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Jewish Children with Disabilities and Nazi “Euthanasia” Crimes

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In memory of Henry Friedlander

A Child with a Disability

Erwin Sanger was born into a Jewish family in Hamburg in 1935. He had an older brother, Jacob, whom his parents put on a children’s transport, or *Kindertransport*, to England.¹ Erwin Sanger’s mother and father, Flora and Willy Sanger, were deported to Theresienstadt in 1942 and died in Auschwitz in 1944. Curiously enough, seven-year old Erwin was not deported along with his parents, even though it would have been easy enough to do. Instead, on the very day his parents were deported, the Gestapo had him placed in the “special children’s ward” at Hamburg-Langenhorn, his expenses to be paid for by Hamburg’s association of Jews. The name “special children’s ward,” or, literally translated, “expert facility for pediatric care” (*Kinderfachabteilung*), suggested to the public a benevolent purpose, yet it had anything but. It was a medical killing station in Hamburg’s sole state facility for the mentally ill during World War II. While there, Erwin received a Christian baptism, and died in April 1943, seven months after his admission, a victim of Nazi “children’s euthanasia.” Dr. Friedrich Knigge, as head of the special children’s ward, carried out the killings of such children himself, with an overdose of Luminal; Erwin’s official but fake cause of death, as noted in his medical record, was pneumonia. His admission record had an outsized stamp in it, “Jew,” and it also noted his medical disorder: “mongolism,” or trisomy 21 (also known as Down syndrome).²

The fate of Jewish children with disabilities like Erwin in Nazi Germany is the topic of this essay. It focuses on how such children became victims of medical crimes, particularly in the “children’s euthanasia” program. Ever since Henry Friedlander’s pioneering research on the murder of Jews with disabilities has it been known that the claim by leading representatives of the Nazi state (such as Karl Brandt, Hitler’s personal physician and Reich Commissioner for Health and Sanitation, and Victor Brack, chief organizer of “euthanasia” in the Chancellery of the Fuhrer) that Jews were not included in Nazi medical killing programs, were patently false. Scholars such as Rael Strous, Georg Lilienthal, and Annette Hinz-Wessels have recently added to our knowledge about the subject matter, but none of their studies has focused on children or addressed their inclusion in “children’s euthanasia.”³

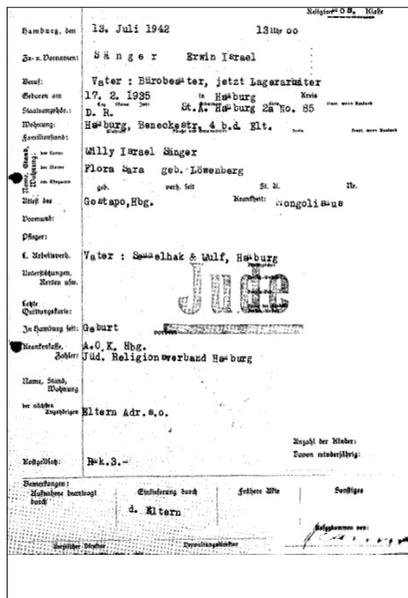
My article complements and expands existing scholarship in two ways: it addresses the fate of Jewish children with disabilities, and it uses reproductions of select original documents to illustrate what happened to

these children and Jewish adults with disabilities in Nazi Germany. First I briefly discuss the rise of social Darwinist thought in the Weimar Republic. I then turn to measures of Nazi “racial hygiene” affecting disabled Jews, particularly the murder of (mostly adult) institutionalized patients in the so-called “T4” program, before presenting case studies of children murdered in the “children’s euthanasia” program.

Death and Disability in the Weimar Republic

The experience of WWI in psychiatric hospitals and the publication of a widely discussed book by a jurist and a psychiatrist in 1920 introduced new dimensions to the discourse about mental illness and disability in Weimar Germany. Catastrophic conditions in facilities for the mentally ill led to more than 70,000 deaths, mostly by starvation, between 1914 and 1918 – about one third of the patients did not survive World War I. Their death had become a mundane occurrence. At the same time, Germany had not only lost the war but also millions of young soldiers on the battlefields of Europe. How could the nation, social Darwinists asked, endure such a “negative selection” among its population if it ever were to rise again? Karl Binding, a leading scholar of jurisprudence, and psychiatrist Alfred Hoche sought to provide an answer in the book *Permission to Annihilate Life Unworthy of Living*. Their choice of words in the title was stark: they pertain to humans unworthy of living, and not just their death, but having them actively annihilated (*Vernichtung*). Going beyond the contemporary discussion of whether physicians should be allowed to assist those requesting to die in order to shorten long and painful suffering, the authors accorded the state and the medical and legal professions a principal right to decide on the termination of human life, even in the absence of an individual’s consent. To them, persons who did not have such a right to self-determination included the “intellectually dead,” “human ballast,” “empty shells,” and “incurable idiots”—presumably because such individuals did not have the capacity to consent. For Binding and Hoche, such individuals stood at the level of low animals, and their utter lack of social productiveness, the two argued, and status as “useless eaters” made their death a useful one for society, which no longer had to carry the financial burden of caring for them.⁴

Binding and Hoche’s position remained a minority position in Germany until 1933. Majorities among German politicians, physicians, lawyers,



Erwin Sanger’s admission record, Hamburg-Langenhorn facility. Source: Staatsarchiv Hamburg 352-8/7 Abl. 2000/01 Nr. 19 (30111)

continued on Page 17

IN THIS ISSUE

Jewish Children With Disabilities and Nazi “Euthanasia” Crimes	1	Student News	5	Events from the Past Year	10
News from the Faculty	2	Report from Haifa	6	Preview of Fall Events	14
Report from Linz	4	Through the Crystal	7	Volumes from the Miller Symposia	15
		The Ordinary Soldiers Project	9	Forthcoming Symposia	16

Jewish Children with Disabilities, continued from Page 1

and other participants in the public sphere expressly rejected it. However, the discourse on disability in Germany was now latently different. For the discursive habituation to the idea of the existence of a group of “useless eaters” situated below humanity and threatening Germany’s economic prosperity and public welfare allowed for the possibility that the latent devaluation of disability could be activated and Binding and Hoche’s idea be implemented in social policy under the right circumstances.⁵ In fact, as historians of disability and medicine and cultural historians have pointed out, once manifest and holding root in a culture, the notion of the disabled as not fully human and being the “other” can transcend particular political conditions and become part of the cultural substratum for a longer period of time.⁶

