Psychiatry in the “Third Reich” in Lower Saxony

Author and production: Dr. Raimond Reiter

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The travelling exhibition *Psychiatry in the “Third Reich” in Lower Saxony* is the result of a research project between 1990 and the mid 90’s in the context of the activities of the Historical Commission for Lower Saxony and Bremen. The project was assisted and financed by the state government of Lower Saxony and the Archives of the Lower Saxony state capital of Hannover.

The foundations of the exhibition are the publication *Psychiatry in the “Third Reich” in Lower Saxony* (Raimond Reiter, Hannover 1997) and a multitude of hitherto unpublished photos and other pictures from different sources: patients files in State-Archives and State-Hospitals, files from Health-Ministry offices and private photo collections. The exhibition is also based on reproduced pamphlets from the various institutes and publications concerning hospitals and sanatoriums prior to 1945.

The exhibition not only offers information concerning important manifestations of psychiatry in the “Third Reich” but also serves in the remembrance of many thousands of victims of the inhuman national socialist ideology. Apart from recording the victims fate, the involvement of the individual institutes in the state organisation of killing patients in the “Third Reich” is shown, also the position of the staff in their restrained or overt resistance to the discrimination and execution of patients.

In national socialism doctors, civil servants, sisters and nurses were pledged to an antichristian and antihumanitarian view of mankind. The aims of this so-called “racial hygiene” were either the cure or the death of the patient. However, not each and every of those bearing responsibility were prepared to become a willing perpetrator of or an accomplice to the crimes committed under national socialist rule. NS-crimes are not directly shown in photos, since such are not among the historical material available.

Information concerning activities in remembrance of victims of NS-psychiatry is noteworthy and will be pictured at the end of the exhibition.

*Dr. Raimond Reiter*  
*Hannover 2007*

Further information online:  
www.gedenkstaette-psychiatrie.niedersachsen.de
Psychiatry in the “Third Reich” made hardly any attempt to hinder “racial” political interventions and means, chosen over the years, in an attempt to progressively and radically propagate selection in the presumptive “Volksgemeinschaft” (Peoples Community). The danger for individuals of being considered unfit according to the standards and values of national socialism grew, and with this, the danger of being no longer considered useful. The mentally ill and the institutionalised sick were increasingly classified as ballast. All the more therefore is the work of those staff members to be appreciated, who, under these conditions, still tended their patients and attempted their cure.

The movement of patients in the Provincial Hospital and Sanatorium of Göttingen. The alterations (a general increase in the number of patients, as from the outbreak of war more women than men) was also typical for other institutes (note 3).

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of admissions</th>
<th>Number of discharges</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Women</td>
<td>Men</td>
</tr>
<tr>
<td>1933</td>
<td>177</td>
<td>181</td>
</tr>
<tr>
<td>1939</td>
<td>311</td>
<td>331</td>
</tr>
<tr>
<td>1940</td>
<td>248</td>
<td>241</td>
</tr>
<tr>
<td>1941</td>
<td>323</td>
<td>300</td>
</tr>
<tr>
<td>1942</td>
<td>379</td>
<td>280</td>
</tr>
<tr>
<td>1943</td>
<td>564</td>
<td>361</td>
</tr>
</tbody>
</table>

The nursing care was systematically reduced by a series of mandatory directives accompanied by a “racial” politically motivated discrimination. In an effort to secure this an evaluation of as many patients and their relatives as possible was carried out. Consequently soon after 1933 the so-called eugenic selection was introduced. This began in the Province of Hannover following a meeting of the directors on 15.9.1934 in the Representative Office of that time. 14 medical representatives of Provincial Hospitals and Sanatoriums and other establishments as well as 5 representatives of the Provincial Administration, including the new Provincial Governor Dr. Ludwig Gessner, were present. The main topic was elucidated in an address entitled Concerning Eugenic Studies in Hospitals and Sanatoriums given by a doctor from the Institute Göttingen. The lecturer considered in the first place eugenic studies in connection with compulsory sterilisation and, in his opinion, with the necessary genealogical research. This was intended as a prerequisite for the determination of a presumptively diseased heredity and as a hindrance to the propagation of the same.

The psychiatric institutes were intended to play a key role in the selection of the relevant subjects since they were to a great extent in possession of case histories as necessary material for a eugenic register. The study of the mentally ill was intended to reveal presumably masked forms of diseased heredity.

The eugenic studies in the institutes show, as does the sterilisation process according to the Law for the Prevention of Propagation of Hereditary Diseases, that the pretext of scientific knowledge was made to justify the arbitrary infringement of the human rights of the victims (note 4). Thus psychiatric institutes were to be used as a form of experimental establishment to gain experience for extended mandatory legislation of political consequence in the population.

A further range of instances in the Province of Hannover were involved, such as the High President of Hannover, the Provincial Administration as Employer of the State Hospitals and Sanatoriums, the Public Health Department, the Directors of the Institutes and those Medical Practioners responsible for the notification of cases for compulsory sterilisation.

(3) Table gives the figures of the Provincial Hospital and Sanatorium Göttingen from 19.1.1944 (letter of the Institute to the High President in Hannover). In: Archives of the State Capital Hannover; Hann 122 a No 3214.

Camouflage organisations took part in the NS-crimes from 1939 onwards and, in cooperation with State Authorities, organised the massmurder of patients. In Lower Saxony the following Institutes were above all involved:

- Hannover/Langenhagen: Hospital and Sanatorium of the Province of Hannover, later Neurological Clinic of the City of Hannover.
- Hildesheim: State Hospital and Sanatorium of the Province of Hannover.
- Ilten/Selnde: Private Establishment.
- Königsleub: Hospital and Sanatorium of the Land Brunswick.
- Liebenburg/Harz: Private Establishment.
- Lüneburg: State Hospital and Sanatorium of the Province of Hannover.
- Osnabrück: State Hospital and Sanatorium of the Province of Hannover.
- Rotenburg/Wümme: Institute of the Inner Mission.
- Wunstorf: State Hospital and Sanatorium of the Province of Hannover.

Indexmap

The map shows mainly the Institutes of the Provincial Administration.

