I sought his perspective. He advised me that the atrocities committed in Germany during the war could not be resolved through blame what was important was understanding and remembrance.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPROVAL</td>
<td>ii</td>
</tr>
<tr>
<td>ABSTRACT</td>
<td>iii</td>
</tr>
<tr>
<td>DEDICATION</td>
<td>iv</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>v</td>
</tr>
<tr>
<td>LIST OF PHOTOGRAPHS</td>
<td>vi</td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>CHAPTER I: PATH TO TRAGEDY IN WILHELMINE AND WEIMAR GERMANY</td>
<td>5</td>
</tr>
<tr>
<td>In Wilhelmine Germany</td>
<td>5</td>
</tr>
<tr>
<td>In the Weimar Republic</td>
<td>12</td>
</tr>
<tr>
<td>CHAPTER II: EXTERMINATION AND NAZI POLITICS</td>
<td>18</td>
</tr>
<tr>
<td>The Führer and his Coterie’s Bio-Political Plans</td>
<td>18</td>
</tr>
<tr>
<td>Killing Potential Life</td>
<td>22</td>
</tr>
<tr>
<td>Killing Disabled Children</td>
<td>25</td>
</tr>
<tr>
<td>Killing Handicapped Adults</td>
<td>29</td>
</tr>
<tr>
<td>Synopsis</td>
<td>36</td>
</tr>
<tr>
<td>CHAPTER III: THE EICHBERG MISERY</td>
<td>37</td>
</tr>
<tr>
<td>Humanity and Hard Times</td>
<td>38</td>
</tr>
<tr>
<td>Destroying Potential Life: Sterilization at the Eichberg, 1935-1939</td>
<td>45</td>
</tr>
<tr>
<td>The Eichberg and Nazi Rivalry</td>
<td>49</td>
</tr>
<tr>
<td>Saving Money and Maintaining Opulence</td>
<td>59</td>
</tr>
<tr>
<td>Starvation and Neglect</td>
<td>70</td>
</tr>
</tbody>
</table>
Crime and Punishment ...........................................76
Prescribing Death..................................................88
The Eichberg as a Transit Camp for the Killing
Institution Hadamar.............................................97
Obsession and ‘Childhood Euthanasia’....................110
‘Childhood Euthanasia’ and its Facilitation..............117

AFTERMATHS...........................................................129
BIBLIOGRAPHY.........................................................139-143
LIST OF PHOTOGRAPHS

Picture 1 & 2.............................................................................................................69
Picture 3.......................................................................................................................75
Picture 4 & 5...................................................................................................................87
Picture 6.........................................................................................................................108
Picture 7.........................................................................................................................109
Picture 8.........................................................................................................................126
Picture 9.........................................................................................................................127
Picture 10.........................................................................................................................128
INTRODUCTION

My interest in the topic which follows is a consequence of my personal experience. A car accident in 1981 in Germany, when I was eighteen years old, left me paralyzed from the chest down. As a result I have lived in a wheelchair throughout my adult life. Over the years my paralysis became part of me. Not only did it change me physically, but also altered my perception of other people with obvious disabilities as well. Over the eighteen years in a wheelchair, I have come to realize that the popular perception of people with disabilities is not static, but an ever-changing image determined by society.

Before I became paralyzed, I recall feeling insecure when I was confronted with disability. Somewhat frightened to meet handicapped people, I believed that they lived in a world of pain and suffering about which I should not inquire. My behaviour reflected the kind of attitude which has historically prevented people with obvious disabilities from more fully participating in society. For example, up until recently, public transit systems were not designed with the handicapped in mind. Most disabled people were forced to choose between living in an institution or in the four walls of their homes--providing that their families were able to care for them. Shutting these people away was an easy answer for a society that wanted to avoid facing them, but this hindered it from dealing with the problems encountered by the disabled in a manner more suited to the needs of the handicapped themselves.

Compared to Germany today where it is not unusual to see people with disabilities actively participating in society, such as the present leader of the Christian Democratic Party, the situation for handicapped individuals in past times was extremely problematic--and even deadly.
Under National Socialism (1933-1945), the disabled, like other vulnerable minorities, were branded as enemies of the Volk (people). Most were forced to live in asylums. During the dreadful Holocaust, many were killed for ideological, economic, and supposedly scientific reasons. Those who were regarded as physically fit were often put to hard work, living in fear of being killed if found to be unproductive.

One asylum, the Eichberg, perched on the beautiful hills just outside of my home town, was a place of utmost horror for its disabled inmates, and is the subject of this thesis. The program at the Eichberg certainly constituted a new and terrifying chapter in the history of the disabled, and in this way was unique to Nazi Germany. But it was not a phenomenon without historical antecedents. As this thesis shall show, existing, rather than new, theories motivated the National Socialists in their malicious campaign against Germany's people with disabilities. I shall show that the Eichberg's patients' grim reality was a horrible extension of what was discussed or selected as a central theme in late nineteenth and early twentieth centuries' scientific philosophies and political debates. I shall further provide evidence of the continuation of this theme following the fall of the third Reich within the context of the response to the horror at the Eichberg by the judiciary system, the community and the experience of survivors.

It would be unreasonable to isolate Germany as the only society which questioned the value of people with disabilities. Many other societies considered killing or actually killed those

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1 As Martin Kitchen pointed out: "The masses [were] further controlled by the emphasis on the hidden enemies who have sinister designs on society and who threaten the longed-for sense of community. Almost any group, or collection of groups...[which were] relatively weak and unable to defend themselves provided excellent scapegoats for the ills and failures of society." See Martin Kitchen, Fascism, The Macmillan Press LTD (1976), pp. 86-87

2 Martin Kitchen, Hitler Bewitched or Hitler Bewitched, in Creativity and Madness: an interdisciplinary symposium / edited by J. D Keehn, North York, Ont.: University Press of Canada, c. 1987, pp.108, 109. Martin Kitchen pointed out: "No political movement or system is entirely sui generis, they are all in part the products of general and specific historical developments. ...[Their] nature must be seen within the context of the social, economic and political circumstances in which such inhumane fantasies could become a grim reality."
who were physically or mentally ill. However, in the case of Nazi Germany, an entire state turned against its people with disabilities, systematically exploiting and murdering those who sought for help in the country's asylums. I therefore regard the events at the Eichberg as unique.

Moreover, I do not believe that a single explanation can account for the horrible events at the Eichberg. This work does not attempt to present what happened there within a single theoretical context. Nor does it deny the reality of mental and physical disability or attempt to expand on power structures. I see no point in blaming, for example, the clinic's staff, villagers, or other bystanders who closed their eyes when the Eichberg's patients were victimized. Instead I wanted to let individuals who lived, worked, and often died at the Eichberg speak for themselves.

To shed some light on the scenario I chose to concentrate on the institution's administrative records, autobiographical records of pertinent cases and testimony from the Eichberg trial documented from 1933-1945 at the main archive of Hesse in Wiesbaden. Records were supplemented by published case histories in addition to interviews with survivors and residents of

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3 For example Plato argued in his work *The State* (Book IX) and Aristotle in his *Politics* (Book VII) for the abandonment of frail children to help the state. In modern history the works of Thomas Robert Malthus (1766-1834), Charles Darwin (1809-1882), Friedrich Wilhelm Nietzsche (1844-1900), Comte de Gobineau (1816-1892), and Houston Stewart Chamberlain (1855-1927) helped to form the belief that the laws of nature were the laws of society, and that humanity was to strengthen race and society by enforcing what they alleged to be the law of natural selection. This philosophy gained a foothold not only in Germany, but also in nations which appeared to be more tolerant such as America, Canada, Denmark, Finland, and Sweden. In these countries, physically and mentally handicapped people were often sterilized and sometimes even castrated. This practice was ruled constitutional by the U.S Supreme Court, and its greatest judge, Oliver Wendell Holmes in *Buck v. Bell*, 247 U.S 200 (1927) said: "We have seen more than once that the public welfare may call upon the best citizens for their lives. It would be strange if it could not call upon those who already sap the strength of the state for these lesser sacrifices, often not felt to be such by those concerned, in order to prevent our being swamped with incompetence. It is better for all the world, if instead of waiting to execute degenerate offspring for crime, or to let them starve for their imbecility, society can prevent those who are manifestly unfit from continuing their kind...Three generations of imbeciles are enough."

4 Michel Foucault's conclusion that madness is a social construct and hence does not exist is absurd. See *Madness And Civilization, A History of Insanity In the Age of Reason*, (Vintage Books Edition, 1988), p.288 At the same time, he was right to insist that the history of unreason converges with the history of reason. How the disabled are perceived and treated is determined by society. Without having been labeled as a threat to society the patients at the Eichberg would not have become victims. Their treatment reflects the ills and failures of German society under National Socialism.

the Rheingau conducted in the summer of 1996 and 1998. But before the plight of the Eichberg's victims can be discussed, the background to the tragedy must be described.

In the chapter which follows, I shall show that the impetus of marginalization and murder of people with disabilities preceded National Socialist politics, and developed from Wilhelmine and Weimar culture.
In Wilhelmine Germany

In 1806 the distinguished Berlin physician Dr. Christoph Wilhelm Hufeland (1762-1836) expressed his fears about the role of the medical profession in facilitating 'smooth death' (euthanasia; Greek: eu = well and thanatos = death). Sensitive to dangerous social developments he wrote:

the doctor should and must do everything to keep the patient alive! The doctor could well become the most dangerous person in the state [if] the doctor believed he was entitled to decide upon the necessity of a life. Then it would only require a logical [extension] for him to apply the criteria of worthy and, therefore unworthy, in other instances.6

Hufeland was a man of remarkable foresight. A few years later, the famous German philosopher Friedrich Nietzsche contemplated the ethics of doctors, safeguarding the lives of the ill. In his work *Moral der Ärzte* (1891) (*The Morality of Doctors*) Nietzsche concluded:

The ill person is a social parasite. There is a point where it is impertinent to continue living...For the sake of life one should wish for death differently: free, aware, and consciously attack. If he or she gives up life [he, she] does the most respectable thing, and thus almost deserves to live. Society, or better, life itself profits from it.7

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Following Nietzsche's lead, the utilitarian polemicist Adolf Jost formulated the concept of negative human worth, and requested "the right to kill." A disabled and ill person's life was rated in two ways: firstly in respect to his or her suffering (happiness) and secondly in respect of the burden placed upon relatives and community. Jost wrote mostly about voluntary euthanasia, but those who were not in a position to articulate their wishes (e.g., the mentally disabled) automatically qualified for death. His notion of "the right to die" could be easily changed into "an order to kill." After all, for the disabled who were incapable of expressing themselves, it clearly meant a death sentence.

Jost wrote at a time when Germany had just overcome a long period of depression (1873-1893). To help the economy, he asserted that the country should not waste its resources on mentally and physically ill people. He wrote that "our hospitals and asylums with all their senselessly suffering [patients] contributed significantly to our depressing atmosphere of the times." He also suggested that the needs of the majority should supersede the needs of the individual. Since the state never hesitated to sacrifice young and healthy soldiers for its protection there was no reason to burden society for the sake of keeping suffering people alive.

A further aspect of these developments was most strikingly represented by the racial hygienist Alfred Ploetz (1860-1940). In his book Grundlinien einer Rassenhygiene; die Tüchtigkeit unserer Rasse und der Schutz der Schwachen (Principles of Race Hygiene; the

Tüchtigkeit unserer Rasse und der Schutz der Schwachen (Principles of Race Hygiene; the


8Albin Eser and Peter Bringewat, Medizin und Recht, Suizid und Euthanasie als human- und sozialwissenschaftliches Problem, (Ferdinand Enke Verlag Stuttgart 1976), Vol. 1, p.29
9ibid, p.12
Industriousness of our Race and the Protection of the Weak (1895). Ploetz argued that the health of society, construed as a timeless genetic collective, should be patrolled by medical experts. They should determine who should marry or reproduce, or in other words, what type of people should be born. Ploetz’s principle demand was to perfect the human race by the Ausmerzen (eradication) of all weakly and sickly babies, and suspending support for the mentally and physically ill. He wrote: “Humanity’s mawkishness, in the care of the blind, deaf-mute and, generally speaking all the weak, hinders the effectiveness of natural selection.”

The debate about killing people with disabilities was very much sustained under the banner of Ernst Haeckel’s (1834-1919) interpretations of monism. Haeckel and his followers attempted to apply Darwin’s idea of evolution to philosophy and religion, therewith challenging the Christian doctrine of the ‘sacredness of human life’. For example, he postulated that the most wonderful function of a human’s brain was the sense of compassion. Natural compassion was reflected by the law of the survival of the fittest. The death of the unfit was not cruel but saved them from all the misery they have to experience in their hopeless struggle to survive. Hence, Haeckel concluded that man should use his brain to realize that true compassion was not to save the lives of the permanently ill (disabled) but to grant them the Gnaden tod (mercy killing), just as one would put an old and sick pet out of its misery. He glorified certain homicides—which he alleged to have happened in the ancient world—to show that humanity could guide the process of natural selection. He wrote:

\[\text{\cite{ploetz}}\]
A wonderful example of artificial human breeding was exercised by the old Spartans. All weak, sick [children] or children with any physical affliction were killed. Only completely healthy and strong children were allowed to stay alive, and later they alone reached the stage of reproduction...The people of Sparta owed their rare degree of masculine power and rugged heroism to artificial selection or breeding.16

Haeckel thought that the disabled not only drained the economy but also presented a growing danger to the health of the human race.17 He argued that afflictions such as scrofula, syphilis, consumption, and also many forms of mental disorder, were hereditary, and that modern medicine was playing a role in their proliferation. While, for the most part, medical science was still unable to cure many diseases, it was nevertheless able to prolong the lives of those suffering from lingering, chronic diseases for many years. The number of people suffering from permanent mental and physical disorder had as a consequence dramatically increased.18 To cure the problem Haeckel proposed the Spartan-like solution of establishing a commission to determine which deformed, chronically insane, and diseased children should be allowed to live and who should be killed by means of a quick and rapid poison.19


17ibid, p.136

18ibid, p.136 In 1904 Haeckel figured that more about 200 000 permanently disabled people were living in Europe. This number is very small compared to the hundreds of thousands of humans left permanently disabled by the Great War.

Haeckel's writings were widely read. His most popular book *Die Welträtsel (The Riddle of the Universe)*, (1899) sold more than 300,000 copies in Germany alone. It went through ten editions before 1919 and sold about half a million copies by 1933.\(^2\) His works were influential even among people who did not normally read academic literature. This became evident in a number of surveys and in the at least ten thousand letters addressed to Haeckel, complimenting him on his works.\(^2\) Many intellectuals were also intrigued by Haeckel's ideas; in 1906, 6000 academics founded the Monist League of which Haeckel became president of honour.

On the eve of the Great War, Ernst Haeckel's Monist League became the forum of an intense debate about euthanasia. In the May 1913 edition of its journal, *Das monistische Jahrhundert (The Monist Century)*, the League published a letter written by a fatally ill person, Roland Gerkan, petitioning the Parliament of Saxony to allow a medical doctor to deliver him from his sufferings. He wrote:

> Why, instead of permitting us to die gently today, do you demand that we embark upon the long martyr's road, whose final goal is certainly the same death which you deny us today?\(^2\)

To facilitate quick legislation Gerkan outlined a draft law sanctioning euthanasia. The fact that Gerkan died shortly after having dispatched his petition presented the Monist League with the opportunity of portraying him as a martyr—as a prototypical Monist hero who had suffered and died for the sake of euthanasia.\(^2\) It was no accident that Roland Gerkan had chosen Haeckel’s Monist League as a forum for his draft euthanasia law.\(^2\) Not only did his petition support

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\(^2\) Zmarzlik, p.259

\(^2\) Roland Gerkan wrote: “Warum lasst Ihr uns nicht heute sanft sterben, sondern fordert, dass wir den langen Marterweg durchwandern, dessen sicheres Endziel ja doch derselbe Tod ist, den Ihr uns heute versagt?” See Michael Burleigh, p.13 An excerpt of the original is published in ibid, p.110

\(^2\) Wilhelm Borner, 'Euthanasie', *Das monistische Jahrhundert* (1913), Vol.2, pp.251-254 in Michael Burleigh, p.14

\(^2\) Hans-Walter Schmuhl, p.110
Haeckel’s scientific idea of compassion but also presented the League with the opportunity ight for their eugenic convictions.

Though the League’s official chairman, the Nobel-Prize-winning chemist Wilhelm Ostwald supported Roland Gerkan’s draft law, he was somewhat more moderate. In an essay praising Gerkan’s courage, he was confident that a voluntary euthanasia law would be passed in the future, but its implementation was not without problems. Oswald wrote:

Any law challenging the boundaries of the law results in difficulties and hardship; but there is never a law which is structured and formulated well enough that certain peculiar cases could not challenge its sense. 25

One such area would concern consent. Gerkan may have advocated voluntary death only, but there were plenty of people with disabilities whose consent would be questionable. In particular, the feeble-minded could be easily victimized by manipulating them to agree to an apparently voluntary death.

The Bielefeld judge Alfred Bozi warned against the approval of Gerkan’s draft law. Foreseeing its complications the judge concluded that its legislation would result in a form of Staatsabsolutismus (totalitarianism), for which he declared: “There is no foundation today.” 26

Though Gerkan’s petition was ultimately rejected, legislators had seriously discussed whether a suicidal and apparently fatally ill person should be allowed to use the state and the medical profession to die. Instead of buying the means to his envisioned ‘final peace and salvation’ at the pharmacy around the corner, 27 and therewith committing the crime of suicide, Gerkan stirred up a

26Alfred Bozi, ‘Euthanasie und Recht’, Das monistische Jahrhundert (1913), Vol2, p.579 in Michael Burleigh, p.15
27Ibid, p.13
general debate about killing people with disabilities. Gerkan’s death plea was the opposite of what it intended to be. By giving support to euthanasia advocates, and thereby furthering their cause, his deed did not serve humanity but ultimately helped to undermine it.
In the Weimar Republic

During the tumultuous years of the Weimar Republic, the value of disabled and ill people became an intense topic of discussion. When many Germans were suffering from the economic and psychological repercussions of the recently lost war, a popular writer named Gerhard Hoffmann (alias Ernst Mann) saw the need to campaign in much harsher terms. In his work *Moral der Kraft* (*Morality of Strength*) (1920) Ernst Mann explicitly called upon the disabled war veterans to perform one last heroic deed. They should kill themselves to spare the state the burden of their pensions. Mann wrote:

> Also the one who as a the result of his brave actions in the battle for public good became severely injured, has no right to burden his fellow men with crippled or sickly life. Since he was courageous enough to put in battle his health and life at risk he should complete his bravery by making an end to the rest of his already lost life.\(^{28}\)

For those who did not have the courage and those whose mental state prevented them from understanding their obligations, Mann envisioned a system in which commissions of doctors, armed with police powers and abetted by public denunciation, would facilitate their deaths. His principle was that misery can only be removed from the world by the painless extermination of those whom he perceived to be miserable, namely people with disabilities. Mann’s eugenic dystopia also included people suffering from organic diseases such as cancer and tuberculosis.\(^{29}\) In 1922 he petitioned the Reichstag for the extermination of the mentally ill, mercy killing for the terminally ill, mercy killing for the exhausted, and the killing of crippled and

\(^{28}\)Mann wrote: “Auch der, der sich infolge seiner Tapferkeit im Kampf für das Allgemeinwohl eine schwere Verletzung zugezogen hat, auch dieser hat kein Recht, seinen Mitmenschen als Krüppel oder Kranker zur Last zu leben. War er tapfer genug, seine Gesundheit, sein Leben im Kampf aufs Spiel zu setzen, so soll er auch die letzte Tapferkeit beweisen, den verlorenen Rest seines Lebens selbst zu enden.” See Ernst Mann, *Die Moral der Kraft*, Weimar, Verlag F. Fink, 1920, p.45

\(^{29}\)Ernst Mann, *Die Erlösung der Menschheit vom Elend*, Weimar, Verlag F. Fink 1922, p.67
incurable children.\textsuperscript{30} In his writings, painlessly killing ill and disabled people was represented as an act of mercy, a means of eugenic prophylactics, and a chance to relieve the economy. Mann wrote:

Has one ever requested that inferior people make sacrifices for the public good? They are requested to make sacrifices now! Order them to give up on having children so that they do not pass to their offspring their inferiority. Order them to relinquish their miserable lives when the healthy suffer from the lack of space and food. Order that they should be sacrificed for the public good.\textsuperscript{31}

At the same time, a paper entitled \textit{Freigabe zur Vernichtung Lebensunwerten Lebens} (1920) (\textit{Permission for the Destruction of Life Unworthy of Living}) probably stirred up the greatest controversy about killing people with disabilities. Its authors, Karl Binding and Alfred Hoche were respected professors. Binding was one of Germany’s leading specialists in constitutional and criminal jurisprudence while Hoche, somewhat less famous, held a professorship of neuropathology at the University of Freiburg. More important than their intellectual status was that they joined the two most authoritative professions, medicine and jurisprudence, to argue for the \textit{Gnadentod} (mercy killing) of people with severe illnesses and disabilities.

Taking advantage of the post-war spirit the co-authors invited readers to compare battlefields covered with thousands of dead young bodies, or a mine after an accidental explosion in which hundreds of industrious workers were buried alive, with the prolific care allegedly currently expended upon \textit{Idioten} (idiots) in institutions. Using highly emotional language Binding and Hoche argued that the idiots’ lives were not merely worthless, but actually of negative

\footnotesize
\begin{itemize}
  \item \textsuperscript{30}ibid, p. 50
  \item \textsuperscript{31}Mann wrote: “Verlangt man je von den Minderwertigen Opfer für das Wohl des Volkes? Man fordert sie jetzt! Fordert, dass sie auf Nachkommen verzichten, um ihre Minderwertigkeit nicht weiter zu vereerben, fordert, dass sie aus [ihrem leidigen] Leben scheiden, wenn Raum und Nahrungsangel das Volk bedrängen, dass sie geopfert werden, wenn das Wohl des Volkes es gebietet!” See Ernst Mann, \textit{Die Wohltätigkeit als aristokratische und rassenhygienische Forderung}, Weimar, Verlag F. Fink, 1924, p.164
\end{itemize}
value.\textsuperscript{32} The co-authors were indebted to Adolf Jost who had formulated the concept of negative human worth thirty years before.\textsuperscript{33}

Following Jost’s utilitarian argument, Binding and Hoche maintained that the value of human life had to be measured in terms of what the individual was able to render to society in material and biological terms. Hoche claimed that the annual cost of each idiot was 1, 300RM. This represented: “A massive capital in the form of foodstuffs, clothing and heating, which is being subtracted from the national product for entirely unproductive purposes.”\textsuperscript{34} To expand the value of the \textit{Volkskörper} (body politic) the retarded, the deformed, and those who were severely damaged by disease or accident should be put to death by a medical doctor.\textsuperscript{35} This they asserted was not only for the betterment of society but, particularly, for the good of Germany’s people with disabilities. Binding and Hoche wrote:

For several years we have been seized with dismay by observing an outrageous lack of sensitivity to these poor people. They are treated as sights to be stared at in the most impertinent manner and are often haunted by mockery and cruel jokes. The lives of these poor people are an eternal running of the gauntlet.\textsuperscript{36}

The murder of people with disabilities was disguised as a favour which certain members of the medical profession were obliged to grant to them.

\textsuperscript{32} Binding and Hoche wrote: “Denkt man sich gleichzeitig ein Schlachtfeld, bedeckt mit Tausenden toter Jugend, oder ein Bergwerk, worin schlagende Wetter Hunderte fleißiger Arbeiter verschüttet haben, und stellt man in Gedanken unsere Idioteninstitute mit ihrer Sorgfalt für ihre lebenden Insassen daneben-und man ist auf das tiefste erschüttert von diesem grellen Missklang zwischen der Opferung des teuersten Gutes der Menschheit im grössten Maßtabe auf der einen und der grössten Pflege nicht nur absolut wertloser, sondern negativ zu wertender Existenzen auf der anderen Seite.” See Karl Binding und Alfred Hoche, \textit{Die Freigabe der Vernichtung lebensunwerten Lebens. Ihr Mass und Ihre Form} (Leipzig 1920), p.27

\textsuperscript{33} They wrote: “Jost had correctly realized that the value of human life might not only be worthless but could even become of negative value.” (Jost hat ganz richtig erkannt, dass der Wert des menschlichen Lebens nicht nur bloss Null, sondern auch negativ werden kann.) in ibid, p. 27

\textsuperscript{34} ibid, p. 54

\textsuperscript{35} This included people who were temporarily unconscious but would ‘wake up to a misery in which they had lost their identities.’ (“die nur noch zu einem namenlosen Elend erwachen würden”) See ibid. p. 33

\textsuperscript{36} Binding and Hoche wrote: “Seit Jahren beobachte ich mit Entsetzen den empörenden Mangel an Feinfühligkeit gegenüber diesen armen Menschen, die zur Sehenswürdigkeit werden, und nicht selten in der unverschämtesten Weise begafft, ja vielfach unter spöttischen Redensarten verfolgt werden. Das Leben solcher Armen ist ein ewiges Spiessrutenlaufen!” See ibid p.33
Binding and Hoche concluded their work with Goethe's metaphor of civilization ascending in the manner of steadily ascending spirals: just as the present time regards as barbaric earlier eras in which killing defective infants was customary, so too shall future epochs consider the 'over-exaggerated notions of humanity and over-estimation of the value of existence' as a burden inherited from their own barbaric past. People with severe disabilities did not belong to the highly civilized society envisioned by Binding and Hoche; their deaths were either self-sacrifice or deliverance, both equally serving the purpose of achieving higher civilization. While those disabled people who sacrificed themselves for the good of higher civilization were performing a noble act, those who did not were behaving immorally. Binding and Hoche concluded:

A new time shall come which from the view point of higher morality shall reject the concept of having to make continuously severe sacrifices to serve the call of overly exaggerated humanity and, generally the over-estimation of the value of life.  

Critics of Binding and Hoche were numerous and vocal. Some criticized their utilitarianism. Others questioned the inherent arbitrariness of judgments regarding the quality of disabled people's lives, and condemned the persecution of the disabled as an act of the utmost terror. Amongst the theologians, for example, Martin Ulbrich, director of the asylum at Magdeburg-Cracau, took the view that the ideas of Binding and Hoche were symptoms of a general moral collapse into unalloyed egotism. It was up to God and not mankind to take lives which God alone had given.

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37They wrote: "Eine neue Zeit wird kommen, die von dem Standpunkte einer höheren Sittlichkeit aus aufhören wird, die Forderung eines überspannten Humanitätsbegriffes und einer Überschätzung des Wertes der Existenz schlechthin mit schweren Opfern dauernd in die Tat umzusetzen." See Binding and Hoche, p.62
38Schmuhl, p.121
Ewald Meltzer, Saxony's chief medical officer and director of a home for non-educable, feeble-minded children wanted to know how the parents of the mentally ill children at his asylum would respond to Binding and Hoche's arguments. He decided to carry out a formal survey of opinion among his asylum's parental constituency. To his surprise 73% or 119 agreed to the painless ending of their child's life if it was established that the child's disability was incurable. Those who responded negatively to the proposition did so either because of powerful emotional bonds with their child, or from ethical or religious convictions.40

Though one must be careful in generalizing from a single study, the results of Meltzer's survey indicate that the public was receptive to the ideas put forth by euthanasia advocates. Firstly, all parents who wanted their child to die thought that the final judgment should be left to 'experts', and felt that the doctors and nurses working with their child should be empowered to grant the Gnadentod (mercy killing). Secondly, some parents justified the death of their child with the idea of Ballastexistenz (burdensome existence)--their child should die because it represented a burden on the state, society, and his or her relatives.41 Thirdly, though most parents believed in the idea of mercy killing as an act of kindness, they did not want to be exposed to it. They wished a death note which did not state that their child was put to death by some medical doctor. Instead, they preferred a note, stating that their child had succumbed to natural causes.