Nazi Rhetoric and Policies Toward Jews with Disabilities and Mental Illnesses

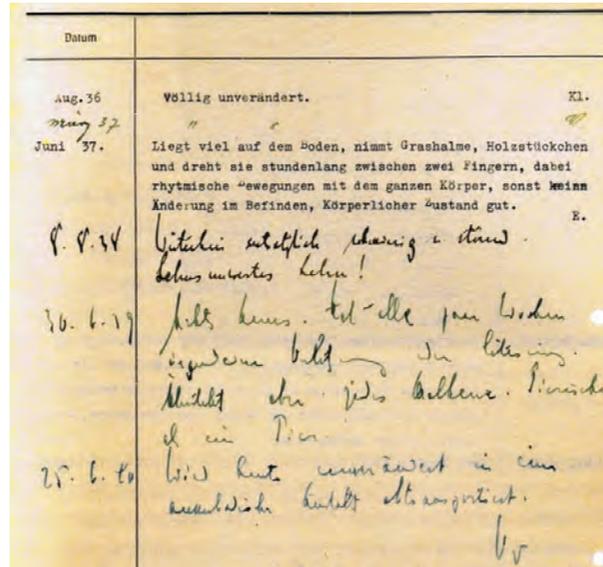
The circumstances to implement overtly social-Darwinist policies became ripe with the Nazi assumption of power in 1933. Given the salience of “racial hygiene” in the Nazi state, it does not surprise that one of its first major new social policies was the passage of a compulsory sterilization law targeting individuals with physical and intellectual disabilities along with mental disorders. The law itself was not particularly original, for it had a strong similarity to a model sterilization law propagated by American eugenicist Harry Laughlin in 1922. The main targets in Laughlin’s model law and the Nazi law of 1933 were nearly identical. The Nazi sterilization law had much to draw on, as by 1933 more than 30 states in the U.S. had passed eugenic sterilization laws, especially after the U.S. Supreme Court decision *Buck v. Bell* in 1927 made states much less cautious in passing such laws and applying them. The German federal law went beyond these laws, in that it provided for the compulsory sterilization after a decision by a Hereditary Court and expressly allowed for the sterilization of individuals not housed in state facilities, a provision that also existed in a few American states’ sterilization laws (including Vermont’s) but remained the exception overall.⁷

Rael Strous has correctly noted that Jews were victims of Nazi sterilization policies, and those with mental illnesses and disabilities were further victimized by Nazi policies over the course of the 1930s. Jews who fled Nazi Germany, he points out, often had to leave disabled family members and relatives behind, and after 1938 Jews were excluded from public assistance, which meant that for those in public care the Reich Association of Jews in Germany, local or regional Jewish associations, or private citizens had to pick up the tab. Discrimination also extended to excluding or removing Jewish patients from German state (and many private) hospitals.⁸

Strous’ argument that Nazi sterilization policies targeted disabled and mentally ill Jews in particular is on less solid ground, however. A recent study shows that the percentage of Jews killed in the “T4” gas murder program of the mentally ill (see below) who had previously been sterilized was lower, not higher, than the percentage for non-Jews. Neither requests for sterilization nor the decisions of the Hereditary Health courts used different forms for Jews and non-Jews, nor was race mentioned in them. In fact, while Nazi leaders aimed to have offspring of darker-skinned French soldiers and German mothers during the occupation of the Rhineland (whom they termed the “Rhineland bastards”) sterilized on racial grounds, they succeeded in doing so only by breaking their own law. Sterilization of Jews, as of non-Jews, was heavily concentrated in the years 1934 to 1938. Moreover, as historians such as Michael Schwartz have convincingly argued, there was no straight path from sterilization to extermination of the disabled. For sterilization policies in Nazi Germany had broad and enthusiastic support even among groups not friendly to Nazi causes, precisely because some of these groups thought that support for, or at least acquiescence to, a policy that prevented the disabled from

begetting children should alleviate the possibility of the implementation of a much more radical policy toward them, i.e., Binding and Hoche’s annihilation, or “euthanasia.”⁹

In the 1930s general conditions for the disabled and mentally ill in institutional care deteriorated markedly and rapidly, as state appropriations for state hospitals were cut back, leading to severe shortages of medical personnel, food, equipment, and other supplies. The case of the Jewish patient Adelheid B., diagnosed with “idiocy,” at the state mental hospital in Wiesloch evinces how much more radical views toward Jews with disabilities and mental illnesses came to the fore at the same time. Her medical and administrative records were among the approximately 30,000 records of “T4” victims that miraculously survived the war and were rediscovered around 1990 (hereafter referred to as “R179” records, named after their signature in the Federal Archive in Berlin).



Adelheid B.’s medical record, Wiesloch facility.
Source: Bundesarchiv Berlin, R179/24497

In 1938 the physician who treated her noted that she was “terribly difficult and disruptive,” then entered into the record “isn’t worth living!” (*lebensunwert*) with an exclamation mark. Binding and Hoche’s term had become part of the medical language in Nazi Germany. It is impossible to tell whether in this case the fact that Adelheid B. had a mental illness, or perhaps rather a developmental disability—according to a local historian trained as a psychotherapist with access to her records, she may in fact have had autism, which did not exist as a diagnostic category at the time—or was Jewish, or the coexistence of these conditions, “prompted” the physician’s remark. What is known is that the same physician also entered another such remark into a (non-Jewish) girl’s medical records, and that he was heading a small station dedicated to “hereditary biology” at Wiesloch at the time, trying to establish family genealogies of disease and disability.¹⁰ Meanwhile, psychiatrists and physicians were not the only ones to subject Jewish

patients to discriminatory treatment. Reported incidents of hostility from other patients indicate that they were increasingly isolated in psychiatric facilities.¹¹

The “T4” Gas Murder Program and Jews

Adelheid B.’s life ended in the gas chamber of Grafeneck in June 1940, at a time when the wholesale extermination of Europe’s Jews by Germans had not been systematically planned as such. Death in a “T4” gas murder facility would become the typical fate of Jews institutionalized in mental hospitals, of whom there were an estimated 2,500-5,000 in Germany.¹² There were children among them.

The “T 4” gas murder operation formally commenced on 18 January 1940, when a group of mostly older men were transported from the Bavarian asylum Egfling-Haar to their death on that day. The very first name on the transport list was a Jewish man: Ludwig Alexander.

While this fact has been known in the literature at least since Henry Friedlander’s analyses, new research has shed more light on Jewish victims of the gas murder program. Scholars have analyzed a large group of extant administrative and medical records of “T4” victims that had previously been discovered, and subsequently hidden, by the East German Stasi. Among the documents is a unique record, that of Klara B.

Klara B. was a Jewish patient at the asylum Am Steinhof (which also housed the “Spiegelgrund” “special children’s ward” in Vienna when she was deported to the T4 gas murder facility at Hartheim. Her diagnosis was given as schizophrenia, her symptoms as “personality in decline” and “fizzled out,” and her ability to work as “useless.” The sheet that contains this information is the form the central “T4” office in Berlin sent to the individual psychiatric hospitals, to be assessed by a group of “T4” evaluators. What makes the record unique is that it is the only one

known to have survived with remarks in the black box at the bottom left: the actual "evaluation" by "T4" physicians. The first is a red "plus" by the physician "N," who also appears to have been the one who highlighted "Jew" and "schizophrenia" in light red pencil in the record. The second and third physicians also entered a red plus, as did the physician who entered his plus below those of the others, the chief evaluator.¹³ The "evaluated" form was sent to the gassing facility at Hartheim on 7 August 1940 along with the patient, where she was murdered on the next day.

Her death is recorded in a section on the form at the top right, where information is filled in the blanks of a stamp. The stamp has four lines. On the first line the bureaucratic term "resolved...on" (*erledigt... am*) is used. Here "C," which stands for the Hartheim gassing facility, is entered into the record. On the second line, the date of death is given as 8 August 1940. On line three, the term "certified in..." is used, and on line four space is provided for the recorded date of death. Here, X11 and 7 January 1941 are filled in. The patient's death was thus not recorded until about 5 months after the actual death had occurred. The X is a prefix that appears to have been given solely to Jews. The number behind the X was likely assigned in a continuous order (of notarized death, not date of actual death). Such X numbers were used in correspondence to relatives of murdered Jewish patients, including notifications of their death, from a fictitious Cholim Lunatic Asylum in Poland, to where these patients had allegedly been sent (all patients there had been murdered by SS units in early 1940). The reason for this charade was two-fold: it was a cover for the transport of patients to the actual gassing sites and murder there, and it allowed for the extraction of money until their deaths had been certified. In Klara B.'s case, for about 5 months the Reich Association of Jews was fraudulently made to pay her continued expenses: a long period typical for murdered Jews compared to non-Jews, for whom the period was typically 2-3 weeks.¹⁴

Klara B. was sent to Hartheim along with non-Jewish patients from her home institution. Her transport was not specifically set up for Jews. Being Jewish was certainly considered a negative factor and might by itself have been enough of a reason for an evaluator to enter a red

plus, which then marked the patient for what was officially called "disinfection." Jewish patients, on average, had been hospitalized for a shorter period and were transported more quickly than their non-Jewish counterparts. Other criteria such as ability to work appear to have played less of a role in determining the outcome of the "evaluation." At least 400 Jews were murdered in this way.¹⁵

Recent research has shed new light on transports, called "special action," specifically set up for and comprised solely of Jews, as part of the "T4" murder program. Evidence of such transports exists for Hadamar and Hartheim, but the best evidence comes from Brandenburg/Havel, which is located not far from Berlin.