**PSYCHIATRIC INSTITUTES in the Provincial Administration in Lower Saxony prior to 1945**

1. Gertrudenstein/Blankenburg
2. LHP/Wehmen
3. LHP/Wehmen (Inner Mission)
4. LHP/Lüneburg
5. LHP/Osnabrück
6. LHP/Winnefeld
7. Lüneburg/Harzer (Hospitall Villa)
8. Lüneburg/Inner Mission
9. Neukirchen/Inner Mission
10. LHP/Winnefeld
11. LHP/Hildesheim
12. Lüneburger Himmelfahrt (Inner Mission)
13. Lüneburg/Inner Mission
14. LHP/Göttingen

Indexmap

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1: Gertrudenstein/Blankenburg
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11: LHP/Hildesheim
12: Lüneburger Himmelfahrt (Inner Mission)
13: Lüneburg/Inner Mission
14: LHP/Göttingen

Siteplan of the State Hospital and Sanatorium Göttingen, 1927

The Siteplan shows buildings typical for a psychiatric institution.

(Source: Museum Archives of the State Hospital Göttingen)
The Psychiatric Institutes in Lower Saxony

Courtyard of the Hospital and Sanatorium Göttingen (built 1864/1866)
Photo from the time prior to 1939. Many psychiatric institutes were built in park-like grounds. The patients were often instructed in handicraft and agriculture as occupational therapy.
(Source: State Hospital and Sanatorium Göttingen, published by the State Hospital and Sanatorium Göttingen. Museum Archives of the Lower Saxony State Hospital Göttingen. Booklet)

Rotenburg Institute of the Inner Mission
External view of an institute building (Administration Offices, Lindenstrasse 14). Photo from between 1930 and 1940. In autumn 1941 more than a hundred children were transferred from Rotenburg to the “Kinderfachabteilung” (Paediatric Department Lüneburg) where most of them died, that is, with a probability bordering on certainty, they fell victims to the Childrens Action in the special department. (Source: Rotenburg Institute of the Inner Mission)

Dayroom of the State Hospital and Sanatorium Königslutter, House 8. Around 1936
The Institute at Königslutter, like that in Lüneburg, was a transit station for “planwirtschaftliche Verlegungen” (economic transfers). The transit stations were intended as a disguise for transfers to execution centres. The killing of patients, so-called **wild euthanasia** took place in Königslutter itself, as in the Institute Oldenburg/Wehnen, with a probability bordering on certainty, from 1941 onwards.

Interior View of a Patient’s Room
of the private establishment Ilten/Sehnde. Photo from the time before 1939. In Dr. Ferdinand Wahrendorff’s Sanatorium for Neural and Mental Diseases, Ilten, near Hannover (booklet). In the Private Establishment Ilten near Hannover a conspicuously high mortality is also apparent. This is particularly the case with patients from Hamburg where suspicion seems justified that a high proportion of these died of intentional neglect.
(Source: State Archives Oldenburg, Best. 136 No. 5194. Booklet)
II. The Staff of the Psychiatric Institutes

There are individual characteristics in psychiatric care for both patients and staff. Many of those working in psychiatry are motivated by the wish to tend and heal the sick. It is important to remember that close custody in an institution presents an exceptional state of affairs for the patients and certain dangers are inherent in the very existence of such an institution. Separation from “normal” life due to a state enactment raises not only the problem of the possibility of false medical decisions but also leads to frustration on the part of doctors and staff unable to effect a cure.

From 1933 onwards experiences such as these, aggravated by the increasing number of long term patients carried over from the times of the Weimar Republic, led to an enthusiasm for reform on the part of many psychiatrists and other medical practitioners. These expectations of therapeutic success were tragically combined with the national socialist destructive intentions and also induced doctors in Lower Saxony to commit criminal offences.

This period in the history of Psychiatry must not be forgotten. It stimulates critical consideration of questions concerning medical professional ethics connected with social responsibility. Certain doctors became murderers, became accomplices and perpetrators in a state organised mass killing.

Those concerned were well aware of this as a rule and consequently used code expressions to attempt secrecy. However, the longer the war lasted the better these were recognised: *Nobody can be in any doubt as to what is meant with “these measures”.* (picture). A handwritten note found on a file in the Lower Saxony State Archives of Hannover. The file comes from the then Provincial Hospital and Sanatorium of Wunstorf and the historical document is a directive from the Reichsministry of Home Affairs dated 4th April 1943.

What had the writer of this note discovered in the directive that should not be spelled out but was nevertheless apparent? The document of the Reichsmintistry concerned economic measures which had been discontinued and that a Reichs Study Group was ostensibly occupied with the problem of unemployed doctors, who were in the main older members of the NSDAP. There was concern for them. Consequently State Hospitals and Sanatoriums of Hannover were also informed that, at an appropriate time certain measures would again be resumed. Active assistance therefore was sought for in the institutes.
In particular the respective directors assistance concerning these measures was wished for. The meaning of this must have been generally known at this time since those establishments prepared to participate readily were requested to inform the Reichsministry accordingly.

These measures consisted of nothing less than planning a new series of executions for patients in psychiatric institutes. Designations which the uninformed reader could consider peculiar but harmless were employed in an effort to realise this.

The purport had however been recognised for some years by sections of the population, the church, the state administration and above all by the institutes themselves. It is a particularly inhuman period in the history of psychiatry in the “Third Reich” in which killings were also carried out in Lower Saxony. Was it the “tip of an iceberg”? Or can the treatment of the mentally ill be explained as something to which people who will not or can not conform to the ideal of a “Volksgenosse” (fellow countryman) are generally exposed?

The national socialist view of mankind was that a general disposability together with an economic valuation of his life style where illness and unfitness for work implied an individual indebtedness towards society. The meaning of the note on the file from Wunstorf may consequently be interpreted as follows: It not only reveals knowledge of the mass killings of institutional inmates but also registers the displeasure and objections of a number of doctors and officials in Lower Saxony. Doubts as to the National Socialist government and as to the correctness of individual dealings and those of the NSDAP became ever more widespread following the start of the Second World War.

