Person and ethics of a psychiatrist during National Socialism: Friedrich Meggendorfer (1880–1953)

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Abstract
Evaluation of sources not previously considered makes it possible to describe Friedrich Meggendorfer’s role as a National Socialist university psychiatrist. Relevant archive material and literature were both assessed. The gene–hygiene affinity promulgated by Meggendorfer was based on his own scientific interests, early academic influences, and also positive reinforcement from his career choices. His application of scientific knowledge in the legitimization of National Socialist jurisdiction reflects a dark facet in Meggendorfer’s life. One can also criticize his ethics in failing to use his eugenics expertise to stop ‘euthanasia’. Future studies into the history of the ethical aspects of Nazi psychiatry should benefit from the setting up of criteria for the collection of biographical data. This would render comparisons and contrasts fairer and more stable.

Keywords
Electroconvulsive therapy, eugenics, Friedrich Meggendorfer, legitimization of National Socialist jurisdiction, National Socialism, National Socialist psychiatry

Introduction
The present analysis of Friedrich Meggendorfer’s biography is intended to shed critical-historical light on his role as a National Socialist (NS) university psychiatrist, with a focus on psychiatric-ethical implications. According to Volker Roelcke (2008: 67), ‘[m]edicine in National Socialism is not simply a limited epoch in the overall history of medicine which has practically nothing to do with today’s medicine’, but rather, the period between 1933 and 1945 reflects ‘problematical potentials’ which ‘are inherent in all of modern medicine’. ‘As if through a magnifying glass’, in the present study on Friedrich Meggendorfer, these sources of moral conflict will be examined.

Only a self-critical, professional and identity-destabilizing ‘overall view’ of the historical, philosophical and ethical aspects of this central chapter of German history can teach ‘the healing reflection of the actual scientific history’ (Sandweg, 1993: 100).

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Methods

Between 2010 and 2017, relevant archive sources were studied, as well as primary and secondary literature. Previously unknown material was included, from 16 archives in nine cities (Braun, 2017: 15–16, 672). In total, 1537 historical files were examined among the historical documents of the Psychiatrischen und Nervenklinik in the Archiv des Kopfklinikums der Friedrich-Alexander-Universität Erlangen-Nürnberg (APNK/FAU); of these, 1498 referred to women who were treated during the NS regime at the Psychiatrischen und Nervenklinik. In this group, 561 files documented an illness classified by the Genetic Health Law. Of particular importance is the fact that, for the first time, crucial documents in the privately owned family archives of the Meggendorfer Family (FAM) were made accessible for scientific analysis.

Meggendorfer’s background and scientific career

Friedrich Georg Josef Meggendorfer was born on 7 June 1880, the second of seven children. His mother’s family were doctors, and his father’s family were merchants. After training as a merchant, Meggendorfer obtained permission from his father in 1903 to study medicine, and he was awarded his medical licence on 17 December 1910 at the University of Munich, where he had started academic studies in winter semester 1904/1905. He wrote his medical doctoral thesis under Emil Kraepelin (1856–1926) on experimental studies of writing impairment among paralytics (Meggendorfer, 1910). Under Kraepelin’s aegis, Meggendorfer was soon introduced to the field of psychiatric eugenics, and particularly during his tenure as Kraepelin’s scientific assistant from 1 January 1911 to 10 April 1913 (see further Weber, Burgmair and Engstrom, 2006: A2690).

During World War I, he served as a Naval Assistant Physician in the Imperial Mediterranean Division, on the ‘SMS Ostfriesland’ and in the Bacteriological Studies Institute in Constantinople. Then in 1919, Meggendorfer became assistant to Wilhelm Weygandt (1870–1939) at the Staatskrankenanstalt (State Hospital) Hamburg/Friedrichsberg, an institution for psychiatric care which was considered exemplary throughout Germany.

In 1920, Meggendorfer was sent to the Genealogisch Demographische Abteilung (GDA) of the Deutschen Forschungsanstalt für Psychiatrie (DFAP) in Munich for seven months of advance training under Ernst Rüdin (1854–1952). The research with Rüdin, which was supported by Weygandt, was intended to enable Meggendorfer to further expand the genetic-biological department at the State Hospital in Friedrichsberg. In 1921, he published the results of his research at the DFAP in Munich as his professorial thesis: ‘Klinische und genealogische Untersuchungen über “moral insanity”‘ (Meggendorfer, 1921).