By spring and summer 1940 it was apparent that the Nazi federal policy of physically separating Jewish psychiatric patients from the rest had failed. A decree of the Reich Ministry of the Interior of 22 June 1938 demanding such a separation could not be implemented fully, for the austerity policy toward psychiatric facilities left no funds to construct separate wards or pay for the additional costs in personnel. Existing Jewish facilities did not have space for expansion, and new constructions were equally unfeasible. Regional initiatives to bring about such a separation were equally unsuccessful overall. Thus in the spring and summer of 1940 a new policy commenced, concentrating Jewish psychiatric patients in certain designated hospitals and from there transporting them collectively, irrespective of the length of their hospitalization, their ability to work, and other criteria, to their death in the "T4" gas chambers. Included in this "special action" were German, Polish, and stateless Jews, whereas Jews of other nationalities and so-called mixed-race Jews of the

Meldebogen 1 Z 67652 18427 / 1
 Ist mit Schreibmaschine auszufüllen!

Name der Anstalt: **Direktion der Heil- und Pflegeanstalt der Stadt Wien „Am Steinhof“ Wien 109, 14, Baumgartner Höhe 1**

in: **Erledigt am 8. 8. 40**

Vor- und Zuname des Patienten: **B. Klara Sara** geborene: am **8. 8. 09**
 Geburtsdatum: **19. 2. 1909** Ort: **Wien** Kreis: **Beurkundet in X11**
 Letzter Wohnort: **Wien 20., Kluckygasse 5 I/15** Kreis: am **7. 1. 41**
 ledig, verh., verw. od. gesch.: **led** Konf.: **mos** Rasse: **Jüdin** Staatsang.: **DR**
 Anschrift d. nächsten Angeh.: **Mutter Ida B. Wien 2., Herminengasse 17/5**

Regelmäßig Besuch und von wem (Anschrift): **r. von Mutter**

Vormund oder Pfleger (Name, Anschrift): **Kurator**

Kostenträger: Seit wann in dortiger Anst.: **6. 5. 1939**

In anderen Anstalten gewesen, wo und wie lange: **vorher Steinhof 1934, 1937, 1938**

Seit wann krank: **1934?** Woher und wann eingeliefert: **Klinik**

Zwilling ^{ja}/_{nein} Geistesranke Blutverwandte: **unbekannt**

Diagnose: **Schizophrenie**

Hauptsymptome: **Persönlichkeitszerfall, versandet**

Vorwiegend bettlägerig? ^{ja}/_{nein} **nein** sehr unruhig? ^{ja}/_{nein} **nein** in festem Haus? ^{ja}/_{nein} **nein**

Körperl. unheilb. Leiden: ^{ja}/_{nein} Kriegsbefäh.: ^{ja}/_{nein}

Bei Schizophrenie: **Stiftsfall** Endzustand: **ja** gut remittierend: **nein**

Bei Schwachsin. debil.: **imbezill.** **Idiot:**

Bei Epilepsie: **psych. verändert** durchschnittliche Häufigkeit der Anfälle

Bei sonst. Erkrankungen: **stärker verwirrt** **unsauber** **nein**

Therapie (Insulin, Cardiazol, Malaria, Salvarsan usw.): Dauererfolg: ^{ja}/_{nein} **nein**

Eingewiesen auf Grund § 51, § 42b StrGB. usw. durch:

Delikt: Frühere Straftaten:

Art der Beschäftigung: (Genaueste Beschreibung der Arbeit und der Arbeitsleistung, z. B. Feldarbeit, leidet nicht viel. — Schlosserei, guter Facharbeiter. — Keine unbestimmten Angaben, wie Hausarbeit, sondern eindeutige: Zimmerreinigung usw. Auch immer angeben, ob dauernd, häufig oder nur zeitweise beschäftigt.) **unbrauchbar**

Ist mit Entlassung demnächst zu rechnen: **nein**

Bemerkungen: **Dieser Mann ist freizulassen.**

Ort, Datum: **Wien, 7. 1. 1941**

Durch eine Kommission von Prof. Dr. II. Gräbe, Regier. (Wichtig!)

Klara B.'s "evaluation" on her "T4" reporting form. Source: Bundesarchiv Berlin R179/18427

first and second degree (*Mischlinge ersten und zweiten Grades*—those with two Jewish grandparents or one Jewish parent, and those with one Jewish grandparent) were not. In July 1940 likely more than 500 Jewish patients were murdered in such a "special action" at Brandenburg, and more than 300 in August at Hartheim. Hadamar also participated in this special action, as did Pirna/Sonnenstein, which became the destination of a transport of Jews who had been brought together at a facility in Silesia. A series of such actions continued until May 1941. Not a single record of these patients has been found among the R179 records, which indicates

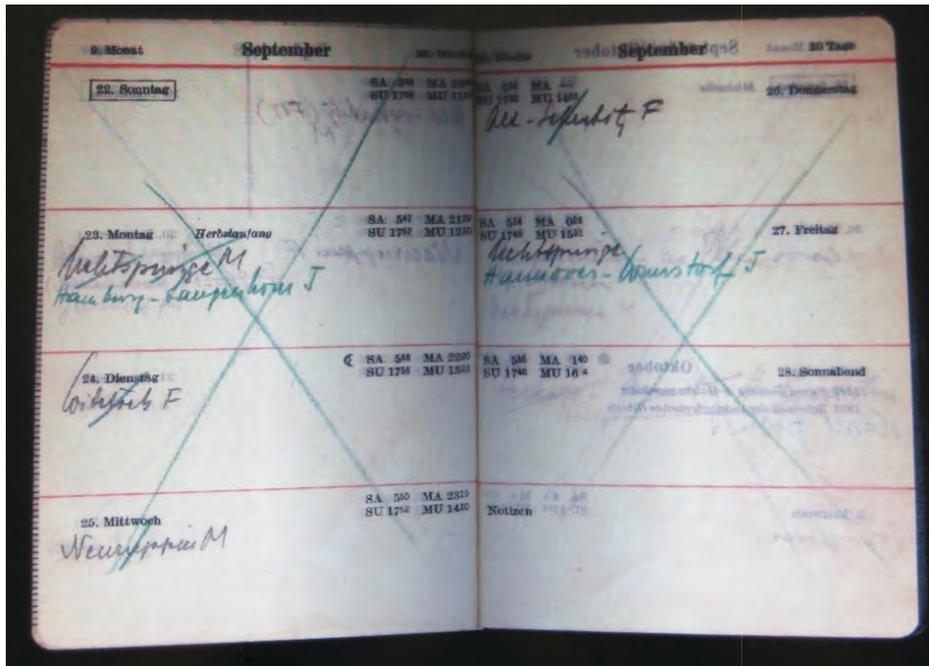
that the operation was meant to remain a secret from the beginning. In fact, when the Brandenburg director and gassing physician Dr. Irmfried Eberl kept his “appointments” in a pocket calendar, he did so for personal use and off the official record, and scholars have been able to match the entries in the calendar with transports recorded elsewhere. Shown here is one such entry for two groups solely comprised of Jewish patients: a large one of 136 patients from Hamburg-Langenhorn on 23 September 1940, and another large one of 158 patients from Hanover-Wunstorf four days later. Both transports are noted in green pencil, with a “J” for Jews. In both cases it would have been the physician’s job to operate the gas valve, as this activity was seen as an exercise in medico-hygienic pruning of the “body of the people.”¹⁶