Meltzer was so surprised by the outcome that in a subsequent book he called upon Christians as well as utilitarians. Appealing to the latter, he maintained that asylums for handicapped people were most valuable centers for conducting scientific research. At the same time, he tried to please the religious by reminding them that asylums served as a tangible

40Ewald Meltzer, Das Problem der Abkürzung 'lebensunwerten Lebens' (Halle 1925) in Helga Rehse, Euthanasie, Vernichtung lebensunwerten Lebens und Rassenhygiene in Programmschriften vor dem ersten Weltkrieg, Heidelberg Dissertation, 1969, p.72
41see ibid, pp.92-93
manifestation of Christian charity. While with his writings Meltzer tried to save institutions for the disabled for humanitarian reasons, his research was to encourage the Nazis to do the opposite.
CHAPTER II: EXTERMINATION AND NAZI POLITICS

The Führer and his Coterie’s Bio-Political Plans

For Adolf Hitler (1889-1945) National Socialism was more than politics. He maintained that National Socialism was a product of biology; it had been developed to cleanse the German Volkskörper (body politic). The Führer postulated:

Those who understand National Socialism only as a political movement do not know National Socialism. It is more than a religion, it is the will to create humanity anew. Politics today is completely blind without biological goals and imperatives.\(^\text{42}\)

In other words, for Hitler, National Socialism was a sort of biological response to whatever he and his circle alleged to threaten or weaken the German Volkskörper. The link between biology and politics was crucial. It helped Adolf Hitler and his circle to justify their deeds. Whatever they alleged to be a threat to biology was a threat to National Socialism, and conversely, whatever they alleged to be a threat to National Socialism was a threat to biology.

Adolf Hitler defined the disabled as a threat. Already in the first volume of his infamous work Mein Kampf the Führer had elaborated on the supposed evils of incurable illness and disability. Under the meaningful subtitle Eine Abrechnung (a revenge) the Führer demonstrated his aggression against people with disabilities. For him the incurably ill and handicapped were the evil product of what he labeled a social illness. For example, Hitler asserted that syphilis was caused by “desperate social, moral, and racial instincts.”\(^\text{43}\)

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\(^{43}\)Ibid, p. 282
The sick were not only a result of social illness but, more importantly, he believed that they caused it. In other words, he regarded the lives of the disabled as a sort of epidemic, as a rapidly spreading plague which for humanitarian reasons needed to be stopped. Already, in 1925, the young Adolf Hitler had envisioned a society without permanently ill (disabled) people. The handicapped had lost their right to live because they had failed in their struggle for health. He wrote:

By means of such half-measures, we give incurably ill people the ongoing opportunity to infect the healthy. This means we have become a type of humanity which, in order not to hurt a few, lets hundreds of others die...If one has lost the power to strive for one’s health one loses the right to live in this world of strife.

Hitler and his group were influenced by the discussion of the survival of the fittest in the preceding sixty years. The Führer used the existing Social Darwinist ideas but portrayed them in his own bizarre manner. Emotions were overly emphasized and perverted in the ruthless pursuit of political goals. On becoming Chancellor, in 1933, Hitler made clear that he was ready to take action against the incurably ill people and handicapped. He asserted in an interview:

We all suffer from the infirmity of mixed and spoiled blood. How can we cleanse ourselves in atonement? Do you realize there is a kind of compassion which leads to wisdom. It must be applied to those who are inwardly depraved and treacherous. This very compassion calls for a sole action: to let the sickly die. Politics today is blindfolded unless its reasons and goals are of a biological nature.

While Hitler accused ill people of being inwardly depraved and treacherous, he did not as yet elaborate on the matter of how they should die. It would appear that he foresaw

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44ibid, p. 279 “Es ist eine Halbheit, unheilbar kranken Menschen die dauernde Möglichkeit einer Verseuchung der übrigen Gesunden zu gewähren. Es entspricht dies einer Humanität, die, um den einen nicht wehe zu tun, hundert andere zugrunde gehen lässt...Wenn die Kraft zum Kampf um die eigene Gesundheit nicht mehr vorhanden ist, endet das Recht zum Leben in dieser Welt des Kampfes.”
their demise as a result of a lack of care. His ideas were an extension of the various racial
hygienists who had campaigned for the exclusion of handicapped people in Wilhelmine Germany
and the Weimar Republic. In particular, Ernst Mann, Binding and Hoche had linked the disabled
to criminal and antisocial behaviour. In the hands of the Nazis racial hygiene was no longer
simply a philosophy but a policy which would be put into practice. Germany’s most powerful
politician, the Führer, accused these unfortunate individuals of being enemies of his country. As
foes of Germany the handicapped had no chance to escape Adolf Hitler’s bio-political plans.

To make his dreams a reality Hitler and his advisors needed a network of willing
collaborators from various medical professions, particularly medical doctors. The key was to
appoint physicians who felt more loyal to the regime than to the Hippocratic oath they had taken
as healers. Many of these doctors belonged to the SS (black-shirted storm troopers). They were
devoted members of the Nationalsozialistischen Deutschen Ärztebund (National Socialist German
Doctors’ Association). Their membership helped their own careers but often made them
instruments of the government’s racial hygienic endeavours.

The words of the Reich’s physician’s leader, the association’s head and co-founder,
Gerhard Wagner (1888-1938) proved that medical doctors were expected to support the Führer’s
bio-political deeds. For the sake of fulfilling Hitler’s racial hygienic mania the medical profession
was perverted so that medicine became subservient to politics. Wagner said:

The entire profession shall be put into the service of the National Socialist
state. It promises to put all its powers in the service of the renewal and
construction undertaken by our leader Adolf Hitler whose political aim is

Rauschning became disillusioned with Hitler. In 1935 he fled to Switzerland where he published two books
exposing the dangers of Nazism.

46Oath of Hippocrates:...I will use treatment to help the sick according to my ability and judgment, but
never with a view to injury and wrongdoing. I will keep pure and holy both my life and my art. In
whatsoever houses I enter, I will enter to help the sick, and will abstain from all intentional wrongdoing and
harm...In Robert Jay Lifton, The Nazi Doctors, Medical Killing and the Psychology of Genocide, Basic
the higher evolution of the German people biologically and culturally. Here the relationship between politics and the medical profession, having regard to hereditary health care, the protection of the race and through the race the improvement of the species, becomes clear.\textsuperscript{47}

In 1935, 20 000 physicians (50 percent of all German medical doctors) were working for the betterment of the German race.\textsuperscript{48} All of them were members of the association. According to Gerhard Wagner these members were "perfect Nazi doctors."\textsuperscript{49} Though Wagner might have been a bit too optimistic, there were plenty of medical doctors who enthusiastically complied with the racial hygienic plans of the Führer and his coterie.


\textsuperscript{48} ibid, p. 159

\textsuperscript{49} Wagner said: "Im Hauptamt für Volksgesundheit der Partei sind etwa 25000 medizinisch und nationalistisch einwandfreie Ärzte zusammengeschlossen " in Gerhard Wagner, 'Zur Stellung des Arztes im Neuen Deutschland" in \textit{Ziel und Weg} Vol. 7 (1937) p.395, in ibid, p.152
Killing Potential Life

First came the Law for the Prevention of Hereditarily Diseased Offspring. It is not surprising that the law dated July 14, 1933 was based on a Prussian draft bill of 1932. That bill, however, was less radical than the one signed by the Reich Minister of Justice (Franz Gürtner 1881-1941), the Reich Minister of the Interior (Wilhelm Frick 1877-1946) and the Führer. The sterilization plan of 1932 made the consent of the person to be sterilized indispensable, whereas in Nazi Germany the person to be sterilized had hardly any say in the matter.\textsuperscript{50} The law prescribed in Article 1, section 1 stated:

A person with a hereditary disease may be sterilized by surgical intervention if according to scientific experience the offspring were to suffer from severe physical or mental hereditary defects.\textsuperscript{51} Article 1, section 2 and 3 described what was to be understood by a hereditary disease:

A person with a hereditary disease is a person who suffers from: congenital mental deficiency; schizophrenia; circular (manic depressive) mental deficiency; hereditary epilepsy; hereditary Saint Vitus’s dance (Huntington’s chorea); significant blindness; significant deafness; severe hereditary deformity...Furthermore, persons who suffer from severe alcoholism may be made infertile.\textsuperscript{52}

Article 2 and 3 determined who may apply for sterilization and the kind of consent required to undergo the procedure. Any person who wished to be sterilized was entitled to apply. However, if he (she) was incapacitated due to mental illness or under the age of eighteen years his (her) legal representative was authorized to apply for his (her) protégé’s sterilization.

\textsuperscript{51}The law prescribed: “Wer erbkrank ist, kann durch chirurgischen Eingriff unfruchtbar gemacht werden, wenn nach den Erfahrungen der ärztlichen Wissenschaft mit grosser Wahrscheinlichkeit zu erwarten ist, dass seine Nachkommen an schweren körperlichen oder geistigen Erbschäden leiden werden.” See Gesetz zur Verhütung erbkranken Nachwuchses (14. Juli 1933) HHStAW Abt. 430/1 Nr. 12611
\textsuperscript{52}The law said: “Erbkrank im Sinne des Gesetzes ist, wer an angeborenem Schwachsinn, Schizophrenie, zirkulärem (manisch-depressiven) Irresein, erblicher Fallsucht, erblichem Veitstanz (Huntingtonische Chorea), erblicher Blindheit, erblicher Taubheit, schwerer erblicher körperlicher Missbildung leidet....Ferner kann unfruchtbar gemacht werden, wer an schwerem Alkoholismus leidet.” See ibid
It was realistic to assume that a good number of legal representatives—mostly parents—were reluctant to apply for the sterilization of their protégés. Similarly, there were not many people who would voluntarily undergo such an operation. It was clear that most people victimized under this law would be involuntarily sterilized—an undertaking for which the government relied on its army of collaborating doctors. All medical doctors and midwives were legally obliged to report individuals who fell within the limit of this law, and many of them did so with great enthusiasm. Due to their devotion, the number of denunciations was enormous. In the year 1934-35 alone, almost 75 percent of all applications for sterilization came from the medical profession.53

Applications were made at the newly created Erbgesundheitsgerichte (hereditary health courts). They were attached to the lowest courts of Amtsgerichte (lower court) to decide all cases in exclusion from any public presence. Three members (a judge of the Amtsgericht as chairman, a physician of the public health service, and another physician with ‘expert’ knowledge of genetics) comprised this court. It took the court hardly ten minutes to decide on a person’s right of fertility.54 Those who had the strength to appeal the court’s decision went to one of the newly created appellate courts of hereditary health. They were attached to the regional Oberlandesgericht (circuit court), again composed of two physicians (one in the public health service) and chaired by a judge of the circuit court. Because two out of three members of each hereditary court were physicians (and only one out of three was a trained judge), the selection of sterilization victims was a medical procedure disguised as a legal proceeding. The decision of the

53Gisela Bock, Zwangssterilisation, p.232
54Interview with Klara Nowak, the head and founder of the League of those harmed by compulsory sterilization and ‘euthanasia’. I met the lady at the Fritz Bauer institute in Frankfurt in June 11, 1996
appellate courts was final. The convicted individual was given a date for his or her sterilization. If necessary, the police was empowered to use force to ensure compliance.\textsuperscript{55}

The methods of sterilization were vasectomies for men and tubal ligations for women. The second amendment to the law, issued on 4 February 1936, provided that under certain conditions the Reich Ministries of Interior and Justice could prescribe a nonsurgical method. It permitted the use of X-rays for women over thirty-eight or those for whom tying the fallopian tubes might be life-threatening.\textsuperscript{56} Castration had been authorized in November 1933 as a preventive punishment for sex offenders and homosexuals.\textsuperscript{57}

Most sterilizations were carried out before the War. When Germany was consumed by its war efforts Hitler and his circle felt confident enough to replace sterilization with 'euthanasia.' Exact figures on the number of persons sterilized are not available. It was generally agreed that at least 300,000 persons were sterilized before the War and approximately 75,000 after 1939. About 0.5 percent of the German population was sentenced for being 'unfit', and was subsequently physically mutilated. They were deprived of having a family at a time when large families were encouraged. For many, this form of social exclusion resulted in severe mental depression.\textsuperscript{58}

\textsuperscript{55}See DÖW, file E19198, Reichsgau Wien, Hauptgesundheitsamt, for a sample form ordering an individual to report for sterilization. The form concluded with the following warning: "You are explicitly advised that the operation can also be performed against your will." In Henry Friedlander, \textit{The Origins Of Nazi Genocide From Euthanasia To The Final Solution}, The University of North Carolina Press, Chapel Hill & London (1995), p.310
\textsuperscript{56}Henry Friedlander, p. 31 Michael Burleigh, \textit{Death and Deliverance}, p.56
\textsuperscript{57}Gisela Bock, p.95
\textsuperscript{58}ibid, pp.230-246
Killing Disabled Children

Though, for the most part, the Hitler left discussions about medical killing to his subordinates, the project depended on him. He avoided making big speeches about the subject. But at the 1937 Reichsparteitag (party conference) he could not hide his enthusiasm and exclaimed:

The greatest revolution yet has only occurred in Germany. Because in this country for the first time there has been an aggressive program of hygiene for people and race. Because they create the new man.

At the time, Adolf Hitler's revolution for racial hygiene meant more than to sterilize or castrate individuals whom he and his group believed not worthy to reproduce. He envisioned the systematic murder of mentally and physically disabled people.

Already, in 1935, he had told Gerhard Wagner (the Reich physician leader) that once war began he would implement the 'euthanasia' programme. Hitler and his advisors believed that under the cover of war they could get away with the mass murder of the handicapped. As with sterilization the help of devoted medical doctors was crucial. Throughout 1935 to 1937, Wagner held discussions with senior civil servants concerning how to tackle the issue. One of their ideas was to create public animosity towards people with disabilities. As a result, the handicapped were criminalised, degraded and dehumanized in various, journals, books, particularly school books and, for the first time, on film.

60 GSTA Frankfurt, Anklage Werner Heyde, Gerhard Bohne und Hans Hefelmann, Ks 2/63 (GSTA), Js 17/59 (GSTA), 22 May 1962, p. 40; U.S. Military Tribunal, Transcript of the Proceedings in Case 1, p.2482 (testimony Karl Brandt). in Henry Friedlander, p.39
61 Mathematics texts set problems such as: If the building of a lunatic asylum costs six million marks and it costs fifteen thousand marks to build each dwelling on a housing estate, how many of the latter could be built for the price of one asylum? see Hans-Walter Schmuhl, p.124. Five 16mm films were shot in various
In the tradition of Binding, Hoche, and Mann, in particular, handicapped people were portrayed as an economic burden on society. While ‘cripples’ were being spoilt in various asylums, healthy and fertile Germans were doomed to suffer economic distress. Some parts of the perhaps most popular propaganda film, *Erbkrank* (Hereditarily Ill, 1936) embodied what Ernst Mann had postulated in 1924. The speaker exclaimed in an insistent voice:

One leaves healthy families in semi-derelict housing and dark courtyards; but one constructs palaces for the insane, who are totally oblivious to their surroundings. Can we burden the coming generation with such an inheritance?...No, No, Never! Otherwise our great nation and its culture will be destroyed.

It is difficult to say to what extent such propaganda had influenced public opinion. The movie *Erbkrank*, for example, was ceremonially introduced by Gerhard Wagner at a Berlin film showcase and was shown in about 5300 movie theaters throughout Germany. Moreover, as a result of such malicious agitation, the KdF (Chancellery of the Führer) received inquiries from relatives of severely disabled people -- particularly parents of disabled newborns and young infants--whether it was possible to have their child put to death legally. Hitler and his circle believed that before implementing euthanasia for handicapped adults it should be tried on those whose disappearance would be less noticed by the public. It was thought best to start with the asylums for the mentally and physically disabled. These were *Sünden der Väter* (“Sins of the Fathers,” 1935); *Abseits vom Wege* (“Off the Path,” 1935); *Erbkrank* (“Hereditarily Ill,” 1936); *Alles Leben ist Kampf* (“All Life is a Struggle,” 1937); and *Was du ererbt* (“What you have Inherited,” date unknown). Another film *Opfer der Vergangenheit* ("Sacrifices of the Past") was produced under Hitler's direct order and shown by law in all 5 300 German theatres. see John J. Michalczyk, *Medicine, Ethics, and the Third Reich: Historical and Contemporary Issues*, Sheed&Ward (1994), p.64

Ernst Mann wrote: “Order them [the handicapped] to relinquish their miserable lives when the healthy suffer from the lack of space and food. Order that they should be sacrificed for the public good.”

translated in Michael Burleigh, p.187


most helpless, namely babies and infants. Hence inquiries of parents of crippled newborns were given particular recognition.

Among those inquiring were the Knauer parents. Their baby child was hospitalized in the Leipzig University Children’s Clinic where it was diagnosed as blind and idiotic. With this diagnosis the Knauers appealed to Hitler to grant permission to have their baby killed. The KdF, headed by Philip Bouhler (1899-1945), prepared the information for Hitler, who decided to act in the Knauer case. Hitler instructed his personal physician, Dr. Karl Brandt (1904-1946) to visit the Knauer infant, consult with the Leipzig physicians, and kill the child if his diagnosis agreed with the conditions outlined in the appeal. In Leipzig, Brandt consulted with the attending physicians, particularly with the clinic’s director who was a disciple of Binding and Hoche, Dr. Werner Catel. Dr. Brandt confirmed Catel’s diagnosis, and authorized ‘euthanasia’. The baby was killed in the same year it was born, 1938.

The killing of the Knauer baby served as a pretext for the implementation of medical killing for handicapped children. Shortly after the baby’s death Hitler authorized Dr. Brandt and Philip Bouhler to kill in similar cases without asking for his authorization. To prevent the cases becoming publicly known and alarming the population the Führer “ordered all petitions for granting of mercy killings to be left to the sole competence of the Reich Committee group of the Führer’s Chancellery as a secret matter.” To avoid the opposition of those parents who were against medical killing and to placate other parents who agreed or were impartial to it the Reich

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66 At an interrogation of Werner Catel in May, 1962 he justified his actions by claiming that he was strongly influenced by the reading of Binding&Hoche. HHStAW Abt. 631a Nr. 293
67 The Reich Committee for the Scientific Registration of Severe Hereditary Ailments (Reichsausschuss zur wissenschaftlichen Erfassung von erb- und anlagebedingten schweren Leiden) existed only on paper; its mailing address was merely a post office box. It was based in the Chancellery of the Führer and served as a cover for its activities. See Henry Friedlander, p.44
Committee decided to disguise a child’s killing in such a way that the infant had fallen prey to some disease, such as influenza or pneumonia. As Dr. Brandt testified in Nuremberg:

"The parents should not feel themselves incriminated at some later date as a result of this euthanasia. [They] should not have the impression that they themselves were responsible for the death of their child."^69

According to Dr. Brandt the Reich Committee’s objective was “to obtain possession of these “abortions” (disabled children) and destroy them as soon as possible after they had been brought into the world.”^70 Within a few weeks Dr. Brandt, Philip Bouhler and his subordinates Victor Brack (1904-1948) and Hans Hefelmann had constructed a secret registration and selection system for handicapped newborn and small children. Just as in the sterilization campaign, people working in the medical profession were legally obliged to cooperate. In return for a payment of 2 RM’s per case, doctors and midwives reported to health authorities instances of idiocy and Down’s Syndrome, microcephaly, physical deformities such as the absence of a limb or late development of the head or spinal column, and forms of spastic paralysis.^71 Reported infants were generally sent to ‘special children’s wards’ which had been newly installed in various hospitals and in asylums. This was where newborn and small children, judged by the experts to be ‘unfit for life’ or, in cases of doubt, due for further observation, were assigned to physicians responsible for examination or possible killing. Those who were killed usually died of an overdose of morphine or luminal.

^145-163 in Götz Aly and Karl Heinz Roth, “The Legalization of Mercy Killings in Medical and Nursing Institutions in Nazi Germany from 1938 until 1941”, p.155
^70 ibid, p.234
^71 The Reich Ministry of the Interior (Reichsministerium des Inneren) decreed this on August 18th, 1939, see ibid, p.158
Killing Handicapped Adults

Children were only the first victims. Hitler's plan was to initiate a program designed for the systematic extermination of all "persons who were in such a condition that they could no longer take any conscious part in life." In this regard, Hitler's closest physician, Dr. Theo Morell, was appointed to make out a memorandum concerning a possible law for the 'destruction of life unworthy of life'. The crucial question was whether to continue the killing of children on the basis of a new public law, or to maintain the secrecy around the killing project. Morell spent much time assembling everything that had been written since the nineteenth century on the subject of euthanasia. Ewald Meltzer, (Das Problem der Abkürzung 'lebensunwerten Lebens', Halle, 1925) became the key for his memorandum.

While Meltzer's poll was only hypothetical, Morell viewed it as a precedent to implement childhood euthanasia—especially after the Knauer case. The survey showed that parents who wanted their disabled baby put to death wished for a secret procedure, and asked for a falsified death certificate. Morell not only advised Hitler to continue with the killings on a secret basis but concluded that it was time to start a similar project for handicapped adults. At the beginning of his memorandum Morell had written a secret draft of a bill on euthanasia which was to be adopted by Hitler:

Mentally ill patients, who have been so severely deformed physically or mentally since birth or at least since their...birthday, so that they can only be kept alive by permanent care, whose deformed appearance would arouse horror in public and that their mental relations to fellow beings are limited to the lowest animal level, may under the terms of the law on the

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72 Imperial War Museum, London, Interrogation Brandt Medical Trial, Case 1 Vol. 6, p.2397, in Michael Burleigh, pp.97-98
73 Michael Burleigh, p.98, see Götz Aly and Karl Heinz Roth, p.158
74 ibid, p.158
Elimination of Life Unfit for Existence be shortened by medical intervention.\textsuperscript{75}

Dr. Morell's line of argument was appealing to Hitler. It was a synthesis of the most powerful ideas put forth by German Social Hygienists, Monists, and Social Darwinists in the last sixty years. For example, in the tradition of Professors Binding and Hoche, Dr. Morell portrayed the disabled as a loathsome economic burden preventing the Reich from supporting healthy and productive Germans. Citing Ernst Mann, Morell drew attention to the counter selective effects of containing the disabled in society. He argued, for example, that in the Middle Ages capital punishment and epidemic disease had cleansed the country by wiping out the handicapped and delinquent. In modern Germany, these purifying means had practically disappeared. As an effective replacement Dr. Morell encouraged the institutionalization of people with disabilities, and noted that just as in the present regime, no one was executed by mistake, no one could be wrongly granted the favour of Gnadentod (mercy killing) in some mental institution.\textsuperscript{76}

In early September 1939, a few weeks after having received the memorandum, Hitler summoned Gerhard Wagner's successor, State secretary and Reich Health leader Dr. Leonardo Conti (1900-1945), along with Martin Bormann (1900-1945?) and his closest legal adviser, Hans Heinrich Lammers (1879-1962) to discuss the facilitation of the medical killing of handicapped adults. Lammers suggested the promulgation of a law authorizing the killings, but Hitler followed Morell's advice and refused to consider such a law during wartime. He asserted that it was more effective to kill the handicapped on a secret basis, and that this was the key to cutting down on medical expenses.\textsuperscript{77}

\textsuperscript{75}Morell wrote: "Das Leben von Geisteskranken, die von Geburt an doer mindestens seit dem...Lebensjahr so schwer körperlich und geistig missgebildet (sind), dass sie nur durch dauernde Pflege am Leben erhalten werden können, dass ihr Anblick durch seine Missgestalt in der Öffentlichkeit Schauder erregen würde und dass ihre geistigen Beziehungen zu ihrer menschlichen Umwelt auf niedrigster tierischer Stufe stehen, kann nach Massnahme des Gesetzes über die Vernichtung Lebensunwerten Lebens durch ärztlichen Eingriff verkürzt werden." See Schmuhl, p.293

\textsuperscript{76}Michael Burleigh, p.98, See Götz Aly and Karl Heinz Roth, p.158

\textsuperscript{77}Henry Friedlander, p.63
In October 1939, Hitler finally signed the secret authorization\textsuperscript{78} which led to the murder of more than 70,000 people with disabilities. He appointed Dr. Brandt and Philip Bouhler as his plenipotentiaries for the project. They were to keep the Führer informed and receive his policy orders for the undertaking. The authorization read as follows:

\begin{quote}
Berlin, 1 Sept. 1939
Reich Leader Bouhler and Dr. med. Brandt are charged with the responsibility of enlarging the competence of certain physicians, designated by name, so that patients who, on the basis of human judgment, are considered incurable, can be granted a merciful death after a careful diagnosis.
(signed) A. Hitler
\end{quote}

It had been prepared by the KdF. To emphasize that war had not only altered the international status of the Reich but also the status of the Reich’s people with disabilities, Hitler predated his signature to the day when World War II began (1 September 1939).

Unlike children’s euthanasia, the adult project was too large for the KdF to operate. It needed potential to expand and soon moved its central office into a confiscated Jewish villa at number 4 on Tiergarten Strasse (hence the code-name ‘Aktion T-4’). The central killing agency T-4 was split up in various offices. These were the T-4 Hauptwirtschaftsabteilung (Central Finance Office), the T-4 Büroabteilung (Administrative Office), the T-4 Personalabteilung (Personnel Office), the T-4 Transportabteilung (Transport Office), and the T-4 Medizinische Abteilung (Medical Office). To hide the existence of T-4 each of its offices were covered by Tarnorganisationen (front organizations) whose address was elsewhere. Whoever had concerns or questions could not address them to Tiergarten Strasse 4 but had to deal with the respective front organization.

\textsuperscript{78}Alice Platen-Hallermund, \textit{Die Tötung Geisteskranker in Deutschland: Aus der deutschen Ärztekommission beim amerikanischen Militärgericht}. Frankfurt: Verlag der Frankfurter Hefte, 1948, p.21
SS Colonel and one of the KdF's top officials, Victor Brack (1904-1948), was responsible for hiding the fact that the killings were a KdF (Chancellery of the Führer) operation. As a zealous supporter of the project, Brack recruited people through a network of personal contacts and party connections. He made certain that all the people he hired ideologically adhered to operation T-4. All those whom Brack secured joined voluntarily. After the gruesome murder of more than 70,000 people with disabilities Brack still supported the idea. During his trial Brack said that:

"We welcomed it [operation T-4], because it was based on the ethical principle of sympathy and had humane considerations...I admit that there were imperfections in its execution, but that does not change the decency of the original idea, as Herr Bouhler, Dr. Brandt and I myself understood it."

Without the dedication of people working in the medical professions operation T-4 could not have succeeded. The T-4 Medical Office was headed by Professor of Neurology and Psychiatry Dr. Werner Heyde (1902-1964). He and his successor, Professor of Psychiatry and longtime director of the Sonnenstein state hospital in Saxony, Dr. Paul Nitsche (1876-1948), along with an expanded pool of other well qualified physicians had the task of handling the medical side of the killing operation. It was necessary to find asylums to serve as extermination centers; to establish an effective killing method; and to staff asylums for the handicapped with physicians, nurses and orderlies whose ideological commitment singled them out as T-4 material.

