Nazi Medical Crimes at the Psychiatric Hospital Gugging
Background and Historical Context¹

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¹ Translated from German.
Summary

The history of German (and Austrian) psychiatry during the National Socialist period is inextricably linked with the murder of tens of thousands of its patients. In terms of organisation, chronology, aims and actual implementation it is possible to identify three separate programmes. The most well-known of these operated under the code name “Aktion T4” from 1939 to 1941, and approximately 70,000 people were murdered at its six main euthanasia centres. Hartheim castle near Linz and the other “T4” euthanasia centres were the first institutions in history established for the industrialised murder of human beings. They served as the model for, and precursor of, “Aktion Reinhardt” in occupied Poland, where murder was soon to take place on a far greater scale. The combination of a bureaucratic division of labour, industrial killing methods and scientific legitimation that characterised the Shoah is already present in this context. After Hitler ordered the halt of the “T4” programme at the end of August 1941, the killings moved from the extermination centres to the psychiatric clinics themselves, although there were considerable regional differences depending on local conditions and individual initiatives. The term “decentralised euthanasia” (dezentrale Anstaltstötungen) is one that is frequently used in the literature to describe this phenomenon. The third area is that of the “children’s euthanasia programme”, which was designed to permanently incorporate the murder of unwanted children into the public youth welfare system, as the example of the Viennese institution “Am Spiegelgrund” shows.

The psychiatric hospital Gugging was involved in all three aspects of euthanasia crimes. Between November 1940 and May 1941 on the order of “T4” operatives a total of 675 persons were taken in 12 transports from the clinic to Hartheim, where they were gassed. Of these, 116 were children and adolescents between the ages of 4 and 17. In the period between the termination of “T4” in 1941 and the end of the war, Gugging was the scene of some of the most barbarous medical crimes committed on the territory of present-day Austria. The main perpetrator Dr. Emil Gelny murdered some 400 people using poison and a specially adapted device for administering electrical shocks. Many other patients died as a result of hunger and infectious disease or were deported to institutions where their chances of survival were minimal. One of these was the Viennese clinic “Am Spiegelgrund,” where a (still unknown) number of children from Gugging were murdered. One estimate puts the number of victims at 110.
The “T4” Programme

The frequently cited authorisation given by Hitler to his personal physician Karl Brandt in October 1939 and the Chief of the Führer’s Chancellery Philipp Bouhler is rightly considered to be a crucial step in the preparation of the euthanasia killings.² By backdating the authorisation to 1 September, the programme was deliberately linked to the outbreak of the war. As had been the case during World War I, the dominant racial hygienic fear, namely the obstruction of what was regarded as the “natural” selection of the “inferior,” became more acute as a result of the war in 1939. The “counter-selective effect” of the war would lead to the death of precisely the “most valuable” individuals on the front, while the mentally and physically unfit would be left to reproduce unhindered at home.³ But leaving aside this ideological aspect, practical considerations also played a role. Hitler calculated that the programme would be easier to implement under wartime conditions, both with regard to the necessary secrecy and the neutralisation of potential resistance on the part of the Churches. One important goal from the very beginning of the programme was to mobilise resources for the increased needs of the Wehrmacht, especially space for setting up military hospitals.⁴ Furthermore, resources were to be made available for those areas of healthcare which were more consistent with National Socialist principles of selective population policy than were nursing institutions for the “ incurably ill.” According to Reich Health Leader Leonardo Conti, it was a matter of “making available the institutions which this will free up to a constructive healthcare system, which will face special tasks due to the specific conditions arising from the war and also after the war has ended.”⁵

With an order written on his personal stationery, intended above all to legitimise the planned measures to the ministerial bureaucrats and the judiciary, Hitler chose “the most radical and far-reaching option, to secretly organise the killing of the sick in the lawless zones of the authoritarian National Socialist state.”⁶

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² e.g. Klee, Euthanasie, p. 100 f.
³ One example for this position can be found in Stransky, Krieg, referring to WW I.
⁴ At a secret meeting of the Gemeindetag, Viktor Brack said „the space this would release was needed for all sorts of important things for the war effort: military hospitals, hospitals and auxiliary hospitals,” quoted by Aly, Medizin, p 32.
⁵ BA Berlin (formerly BA Koblenz), All. Proz. 7/112, FC 1 807, („Heidelberger Dok.“, Originals at NARA Washington), RMdI., i.V. Conti, Rundschreiben IV g 6492/40-5100 to the Reichsstatthalter among others., 8.11.1940: Planwirtschaftliche Massnahmen in den Heil- und Pflegeanstalten (Copy at the DÖW, Sammlung Hartheim Nr. 601).
⁶ Süß, Krankenmord, p 48.
While the idea of strengthening the state by eliminating its weakest members was fully in keeping with NSDAP ideology, there are no indications prior to 1939 of any specific plans in the direction of “euthanasia”.\textsuperscript{7} It was not until the year the war broke out that specific preparations began in the form of defining responsibilities, staff recruitment and the establishment of a special bureaucracy to carry out the programme.\textsuperscript{8} The choice ultimately fell on the Führer’s Chancellery (KdF), because as an agency of the NSDAP it was not subject to supervision by the state bureaucracy and also held an isolated position within the party.\textsuperscript{9} For the actual implementation of the programme, the Führer’s Chancellery founded a number of front organisations which operated under the code name “T4” after their address on Tiergartenstraße 4 in Berlin and which were closely linked with the KdF and those in positions of responsibility there.\textsuperscript{10} However, without the active cooperation of state institutions the KdF would have been unable to translate its far-reaching plans into reality. This is especially true of the Ministry of the Interior and its Department for the People’s Health. In September 1939 the Ministry of the Interior began gathering information on the future victims of the extermination programme, sending out questionnaires to all asylums and clinics to be completed for each patient. Details were to be supplied of patients who were \textit{not employable in institutional work beyond performing purely mechanical tasks (such as picking or plucking)} and who suffered from one of the following illnesses: \textit{schizophrenia, epilepsy (if exogenous, it has to be specified whether from a war-related injury or from other causes), senile diseases, general paralysis and other syphilitic diseases, feeble-mindedness from any cause, encephalitis, Huntington’s and other neurological incurable states}; or patients who have been in institutions continuously for at least five years, or who were \textit{detained as criminally insane or did not possess German citizenship or who were not of German or related blood}.\textsuperscript{11} The completed registration forms were a short time later used by medical experts who determined who would die.