Dr. Hermann Grimme, the director of the Hospital and Sanatorium Hildesheim was in a dilemma since he could not understand how the Führer Adolf Hitler could ever possibly condone or direct such violent measures. He was under illusions concerning the character of totalitarian rule and in 1941 was of the opinion: ... the Führer can’t be wanting anything like that. And the director of Osnabrück was completely mistaken when he supposed: ... the Führer has never lied, he still believed therefore that the Führer knew nothing at all about the action, and that they were misusing his name. (Dr. Jutz, 1941. Source: note 5).

Various people on the psychiatry assayed resistance to a greater or lesser degree, or attempted to prevent at the least the worst manifestations of the required offences. When one considers that it was a matter-of-course for those responsible it is found the more difficult to pass definite evaluations. We can feel for the efforts of the nursing staff and doctors to maintain tolerable conditions in the psychiatric sanatoriums even in time of war.

We find dedicated doctors in Lower Saxony, who considered themselves pledged to their medical ethics even in wartime such as Professor Gottfried Ewald in Göttingen and Dr. Hermann Grimme in Hildesheim. Patients were however also transferred from Göttingen and Hildesheim to the killing stations. We find doctors and assistants in Lower Saxony who advocated “euthanasia” such as Dr. Robert Müller in Königs lutter, and those who to a great extent appointed killings in their institute in Lüneburg like Dr. Max Bräuner and Dr. Willi Baumert.

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(6) Raimond Reiter, Psychiatry in the Third Reich in Lower Saxony. Hannover 1997, 233f, 322
III. Patients and the Maintenance of Patients

The revised regulations for the health services were subjected to population relevant political factors from 1933 onwards and announced as hereditary and racial culture. National socialist medicine was typified by two elements: Racial hygiene and productive medicine. The purpose of racial hygiene was the creation of those circumstances which were supposedly the most effective for the quantitative and qualitative improvement (eugenics) of the so-called German race. Productive medicine attempted the determination of the supposedly ascertainable value of a person during his spare time and at his place of employment to enable intervention in an attempt to increase productivity. A radical change with its roots in ambitions dating prior to 1933. Consequently the programme for racial cultivation and the concomitant Law for the Prevention of Hereditary Diseases were almost unanimously welcomed and put into practice by psychiatrists and other medical practitioners. This applies also to Lower Saxony.

This was accompanied by a socially darwinistic conception of the “Volksgemeinschaft” (People’s Community), where the rights of the better and stronger (positive selection) were the counterpart to the elimination of the hereditarily weak; a negative selection with often lethal consequences for those concerned. This was embedded in the totalitarian standards and values of a mutual community for the common good.

An offence against the ordained concept of duties could be prosecuted by intimidatory action or with so-called malice aforesight trials by a “Sondergericht” (special court). In some cases the Special Court in Hannover considered the accused to be insane, holding their opposition to national socialist rule to be a sign of mental illness leading to the victims committal to a mental hospital (note 7).

The positive and negative selection of “Volksgenossen” (peoples countrymen) in the “Third Reich” can be seen as a part of everyday life and changed psychiatry as well: Cure or kill the patient was the new goal. One can differentiate the following aspects in which national socialist psychiatry differs from the psychiatry of other times and substance:

1. Typical for the national socialist moulding of psychiatry from 1933 onwards was the comprehensive application of compulsory sterilisation throughout the population together with the extensive bureaucratic registration of as many relatives of the victim and other levels of society as possible.

2. The active and practical carrying out of the “euthanasia” murders as a state organised mass crime was particularly typical.

3. From 1939 on the greatest possible exploitation of patients for war purposes by misuse of occupational therapy was again typical. This was accompanied by a systematic deterioration in maintenance by means of reduction in means and an increase in the number of institutionalised patients in already overcrowded institutes.

4. Lastly, medical psychiatric consideration of the mentally ill according to their supposedly measurable worth and racial hygiene was inherent in national socialist psychiatry. The standard measure was not the individual person but rather the people and other mystical powers.

A differentiated observation of the psychiatric institutes in Lower Saxony shows that the various establishments reacted very differently to the conditions under national socialist rule. Some collaborated unconditionally, others attempted to hinder a worsening of the situation as far as possible, and others attempted to resist encroachment, with differing degrees of success. This affected above all the maintenance of the patients and their chances of survival.

(7) Raimond Reiter, Empirics and Method in the Investigation of the “Third Reich”. Frankfurt/M. 2000, 125 f. 206

(8) State Hospital and Sanatorium Hildesheim.

Patients Collective Trip to the Hunting Lodge

Patients of the private establishment Ilten near Hannover. Photo from the time before 1939. In: Dr. Ferdinand Wahrenroff’s Sanatorium for Neural and Mental Illnesses. Ilten near Hannover: The booklet of the Wahrenroff’s Sanatorium was information and advertisement for the clinic. Scenes are shown on a number of photos which do not appear typical of a psychiatric institute.

(Source: State Archives Oldenburg; Best. 136 no. 5194. Booklet)

Day Ward of Women’s House II of the Hospital and Sanatorium Wunstorf

Photo from the time 1925–1927. Long term patients and patients registered as incurable were regarded as a problem by the psychiatry of the 20’s.

(Source: Lower Saxony State Hospital Wunstorf)

<table>
<thead>
<tr>
<th>Institute</th>
<th>1933 (36)–1938</th>
<th>1939–1944</th>
<th>1933–1944</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hildesheim from 1936 on (note 8)</td>
<td>1,568</td>
<td>6,4</td>
<td>1,370</td>
</tr>
<tr>
<td>Ilten</td>
<td>1,227</td>
<td>4,3</td>
<td>1,484</td>
</tr>
<tr>
<td>Königsbrunn</td>
<td>942</td>
<td>9,6</td>
<td>848</td>
</tr>
<tr>
<td>Lüneburg</td>
<td>1,553</td>
<td>6,5</td>
<td>1,894</td>
</tr>
<tr>
<td>Neuerkerode</td>
<td>543</td>
<td>3,1</td>
<td>648</td>
</tr>
<tr>
<td>Osnabrück from 1936 on</td>
<td>935</td>
<td>3,0</td>
<td>834</td>
</tr>
<tr>
<td>Rotenburg W.</td>
<td>1,075</td>
<td>4,0</td>
<td>758</td>
</tr>
<tr>
<td>Wehlen from 1936 on</td>
<td>1,072</td>
<td>9,7</td>
<td>1,201</td>
</tr>
<tr>
<td>Wunstorf, without 1934, till 1941</td>
<td>930</td>
<td>6,2</td>
<td>882</td>
</tr>
</tbody>
</table>

Average numbers and percentages over the years.