On his return to the State Hospital Friedrichsberg, Meggendorfer was appointed on 10 June 1921 to head the small Genealogical Department, which had been founded on private initiative in 1918; this department was to be expanded to a ‘Krankengeschichts- und Zählkartenarchiv’ (Sammet, 2011: 155). On 23 June 1921, Meggendorfer gave his introductory lecture on the ‘Development of Psychiatric Genetic Research’ (FAM). The photograph of Meggendorfer in Figure 1 was taken about 20 years later.

Studies on Huntington’s chorea and Creutzfeldt-Jakob disease

In his scientific development, Meggendorfer benefited from the chance to cooperate with the various Friedrichberg laboratories; his papers on Huntington’s chorea research (Meggendorfer, 1923, 1924) in the Friedrichsberg Genealogical Department were written in close cooperation with the Brain Anatomical Department headed by Alfons Maria Jakob (1884–1932) and the Experimental-Psychological Department under Ernst Rittershaus (1881–1945). Rüdin (1940: 209) praised Meggendorfer’s work on Huntington’s chorea as ‘also . . . such a practical effort . . . in prompt
recognition of the heterozygosity of genetically-choreatic children’. With this, Rüdin anticipated a research objective still current in a modified form today (Oster et al., 2015: 271; Epping et al., 2016; see also Braun and Kornhuber, 2016). As a result of his Huntington’s chorea studies, Meggendorfer focused particularly on the fatal dilemma of genetic determinants on the one hand and therapeutic hopelessness on the other. It was now and then on his Huntington’s chorea studies that he based his model of gene–environment interaction, which he described more precisely in his publications on the ‘dominance switch’ (Meggendorfer, 1934a, 1934b). His direct medical and scientific contact with Huntington’s chorea patients led Meggendorfer to therapeutic optimism, in cases of disease for which the new somatic therapy procedures offered improvement.

In 1924, Walter R Kirschbaum (1894–1982) first expressed a suspicion of familial factors in Creutzfeldt-Jakob disease (CJD) (Kirschbaum, 1924), but it was Meggendorfer who brought proof of the heredity of CJD, based on detailed genealogical research in the Backer family (Meggendorfer, 1930). For this scientific achievement, Meggendorfer gained international recognition at the time (Kinnier Wilson, 1930–31; for more information, see Kretzschmar, Neumann and Stavrou, 1995).

The scientific establishment: genetic psychiatry and forensic eugenics

In addition to his expertise on intoxication psychoses (Meggendorfer, 1928), Meggendorfer was also increasingly active in forensic queries (e.g. Meggendorfer, 1927/28). The passing of the Gewohnheitsverbrechergesetz (Habitual Criminal Law) in 1933 was destined to alter his position on
castration in homosexuality. Although in 1931 he had viewed endocrine side effects as detrimental in therapeutic castration (Meggendorfer, 1931: 123), two years later he ‘toned down’ the expected complications considerably (Meggendorfer, 1933: 415), while still recommending castration only as the ‘ultima ratio’ (p. 417). Bearing this in mind, Ernst Klee’s statement that ‘the psychiatrist Friedrich Meggendorfer recommended as early as 1933 castration as therapy for homosexuals’ (Klee, 2001: 203) is not sufficiently contextualized.

Meggendorfer’s expertise in genetic psychiatry and forensic eugenics may have been the decisive reason for his appointment as Ordinarius Professor of Psychiatry at Erlangen in October 1934 (UAE: A1–3a Nr. 1118b), at the ‘first National-Socialist University of the German Reich’ (Schieber, 2002: 119). At Erlangen, a ‘Promulgator and Supporter of genetic and racial-health Teachings’ was being sought (UAE: A2/1 Nr. P. 53) for the Chair of Psychiatry, as a successor to Gustav Specht (1860–1940). In December 1934 Meggendorfer complained that the genetic-hygienic research possibilities at Erlangen were less than those at Hamburg (UAE: C3/5). However, an application for reappointment of Meggendorfer to the vacant Weygandt Professorship in Hamburg in 1936 was unsuccessful (Bussche, 2014: 223).