“T4” established a total of six killing centres to murder the victims chosen in this manner, up to four of which were in operation at any one time. These were (in the order that they were opened): Grafeneck (January to December 1940), Brandenburg/Havel (February to November

\begin{itemize}
\item \textsuperscript{7} Benzenhöfer, Bemerkungen, p. 26.
\item \textsuperscript{8} Schmidt, Kriegsausbruch; Benzenhöfer, Bemerkungen; Süß, Krankenmord.
\item \textsuperscript{9} Friedlander, NS-Genozid, p. 131.
\item \textsuperscript{10} For details of the organisational structure of „T4” see ibid, pp. 121-135.
\item \textsuperscript{11} Merkblatt des Reichsministeriums des Innern für die Ausfüllung des „Meldebogen”, cited by Kaiser et al., Kaiser u.a., Eugenik, p. 251.
\end{itemize}
1940), Hartheim (May 1940 to August 1941), Sonnenstein (July 1940 to August 1941), Bernburg (January 1941 to August 1941) and Hadamar (January 1941 to August 1941).\(^\text{12}\)

The “T4” Programme in Austria

In Austria the “T4” organisation leased Hartheim castle in Alkoven near Linz, which in the winter 1939/40 was modified for the planned killings. Once the necessary personnel had been recruited, the first patients were murdered in the gas chambers of Hartheim in May 1940.\(^\text{13}\)

In contrast to the practice in Germany, the euthanasia bureaucrats in the Ostmark did not entrust the individual asylums with the task of filling out the forms, preferring instead to send special medical commissions to make preliminary selections of the victims at the institutions. Consequently, selections were considerably more radical than in Germany. Within an extremely short period, large asylums had been completely or partially emptied, their patients gassed at Hartheim and the corpses incinerated.

The use of special selection committees in the Ostmark might indicate that the “T4” operatives were not confident they could rely on the physicians at the asylums to carry out the selections with the desired severity.\(^\text{14}\) Later on, similar measures were adopted in Germany, after several asylums had refused to fill in the forms invoking personnel shortages.\(^\text{15}\) However, no such cases have been documented with any certainty in Austria. Perhaps, however, the intention was to enforce a more radical line in Austria from the very outset, as suggested not least of all, by the disproportionally large number of victims.

The Transports from the Gugging Hospital

The way in which selections were carried out at Gugging raises a number of questions. After the war, at his trial before a Volksgericht, the director of the hospital Dr. Josef Schicker said that in 1940 he had been informed by the Gauärführer (= representative of medical doctors at the Gau or province level) Dr. Richard Eisenmenger that “measures to empty the wards” had to be taken. There was no explicit mention of killings at the time, with personnel instead

\(^{12}\) Faulstich, Zahl, p. 220. The data refers only to the T4 programme. It does not include the murder of concentration camp inmates which in some cases was continued until 1944.

\(^{13}\) Friedlander, Ostmark, S. 1025.

\(^{14}\) Heyde on 23.4.1941: „Special commissions might also be used to collect information at unreliable institutions.” Notes made the President of the Higher Regional Court Cologne Dr. Alexander Bergmann about speeches made by Brack and Heyde at the conference of jurists April 1941, quoted by Klee, Dokumente, page 218.

\(^{15}\) Klee, Euthanasie, pp 242-248.
adopting the euphemistic terminology of the euthanasia bureaucrats. Dr. Erwin Jekelius, who coordinated the euthanasia programme in the Viennese region, was named as the liaison person. According to Schicker, in the same year, 1940, nine medical students appeared at Gugging on the orders of Jekelius in order to inspect the case histories of all patients and complete the forms. This statement is remarkable in as much as at other asylums in the Ostmark, this task was carried out by a high-ranking commission personally headed by the medical director of the “T4” programme Prof. Werner Heyde. The asylum physician Dr. Koloman Nagy told the same court that one commission consisted of “18 to 24 year-old Baltic Germans.”

The activities of the selection committee at the Viennese psychiatric hospital Steinhof are very well documented compared to those at Gugging. Within three and a half days Heyde and his commission reviewed approximately 4,000 case histories and completed the relevant forms without ever seeing the patients concerned. More than 3,000 patients from the hospital were subsequently transferred to Hartheim where they were murdered. A total of 1,736 patients from Gugging (330 of whom were from the children’s hospital) were reported to “T4”, in most cases presumably by the aforementioned commission. A short time later, Schicker said in his statement to the court, he received a list from the Reichsstatthalterei of 900 patients who had been chosen for killing. On 12 November 1940 the first 70 patients were transported away on buses accompanied by nursing personnel and SA men. By the end of the year, 433 patients had been removed in this manner, a further 242 by May 1941. Between March and May 1941 the deportations also covered the children's hospital. Victims during this period included 106 children and adolescents under the age of 15. The youngest was only four years old. These figures, which are based on research work carried out by the Documentation Centre at Hartheim Castle, show a total of 675 “T4” victims from Gugging. The high percentage of children and adolescents is conspicuous in comparison to a random sample from Steinhof in which this group accounts for only slightly more than 1 percent. At the other end of the age scale is an 85 year old female patient, the oldest documented “T4” victim in Gugging. In this connection it should be said that in July 1940 the Reichsstatthalterei Niederdonau had begun collecting details of those residents of homes for the elderly who