For the Brandenburg/Havel facility, more than 10 percent of the victims were Jewish, which represents more than 10 times the percentage of Jews in Germany as a whole in 1933, and almost 3 times the share of the Jewish population in nearby Berlin. The aforementioned X numbers allow for an estimate of the total of Jewish patients killed there and at the other five facilities in this way. By February 1941 the number had exceeded 2,000. This number closely tracks the number of victims established in the most exhaustive study to date, by Georg Lilienthal, which arrived at a number of more than 2,000 murdered in the “T4” gas chambers (up to August 1941). This number includes only the victims who are known and have been identified by name so far. By July 1942 the X numbers fictitiously notarized at Chelm had reached 2,500, most of whom derived from the “special action.” This number exhausts the figure of 2,500 Jewish patients in public care facilities by the Reich Association of Jews for Germany in May 1940, and it attests a near total and systematic annihilation of the Jewish psychiatric population in Germany by summer 1941—months before Chelmo began its operation to commence the Nazis’ mass murder of all European Jews.¹⁷

Based on an analysis of the R179 records, scholars have put the percentage of minors among the more than 70,000 “T4” victims at about 6 percent, which represents about 4,000-4,500 children and youths under the age of majority. Generally, the predominant marker for the selection of children for murder was whether they were considered uneducable, which “T4” physicians considered predictive of them remaining a “burden” on society for the rest of their lives. In Brandenburg, the percentage of minors among the victims was almost 11 percent (885 minors), reflective of the fact that large pediatric facilities for children and youths with mental disorders and developmental disabilities, particularly those in Uchtspringe and Brandenburg-Görden, were in its vicinity. Several transports from Görden consisted solely of children, including three in May, possibly to make place for the establishment of the first “special children’s ward,” and a very late one in October, for at least 59 children. For the latter group, historian Thomas Beddies has called their demise a “killing on demand,” as children had apparently been preselected based on scientific criteria that made their brains useful for dissection at the Kaiser-Wilhelm Institute for Brain Research at Berlin-Buch by noted neuropathologist Prof. Julius Hallervorden. Consistent with figures available from the other “T4” centers, there were children as young as two years old among the victims.¹⁸ The victims included three Jewish children housed at Görden as early victims of the “T4” operation, as they were included on the basis

of their reporting form,¹⁹ while the vast majority of Jewish minors who became victims must have been included in the “special action.” It is almost certain that more Jewish minors died at the Brandenburg “T4” facility—based on a calculation using the figures for Jewish victims and minors among the dead, the figure must have been close to 100—than at any other “T4” facility.

Beyond being recorded in the victims’ memorial book accessible at the newly expanded Brandenburg “T4” memorial site, their identities have generally not been revealed to the public. For the aforementioned transport from Langenhorn that was part of the “special action” noted by Dr. Eberl in his calendar for 23 September 1940, I found 105 victims listed by name in the Memorial Book of the Federal Archives for the Victims of the Persecution of Jews in Germany, including 11 minors, though none younger than 13. Among them were the brothers Max and Julius Daicz. Both were intellectually disabled and had been residents at a home for children with mental disabilities in Lübeck-Vorwerk since 1931. At the time of their death, they were 19 and 17 years old. Their older sister Esther was deported to Minsk in 1941, and their mother Anna and older and younger sisters Gisela and Hanny were deported to Riga at the end of the same year. Of the family, only the father, Albert, who had emigrated to Shanghai in 1939, survived the Nazi period. Among the residents of the Vorwerk home, six other Jewish minors with disabilities accompanied the Daicz brothers to the assembly center at Hamburg-Langenhorn, where they stayed only for about a week before being transported to Brandenburg.²⁰

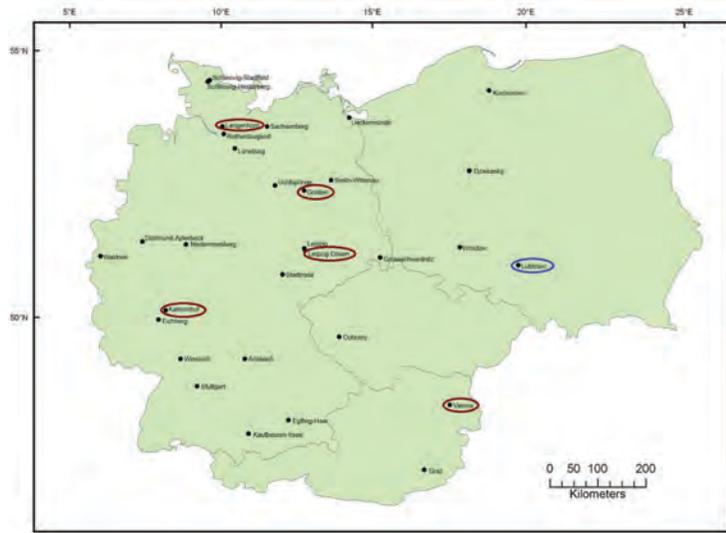


Irmfried Eberl’s pocket calendar. Source: Brandenburg Memorial; original at the Hessisches Hauptstaatsarchiv Wiesbaden, 631a, 1611. Picture taken by the author.

Beyond the “T4” operation, Jews with disabilities and mental illnesses were victimized in other ways. After the stop of “T4” in August 1941, there were still Jewish patients at the Jewish hospital at Bendorf-Sayn, which according to a general decree of 12 December 1940 had become the sole facility that was supposed to admit them. After their deportation, the facility was closed in November 1942, and its designated replacement, the psychiatric station at the Jewish hospital in Berlin, was closed at the end of 1943; its patients, too, were deported to the death facilities in the East. However, given the insufficient capacity of both facilities, Jews continued to be admitted to regular psychiatric facilities, where they subsequently became victims of the so-called “decentralized euthanasia.”²¹ In addition, from fall 1939 onward Jews had become victimized as residents in the many psychiatric facilities in eastern Europe that saw their patients murdered in shootings, a stationary gas chamber at Poznan, and gassing vans. The murders sometimes went beyond patients in such facilities, and they included infants and children. For example, in October 1940, 290 old, infirm, and mentally ill Jews who resided in a geriatric home in Kalisz, Poland, were killed in a gassing van, as were 214 disabled children in the local children’s home of Jeisk in the Ukraine in October 1942, and 54 seriously ill infants in Spa-Teberda on the Crimea in January 1943. In the annexed and occupied Polish areas, as historians have noted, “Jewish and Polish-Jewish mentally ill had no chances of survival” and were murdered “in principle.” This does not mean, however, that in homes and asylums with German or non-Jewish patients those would be spared, as in many cases all inmates were killed indiscriminately, and any reprieve tended to be temporary.²²

Jewish Children and “Children’s Euthanasia”