Number of inpatients and deathrates in Lower Saxony 1933 to 1945.

(Source: Lower Saxony State Hospital Wunstorf)
The planning and execution of the so-called _planned economic transfers_ (a camouflage term) forebode major encroachment. The meaning and purpose of this form of transfer was apparent to those responsible in the Provincial Administration in Hannover and in the State Hospitals and Sanatoriums of the Province of Hannover at the very latest from summer 1940 onwards: Transport in one of the six centralized execution institutes (Bernburg, Brandenburg, Grafeneck, Hadamar, Hartheim, Sonnenstein) took place from March til August 1941 in three stages.

In order to differentiate _planned economic transfers_ from other kinds of transfer the following must be emphasized: on the one hand transfers were usual in times of war for reasons of space, i.e. that particularly resulting from bombing or the temporary closure of buildings due to the necessities of war. Then again transfers to the transit stations Lüneburg and Königsloot were carried out as camouflage in connection with “euthanasia” crimes. From these the transfers of patients to institutes where they were killed in the scope of _wild euthanasia_ are to be differentiated.

In Lower Saxony there is strong suspicion that such killings were carried out in the State Hospital and Sanatorium Königsloot and in Wehnen. In the institute of Lüneburg this is also considered possible in literature appertaining to the subject. The following transfers were directly connected with the killing of patients in Lower Saxony:

- The assembly of Jewish patients in Wunstorf Institute for transport to the old Brandenburg prison in order to kill them there (camouflage for this transfer: the institute in “Chelm” or “Cholm” in Lublin/General government was named as destination). The Jewish patients were collected in Wunstorf in September 1940.

- The selection and transport of German patients from, to and out of transit institutes for further transport, e.g. to Hadamar. This form was employed for both _planned economic transfers_ and for transfers to so called _wild euthanasia_. _Planned economic transfers_ began in Lower Saxony at the beginning of March 1941, i.e. compared with other areas of the German Reich relatively late.

- The assembly of mentally ill children in the “Kinderfachabteilung” (paediatric department) at Lüneburg. The first children were transferred at the beginning of October 1941, mainly from the Institute Rotenburg/Wümme.

- The last major transfer was in connection with mentally ill “eastern workers” and Poles who were assembled in the institute of Lüneburg from September 1944 onwards. The transport to a execution centre followed. Reason for the collection of the mentally ill foreigners was an edict of the Reichs Minister for Home Affairs on 6th September 1944. At least 67 foreign mentally ill patients were concerned. They were transferred from the institute in Lüneburg on the 20th December 1944 (note 9).

Since 1945 there have been a series of investigations of and court cases on homicide in psychiatric institutions. Since 1945 approximately 120 persons have stood trial for homicidal crimes in psychiatric institutes. Of these about half ended in conviction, in six cases before 1947 the sentence was one of death (in: Justice and NS-Crimes, note 10). Although extensive evidence of the deliberate killing of patients was available the number of convictions in German courts was comparatively small and the severity of sentences for the same was relatively mild. The problems thereby are complicated and touch upon the question of the character of NS-crimes and the “euthanasia” killings as a semi state organized offense.

A characterization of the institutionalized and organized killings as state crimes did not take place. Not only that: the main perpetrators and accomplices in the institutes could, until the end of the war, count on being unmolested by the law, and after the war the silence and complicity of judges and public prosecutors was not adequately avenged.

The collection of files concerning offences in connection with "euthanasia" in Lower Saxony in chancelleries of public prosecutors is dozens of meters long. These include files of the public prosecutor of Hannover concerning planned economic transfers in the Province of Hannover in 1941. These transfers were fully analysed during the Geföhrder Trial in the State Law Court in Hannover from 10th until the 29th of July 1950.

The court went on the assumption of some 7,000 mentally ill and feeble minded who were in the care of the then Provincial Administration of Hannover of whom around 4,000 were inmates in State Hospital and Sanatoriums. Of these about 80% were registered on registration forms for transport to an execution institute and subsequently in 1941 on 15 occasions 2,000 patients were brought to transit stations. From thence a further transport took place, above all to the execution institute in Hadamar.

Finally in 1950 the court established the following facts concerning planned economic transfers: Herewith have the consequences of the homicidal actions in the various institutes been thoroughly established. They have shown that of the 7,000 mentally ill in Institutes of the Province of Hannover 231 most certainly were killed. That is about 3.3% of the inmates of institutes. The actual number of victims is certainly markedly higher. If the worst is assumed, that is that all 1669 patients transferred in the first phase came into execution institutes and that there, as attested by the witness Gorgoß 90% of these were killed, then this amounts to at the most 1,500 or around 21% of the inmates of institutes (note 10).

A number of sources reveal that certain sections of the community knew of the purpose underlying planned economic transfers and were to a great extent against it (note 11). As in the Land of Braunschweig, in the region of the Upper State Court of Celle, and in various other areas in the German Reich.


Lüneburg and Königslutter

The staff of the institutes of Lüneburg, Osnabrück, Königslutter and Rotenburg/Wümme were more or less adequately informed from early on as to the purpose underlying the planned economic transfers. An active opposition against these planned economic transfers was the exception, a form of wearing down of the Reich’s directives during their actualization at Provincial or State level was rather to be found.

The killed children from the “Kinderfachabteilung” (paediatric department) of the State Hospital and Sanatorium of Lüneburg and patients from Hamburg are among the most noticeable victims of “euthanasia” homicide in the Institute of Königslutter.

In Königslutter an extremely high death rate is apparent which is not directly due to war conditions and which indicates the killing of patients on the lines of the so-called wild euthanasia.

A typical case of a child who died in Lüneburg can be described as having the following features: delivered into hospital between 1941 and the end of the war, died there after a period of about six months, the parents were workers, the last entries in the case papers were made either by the director of the Institute of Lüneburg or by the head of the “Kinderfachabteilung” (paediatric department) and the cause of death is given as a severe chill.