16 BA Berlin (formerly BA Koblenz), All. Proz. 7/111, FC 1 806 („Heidelberger Dokumente”, Originals at the NARA Washington, copy of microfilm at the DÖW 22 862), Index of clinics with the number of completed forms

17 See below for details of the „Decentralised Euthanasia,” to which large numbers of children and adolescents also fell victim.
were suffering from dementia. In the years 1940/41 these were brought to the Psychiatric Hospital Gugging and were in many cases included in the murder programme.

**The Hartheim Extermination Centre**

A number of studies have been carried out regarding the organisation and method of the mass murders in Hartheim. In this connection, I would like to limit myself to quoting one of those individuals who was directly involved and whose testimony is one of the most powerful sources for what went on at Hartheim. It is the statement made by Vinzenz Nohel, who was responsible for incinerating the bodies of those murdered, for which he was sentenced to death in 1946 at the Mauthausen Trial in Dachau and executed in 1947:

*The mentally ill were, as far as I know, brought to Hartheim from the various asylums by rail and by car. The transports arrived at Hartheim at irregular intervals and at no specific hours. [...] The number of arrivals varied from between 40 and 150. First of all, they were sent to the changing room. There the men and women were made to undress or were undressed in two separate areas. Their clothes and any luggage which they had brought with them was placed in a pile, labelled, recorded and numbered. The unclothed patients then went across a corridor to the so-called registry office. There was a large table in this room and a doctor with a staff of 3–4 helpers. The doctor on duty there was either Dr. Lonauer or Dr. Renno. As far as I can judge as a layperson, the doctors did not examine the patients; instead they only looked at the files of those who were brought past them. Someone stamped the patients. A nurse had to stamp the individual patients on the shoulder or chest with a consecutive number. The numbers were roughly 3–4 cm in size. Those who had gold teeth or a gold dental bridge were marked with a cross on the back. Following this procedure the people were taken to an adjacent room where they were photographed. From the photography room they were taken through a second exit back to the registry office and from there through a steel door into the gas chamber. Initially, the gas chamber was very simply furnished [...] The room was furnished so that one could assume it was a bathroom. There were three showerheads mounted on the ceiling. [...] Once the entire transport had been processed, i.e. the admissions recorded, the stamping carried out and those persons marked who had gold teeth, everyone was taken to the gas chamber that was disguised as a shower room. The steel doors were*  

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18 Friedlander, Ostmark; Kepplinger, Hartheim.  
19 Freund, Mauthausen-Prozeß, pp 107, 116-117.
closed and the doctor on duty released the gas into the chamber. Within a short time, the people in the gas chamber were dead.

After the patients had been asphyxiated by the gas, the work of the stokers commenced. They worked at the crematorium around the clock in two shifts.

Taking the dead from the gas chamber to the mortuary was a very difficult and nerve-racking process. It was not easy to separate the corpses, which were stiff and tangled up in one another, and to drag them into the mortuary. [...] In the mortuary the corpses were stacked up. The crematorium was located next to the mortuary. The ovens were fitted with a corpse caddy which could be taken out of the oven. The bodies of the dead were placed on these caddies and then pushed into the crematorium as if into a bakery oven. Depending on the number of dead we incinerated 2 to 8 corpses at a time. The ovens were fuelled with coke. Work continued night and day as necessary. Before the dead were incinerated the stokers extracted the gold teeth of those who had previously been marked with a cross. [...] Once the corpses had been incinerated, the remains of the bones which had fallen through the oven grid were placed in a bone crusher and ground to powder. The bone powder obtained in this fashion was then sent to the bereaved relatives as the mortal remains. Approximately 3 kg of such ash was calculated for each deceased person. As the work was extremely strenuous and nerve racking we were given ¼ l of schnapps per day. I believe that we incinerated about 20,000 mentally ill patients in this manner. 20

One of the most serious aspects of this historic issue are the many and diverse connections between the murder of the sick and medical research. At Hartheim too, the victims were systematically exploited for research purposes. During the admission procedure at Hartheim the doctors made a record of those cases which were of “medical interest.” The victims were then labelled and photographed before being murdered. One of the photographers at Hartheim reported that he had photographed between 60 and 80 percent of the victims. 21 The corpses which had been chosen for autopsy were brought to a special autopsy room in the west wing of the castle. The nurse and pathology assistant Hermann Wentzel from the psychiatric clinic Berlin-Buch was responsible for conserving the brain and other organs. 22

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20 Hessisches Hauptstaatsarchiv 631a/822, Proceedings against Georg Renno and others, LG Frankfurt/Main, Ks 1/69, Interrogation of the witness Vinzenz Nohel by the police in Linz, 4.9.1945 (copy at DÖW, Sammlung Hartheim Nr. 320). The concentration camp prisoners murdered in Hartheim after euthanasia was discontinued are not included in these figures; for further details on this see below.

21 Baumgartner, Kranke, p. 55.

22 ibid, p. 96.
The Victims

For a long time research into National Socialist euthanasia crimes focused on the administrative procedures and the role played by the perpetrators, while only little attention was given to the victims. This has to do with the fact that genuine eye-witness accounts are rare and also because any history told from the victims' perspective essentially still has to rely on the discourses of the perpetrators. Moreover, the stigma that is still attached to mental illness frequently hinders identification with the victims.