Targeting infants, children, and youths mostly in family care, the National Socialist “children’s euthanasia” program was originally set up to include infants and small children up to three years of age, although it would



Map of “special children’s wards.” Red circles: Locations with confirmed Jewish child victims. Blue circle: Location where “Luminal booklet” was found²⁵

soon be expanded to youth up to the age of 16.²³ About 30 killing centers, or “special children’s wards,” were established. Pediatricians, nurses, and other health practitioners were to report children with disabilities, congenital illnesses, and malformations to local public health offices, which then notified via a reporting form a benignly labeled but fictitious “Reich Committee for the Scientific Registration of Severe Hereditary Ailments” (*Reichsausschuss zur wissenschaftlichen Erfassung von erb- und anlagebedingten schweren Leiden*). It was actually located in a branch office of the Chancellery of the Führer in Berlin. Reporting forms were also sent from asylums and hospitals in which pediatric care was provided. The Berlin office, after an administrative screening of the reports there, commissioned a permanent board of three medical evaluators to determine the fate of the children, with a “positive” result being the admission of the children in a “special children’s ward” either for “treatment” (the authorization of murder) or further observation.

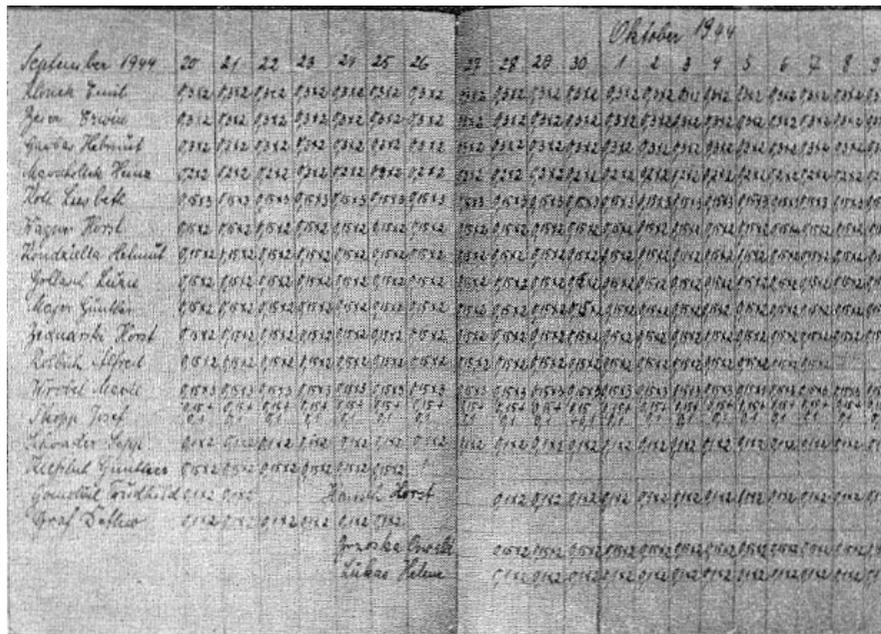
The children’s parents were contacted and told that their children would receive expert treatment in these wards to entice the parents to consent to the children’s admission; threats or financial incentives were provided if they did not comply. The children, termed *Reichsausschusskinder* (Reich Committee children), were killed by physicians and staff members, typically with an overdose of a barbiturate called Luminal, after which parents were notified of the “sudden unexpected” death of their child. The physicians’ participation was always voluntary, and they had the ultimate authority to order or decline a killing once authorized from Berlin. The total number of casualties of this procedure was at least 5,000.

As historian Herwig Czech has noted in the context of the murders at the Spiegelgrund facility in Vienna, one of the deadliest facilities of its kind, the procedure did not represent indiscriminate extermination, but rather a medicalized process of deliberate observation, evaluation, selection for life or death, and murder.

The perfidious nature of this killing program may be obvious today, but even before the Nazis came to power the right to life of an infant with a disability could not always be taken for granted in Germany, not even among the parents of such infants. That was the utterly surprising result of a survey taken in 1925. Ewald Meltzer, a physician and the well-respected director of one of Saxony’s oldest and largest educational and residential facility for disabled children, and also a vocal critic of Binding and Hoche at the time, asked parents of children in his facility whether they would agree to a painless curtailment of their child’s life if experts established that it suffered from incurable idiocy. To Meltzer’s consternation, about three fourths of the parents or guardians answered in the affirmative.²⁴ A year later, the Nazi party still won only 2 of the 96 seats in the Saxon Diet; therefore, the results cannot be explained by reference to a purported manifestation of an early pro-Nazi attitude in the population. The latent acceptance of the notion of the killing of a disabled child as an act of “mercy” that shone through in the parents’ response may well have encouraged the planners of the “children’s euthanasia,” thinking, perhaps, that such killings might not even be considered particularly offensive or malicious among significant numbers of Germans.

Vital records have not survived for all of the about 30 “special children’s wards,” and for some facilities it cannot even be determined whether children were designated *Reichsausschusskinder* or just otherwise housed in a facility. The typical response of archivists and local medical historians with access to the remaining records to my inquiries has been that no known records of Jewish children exist. This is particularly true for facilities in which the “special children’s ward” came into existence relatively late in the early 1940s, by which time all or almost all Jewish patients of any age would already have been transferred, deported, or killed. For some

facilities, there are records, but they are incomplete. For the four “special children’s wards” located in Poland, with typically a much larger portion of Jews in the population than in Germany, extensive death records exist but do not include the patients’ religion, or cover only the years before a “special children’s ward” had been established there. At the large psychiatric facility at Dobraný (Czech Republic), for which historians have firmly established the existence of a “special children’s ward” and relevant records are believed to have survived, the hospital directorship has not granted researchers access and even claimed that none of the patients had become victims of “euthanasia.” The scant record of Jewish “Reich



Pages in “Luminal booklet.” Source: Dionizy Moska, “Eksterminacja w zakładzie ‘Loben,” *Przegląd Lekarski* 32 (1975): 113.

Committee children” thus does not mean that only a handful existed, although their number was certainly not large.

One of the most revealing and incriminating pieces of evidence about the operation of a “special children’s ward” can be seen for the one in Lubliniec (Poland). At the end of WWII a medical booklet was discovered there (the “Luminalbuch”) that contained the dosages of barbiturates (phenobarbital) given to children, of whom all or almost all were in the “special children’s ward.” Two Polish physicians reported at the time that 235 children from ages up to 14 were listed in the booklet, of whom 221



Berto Goldstrom. Source: Yad Vashem, Central Database of Shoah Victims' Names. Available at <http://namesfs.yadvashem.org/>

had died. An investigation revealed that the medical records of the children had been falsified, as those records showed a far lower dosage of Luminal given to them than was entered into the Luminal booklet. For example, the medical records for Marianna N. showed for 16 January 1943 (she died on that day) a dosage of .1 gram of Luminal, whereas the Luminal booklet showed the actual dosage as .4 grams, or four times the dosage

recommended for her body weight. A page from the booklet shown here is a record of the systematic poisoning of children in the "special children's ward." It is a precise accounting of murder, meticulously recorded and executed.

Jewish child victims can be documented for a few of the "special children's wards." The one at Leipzig-Dösen was established in October 1940 as the fourth one overall and the first in what today is the state of Saxony. It continued to operate until December 1943. The number of children who died in the ward is among the highest confirmed: about 550. There are two known Jewish victims among them.