Four Victims from Hamburg

Four patients from the State Hospital Hamburg/Langenhorn who were transferred to the State Hospital and Sanatorium Königslutter in 1941 and died there. These patients were very probably, together with many others from Hamburg, victims of the so-called wild euthanasia.

(Source: State Archives Hamburg; State Hospital Langenhorn, patient files K 19839, K 22139, K 22696, K 23038/23370)
Over 300 children were killed in Lüneburg between 1941 and the end of the war. A summary can be extracted from an indictment drawn up by the public prosecutor of Frankfurt/Main against Professor Werner Heyde (table). Albeit small, a number of children in Lüneburg died a natural death. The question as to how large this number was is a matter difficult or even impossible of assessment. This was not only a problem for the public prosecutors investigating “euthanasia”-crimes after 1945 but also for present day historical research.

Deaths in the “Kinderfachabteilung” (paediatric department) in Lüneburg 1941–1945 (for 1941 from October on, for 1945 until April)

<table>
<thead>
<tr>
<th>Year</th>
<th>Stock</th>
<th>Admissions</th>
<th>Discharges</th>
<th>Died</th>
<th>Death Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1941</td>
<td>–</td>
<td>162</td>
<td>2</td>
<td>20</td>
<td>12.3 %</td>
</tr>
<tr>
<td>1942</td>
<td>277</td>
<td>137</td>
<td>49</td>
<td>115</td>
<td>41.5 %</td>
</tr>
<tr>
<td>1943</td>
<td>307</td>
<td>194</td>
<td>63</td>
<td>132</td>
<td>42.9 %</td>
</tr>
<tr>
<td>1944</td>
<td>277</td>
<td>165</td>
<td>69</td>
<td>117</td>
<td>42.2 %</td>
</tr>
<tr>
<td>1945</td>
<td>128</td>
<td>37</td>
<td>3</td>
<td>34</td>
<td>25.6 %</td>
</tr>
<tr>
<td>total</td>
<td>695</td>
<td>186</td>
<td>418</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The number of 200 children often cited as victims in the literature is based on the assertion of the one-time director Dr. Max Bräuner, who stated during interrogation by the public prosecutor that on average six or seven children a month were put to sleep in the “Kinderfachabteilung” (paediatric department). That would imply, purely mathematically, a death roll of some 252 to 294 victims. The one-time director claimed however that some months went by with only few or even no killings. Even so in another interrogation on 8.6.1962 he stated that 60 % of the children were killed. That would mean that 251 children were victims of “euthanasia”-murder assuming the Frankfurt figures are correct. Further statements however imply that the true number could be even higher. An exact survey of the notifications concerning the declarations and the killings of children was carried out by the Reichs Commission in Berlin. The results of these statistics were:

The Reichs Commission has received notification of approximately 20,000 children from the medical officials. Of these some 75 % were not admitted to the “Kinderfachabteilungen” [paediatric departments] of the Reichs Commission. The remaining 25 % were to a great extent sent for “special treatment”. Of the around 5,000 deaths of children which were reported to the Reichs Commission until the end of the war some 10 % died of natural causes, whereas the remaining children, around 4,500, were put to sleep. (Citation of a remark on a file of October 1964 of the State Prosecutor of Hannover, in which the results of charges and preliminary investigations for various cases were recapitulated).

Application of these statistics to Lüneburg would imply that 376 children were killed. Consequently the children delivered to Lüneburg from October 1941 on had no long survival period.

The children of Lüneburg stand here representatively for the large number of psychiatric victims in the “Third Reich” in Lower Saxony. Further groups of victims are above all: those of the planned economic transfers, of the wild euthanasia (with a probability bordering on certainty to be found in the institutes of Königslutter and Wehnen), the jewish patients assembled in Wunsdorf and the group of foreign mentally ill, who were brought to the execution centres.

(Original file: Lower Saxony State Capital State Archives Hannover; Hann. 155 Lüneburg Acc 56/83 No. 387)
Statement of an accused nurse
of the State Hospital and Sanatorium Lüneburg on 4th June 1962 concerning cases of “En-
thanasia” in the “Kinderfachabteilung” (paediatric department). More than 300 children fell
a victim. It was only possible in a few cases of child murder in Lüneburg to establish names
and identities by means of investigations and interrogations.

Hildesheim, 4.6.1962
 […] When the children’s ward was fully equipped Dr. [Name] called
the Matron [Name] and me together
 […] He pledged us to secrecy and swore us in. When I say swore us
in that was really the case, we had to raise our right hands with
three fingers to swear solemnly. He told us that an order had come
from above (or from Hitler) whereby seriously ill children were to
be put to sleep, we had been chosen to put these children to sleep.
 […] As I recall every few weeks I child was put to sleep. The order
came in each case from Dr. [Name] to give the child a certain dose
of narcotics or sleeping tablets. He decided the dose each time.
Usually Luminal was given, for smaller children 5-7 tablets dis-
solved in water. For older children, sometimes with the younger
ones, the doctor ordered an intramuscular injection of 1 ccm mor-
phine as well. These medicines, as far as I remember, were never
administered by the doctors, it was always the nurses […] who did
it in each case. The children who were put to sleep in Lüneburg
during my time there were on a very low level, most severely handi-
capped mentally and had occasionally gross physical deficiencies.
Some of them were up and dressed. They helped each other to get
dressed but that was not enough without our assistance. Looking
back I must say that these children didn’t know why they were alive.
My opinion is that they vegetated rather than lived. We had to feed
many of them, some ate on their own, most of them weren’t clean
and had no control over bladder or motions. […] Dr. [Name] told
us during the briefing before beginning with putting-to-sleep that
there was no need for us to be anxious if we should be observed at
work. We would be protected by every curb of law. We had no need
to be afraid. Of course I know that it is forbidden to kill people and
that this is punishable by law. We were told at the time though that
the orders were from a superior instance. […] When the children
had received the medicine they usually went to sleep straight away.
Sometimes they half woke up again, a sort of twilight condition. In
such a case Dr. [Name] prescribed something else for that child,
possibly – I can’t remember exactly – another five dissolved Lumi-
ナル tablets were given. We didn’t add anything to the dissolved tab-
lets, just water, nothing sweet or anything like that. […]