**Legitimation of NS Laws**

Paragraph 1(1) of the Law to prevent genetically defective offspring (GzVeN, dated 14 July 1933) stated that ‘anyone suffering from severe alcoholism’ could be sterilized (Meggendorfer, 1934c: 72), and in his paper ‘Was ist schwerer Alkoholismus?’ Meggendorfer (1936) interpreted this paragraph. In his treatise on the question of alcoholic blastophthoria in 1939, he concluded that alcohol not only directly damages the ‘race’ by causing accidents and having sexually transmitted diseases, but especially indirectly by ‘serious damage to offspring and the race. This damage to the race justifies the racial-hygiene measures ordered in the new Germany in cases of serious alcoholism, particularly sterilization, which Rüdin had already suggested in 1903’ (Meggendorfer, 1939b: 24). With this article on blastophthoria (Meggendorfer 1939b), Meggendorfer permitted his scientific knowledge to be used for legitimization of the NS Laws.

A chapter by Meggendorfer on serious alcoholism, published in 1940 in Arthur Gütt’s *Handbuch der Erbkrankheiten* (Meggendorfer, 1940), received a positive review from the Dutch psychiatrist and moderate eugenicist Gerrit Willem Kastein (1910–43) (Snelders, Meijman and Pieters, 2008: 137–8). Kastein himself was a Communist and committed suicide after he was arrested by the Secret State Police (Gestapo). In light of this, his positive review of Meggendorfer’s contribution can be interpreted as an indicator of the extent to which eugenic idealism with respect to alcoholism was agreed among a wide variety of political adherents.

In order to prevent an increase in the number of children of alcoholics, Meggendorfer (1940: 434) argued for a more stringent application of the obligation of doctors to report alcoholism. It has been suggested that Meggendorfer was active from 1933, at the ‘beginning of a promising epoch’, ‘in medicalized class hatred, in order to serve openly the implementation of social ideas of the professorial classes’ (Mai and Bussche, 1989: 244). However, this assertion cannot be wholly confirmed on the basis of his clinical practice (APNK) and his publications (Meggendorfer, 1936, 1939a, 1939b, 1940).

The claim that Meggendorfer had become ‘the undisputed expert for the question of which alcoholics fall under . . . [the] GzVeN’ (Mai and Bussche, 1989: 233) should be examined in light of the fact that ‘[in] the 3 applications in which the clinic confirmed the diagnosis of “serious alcoholism”, . . . the Genetic Health Court rejected sterilization’ (Vollenbruck, 1941: 18).
The Ordinance of ‘Jew-free’ patient populations and its implementation

Medical treatment of Jews in NS Germany, according to Henry Friedlander (1930–2012), was a relevant connecting element ‘for the clarification of the relationship between National-Socialist health and racial politics’ (Friedlander, 1987: 34).

An ‘israelite’ married patient, P.P., who was born in 1898 in the Polish town of Friszthak, was admitted on 25 November 1938 to the Hospital for Psychiatry and Neurology (henceforth Psychiatric Hospital) in Erlangen, where the diagnosis of ‘symptomatic psychosis in Basedow [syndrome]’ was made. Later, the patient was transferred – for thyroid surgery – to the University Surgical Hospital at Erlangen under the direction of Otto Goetze (1886–1955). On 24 January 1939, a senior physician at this hospital sent a report to the Psychiatric Hospital: the planned thyroid surgery could not be performed, since P.P. had been discharged ‘because of the Ordinance that Jewish patients must be treated at Jewish hospitals’ (APNK/FAU, Adm.Reg. 315/204). The Surgical Hospital of the University of Erlangen thus adhered to the ordinance of ‘Jew-free’ patient populations from early 1939 at the latest.