The medical categories are frequently reshaped in the historical view by a further categorisation as a “victim” belonging to a specific victim group. In this context, it is important to note that the various victim groups are accorded differing degrees of legitimacy in their victim status. Any claim to appreciate the victims in their individuality therefore faces a two-fold difficulty: that of breaking through the stigmatising effect of a diagnosis of “mental illness,” on the one hand, and of recognising the individual in the anonymous mass of the “victims” on the other.

That the “T4” programme was solely directed toward the extermination of the “mentally dead” was from the very outset a purely self-serving assertion. By 1941 at the latest it had been dropped in the internal discourse of the killing bureaucracy: “Elimination of all those who are unable to perform productive tasks even within the asylum, and not only those who are mentally dead.” 23

A recently completed research project of the University of Heidelberg on the inventory of T4 files in the German Federal Archives has confirmed this on a broad empirical basis. The quantitative evaluation of an extensive range of random samples produced several surprising results. There was, for example, no significant link between the factors “hereditary nature of the illness” or “socially conspicuous behaviour before admission to the asylum” and selection. The study showed that the most important and by far the clearest selection criterion was the (negative) assessment of an individual’s capacity to work within the asylum. Other decisive criteria for inclusion in the “T4” euthanasia programme were a negative appraisal of a patient’s behaviour within the asylum and if the patient had been institutionalised for longer than four years. Women were also at considerably greater risk of selection for murder. 24

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24 Hohendorf u.a., Krankenmord.
Some of those involved in the selection procedure criticised the excessive expansion of the criteria as they wished to adhere to a strictly “medical” form of selection. However, it should not be overlooked that criticism of selections which were deemed to be “excessive” or not sufficiently medically sound always tended to implicitly legitimise the killings in principle, provided that due care was exercised.

Reactions

The “T4” bureaucracy developed a complex system to deceive family members (and to a certain degree also those organisations which dealt with the deaths, such as guardianship courts, cemetery administrations, social insurance agencies etc.) about the time, place and details of the many deaths. At Hartheim, the largest group of staff, the 20 to 25 clerical workers were occupied with processing the paperwork for the murders. 25 The key element of the system was the systematic exchange of files between the euthanasia centres so that, for example, the death certificates of those who had been murdered at Hartheim were issued in Brandenburg. As a result, victims are, sometimes even today, attributed to incorrect places of death. 26 Despite this, in the long term, it was not possible to conceal the large number of deaths occurring in any one place. The situation was made worse by administrative errors which aroused suspicion and which were also ideally suited for being spread by word of mouth – such as sending families two urns or providing utterly implausible causes of death. 27 In some cases, families openly protested. The Viennese nurse Anny Wödl, whose mentally disabled son was institutionalised in Gugging, displayed particular courage. In an effort to save him, she travelled to Berlin and gained access to Herbert Linden, the liaison official for the euthanasia programme at the Ministry of the Interior. She also persuaded many other relatives to write letters of protest to Berlin. After the war, she testified at the trial of Dr. Ernst Illing and others before a Volksgerichtshof:

*When the campaign started against the incurably ill, the mentally ill and the elderly I became extremely worried about my child, all the more so as I knew the basic attitude of the Nazi state towards all these things. When operations were started in Vienna, leading to agitation among the population, I decided to appeal to Berlin in an attempt to maybe save my child, but at least to alleviate the way in which the activities were carried out. [...] During these*

25 Baumgartner, Krank, p. 100.
26 This is true, for example, of many urn graves at Vienna’s Zentralfriedhof.
27 This is well documented, see e.g. Klee, Euthanasie, pp 149-159.
discussions it finally became clear to me that I could not save my child. [...] Seeing that the
death of my child could not be prevented, I therefore asked Dr. Jekelius to at least make it
quick and painless. He promised me he would do so.28 Alfred Wödl died of “pneumonia” on
22 February 1941 at the children’s euthanasia centre “Am Spiegelgrund.” He was six years
old.29

The Order to Halt the Euthanasia Programme of 24 August 1941

Hitler’s order to immediately cease gassing psychiatric patients was communicated to
Hartheim on 24 August 1941 by telephone and came so suddenly that those responsible at the
castle were undecided about what to do with those transports which were already on the way.
30 Thirty patients were still removed from the asylum in Hall in Tirol on 31 August and finally
killed by Rudolf Lonauer at the Niedernhart clinic (now the Wagner-Jauregg Psychiatric
Hospital in Linz).31 This practice was to become widespread in subsequent years – also at the
Psychiatric Hospital in Gugging, as it was far more discreet than the use of gas chambers.32
The “T4” operatives regarded the termination as only a temporary measure and were prepared
to recommence their activities at short notice.33 They continued to gather information about
patients and to assess them without interruption.34

The methods for the industrialised extermination of human beings developed within the scope
of the euthanasia programme were used on a far larger scale against the Jewish population
after the suspension of “T4.”35 The “T4” programme became a direct precursor of the Shoah
and the killing technology, organisational experience and personnel were incorporated into the
anti-Jewish extermination policy.36