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80 GStA Frankfurt, Anklage Vorberg und Allers, Js 20/61 (GStA), 15 Feb. 1966, pp.36-37 in Henry Friedlander, p.69
81 U.S. Military Tribunal, Transcript of the Proceedings in Case 1, pp. 7532-7533) (testimony Viktor Brack) in Henry Friedlander, pp.68-69
82 Karl Morlok, Wo bringt ihr uns hin? 'Geheime Reichssache' Grafeneck (2nd edn. Stuttgart 1990), pp.7-10 for how T-4 alighted upon Grafeneck; Zentrale Stelle der Landesjustizverwaltungen (Ludwigsburg),
The thoughts and behaviour of most nurses and orderlies were an extension of a society which blamed people with disabilities for its social problems. They believed in the moral correctness of euthanasia killings, often on the grounds that Germany's 'idiots' wasted a fortune in ‘luxury' asylums while no money was spent for the improvement of public housing. The women were mostly embittered spinsters resentful for having failed to live up to their petit-bourgeois expectations. The male orderlies were children of the Kaiserreich whose modest aspirations had been crushed by the instability of the Weimar Republic. They were mostly of working class origin with years of unemployment behind them. Many of them had belonged to the NSDAP or its various formations before the Nazis were elected to power. They gratefully remembered the days when, on the odd occasion, the Nazis had helped them out with a meal ticket. They carried out any orders they were given.

Regarding physicians suitable for the project, the role of the SS was crucial. Though many well known physicians used their own contacts for finding appropriate doctors, it was mostly the SS which provided physicians who could cope with the gruesome task. Most of these men were quite young and socially insecure. Their petit bourgeois ambition was accompanied by an excessive awe for great academic names and grand places. Their narrow professional training added no element of moral inhibition. Most of these doctors were invited to Berlin. They were flattered to meet some of the academic celebrities who had direct connections to the KdF. Besides establishing personal contacts with these influential men they received training sessions...
to become uninhibited to the horror of mass murder. They were gradually introduced into murder, progressing from observing the procedures to carrying them out themselves. 87 In regard to such a training session the director of the asylum at Hadamar, Dr. Bodo Gorgass, commented:

The death was a peaceful one. It is simply going to sleep in the true sense of the word. The people grew weary, lost all sense from the outside world, and went to sleep. 88

Directors or other leading physicians of the various asylums and hospitals had to respond to the questionnaires sent out by the Reich Ministry of the Interior RMdI (headed by Herbert Linden). In each questionnaire the fate of a patient was determined. Life or death was directly linked to the productivity of the inmate. Patients who were not able to work or for some reason annoyed the asylum's director or his staff were registered as Lebensunwertes Leben (Life unworthy to live). 89 Deportation and the subsequent killing of patients were always carried out in the same pattern. To hide the path of the doomed individuals the Gemeinützige Krankentransport GmbH alias Gekrat (Charitable Foundation for the Transport of Patients, Inc.) took the handicapped to a transit institution from which they were transported to one of the six extermination centers (Hartheim near Linz in Upper Austria, Sonnenstein in Pirna Saxony, Grafeneck in Württemberg, Bernburg on the Saale in the Prussian province of Saxony, Brandenburg on the Havel near Berlin, and Hadamar in Hesse). At their destination the incoming individuals were quickly checked by another SS doctor, and then sent to the institution's gas chamber.

From October, 1939 to August 24, 1941, more than 70,000 people with disabilities were murdered in the asylums' gas chambers. Hitler suspended the project due to some public and

87 Michael Burleigh, Ethics and extermination, Reflections on Nazi genocide, Cambridge University Press, 1997, p.124
88 HHStAW Abt. 461 Nr. 32061, Hadamar Trial, vol.7, testimony of Bodo Gorgass dated 24 February 1947, p.14 translated in Michael Burleigh, Death and Deliverance, p.154
clerical protest. But a parallel killing program in concentration camps, disguised as a file number-
Operation 14 f 13, was already under way by April 1941. Operation 14f 13 was not suspended.
Concentration camp prisoners who were unable to work, disruptive, or simply exhausted were
murdered by the same means for several years. Similarly, the suspension of operation T-4 did not
end the murdering of people with disabilities. What happened can be described as “killing
without coercion.”90 These murders were described as ‘wild euthanasia’ and took place in almost
all institutions.

Facilitating this action, doctors and nurses found moral justification in government
propaganda, sponsored by Brack’s department. The film Ich klage an (1941), for example,
provided a new approach to the issue by concentrating on the doctors’ decision as an individual.
The film depicted a young doctor whose decision to end the life of his incurably ill wife was
portrayed as loving and heroic. The emphasis was on viewing the killer as a victim.91

In reality, thousands of disabled individuals were “killed high-handedly and
independently on a physician’s or nurse’s whim.”92 Instead of being gassed, inmates were starved
or physically exploited until they died. Others were killed for the advancement of the doctors’
careers. The corpses were dissected and then body parts were examined for the purpose of
medical research. These killings happened until the end of the war and claimed the lives of
approximately another 30,000 people.

90Klaus Dörner, Der Krieg gegen die psychisch Kranken, (Rehburg, Loccum 1980), p.104
91Kurt Nowak, Euthanasie und Sterilisierung im Dritten Reich, Die Konfrontation der evangelischen und
katholischen Kirche mit dem Gesetz zur Verhütung erbkranken Nachwuchses und der Euthanasie-Aktion,
Göttingen: Vandenhoek & Ruprecht (1980), p. 87 The film’s story was not original In the late 19th
century, famous German writers such as Theodor Strom, Paul Heyse, and Marie von Ebner-Eschenbach
wrote a number of plays and novels in which doctors were idealized when they terminated the lives of
the incurably ill people. These were for example: Storm’s novel Ein Bekenntnis (a confession, 1887), Heyse’s
novel Auf Tod und Leben (To death and life, 1985) as well as his play Die schwerste Pflicht (The most
difficult Duty, 1887), and Marie von Ebner-Eschenbach’s novel (Die Reisegefährtin, 1920)
Synopsis

I have highlighted the path leading from vicious campaigns in favour of euthanasia to the actual murder of disabled individuals. I have shown that their deaths were not a phenomenon without historical connections. On the contrary, the idea of killing disabled individuals was expressed in Wilhelmine Germany as well as in the Weimar Republic. Their murder in Nazi Germany was the practical result of a lingering intellectual discussion in which the social value of people with disabilities was determined. Before the implementation of euthanasia Hitler and his circle had studied its history. They had not only learned that the regime would get away with the mass murder of people with disabilities, but also how to tackle the undertaking from the political and medical side. This was helped by the fact that a fair number of inquiries about medical killing were made by parents of sickly offspring.

92:ibid, p.104
CHAPTER III: THE EICHBERG MISERY

It is now my task to convey the every day life of people who lived and worked at the Eichberg under National Socialism. I shall paint a picture of the personalities of the Eichberg’s doctors and staff - what their goals were and how they dealt with the asylum’s inmates. I shall show what the Eichberg’s patients had to endure to survive and what others suffered before they died. I shall describe how the physical environment and inner workings of the hospital interacted with the Eichberg’s patients as well as their relations with the staff and doctors working in the asylum. As I said in my introduction I want the people involved to speak for themselves. I shall therefore continue to concentrate on testimony from the Eichberg trial, the institution’s administrative records, interviews and letters. But before reviewing the history of the Eichberg during the Nazi-regime, a brief overview of the asylum’s history shall be given.
The Eichberg is situated in one of Germany’s most beautiful areas, in the Rheingau on top of a hill, overlooking the Rhine River, above the villages of Kiedrich, Erbach and Hattenheim, and near the town of Eltville. In 1838 the Duke of Nassau and members of the Upper Chamber of the province of Hesse-Nassau decided to build a new institution after they had realized that the patients housed close by in a former monastery at Eberbach needed more space.

Before the Eichberg’s construction started, the director at Eberbach (Dr. Lindpaintner) and the head of the planning department and building control office, the Government Surveyor (Baurat) Zais went on a trip throughout Germany, England, and France to examine modern asylums. They were looking for possible models and inspirations for the Eichberg’s construction. Influenced by the various images of modern asylums, they decided on a serene site for its building. In 1840 the construction of the asylum began on a hill just outside the monastery. It was known for its numerous oak trees (Eichen); thus the name Eichberg. After a good nine years of construction the 150 patients from Eberbach were moved to the new asylum.

From the outset the Eichberg’s population grew rapidly. In 1857 more than 280 patients were hospitalized there. Until 1859 an average of 70 new patients were admitted each year. According to the Eichberg’s director at the time, Dr. Gräser (1856-1871), one reason for the institution’s growing number of inmates was its proximity to large cities in the Rhein-Main area (today encompassed by greater Frankfurt). The extended family system was particularly disrupted.

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93Andrea Tanja Schneider-Wendling, Anstaltspychiatrie im Nationalsozialismus am Beispiel der Heil-und Pflegeanstalt Eichberg, Inauguraldissertation zur Erlangung des Doktorgrades der Medizin der Johannes-Gutenberg-Universität-Mainz dem Fachbereich Medizin vorgelegt, (Mainz, 1997), p.21
94ibid, p.22
in the cities. Many families dwelt in small apartments without the resources necessary to look after a member with a disability. At the same time, there was the popular belief that disabled people could only be cured in an asylum. Director Gräser pointed out that due to modern psychiatry a fair number of mentally ill people were cured and released, and that these success stories made the Eichberg particularly popular.\textsuperscript{97}

In 1883 the director at the Eichberg \textit{Geheimrat} (privy councilor) Dr. Schroeter (1883-1902) implemented a new therapy which actually helped the institution’s economy. The employment of physically fit patients in agriculture was called \textit{Arbeitstherapie} (work therapy) and proved to be a successful treatment for some disabilities.\textsuperscript{98} By the same token, the therapy was of economic benefit for the Eichberg. Not only was the productive employment of inmates economical but it made the Eichberg partly self-supporting—provided that there were enough inmates capable of working.

Though in the following seventy years the institution was enlarged it was consistently overcrowded. In 1897 the Eichberg had the capacity to accommodate 560 patients but its disabled population amounted to almost 670 people.\textsuperscript{99} In the following years its population grew even more. On the eve of World War I at least 700 patients lived in the asylum. Since the majority of physically fit patients had been removed from the Eichberg it is fair to assume that most of these inmates had severe disabilities.\textsuperscript{100} Their situation was aggravated by the fact that a fair number of orderlies and nurses were conscripted to help Germany in its war effort.\textsuperscript{101}

\textsuperscript{96}ibid, p.160
\textsuperscript{97}O. V. Gräser, “Ärztlicher Bericht über die Leistungen der Irrenanstalt zu Eberbach und Eichberg (1843-1859), in \textit{Medizinische Jahrbücher für das Herzogtum Nassau}, Vol. 29 (1863), p.4
\textsuperscript{98}Gerhard Amler, \textit{Chronik des Psychiatrischen Krankenhauses Eichberg}, (Eltville 1975), p.43
\textsuperscript{99}Andrea Tanja Schneider-Wendling, p.24
Moreover, with the removal of the physically fit patients, the production of foodstuffs declined drastically. Though director Dr. Wachsmuth (1911-1931) managed to employ a few mentally disturbed soldiers (who were hospitalized at the former monastery at Eberbach) too little was produced to feed the inmates properly. During the war provisions became so scarce that patients died in great numbers. Important inventory such as blankets, bed sheets, and clothes was not renewed. Too little heating material was provided. In the winter of 1917 the physically weakened patients were struck by an influenza epidemic killing 60% of the Eichberg's population.

It is difficult to imagine the misery these people had to endure before they died. The fact that out of 700 patients only 280 people survived speaks for itself. At the Eichberg the demand of the great protagonists of 'euthanasia', Professor Binding and Professor Hoche, had been met; disabled people could not be cared for when young and healthy soldiers were being sacrificed in Germany's war effort. The fatality rate per capita at the Eichberg exceeded by far that of regiments fighting on Germany's frontiers. As the result, at the end of World War I and for the first time in the Eichberg's history, the institution had plenty of space for the treatment of new patients.

At the beginning of the Weimar Republic life at the Eichberg continued to be difficult. Provisions remained scarce. Until the winter of 1922/23 the provision of heating material was insufficient. Similarly, it took some years until new inventory such as clothes and sheets was adequately provided. Dr. Wachsmuth, director from 1911 to 1931 was succeeded by Dr. Hinsen (1931-1938 and 1945-1953) who to some extent blamed these shortcomings on the reparation

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100 Dr. Amler & Dr. Hinsen, Chronik des Psychiatrischen Krankenhauses Eichberg, unpublished, Bibliothek des HSHStAW, 1975, p.59
101 ibid. p.59
102 ibid. p.59
costs Germany had to pay, in particular to France.\textsuperscript{104} The majority of patients (85\%) fell within the limits of the lowest Pflegesatz (hospital and nursing charges), and suffered severe deprivation.

For the poor majority, the Fürsorgeverbände (welfare offices) paid the minimum subsidy of 1.20 RM per day for care until 1919. At the same time, the so-called Distinguierten (distinguished ones) paid more than eight times as much for treatment (10.00 RM per day). There was also a moderate class whose daily charges amounted to 5.00 RM. It is fair to conclude that there were great discrepancies in life style and treatment between the various classes of patients and that the minimum charge was insufficient for the provision of proper care.\textsuperscript{105} Due to the low budgets of the welfare offices there were hardly any new patients admitted for about five years. It was not before the great inflation appeared to have come to its end that the welfare offices were willing to pay more for disabled people. Not only did they agree to pay a higher minimum subsidy for the Eichberg’s poorest patients (3.90 RM per day) but they also began to institutionalize people with disabilities in great numbers.

By 1926 the Eichberg’s directors had to deal with overcrowded conditions again.\textsuperscript{106} Concerned about the situation, the director, Dr. Wachsmuth, tried to find a solution to the problem of the institution’s surplus of inmates. He accommodated a fair number of patients in Familienpflege (family care). These were families who took in a disabled individual as a sort of family member. They usually received part of the Pflegesatz (hospital and nursing subsidies) which were payments paid by the welfare offices. More importantly, most of these disabled individuals were physically fit, so they were able to work in their new homes. In addition, to

\textsuperscript{103}ibid, p.61
\textsuperscript{104}ibid, p.62
\textsuperscript{105}ibid, p.63
\textsuperscript{106}ibid, p.63-64
create room for up to 700 patients, some parts of the Eichberg were rebuilt. Various smaller rooms were joined together to make one big hall where a great number of inmates could be observed at the same time.  

Just before the National Socialists came to power the situation at the Eichberg was far from ideal. The depression had its effects on the lives of its patients. Less seriously disabled inmates were released from the institution and sent home. Those who stayed—usually individuals with severe disabilities—suffered due to budgetary cutbacks. Officially, the welfare offices lowered the minimum of the Pflegesätze (hospital and nursing subsidies) from 3.90 RM to 2.90 RM. In reality, however, a fair number of inmates received substantially less than 2.90 RM worth of care per day.

The welfare offices' support was not only unstable but was insufficient to pay for the institution’s inventory, foodstuffs and staff. Almost 15% of the Eichberg’s staff was let go at a time when the majority of its inmates required close observation. In 1931 there were 769 inmates whose illnesses required special care. There was not enough staff either to look after or feed them properly. As a result, in June 1932, 65% of all men and 87% of women were crammed in only two sections. At the same time, most physically fit patients who were able to work the lands were in Familienpflege (family care) or released.

It becomes clear that just before the Nazis came to power life at the Eichberg was hard. There was no hope for any improvement with the Nazis on the rise. Shortly after the Nazis came to power the Eichberg was dominated by an individual who genuinely hated people with disabilities. Hesse-Nassau’s Landesverwaltungsrat (administrative councilor), Fritz Bernotat

107 ibid, p.65
108 ibid, pp.67-68
perceived people with disabilities as 'useless eaters' whose lives should be ended by medical doctors. At a 1936 conference of asylum directors, Bernotat had told the Eichberg's director, Dr. Hinsen, in a circle of assembled directors: "If I were a doctor I would bump all these ill people off."110

Director Hinsen had good reason to take Bernotat's harsh statement seriously. On several occasions SS-officer and Landeshauptmann (Captain General) of Hesse-Nassau, Wilhelm Traupel (1891-1946), had told him that "there shall be a law making it possible to kill the mentally ill," and that this was for the good of Germany because "they were all Ballastexistenzen (burdensome existences)."111 More importantly, Bernotat had the power to create hell for the Eichberg's patients. He had managed to attain a position which allowed him to dominate all state run asylums and reformatories in the district.112

Bernotat "was very self-righteous, dictatorial to an extent one can only imagine." He "really was ready to kill" for his success.113 A primitive and not very intelligent man who "tyrannized all people who he could command,"114 Bernotat obtained his position as a consequence of his immediate contact with Gauleiter Jakob Sprenger (1884-1945).115 Applying

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109 ibid, p.69
110 HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol.4, p.000002
111 HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 4, p. 000002 Dr. Hinsen testified: "Traupel said to me at least twice, but perhaps three times...that it would be better if a law existed which made it possible to kill the mentally ill, since they were all burdensome existences."
112 Bettina Winter, "Hadamar als T4-Anstalt 1941-1945" in Euthanasie in Hadamar, Die nationalsozialistische Vernichtungspolitik in hessischen Anstalten, (Eigenverlag des LWV Hessen, Kassel 1991), p.91
113 HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 4, p.000226 testimony of Dr. Göbel director of the asylum Mammelshöhö. He said: "Bernotat war sehr selbstherrlich, diktatorisch wie man sich nur vorstellen kann, der wirklich über Leichen gegangen ist."
114 Testimony of Bernotat's secretary in Alice Platen-Hallermund, Die Tötung der Geisteskranken in Deutschland, (Frankfurt am Main, 1948), p. 109
115 An ongoing dispute between the Landeshauptmann Traupel and the Gauleiter (district general administrator of the NSDAP), Jakob Sprenger (1884-1945) probably benefited Bernotat's career. Moreover, Bernotat was happy to have a connection to a man like Sprenger--his authority was sound. He was able to indulge himself in a nimbus of great authority. There were only three Gauleiter who were

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the concept of the “survival of the fittest” for government officials Sprenger did not interfere in the affairs of Bernotat. Hence Bernotat was able to exercise his authority as a brutal tyrant and, if he needed help from above, he could rely on Sprenger’s direct connections to the Chancellery of the Führer. It is longer in office than Sprenger. Not only had he attained his position long before Hitler was elected but he had fought alongside with the Führer in World War I. See Dieter Rebentisch, “Persönlichkeitsprofil und Karriereverlauf des nationalsozialistischen Führungskaders in Hessen” 1928-1945, in: Führerstaat und Verwaltung im Zweiten Weltkrieg, Verfassungsentwicklung und Verwaltungspolitik 1939-1945, (Franz Steiner Verlag Wiesbaden GMBH, Stuttgart 1989), p. 313-317

116ibid, p.331
117ibid, p.317
Destroying Potential Life: Sterilizations at the Eichberg 1935-1939

Director Hinsen was horrified by the idea that the Eichberg's patients should be killed. At the same time, he was the product of his time and his social class. As a sound bourgeois he certainly labeled what he perceived as asocial as 'inferior'. He believed that eugenics would lead to the improvement of the Volk (people). From the outset of the implementation of the Law for the Prevention of Hereditarily Diseased Offspring, Dr. Hinsen was in favour of a swift and unbureaucratic facilitation of the matter even if it was unclear whether the reported individual had a hereditary illness.

Dr. Hinsen complained that relatives of reported individuals would be disturbed by the Hereditary Health Court's (Wiesbaden) "long and unnecessary questions" about the "inferiority" of those reported. There would be no need to inquire into the health of family members because reported individuals should be sterilized "even though there is absolutely no evidence of hereditary [illness] in either ancestors or descendants." 118

A fair number of patients whom Dr. Hinsen wished to have sterilized actually volunteered for the procedure. 119 It was not too difficult to manipulate psychologically ill or mentally fragile individuals to give their consent to the operation. 120 Some inmates were brainwashed in such a way that they believed themselves to be minderwertig (inferior). They were told that their sterilization was an important sacrifice which they had to make for the sake of Adolf Hitler and the improvement of his people. 121 A more common practice was to threaten them. They and their guardians were told that without having undergone sterilization, patients

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118 HHStAW Abt. 430/1 Nr. 12611 “Denn das Urteil auf Sterilisation muss ja auch dann erfolgen, wenn in Aszendenz oder Deszendenz keinerlei erbliche Belastung nachzuweisen ist.”
119 HHStAW Abt. 430/1 Nr. 12611
120 HHStAW Abt. 430/1 Nr. 12611
were not allowed to go home for the week-end. Guardians who asked for the release of their protégés had to come to terms with their sterilization. For example Dr. Hinsen wrote:

Given her age and physical, psychological and spiritual state the only lawful way your daughter could be released from the institution is if she is first sterilized. Until your daughter undergoes these measures we cannot consider your request.\(^\text{122}\)

The court usually came to a quick judgment. In particular, cases with obvious disabilities such as severe mental and cerebral disorders had little chance of being acquitted. In cases where people could not be sentenced on grounds of an obvious disability the Eichberg’s reporters cited environmental circumstances as reasons for having them sterilized.\(^\text{123}\) For example, one woman was sentenced to be sterilized because in the report it said that “she was epileptic and that her folks lived on the verge of becoming criminals.”\(^\text{124}\) Another man was sterilized because “he had slight Intelligenzdefekte (intelligence defects), his mother drank, and his siblings were slightly retarded.”\(^\text{125}\)

The above mentioned indictments were typical. For males it was common to criticize their intelligence. Expressions such as Intelligenzdefekte (intelligence defects), kann nicht selbständig denken (cannot think independently), kann nur niedrige Arbeiten ausführen (is only able to undertake simple tasks) were common and became idiomatic. At the same time, females were often portrayed as immoral. They had frühe Sexualität (premature sexual urges) sich herumtreiben mit Männern (hang out with men) and were verschlampte Trinkerinnen (seedy

\(^{121}\)Interview with Ruth Preisssler, a sterilization victim, (8 Sep. 1998)


\(^{123}\)HHStAW Abt. 430/1 Nr. 12611

\(^{124}\)HHStAW Abt. 430/1 Nr. 12611

\(^{125}\)HHStAW Abt. 430/1 Nr. 12611
drunks). For example, Dr. Nordmann, Amtsarzt (medical officer) of the district of Rüdesheim in the Rheingau (and with the Eichberg’s director Dr. Hinsen) responsible for many sterilizations in the area, wrote in his report that “the accused has in no way proved herself as a wife. She does not care for her husband and neglects her children and household, which is in disarray.”¹²⁶ It is apparent that a real medical diagnosis was not needed in order to have an individual sterilized.

Often reported individuals were very young and did not have the courage to oppose the opinion of a medical doctor. In 1998 I met a woman whose story is relevant even though she was not sterilized at the Eichberg. The girl was eighteen years old when family problems confused her to the extent that she was hospitalized. Her father, a Jewish medical doctor, had left his family to hide from the Nazis. Her mother’s new partner drank and physically abused her. Fear and loneliness threw her in a deep depression. Ruth cried herself to sleep for many nights.¹²⁷ One day the doctors simply told her that she was a case for the law and that she needed to be sterilized.

Ruth did not know that her family background was the reason for her sterilization. When she asked why she had to undergo the operation she was told that “she needed to make this sacrifice for the Führer.” On the day of her operation Ruth recalled:

I was horrified. But when one of the doctors stroked my hair and flattered me on my youth and beauty I calmed down a bit. Then I was put to sleep. When I woke up the first words I heard were that they had almost lost me during the operation.¹²⁸

¹²⁷Interview with Ruth Preisler, a sterilization victim, (8 Sep. 1998)
¹²⁸Interview with Ruth Preisler at Eichberg. (Sep. 12, 1997) The doctor said: “Sie waren heute unser Sorgenkind, Sie wollten nicht mehr zu sich kommen.”
There are no records which tell us whether people died at the Eichberg as a result of such an operation. At other asylums some fatalities were recorded. The most horrifying example was a woman who bled to death because the doctors attempted to combine sterilization with a cesarean abortion.\textsuperscript{129} Ruth suffered after her operation from severe pain in her womb. Along with the pain she was struck by a fever which disappeared after several days. The pain in her womb got somewhat better but "there are still these cramps even though more than half a century has passed by but the worst is that I never was allowed to have a family on my own."\textsuperscript{130}

Before January 1, 1935 the Eichberg did not have its own facilities to sterilize and to castrate allegedly inferior individuals. Most of the Eichberg's victims were taken to the next larger city to be made infertile.\textsuperscript{131} The time-consuming trip to hospitals in the city of Wiesbaden was difficult for patients who awaited the operation in great fear.\textsuperscript{132} After 1935, an operating theatre was set aside at the Eichberg where, until June 1939, 302 people were sterilized and at least a couple of men were castrated. As in most other asylums, the outset of the War marked the end of these types of mutilation at the Eichberg. At the same time, it marked the beginning of murdering people with disabilities throughout Germany. At the Eichberg inmates were literally betrayed. Instead of being helped they were put to hard labour; physically exploited for medical experiments; starved and killed by such means as lethal injections; and sent to the gas chamber at Hadamar (Hesse-Nassau's extermination center for people with disabilities).

\textsuperscript{129}This particular death happened in the Bavarian asylum Eglsing-Haar. See BkhJB (1935), p. 18 in Michael Burleigh, p.57
\textsuperscript{130}Interview with Ruth Preissler at the Eichberg. (Sep. 12, 1997)
\textsuperscript{131}HHStAW Abt. 430/1 Nr. 12586 For example a certain W. P. from Neuenhain, diagnosed as schizophrenic "refused to go into hospital and had to be constrained by force."
\textsuperscript{132}Horst Dickel, p.13
The Eichberg and Nazi Rivalry

Bernotat did his best to promote doctors willing to kill people with disabilities. Counting on their gratitude he expected them to obey his orders without hesitation. He knew that director Hinsen had neither reason to be grateful to him nor would comply with the government’s ultimate plans. For he had publicly insulted him in a gathering of directors. After Bernotat had given a speech regarding the role of doctors and the treatment of patients Dr. Hinsen replied that “German medicine can congratulate itself that you are not a doctor.” It is not surprising that Bernotat wanted director Hinsen replaced. Probably on several occasions director Hinsen had to hear that “in the future you will only get SS doctors; they know best how to use the needle.”

Discouraged and tired of the situation Dr. Hinsen resigned in 1938 to work as Stabsarzt (captain in the medical corps) in the Wehrmacht.

Director Hinsen had good reason to take these threats seriously. He already dealt with a breed of doctors whose party affiliation had secured them a position at the Eichberg. One of them was the 27 year old Hans Bodo Gorgass. Dr. Gorgass had studied medicine in Leipzig, the place where the Knauer baby was put to death. He saw no moral difference between the assisted suicide of a chronically ill person and the involuntary killing of mental patients for whom “release from this life signifies an act of mercy.” At his trial Dr. Gorgass tried to justify his deeds by arguing that handicapped individuals were a financial and psychological burden on their

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133 HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 4, p.000002
134 HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 4, pp.000102, 0000103, testimony of Dr. Hinsen
135 HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 4, p.020910
136 HHStAW Abt. 461 Nr. 32061 (Hadamar trial), vol. 7, testimony of Bodo Gorgass dated 24 February 1947, pp.1-2, in Michael Burleigh, p.152
137 ibid, p.4, in Michael Burleigh, p.152
relatives. To spare them the agony of having to kill their disabled family members themselves, the state should kill for them.\textsuperscript{138}

Dr. Gorgass spent three years at the Eichberg before he became, on the recommendation of Fritz Bernotat, director at Hadamar, one of Germany's largest extermination centers for the disabled, located merely 45 km north-east of the Eichberg. At the Eichberg Dr. Gorgass's worked together with assistant physician Dr. Mennecke (1904-1947) who had also come to the Eichberg on Bernotat's recommendation. He was five years older than Gorgass and was in a stronger position as a member of the SS. His party credentials as well as his infinite drive for advancement and status led to Mennecke's appointment as director. Within only two years Dr. Mennecke had edged out director Hinsen, setting up himself and his wife in the director's quarters with a private car at their disposal.\textsuperscript{139}

Nothing about Dr. Mennecke's background foreshadowed his success. He came from a socially disadvantaged family, near the town of Hanover. His father, a Social Democrat, was a stone-cutter who had returned from the First World War handicapped by shell-shock. His disability led to his death when his son Friedrich had just turned 19 years of age. Young Friedrich experienced not only material want, sickness, and frustration within his own family, but also the economic and social crisis of the period. His graduation from school and his father's death coincided with the peak of the inflation. As a result he had to take up a commercial apprenticeship before his financial situation allowed him to study medicine in Göttingen. As a student Mennecke's life continued to be difficult. Though he was a very ambitious individual he discovered that he had little academic talent. He had to sit his final exams twice. He then hoped to

\textsuperscript{138}ibid, p.5, in Michael Burleigh, p.152
\textsuperscript{139}HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 4, p.000234
improve his chances by becoming politically involved. Friedrich joined the SS on 1 May 1932, shortly before Hitler came to power.