Ruth Kirschbaum was murdered at Leipzig-Dösen at age 7 in November 1941, having been transferred there from the asylum Grossschweidnitz. She had an intellectual disability and was considered a *Mischling* of the first degree. Divorced since 1929 from her non-Jewish husband, her mother was Jewish and remained herself a resident of a care institution until her death in 1942, possibly a victim of "decentralized euthanasia." The



Jakob (Jakovas) Nemecinskis and Walter Kaposi. Source: Wiener Stadt-und Landesarchiv.³¹

second Jewish victim was Elfriede Thieberg, who died at the age of 10 three months earlier. Born in Poland, she too had an intellectual disability. She was institutionalized at Dösen at age two and then transferred to two other care facilities before returning to Leipzig-Dösen in March 1941. Her parents, Ciwie and Josef Thieberg, who had left for Belgium in 1939, were transported to Auschwitz in August 1942. A sister survived hidden in a convent.²⁶

A number of Jewish children who died in facilities with "special children's wards" have also been identified for the psychiatric clinic Brandenburg-Görden and Vienna's Spiegelgrund facility. Görden is notorious for a variety of reasons. It was termed "Reich training station" for "children's euthanasia" physicians (they attended several-week-long seminars there that very likely involved medical training in killing methods); it housed about 4,000 psychiatrically disabled or ill children and youths between 1938 and 1944, of whom almost 1,300 died, not including the 430 who were gassed in the "T4" program; it had a mortality rate of almost 90% among the "Reich Committee children"; and it had a research station for carrying out medical experiments on minors. Although the connection between the "special children's ward" and some of the victims still appears tenuous, records indicate the existence of at least 8 Jewish victims who were minors. One of them was Berto Goldstrom. His parents, Sally and Liesbeth Goldstrom, perished at Auschwitz, while a brother survived. Berto was admitted to Görden at age 3 and died within about 3 months in 1941. A marker in his and two other children's memory was placed in Görden's small Jewish cemetery in 2010. Recent research has established how many of the "children's euthanasia" victims at Görden in particular were utilized as suppliers of tissue samples used in scientific research.²⁷

About 800 children died at Vienna's Spiegelgrund. In the context of medical crimes, its name has become near synonymous with Dr. Heinrich Gross, a "child euthanasia" physician who tormented children with particular zeal.²⁸ There are five confirmed children among the victims who were Jewish.

For Margarethe Glaser, no medical records have been found, and her familial background is unknown. She dies at the Spiegelgrund at age 15. Wilhelm Kaposi suffers from injuries during birth and is delayed in his physical and mental development. When his parents emigrate to Britain in 1938, the eight-year-old boy suffers from the separation, and he goes through five different homes, hospitals, and institutions before ending up at the Spiegelgrund, where Dr. Gross examines him on admission and from there on calls him "Israel." Dr. Gross also notes typical signs of a "near-Asian race." Less than four months after his admission, the child dies at age 12 from pneumonia, a typical manifestation of Luminal poisoning. Jakob Nemecinskis, too, dies of pneumonia, at age 11. Born in Lithuania, his familial background is unknown.²⁹ Dr. Gross discovers during Jakob's exam upon admission that the boy is circumcised. The boy dies less than 3 months later. Ilse Philippovic and Max Reichmann both develop meningitis early in their childhood. As a consequence, Max Reichmann becomes deaf and is intellectually delayed. His parents flee to Australia in 1938. During his stay at the Spiegelgrund, Max appears to be starving. The report of his case to the Reich Committee notes that he is Jewish and is unlikely ever to be able to work. He dies at age 14. After her meningitis, Ilse Philippovic, who has a Jewish mother, suffers from epilepsy and a delay in her physical and intellectual development. She dies at age 12, less than a month after being admitted. Her mother survives the war and gives testimony in investigations against Spiegelgrund physicians.³⁰

At Hadamar, which after the stop of "T4" became a site of "decentralized euthanasia," a different and unusual series of events occurred in 1943. The nearby facility Kalmenhof had a "special children's ward" located on a floor of its hospital there. When the hospital could no longer accommodate all the children, some of them were placed in the nearby seniors' home, to be moved to the hospital floor, where the actual killings occurred later. The home's director resisted the "euthanasia" program and tried to hold children back. Her efforts were only partially successful, but she kept track of the children's names, and two children who resided there were not sent to the hospital along with the others but to Hadamar instead. At Hadamar, a misleadingly termed "Educational Home" for children was established in May 1943, which in fact was an assembly center for Jewish *Mischlinge*. Among those who were sent there, it has not been documented that any of them had a disability or mental disorder; rather, they were under public guardianship. 45 children and youths were admitted, of whom 40 died.

Among the forty dead were the two children sent from the Kalmenhof facility. Born in 1931, Heinz H. was an out-of-wedlock child of a Catholic mother and Jewish father. After both parents had died in 1937, he was first raised by foster parents and then placed in a home. His patient record at the Kalmenhof facility contains negative remarks about his Jewishness and alleged psychopathology. Willi N. was born in the same year as Heinz H. After being placed under temporary public guardianship, he also ended up at the Kalmenhof facility. Their fate appears to reflect a division of labor between Hadamar and the Kalmenhof facility: whereas the non-Jewish children were sent to die in the Kalmenhof's "special children's ward," the two Jewish *Mischlinge* were sent to Hadamar for the same purpose. Neither child survived there for more than 3 months.

A further case of a Jewish *Mischling* at the Kalmenhof facility was that of Ruth Pappenheimer, who was reported to the Reich Committee in spite of displaying no evidence of a disability. Her father, Julius Pappenheimer, died in the Shoah, probably at Sobibor, while her mother died in 1933. Ruth Pappenheimer was alleged to be morally deviant and ended up at the Kalmenhof facility, where she was murdered in 1944 at age 19. Her brother Alfred, raised by their father's brother, died at Treblinka.³²

Further Developments

For children like Erwin Sängler, death at Hamburg-Langenhorn was not the final act. Dr. Knigge, as head of the "special children's ward," carried out a dissection of Erwin's brain, as he did with the brains of other "child euthanasia" victims there. In Nazi medicine, the justification for such procedures was simple: by having their bodies and organs put to use for scientific investigation, "worthless" individuals with disabilities could provide at least some benefit to society postmortem. The brains of victims like Erwin were sent to the Neuroanatomical Institute of the University Hospital at Hamburg-Eppendorf. Their remains lingered there until tissue samples were identified as those of five "children's

“euthanasia” victims around 2010. These remains were buried in a local cemetery in September 2012, about 70 years after their deaths.³³

In the post-WWII period, Dr. Knigge at first tried to hide the existence of Erwin as a victim from prosecutors. When he and Dr. Walter Bayer, the head of the other “special children’s ward” in Hamburg housed in the pediatric clinic Rothenburgsort, jointly came under investigation, both openly admitted to have killed—current research puts the number of murdered children in the two “special children’s wards” at 82, which is likely far below the actual number, given the fact that most records from Dr. Bayer’s clinic had been destroyed. Unlike Dr. Knigge, Dr. Bayer relied on a small group of young female resident physicians to whom he delegated the execution of the killings in his “special children’s ward.” In his testimony during investigation, Dr. Knigge indicated that he thought he had done no wrong; he stated that after the children had been selected “in accordance with the most stringent medical criteria,” his actions did not violate any laws of humanity. In fact, relating directly to Binding and Hoche, he considered these actions toward individuals who were already “mentally dead” as those of deliverance—from the burden of their disability. Dr. Bayer, the other physician under investigation, also openly alluded to Binding and Hoche in noting that the “removal...of these empty shells” was an act, as he put it, “of help, of deliverance, based on the highest standard of responsibility and the strongest compassion [for them].” He argued that he could not have committed crimes against humanity because what he termed the “living things” he killed weren’t human at all.