28 Statement made by Anny Wödl before the Volksgericht in Vienna, 1.3.1946. Quoted in Neugebauer,
Spiegelgrund, p. 298. For further information about Wödl see Fürstler/Malina, Pflegepersonen. For the role
played by nurses during the Nazi period see Fürstler/Malina, Dienst.
29 WStLA, M.Abt. 209, Vienna Psychiatric Hospital for Children, Register of Deaths at the Hospital „Am
Spiegelgrund“.
30 Kohl, Georg Renno, pp. 219-221.
31 Baumgartner, Kranke, pp. 103-104.
32 For further details see the next section.
33 Protests by the local population had already resulted in the closure of two institutions during an earlier
phase of the programme; namely Brandenburg in September 1940 and Grafeneck in December 1940. They
were replaced by Bernburg and Hadamar: Friedlander, NS-Genozid, pp 156-157.
34 Minister of the Interior to the Senior President – Administration of the Nassau District Association,
Wiesbaden, 1.3.1944. Reproduced in Klee, Dokumente, pp 304-305.
35 Minister for the Occupied Eastern Territories to the Reich Commissioner for Ostland, 25.10.1941:
Lösung der Judenfrage. Quoted by ibid, pp. 271-272.
36 See the standard work by Friedlander, NS-Genozid.
A Balence

According to the “Hartheim Statistics”, found by the US Army after the end of the war, 18,269 people fell victim to the “T4” programme at Hartheim before the euthanasia was halted at the end of August 1941. This document also contains detailed lists regarding the food that was saved as a result of the murder of approximately 70,000 people. 37 Of the six “T4” extermination centres, Hartheim was the one which remained in operation for the longest period and claimed the highest number of victims. The large number of victims in Hartheim was out of all proportion to the population living in the extermination centre’s catchment area. 38

The beds which had been cleared offered the local authority greater scope and flexibility in terms of healthcare policy and helped ensure that the Wehrmacht’s demand for beds could be met. The discrimination and displacement of patients in accordance with biologistic value hierarchies which was to become the defining pattern of healthcare policy was already becoming apparent.

“T4” headquarters registered the use of the beds which had been “freed up” as proof of the success of the campaign of murder. Officials in the Niederdonau gau referred to 760 beds which had been made available to the NSV (Nationalsozialistische Volkswohlfahrt, the National Socialist public welfare organisation), namely 640 for evacuees at the asylum in Mauer-Öhling and 120 in Gugging.

The Children’s Euthanasia Programme

Parallel to the industrialised mass killings at Hartheim and the other “T4” centres, the Führer’s Chancellery initiated a further campaign of murder which has become commonly known (not quite accurately) as the “children’s euthanasia programme.” 39 This made it possible to assess, select and kill children and adolescents with unfavourable medical prognoses for their mental and physical development within the realm of the medical healthcare system. After the war, one of the main perpetrators estimated that 5,000 victims

37 National Archives Washington, Microcopy No. T-1 021, Record Group No. 242/338, Item No. 000-12-463, Exhibit 39, Roll No. 18, Frame No. 91. Mikrofilmkopie im BA Berlin (formerly BA Koblenz), copy at the DÖW 22 862. See also Kugler, Hartheimer Statistik.
38 Baumgartner, Kranke, p. 98.
39 The term „Kinder- und Jugendlicheneuthanasie“ used by, among others, Udo Benzenhöfer, does more justice to the age range of the victims, but not to the fact that countless children and adolescents were also murdered by the „T4“ programme; see als Benzenhöfer, Genese.
had died. 40 Even allowing for the fact that this figure might be too low, it is nevertheless still far lower than the victim figures of other euthanasia programmes. The emphasis here was not upon indiscriminate extermination, but upon observation, assessment, selection and killing as a permanent and integral component of medical care. When in September 1941 the “T4” programme was terminated, at least to all outward appearances, the “children’s euthanasia programme” was not only continued, the age limit for victims was actually raised. The system of killing was completely integrated into the public health system. It was steered by a front organisation at the Führer’s Chancellery, the Reich Committee for the Scientific Registration of Serious Hereditary and Congenital Illnesses, based on a body of three medical experts. 41 In contrast to the “T4” programme no special killing centres were established. Instead, the Reich Committee entrusted responsibility for carrying out the “euthanasia” to special departments within existing institutions which fell under the administrative jurisdiction of the health authorities. Responsibility for formally approving the killings rested with the Reich Committee and its medical experts, thus considerably easing the psychological burden on the perpetrators. The killings were mainly carried out using drugs and could thus be unobtrusively integrated into the regular hospital routine with its normal divisions of labour.

A secret circular decree issued by the Minister of the Interior on 18 August 1939 provided the administrative basis for registering the future victims. Midwives and physicians were obliged to report children suffering from certain illnesses to the responsible Health Office. The following diagnoses were of relevance:

Idiocy or Mongolism (especially if associated with blindness or deafness): microcephaly or hydrocephaly of a severe or progressive nature; deformities of any kind, especially missing limbs, malformation of the head, or spina bifida; or crippling deformities such as spastics. 42

The Health Offices returned information on the children to the Reich Committee for the Scientific Registration of Serious Hereditary and Congenital Illnesses, the secret organisation at the Chancellery of the Führer charged with the central steering of the “children's euthanasia” programme. 43 The “Children’s Euthanasia Programme” created an apparatus for the permanent selection and extermination of children who were unwanted because they were regarded as economically and biologically worthless. 44 One of the largest killing centres in the

40 Klee, Euthanasie, p. 294. For an overview of the number of victims of the individual euthanasia programmes see Faulstich, Zahl. Faulstich puts the total number of victims at 216,400: Faulstich, Zahl, p. 227.

41 For further information about the Reich Committee see Topp, Reichsausschuss.


43 Matthias Dahl has pointed out that in a departure from this planned procedure, reports to the Reich Committee were usually only made after admission to the „Children’s Ward:“ Dahl, Endstation, p. 83.