Having received his doctorate on 11 May 1934, Dr. Mennecke found out that the German medical world was not eagerly awaiting his arrival. He had to send out at least a dozen unsuccessful applications before he was finally taken on for practical training in the Gynecological Department of the Frankfurt-Main University. Probably discouraged by the high academic expectations at Frankfurt, he left to study in the Department of Surgical Gynecology of the Bad Homburg (Taunus) District Hospital. But conditions at the district hospital did not suit him either. He sent out new applications, claiming that he needed to live closer to his fiancée, Eva Wehlan.\textsuperscript{140} Though Mennecke was utterly dependent on his much younger fiancée it is more likely that he did not foresee any way of obtaining a good position at Bad Homburg.

It is likely that during Mennecke’s couple of months in Bad Homburg that Fritz Bernotat heard about him. According to a colleague of Dr. Hinsen (Director Walter Göbel at Mammelshöhe) Bernotat was looking for a “young man he could use as a tool” for his plans at the Eichberg.\textsuperscript{141} Impressed by his party credentials and background, Bernotat thought that Friedrich Mennecke could be the man capable of carrying out whatever he requested. Outside the Eichberg, Bernotat’s praise of Mennecke convinced other directors that Bernotat was hoping to fashion Mennecke as his puppet.\textsuperscript{142} Moreover, the support of director Hinsen might have helped to get Mennecke a junior position at the Eichberg. Initially he was quite fond of him as he “appeared

\textsuperscript{140}Peter Chroust, Friedrich Mennecke: Innenansichten eines medizinischen Täters im Nationalsozialismus, eine Edition seiner Briefe 1935-1947, Forschungsberichte des Hamburger Instituts für Sozialforschung, 1988, p. 47 Dok. 10
\textsuperscript{141}HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 4, p.000226
\textsuperscript{142}HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 4, p.000226 testimony of Dr. Göbel
made more mature than the usual junior doctor and gave the impression of not being unsympathetic.”

As a result in September 1935 Dr. Mennecke moved to the Eichberg to start his internship in psychiatry—a field which he had not studied before.

Gradually director Hinsen realized that Friedrich Mennecke was not a person he wished to have as a colleague. He noticed that his medical knowledge was “broad rather than deep.” Moreover, on several occasions Hinsen was startled by Mennecke’s insensitivity and life-style. In the evenings he often could not be put on call for his patients because he preferred to meet with his SS colleagues. Perceiving himself as a “political doctor” his association with the Party continued to be crucial to him. He often met his cronies in a wine bar at the Eberbach monastery.

Dr. Mennecke used to play cards with his colleagues and Fritz Bernotat, who rarely missed these meetings, to assert his dominance. While playing cards and drinking excessive amounts of wine, issues would be raised regarding the treatment of the Eichberg’s patients. When sufficiently inebriated Dr. Mennecke returned to the Eichberg to sleep off his drunkenness. But it was not only Mennecke’s alcoholic behaviour that embarrassed director Hinsen, who later testified “that there were always complaints that he had not paid his bill.”

Despite his position at the Eichberg, Mennecke was appointed as army physician at the beginning of the war. He was sent to the Westwall zone between the Moselle and Saar rivers where he remained safely behind the lines. He was replaced by Dr. Walther Schmidt as acting director. Dr. Schmidt, seven years his junior, settled at the Eichberg together with his wife. Just like Mennecke, Schmidt was a member of the SS. He had come to the Eichberg on May 5, 1939

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143 HHStAW Abt. 461 Nr. 32442 (Eichberg trial), testimony of Dr. Wilhelm Hinsen dated 10 December 1946, in Michael Burleigh p.223
144 HHStAW Abt. 461 Nr. 32442 (Eichberg trial), testimony of Dr. Wilhelm Hinsen dated 10 December 1946, in Michael Burleigh p.223
after he had been assistant doctor at Hadamar. Their political affiliation and profession were the only matters they had in common. Schmidt was a child of the region. As a son of a successful architect he was raised in one of the best quarters of Wiesbaden (Sonnenberg). Unlike Mennecke Schmidt was not without charm. The tall and handsome Dr. Schmidt was quite popular in the surrounding villages. Though Mennecke testified that he had relatively good relations with his younger colleague he seemed to fear his competition. Clumsily asserting his seniority Mennecke made efforts to control Schmidt’s social life. At the same time, he wrote to his wife Eva: “Frau Dr. Schmidt is no company for us; just do not look after her.”

Mennecke was tormented by the separation from his wife. Young Eva was the only person who could deal with the weird and brutal complexities of her husband. In a state of utter psychological dependence Mennecke was in the habit of writing virtually every day to his wife whenever the two were temporarily parted. He needed Eva to reinforce any role he envisioned himself playing: be it Mennecke as soldier, scholar, politician, father, lover, judge, child, and killer for ‘the good cause.’ In reality Mennecke was a selfish coward who was haunted by a severe insecurity complex. He was a man who could neither wash, shave, sleep, eat nor go to the washroom without relaying these facts of daily existence to Eva.

Mennecke used all his party-connections to terminate his military service. He desperately wished to return to the Eichberg and Eva. It is likely that it was Landeshauptmann Traupel, urged

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145 HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 4, p.000234 Dr. Hinsen testified: “Er [Dr. Mennecke] hatte seine Abende für seine privaten und parteilichen Dinge notwendig...Er hat mehr getrunken, als ihm gut tat...Es sind immer an mich Beschwerden gekommen, dass er seine Zeche nicht bezahlt hat.”

146 Peter Chroust, Friedrich Mennecke: Innenansichten eines medizinischen Täters im Nationalsozialismus, Band 2, Doc. 246, p.937

147 ibid, Band 1, Doc. 39, Letter Nr. 82, p.114 Mennecke wrote: “Frau Dr. Schmidt ist kein Verkehr für uns; kümmere Du Dich nur nicht um sie!”
by Bernotat, who applied for Mennecke's release. In a letter headed “in the field” he wrote to Eva:

Oh you good, good Eva....No other soldier could feel more fortunate than I who has you. In each of your words I sense your great longing for me. We both are moving towards each other, but yet our fate has not given us the fulfilling permission that shall deliver us. But it shall not take much longer.

Early January 1940 the soldier Dr. Mennecke was finally delivered from his sufferings without ever having really been in any battle field. His military service was terminated. A special order from the Adjutant Desk of the Führer's Office declared Mennecke unabkömmlich (indispensable). Ready to reassert his authority as director, Mennecke wrote to Dr. Schmidt: “My dear comrade, fate did not grant me the pleasure to fight further as I did before on the front for our Volks and Reich... I greet you with the motto of my front division: be brave and loyal.”

Mennecke’s strategy for success was to be at the disposal of whomever he needed, and he thus zealously sought to establish contacts with people who could help his career. His Party connections, and in particular his close relations to Bernotat, ensured that he would be invited to a February 1940 T-4 meeting of medical experts at the Colombushaus in Berlin. Knowing that Mennecke would even sell his soul to get ahead, Bernotat reasoned that young doctor Mennecke would be the man willing to carry out whatever the political bosses demanded. He was, after all, thoroughly grateful for the termination of his military service. He did not want to risk getting sent back to experience what it really means to work as a doctor on the battle field. At the Colombushaus meeting he made contact with no less than the infamous Victor Brack (head of

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148 ibid Doc. 47, p. 153 Mennecke wrote to Dr. Schmidt: “Sie werden schon erfahren haben, dass ich seit dem 1. II. aufgrund eines U. K. Antrages seitens des Landeshaupthütermanns wieder hier bin.”
150 ibid Doc. 47, p.153 Mennecke wrote to Dr. Schmidt: “Es war mir leider nicht vergönnt, weiter wie bisher an der Front für unser Volk und Reich mitzukämpfen...Mit dem Lösungswort für meine Front-Division,...grüße ich auch Sie recht herzlich: “Sei tapfer und treu!”
Operation T-4) who asserted in a lengthy speech that “particularly during the war in which so many healthy people must lose their lives, the lives of the insane count for nothing.” Brack argued that these individuals had never been of any value for the Volk (people). During the current times of great scarcity of food it would be impossible to feed them.\(^{152}\)

At the same meeting Mennecke made contacts with senior physicians who often were professors as well as institutional directors. They looked forward to a profitable association. It is likely that, at this particular meeting, Mennecke met Professor Carl Schneider (1891-1946) head of the research station at the University of Heidelberg. Schneider needed great quantities of human brains to conduct his research which Mennecke would supply. As anticipated the new contacts helped Mennecke’s career. Almost on the spot, the prominent Professor Dr. Werner Heyde, arranged for him to receive his certification in neurology and psychiatry.\(^{153}\)

When Mennecke returned to the Eichberg he had agreed to collaborate in Operation T-4. He made remarks to his staff such as “Germany could not afford these useless creatures, particularly, when she had to save every penny for the war.”\(^{154}\) His comments were clearly designed to prepare his staff for the Eichberg’s upcoming role in T-4. In the fall of 1940, Mennecke went to another meeting in Berlin. This time it was held at the T-4 headquarters at Tiergartenstrasse 4 and he was accompanied by his rival and second in command, Dr. Walther Schmidt. Once again, the meeting was led by Victor Brack who this time became quite precise

\(^{151}\)HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 4, p.0000328 testimony of Dr. Mennecke
\(^{152}\)HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 4, p.0000328 testimony of Dr. Mennecke. Victor Brack asserted: “...dass gerade jetzt während des Krieges, wo so viele gesunde Menschen ihr Leben lassen müssten, es auf diese Geisteskranken, die der Volksgemeinschaft sowieso keinen Nutzen brachten, nicht ankomme, und dass bei den schlechten Ernährungsverhältnissen wenigstens diese Menschen aus dem Sektor der Ernährung ausfallen mussten.”
\(^{153}\)Peter Chroust, Friedrich Mennecke: Innenansichten eines medizinischen Täters im Nationalsozialismus, Doc. 63, p.177 Mennecke wrote to his wife: “Heyde war erfreut, als ich ihm sagte, dass ich mit seiner Hilfe seit 1. Februar Facharzt sei.”
\(^{154}\)HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 4, p.0000247 testimony of Frau. Lüller orderly at the Eichberg
about the role of the Eichberg. It should function as a transit institution for the incurably disabled before they were sent to Hadamar to be killed. Those who could support the institution with their labour should be spared.  

It was also decided that Mennecke’s sphere of influence would extend beyond the Eichberg. His work henceforth also involved touring other psychiatric facilities, such as Bethel, Lohr on the Main, Bedburg-hau in the Rhineland and Hall in the Tyrol to decide which patients should be killed. On many of these trips he was accompanied by his wife. He also visited concentration camps such as Dachau, Buchenwald, Ravensbrück, and Auschwitz where he again determined the fate of the inmates—usually rebellious prisoners and those no longer able to work. At least 2500 of them fell victim to Mennecke’s “advisory activities.” The nature of Mennecke’s job aroused the interest of Professor Carl Schneider from Heidelberg who in early July 1942 invited him to a psychiatric refresher course at Heidelberg. Schneider was very interested in Mennecke’s experiences in the concentration camps, hinting at possible collaborative projects.  

At Heidelberg Mennecke hoped to learn about an electro-shock treatment which was new to German psychiatry. This time his motives were unusually humanitarian. He believed that the new method would quickly cure fresh schizophrenic and depressed patients. This would spare them from being eventually labeled as incurable and sent to Hadamar to be exterminated. Mennecke spent several days administering electro-shocks to patients and fraternizing with Carl

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155HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 4, p.0000328 testimony of Dr. Mennecke  
156NAW (National Archives, Washington) T-1021, Heidelberger Dokumente, Roll 12, p. 127418, Carl Schneider’s testimonial on behalf of Friedrich Mennecke dated 18 July 1942. in Michael Burleigh, p.245  
157NAW (National Archives, Washington) T-1021, Heidelberger Dokumente, Roll 12, p. 127418, Carl Schneider’s testimonial on behalf of Friedrich Mennecke dated 18 July 1942. in Michael Burleigh, p.245  
159Andrea Schneider-Wendling, p.119
Schneider. He also agreed to supply Schneider with the brains of children killed at the Eichberg’s children ward, which was administered by his colleague Dr. Walther Schmidt.

Bernotat would, however, have been less than pleased with Mennecke’s immediate contacts with authorities such as Professor Heyde and Professor Schneider. He already disliked Mennecke’s traveling to areas where he could exercise no authority over him. Determined to exterminate the disabled, Bernotat was utterly opposed to introducing any new treatment method at the Eichberg. Nevertheless, Mennecke’s influential contacts would ensure that Bernotat had no say in the matter. He had to sit in a meeting at the Eichberg with Mennecke’s influential acquaintances, Professor Nitsche (Werner Heyde’s successor and head of the T-4 medical office), Dr. Herbert Linden (head of the Reich Ministry of the Interior) and Professor Schneider from Heidelberg. Against his true convictions, Bernotat agreed to the introduction of electrical-shock treatment.\textsuperscript{160}

Mennecke’s and Bernotat’s relationship deteriorated even more when Eva was given a position at the Eichberg without the Landesrat’s approval. Frau Mennecke was not only allowed to assist her husband in the laboratory but, due to an arrangement with Professor Schneider, she was paid 15 RM a day whenever she accompanied her spouse on his numerous trips.\textsuperscript{161}

Despite their strained relations Mennecke and Bernotat still socialized to discuss party matters, drink wine, and play cards. One night the director returned to the Eichberg angry after Bernotat apparently refused to pay his gambling debt. Mennecke did not keep his resentment to himself. At ‘Klosterschänke Eberbach’ (the wine bar at the monastery at Eberbach) he told other T-4 directors who came from as far as Upper Bavaria (Dr. Pfannmüller, director at Egling-Haar)

\textsuperscript{160}ibid, p.119
\textsuperscript{161}HHStAW Abt. 461Nr. 32442 (Eichberg trial), vol. 1, p.001911
and Swabia (Dr. Falthauser, director of Kaufbeuren-Irsee) along with the leading nurses representing the directors of the various state-asylums in Hesse-Nassau that Bernotat was a cheat, and that he owed him about 50 RM.\(^{162}\)

Shortly after, Mennecke felt confident enough to attack Bernotat openly. In a conference with other directors he declared that Bernotat, as a medical layman, was not competent to be in charge of Hesse-Nassau’s asylums’ and should be replaced by a medical doctor.\(^{163}\) He cited the example of Bernotat’s interest in acquiring a special x-ray apparatus. Mennecke saw no need for this gadget, declaring that it would cost eight to ten thousand RM and would do nothing to better the lot of the Eichberg’s patients.\(^{164}\)

Bernotat’s motives for buying such an expensive equipment remain unclear. He might have wished to use it at the Eichberg’s pediatric ward hoping that it would make the brain dissections redundant. This would have prevented Mennecke from maintaining his association with Professor Schneider, which was based on the supply of great quantities of brains. It remains unclear whom Mennecke envisioned as a replacement for the Landesrat. Perhaps Mennecke sought the position himself. But Bernotat used all his connections to get rid of the annoying Dr. Mennecke. With the help of Gauleiter Sprenger he was able to arrange for the director’s expulsion from the Eichberg in late 1942. Mennecke’s greatest fear came true. Although he remained the titular director he was drafted and sent to the front, leaving Dr. Schmidt in command.\(^{165}\)

\(^{162}\)HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 3, p.002393 testimony of the leading nurse of the asylum at Weilmünster who had joined the directors at Eberbach
\(^{163}\)HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 3, p.002393
\(^{164}\)HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 3, p.002393
\(^{165}\)HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 2, p. 002393 interrogations of Friedrich Mennecke May 1945
Saving Money and Maintaining Opulence

It is not surprising that under the direction of Bernotat, Mennecke, and Schmidt, conditions at the Eichberg deteriorated sharply. From 1933 onwards Bernotat's office had continuously decreased the financial aid it paid for each patient institutionalized at the Eichberg. By 1940 Bernotat allowed no more than 0.40 RM a day worth of care per inmate which was not even enough "to feed an adult patient." Bernotat's idea was not only to save money but also to make money out of the Eichberg's disabled. One of his schemes was to profit from the hospital and nursing charges which the authorities of other provinces paid to Bernotat's office for the care of their patients. Generally, Benotat's office (Bezirksverband) charged 1.80 to 2.50 RM a day. Jewish individuals who stayed at the institution until February 1942 were charged double (5.00 RM). Mennecke testified in his trial that "all this was a bargain." The difference between the fee collected from these other asylums and the amount spent on patient care (1.40 RM to 2.10 RM) was pocketed by Bernotat's office.

To maximize revenues, Bernotat crammed the Eichberg with as many patients as possible. For example, from 1934 to 1940 its population had increased more than 64%, from 793 to 1,236 inmates, and by 1942 there were more than 1500 patients. Alleging that the

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166 HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 4, p.000226 testimony of Dr. Göbel director of the asylum Mammelshöhe. He testified: "Mir fiel 1933 auf, wie der Lebensstandard der Geisteskranken systematisch in erschreckender Weise gesenkt worden ist. Der tägliche Pflegesatz wurde dauernd gesenkt und war zum Schluss nur noch höchstens 40, vielleicht sogar nur noch 39, 38 Pfennige; mit diesem Verpflegungssatz konnte man einen erwachsenen Menschen unmöglich ernähren."

167 HHStAW Abt. 430/1 Nr. 12557 Most Jewish patients were transferred to the killing institution Eglfing-Haar in Upper Bavaria.

168 HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 4, p.000164 Dr. Mennecke testified: "Wir haben in der Anstalt Eichberg mit ungefähr 32-46 Pfennige Selbstkosten den einzelnen Patienten pro Tag versorgt. Der Bezirksverband von Herrn Bernotat verlangte einen Pflegesatz von 1,80-2,50 RM. Das ist ein Geschäft."

169 Horst Dickel, 'Die sind doch alle unheilbar': Zwangssterilisation und Tötung der 'Minderwertigen' im Rheingau 1934-1945 (Wiesbaden 1988), p.84
institution had the space and resources to accommodate more inmates, Bernotat’s office wrote to other directors of state institutions suggesting the transfer of their patients to the Eichberg.\textsuperscript{171} Many directors had to deal with overcrowded conditions in their own asylums, and the transfer of patients was greeted as a welcome relief.\textsuperscript{172}

Bernotat also informed all asylums administered by private and various charitable establishments that it would be better to send patients to a state institution, such as the Eichberg.\textsuperscript{173} For some directors running private institutions, the Eichberg was a welcome outlet for getting rid of patients who, for either monetary or behavioural reasons, were of no financial benefit. For example, knowing that the Eichberg’s directors preferred employable inmates, one private director declared that the patient he wanted to send to the Eichberg “had a normal intellect, strong body, and great qualities as a practical worker.”\textsuperscript{174} Moreover, most directors feared Bernotat’s influence, and adhered to the \textit{Führerprinzip} (Führer principle) which in this case meant complying with the \textit{Landesrat’s} request.\textsuperscript{175} They knew that directors of uncooperative institutions could easily lose their job and even end up in the cellars of the secret police. This happened to the neighbouring St. Vinzensstift which closed and was ultimately taken over by Bernotat’s office.\textsuperscript{176}

\textsuperscript{170}HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 1, p.001910, testimony of K. K. (an Eichberg nurse)
\textsuperscript{171}HHStAW Abt. 430/1 Nr. 12529
\textsuperscript{172}HHStAW Abt. 430/1 Nr. 12566 This was particularly the case with an institution in the Saarland (Landeshelianstalt Merzig, Homburg/ Saar) and lower the Rhineland (Provinzial-Heil-und Pflege-Anstalt Bedburg Hau district Kleve).
\textsuperscript{173}HHStAW Abt. 430/1 Nr. 12607, 12529 In a confidential letter addressed to the Eichberg’s directors Fritz Bernotat revealed his motives. Bernotat wrote: ”Ich kann mich grundsätzlich mit der Belegung von privaten und konfessionellen Heimen und Anstalten nicht einverstanden erklären, solange mir eigene Heime dieser Art, die meine Weisungen zu befolgen haben, nicht zur Verfügung stehen.”
\textsuperscript{174}HHStAW Abt. 430/1 Nr. 12513 The director of the Jugendsanatorium Dr. med K. Tiesemann wrote:”Marie ist eine besonders zu schätzende und praktische Arbeitskraft. In ihren geistigen Fähigkeiten ist sie etwas über dem Hilfsschulniveau. Körperlich ist sie besonders gross und kräftig gebaut und überhaupt in gutem Gesundheitszustand.”
\textsuperscript{175}Ernst Klee, \textit{Euthanasie im NS-Staat. Die Vernichtung Lebenswerten Lebens}, (Fischer Taschenbuch Verlag, 1985), p.67
\textsuperscript{176}Horst Dickel, p.133 After its closure in January 1939 a fair number of patients were transferred to the Eichberg from the St. Vinzensstift
From May 1940 onwards Bernotat’s office refused to pay for patients who were in 
Familienpflege (family care). Knowing that these patients could be productively employed, 
Bernotat sought to exploit them for profit. Just as the rest of Germany the Rheingau suffered a 
shortage of labour. His new policy was to make the services of patients available for 3.00 RM a 
day or 2.00 RM when food was provided.

Bernotat’s decision affected a great number of families who relied both on the extra 
income they received for accommodating the Eichberg’s patients and, more importantly, the 
physical labour their protégé rendered to them. The Landesrat’s office was consequently 
petitioned with letters. For example one reads: “I have to pay for a mortgage. To cultivate my 38 
acres of farmland I had to take out an additional loan. Not that I intended to make money [but] I 
simply relied on the hospital and nurse’s subsidies in the hope it would pay off my loans.”

Some families hoped to be more successful in their appeal by immediately addressing the 
Landeshauptmann or even the Eichberg’s director. He read in many heart-warming letters that he 
should perform “an act of charity and leave a patient for 0.50 RM a day” at their disposition.

We do not know how many people were allowed to keep one or two working patients in their 
house; however, in June 1944 about ninety patients were employed in family care. It seems 
plausible that those who did so had either party connections or were on friendly terms with the 
Eichberg’s directors.

During his annual inspection of Hesse-Nassau’s asylums in 1938, Professor Kleist of the 
University of Frankfurt visited the Eichberg and found the conditions appalling. He criticized not
only its low doctor-patient ratio but also objected to the straw-bedding which he asserted was unhygienic and unsuitable for a modern asylum.\textsuperscript{182} Bernotat, who throughout Kleist's visit had referred to the Eichberg's patients as 'idiots' and 'asocials', responded by pointing to a neighbouring labour service camp where the workers had similar sleeping conditions.\textsuperscript{183} Kleist concluded his visit with the words that "those who cannot be saved have a right to a form of care which benignly maintains their existence...Expenditure on these unfortunates should not fall below a tolerable minimum."\textsuperscript{184} Shortly after, Kleist was notified that in the future no one else but Professor Carl Schneider from the University of Heidelberg would inspect Hesse-Nassau's institutions.\textsuperscript{185}

In stark contrast to their patients, the life of the Eichberg's directors was superb. Since the institution is located in one of the most fertile regions of Germany—the slopes along the Rhine are bursting with vineyards and agricultural products—life was not difficult for any influential party member. For the Eichberg's directors and the Gauleitung the asylum's prime (10 000 m\textsuperscript{2}) vineyards, orchards for fruit and vegetable gardens and the substantial amount of livestock at the Wacholderhof, provided the best of whatever could be locally produced.\textsuperscript{186} There was no food shortage for those in control of the institution.

From the director's villa, Mennecke and his successor Schmidt enjoyed a spectacular view of the Rhine valley. The SS had allowed Mennecke to have a private automobile which he allegedly needed for trips to help operation T-4.\textsuperscript{187} It was fueled with the Eichberg's petrol and

\textsuperscript{181}HHStAW Abt. 430/1 Nr. 12715 This is the only statistic I found regarding patients living in family care.
\textsuperscript{182}Imperial War Museum, London, CIOSC File Nr xxviii-50. Leo Alexander (ed.), \textit{Public Mental Health Practices in Germany. Sterilization and Execution of Patients Suffering from Nervous or Mental Diseases}, Appendix 6, pp.155 ff. in Michael Burleigh, p.50
\textsuperscript{183}ibid, p.50
\textsuperscript{184}HHStAW Abt. 461 Nr. 32061(Hadamar trial), vol. 7, p. 13, in Michael Burleigh, p.90
\textsuperscript{185}Hans-Walter Schmuhl, p.149
\textsuperscript{186}Horst Dickel, p.125
\textsuperscript{187}HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 4, p.000234
was often used to visit various wine-makers in the Rheingau to stock up on great quantities of wine— at the time a luxury commodity. While most of the Eichberg’s patients received no more than 40 Pfennigs (0.40 RM) of care, Mennecke invested a fortune in his wine consumption. He paid 3.80 RM per bottle for his house wine (Assmanshäuser Höllenberg Spätburgunder); in 1942 he regarded it as a bargain to pay 4.60 RM per bottle.

To save money on the region’s viticultural products Dr. Mennecke as well as Dr. Schmidt leased patients to various winemakers; the directors were paid in natural produce—an arrangement beneficial to those farmers who had a cash-flow problem. It remains unclear how many patients were sent out to various places over the years. According to a letter (June 1944) to Bernotat’s office at least 60 patients were continuously at the disposal of the farming communities of Hallgarten, Kiedrich and Hattenheim. They were further employed in the various state wineries of the domain Neuhof.

Various winemakers in the above mentioned farming communities relied on the cheap labour from the Eichberg. They maintained particularly close relations with Dr. Schmidt. Not only did he provide workers for them but offered his medical expertise to any villager with whom he was on friendly terms. As a result Dr. Schmidt was very popular in the surrounding villages. Winemakers were extremely grateful to him, expressing such sentiments such as “only due to your cooperation was it possible to complete the wine harvest without greater losses.”