The pretended, in some cases the falsified, cause of death is known
by 95% (384) of the children. In 60% of the cases it was a stereo-
type: pneumonia, bronchial pneumonia, bronchitis; 10% each of
the causes of death were accounted for by tuberculosis or by chills
of various types. The social status of the families of the dead chil-
dren or the occupations of the parents is also established:

<table>
<thead>
<tr>
<th>Occupation of the parents</th>
<th>percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>workers</td>
<td>37 %</td>
</tr>
<tr>
<td>– building industry, farm workers, store workers etc.,</td>
<td>22 %</td>
</tr>
<tr>
<td>– other manual workers without special training</td>
<td>13 %</td>
</tr>
<tr>
<td>– assistant cook, launders, fishers, purchasers etc.,</td>
<td>8 %</td>
</tr>
<tr>
<td>– artisans</td>
<td>7 %</td>
</tr>
<tr>
<td>employees</td>
<td>6 %</td>
</tr>
<tr>
<td>household helpers/servants</td>
<td>4 %</td>
</tr>
<tr>
<td>farmers/countrymen</td>
<td>3 %</td>
</tr>
<tr>
<td>selfemployed/independent</td>
<td></td>
</tr>
<tr>
<td>academic/public officer and similar</td>
<td></td>
</tr>
</tbody>
</table>

These percentages differ very considerably from the actual aver-
age proportions met with in the community in Lower Saxony
between 1933 and 1945. The proportion of auxiliary workers in
the community as a whole is significantly lower than that met with
among the parents of victims, this is particularly noticeable in the
farmers and countrymen where the average percentage in the
administrative districts was between 38 and 80%. It was appar-
etly easier to care for physically or mentally handicapped people
in agricultural areas than, for example, for a single mother engaged
in war work.

It is also striking that parents complained in several cases after
visiting their children in Lüneburg. Some of them noticed that
their children’s health was deteriorating unexpectedly quickly. It
is to be feared that in the majority of cases this was due to deliber-
ate overdosing with Luminal. Thes children were often those who
had been stamped as uneducatable.

In a great number of cases the files of the patients were stamped
with the remark that the children had been registered with the
Reichs Commission for the Scientific Evaluation of Severe Hered-
itary and Constitutional Defects in Berlin, which issued the neces-
ary so-called treatment authorisation certificates for the killing
of the children. Prior to their admission in Lüneburg several chil-
dren had been observed in the institute at Langenhagen near Han-
nover. Among these children were also several born to foreigners
and, in the last few months of the war, refugee children.
The Lot of one Child in Lüneburg

The child D was born in Lüneburg in 1941 during the journey into the town hospital. The newborn was crippled, both legs exhibiting incompletely developed limbs. The supposition is that the midwife reported these abnormalities so that the young mother was visited in hospital by representatives of the Lüneburg health authorities. The question was particularly raised as to whether similar cases had occurred in the family. Following the suggestion of the health authorities the mother contacted the Reichs Commission for the Scientific Evaluation of Severe Hereditary and Constitutional Defects in Berlin. This Reichs Commission accepted responsibility for the nursing costs in the Institute of Lüneburg. The mother assumed that the “Kinderfachabteilung” (paediatric department) was a home for children where special care was possible.

The referral to the institute was formally set in motion by an enactment of the Reichs Commission stating that, following intensive medical assessment and in agreement with a directive from the Reichs Ministry for Home Affairs, D would receive the best possible care in Lüneburg. D’s mother could not know that such referrals together with later treatment authorisation certificates generally meant a verdict of death for the children involved. D was admitted to House 25 in Lüneburg on the 5th February 1942 with the diagnosis Peromelia of both lower legs and feeblemindedness. He died there in June 1942, croup-like basal lung pneumonia being attested as the cause of death. This is one occasion where, after 1945, the public prosecutor was able to ascertain the name in a case of “euthanasia” homicide.

The story can be pieced together from the patients case history notes. After being admitted to Lüneburg D was visited regularly by his mother, and it appeared that the child was developing more or less normally. Not only that: the doctor attending the child talked of the possibility of having special artificial limbs fitted. Transfer to a catholic institute for the disabled was also under consideration. This had been the mothers wish right from the start, that the child should be cared for in the institute “Annastift” in Hannover.

During his visits to the child his father gained the impression that mentally he was developing normally in spite of the physical handicap. It was taken out for walks in a pram and adequately tended. Then the situation changed suddenly due to medication with Luminal. The child fell ill with influenza and took hardly any nourishment. The mother was notified of this in mid June 1942 by the Lüneburg institute, and two days later she received a further communication: At midday a master joiner from the neighbourhood told me that the institute had phoned to say that the child was dying and for me to come quickly. I went there with my then eighteen months old son, [Name] was lying in the cot and wheezing, he couldn’t get his breath. The nurse told me that he had bronchial catarrh and that there was no hope for him. He was already blue. My other boy was getting restless so I couldn’t stay with the dying child and I went home. A few hours later a message came in the same way as midday that the child had died and would I come.

The last page of D’s case history notes contains no reference to his having received any medication in the few days prior to his death in spite of his high fever. This shows the case history to have been falsified by the deliberate omission of such a record. The last entries between 10th June and 15th June 1942 were entered by the director of the “Kinderfachabteilung” (paediatric department) – together with the autopsy report. The impression given by the way in which these entries were made, and particularly their different appearance compared to those made previously prompts the suspicion that they were written fluently and uninterruptedly. The text was as follows:

<table>
<thead>
<tr>
<th>1942.</th>
<th>Day</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>May</td>
<td>19.</td>
<td>physical development good – mentally getting a little livelier ... still a bit backward for his age. Has to be cherished and cared for to a great extent.</td>
</tr>
<tr>
<td>June</td>
<td>10.</td>
<td>in the last few days often fever up to 38.0. Looks pale, not so ... is also more dissatisfied. Catarrh laterally over both. Langs.</td>
</tr>
<tr>
<td>June</td>
<td>14.</td>
<td>Further deterioration, temp. to 40.2. Basal pneumonia r. Very weak. Heart action poor. No uptake of nourishment in the last few days.</td>
</tr>
<tr>
<td>June</td>
<td>15.</td>
<td>today at 13:45 exitus letalis</td>
</tr>
</tbody>
</table>

autopsy: ... right sided basal pneumonia.