44 See also Aly, Fortschritt.
The children’s euthanasia programme was opened in July 1940 on the premises of the Viennese psychiatric hospital “Am Steinhof” under the name “Wiener städtische Jugendfürsorgeanstalt Am Spiegelgrund”. Under the management of the euthanasia commissioner in Vienna Dr. Erwin Jekelius and, as of July 1942, his successor Dr. Ernst Illing, mentally disturbed and mentally handicapped children and adolescents were observed, assessed and in many cases killed. The Register of Deaths at the asylum records the names of 789 individuals who died at the institution.\textsuperscript{45}

The sources also indicate that there were plans to open one of these “special children’s wards” (Kinderfachabteilung), as the killing centres were called, at the children’s hospital in Gugging. A decree issued by the Reichsstatthalter of Niederdonau on 15 September 1942 ordered the committal of all children from the Niederdonau region who met the criteria of the secret circular of the Ministry of the Interior cited above.\textsuperscript{46} However, the literature on the children’s euthanasia program contains no references to Gugging as the site of a special children’s ward. In practice, it appears that children and adolescents who fell into the target group of the children's euthanasia programme were concentrated in Gugging and then taken to the Spiegelgrund to be killed. On the basis of the available sources, it is possible to reconstruct a number of these transports both to the Spiegelgrund and to Steinhof. Thus on 23 October 1941, Dr. Erwin Jekelius demanded the transfer of 22 children from Gugging to his own institution.\textsuperscript{47} In May 1942, a further 26 “hopeless children requiring life-long care” were brought to the Spiegelgrund – under the circumstances, the description of their condition was tantamount to a death warrant. Only those children were permitted to remain in Gugging who were “within the framework of a mental asylum capable of education and capable of work to a limited degree,” and who thus satisfied the National Socialist criteria of productivity.\textsuperscript{48} The exact number of patients from the children's hospital in Gugging who were caught up in the murderous machinery of the children's euthanasia program is still unknown. Matthias Dahl discovered 44 cases from Gugging in a sample of 312 patient files, which, if extrapolated to the figure of 789 victims at Spiegelgrund referred to above, would indicate that some 110 victims had been from Gugging. This would make the institution in Gugging the largest

\textsuperscript{45} For further details see Dahl, Endstation; Czech, Erfassung.

\textsuperscript{46} Reichsstatthalter for Niederdonau to the Director of the Psychiatric Hospital Gugging, 15.9.1942. Niederösterreichisches Landesarchiv, Karton III/b/3 (Gugging).

\textsuperscript{47} Wiener städtische Fürsorgeanstalt „Am Spiegelgrund“ to the Landes- Pflege- und Beschäftigungsanstalt für schwachsinnige Kinder in Gugging, 23.10.1941. Niederösterreichisches Landesarchiv, Karton III/b/3 (Gugging).

institutional source of victims for the children's euthanasia programme in the area of Vienna and Lower Austria after the Children’s Welfare Reception Centre (Kinderübernahmesstelle) in Vienna.\(^49\) It would only be possible to establish the precise number and names of victims by comparing the patient record books from Gugging with the Register of Deaths at the Spiegelgrund. The question of whether killings at the children’s hospital in Gugging were carried out using the methods familiar from the children’s euthanasia centres and, if so, how many children fell victim to these practices, would also require a detailed analysis of the hospital records.

Abuse of Victims for Research Purposes

Rationality and mass murder were uniquely linked to one another in the National Socialist programmes of extermination against the mentally handicapped and mentally ill. On the one hand, the decisions to kill were based on – albeit sometimes very superficial – medical diagnoses, on the other, the victims were regularly misused for research purposes.\(^50\) In September 1941 Hermann Paul Nitsche, head assessor of the “T4” programme, and from the end of 1941 onward its medical director, suggested that the programme be utilised for research purposes.\(^51\)

Two figures who played a key role in this connection were Carl Schneider, Professor of Psychiatry at Heidelberg, and Hans Heinze in Brandenburg, both of whom participated in the “T4” programme and the “children’s euthanasia programme” as medical experts.\(^52\) At a conference in January 1942 the main areas of the “euthanasia” research programme were laid down: “schizophrenia”, “feeble-mindedness” and “epilepsy.” Schneider pursued his ambitious plans at a special research department belonging to the Reich Working Group for Psychiatric Hospitals (Reichsarbeitsgemeinschaft Heil- und Pflegeanstalten, one of the “T4” front

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\(^49\) Dahl, Endstation, p. 58.

\(^50\) For details of neuropathological research in connection with National Socialist euthanasia see Aly, Opfer; Aly, Fortschritt; Beddies u.a., Forschungsabteilung; Beddies/Schniedebach, Euthanasie-Opfer; Bergmann u.a., Menschen; Blasius, Maskerade; Hohendorf u.a., Ethik; Hohendorf u.a., Innovation; Klee, Forschung; Klee, Medizinverbrecher; Knaape, Forschung; Peiffer, Research; Peiffer, Hirnforschung; Peiffer, Forschung; Peschke, Forschungsabteilung; Roelcke u.a., Forschung 1998; Roelcke u.a., Forschung 2000; Roelcke u.a., Genetik; Sachse/Massin, Forschung; Schmuhl, Hirnforschung; Weber, Psychiatrie.

\(^51\) BA Berlin, R 96 I/5, Aktennotiz Nitsche dated 20.9.1941, quoted by Schmuhl, Hirnforschung, p. 597.