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188 HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 3, p.002393
189 HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 2, p.002277
190 HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 6, pp.000903&000904. In July 1, 1942 Mennecke’s wife wrote: “Von Gareis ist es ist ja höchst anständig, uns 50 Flaschen Wein zu liefern. Allerdings sind sie ja auch nicht billig. Ich habe eben die Überweisung von 228.50 RM ausgeschrieben.”
191 HHStAW Abt. 430/1 Nr. 12715 These were the wineries Eberbach, Steinberg, Schönborn and Prinz von Preussen.
192 HHStAW Abt. 430/1 Nr. 12609 Mr. R. wrote: “Nur durch Ihr Entgegenkommen war es mir möglich, die Weinernte ohne hohe Verluste durchzuführen.”
For the patients it was often quite difficult to live up to what was prescribed to them as "work therapy". Since much of the Eichberg's linen, cloth and leather were used elsewhere patients were not dressed properly to work in the fields.193 In the middle of the 1941 wine harvest Bernotat decreed that leather shoes had to be replaced by wooden clogs. He justified the deprivation suffered by the Eichberg's inmates by arguing that "it helped those who were making war efforts, such as Wehrmacht, Reichsbahn (state railway), and mail."194 Plenty of new shoes were manufactured by the shoemakers at the Eichberg. But patients did not get to wear them even when the soil of the vineyards had, as is usual for the winter months, been transformed into a heavy muddy clay. Instead they were sold for 12 RM per pair to the Beschaffungsstelle (procurement office) at Wiesbaden.195 Moreover, from late 1943 onwards some patients were frightened to work in the fields. They feared becoming victims of an air attack. As one former Eichberg patient said: "We came in handy for taking such a risk."196

In June 1944 more than 400 individuals were permanently leased out to various businesses.197 Working not only in agriculture, at least 50 individuals were employed in an armaments factory and another 15 in a small chemical plant (Albert).198 At the end of the war an increasing number of them were leased to construction companies to clean up the debris left after air-raids. Patients also worked in hotels, restaurants, and other businesses which were either somehow connected to the party or were its affiliate, such as the Gau rest home at Schlangenbad. But even the director of this rest home complained about the poor garments worn by the individuals who were sent to him. In an August 1943 letter to Dr. Schmidt, he wrote that "for

193HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 2, p.002140
194HHStAW Abt. 430/1 Nr. 12715 Bernotat wrote: "Es bedarf wohl keiner Eräuterung, dass trotz Einschränkung sich dennoch ein guter Nutzeffekt erzielen lässt... da die Bedarfsansprüche der Wehrmacht und anderer kriegsentscheidender Bedarfs träger, wie Reichsbahn, Post u. a. grösser geworden sind."
195HHStAW Abt. 430/1 Nr. 12715
196Interview with Ruth Preissler on September 13, 1997
197HHStAW Abt. 430/1 Nr. 12715
198HHStAW Abt. 430/1 Nr. 12715
several months their shoes were unwearable so that they are unable to walk in the streets. Guests as well as people living in Schlangenbad are criticizing these conditions.”

There are no records which tell us about the quality of the diet working patients received when employed at the numerous work places. It is fair to assume that it depended on the employer and that it varied over time. During the time when Dr. Schmidt was subordinate to Dr. Mennecke, he maintained particularly close relations with the man heading the central kitchen. It is plausible that this particular friendship helped Schmidt to steal food from the central kitchen. In 1942, Mennecke would denounce Schmidt’s friend for stealing butter and have him tried as a criminal. Dr. Mennecke along with administrator L. Wierig and Bernotat were also in the habit of plundering the Eichberg’s kitchen. They stole almost all of its milk and meat products, and did not hesitate to have livestock slaughtered for their SS parties.

Mennecke was overweight while his patients were starving. He ate well not only at the Eichberg but also comforted his palate with delicacies when visiting Professor Schneider at Heidelberg. Taking pride in his own diet, Mennecke was in the habit of describing his culinary adventures in detail. For example on 16 June 1942 his lunch consisted “naturally of meat.” He had “two thick slices of boiled ham, peas and carrots, green salad, boiled potatoes and barley soup,” and cheese and cherries on the dessert plate. Generally the servings were so large that Mennecke could not finish them at one sitting. He saved cheeses and sausages for his midnight snack, which would usually be washed down with a good bottle of wine. But before this he


200Peter Chroust, Friedrich Mennecke: Innenansichten eines medizinischen Täters im Nationalsozialismus, Band 2, Doc. 246, p.919

201HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 2, p.002140

202ibid, Band 1, Doc. 120, p.359

203ibid, Band 1, Doc. 120, p.359

204ibid, Doc. 125, p.378-379
would enjoy a superb dinner. Thoroughly contented he wrote to Eva: "For dinner I had sauté potatoes with two large pieces of veal roast and green salad. As dessert a compote of apricots."

He finished his letter with the words that "this is how we live--this is how we shall live for the rest of our days."  

Similarly, at the Eichberg, Eva Mennecke also indulged herself in large quantities of delicious food. While a friend was visiting, Eva’s meal consisted of soup, schnitzel, peas, boiled potatoes and strawberries. Indeed, her meal was so large that she had to lie down on the couch in order to digest it before starting on coffee. The Menneckes’ diet was enhanced by an abundance of fresh vegetables and fruit which they harvested during the summer in the director’s garden--a luxury which was only made possible by inmates working in the vegetable garden.

The mild climate in the Rheingau and the Eichberg’s fertile land allowed the Menneckes to grow luscious fruit in great quantities. The annual harvest of strawberries, raspberries, blackberries, red and black currants, sweet and sour cherries and gooseberries exceeded by far their own needs. Though Eva canned as much as she could for the winter months, there was still a surplus. But inmates did not benefit. Eva gave some of the fruit to friends from whom she would then expect everlasting gratitude. More importantly, Eva sought to profit by selling surplus fruit in the market place at the neighbouring town of Erbach. Approving of his wife’s sharp business sense, Dr. Mennecke wrote: "To sell fruit at Erbach is all right. Who would look after us

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205 ibid, Doc. 129, p.400
206 ibid, Doc. 136, p.424
207 Physically fit inmates also worked in the Eichberg’s own carpentry, metalworking shop, shoemaker shop, laundry and bakery.
208 ibid, Doc. 126, p.382
209 ibid, Doc. 126, p.383
if we had nothing."210 It would appear that those who bought the fruit did not question whether the Eichberg’s inmates needed it.

While there are no records indicating that other members of the Eichberg’s staff exploited patients for profit, outside authorities certainly did so. Inmates were further deprived of nutrition to help the cause of National Socialism. The clinic’s agriculture at the Wachholderhof provided food for a National Socialist welfare home at Hofheim, the Gau rest home at Schlangenbad, the League of German Maidens’ school at Martinsthal, and a sanitarium at Mammolshöhe.211 Provisions were also given to an SS sick bay which was set up at the Eichberg in late 1943.212 Moreover, all of the Eichberg’s viticultural products were confiscated to satisfy the leaders of the administrative district’s drinking habits.213 Naturally, Bernotat did not miss this opportunity to stock up his private wine cellar with the best vintages.214

210ibid, Doc. 127, p.386
211HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 4, p. 000164 testimony of Dr. Mennecke
212Horst Dickel, p.89
213HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 2, p.002140
214HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 2, p.002140
Clearly, a great number of people and party institutions benefited from the Eichberg's patients. Their exploitation was not difficult since they were unable to defend themselves. Those who were not able to work had it worse. Silenced by the asylum's walls and boundaries they were doomed to endure whatever ordeal was imposed on them.
(Photograph 1) The Eichberg and the director's Villa to its left.

(Photograph 2) One of the Eichberg's farms.
Starvation and Neglect

Those inmates who were able to work received a better diet, and thus had a greater chance to survive than the others. For example, I came across the case of one patient who did mending work and received an extra piece of bread and sausage for her services. These extra provisions were, however, no substitute for a normal diet. The malnourished inmate (who had completely funded her own maintenance) wrote a desperate letter to one of the doctors (Dr. Coulon), begging for more food because influenza had physically exhausted her. Clearly, watery soup and potatoes twice a day, with boiled spinach once a week as a special treat was not enough to put her back on her feet. She argued that patients working for their own maintenance had the right to be fed properly, concluding her letter with the words “I should be fed because I do not owe anybody.” She wrote: “We work 7 hours a day...and pay with our own money...Many patients are willing to pay more to be fed adequately. But for my 170 RM [which I pay per month] I should be granted the right to feed myself.”

A former inmate whom I interviewed, Ruth Preissler, was employed as a washerwoman as well as a helper of orderlies and nurses. She started her working day at half past five in the morning after having had two slices of bread with “a kind of sugar beet spread” for breakfast. She recalled that “at 6 am other patients were woken. They, too, received some bread soaked in syrup.” In order to get extra provisions Ruth was forced to accept a job which entailed cleaning corpses. She said: “I had to do this kind of work otherwise I probably would have died of

\[\text{HHStAW Abt. 430/1 Nr. 11014 in Horst Dickel, p.90}\]
\[\text{ibid}\]
\[\text{ibid}\]
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starvation. I only was able to survive because I worked and some orderlies and nurses slipped some extra food to me."

For the rest of the day she worked in the laundry room. She remembered: "During our lunch break we were always fed the same. Our diet consisted of potatoes, carrots, and bread. There was never a touch of margarine or butter for which I had such a craving." She ended her working day with a dinner which consisted of the same as she had for breakfast--a couple of slices of bread with sugar beet.

Severely disturbed patients unable to render any service to the institution were labeled as 'useless eaters.' For them Schmidt and Mennecke had introduced the so-called B-Kost (B-diet). This was a starvation diet lacking both quantity as well as quality. It was deliberately low on essential vitamins. A startled husband wrote: "My wife is hospitalized in a noisy ward... A piece of dried bread in the morning and a piece of the same with jam in the evening shall ruin my wife completely."

This particular woman was probably hospitalized at one of the two wards for the neurotic restless. Both wards were packed with extremely helpless and utterly disturbed individuals. All of them were victimized by the directors' politics of hunger and negligence. They were practically left to themselves-- in 1942, one nurse looked after 80-90 inmates. Most of them "were reduced

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219 Interview with Ruth Preissler (20 Aug. 1996)
221 Interview with Ruth Preissler (20 Aug. 1996), patient at Eichberg from 1940-45
222 Alice Platen-Hallermund, p.71
223 Krankenakte HHStAW Abt. 430/1 Nr. 10203 in Andrea Tanja Schneider-Wendling, p.127
to a skeleton."224 Out of desperation, the more aggressive and stronger inmates habitually took the food of the more apathetic and helpless ones.225 There were vicious fights over food in which the more aggressive inmates used their heavy wooden clogs as weapons, and often caused serious injuries.226 The weaker inmates usually lost the little nutrition which they particularly needed to survive.227 As a consequence some "simply starved to death."228

Since Mennecke forbade the special feeding of inmates, those patients whose disability required spoon feeding were literally sentenced to death.229 It is possible that some of these patients were hospitalized at the infamous ward number 4--alias Tritt (kick). The word kick sarcastically conveys the ward's function: it was designed to 'kick patients into the hereafter'. Inmates of ward number 4 were isolated in a hut which was detached from the main complex. They were left to themselves without any nurse to look after them.230

Mennecke and Schmidt knew that negligence and bad nutrition would make their patients susceptible to any kind of infectious diseases. Due to the overcrowded and filthy conditions diseases spread swiftly, taking their deadly toll.231 In 1942 there were more than 1500 inmates for whom not more than 600-700 beds were made available.232 Many had to sleep on straw beds which were crammed into the hallways. There were neither enough bed sheets nor clothes. Many inmates "were walking around naked, catching on the one hand, all kinds of coughs and sneezes,

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224HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 4, p. 000227, testimony of Dr. Vigano. Dr. Vigano was also a patient at the Eichberg. While she was treated for alcoholism she worked in the institution as a doctor. She remained at the Eichberg until its inmates were liberated by the American forces.
225HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 1, p.001910 testimony of K. K. (an Eichberg nurse)
226Interview with Ruth Preissler (20 Aug. 1996)
227HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 1, p.001910 testimony of K. K. (an Eichberg nurse)
228HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 1, p.001939 testimony of F. H., former Eichberg patient
229HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 1, p.001910
230Horst Dickel, p.17
231HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 1, p.001910
232Ibid
and on the other, an abundance of skin diseases which due to the overcrowded conditions spread most rapidly.\textsuperscript{233}

Sometimes, the staff took a more active role in killing patients. In the winter naked victims were exposed to a freezing draft. This was easy to facilitate by simply leaving the windows open until the helpless individual suffered from hypothermia. Sometimes a doomed patient was repeatedly put into a hypothermic state before he or she was weak enough to succumb to a treatment of drugs, primarily luminal or morphine.\textsuperscript{234}

Another way of killing patients was, as best expressed by a former inmate, “to wear patients down” by forcing them to undergo bath therapy. These individuals had to sit in hot baths up to 24 hours and were afterwards tightly wrapped with wet towels and wet woolen blankets. This prevented the poor individuals from moving their limbs and consequently stopped blood circulation. They remained bound in wet material for at least another couple of hours.\textsuperscript{235}

The bath treatment was a potent killing method. In 1940 alone 88\% of the individuals subjected to the therapy died.\textsuperscript{236} These were often older and frail individuals who were already exhausted by a starvation. For example, in the medical history of a 69 year old woman, doctors wrote that “she is very frail. She whines and groans a lot, and has a pressure sore.” It was decided to treat her with bath therapy which would have been particularly painful for someone with a pressure sore. During the following days the doctors noted that the “patient becomes increasingly

\textsuperscript{233}HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 4, p.000227, testimony of Dr. Vigano. She said:“Die Folge war, dass einerseits viele Kranke nackt umherliefen und sich Erkältungskrankheiten zuzogen und andererseits eine Fülle von Hautkrankheiten und Schmierinfektionen auftraten, deren Verbreitung natürlich bei der mehr als dichten Belegung im schnellen Tempo vor sich ging.”

\textsuperscript{234}Andrea Schneider-Wendling, p.144

\textsuperscript{235}ibid, p.123

\textsuperscript{236}ibid, p.124
feeble” and “suffered a seizure of weakness.” The woman died a week after she was assigned to undergo bath therapy.237

A great number of inmates were aware of the directors’ wish to kill whomever they perceived as undesirable. Individuals to be murdered were often selected randomly. Schmidt and Mennecke were in the habit of visiting various wards drunk at night. Dressed in glamorous SS uniforms they not only threatened patients with their SS pistols238 but also picked their victims. As Ruth Preissler recalls: “Sometimes I was warned by senior nurse Helene Schürg that Dr. Schmidt was on his way looking for possible victims. I used to hide then in the ladies’ room.”239

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237 HHStAW Abt. 430/1 Nr. 10466 (Krankenakte) in Andrea Schneider-Wendling, p.124
238 HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 2, p.002377 & vol. 6, p.000786
239 Interview with Ruth Preissler (20 Aug. 1996)
(Picture 3) Some of the Eichberg's well-fed staff.
It is not surprising that some inmates tried to escape from the tragedy. This was a dangerous undertaking. Whoever was caught was severely punished. Alleged ‘troublemakers’ were often sent away to be killed at Hadamar or received a lethal injection at the Eichberg. At the same time, some were incarcerated in one of the so-called ‘bunkers.’ These were cells reminiscent of dungeons located in the basements of the two wards for the neurotic restless cases. The large ‘bunker’ for males consisted of a long common room in which approximately 15 patients could be locked up. Its door and windows were barred with iron rails. For solitary confinement there were two smaller single cells. In these completely dark cells the incarcerated individual barely had enough space to lie down in full length.\textsuperscript{240}

Both cells for the females were not much different from the dark cells for males. They were a bit larger in size but as Dr. Vigano pointed out “were even worse in a hygienic sense.”\textsuperscript{241} The straw on which the incarcerated individual had to lie on was soiled with excrement. The cells were infested by great numbers of rats which further plagued the helpless individual. One of these rooms was particularly damp since it remained unheated even in the winter.\textsuperscript{242} The poor air circulation in the cells provided a perfect environment for the growth of harmful bacteria and funguses. One of the cells did not even have a tiny hatch to allow for any ventilation, but only pipes on its ceiling, which gave the occupants an opportunity to escape the tragedy by killing themselves.

\textsuperscript{240}The cells were 2 meters long, 1.50 meter wide and 2.50 meters high.
\textsuperscript{241}HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 1, pp. 1-15 in Michael Burleigh p.261
Incarceration in a 'bunker' was a reversion to the psychiatry of the Middle Ages. Its original purpose was to punish inmates suffering from psychotic criminal behaviour. In 1933 the government had enacted the Law against Dangerous Habitual Criminals. Menacing psychopathic criminals were not any longer locked up in prisons but hospitalized in asylums for the mentally ill.

Only one percent of the Eichberg’s population consisted of psychotic criminals. They were rarely incarcerated in the 'bunker', and were sometimes treated with exceptional lenience. For example, Mennecke suggested merciful treatment for a municipal secretary who had misappropriated great sums of money. He wrote in his report that “a legitimate punishment would destroy his inner life and drive him further into his illness.” But Mennecke and Schmidt had no tolerance for those patients who were labeled as ‘trouble makers.’ Sometimes inmates were selected for punishment without any reason. As Dr. Vigano pointed out “Dr. Schmidt was not free from sudden changes in mood and acted very arbitrarily.”

The methods of punishment ranged from beating, bath treatment, starvation and incarceration to medically induced sickness. Ruth Preissler remembers having received Dr. Schmidt’s so-called ‘nauseating injection’: “Shortly after the injection I had to throw up and I felt sick to my stomach all night.” This kind of treatment would have had extreme weakening effects on an individual who already lived on the verge of starvation.

There were two cardinal offenses for which severe punishment was inflicted: sexual intercourse with other inmates and escape attempts. The seventeen year old Otto was incarcerated

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242ibid
243Andrea Schneider-Wendling, p.112
244Krankenakte HHStAW 430/1 Nr. 11008
245HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 1, pp.1-15 in Michael Burleigh p.261

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in the 'bunker' for six weeks after having attempted to escape. The teenager could not further tolerate the miserable conditions at the Eichberg. He said in his testimony "it was winter. Hunger and coldness drove me almost insane. For all my pleas and beggings to help me and to notify my parents I was beaten."\(^{246}\)

Hoping to reach the safety of his parents' home the boy escaped but was caught on the same day in the community of Hattenheim, the town in which Dr. Schmidt enjoyed great popularity. Otto was immediately returned to the Eichberg to suffer the 'bunker ordeal.' Orderlies cut off his hair and undressed him. He was to be incarcerated naked. The boy remembered: "After approximately one hour Dr. Schmidt came down. He kicked me with his SS boots in the abdomen and hit me with his fists in my face. Then he pressed his pistol on my chest threatening to shoot me."\(^{247}\)

As a result of the beating the boy suffered severe pain in his abdomen for several weeks. There was no doctor who looked after him. He was confined to solitary for six weeks and was not fed during the first eight days. The boy testified: "If nurse Hans had not been there and secretly slipped some food to me I would have died of hunger." He concluded his testimony by saying: "All this because I wanted to go home to my parents."\(^{248}\) Another victim summed up the ordeal he endured in a few words:

How I was beaten by [Dr. Schmidt], incarcerated in the 'bunker' for weeks. For days this man did not allow me any food. Injections and


\(^{247}\)HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 3, p.000076 O. S. testified: "Nach ungefähr einer Stunde kam der Dr. Schmidt, trat mich mit dem Stiefel in den Unterleib und schlug mir mit den Fäusten ins Gesicht. Dann setzte er mir seine Pistole auf die Brust und drohte, mich zu erschießen."

wrappings were frequent just as the day long baths which weakened my body most severely.\textsuperscript{249}

Individuals who escaped several times were not incarcerated any more. They were either sent to Hadamar or received a lethal injection at the Eichberg. For example, twenty year old Breuer took advantage of the relative freedom he enjoyed at his work place, managing to escape several times. After being caught he would be incarcerated in the ‘bunker’ for six weeks which, as Dr. Vigano testified, “was always accompanied by more or less lengthy periods without food.”\textsuperscript{250} The last time he attempted to escape he was not punished at the Eichberg. Instead, he was taken in handcuffs to Hadamar where his death was almost guaranteed.\textsuperscript{251}

The sad story of the runaway Ernst Polz demonstrates that murder could be requested by the victims’ relatives. At the request of Ernst’s mother the twenty four year old was transferred to the Eichberg. Since Ernst was depressive but otherwise healthy she believed that work therapy would “transform him into an useful individual.”\textsuperscript{252} To the disappointment of his folks Ernst would not submit to Dr. Schmidt’s ‘work therapy’. Instead, he tried to escape, failed, and afterwards endured harsh ‘bunker punishment’.

Ernst reached out to his family for help. When his brother Emil visited he told him of his misery and the punishment he had suffered. Ernst’s appeals for help were in vain. After an additional escape attempt Emil turned against his brother, and asked Dr. Schmidt to kill him. In his letter dated 1 Oct. 1944 Emil Polz wrote:

\textsuperscript{249}HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 1, p.0020295 She testified: “Wie wurde ich von ihm geschlagen (Dr. Schmidt), wochenlang in einen Bunker gesperrt, und tagelang genehmigte mir dieser Mensch kein Essen. Spritzen und Packungen, die gab es reichlich, und tagelang Wannenbäder, die den Körper bis aufs schwerste schwächten.”

\textsuperscript{250}HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 1, pp.1-15 in Michael Burleigh p.261

\textsuperscript{251}HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 4, p.000227
I hear from my sister that my brother had escaped once again... I have come to realize that my brother is a weak-willed and sick individual... You must understand that my brother is a great burden for us... I therefore ask you to ‘deliver’ my brother. This will relieve our family from all mental burdens. At the same time, I politely ask you not to punish my brother further for his crime.253

Obviously anxious to get rid of the ‘trouble maker’ Dr. Schmidt killed Ernst on the day he received the letter, (4 Oct., 1944). An orderly took Ernst to the laboratory where nurse Helene Schürg and director Schmidt were waiting for him. They guided him in a small room next to the laboratory. Polz was quiet and obedient when he was helped on the table where he was injected with the drug (morphine) which killed him within thirty minutes.254 On the day of the murder Schmidt notified Ernst’s relatives that “he was delivered by a peaceful death” and that he would be buried at the Eichberg’s cemetery within the next three days.255

The person whom I interviewed, Ruth Preissler, told me her experiences about crime and punishment. Like Ernst Polz she attempted to escape from the misery at the Eichberg, and ran away mistakenly counting on the support of relatives who lived some 40 km from the clinic, in the town of Dieburg. Well aware of the severity of her offense, Ruth decided to walk at night and hide during the day. Physically, exhausted she reached the home of her cousin after a couple of days. Ruth felt welcomed. She remembered: “These people were friendly to me and fed me.” But shortly after she finished a meal a nurse and two orderlies from the Eichberg arrived to take her back to the institution. They had been notified by Ruth’s apparently friendly relatives.

252HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 12, p.001965
253HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 12, p.001965 The letter of Emil Polz: “Ich hörte heute von meiner Schwester, dass mein Bruder schon wieder mal entwichen war... Jedenfalls komme ich zur Überzeugung, dass mein Bruder eben ein willenloser und kranker Mensch ist... Sie werden doch verstehen, dass mein Bruder für uns eine schwere seelische Belastung ist... So bitte ich Sie doch meinen Bruder erlösen zu wollen, damit wäre unserer Familie jede seelische Belastung genommen. Auch möchte ich Sie höflich bitten, meinen Bruder für seine begangene Tat nicht weiter ernstlich zu bestrafen.”
254HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 4, p.000270
255HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 12, p.001967
Ruth was beaten on the drive back to the Eichberg. When she arrived her hair was cut off and she was stripped naked. Then Dr. Schmidt appeared yelling: "You Jewish sow. You fled. Get down to the bunker." Ruth was incarcerated naked in the completely dark cell for women. She remembered: "There was already a dead body in my cell which was removed the next morning when Dr. Schmidt came down to see me." She was made to stand at attention every morning when Dr. Schmidt exercised a kind of roll call with her. Her daily diet consisted of "watery gruel without any salt." After eight days of imprisonment in complete darkness Dr. Schmidt came down to release her. On the stairway leading up to the ward the director kicked her with his SS boots in the kidneys, and screamed: "You Jewish pig I shall kill you too."

Luckily Ruth was not killed. She remained at the Eichberg until its inmates were liberated by the Americans. But for some individuals escaping was the only way to survive. For example, the twenty two year old Theo Kraus had committed a cardinal offense--sexual intercourse. Instead of submitting to 'work therapy'--chopping wood in a forest near the former monastery Tiefenthal--Theo was seduced by two girls from the neighbouring League of German Maidens' school. The girls probably knew that he was sterilized and that they could not get pregnant. Theo and the girls had intercourse in the woods on several occasions. When the girls sent a love letter to Theo at the Eichberg, revealing their affair, Theo was forced to admit the offense.

It remains unclear what kind of punishment awaited the girls at the Nazi school. But at the Eichberg Dr. Mennecke wanted to have young Theo killed. He relayed a medical form to the Reich Committee at Berlin requesting approval of this measure. But before Mennecke heard from

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256 Horst Dickel, pp. 18, 93
the Committee Theo managed to save himself. He successfully escaped after having endured the 'bath and bunker' ordeal.\footnote{257}

Most victims were not as fortunate. For example, thirty five year old Friedrich Kessler never had a chance to survive. He was a confused individual who was convicted of minor theft, begging, fraud, and breach of contract. Kessler had been deaf and dumb since he had the measles at the age of four. By the age of eight Friedrich lost his immediate parental support; he was raised in an institution for the deaf and dumb. When he was released he wanted to be a car mechanic, but never managed to find proper employment. His jobs were punctuated by long periods of unemployment. Friedrich's last job was at Frankfurt where he worked as an auxiliary worker for 76 Pfennigs an hour.\footnote{258} He was away from his home town. Loneliness as well as the high cost of living were the reasons for his return home.\footnote{259}

Kessler committed the 'crime' of walking out of his job without having given his notice (breach of contract). He was arrested in a Heidelberg tourist hostel and imprisoned for four months in Wiesbaden. The Frankfurt secret police tried to send him to a concentration camp, but their superiors in Berlin did not approve of this measure because the camps did not house the deaf and dumb.\footnote{260} Instead, the Berlin headquarters advised their colleagues at Frankfurt to send Kessler to an asylum in the vicinity.

On June 24, 1942, Friedrich was taken by the Frankfurt secret police to the Eichberg. Mennecke interviewed him on the same day. He administered a test which had been used prior to the war to determine if an individual should be sterilized. To the frustration of Mennecke, Kessler

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\begin{itemize}
\item \footnote{257}{ibid, pp.18, 93}
\item \footnote{258}{ibid, p.28}
\item \footnote{259}{ibid, p.28}
\item \footnote{260}{ibid, p.28}
\end{itemize}
displayed normal cognitive functioning—his memory was average and his arithmetical ability was above average. To get permission from the Reich Committee to kill Kessler, Mennecke wrote in his report that Kessler was not only a thief who refused to work but was a “severe and incorrigible asocial psychopath.”

Shortly after this interview, Mennecke departed on his trip to Heidelberg to see Professor Schneider. Despite indulging himself in great quantities of culinary delights (two huge Bratwurst, each weighing 200 grams, roast potatoes, and cabbage) he still found time to destroy Kessler. In a letter he asked his wife Eva to verify whether Dr. Schmidt had sent the report to Berlin. If not “he should do it right away.” Meanwhile at the Eichberg, Kessler wrote a letter to the directors in which he desperately begged for his release. He wished to “go home to marry, and to work honestly.” To show his good will he asked for work at the Eichberg, arguing that it would be necessary to become “an industrious and better person.”

Obviously Kessler realized that inmates who were able to work had greater chances of survival. Indeed, his enthusiasm for work delayed his death. The young man was employed at the Eichberg’s bakery for at least three months. But he was only postponing the inevitable. Already on 15 July 1942, Dr. Schmidt had relayed Mennecke’s report to the Reich Committee in Berlin. To get quick permission to kill, Schmidt had added that “there were no prospects for recovery.” Kessler was ‘sentenced to death’ shortly after he was caught making love to a 23 year old woman, and was murdered in late September 1942.

