

EDITORIAL

Psychiatry and the Holocaust¹

The nineteenth century saw the birth of the psychiatric hospital and of modern systems of public finance for medical care. Medical scientists hoped that the hospitals would be places of therapy and centres for research. The emphasis on scientific research in the German university system meant that advances in cell biology, brain anatomy, physiology and endocrinology were applied to clinical medicine. It is a worthwhile historical exercise to trace how innovations in medical research and public hospital provision led to the Nazi euthanasia of psychiatric patients (Weindling, 1989). The history of German eugenics and the murder of psychiatric patients and of other disabled and disadvantaged groups provides an extreme but highly instructive case of the abuse of medical power and scientific expertise (Meyer, 1988).

Advances in the understanding of the cell and the biological basis of heredity brought about the conviction that a range of psychiatric disorders were the product of immutable hereditary factors. The brain anatomist and professor of psychiatry in Zurich, Auguste Forel, focused on alcohol abuse as a sign of hereditary degeneracy. Emil Kraepelin, then professor of psychiatry in Munich, became convinced of the hereditary nature of dementia praecox or schizophrenia.

Budding young research workers believed that just as Koch and Pasteur had isolated the germs of physical illness, so their genealogical research would lead to the discovery of the germs of mental illness. In 1891 a young doctor, Wilhelm Schallmayer, suggested that therapeutic medicine was allowing the constitutionally degenerate to survive and procreate. He recommended that physicians should become state officials and so act in the interests of the health of future generations rather than of the sick individual; each citizen should have a health passport and undergo an annual medical examination. Doctors dominated the German Racial Hygiene Society, founded in 1905 by Alfred Ploetz in association with a young psychiatrist, Ernst Rüdin, who were both associates of Forel. Early members with experience in psychiatry or neurology included Alois Alzheimer, Oswald Bumke, Alfred Grotjahn, whose theories of social medicine stressed the notion of hereditary degeneration, and the asylum director, Paul Nitsche, who later was one of the Nazi euthanasia adjudicators.

As medical science advanced, the belief in inherited constitutional anomalies persisted; mental and physical characteristics, it was maintained, could all be explained by the powerful and all-pervasive forces of heredity. Around 1910 Rüdin researched into Mendelian patterns for the inheritance of schizophrenia. He became convinced that as mental diseases had an organic basis, their characteristics were inherited in the same way as other physical traits in plants and animals. He argued for a system of hereditary prognosis, which would predict mental illness and abnormal social behaviour, basing his studies on demographic and genealogical data banks.

At the same time many eugenicists were more interested in positive welfare and educative measures as a means of eliminating such 'racial poisons' as alcohol, tuberculosis and sexually transmitted diseases. Among them, advocates of euthanasia still emphasized individual choice, although attention was also drawn to the social benefits for the health of the social organism.

The mass slaughter of the First World War, accompanied by widespread malnutrition and starvation in psychiatric hospitals, resulted in schemes for compulsory euthanasia as conferring racial and social benefits. A professor of psychiatry, Alfred Hoche, co-authored a book in 1920 on the killing of 'incurable idiots' whose 'lives no longer worth living' were, he asserted, a burden on the nation's economy. Hitler's *Mein Kampf* in 1924 called for compulsory sterilization, and in 1929

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he voiced demands for the killing of the mentally ill. In this context euthanasia was advocated as a conservative prescription for national survival at a time of economic and political crisis. Nonetheless, in the climate of opinion of Weimar democracy the negative eugenics of compulsory sterilization and euthanasia as measures to protect the interests of society and of future generations were rejected and the welfare state developed extensive systems of family health care, as well as child guidance, sexual advice and birth control.

Though the Weimar provisions expanded despite severe economic difficulties, there was always the danger that political authoritarianism and economic collapse could result in demands for the dismantling of costly welfare schemes and in the sacrifice of the rights of the sick and disabled by professional 'experts' acting in the 'higher' interests of the nation and race. The economic crisis of 1929 prompted medical demands for sterilization in place of costly institutionalization of the mental defectives, and when the Nazis came to power in 1933, data banks of patient records compiled by social workers and by psychiatric and eugenic researchers concerned with family welfare were taken over by the Nazis and used to locate hereditarily and racially 'tainted' individuals.