\(^52\) For further information on Schneider see Becker-von Rose, Carl Schneider; Teller, Carl Schneider. Regarding Heinze see Benzenhöfer, Hans Heinze as well as below.
organisations) in Heidelberg. The distinguishing feature of these research activities was the possibility to complement clinical examinations with autopsy results by killing the victims.53 A further research institute belonging to the “euthanasia headquarters” was located at the hospital in Brandenburg-Görden referred to earlier which was headed by Hans Heinze. This institution cooperated closely with the Kaiser Wilhelm Institute for Brain Research in Berlin-Buch. The neuropathologist Julius Hallervorden, a member of staff at the Berlin Brain Research institute, admitted having collected approximately 700 brains of people from Görden and other institutions, some of whom had been murdered at his request, in order to supplement the clinical examination with post-mortem results. 54

A progress report compiled by Heinze in September 1942 clearly shows the extent to which research objectives were motivated by practical issues relating to the selection process within the extermination programme:

In all these examinations the possibility of obtaining extensive differential diagnostic clarification between congenital and acquired illnesses will always have to be the goal. Otherwise, however, it should always be remembered that the main task of the work at the Observation and Research Department is to:

1. clarify the question of euthanasia with regard to individual cases of illness or specific groups of illness (e.g. the athetoses) and,
2. to ensure that during the subsequent anatomical study of the brains the clinical findings are made available in the necessary detail for comparison with the anatomical result. 55

The demand contained in point 2 was also fulfilled with exemplary thoroughness at the Vienna hospital “Am Spiegelgrund”. As the surviving case histories show, the children were regularly subjected to clinical examinations such as pneumencephalographies – an extremely painful and sometimes lethal diagnostic technique, in which air is pressed into the ventricular system of the brain in order to obtain an x-ray image.56 In a statement to the court on 25 January 1946, Ernst Illing said: “It is certain, that if the patient is in a poor state of health, the

53 Aly, Fortschrift, pp. 51-60.
54 ebd., p. 64ff.
56 The case histories are at WStLA (M.Abt. 209, Wiener städtische Nervenklinik für Kinder). Excerpts have been printed in Häupl, Spiegelgrund.
encephalography can cause death.”⁵⁷ After the children had died, their brains, spinal cords and other organs were removed and conserved for further scientific use. The neuropathological samples obtained from the corpses of the euthanasia victims were used in scientific publications for decades to come. Although the prerequisites for this were created during the war, the majority of the publications were only published in the 1950s and 1960s.⁵⁸

**Decentralised Euthanasia**

Safeguarding food supplies for Germany occupied an important place in National Socialist war plans. The desired autarky was to be achieved first and foremost by systematically exploiting the occupied territories (especially in Eastern Europe), condemning hundreds and thousands of the region's inhabitants to death by starvation. However, certain groups within the German population were also denied the right to sufficient food for the benefit of the majority population. This was particularly true of patients at psychiatric hospitals who even before the outbreak of war had been subjected to increasing food rationing, with the corresponding effect on mortality rates. The discontinuation of the “T4 programme” in August 1941 did not mean that the killing ended. While the “children’s euthanasia programme” was intensified and even extended to include adolescents up to the age of 17, general mortality rates in institutions reached unprecedented levels. Even if, against the background of considerable regional differences, it is not always possible to determine in detail the role played by central authorities, the deadly combination of systematic undernourishment, infectious diseases and direct killing by poisoning and other methods, certainly followed the regime's policy of abandoning to extermination certain sections of the population who were regarded as “worthless” for the Volksgemeinschaft.

There is plenty of evidence pointing to increased death rates caused by a lack of nourishment, infectious disease and systematic neglect at the hospital in Maria Gugging. In addition to this, however, there are also reports of the direct mass murder of patients on a scale rarely documented at other institutions. Thus, in a statement made after the war, Dr. Karl Oman gave an account of how a commission comprising the medical director of the Hartheim euthanasia centre, Dr. Lonauer and two companions had stayed at the hospital between 28 March and 8 April 1943. “It was said he had come to carry out examinations. They spoke of a “typhus

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⁵⁸ For further details see Czech, Forschen.
epidemic” in the Infectious Diseases Ward and I was forbidden to enter the Infectious Diseases Ward for 2 or 3 weeks. During this period, the mortality rate in the Infectious Diseases Ward rose sharply and many patients from other departments were also transferred to the Ward. In the period between 28 March and 8 April 1943 [correct: 1944] 36 men, 74 women and several boys, a total of 112 patients, died. Dr. Lonauer was at the hospital the entire time and also lived there.”

A few months after this first wave of killings the murders escalated to a new level. The driving force was the Klosternueburger physician Dr. Emil Gelny. Born in Vienna on 28 March 1890, he had joined the NSDAP and the SA in 1932. After the NSDAP was banned in 1933 he worked illegally for the Nazi intelligence service and was involved in preparations for the attempted coup in July 1934. In August 1934 he was arrested and interned for several months, but recommenced his illegal activities as soon as he was released. He also played an active role in the Nazi seizure of power in 1938 as an SA doctor. After the patient euthanasia program “T4” had been discontinued in August 1941, Gelny became the key figure in the “decentralised euthanasia” (sometimes called “wild euthanasia”) in the Niederdonau gau. Due to his excellent relations with the Gauleiter, Dr. Jury, and the Gauhauptmann of Niederdonau, Dr. Sepp Mayer, he was appointed director of all psychiatric hospitals in Niederdonau, in which capacity he was subsequently responsible for the murder of at least 600 patients at Gugging and Mauer-Öhling. Gelny began working at Gugging on 1 November 1943. From this date onwards he killed up to 93 people each month through lethal doses of medicine. As late as April 1945 Gelny personally murdered approximately 150 people using a specially constructed electric-shock device.