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261 ibid, p.28
262 ibid, p.28
263 Peter Chroust, Friedrich Mennecke: Innenansichten eines medizinischen Täters im Nationalsozialismus, Band 1, Doc. 138, p.431
264 ibid, p.434
265 HHStAW Abt. 430/1 Nr.11332 patient record, See Horst Dickel, p.28
Dr. Behringer, was a medical doctor admitted as a patient to the Eichberg who was later put to work in this facility. He saw Kessler lying naked, in an isolated chamber on its stone floor. The windows were wide open. When Dr. Behringer asked an orderly by the name of Schaff what happened, he replied “this morning Schmidt gave him an injection of 5ccm luminal and I just gave him a second one.” The next evening Behringer returned. Schaff remarked that Schmidt had given him an additional injection, and said “damn this guy is tough; he received 20 ccm luminal and still sleeps.” The following day Friedrich Kessler’s murder was accomplished.268

On 29 September 1942 Schmidt wrote to Kessler’s uncle that his nephew had “been delivered from his incurable suffering” the day before.269 The causes of his death were “deaf and dumb pathology; pneumonia and heart failure.”270 It is clear that Kessler was murdered for the first reason, but died of the latter. Sedated by luminal he was exposed to low temperatures for several days so that (as Dr. Behringer pointed out) his final cause of death was pneumonia.271

Inmates were punished and killed for a variety of reasons. A man named Peter Hoffman was killed for a political offense. He had attacked a member of the SS. Schmidt thereafter labeled him as “rabid and abusive,” and inflicted all kinds of punishments until Peter became very ill. As another patient testified in court: “The man moaned day and night, and not a soul helped him.”272 In his desperation Hoffman begged Dr. Schmidt to take him to the hospital in Wiesbaden.

268HHStAW Abt. 430/1 Nr.11332 patient record, See Michael Burleigh, p.249
269HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 4, p.000223
268HHStAW Abt. 430/1 Nr. 11332 patient record, See Michael Burleigh, p.249
270ibid
271HHStAW Abt. 430/1 Nr.11332, patient record of Friedrich Kessler, See Michael Burleigh, p.249
270ibid
271HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 4, p.000221
Naturally Schmidt, thinking that it was time to kill Hoffman, denied the request. Hoffman was subsequently put to death by lethal injection.\textsuperscript{273}

Those who survived 'crime and punishment' remained traumatized for life. As a teenager named Martha testified: “At the Eichberg I experienced the most painful period of my young life; it was just hell.”\textsuperscript{274} When Martha made this statement she had just experienced great hardship elsewhere. She had survived the infamous concentration camp at Auschwitz where she had ended up as a consequence of Dr. Schmidt’s actions. Dr. Schmidt had accused her of being pregnant—a cardinal offense. When the 19 years old girl denied the charge he yelled at her: “When I tell you that you are pregnant then you are pregnant.” In fear of punishment Martha made an attempt to escape. Since her escape was unsuccessful she was incarcerated in the ‘bunker.’ At the same time, the girl was subjected to a 'special treatment'. She was tightly bound in wet fabrics so that she could not move. A wet towel, covering her face, almost suffocated her. Martha testified: “Then I got an injection... For an excruciating three hours I had to throw up. Since I could not move I had to endure everything they did to my abdomen.”\textsuperscript{275}

Shortly after the procedure Dr. Schmidt accused Martha of having undergone an abortion, at the time she had escaped from the Eichberg. She was threatened, beaten, and tortured so that she succumbed to Schmidt's will and admitted to the indictment. Since one needed the approval of a medical doctor for an abortion Martha was sentenced to jail for four months, and was subsequently taken to the concentration camps at Ravensbrück and Auschwitz.

\textsuperscript{272}HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 4, p.23 (testimony Friedrich Jäger), See Henry Friedlander, p.168
\textsuperscript{273}HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 4, p.23 (testimony Friedrich Jäger), See ibid

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It remains unclear what Dr. Schmidt did to the girl's abdomen. It is possible that he used her as 'guinea pig' to please both his natural as well as academic interest in the sexual organs of a woman. Schmidt has written his PhD thesis on 'the influences of seasons and vitamins on the biology of the vagina'.

As an expert of this peculiar domain Schmidt had diagnosed other teenagers as pregnant. A girl named Sophie, for example, endured a similar treatment to Martha. Sophie, however, could not tell her sad story because she did not survive the Eichberg ordeal.

Those who did survive continued to be haunted by their experiences. Ruth Preissler dreams of being trapped in an infinitely long floor. She described herself as: "Desperate to open the doors, I am running to each one of them. But they cannot be opened--there is no key."

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276The title of his PhD dissertation was: Über Einflüsse von Jahreszeiten und Vitaminen auf die Biologie der Scheide, See Horst Dickel, p.31

277HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 1, p. 001915 testimony of K. K., an Eichberg nurse

278Interview with Ruth Preissler conducted on 27 August, 1997
Ruth Preissler in 1997, visiting the cell in which she had been imprisoned more than half a century earlier.
Amongst the most helpless were those individuals with severe mental illnesses. Because they were considered neither well behaved nor industrious, many of them were murdered. The aspiring mathematician, Karl Hodler, was killed on the day of his committal to the Eichberg. Karl’s tragic story began at the University of Frankfurt where he had become ill through a combination of overwork and intellectual hubris. Though Karl’s talents as a student were rather moderate he was obsessed with disproving Einstein’s theories. He succumbed to mental illness trying to live up to this tremendous task. Karl became so confused that he attempted suicide by cutting his wrists with scissors.\footnote{HHStAW Abt. 430/1 Nr. 10613, Karl H’s patient file. ‘Abschrift der Krankengeschichte aus der Nervenklinik der Stadt und Universität Frankfurt am Main,’ dated 8 May 1937, See Michael Burleigh, p.87}

As a consequence he was admitted to the psychiatric unit at the University of Frankfurt. Psychiatrists noted that he could not remember his name, thought he studied geography, did not know where he was, and, with reference to Einstein, said that he had no clue what his theory was all about.\footnote{HHStAW Abt. 430/1 Nr. 10613, Karl H’s patient file. ‘Abschrift der Krankengeschichte aus der Nervenklinik der Stadt und Universität Frankfurt am Main,’ dated 8 May 1937, See Michael Burleigh, p.87} His psychological break down was so severe that even the Pythagorean theorem had become a mystery to the aspiring mathematician. But doctors did not help their tormented patient. Instead of attempting to cure his mental problems Karl was forced to undergo sterilization. When he was released he was even more confused. According to his mother, Karl turned ‘nasty’ following the operation and had to be readmitted to the clinic.

Back in hospital Karl cried for his mother. Probably as a result of his sterilization he was in utter fear of the examination room into which he was usually taken by force. Screaming “I must die, I must die, now I am dying.” His fearful screams predicted his fate. But before he was murdered Karl endured an insulin treatment. This shock therapy involved the injection of a
cerebral stimulant—cardizol. The patient usually experienced a seizure of extreme anxiety which often resulted in unconsciousness. It was designed to induce loss of memory and fear. Karl's seizures were strong. The doctors' notes show that in utter distress he mumbled phrases such as "adieu, I am going to die now; you have murdered me" and "dear God please help me; I want to get out of here." Doctors stopped the treatment when blood came out of Karl's eye sockets and from under his skin. He was subsequently transferred to the asylum at Weilmünster close to the Eichberg. Frightened and helpless he became virtually incommunicative. When he contracted tuberculosis he was taken to the Eichberg, where his fears became reality. A few hours after his arrival Mennecke and his colleague murdered him.

Just as hopeless as Karl's situation was the one of the 28-year-old Paul Sander. As a child, Paul was diagnosed as being 'feebleminded (imbecility).’ The nature of his disability was, however, more physical than mental. Although he read with difficulty, he did reasonably well in various intelligence tests. He spoke normally and his face showed no signs of mental defects. But Paul was deformed and could hardly stand unaided. His mobility depended on two sticks, which enabled him to move slowly forward, dragging his feet in a circular motion along the ground.

When Paul was eight years old he was separated from his family. He grew up in the Krüppelheim (home for cripples) at Bad Kreuznach. When he was sexually mature (16 years old) he was transferred to another asylum (Scheuern) where he applied for his sterilization. He was told that this would allow him to leave the asylum more frequently on extended home visits. But his family did not seem very keen on having him. Most of the letters remained unanswered. Though they sent him food parcels, a card game, and some clothes for Christmas, his family remained largely aloof.

280 ibid, p.14, in Michael Burleigh, p.87
281 ibid, p.15, in Michael Burleigh, p.87
Paul often complained to his mother about not being properly fed. After hearing this his mother wanted him to live at home. She was told that his release depended upon her consenting to his sterilization, which she did. This was a mistake. After Paul was made infertile at one of Hesse-Nassau’s asylums (Herborn) he was not released but remained there for another eight months. When he developed an irritation in his throat and a rattling sound in his chest, he was transferred (along with his Sunday suit, ten shirts, cap, gloves, belt, braces, watch chain, and 18.44 RM in cash) to the tuberculosis ward at the Eichberg, where he died six months later, at the age of twenty-seven. The records do not tell what happened to Paul until he died. But it is fair to assume that his death was a result of the treatment he received. He belonged to the category of ‘undesirable patients.’ Though these individuals had been admitted to the Eichberg for different reasons, their fate was usually the same: death. Seventy three year old Albert Seifert, for example, was admitted because an air raid on Hamburg, his home town, had left him in a state of shock. He had witnessed how the horrible explosives destroyed his neighbourhood, killing and mutilating many of its helpless inhabitants. Though Albert and his family had lost their home in the bombardment they were lucky to have survived with minor injuries.

Frau Seifert had arranged to leave her husband in the asylum Langenhorn, near Hamburg before seeking treatment for her injuries in hospital. A week later (August 7, 1943) Albert was transferred as bombenverwirrt (confused by bombs) to the Eichberg in the distant Rheingau. When she was released from hospital she found out that her husband was hospitalized at the Eichberg. Frau Seifert feared for her husband’s life.

The elderly woman wrote desperate letters begging the Eichberg’s directors to let Albert come home. All of her letters remained unanswered. Though Mennecke and Schmidt did not allow visitors Frau Seifert took the initiative and went on the long journey to see her beloved husband. A letter (in which the old woman complained about the horrendous conditions at the Eichberg) reveals that she saw Albert twice, and his lot was miserable. Forced to lie on a pile of straw, he was starving and had contracted pneumonia. Her visit was in vain. Albert was not allowed to return home. She subsequently received a telegram from the Eichberg saying: “Herewith we inform you that on Sep. 2, 1943 your husband, patient Albert Seifert, was delivered by a smooth death.”

Albert was not the only individual who was transferred to the Eichberg with the label of bombenverwirrt (shell shock), and was killed. Between July 24, 1943 and August 4, 1943 (the time when Hamburg was heavily bombarded) fifteen individuals were admitted to Langenhorn as bombenverwirrt. All of them were sent to the Rheingau of which a fair number ended up at the Eichberg.

Similarly the forty five year old Joachim Steeg was transferred to the Eichberg as bombenverwirrt. His wife instantly sent a telegram to Dr. Schmidt requesting that her husband be transferred back to Hamburg. But her request was brusquely denied. Schmidt wrote: “That there was no release possible since her husband’s illness was in a state of progression, and that the

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284 HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 1, p.001910 testimony of Käthe Kallmünzer, nurse at the Eichberg. The so-called so-called Besuchersperre was implemented in 1942. It was designed to conceal the horrible conditions at the Eichberg. Regardless of the Besuchersperre a few relatives visited the Eichberg and witnessed some of the horror.
286 ibid, pp.313-315
ministry of defense had decreed that insane people were not allowed to be transported when the region was hit by air raids. Similarly, Frau Steeg took the initiative and traveled, in the company of her two adult sons, to the distant Rheingau. At their arrival they were shocked by the terrible conditions at the Eichberg. But since they believed that friendly relations with the directors would enhance Joachim’s treatment and would lead to his discharge they chose not to complain.

Unfortunately, their acquiescent behaviour did not save the life of their beloved father and husband. Shortly after they had returned to Hamburg they received Joachim’s death note. In pain, shock and anger one of the sons, Wilhelm, confronted Dr. Schmidt in a letter. He wrote:

My father was never mentally ill but became so when he was admitted to your ‘great’ clinic... If my mother had been allowed to take him home (which you forbade) he still would be alive. Within eight days his conditions could not have deteriorated that much to lose consciousness. All this was planned! How did he get the blue, green, brown and violet marks all over his body?...How did he get this deep injury above his right eye? He certainly did not fall?

Wilhelm did not know that criticizing the directors was extremely dangerous. Schmidt instantly forwarded Wilhelm’s letter to the Secret Police. He replied to Wilhelm: “Your writing is a severe insult to the authorities, and hurts the clinic’s reputation... Regarding the future course of the matter the court shall keep you informed.”

ibid pp.313-315
ibid, p.314
ibid p.315 He wrote: “Mein Vater war nie nervenkrank gewesen, nervenkrank ist er erst geworden als er bei Ihnen, in der sauberen Heilanstalt eingeliefert wurde... Wenn meine Mutter meinen Vater damals als Sie ihr es verweigerten mitbekommen hätte, dann würde er heute noch am Leben sein. Denn ein Mensch kann nicht innerhalb von 8 Tagen abhuntern und das Bewusstsein verlieren. Das ist künstlich vorbereitet worden. Wo kommen die blauen grünen, braunen und violetten Flecke her, die mein Vater am ganzen Körper hatte... Wie kam das Loch über dem rechten Auge meines Vaters zustande. Denn gefallen ist er nicht...”
ibid p.315 Dr. Schmidt wrote: “Wir haben Ihr Schreiben der Geheimen Staatspolizei eingereicht. Es stellt eine schwerste Beleidigung der Behörde dar und schädigt den Ruf der Anstalt. Alles Weitere werden Sie gerichtlicherseits erfahren.”

92
individuals whom Schmidt reported to the Secret Police remains unknown. After the war Schmidt testified: "We always had conflicts with relatives. The family of the mentally ill are very difficult." Schmidt also threatened to denounce annoying relatives as mentally disturbed and therefore eligible for institutionalization in an asylum such as the Eichberg. This must have been particularly terrifying for those individuals who were aware of its horrors. Though the number of relatives threatened by the directors' is unknown, it is fair to assume that the prospect of incarceration struck terror into the hearts of many concerned kinfolk.

The majority of inmates were without any support from home. Generally, relatives lived far away from the Eichberg, and were often involved in Germany's war effort. Air raids not only terrorized them but made traveling extremely difficult. Of all of the Eichberg's population none were more lacking in outside support than the so-called Ostarbeiter (eastern workers). These individuals had been imported for labour from Poland and the occupied territories of the Soviet Union. Those unable to work because of some illness (particularly infectious diseases, often tuberculosis) were released from their labour assignments. Since the advance of the Red Army made their return home impossible, the Chancellery of the Führer secretly decreed in early 1944 that all eastern workers had to be killed when showing signs of weakness. Many of them were murdered in an asylum such as the Eichberg.

At the Eichberg eastern workers had no chance of survival. As Dr. Vigano testified after the war "from time to time we received mentally ill eastern workers." Since they all disappeared after a short time she concluded that they were being killed by Dr. Schmidt or by some of his helpers. When she confronted Schmidt on the matter he argued: "That there was no room in Germany for mentally ill foreigners, especially Russians, and that he was acting as a soldier when

\[291\] Alice Platen-Hallermund, p.120
\[292\] Ibid
he drew the consequences from this.” Dr. Vigano replied: “That a doctor was not a soldier with a gun in his hand facing armed opponents.” Dr. Schmidt abruptly terminated the discussion remarking: “That in regards of these matters a woman would never be able to understand him.”

To carry out the killing Schmidt relied on individuals who were completely obedient to him. Senior nurse Helene Schürg, for example, was in awe of the director’s alleged intellect, and unlike Dr. Vigano, was a woman who was more comfortable carrying out Schmidt’s orders. Moreover, Schürg functioned as a psychological outlet for him, as he even discussed his marital problems with her. Though Schürg had some moral concerns about killing in a few cases she effectively supported the director when it came to putting to death ‘useless’ eastern workers.

Eastern workers arriving at the Eichberg often came wearing nothing but ragged, dirty, lice-ridden clothes which had to be incinerated immediately. Unable to speak German, their speech was often mocked. Some of the eastern workers reacted by shouting and raving in their mother tongue. Others expressed their frustration in physical rage. In response, the orderlies and nurses suppressed any such behaviour with physical violence. For example, one Russian woman sustained a dislocated shoulder at the hands of nurses and orderlies. After a cursory examination Dr. Schmidt decided to put her to death. In a letter addressed to the Labour Office in Frankfurt Schmidt wrote that she had to die because he was: “Unable to anticipate that she would be capable of working again and that she was lying here simply as a burden upon the authorities.”

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293 HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 1, p. 001912 testimony of K.K. (an Eichberg nurse)
294 HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 4, p. 000342&000338
295 ibid, Schürg had asked Landeshauptmann Traupel whether she could work in an institution without ‘euthanasia’ for children.
296 HHStAW Abt. 430/1 Nr. 11598 (patient records) in Michael Burleigh, pp. 256-257
297 HHStAW Abt. 430/1 Nr. 31841(patient records) in Michael Burleigh, p. 257
Insofar as the inmates of the Eichberg were concerned, Schmidt’s authority was omnipotent. He arbitrarily determined who was to be killed and when they were going to be killed. There were eastern workers who were not killed until Schmidt found them unproductive. In the neighbouring villages Schmidt was often seen in the company of three Russian women in a social setting.\(^{300}\) The relationship with these girls could be seen in the context of his marital problems. For the girls, however, a personal relationship with the director did not save their lives. When in August 1944 a nurse entered the cellar of the ward for those with nervous disorders she discovered the three women just after they had received a lethal injection. Dr. Schmidt, senior nurse Helene Schürg and nurse K. K. had left them there to die. They were already tagged as dead even though, in the agony of their death throes, they were still making groaning noises.\(^{301}\)

Ruth Preissler witnessed the murder of a Polish girl who was killed shortly after her admission. Ruth remembered that: “The girl, not older than 20 years of age, was taken to the same ward at night. They locked her up in one of the bathrooms. The poor thing screamed day and night.”\(^{302}\) A couple of days later, when Ruth entered the room to clean, she surprised an orderly and two nurses wrestling with the girl. Ruth recalled that: “They tried to strap her down on some stretcher.”\(^{303}\) Frustrated with not being able to restrain the raging girl, one of the nurses took Ruth’s long-handled scrubbing brush and smashed it, several times, against her temple. Ruth recalls that: “The blows were fierce. When the girl collapsed there was blood all over the room.” Shocked by the brutal killing she shouted: “You are true murderers.”\(^{304}\) One of the killers grabbed Ruth by the head and smashed her against a blood stained wall. While she was recovering from

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\(^{298}\)HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 1, p. 002096

\(^{299}\)HHStAW Abt. 430/1 Nr. 11598 (patient records) in Michael Burleigh, pp. 256-257

\(^{300}\)Telephone interview with Frau. Duffert (17-6-1996). The woman had emotional relations with Dr. Schmidt after his release from Butzbach prison.

\(^{301}\)HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 3, p. 002353

\(^{302}\)Interview with Ruth Preissler, dated 23 Aug., 1996

\(^{303}\)ibid

\(^{304}\)ibid
the assault, she saw Dr. Schmidt arrive on the scene. He pronounced the girl deceased with the comment “this saved us the medication for a lethal injection.” \(^{305}\)

The stories of the above mentioned patients not only reveal the brutality at the Eichberg but demonstrate the direct link between institutionalization and the realization of Nazi politics. Institutionalizing patients allowed the Eichberg’s directors to decide swiftly who should be employed in the institution, who should be leased to various entrepreneurs in the region, and who should be released. At the same time, it allowed them to more easily and clandestinely carry out the task of killing those ruled to be unfit for life, whether as a consequence of deliberate negligence, lethal injection, or choking on the poisonous gasses at Hadamar during operation T-4.

\(^{305}\)ibid
The Eichberg as a Transit Camp for the Killing Institution Hadamar

As already mentioned, in a 1940 Berlin meeting with Victor Brack, Dr. Mennecke had agreed to collaborate in operation T-4. The role of the Eichberg was to function as a transit camp for individuals who should be murdered at Hadamar. The asylum had been converted into a killing institution. The Gemeinützige Stiftung für Anstaltspflege (Community Foundation for the Care of Asylums)--a front organization for T-4-- had dispatched craftsmen and fitters who had changed the cellars below the asylum’s right wing into a gas chamber and two crematoria. The gas chamber (about ten by sixteen feet, with a ceiling eight feet high) was disguised as a shower room. There was enough space to gas about thirty individuals at each sitting.

Not surprisingly the Eichberg’s own patients were the first to be sent to Hadamar. Mennecke filled out numerous registration forms in which he labeled inmates he wanted to have destroyed as incurably sick. Their files were also reviewed by the Reichsarbeitsgemeinschaft Heil- und Pflegeanstalten (Reich Working Party for Mental Asylums). This covert sub-bureaucracy of the KdF had the task of registering as many patients for extermination as possible. In late 1940 or early 1941, Mennecke received the actual transportation lists for his condemned patients. Each of them was given a number which was, on the day of transport, to be painted on a body part, such as an arm or back.

On the day of their murder the condemned individuals were transported to Hadamar in the grey buses of the Gekrat foundation (Charitable Foundation for Transport). Irma P., a surviving patient of the Eichberg who was transferred to Hadamar to be killed gave an account of
this day in court: "We were not officially informed that we were going to be transported. When I heard of it I tried to hide but was found by the Eichberg's staff." 306

Prior to being transported, the victims were moved outside, in front of the ward for women with nervous disorders. Recalling the scene Benedikt (an orderly who was part of the transport personnel) pointed out in his testimony: "The doomed individuals were already waiting for travel." 307 They were led to the vehicles by the Eichberg's staff. A transport usually consisted of three buses. Once the patients were positioned in front of them Benedikt along with other transport personnel took over. He testified: "We helped those who could not board while other patients climbed aboard on their own." 308 His characterization of "helping" involved binding the hands and feet of those patients who resisted and forcibly placing them into the vehicle. 309

There was no natural light in the vehicle. Irma P. the condemned passenger recalled in court: "The windows were covered so that we could not see outside." The transport leader drove ahead in a car. He was closely followed by the buses in which (guarded by a nurse and an orderly) seventy to eighty patients were awaiting their fate. Those who could not control their fears were given sedatives. 310 Hadamar is located approximately 50 km southwest of the Eichberg. According to the transport attendant Benedikt: "The journeys never took long. We did not make any stops." 311

306 HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 3, p. 002353
308 Testimony of Benedikt H. dated 16 January 1966, reproduced in Armin Trus, p. 162, in Michael Burleigh, pp. 144-145
309 HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 3, p. 002372
310 Henry Friedlander, p. 95
311 Testimony of Benedikt H. dated 16 January 1966, reproduced in Armin Trus, p. 162, in Michael Burleigh, pp. 144-145
At Hadamar, the arriving patients were met by staff who led them to the reception room. They were told to undress. Their clothing and other belongings were given a number. This was done to create the illusion that all items would be returned to their rightful owner. Having been measured and weighed, the naked victims were taken individually into the examination room. A T-4 physician, such as Dr. Roland Wahlmann or Dr. Bodo Gorgass briefly examined them. Dr. Gorgass gave evidence at his trial regarding the method of his examination. He stated: "It was not necessary to study the patient records...I realized their problems instantly so that I needed only one to two minutes."312

Gorgass did nothing to save the Eichberg’s patients from being murdered. He along with his colleagues only had the authority to reprieve patients whose records were incomplete, or if they were either foreigners or war veterans.313 But the records were never reviewed and reprieves were a rarity. Dr. Gorgass remembered one of these exceptional cases: "It was extraordinarily unpleasant to be confronted with such a case. She was pregnant. Since Dr. Berner314 was not there on this day I decided to sent her back to the Eichberg.” At the Eichberg Mennecke was furious about her return. The woman was not saved. Mennecke’s objective was achieved when she was later killed by a lethal injection.315

Examining the Eichberg’s individuals helped Bodo Gorgass and his colleagues gain ideas about the fraudulent cause of death they would later have to certify. It was crucial to avoid mistakes such as listing appendicitis as a cause when the patient’s appendix had been removed years earlier. Each patient was assigned a number. It was stamped or attached with adhesive tape

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313U.S. Military Tribunal, Transcript of the Proceedings in Case 1, pp. 2423-25 (testimony Karl Brandt), pp. 7572-73 (testimony Victor Brack). See ibid, p. 95
314Dr. Friedrich Berner was Gorgass’s superior at Hadamar
315HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 4, p. 000266, See “Verlegt nach Hadamar”, p. 95
onto their bodies. Individuals who possessed gold teeth or gold bridges were additionally marked with a cross on their backs or shoulders. This helped the staff to identify them after their murder, so that the precious metals in their mouths could be removed.

Once they were marked, the doomed individuals were taken to an adjacent room to be photographed. These final pictures were eventually collected and cataloged at the T-4 headquarters in Berlin. Dr. Gorgass explained in his trial why these pictures were taken: "They served documentary and scientific purposes." Furthermore these photographs were used as final verification of alleged inferiority. Following this last formality, the naked individuals were given military coats, and led down the stairway to the basement where the gas chamber was located.

When entering the chamber most individuals were carrying soap and face-cloths. Irma P. stated in court that: "They were advised to take a shower." As it was commonly believed that this was part of the admission process most patients sat calmly on the various chairs and benches which were placed around the chamber's perimeter. Those who suspected the horrible truth were either paralyzed with sedatives or taken into the chamber by force. Thereafter the staff closed the steel door and assured that the door and the ventilation shafts were hermetically sealed. One of the staff members, in an adjacent room, opened the valve of the compressed gas canister. Through the nozzles on the ceiling lethal carbon monoxide was released, obtained from BASF (Baden Aniline and Soda Fabric), the I.G. Farben factory at Ludwigshafen.

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316 ibid, p. 95
317 ZSL (Zentrale Stelle der Landesjustizverwaltung) "Euthanasie", Hu-Jz, testimony of Michael H. dated 19 December 1947, in Michael Burleigh, p. 147
318 ibid, p. 95
What happened in the chamber could be observed through a reinforced glass aperture. Friedrich Mennecke went to Hadamar to watch his patients die. He testified: "I saw how one after the other dropped and died." Using a pressure gauge the staff member measured the amount of gas released. After about five minutes most of Mennecke's patients were unconscious and after an additional five minutes they were dead. While Mennecke witnessed the murder of his patients in a detached manner another observer provided insight into the horror of the experience. A certain Maximilian Lindner was never to forget the reality of a gassing when he glanced through the aperture. During the trial he was questioned whether he ever viewed a gassing he replied: "Dear God, unfortunately yes...In the chamber there were patients, naked people, some semi-collapsed, others with their mouths wide open, their chests heaving...A few were lying on the ground. The spines of all naked people protruded...I could not imagine that this was completely without pain. I have never seen anything more gruesome." 

After an hour had passed the chamber was ventilated. Hadamar's medical doctors were able to enter the room. They examined the victims to pronounce them dead. Shortly after, staff members known as Heizer or Brenner (stokers) or Desinfekteure (decontaminators) dragged the corpses to the so-called death room. Organs—especially brains—were removed for scientific study of those victims' who were selected for autopsies. At the time, stokers removed gold teeth from the corpses of individuals who had been marked with a cross. The gold was kept in the office of a secretary who collected it in a paper carton, and later sent to the T-4 Central Office in Berlin.

After the corpses were pillaged they were trundled along the corridor to the crematoria. A metal pallet device was used to push them on the clay grills in the ovens. In court one of the
stokers described the procedure as putting them “on a pan...as in a baking oven.”

While the bodies were being incinerated the people living at the town of Hadamar noticed a thick dark cloud of smoke which emitted from the asylum’s chimneys. The ashes were either discarded or thrown in a rubbish dump. Whenever relatives requested the ashes from their family member they were taken from this heap. In the case of children, care was taken to fill the urns with particularly small quantities.