Compliance with this Ordinance by the Erlangen Psychiatric Hospital under Meggendorfer can only be proved three years later, based on the case documents for a 43-year-old female manic-depressive Jewish patient M.K. On 15 January 1942, it is noted that the ‘Pat. will be taken today to the Heil- and Pflegeanstalt (HuPflA) Sayn [mental asylum]’ (APNK/FAU, Adm.Reg. 307/200; 376/296). Meggendorfer had offered temporary inpatient admission for M.K., and this should be especially noted in light of the fact that the Surgical Hospital had not treated Jewish patients after early 1939. In order to judge Meggendorfer’s transfer practice with respect to patient M.K., some information on Sayn is needed. According to Strous (2008: 254), Bendorf-Sayn was the most protected place for Jews in Germany and Austria in the period October 1941 to October 1942. Moreover, ‘Dr. Carl Israel Beer. Arzt für Innere Krankheiten. Zur ärztlichen Behandlung ausschliesslich von Juden berechtigt’ requested in his letter to Meggendorfer dated 21 December 1941 a temporary loan of the patient file to the Jewish hospital/Sayn (APNK/FAU, Adm.Reg. 307/200; 376/296). After the commissioner of the Reich for all psychiatric hospitals, Dr. Herbert Linden [1899–1945], had officially declared the Jewish psychiatric hospital “closed” as of 11 October, 1942’ (Strous, 2008: 254), at least 573 persons were deported from Sayn to death camps.

Admission of a female forced-labourer patient

On 3 October 1941, a Polish forced-labourer, M.A., born 1908, was admitted to the Psychiatric Hospital with schizophrenia (APNK/FAU, Adm.Reg. 330/250.) The documentation dated 10 December 1941 describes the patient as quite calm, despite persistent hallucinations. Prior to hospitalization, M.A. had performed forced labour for about a year in the porcelain factory Carl Schumann, Arzberg. The patient’s file contains extensive correspondence between Meggendorfer and M.A.’s father, the company health insurance at Schumann, the Employment Office in Nuremberg, the county welfare office in Erlangen county, and the district welfare office in Wunsiedel. This indicates that Meggendorfer’s admission procedure was definitely oriented to patient welfare. Although numerous offices watched Meggendorfer’s procedures with respect to M.A. and, by refusing to reimburse costs, caused termination of treatment in his clinic, Meggendorfer was able to send his patient back to Sosnowitz to her father on 26 April 1941 accompanied by two caretakers. At the end of 1942, the ‘Administrative apparatus of the “Euthanasia murders” became involved in the return process’ (Hamann, 1987: 135). Thus, instead of return under miserable conditions, there was transfer to ‘Collective Facilities’, which generally meant a death sentence for the patients (Gottschalk, Frewer and Zimmermann, 2002: 573).
Introduction of new curative treatments: electroconvulsive therapy

In his lecture to the Physical-Medical Society of Erlangen on 25 June 1940, Meggendorfer (1940/41: 43) said that the psychiatrist’s role was no longer passive. Under his direction, the first electroconvulsive treatment in Germany was performed on 1 December 1939 at the Hospital for Psychiatry of the Friedrich-Alexander-University Erlangen (Bingel and Meggendorfer, 1940); on this occasion, the senior physician, Adolf Bingel (1901–82), was of decisive importance (Bingel, 1940; see also Braun and Kornhuber, 2013). Meggendorfer himself had initially recommended a very cautious position with respect to the performance of electroconvulsive therapy (ECT) on humans; he wanted to test the procedure first on dogs and he expressed reservations about the immediate testing on ‘hopeless’ patients, as intended by his senior physician (MedArchiv Siemens). The records of a visit by Siemens employees to Meggendorfer’s clinic emphasize the clinic’s great care and caution in the application of electroconvulsion:

The application according to Dr. [Anton Edler] v. Braunmühl [1901–57] with a tested dose (350mA, 0.7s) is the procedure of a very busy practitioner, who has to watch his time. The technique of the individual threshold as practised by Prof. Meggendorfer corresponds to the researcher’s methods. (MedArchiv Siemens)