In a letter to the Gauhauptmann of Niederdonau he boasted that, thanks to his “work, more than 400 incurably ill people who in the present situation are a serious burden on the state [had been] eliminated in the last four months.” At Gugging he planned to house all patients who were capable of work in wooden barracks in order to keep the clinic's agricultural operations going. Only one pavilion was to be preserved for the “admission, treatment and sorting of all patients [from Niederdonau].” The “continued elimination of absolutely incurable and, in our current situation unsustainable, patients” was an integral component of

59 Statement made by Dr. Karl Oman, Protokoll der Hauptverhandlung, 19.6.1948. LG Wien, Vg 8a Vr 455/46, Case against Dr. Emil Gelny and Accomplices (Kopie in DÖW 18 860/1-100).

60 LG Wien, Vg 8a Vr 455/46, Case against Dr. Emil Gelny and Accomplices (Copy in DÖW 18 860/1-100). For information regarding the killing of patients in Gugging and Mauer-Öhling see Gaunerstorfer, Mauer-Öhling; Neugebauer, Rolle; Pohanka, Emil Gelny, pp. 57-62.
Gelny’s concept. Gelny enjoyed the support of the euthanasia bureaucracy in Berlin and saw no reason to conceal his deeds. On the contrary, in summer 1944 a large meeting of psychiatrists was held at Gugging. According to one statement, there were between 30 and 50 people present, most of them directors of psychiatric hospitals from throughout Germany. Euthanasia issues were at the very top of the agenda. Gelny used this forum to present his killing methods. With the help of a specially modified electrical-shock device he killed a patient in front of the audience in order to demonstrate the efficiency of his invention.

While Gelny acted on his own initiative, he did have the backing of the euthanasia bureaucracy and the Reichsstatthalters. Moreover, he also found helpers at the clinic, although he sometimes had to force the personnel to comply using threats. The director of the hospital, Dr. Rudolf Schicker was not an active supporter of the euthanasia, but neither did he place any obstacles in Gelny’s way. According to his statement, he only remained in his position because he did not want to give up his official residence. Ultimately, the view that the care of “incurable” and “unproductive” patients was no longer one of psychiatry’s tasks became part of the institutional identity of psychiatric institutions in Nazi controlled territories.

Even today it is difficult to say how many lives this policy cost. This is also true of the hospital in Gugging. In addition to the deportations under the “T4” programme (675 victims), the killing of patients from Gugging at the children's euthanasia centre “Am Spiegelgrund” (presumably approx. 110), the mass murders committed by Lonauer and Gelny (approximately 500), a complete list would have to include two additional aspects: the general mortality trend at the institution due to the planned or willing acceptance of life-threatening conditions and the removal of patients to other institutions, frequently with the intention of killing them there. Due to a research deficit regarding the mortality rate at the clinic, it is impossible to make any definitive statement regarding the number of victims at the present time. In connection with transfers to other institutions, particular mention should be made of two transports at the end of February 1944 which took a total of 100 women to the extermination centre Meseritz-Obrawalde in Pomerania. The background was that between 11 and 13 March 1944 Gugging was cleared of all but 395 “working patients” in order to make room for an auxiliary hospital for the population of Vienna. During this clearance, a further

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61 LG Wien, Vg 8a Vr 455/46, Proceedings against Dr. Emil Gelny and Accomplices, Report Gelny to the Gauhauptmann (= head of administrative tasks on the Gau or province level) Dr. Josef Mayer, 6.2.1944 (Copy in DÖW 18 860/7). For information regarding the planning fantasies of the euthanasia operatives see, among others, Aly, Fortschritt, p. 25; Schmuhl, Reformpsychiatrie, pp. 255-261.

62 DÖW, Niederösterreich 3, p. 656.
361 patients, including 211 children were transferred to hospitals in the Reichsgau Vienna.\textsuperscript{63} The majority of these people were brought to the hospital “Am Steinhof”, where most of them probably became victims of the “decentralised euthanasia”. Forty six children and adolescents were referred to the Spiegelgrund, 31 of them to the so-called Vienna Psychiatric Hospital for Children which served as the euthanasia department.\textsuperscript{64} The desired elimination of all “useless” life from the hospital in Gugging had thus become reality.

**Legal Consequences after the War**

After the end of the war a number of hospital workers and Gelny’s superiors were brought to trial. Gelny himself was not among the accused as he had been able to escape to Syria, later to Iraq, where he once again practiced as a doctor. He is thought to have died in Bagdad in 1961.\textsuperscript{65} Only a few nurses and the responsible persons from the Gau administration were condemned and by 1951 at the latest all had been released. Only a short time later euthanasists such as Hans Bertha (Graz) and Heinrich Gross (Vienna) were once again furthering their careers. Austrian lawmakers made no provision for providing compensation or recognition to victims of Nazi medical persecution until the middle of the 1990s.

\textsuperscript{63} KAV, Mag. Abt. E8, Kranken- und Wohlfahrtsanstalten 1945, 27 201-30 000, Akt II/3-H-29 103/45, Gundel to the Vienna Stadtkämmerer, 5.8.1944. For information regarding Meseritz-Obrawalde see, among others, Beddies, Krankenmord; Klee, Euthanasie, in particular pp. 401-410; Wunder, Transporte.

\textsuperscript{64} KAV, Mag. Abt. E8, Kranken- und Wohlfahrtsanstalten 1945, 27 201-30 000, Akt II/3-H-29 103/45, Kowarik to the Mayor of Vienna, 7.3.1944, and note for the files by Dr. Ludwig Fieglhuber (head of the administrative department of the Anstaltenamt), 11.7.1944.

\textsuperscript{65} Gaunerstorfer, Mauer-Öhling.
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