D was killed with Luminal by a nurse on the orders of the director of the “Kinderfachabteilung” (paediatric department). The nurse’s statement of 12th June 1963 relevant to this case is on record. In the same year the parents were heard as witnesses at the county court at Lüneburg. After questioning the following remark was inserted in the official documentation:

The witnesses [...] are still suffering under the blow of having given birth to a crippled child. I have therefore deliberately desisted from informing them that the statement of the accused [...] leads to the conclusion that their child [Name] was put to sleep.

Source: Lower Saxony State Capital State Archives Hannover, Hann 155 Lüneburg Acc 56/83 No. 236.
In 1943 the female agricultural labourer C was placed with a farmer in the district of Oldenburg. As a so-called “eastern worker” she was transferred the same year to the “Reichsbahn” (German Railways), where she worked in the railway workshop at Hude and was billeted in the Barracks of Hude in Oldenburg. There she fell ill and the doctor who examined her on 31st January 1944 diagnosed C as being under suspicion of having a mental disease. Observation in a hospital was necessary. In consequence C was directly admitted that same day to the Institute Oldenburg/Wehnen under the diagnosis of Schizophrenia. The state welfare authorities approved the expenses for treatment, which, however, was unsuccessful. The 20-year old patient died on 20th August 1944, i.e. after only a few months in the institute. The entries for this patient would appear to indicate that she also was deliberately starved to death.

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1944 31.3.</td>
<td>Came today in a great state of excitability to the institute. Against everything and everybody, no rapport with her possible. Talked with no let-up, very restless.</td>
</tr>
<tr>
<td>11.3.</td>
<td>Picture unchanged in the main. Impossible to talk with [Name] even with the help of russian speaking members of her group. Work trials carried out here with [Name] completely without success. [Name] seems to be hallucinating and influenced by delusions through which her whole being has been changed.</td>
</tr>
<tr>
<td>27.6.</td>
<td>Condition completely unchanged. [Name] has no contact to her surroundings, at the same time she is still very excitable and is deteriorating physically more and more.</td>
</tr>
<tr>
<td>20.8.</td>
<td>In the course of the last few months [Name] in addition to the general physical deterioration observable over a long period contracted a suppurative bronchitis which accelerated the physical decline. [Name] died today under the signs of a general weakness of heart and circulation accompanied by a bronchitis of long standing, which has been diagnosed since 19.7.1944 as tuberculosis of the lungs. The mental attitude, as far as one could tell in view of the poor communication, was that of a schizophrenia.</td>
</tr>
</tbody>
</table>

Case paper

of a mentally ill “eastern worker” (section). She was admitted to the State Hospital and Sanatorium Oldenburg/Wehnen under the diagnosis of Schizophrenia and died in 1944 after five months in the institute at the age of 20. The disease was apparently due to compulsory labour. The patient was possibly a victim of the so-called wild euthanasia.

(Source: Lower Saxony State Hospital Wehnen, case papers No. 10860)
The question as to who was responsible for the treatment or the mistreatment of patients on the psychiatry offers room for several answers. In a semi-state organised crime it is not the offence itself but rather the refusal to take part in such required or obligatory offences that is conspicuous. This renders legal, historical, ethical or moral evaluation the more difficult. A general assessment of the situation is available in the 22 volumes of verdicts in the law courts Justice and NS-Crimes. These contain some 30 verdicts between 1968 and 1981 in the sphere of the “euthanasia” crimes.

Many doctors had no difficulty in understanding the interlacing of racial hygiene and mass murder so that no change in their medical ethics was necessary for them to carry out experiments on patients or to perform an act of “euthanasia”. Their actions can be explained, assuming theoretical considerations to have been in any way required, as being motivated by eugenics and racial hygiene and were commensurate with the consideration of individual patients from the point of view of the “Volksgemeinschaft” (people’s community).

It was absolutely typical for psychiatry in National Socialism that the patient could no longer be considered the foundation of medical care. Accordingly the offenders had no sense of guilt since they were themselves components in semi-state organised crime which was subservient to the aims and purposes of the national-socialist state.

In 1988 Ernst Klee employed the statement of a “gassing doctor” in a killing institute as title for an essay, evidently to emphasize the unscrupulous indifference of the offenders:

*It was no great thing to turn on the tap* (note 12). Klee repeatedly describes the cynical double standards of perpetrators who killed with bureaucratic equanimity. In 1985 Klee expressed his moral indignation about such offenders and their accomplices in these words:

_Horrifying is not alone what and how it happened. Horrifying is the fact that they were all willing. Hundreds of people organized and committed mass murder* (note 13).

Which possibilities are available to classify such circumstances in their historical perspective? Three associated levels can be taken into consideration: to begin with the question of the integration of the institutes regarding decisions and operation together with the possibility of individual initiative in the case of perpetrating crimes against the person of patients, whether required or self-desired. One can differentiate between those imposed and expected activities, which are evident in the context of an antiliberal and antichristian morality of the responsible planners and perpetrators of a totalitarian regime. A different state of affairs exists when a system of values determines the actions of psychiatrists and other institutional staff groupings, such as professional ethics being understood as entailing professional duties or the aggressive aims of racial hygiene.

<table>
<thead>
<tr>
<th>Directive or authorisation of Hitler, Martin Bormann etc. as Führer Command or Commission.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. conceptual level (e.g.: T4 chief office, Reichs Commission, Reichs Labour Association).</td>
</tr>
<tr>
<td>operational sphere</td>
</tr>
<tr>
<td>2. “optional” level (e.g.: T4 assessor, directors of institutes).</td>
</tr>
<tr>
<td>Executive</td>
</tr>
<tr>
<td>3. executive level (e.g.: operational staff, nurses, orderlies etc.).</td>
</tr>
</tbody>
</table>

Institutional engagement in “euthanasia” crimes

Institutional engagement did not affect all participants equally. When actions determined by the national socialist conception of psychiatry and which neither legally covered nor in tune with public opinion were contemplated, the structural situation may be described as follows (picture above):

On level 1 are to be found the planners and instigators. These accepted, developed or radicalized – in “expectant obedience” – the aggressive concepts of National Socialism concerning the community either because of messiah-like motives or because of personal ambition. These may be considered – like Adolf Eichmann (note 14) – to belong to the inner circle of desk-criminals.