When about 50 percent of the Eichberg’s regular population (approximately 800 individuals) had been killed the Eichberg started functioning as a transit-camp for Hadamar. Great numbers of ‘transit patients’ arrived at the train station in the neighbouring town of Hatthenheim. The station is almost centrally located and is surrounded by a number of houses and apartment buildings which offered an unobstructed view for whomever wished to witness their arrival. Moreover, regular passengers traveling on the trains were able to view the disabled individuals disembarking from cargo compartments to be loaded on the buses and trucks bound for the Eichberg. Having been briefly accommodated in the wards which had been cleared out for them they were usually transported to Hadamar within a couple of days.

Many townsmen and villagers knew that the Eichberg functioned as a transit camp for Hadamar. The nurse Franziska recalled various encounters with her neighbours of the town of Kiedrich in which they discussed the murders. This was partly due to the high volume of patients being transported in public view. From January to August 1941 approximately 300

322Friedlander, p. 98
323HHStAW Abt. 461 Nr. 32061 vol. 7 (Hadamar trial), in Michael Burleigh, p.149
324The trains either arrived at the freight shed, which is still located at Interessenweg in Hatthenheim, or on platform 3
325HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 2, p. 002152
individuals were in transit to the institution each month. Within this short period a total of 1500 'transit patients' and 800 of the Eichberg residents were killed.  

Similarly in the town of Hadamar people were aware of the gassings. The great numbers of busses driving up to the institution had to go through the town’s center. When they were seen by Hadamar’s children they often shouted: “Look, here comes the murder-mobile.” As already mentioned the smoke caused by the burning of the corpses became a common sight in the town. When Bishop Clemens August Graf von Galen ((1878-1946) publicly denounced ‘euthanasia’ as murder, and warned about assessing the value of human life according to a criterion of productivity, Galen’s colleague at Limburg (Bishop Antonius Hilfrich) wrote a letter to the Reich Minister of Justice (Dr. Franz Gürtner). By contrast to von Galen, Hilfrich, whose diocese encompassed Hadamar and much of Hesse-Nassau, was less empathetic about the disabled victims. Arguing on behalf of Hadamar’s population Hilfrich wrote: “The residents of Hadamar are shaken by the ever-present thought of the poor victims, especially when they are being disturbed by the nauseating odors in the wind.”

While Hadamar’s residents had to deal with “nauseating odors” the relatives of the incinerated individuals had to deal with the death of a family member. Losing a loved one was hard, particularly when murder was suspected as the cause of death. For some relatives, the horrible truth became obvious due to blunt administrative mistakes. As already mentioned, the death note of a certain victim stated that the patient had died from an enlarged appendix. The

326 HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 4, p. 000330
327 Stated in Hilfrich’s letter of August 13, 1941 in Verlegt nach Hadamar, p. 116
328 Von Galen was the bishop of the town of Münster. He had denounced the Eichberg as a place of murder and inhumanity in his various attempts to stop operation T-4. It is possible that von Galen mentioned the Eichberg in his campaign against ‘euthanasia’ because a fair number of individuals from Münster were transferred to the Eichberg. See Verlegt nach Hadamar, pp. 115-116
329 Hilfrich wrote: “...die Hadamarer Bürger...sind von dem ständigen Gedanken an die armen Opfer erschüttert, zumal wenn sie, je nach der Windrichtung, durch die widerlichen Düfte belästigt werden. in ibid, p. 116
relatives were shocked since they knew that the appendix had been removed many years ago.\textsuperscript{330}

In another case, a woman came face to face with the horror of mass murder. To obtain her sister’s ashes, she had mailed two separate cheques to Hadamar’s administration. In bitter tears the young woman told a nurse at the Eichberg that as a consequence she had received two urns of ashes. Both of them were tagged with the names of strangers.\textsuperscript{331}

As already mentioned, in August 1941, the government decided to abolish operation T-4. This was done without issuing a decree. But Bernotat was determined that the extermination of disabled individuals should continue and saw no need for a quick removal of the gas chamber. It was an efficient means of destroying the disabled population living in Hesse Nassau’s various asylums, and thus was used until summer 1942.

The exigencies of war made the killing of disabled individuals a more urgent matter in the minds of the Nazis. Foreseeing the mass casualties of soldiers, on April 3, 1940, Viktor Brack had made clear to his SS coterie that incurably ill patients must “vacate their bedspace for all sorts of important military purposes.”\textsuperscript{332} In conjunction with this objective disabled inmates had to disappear to make space for the thousands of air raid victims who were given priority for hospitalization under operation Brandt.

\textsuperscript{330}Frankfurter Rundschau, December 4, 1946, in Horst Dickel, \textit{Der Eichberg - Opfer und Täter}, p. 36
\textsuperscript{32}HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 6, p. 000900
To facilitate operation Brandt, Bernotat decided to transfer Dr. Bodo Gorgass along with a number of nurses and orderlies to the Eichberg. At the same time, Bernotat insured that Dr. Adolf Wahlmann became Hadamar’s leading physician. He knew that the 66-year-old Dr. Wahlmann would be grateful for this appointment at the end of his career. Further, Alfons Klein was appointed as the new administrative director. Bernotat remembered Klein as a committed supporter of ‘euthanasia’. During T-4 he had been actively involved in supervising the conversion of Hadamar into a mass killing center. Given both individuals’ records of service it was clear that neither had any moral or ethical objections to bringing operation Brandt into fruition.

Individuals who arrived at the Eichberg under operation Brandt were oriented to their new surroundings by Dr. Schmidt himself. According to the testimony of an individual who survived operation Brandt, Schmidt exclaimed: “You are here to accept your fate, to work and to obey what your superiors demand. Whomever attempts to escape will be sent to the lonely island at Hadamar. From there you shall never get free. So behave yourself. The Eichberg is your last chance. All individuals who are useless for our people and who are a burden on society must be exterminated.”

The tragedy of those individuals who failed to live up to the above mentioned rules is exemplified by the story of Frau Paula Blank. This woman was considered unproductive and was consequently transferred to Hadamar. Shortly after her arrival she realized that she was to be exterminated. In mortal agony Paula reached out for help. She wrote to her daughter: “Margot, I

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333 Verlegt nach Hadamar. Die Geschichte einer NS-“Euthanasie”-Anstalt, Historische Schriftreihe des Landeswohlfahrtsverbandes Hessen, p. 117
334 HHStAW Abt. 461 Nr. 32442 (Eichberg trial) According to the testimony the young woman was also imprisoned at Auschwitz. Regardless of her experiences at Auschwitz it was at the Eichberg where she “lived through the most horrible time of her life.” When she arrived at the Eichberg Schmidt said: “Ihr seid hier um euch voll und ganz zu fügen, zu arbeiten und zu befolgen, was eure Vorgesetzten verlangen. Wer das nicht tut und Fluchtversuche unternimmt, kommt auf die einsame Insel nach Hadamar. Dort seht ihre Freiheit nicht wieder, denn der Eichberg ist die letzte Station, haltet Euch also, denn alle Menschen,
cannot tell you about the things which happen here; you are still too young! But tell Dad that I need to get out of here immediately. I want to work until my blood pushes up from beneath my finger nails. But I need to get out of here." Paula’s desperate pleas were in vain. She was killed shortly after her family had received her letter.

In the summer of 1943 many of the Eichberg’s inmates received information concerning the establishment of a new ward for SS soldiers with brain injuries. Knowing that this would result in further transportations to Hadamar, a few inmates took the initiative and attempted to escape. In fear of their lives the majority remained at the mercy of the directors. Their agony is reflected in the fate of Frau Kraus. In his final visit with his wife, Herr Kraus recalled her haunting pleas to help her escape. When he took her for a walk outside of the institution, she suddenly burst into tears, begging her husband to save her. Confused and in a state of utter despair she believed that she could cross the Rhine River to find safety in Rhine Hesse. But her husband convinced her to abandon this plan. She then pleaded with him to take her home to Frankfurt where she thought she could live in hiding. Having told her that their home had been destroyed in the last air raid, Herr Kraus left her with no alternatives but the Eichberg. This would be the last time he ever saw his wife.

On Oct. 9, 1943, it was decided to transport many of the Eichberg’s patients to make space for SS soldiers. But in 1943 the institution’s directors could not rely on the buses of the notorious Gekrat foundation which was rendered defunct after the abolition of operation T-4.

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die dem Volke nicht von Nutzen sind, sondern nur noch zur Last fallen, müssen aus dem Volke ausgemerzt werden.”


336 Testimony of nurse Steiger HStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 4, p. 000473 For example, five inmates escaped when working on a construction site in Budenheim. Before they escaped they had told the guarding nurse that they were in fear of being transported.
Instead, the Eichberg’s directors contracted with a private bus company at Hattenheim, which had been previously employed by Director Hinsen. Its owner, Peck, probably made a healthy profit transporting 650 individuals to the train station at Hattenheim from where they were taken to their deadly destination.338

Director Schmidt continued to send the Eichberg’s patients to Hadamar until the Rheingau was occupied by the Americans. More than 15 000 individuals were killed in this particular institution, many being soldiers for whom space had been made in the Rheingau’s various asylums.

337HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 6, p.000873
338HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 12, p. 001932
(Picture 6) The platforms where arriving patients disembarked in Hattenheim before going to the Eichberg.
(Picture 7) Busses waiting at the Eichberg, ready to transport patients to the killing institution Hadamar.
Obsession and ‘Childhood Euthanasia’

The terror and misery at the Eichberg reached their apex with the establishment of a children’s ward. In early 1941 Hans Hefelmann visited the Eichberg in the company of his deputy, Richard von Hegener. Hefelmann had collaborated in the killing of the Knauer baby by forwarding petitions for childhood euthanasia to Hitler’s office. As the head of office IIb (a crucial subdivision of Bouhler’s agency) Hefelmann’s task was to facilitate euthanasia with the least governmental interference as possible. This task was easily accomplished in the district of Fritz Bernotat. Welcoming the idea of a killing ward for children at the Eichberg, Bernotat felt complimented when Hefelmann asked for his permission to instruct the Eichberg’s directors on how to carry out a ‘childhood euthanasia programme’. 

Mennecke and Schmidt were similarly enthusiastic about the project. For Schmidt the establishment of the ward was accompanied by an immediate promotion— he became its acting director. Mennecke saw the new program as an opportunity for the advancement of his career—an advancement which, in light of the fact that he was not a trained psychiatrist, would have otherwise been impossible. His limitations as a physician were well known to other accomplished Nazi physicians, such as Professor Carl Schneider, who commented in a report that the Eichberg’s directors’ “training was limited and their diagnoses were often inaccurate.” For Mennecke the idea of submitting himself to intense training in psychiatry was unappealing. He knew that he was academically weak, and thus was likely to fail the exams.

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339 Ernst Klee, Euthanasie im NS-Staat, Die Vernichtung Lebensunwerten Lebens, Fischer Taschenbuch Verlag GmbH, Frankfurt am Main, Juni 1985, pp. 78-79
340 HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 2, in Henry Friedlander, p. 51
341 BA MA (Bundesarchiv-Militärarchiv, Freiburg im Breisgau, H20/463,465: Prof. Dr. Carl Schneider, Bericht über einen Besuch in der Heil-und Pflegeanstalt Eichberg, 11 Feb, 1943, in Henry Friedlander, p.58
But Memecke was cunning, an expert in establishing connections with individuals whom he believed could help him move further up the hierarchy of Nazi doctors. He knew that children were in great demand for medical research, and he also knew that Professor Carl Schneider, head of the Clinic for Psychiatry and Neurology at Heidelberg University, needed great quantities of human brains to conduct his medical research. Thus, in exchange for the brains of murdered children, Professor Schneider took Memecke under his wing, arranging for courses which he could not fail.

In a letter which Memecke wrote to his wife it becomes clear that Schneider did not expect much from his protégé intellectually. Memecke's training thus did not extend much beyond "snooping around the wards". Professor Schneider was, at the same time, supervising a coterie of post-doctoral physicians whose research was based on human brains. To satisfy Memecke's urge for connections Schneider arranged for meetings with his most promising researchers, such as Dr. Hans Joachim Rauch who would succeed Schneider and hold his post in Heidelberg until the late eighties.

Proud of his position in Schneider's circle, Memecke wrote to his wife: "Professor Schneider, Dr. Rauch and I were amazed about the seven Eichbergian brains which arrived today. There was much nice and happy talk. As well, today with some uplifting comments Professor Schneider had again complimented me."

When Memecke was writing to his wife he had just been informed that the clinic facilities at Heidelberg were too small. Schneider needed more space to conduct his studies.

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342 HHStAW Abt. 461/1 Nr. 32442 (Eichberg trail), vol. 15, p. 002283 Memecke wrote to his wife from Heidelberg: "Danach bleibe ich noch eine Woche hier, während welcher ich nicht mehr zugeteilt werde, sondern nach eigenem Belieben herumschnüffeln kann wo ich will"-wie Herr Prof. Schneider sich ausdrückte.

343 Ernst Klee, *Was sie taten-Was sie wurden, Ärzte, Juristen und andere Beteiligte am Kranken-oder Judenmord*, Fischer Taschenbuch Verlag, Frankfurt am Main (1986), pp. 185-187

344 HHStAW Abt. 461/1 Nr. 32442 (Eichberg trail), vol. 15, p. 002320 Memecke wrote to his wife: "und anschliessend staunten wir (Prof. Schneider, Obermedizinalrat Dr. Holzer, Dr. Rauch und ich) die heute
People such as Dr. Hans Heinze, head of the children’s death ward at Brandenburg-Görden,\textsuperscript{345} and Dr. Erich Straub, representative of all state asylums in Holstein, were eager to help Schneider. To advance Schneider’s studies they agreed to establish research wards of their own. Naturally Mennecke did his best to please his mentor. He wrote to his wife in January 1942: “With my special children’s ward which shall be further extended I shall work in close cooperation with Professor Schneider, Heinze and Straub. I shall bring the extermination goal in this clinic to its completion. This is our project for the future, the one which I always envisioned for our special children’s ward.”\textsuperscript{346}

Coinciding with his endeavours for child extermination, Mennecke had agreed to experiment with insulin in shock therapy. In May 1942 Professor Schneider, Mennecke and Bernotat met with the authorities of Paul Nitsche (since Dec. 1941 head of the medical department of T4) and Herbert Linden from the RMdI (Reich Ministry of Interior) to discuss the purpose of the establishment of two research wards. The research wards were approved after Mennecke had argued that the experiments would have great rehabilitative effects. He boldly estimated a success rate of 85\%.\textsuperscript{347}

The existence of designated research wards at his clinic flattered Mennecke. The unqualified psychiatrist was finally able to present himself as a distinguished medical scientist and was determined to prove that the therapy was a potent psychiatric cure. Despite proof of the therapy’s ineffectiveness he reported its success. In his report on Frau Trapp who was subjected

\begin{footnotesize}
\begin{enumerate}
\item The pediatric clinic at Brandenburg-Görden served as a training camp for doctors of other clinics to learn how to kill children with tablets and injections. See Ernst Klee, ‘Euthanasie’ im NS-Staat. Die ‘Vernichtung lebensunwerten Lebens’ (Frankfurt am Main 1983), p.380
\item HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 4, pp. 000333 Mennecke wrote: “Ich soll mit meiner Kinderfachabteilung, die noch weiter ausgebaut wird, im engsten Einvernehmen mit Schneider, Heinze und Straub zusammenwirken...Die Ausmerze in dieser...Klinik wird den Schluss...bei mir finden. Da haben wir bereits das Zukunftsprojekt, dass ich immer von der Kinderfachabteilung erwartet habe.”
\end{enumerate}
\end{footnotesize}
to twelve treatments, Mennecke proudly wrote: “Patient does not express any ideas, feels free, loves life, is willing to work and will be employed at the special children’s ward.”

For those who were selected as subjects, the experimental therapy was an excruciating ordeal. Those treated with insulin in conjunction with electro shock experienced a strong seizure and were left in a coma. Patients subjected to this ‘treatment’ would be forced to undergo it many times. For the Eichberg’s directors the treatment had one advantage: they needed less medication to render them helpless. It did not take long until Dr. Schmidt came to realize that the therapy’s potential lay in euthanasia rather than in rehabilitation.

When Mennecke was drafted to the front in late 1942 he did not have to worry that his work would be left uncompleted. During his tenure at the Eichberg, Mennecke was often absent, traveling to various concentration camps and asylums serving T-4. When he was gone many experiments and all child killings were carried out under the supervision of his colleague, Dr. Schmidt. As the new acting director, Schmidt zealously supported what his predecessor had brought into fruition.

Schmidt perceived himself as a medical scientist whose research was crucial to find cures for diseases of the central nervous system. When he watched the film “Ich klage an” he envisioned himself in the leading role of the heroic physician who finds the cure for multiple sclerosis. For such a task Schmidt had no ethical problem with murdering the Eichberg’s children, removing their brains, and sending them in a specially made bottling jar to Professor Schneider at Heidelberg.

347 Andrea Schneider-Wendling, p.119
348 ibid, p.120
349 ibid, p.120
350 Schmidt watched the film with his entire staff. See Ernst Klee, Euthanasie im NS-Staat, p.343
But while Schmidt may have been an enthusiastic supporter of Schneider’s project, he was finding it increasingly difficult to obtain brains. However, Schneider pressured the director, as is evident in the case of a child named Dieter Kramm for whom Schneider’s office issued the following request: “On behalf of Professor Schneider I wish to inquire about the health of Dieter Kramm. In the event that the child should be dissected the Professor would appreciate a complete dissection to obtain in addition to the brain parts of the entire gland system.”

Schneider was facing the dilemma that it became increasingly difficult to obtain brains. A great number of children had either already been killed or could not be transported because of the war situation.

Desperate for more brains, Schneider became actively involved in their acquisition. He sent his favourite protégé Dr. Rauch to the Eichberg (as well as to other children’s asylums in the region, such as Weilmünster, Wiesloch, Scheuern, Schwarzacher Hof, and Kalmernhof) to find children suitable for his research. To safeguard the supply of brains Schneider personally took children to the Eichberg to be killed. Announcing one of these visits Schneider wrote to Schmidt:

“During this week I am able to come to the Eichberg again. I prefer Saturday or Sunday...I’ll bring three children. Because of the transportation difficulties I won’t be able to take any children with me home. We must take children from this area. When I come please have all brains ready for me to be transported back.”

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351 HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 12, p. 001954 Letter from the clinic Heidelberg (6.7.1944) “Sehr geehrter Herr Direktor: Im Auftrage von Herrn Prof. Schneider möchte ich mich nach dem Ergehen des Dieter Kramm erkundigen... Falls das Kind zur Sektion kommt, würde Herr Prof. Schneider auch Wert darauf legen, dass nicht nur eine Gesamtsektion durchgeführt wird, sondern auch ausser dem Gehirn Ausschnitte aus dem gesamten inneren Drüsensystem nach hier zur Untersuchung geschickt werden.”

352 HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 2, p.002127

353 HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 12, p. 001967 Schneider wrote on 13 Nov., 1944: “Ich hoffe, im Laufe dieser Woche nochmals nach dem Eichberg kommen zu können. Am liebsten käme ich Samstag oder Sonntag...Ich bringe drei Kinder mit, mitnehmen kann ich wegen der
Schneider was particularly interested in brains of dwarfs, twins, and mentally retarded children diagnosed as hydrocephalic.\textsuperscript{354} He was fascinated in studying their often unusual shapes. Schneider had taught Schmidt a method by which he could obtain an idea of the brains' contours prior to the child being killed. This was accomplished by administering spinal taps while taking x-rays of the cranial area. Schmidt's method involved draining spinal fluid. According to one of his assistants Schmidt was incompetent in carrying out this procedure, often removing excessive amounts of fluid. As a consequence the children lost all sense of balance. They vomited what meager amounts they had been given to eat.\textsuperscript{355}

Schmidt's efforts to please Schneider were in vain. Believing that Schmidt could be more cooperative, Schneider wrote a lengthy letter to his friend and chief of the T-4 office, Dr. Paul Nitsche. He complained that: "Only half of the idiots whom we examined were left at the disposal for conducting research."\textsuperscript{356} Since Schmidt had already killed 50\% of the children, but had not arranged for sufficient formalin to preserve their brains "the brains had gone rotten."\textsuperscript{357}

It must have been distressing for Schneider that the head of the health office in the Rheingau, Dr. Nordmann at Rüdesheim, refused to transfer any children to the Eichberg.\textsuperscript{358} Nordmann knew that the Eichberg was a miserable place. During his visit in 1944 he found the situation at the Eichberg horrible. Though in his letter there was no mention of 'childhood euthanasia' Nordmann had the courage to criticize the director. Nordmann wrote: "I had to come to realize that the hygienic conditions are very bad. Naturally this allows infections caused by

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\textsuperscript{354}Letter from Carl Schneider to Paul Nitsche dated 1 October 1942. See Micheal Burleigh, \textit{Death and Deliverance}, p.265

\textsuperscript{355}IHSTAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 4, pp. 000024 & 000028 testimony of Dr. Besinger, an Eichberg patient

\textsuperscript{356}Letter published in Ernst Klee, \textit{Euthanasie im NS-Staat}, p. 401

\textsuperscript{357}Ibid, p. 401
bacteria from the intestines and the respiratory tract to prosper. I think it is necessary to ask for pureness and cleanliness.”

The fact that Nordmann would not transfer children to the Eichberg unintentionally benefited Schmidt; for it meant that parents living in the Rheingau, the immediate area, would not be a source of difficulty. As shown before, the directors detested visitors to the clinic, and their resistance intensified when they had to disguise a killing ward as a special children's ward.

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359 HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 12, p. 001952 Nordmann wrote: "Ich musste feststellen, dass die hygienischen Verhältnisse...sehr im Argen liegen. Damit sind natürlich Infektionen seitens der Luftwege und Darmtraktes Tür und Tor geöffnet... Es erscheint mir notwendig darum zu bitten...auf dringende Reinhaltung und Sauberkeit hinzuwirken."
For their endeavours in 'childhood euthanasia', Mennecke, Schmidt and their helpers received a handsome Christmas bonus from the Reich Committee. In 1942 Mennecke was rewarded with 400 RM, Schmidt with 200 RM, and the two most active assistants, senior nurse Helene Schürg and nurse K. K., with 100 RM each. Though towards the end of the war the Reich Committee paid a little less as a bonus, it still amounted to a considerable sum of money, and certainly paid for a good number of bottles of wine. In 1943 Schmidt was rewarded with a sum which could have supported a patient for half a year. One of the Committee’s representatives wrote to Schmidt: “I personally thank you for your readiness for action and your support in the undertaking of our task. I would be pleased if you used the sum of 150RM as a special bonus for yourself. While hoping that you manage to have a quiet Christmas I wish you success and health for the new year.”[^360]

To facilitate the killings, Dr. Schmidt needed a greater number of assistants than those who received a Christmas bonus from the Reich Committee. At the Eichberg Schmidt lured inmates, suitable as assistants, into the project. Like Frau Trapp, who underwent shock therapy, and probably agreed to work in the children’s ward to avoid further torture, other inmates cooperated with Schmidt to better their lot.

How Schmidt ensured their compliance is well exemplified in the case of the inmate, Wilhelm Balst. Balst was an intellectual who was hospitalized at the Eichberg because of alcohol

[^360]: HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 12, p. 001946 For Christmas, in 1943 (15-12-1943) the Reich Committee wrote Dr. Schmidt: “...Ihnen persönlich danke ich besonders für Ihre Einsatzbereitschaft und Unterstützung bei der Durchführung der uns gestellten Aufgabe bitte ich Sie den
and drug abuse. According to the testimony of one of Schmidt’s colleagues Balst became the director’s “right hand man” because, “Dr. Schmidt treated his factotum with a system of privileges and punishment. He would alternately provide rewards through special provisions of food, invitations to the drinking events or lock him up in the bunker.”  

Balst’s great privilege was that he was allowed a quasi free life-style. As one of the wine makers in Hattenheim recalled: “Balst was always around.” Since Schmidt took him to his drinking bouts he fostered Balst’s need for alcohol. Balst also had access to strong drugs which he was able to buy without any prescription at the pharmacy in Geisenheim. At the same time it was crucial for Balst to meet Schmidt’s expectations. Schmidt was unforgiving in this regard. According to one of Schmidt’s colleagues, Balst had once disappointed the director. Schmidt yelled at his servant: “If you do this once again you will be transferred to the Tritt. As you know this would be your end. It would be your death sentence. “Balst’s close contact with Schmidt put his life at greater risk; therefore he tried his best to comply with the director.” His efforts proved to be in vain: shortly before the Americans liberated the Eichberg Schmidt killed his disciple with a lethal injection.

Before Schmidt and his assistants were able to proceed with a killing they needed a paper issued by the Reich Committee. It was euphemistically called Ermächtigung zur Behandlung (authorization of treatment). The term ‘treatment’ was used to disguise the reality of murder as a

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Betrag von RM 150.- als Sonderzuwendung für sich zu verwenden. Ich hoffe, dass Sie die Weihnachtstage... 

361 HStStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 2, p. 002150 testimony of Dr. Josef Rink, a physician who worked at the Eichberg until July 1942. Rink testified: “Dr. Schmidt behandelt sein Faktotum bald mit Privilegien, bald mit Strafen. So gab er ihm besondere Zulagen bei der Verpflegung und nahm ihn oft mit zu seinen Trinkgelagen, zuweilen sperre er ihn auch in den Bunker ein.”

362 Interview with Mr. Duffen held in June 2, 1996

363 To express his gratitude Balst gave Schmidt a photo album for Christmas. The photographs showed the children shortly before they were murdered, as well as their brains after their dissection.

364 HStStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 1, p. 001945 testimony of Herr Mainhardt, former Eichberg patient.
medical procedure. To ensure fast facilitation of 'childhood treatment' Schmidt had often received the authorization to kill, prior to the children's arrival. In his trial Schmidt testified that "Berlin sent us first the authorization documents. Shortly after the children would arrive to be assisted in dying." Schmidt complacently concluded: "There was only the option to 'treat' the children when the moment was right. In any case they needed to be killed.”

Schmidt had the opportunity to save the lives of those children who were not assigned to be 'treated'. They were hospitalized for a period of so-called Beobachtung (observation). During this time Schmidt decided whether he should save a child's life by issuing a report of its convalescence or whether he should argue for its 'treatment.' Schmidt decided mostly for the latter. According to Schmidt's colleague Dr. Vigano, Schmidt made his judgment on the basis of a simplistic, and fallible, evaluation of the children's intelligence and education.

Many of Schmidt's victims came from as far away as the Alsterdorfer Institutions and the Langenhorn asylum in Hamburg. The former Alsterdorfer Institutions were a hospital complex of the Protestant Home Mission. Before the war had started its director had managed to clear his hospitals of Jewish children by transferring them to state institutions. When in 1943 much of its facilities were destroyed in an air-raid the directors decided to get rid of their 'feeble' children first. They wrote to Dr. Schmidt: "We must leave some of the weaker who were commended to

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365HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 12. This particular authorization for "treatment," on stationery of the Reich Committee (dated 29 January 1945), is addressed to Dr. Walter Schmidt at the Eichberg. It was signed by Richard von Hegener.
366U.S. Military Tribunal, Transcript of the Proceedings in Case 1, p.1837. In Henry Friedlander, p.57
367HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 4, p.000335 Schmidt testified in court: "Für mich bestand da nur die Möglichkeit, die betroffenen Kinder zu behandeln, wenn der geeignete Moment war; getötet werden mussten sie auf jeden Fall."
368HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 1. In Henry Friedlander, p.57
369HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 4, p.000270
370Henry Friedlander, p. 267-268
us and place them to your care. We hope at one time, if it be God's will, to readmit those who were entrusted to us."  

Certain that these children would not be saved, the directors put them on the train bound to the Eichberg. On their long journey the children were left unattended. Schmidt awaited their arrival at the Hattenheim station. After the doors of the cargo holds had been opened he witnessed that: "Some of the children were covered in their own excrement. They were piled up and often in a state of unconsciousness. Others were confined in a straight jacket." Schmidt concluded that the children were so frail that it did not take much to "deliver them from their misery."  