When the court solicited a legal opinion, the opinion’s author expressly mentioned the condition experienced by Erwin Sanger and some of the other children, Down syndrome, but noted that such “idiots” merely constituted human “material,” cases for which the author “had himself wished a termination of life for many years.” After that, in 1947 the state attorney general at the time suggested to the court that the cases be discharged from prosecution, while another state attorney noted that the physicians had merely assisted the children in dying a painless death, and therefore could not be proven guilty in a criminal sense. Another state attorney opined in 1949 that these killings did not constitute crimes against humanity because the presence of base motives could not be proven. The court set aside the prosecution in that year. In the meantime, Dr. Knigge had died of polio. Dr. Bayer, on the other hand, continued to work as a pediatrician in private practice a few years later, and in 1961 Hamburg’s Chamber of Physicians declined to revoke his medical license, for it found “no presence of serious moral misconduct.” That year, the surviving member of the Sanger family, Erwin’s brother, contacted Hamburg’s authorities about the possibility for restitution. In response, and effectively shutting down the inquiry, the authorities noted that Erwin had died of pneumonia, had not been made to wear the Jewish star, and had not been otherwise designated as Jewish. Dr. Bayer died in 1972. Of the small group of young female resident physicians who had worked in his “special children’s ward” and were the actual killers, all appear to have continued their careers in pediatrics and related specialties.

A small “stumbling block” commemorates Erwin Sanger in Hamburg today. It is placed together with stumbling blocks for other members of his family on public pavement and reads: “Here resided Erwin Sanger, born 17 February 1935, admitted to special children’s ward, ‘care facility’ Langenhorn, murdered 10 April 1943.” Other Jewish victims of “children’s euthanasia” have been recognized through symbolic grave markers, and five graves (and a joint “grave of honor” in which they are included) exist at Vienna’s Central Cemetery.

And Drs. Eberl, Gross, and Overhamm? Dr. Eberl, who gassed Jews in the “special action” at Brandenburg, became the director of the “T4” facility Bernburg and the first commandant of Treblinka. He committed suicide in 1948 awaiting trial.



“Stumbling blocks” for Erwin Sanger’s family in Hamburg.
Picture taken by Sven-Olaf Peeck.

The Spiegelgrund’s Dr. Gross was sentenced in 1950 to two years of prison for a single case of manslaughter, but the verdict was set aside on a technicality. Why only manslaughter? Because according to Austrian criminal law, until 1997 murder could not have been committed against those with serious mental illnesses or intellectual disabilities (including children), because malice required the exploitation of a victim’s unsuspecting state, and those victims in particular were assumed to lack the capacity to be unsuspecting! Hence, only convictions for manslaughter were feasible, even for cases of mass murder of intellectually disabled children.³⁴ After his release, Dr. Gross became one of Austria’s most prominent forensic experts, and he utilized tissue samples from his child victims, which he had obtained and then stored in the basement of a laboratory, in a series of scientific publications over the next decades. After the existence of the basement and its specimens became public in the late 1980s, investigations found that remains of four of the five Jewish Spiegelgrund children were among them. In 1997 these remains were given to the Jewish Community of Vienna for burial. Dr. Gross died a free man in 2005.

Finally, Dr. Overhamm, whose note “unworthy of life!” in a Jewish patient’s medical record provided an early manifestation of the penetration of such discourse into medical practice in Nazi Germany, became the chief medical director of one of the largest facilities of psychiatric care in Southwest Germany, Emmendingen, in 1949 and remained there until his retirement. One of Overhamm’s predecessors at Emmendingen reportedly had a conversation in 1940 with Alfred Hoche, who had his professorship at Freiburg, just to the south of the city, a conversation in which Hoche expressed sincere reservations toward the Nazi “euthanasia” program. Meanwhile, Hoche’s co-author Karl Binding remained an honorary citizen of Leipzig, his home town, until the city council revoked the honor in 2010. Perhaps their ghosts have been exorcised at last.



Exhibit at the Spiegelgrund/Vienna on Nazi medical crimes.
Picture taken by the author.

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(Endnotes)

- 1 I wish to thank the Carolyn and Leonard Miller Center for Holocaust Studies and the librarians at the Bailey-Howe library for supporting my research for this article.
- 2 Hildegard Thevs, *Stolpersteine in Hamburg-Rothenburgsort* (Hamburg: Landeszentrale für politische Bildung, 2011), 146-47; Marc Burlon, "Die 'Euthanasie' an Kindern während des Nationalsozialismus in den zwei Hamburger Kinderfachabteilungen," Medical Dissertation, University of Hamburg, 2009, 103, 170-73; for Erwin Sängers parents, see the Memorial Book of the Federal Archives for the Victims of the Persecution of Jews in Germany (1933-1945), for Flora Sängers: <http://www.bundesarchiv.de/gedenkbuch/en958808>; for Willy Sängers: <http://www.bundesarchiv.de/gedenkbuch/en958852>.
- 3 Henry Friedlander, *The Origins of Nazi Genocide* (Chapel Hill: University of North Carolina Press, 1995); Rael Strous, "Extermination of the Jewish Mentally-Ill during the Nazi Era," *The Israel Journal of Psychiatry and Related Sciences* 45 (2008): 247-56; Georg Lilienthal, "Jüdische Patienten als Opfer der NS-'Euthanasie'-Verbrechen," *Medaon* 5 (2009): 1-16; Annette Hinz-Wessels, "Antisemitismus und Krankenmord," *Vierteljahrshefte für Zeitgeschichte* 61 (2013): 65-92.
- 4 Heinz Faulstich, *Hungersterben in der Psychiatrie, 1914-1949* (Freiburg: Lambertus, 1998); Karl Binding and Alfred Hoche, *Die Freigabe der Vernichtung lebensunwerten Lebens* (Leipzig: Meiner, 1920); for a pertinent discussion, see Gerrit Hohendorf, "Empirische Untersuchungen zur nationalsozialistischen 'Euthanasie' bei psychisch Kranken," Habilitationsschrift, Dept. of Medicine, Technical University of Munich 2008, 17-37.
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- 7 Harry Laughlin, *Eugenical Sterilization in the United States* (Chicago: Psychopathic Laboratory of the Municipal Court of Chicago, 1922); for analysis and contexts, see Paul Lombardo, *Three Generations, No Imbeciles* (Baltimore: Johns Hopkins University Press, 2010); Gisela Bock, *Zwangsterilisation im Nationalsozialismus* (Opladen: Westdeutscher Verlag, 1986); Stefan Kühl, *The Nazi Connection* (Oxford: Oxford University Press, 1994). For sterilizations in Vermont and other American states, see Lutz Kaelber, "Eugenics: Compulsory Sterilization in 50 American States," available at <http://www.uvm.edu/~lkaelber/eugenics/>.
- 8 Strous, "Extermination of the Jewish Mentally-Ill," 248-49.
- 9 Strous, "Extermination of the Jewish Mentally-Ill," 249-50; Hinz-Wessels, "Antisemitismus und Krankenmord," 68; Friedlander, *Origins of Nazi Genocide*, 246-47; Michael Schwartz, "'Rassenhygiene, Nationalsozialismus, Euthanasie?,'" *Westfälische Forschungen* 46 (1996), 604-622; Astrid Ley and Annette Hinz-Wessels, eds., *The 'Euthanasia-Institution' of Brandenburg an der Havel* (Berlin: Metropol, 2012), 26.
- 10 I am grateful to Dr. Franz Janzowski for information. See also Hohendorf, "Empirische Untersuchungen," 50-51, for a third patient.
- 11 Hinz-Wessels, "Antisemitismus und Krankenmord," 70-73.
- 12 Hinz-Wessels, "Antisemitismus und Krankenmord," 67.
- 13 These were Drs. Paul Nitsche, Theodor Steinmeyer, Friedrich Mennecke, and Werner Heyde, respectively.
- 14 Annette Hinz Wessels, Petra Fuchs, Gerrit Hohendorf, and Maïke Rotzoll, "Zur bürokratischen Abwicklung eines Massenmords," *Vierteljahrshefte für Zeitgeschichte* 53 (2005): 79-107, especially 94-95.
- 15 Hinz-Wessels, "Antisemitismus und Krankenmord," 75.
- 16 Hinz-Wessels, "Antisemitismus und Krankenmord," 84-85; Lilienthal, "Jüdische Patienten als Opfer," 8.
- 17 Hinz-Wessels, "Antisemitismus und Krankenmord," 77-80, 86; Ley and Hinz-Wessels, *The 'Euthanasia-Institution' of Brandenburg*, 27; Lilienthal, "Jüdische Patienten als Opfer," 9; Annette Hinz-Wessels, "Das Schicksal jüdischer Patienten in brandenburgischen Heil- und Pflegeanstalten im Nationalsozialismus," in Kristina Hübener, ed., *Brandenburgische Heil- und Pflegeanstalten in der NS-Zeit* (Berlin: be.bra, 2002), 279. The number provided by the Reich Association of Jews does not include patients in Austria or those in private care facilities.
- 18 Petra Fuchs, "Zur Selektion von Kindern und Jugendlichen nach dem Kriterium der 'Bildungsunfähigkeit,'" in Maïke Rotzoll, Gerrit Hohendorf, Petra Fuchs, Paul Richter, Christoph Mundt, and Wolfgang Eckart, eds., *Die nationalsozialistische 'Euthanasie'-Aktion 'T4' und ihre Opfer* (Paderborn: Schöningh, 2010), 87-96; Thomas Beddies, "Kinder und Jugendliche in der brandenburgischen Heil- und Pflegeanstalt Görden als Opfer der NS-Medizinverbrechen," in Hübener,