On level 2 are the potential accomplices. Their cooperation and active, creative collaboration was expected, this was however not mandatory, it could be denied or avoided without incurring grave disadvantages as long as there was no open refusal or resistance. Those who were uncooperative did, however, lose any chance of professional scientific or financial preferment.

On level 3 were those more or less constrained to act. They received no particular advantages by their compliance other than security in their job.

One example for the conditions on levels 2 and 3 is the “Kinderfachabteilung” (paediatric department) of the State Hospital and Sanatorium Lüneburg. Only after long years of investigation by the public prosecutor did the former head of the “Kinderfachabteilung” (paediatric department) confirm in 1962 the account of his former chief, the one-time director, concerning the killing of children. Both the former head of the “Kinderfachabteilung” (paediatric department) Lüneburg and the director prior to 1945 were interrogated by the public prosecutor. They asserted that they had committed no punishable offence in killing children. They appealed to the orders demanding obedience and understood their work as being in the cause of scientific research. Both doctors lacked any sense of guilt and attempted to refer the responsibility for the offences to someone else. Both of them were motivated by the conception of racial hygiene and by professional ambition, in consequence they became convinced offenders who turned their backs on their medical obligations. They may rightly be termed, remembering Robert Litton, *Nazi-Doctors*.

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(12) “Gassing doctor” of a killing institute for psychiatric patients. From Ernst Klee, “It is no great thing to turn on the tap”. In: Dachau Hefte 4 (Medicine in the NS-State: Perpetrators, Victims, Accomplices), München 1993: 1–21.

(13) Ernst Klee (ed.). Documents about “Euthanasia”. Frankfurt M. 1986, 28

Four Institute Directors

Dr. Willi Baumert
responsible doctor and director of the “Kinderfachabteilung” (paediatric department) Lüneburg up until 1945. Dr. Baumert was a convinced representative of “euthanasia” killings. During the Second World War he was one of those mainly responsible for mass murder on the lines of the childrens action so far as these were carried out in the “Kinderfachabteilung” (paediatric department) Lüneburg. After the war Dr. Baumert enjoyed a successful career as a psychiatrist, becoming director of the Königslutter Institute. A distasteful rise in hindsight when one considers that in 1962 Dr. Baumert had to admit to the public prosecutor that before 1945 he had given orders in many cases for the killing of helpless children in need of care.
(Source: Federal Archives Berlin, Stand SS-Race and Colony Chief Office)

Prof. Dr. Gottfried Ewald
Director of the State Hospital and Sanatorium Göttingen from 1934 til 1954. Post-war photograph. Professor Ewald as one of the most influential psychiatrists in North Germany refused to work as a “T4 assessor” in the selection of candidates for the central killing institutes. In August 1940 he published in addition a striking pamphlet against the “T4 Action” and protested extensively well beyond Göttingen against inhuman treatment of patients. On the other hand he welcomed the sterilisation programme in the 30’s and applied, albeit unsuccessfully, for membership of the NSDAP.
(Source: Museum Archives of the Lower Saxony State Hospital Göttingen).

Dr. Kurt Mönch
Director of the State Hospital and Sanatorium Oldenburg/Wehnen from 1924 til 1937. Dr. Mönch belonged to the racial hygiene characterized psychiatrists in North Germany. He too asserted that feeble mindedness was hereditary and that therefore such inmates of the institute should be generally sterilised. In an article of the magazine “Volk und Rasse” (nation and race) in 1935 he misused a series of patients under his care: their photos were intended to legitimize the diagnostically questionable obligatory sterilisations.
(Source: Lower Saxony State Hospital Wehnen/Bad Zwischenahn)

Dr. Karl Petri
Director of the State Hospital and Sanatorium Oldenburg/Wehnen from 1937 til 1946. After the Second World War Dr. Petri, like other directors, was repeatedly questioned concerning the conditions in his institute. It was documented that he successfully resisted the establishment of a killing institute in Wehnen, but that many patients were in fact deliberately starved to death.
(Source: Lower Saxony State Hospital Wehnen/Bad Zwischenahn)
In the middle of Berlin, in Tiergartenstrasse 4, those passing by can light upon a large plaque of remembrance let into the pavement. The text informs of the historical motive: The killing of patients in psychiatric institutes during the Second World War. The legend on the memorial tablet runs:

“Honour the Forgotten Victims

At this spot, in the Tiergartenstrasse 4, the first national-socialist mass murder was organized, called after this address: “Action T4”.

From 1939 til 1945 nearly 200,000 helpless people were murdered. Their lives were styled “unfit to live”, their murder was termed “euthanasia”. They died in the gas chambers of Grafeneck, Brandenburg, Hartheim, Pirna, Bernburg and Hadamar: they died in front of execution squads, through deliberate starvation and by means of poison. The killers were scientists, doctors and nurses, members of the judiciary, of the police, of welfare and labour administrations.

The victims were poor, desperate, rebellious or in need of help. They came from psychiatric clinics and hospitals, from old people’s homes and sanatoriums, from sick bays and camps. The number of the victims is great, small is the number of the convicted murderers.” (note 15)

Commemoration of the Victims in Lower Saxony

The victims of psychiatry in the “Third Reich” have been commemorated in Lower Saxony since the year 2000. Remembrance sites with fitting memorials and extensive standing exhibitions are to be found in Göttingen, Hildesheim, Lüneburg, Königslutter, Oldenburg/Wehren und Wunstorf. Places where, during the Second World War, some of the patients fell victim to the racial delusions of the national-socialists.

In its “Gedenken zu Beginn” (commemoration at the beginning) on 25th May 2005 the “30. Evangelischer Kirchentag” (30th Protestant church congress) has raised the topic of the murder of the mentally ill in National Socialism instancing the Lower Saxony State Hospital and Sanatorium Wunstorf (note 16).

This shows that history is openly faced in Germany.


And: http://www.gedenkstaette-psychiatrie.niedersachsen.de/opfer-taeter.html

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