Obviously the Alstersdorfer children had no chance of surviving. For those children transferred from institutions closer to the Eichberg (such as those from the Province of Hesse and Hesse-Nassau, and the district of Kassel as defined by the boundaries at the time) greater opportunity for parental visits and protection existed. A fortunate few may have been protected further by inquiries from the transferring institutions. These inquiries sometimes came to late.  

It was only when Professor Kleist (from the University clinic for Neurology at Frankfurt Niederrad) received the brains of four transferred children that he wrote to the Eichberg

371HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 12, p. 001922 The directors wrote: "...wir müssen einen Teil unserer schwacheren Pflegebefohlenen einstweilen abgeben und Ihrer Obhut anbefehlen...und hoffen dereinst, was Gott geben möge unsere Pflegebefohlenen wieder bei uns aufnehmen zu können."

372HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 3, p. 002395 Dr. Schmidt testified: "Der Transport kam ohne Pflegepersonal an weil dieses unterwegs den Zug verlassen hatte. Die Kinder lagen teilweise in ihren Exkrementen, teilweise bewusstlos und übereinandergeschichtet im Zug. Sie waren auch zum Teil in Zwangsjacken gesteckt...Ich war selbst am Bahnhof Hattenheim und habe die Zustände aus eigener Anschauung gesehen."

373HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 3, p. 002395 Schmidt testified: "Die Kinder waren so hinfällig, dass ein erheblicher Teil von ihnen alsbald verstarb. Möglicherweise kam ein Teil auch schon tot bei uns an...Es ist allerdings möglich, dass einige Kinder dieses Transportes dann bei uns auch den Erlösungstod gefunden haben."

374Amongst the institutions for Hesse children were transferred from Giessen, Treysa (Hephata), Heppenheim, Frankfurt (University clinic for Neurology at Niederrad), and Goddelau/Darmstadt. For Hesse-Nassau (District Kassel) children came from Marburg and Haina.
requesting the details of their conditions prior to death. In response Schmidt would claim that since the children about whom the professor was inquiring died shortly after their arrival to the Eichberg, no records concerning the causes of their deaths were kept. Schmidt maintained that if Kleist wanted to know the causes of their deaths he should look at his own records. This left the professor at Frankfurt powerless. Kleist who in 1938 had the courage to severely criticize conditions at the Eichberg was by 1944 authorizing the transfer of children to an inevitable death at this institution.

In 1944 many parents at Frankfurt saw the need to protect their disabled child from the devastation of the air-raids by sending them to institutions in the countryside. The metal worker Hans Ducker, for example, believed that giving his mute and slightly retarded son Michael to Dr. Schmidt would save his boy’s life. Shortly after Michael’s arrival at the Eichberg Mr. Ducker was notified that due to “war circumstances” all visits were disallowed. A second correspondence followed shortly after informing Mr. Ducker of his son’s death. With the help of the priest at Oestrich-Winkel, Mr Ducker was allowed to transport the corpse of his son home. When he saw it he “saw nothing but skin and bones.” Michael appeared as if he had been starved to death.

Since older children were accommodated in the wards for the nervous restless males and females it is likely that Michael, age 12 met his death there. In these wards Schmidt and his assistants usually killed at night. Most children were murdered in a shed functioning as the special children’s ward. It was located high up on the hill and was detached from all main complexes. Nobody was allowed to enter but those individuals who had become Schmidt’s

375 HSHStAW Abt. 430/1 Nr. 12542 Aufnahme von Kranken Frankfurt-Main (1944-46)
376 See my chapter “Saving money and maintaining opulence”
377 HSHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 3, pp. 000080 & 000081
378 HSHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 1, p. 001945 testimony of Herr Mainhardt, former patient at Eichberg
collaborators. In this killing ward children were put to death with drugs such as: luminal, veronal, sulfonal, trional, and morphine. They were administered in the form of pills, powder, and injections. According to Dr. Schmidt all these drugs made "the child free of pain so that it fell asleep without waking again." All of Schmidt’s 'treatments' did not kill instantly; rather they provoked a fatal process. The 'treated' child eventually succumbed to death through pneumonia or extreme dehydration caused by diarrhea. The children suffered with these conditions for an average of four days prior to dying.

Having killed the children Schmidt dissected the corpses of those infants whom he believed were profitable for research. Particularly the brains with tumors and malformations in their convolutions were to be preserved. For this purpose Bernotat’s office had issued a letter describing in detail the method of processing brains. Since there was a possibility of damaging the brains Schmidt was informed "to take special care when the fresh pieces of brain were being loosened from the inner skull." Once they were removed from the skull Schmidt was directed to treat them with solutions based on formalin for a minimum of three weeks. This process was designed to harden the brains' texture by depleting all of their fluids. The final commodity was placed in containers which were manufactured in the carpentry and blacksmith facilities at the Eichberg.

Whether patients working at these carpentry and blacksmith facilities knew about the purpose of these containers remains unclear. One of Schmidt’s colleagues testified that: "Patients
were gossiping about the children’s ward. Some of them became suspicious when they
frequently saw orderlies transporting one of the institution’s reusable caskets to the Eichberg’s
cemetery. At the cemetery their corpses were often piled up in paper sacks. Two children were
usually buried in one grave. Graves which were occupied by only one child remained open until
another victim filled them to capacity. A priest who was employed at the Eichberg’s library
testified that: “The Eichberg’s patients had given Schmidt the nick name “mass murderer.”

Ruth Preissler recalled: “Whenever I was close to the children’s ward I smelled a scent of
death. Everything was completely silent. All I could see were a few toys scattered around on the
balcony.” To confirm her suspicions of murder she decided to investigate for herself despite the
risk. In the main hallway she saw approximately 50 beds for children. In each of them she found
an infant in its death throes. Ruth recalled: “Their faces had turned blue and were swollen up so
that they looked like a balloon.”

Schmidt’s deeds did not remain unnoticed by people living in the area. Like the
condemned individuals during T-4 many children arrived at the train station in Hattenheim. As
already mentioned the station was surrounded by several buildings offering a perfect view to
whomever wanted to witness the children’s arrival. Providing greater opportunity for exposure,
Schmidt had invited a few of his close friends from Hattenheim to the children’s ward. He
allowed them to view some of the infants destined to be killed. Frau Duffert who was invited to
the ward commented in an interview: “When I saw these creatures I thought it would be for the
better if they died.”

386 HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 2, p. 002150
387 HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 4, p. 000270
388 HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 6, p. 000757
389 Interview conducted on August 27, 1997
390 Interview conducted on August 27, 1997
391 Phone interview with Frau Duffert conducted on June 17, 1996
Even those who had not directly witnessed events were able to use their common sense in arriving at the conclusion that children were being killed at the Eichberg. Evidence of this common knowledge can be seen in villager’s warnings to parents that the Eichberg’s children were doomed to die, and that their bodies were used for medical research. After Herr and Frau Schneider had been informed by villagers of the situation they wrote to Schmidt. “On our way home from our child’s funeral people stopped us on the road to Kiedrich. We were told that our child was dissected because they needed some piece of it to send in preserving solution to another asylum.”

In exceptional cases parents were able to act on their suspicion, knowledge and direct observation to prevent the death or dissection of their child. This became evident in the case of Frau Herder who managed to free her child from the institution after having witnessed her daughter’s rapid decline. On her first visit she recalled that the girl “clung to me tightly and did not want to leave my side and also cried loudly.” Eight days later she observed that her child’s “face had become very gaunt and that her character had become timid and fearful.” When she inquired about the drastic change in her daughter she was told that the child had persistent diarrhea and should not be given food. On her next visit Frau Herder came to the realization her daughter’s death was imminent. She stated that: “Her body was covered all over with ulcers. She

392HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 12, p. 001934 In a letter written to Schmidt on 26 Oct. 1943 the family complained: “Auf dem Heimweg nach der Beerdigung unseres Kindes, wurden wir von Leuten auf der Strasse nach Kiedrich angehalten welche uns sagten, dass das Kind seziert wurde, und das Stuck welches Sie brauchten komme in ein anderes Sanatorium in Spiritus.”
393HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 1, p. 000204 Mrs Herder testified: “Acht Tage nach der Einlieferung besuchte ich mein Kind...Ich konnte keine Veranderung an meinem Kind feststellen. Allerdings klammerte es sich an mir fest und wollte nicht mehr von mir weg und weinte auch stark.... Die Schwester sagte das Kind habe Durchfall und ich sollte ihr nichts zu essen geben.”
394HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 1, p. 000204 Mrs Herder testified: “Als ich acht Tage spater auf dem Eichberg war,...war es im Gesicht sehr schmal geworden und auch im Wesen sehr scheu und angstlich.”
had a huge blister on her hand as if she had burned herself. Her face, body, hands and feet were so emaciated that she looked like a skeleton." 395

Conversely, some parents were happy to leave their child under the wing of Dr. Schmidt. Consent for their murder was either an implicit or explicit request. 396 Though seemingly agreeable to 'euthanasia', parents were often disgusted by the dissection of their child for research purposes. Mutilating the corpses of innocent children conflicted with the teachings of Christianity as well as the concept of 'mercy killing.' As opposed to 'mercy killing' it was impossible to confuse the exploitation of a child's body with compassion. A family furious about their child's dissection wrote to Schmidt: "Please write to us at once and tell us why it is not possible to have the body of our child back....Is it cut apart?...This is still our child. We were seeking for its deliverance but not for its mutilation." 397

The horror of the children’s pleading cries are most poignantly illustrated by Stefan's letter to his mother. He begged his mother: "Please Mum! They have left and locked me up. Dear Mummy, I am not staying here for eight days with these people. I go my own ways again. Come and get me. The suitcase is also broken, it fell down." 398

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397 HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 12, p. 001936 On 27 Oct., 1943 Dr. Schmidt received a letter saying: "Schreiben Sie uns bitte sofort, warum es nicht statthaft ist unser Kind überführen zu lassen...Ist das Kind zerstückelt?...Das ist doch unser Kind. Wir suchten nur Erlösung bei Ihnen aber keine Schändung."

(Picture 8)
Images of the victims: some of the Eichberg's children.
(Picture 9) Murderous hands grasping a child.
(Picture 10) The Brain of a murdered child--a precious commodity for Professor Schneider at Heidelberg.
AFTERMATHS

With the desperate cries of little Stefan I conclude the Eichberg’s tragic story. Shortly after Stefan’s murder the Eichberg’s surviving victims were liberated by the Americans. In an interview Frau Preissler recalled: “All of a sudden I heard the sound of gunfire. One nurse told me that these were the Americans and that I would be free now.”399 When Ruth walked down from the slopes of the Eichberg to the train station in Hattenheim she wanted to hide from whomever she encountered. In an interview she said: “I was so scared they could lock me up again.”400 Her experiences had taught her that she was not able to trust anyone—certainly not her relatives who had betrayed her when she was seeking help.

Ruth had grown up in a culture with a tradition of devaluing the lives of people with disabilities. Individuals such as Haeckel, Jost, Binding and Hoche had eagerly fostered this custom by portraying disabled persons as a danger to the economy and race. When she was born, in 1925, disabled individuals were already labeled as a burden to their families and enemies of the Volk. It was before the Nazis were elected to power that many Germans believed in the concept of ‘life unworthy to live.’ This became evident in Ewald Meltzer’s infamous survey which documented the support of most parents for the killing of their disabled children.

Prevailing concepts inspired Hitler and his coterie to bring operation T-4 into fruition. They had looked at the various debates about the disabled in recent history before they concluded that the public would not interfere with the killing project. On the contrary, from the outset of the Nazis’ reign the government had been encouraged by many of the public to implement ‘euthanasia.’

399 Interview with Ruth Preissler, conducted on Aug 23, 1996
400 ibid
Many Germans associated the disabled with a perceived weakness or imperfection which they translated into a failure of society. For some people it was experienced on a more personal level. Their need to dominate, exploit and eliminate the disabled related to their feelings of their own inadequacy or weakness. Bernotat’s deep-seated hatred for the patients, for example, can only be understood in this context. Similarly, Mennecke was suffering from an inferiority complex. Regardless of his zealous efforts in his profession Mennecke had to deal with his incompetence as a psychiatrist. His experiences with his disabled father had not fostered any empathy for his patients. Conversely, he had no respect for their lives and was determined to sacrifice his patients to satisfy his own ambitions as a scientist.

Both individuals, Mennecke and Schmidt, were greedy for power and cowardly by nature. Without their affiliation to the SS neither of them would have been declared indispensable, and neither of them would have become directors. Surrounded by the bounty of the Rheingau and safe from the danger of any battlefield, Mennecke and Schmidt held absolute power, making life and death decisions over their inmates. In exploiting and killing their helpless patients they perceived themselves as soldiers fighting for the Reich. This perception was reinforced by the formal administrative body built around T-4, which was sanctioned by Hitler, but it remained a crucial characteristic of both Mennecke’s and Schmidt’s personalities after the operation had fallen out of the Führer’s favour.

It was after T-4 had been abolished that the Eichberg’s children were murdered, and that their brains were sent as a commodity to Professor Schneider at Heidelberg. Like Mennecke and Schmidt, who continued to abuse their patients after government sanction of T-4 was withdrawn, the people in the Rheingau were generally able to reconcile their own exploitation of the patients in their consciences without any formal government approval. For even before the Nazis
manipulated the public with their numerous vicious campaigns against the disabled, it was customary to exploit the Eichberg’s patients for economic gain. Many families had relied on the extra money they received for accommodating the Eichberg’s patients in their homes, and had become dependent on their labour.

What was different at the Eichberg after the Nazis came to power was Bernotat’s policy of assuming control over the patients. As a consequence of restricting patients to the institution, he eliminated the cheap labour force traditionally available to the district. This became increasingly onerous when the nation went to war. Schmidt was then able to gain immense power in the local communities by leasing out patients under the pretense of work therapy. Under this programme the Eichberg’s inmates were reduced to commodities essential to the villager’s economic success.

Schmidt’s power in the community went beyond economics as a result of his charismatic personality. He gained support through establishing social connections, providing free medical assistance and presenting himself as accessible and caring to the villagers. As a result he acquired the loyalty of the population which was critical in silencing any objections to the misery at the Eichberg. Conversely, villagers were convinced Schmidt was the benevolent doctor carrying out a necessary task much the same as the doctor in the film *Ich klage an*. While villagers showed less interest when Bernotat, Mennecke and some individuals of the Eichberg’s staff were being prosecuted they were very supportive when Schmidt stood trial. His legal fate strikingly demonstrates how a culture which had devalued the lives of the handicapped remained pervasive after the fall of the Third Reich.

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401 Bernotat never stood trial. According to rumors in the Rheingau he had escaped to the hills in the Rhön where he lived under false name as a respectable citizen for the rest of his life. Mennecke had been sentenced to death primarily for the crimes he had committed in the concentration camps. He was found dead in his cell shortly after his wife visited him.
The Regional Court at Frankfurt came to a judgment on December 21, 1946, sentencing Dr. Schmidt to life imprisonment. On a subsequent appeal on August 12, 1947, he received the death penalty. From the legal point of view there were plenty of reasons which justified Schmidt's sentence. It seems, however, that the extent of his crimes were not fully recognized by the court. Though in the trial it became evident that Schmidt had terrorized, neglected, exploited, killed and mutilated his patients, and that during his tenure at least 400 children and many more adults had died, he was sentenced for the murder of only 70 children.

Perceiving himself as a sacrifice to a government which needed victims to demonstrate that the previous order was being eliminated, Schmidt could neither accept his death sentence nor a sentence to life in prison. While his father supported him with the argument that a soldier is obliged to carry out the orders of his Führer his mother attempted to substantiate this point with biblical references such as: "Render to Caesar the things that are Caesar's and to God the things that are God's." (MK. 12:17). As Schmidt was the product of a society which had dehumanized people with disabilities and had given to doctors authority to judge the value of their lives he had no sense of having committed a criminal act. On the contrary, he perceived himself as a compassionate individual who, like the propaganda character in the film Ich klage an, had killed because of humanitarian reasons. In his defense Schmidt wrote: "An individual who is guided by humanity and by the delicacy of his soul is particularly compelled to question whether euthanasia can be understood as murder regarding those unfortunate creatures whom nature has deprived

\[\text{HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 11, p. 001624 They combined politics with religion and quoted: "Seid Untertan der Obrigkeit die Gewalt über Euch hat" or "Gebt dem Kaiser was des Kaisers und Gott was des Gottes ist."} \]
forever, and are condemned to unhappiness and emptiness for a lifetime? Or is not euthanasia
legitimately akin to deliverance."403

Schmidt’s lawyer, Dr. Laternser (who was to become famous during the Auschwitz trial)
included in his defense strategy the argument that ‘euthanasia’ was legal under NS law (nulla
poena sine lege). Therefore he was not culpable as their deaths were not a crime. Referring to the
writings of Meltzer and Binding and suggesting that ‘euthanasia’ was a cultural rather than a
political phenomenon, Schmidt reminded the court that the Social Democrats were in favour of its
legalization.404 In taking that argument one step further Laternser made reference to current
directives in Berlin by the construction union to reduce the rations of the incurably ill rather than
those who could work. The implication was that Dr. Schmidt’s actions were on the same level
and that a form of ‘euthanasia’ was a viable practice at the present time.405 The legal argument
proved effective as Schmidt was reprieved at Christmas 1948. His death sentence was commuted
to life imprisonment at the penitentiary of Butzbach by the Hesse Government. In a subsequent
attempt to secure a pardon the community and press rallied to play a vital role.

403 HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 5, p.000524 Schmidt wrote: “...gerade dem humanen
Menschen mit feiner Seeleregung wirft sich die Frage auf: ist die Euthanasie bei den von der Natur aus
ewig Enterbten, jenen unglücklichen Geschöpfen, die auf Lebenszeit zu einem freud- und inhaltslosen
Dasein verurteilt sind überhaupt mit dem Begriff “Mord” identisch?-oder ist die Euthanasie...nicht mit
großer Berechtigung dem Begriff ‘Erlosung’ gleichzusetzen.”
404 HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 11, p.001726 Wesentlich erscheint mir aber auch,
dass bezüglich des Begriffs der Euthanasie beim Gericht eine verhängnisvolle Unklarheit bestand....Nach
Olshausen ist die Euthanasie ein Ersatz einer qualvollen evtl. noch langer dauernden Todesursache durch
eine sanfte Erlösung, ein Akt, wie ihn Geheimrat Prof. Binding als Selbstverständlichkeit bezeichnet.
Geheimrat Prof. Binding aber ging bei seinen Forderungen nach “Freigabe der Abkürzung lebensunwerten
Lebens” (1922) viel weiter. Ebenso Omd. R. Meltzer (1925) in seiner Schrift von der “Abkürzung
lebensunwerten Lebens bei Blöden”. Auch die SPD schloss sich diesen Forderungen an und beantragte um
die Wende der 30er Jahre wiederholt die Legalisierung solcher Akte.
405 HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 5 p.000519 Dr. Laternser quoted from an article
which was published in the Franfurter Neue Presse on 18, July 1947 and was republished in the Frankfurter
Rundschau on 19, July 1947. It said: “Bei der Einstufung der Berliner Bevölkerung für die
Lebensmittelausgabe sollen nach einem Vorschlag der Gewerkschaften alle Kranken untersucht werden, ob
sie noch zu heilen sind. ‘Todkranken’ bei denen ein Heilverfahren aussichtslos erscheint, sollen nach der
Erklärung des Vorsitzenden der Bauarbeitergewerkschaft, Nikolaus Bernhard, nicht mehr höchste

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In the town of Hattenheim where masses of handicapped individuals arrived by train and were bused by a local company to the Eichberg never to be seen again, 148 townspeople signed a petition for Dr. Schmidt's pardon. Their focus was on what was perceived as Dr. Schmidt's 'benevolence' as a medical practitioner and their profit from his association. Echoing a common theme one villager wrote: "In his work it is necessary to stress that he was always selfless and that he carried it out without any pay. His work led him often in the evening to the beds of 15-20 sick people. All his patients here compliment him on his humanity and compassion."\[406\]

This belief was deeply conditioned in the minds of many residents of Hattenheim, and has survived until today. In an interview conducted in summer of 1996 Herr Duffert remarked: "Schmidt always tried to save the resources at the Eichberg. Regardless of his own exhaustion he came on foot or by bike to visit his patients here. He was available day and night and has rescued a loved one in many families."\[407\] To save Schmidt the local community strikingly harkened back to the image of the good doctor as in the film Ich klage an.

The press also became a powerful supporter for Schmidt's release following his petition to the court for clemency on the basis that he had found the cure for multiple sclerosis. A number of newspapers including the Kassler Zeitung, the Weser Kurier, the Illustrierte Wochenschrift aus dem Zeitgeschehen, the Schwäbische Illustrierte, and the influential magazine Stern all published articles sympathetic to Dr. Schmidt. In an interview with the press Schmidt said: "The impetus for my special work in the field of multiple sclerosis and the search for a cure was the film Ich klage an...It worried me that at the time multiple sclerosis was incurable. Hence I was deeply

Rationssätze erhalten. Diese Karten sollen, wie er erklärte, der arbeitenden Bevölkerung zugute kommen. In Berlin empfangen 3000 Krank die Karte 1 und 100 000 die Karte 2."

\[406\]HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 11, pp. 001528 & 001529 The letter said: "Bei seiner Tätigkeit ist hervorzuheben, dass er stets ganz selbstlos tätig war und unentgeltlich diese Tätigkeit ausübte, die ihn abends oft an mehr als 15-20 Krankenbetten führte. Von allen seine Kranken hier wird seine Menschenfreundlichkeit und Nächstenliebe betont."
concerned by the tragedy that it would qualify for the euthanasia programme, and this committed me to work therapeutically in the field for the future."}

As his release was seen as critical in saving hundreds of thousands of persons suffering from multiple sclerosis, greater emphasis was given to the cure rather than the crime. This perspective was most dramatically stated by the *Illustrierte Wochenschrift aus dem Zeitgeschehen* which wrote: "There is more utility for the suffering of mankind if such a doctor repents as a doctor rather than a prisoner." Taking his claims of having found a cure as credible the press focused on his alleged scientific merit promoting an image of Schmidt as an extraordinary doctor acting under difficult circumstances. The *Schwäbische Illustrierte* concluded that: "he must kill life unworthy to live as his Führer demands. He must preserve all life, as his God demands. So he looked for a way and finds it. He has to make life unworthy to live worthy to live." An even more complete exoneration was presented in an article entitled *Impossible juxtaposition* in which Schmidt said: "I did not send one single patient to the gas chambers. Rather, I tried to heal sick people with the latest methods in order to save them from the programme. The cases I am accused of dealt with the critically ill and mentally handicapped children whose parents made an application in Berlin to save them from their long suffering." Thus some elements of the press acted as agents of the greater community in presenting the multiple murders of disabled people as within the realm of redemption as being medically and morally justified.

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407 Interview with Mr. Duffert, dated July 17, 1996
408 Interview with Dr. Schmidt published in the *Illustrierte Wochenschrift aus dem Zeitgeschehen* on August 1, 1952 In *Euthanasie in Hadamar, Die nationalsozialistische Vernichtungspolitik in hessischen Anstalten* p. 171 Schmidt said: "Anlass zu meinen speziellen Arbeiten über die Multiple Sklerose und ihre Heilung gab mir der Film: Ich klage an...Die Tatsache, dass für die damaligen Begriffe die Multiple Sklerose unheilbar war und die Tragik, dass sie somit auch in das Euthanasieprogramm einbegriffen werden konnte, beunruhigte mich ungeheuer und verpflichtete mich, besonders auf diesem Gebiete künftig therapeutisch aktiv zu arbeiten."
409 ibid, p. 171
410 Published in *Verlegt nach Hadamar*, p. 177
The press campaign inspired many others to send letters to the Minister of Justice of the State of Hesse Dr. Georg August Zinn, pressuring for Schmidt's release. The letters illustrated the public's acceptance of his actions as justifiable in his capacity as a doctor. As one petitioner argued: "Perhaps you are able to estimate the great value of Dr. Schmidt's research for the medical world and how many lives could be saved every year if this doctor was free." Interest was expressed from as far away as the University of Boston whose medical department hoped to secure his leave for consultation on his alleged research findings. Correspondence with the Minister in this vein reflected the view that the lives of the disabled were expendable within a societal context which favoured those seen as more 'worthy' of life.

Referring to the petitions of the community and lesser sentences imposed in similar cases involving the actions of doctors during the Nazi regime, the Minister of Justice decided that Dr. Schmidt should be granted a pardon so that he could be released on November 7, 1953, after having served eight years in prison. In a letter to the German Council for the Coordination of the Societies for Christian and Jewish Cooperation, He advised: "Judges and prosecutors who had participated in the case against Schmidt, and were mainly responsible for his [initial] death sentence, came to the conclusion that justice was served by having made clear that the deeds of the sentenced person were not an act of real euthanasia. They were not the facilitation of a legal measure implemented by the government at the time but a criminal act." Although reaffirming

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411 The article "Unmöglicher Nebeneinander" was published in the Stuttgarter Zeitung on July 9, 1951. in Der Eichberg-Opfer und Täter, p.59
412 HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 10, pp.001436&001437726
413 HHStAW Abt. 461 Nr. 32442 (Eichberg trial), vol. 11, p. 001738 (28. Aug. 1950) The petitioner wrote: "Vielleicht können Sie ermess en welchen ungeheuren Wert die Forschungsergebnisse Dr. Schmidts für die medizinische Welt haben und wie viele Menschenleben jährlich erhalten werden könnten, wenn dieser Arzt frei wäre."
Dr. Schmidt’s responsibility for the murder of numerous disabled in his care, it was perceived that this judgment was sufficient and he required no further penalty. Once released he continued to practice medicine clandestinely in Hattenheim and the villages surrounding the Eichberg.

Rather than justice for the victims of the Eichberg the pardon of Dr. Schmidt proved to be a final indictment on the justice system. It reflected public opinion and conveyed a frightening message to the disabled community. For survivors it remained questionable whether the same sentence would have been seen to be just if Dr. Schmidt’s victims had been the healthy residents of Hattenheim. Protection under the law is assumed not only by conviction but by the severity by which the crime is judged in sentencing. Given the minimal time served by Dr. Schmidt the disabled could assume little protection in a culture which continued to demonstrate that the value of their lives would be judged as being on a lesser level.

Confirmation of the continued vulnerability experienced by the disabled can be seen in evidence of the starvation of patients in asylums throughout Germany following the fall of the Third Reich.415 Those who survived remained silent for many years without Government compensation or an advocate to speak on their behalf. It was not until 1981 that the Federal Government conceded a one time payment of 5000 DM for those victims of compulsory sterilization. Payments were conditional on the survivors filing an application and in some instances subsequent medical examination. Without avenues of support this process would have been daunting for any survivor.

Verurteilten nicht ein Akt echter Euthanasie und nicht die Ausführung einer legalen Massnahme der damaligen Staatsführung waren, sondern ein kriminelles Unrecht.”

In order to counteract the years of conditioning against the disabled in Nazi Germany and their subsequent exploitation and murder in asylums, the League of the Victims of Sterilization and Euthanasia was established in 1986. Their attempts to gain recognition for the survivors and win their recognition as a valuable part of society included the publication of the booklet with the title Ich klage an.\(^4^{16}\) This re-education has proved to be a challenging task. Just as the population was conditioned to believe that the lives of the disabled were expendable, many victims were conditioned to imagine that their lives were of lesser value and under threat. As a consequence many of the Nazi s’ victims remain silent and afraid in much the same way as many people are still uncomfortable when facing a disabled person, and traces of previous attitudes still linger. Unfortunately no understanding is possible where such fears exist.

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