Psychiatrists took a lead in the imposition of compulsory sterilization under a law of July 1933. Approximately 360 000 people were compulsorily sterilized between 1934 and 1945, the most frequent reasons being 'hereditary feeble mindedness' and schizophrenia. Eugenicists estimated that 1.2 million Germans ought to have been sterilized but after 1937 the rate of sterilizations diminished because of the emptying of the reservoir in psychiatric hospitals, public criticism, and the preparation of more extreme measures. Nazism was welcomed as enabling the imposition of sterilization by removing the democratic rights of patients to oppose medical authority. After 1933 Rüdin took a leading role in the drawing up of legislation for compulsory sterilization, construed as a strictly medical measure imposed by a tribunal of two doctors and a lawyer. It may be noted that after the war the allies accepted that compulsory sterilization was a legitimate medical procedure and compensation was denied to victims until recently.

Psychiatric authorities argued that more research funding was necessary, and Rüdin allowed numbers of the SS to dominate his German Psychiatric Institute on the grounds that they would provide a useful source of funds to replace those of the American foundation. A charitable interpretation is that many of the distinguished psychiatrists and neurologists who cooperated with the Nazis naively believed that they were uncouth psychopaths or criminals who could not survive for long. Be that as it may, medical 'experts' found themselves in a position to screen the health and genetic history of the total population, and the Nazis appropriated a coercive system of medical thinking which placed the health of the social whole and of future generations above that of individuals. Sterilization and medical killing seemed to be cheap and efficient ways of 'disposing of' costly inmates of mental hospitals, and these measures represented the 'final solution' of the social problems of crime, poverty and disease.

It would be comforting to attribute euthanasia to the brutality of Nazi gutter politics and to the tenets of racial ideology, and so having nothing at all to do with the medical profession or with psychiatric science. This view ignores the facts that it was a group of Nazi doctors close to Hitler who helped to persuade him that 'lives no longer worth living' should be exterminated, and that he used war as a convenient camouflage for a secret euthanasia order. Further, many of the psychiatrists involved were not Nazi party members; their actions had, by contemporary standards, purely medical rationales with a long and complex history.

As early as 1935 a national survey of 'incurables' in all psychiatric hospitals had been conducted. The results were available by 1939 to constitute the administrative basis of the covert 'T4' medical killing procedures, which involved numerous psychiatrists. In August 1939 the medical sacrifice of babies for the health of the race was bureaucratized within a system of the medical registration of all newborn crippled children by doctors, medical officers and midwives. Towards the end of October 1939 Hitler gave the order that those patients 'judged incurable on evaluation of their sickness' should be terminated. Special medical killing centres were opened in certain mental hospitals, and there were 'special children's departments' in which 6000 were killed. There was an elaborate but not fully successful system of subterfuge, with false causes of death. Nearly 200 000

psychiatric patients (most of them diagnosed as 'schizophrenics') and others died under the euthanasia programme. This programme ended the autonomy of church-controlled asylums, often staffed by lay personnel and coping with vulnerable long-stay patients, thus fulfilling a long-standing demand of the psychiatric profession that the role of these asylums be terminated.

Death notices were placed by relatives in newspapers to demonstrate that many had died unexpectedly on a particular day. In 1941 such public protests led to the official discontinuation of the 'T4' programme, but this step was no more than a further subterfuge. The SS wished to extend medical killing of incurables to the antisocial, unproductive and 'racially inferior' members of the population. The euthanasia programme proved to be a testing ground for the extermination of the Jews, gypsies and other stigmatized groups, including homosexuals. The extermination techniques of gas chambers were developed for the medical killing programme, and later applied on a larger scale in such camps as Auschwitz. Euthanasia under the Nazis, however, should not be regarded merely as a precursor to the Holocaust, for apart from the injustice this would do to the memories of the victims, it would obscure many distinctive features of Nazi euthanasia as a part of a wider approach to the psychiatric and child health programme. Not only were leading psychiatrists at the centre of the medical killing operation, but the process of extermination was also imposed on a decentralized basis by the withholding of food and medical care, and by means of lethal injections.

After the Second World War compulsory euthanasia attracted little attention. German courts acquitted several doctors who pleaded that the killing of crippled children and the mentally ill was in accordance with prevailing medical standards since coercive euthanasia was a widely accepted practice. Such verdicts raise fundamental questions concerning the role of psychiatry, science and professional ethics in any form of authoritarian society. The modern rhetoric of science, an emphasis on financial economies and the placing of welfare of future generations and of economic costs to society above that of sick individuals may all too easily lead to coercion, suffering and death. The many implications of the Holocaust have still to be elucidated by medical historians.

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