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19 Annette Hinz-Wessels, "Jüdische Opfer der 'Aktion T4' im Spiegel der überlieferten 'Euthanasie'-Krankenakten im Bundesarchiv," in Rotzoll et al., *Die nationalsozialistische 'Euthanasie'-Aktion 'T4'*, 144.

20 <http://www.bundesarchiv.de/gedenkbuch/>; Heidemarie Kugler-Weiemann, "Fünfhausen 5 - Familie Daicz," available at <http://www.stolpersteine-luebeck.de/n/de/main/adressen/fuenfhausen-5.html>; see also Harald Jenner, "Das Kinder- und Pflegeheim Vorwerk in Lübeck in der NS-Zeit," in Theodor Strohm and Jörg Thierfelder, eds., *Diakonie im "Dritten Reich"* (Heidelberg: Heidelberger Verlagsanstalt, 1990), 169-204.

21 Lilienthal, "Jüdische Patienten als Opfer," 9-10.

22 Hans-Walter Schmuhl, *Rassenhygiene, Nationalsozialismus, Euthanasie* (2nd ed.; Göttingen: Vandenhoeck & Ruprecht, 1992), 245; Fritz Bauer, Karl Bracher, and Christian Rüter, eds., *Justiz und NS-Verbrechen*, Vol. XXXVII (Amsterdam: Amsterdam University Press, 1972-73), no. 777; Volker Rieß, *Die Anfänge der Vernichtung "lebensunwerten Lebens" in den Reichsgauen Danzig-Westpreußen und Wartheland 1939/40* (Frankfurt: Lang, 1995), 362; Michael Alberti, *Die Verfolgung und Vernichtung der Juden im Reichsgau Wartheland 1939-1945* (Wiesbaden: Harrassowitz, 2006), 335-336; Strous, "Extermination of the Jewish Mentally-Ill," 252-53.

23 See Lutz Kaelber, "Child Murder in Nazi Germany," *Societies* 2 (2012), 157-194.

24 Michael Burleigh, *Death and Deliverance* (Cambridge: Cambridge University Press, 1994), 21-23.

25 I am indebted to Dr. Beverley Wemple, Dept. of Geography, for assistance.

26 Lutz Kaelber, "[Special Children's Ward] Leipzig-Dösen," available at <http://www.uvm.edu/~lkaelber/children/leipzigdoesen.html>; Jürgen Nitsche, "Unter einem doppelten Fluch: Jüdische Opfer der nationalsozialistischen Krankenmordaktion in Sachsen," *Sonnenstein Hefte* 8 (2010): 47-78. I wish to thank Dr. Jürgen Nitsche for additional information.

27 Beatrice Falk and Friedrich Hauer, *Brandenburg-Görden* (Berlin-Brandenburg: be.bra, 2007), 69-132; Thomas Beddies, "Die Einbeziehung von Minderjährigen in die nationalsozialistischen Medizinverbrechen," *Praxis der Kinderpsychologie und Kinderpsychiatrie* 58 (2009): 518-29. My research on these children is still preliminary. I wish to thank Dr. Thomas Beddies and Dr. Friedrich Hauer for sharing information with me. The names of Berto Goldstrom and two other "children's euthanasia" victims have been identified in newspaper reports (see *Märkische Allgemeine, Brandenburger Kurier*, 5 January 2010).

28 See, for example, Florian Thomas, Alana Beres, and Michael I. Shevell, "'A Cold Wind Coming': Heinrich Gross and Child Euthanasia in Vienna," *Journal of Child Neurology* 21 (2006): 342-48.

29 According to his Lithuanian passport, his correct name was Jakovas Nemečinskis. I wish to thank Dr. Berg of the Wiener Stadt- und Landesarchiv for additional information. The book of the dead at the Spiegelgrund memorial and the honorary grave of Spiegelgrund victims in Vienna's Central Cemetery list his last name as Nemencindkis. Häupl (see below) gives his name as Nemečinskis.

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31 Wiener Stadt- und Landesarchiv, M.Abt. 209 - Wiener Städtische Nervenklinik für Kinder; A2: Wilhelm Kaposi bzw. Jakob Nemečinskis.

32 Andrea Berger and Thomas Oelschläger, "'Ich habe sie eines natürlichen Todes sterben lassen': Das Krankenhaus im Kalmehof und die Praxis der nationalsozialistischen Bildungsprogramme," in Christian Schrappner and Dieter Sengling, eds., *Die Idee der Bildbarkeit* (Weinheim: Juventa, 1988), 330-35; Peter Sandner, *Verwaltung des Krankenmordes* (Giessen: Psychosozial-Verlag, 2003), 658-63; Martina Hartmann-Menz, "Ruth Pappenheimer" and "Julius Pappenheimer," available at http://www.alemannia-judaica.de/images/Images%20342/Dornheim%20GG%20Ruth_Pappenheimer.pdf and http://www.alemannia-judaica.de/images/Images%20342/Dornheim%20Julius_Pappenheimer.pdf. I wish to thank the Hadamar Memorial and Martina Hartmann-Menz for additional information.

33 For this and the following, see Burlon, "Die 'Euthanasie' an Kindern."

34 Wolfgang Neubauer and Peter Schwarz, *Der Wille zum aufrechten Gang* (Vienna: Czernin, 2005), 273.