At the end of 1939, ECT became more and more established as a new curative treatment in Meggendorfer’s clinic. The following file documentation gives the impression that ECT was viewed positively by many patients and, for example, a female patient who ‘would like to be treated with electroshock to recover quicker. The husband was contacted for this reason’ (APNK/FAU, Adm.Reg. 216/112). In the case files of the Psychiatric Hospital Erlangen there is no evidence of the abusive use of ECT (Braun and Kornhuber, 2013: 590). In contrast to some isolated fatal complications with other somatic therapeutic procedures at Meggendorfer’s clinic (APNK/FAU, Adm.Reg. 113/12), no sources and no documents have yet been found there reporting an ECT session with a lethal outcome. However, in Meggendorfer’s time there were no clearly defined indications for the application of ECT. For example, it was used on a Rumanian-German medical student, N.H., born 1919, who had been conscripted to work for Siemens at Erlangen. N.H. was admitted to the clinic on 25 October 1944 and diagnosed on 25 January 1945 with ‘Psychopathy Depression Schema No. 16’. According to a file note dated 1 December 1944, the patient had been treated ‘three times with electroshock. Requests cessation of treatment, since she feels even worse after treatment. She has the feeling of being watched here and that she is suspected of being a spy. Makes a very depressive impression’ (APNK/FAU, Adm.Reg. 447/354).

Discrepancy between theory and practice

Meggendorfer’s demand for careful, scientific, state-of-the-art diagnostics was found to be utopic. With the background of an increasingly desolate course of the war for Germany and the urgent necessity to maintain men capable of service, Meggendorfer could have increasingly been forced to ignore accurate academic criteria and eugenic standards. In his article on the recognition of hereditary congenital dyslexia (Meggendorfer, 1944), he discussed the discrepancy between theory and practice in reaching a diagnosis of emotional illnesses subject to the GzVeN. Meggendorfer, who at the start of the NS government still emphasized the careful application of sterilization (Meggendorfer, 1935: 497–8), later had to recognize that even genetically sound individuals were
sterilized without differentiation and without scientific reason. For example, Meggendorfer’s Expert’s Report dated 20 October 1943 gave approval for an intervention to restore fertility in a 27-year-old domestic servant, A.K., who had been diagnosed in 1939 in the HuPflA Bayreuth as schizophrenic and then sterilized (APNK/FAU, Adm.Reg. 431/361).

In his work as a military psychiatrist, Meggendorfer was not promoted until 30 January 1945 from a relatively low rank to that of ‘Oberfeldarzt der Reserve’ (BA-MA-RH). The NS weighting of his importance as a consultant psychiatrist for Wehrkreis XIII can be rated as correspondingly low.

Taking into account the increasingly hopeless military situation in Germany, Meggendorfer finally abandoned his racial-hygiene standards in 1944, with respect to genetic eligibility. On racial-hygienic-scientific grounds – taking into account the interpretation of the GzVeN by Güt and Rüdin – he could only assume doubtful genetic eligibility of cases of congenital dyslexia. However, he came to terms *nolens-volens* with the attested ‘genetic soundness’ in the sense of fitness for military duty, commenting that scientifically based practice ‘in the present time of war [was] only imperfect’ (Meggendorfer, 1944: 207).

In his 1944 article, Meggendorfer lost his former eugenic goals. It reads like the official proclamation of defeat in his ‘battle’ to implement uniform genetic health standards. The fact that Meggendorfer selected a low-profile subject for issuing this message could symbolize that he wished to avoid criticism from the profession and from politics.

The person and morals of Friedrich Meggendorfer

In addition to his early enthusiasm for genetic-psychiatric research itself, the career prospects under the NS regime probably strengthened Meggendorfer’s scientific efforts. The greatest influence on the last part of his academic career was the expert racial-hygienist Wilhelm Weygandt. For Meggendorfer, he was a kind of academic idol. Meggendorfer measured his eugenic studies against ideal concepts, whereby he perhaps did not anticipate what Ferdinand Adalbert Kehrer (1883–1966) and Ernst Kretschmer (1888–1964) had already said in 1924: ‘If it is the task of “clinical” psychiatry to record the lineage of a sick individual by means of heredity research’, it nonetheless remains questionable whether ‘heredity research in psychiatry can do justice to the uniqueness of the material with which it must work’ (Kehrer and Kretschmer, 1924: 19).

Walter Jacobi (1889–1938) from the State Hospital Stadtroda in Thüringen dedicated his ‘Arbeiten zur Ideengeschichte der Psychiatrie’ (Jacobi, 1930) to Weygandt, in the ‘knowledge that the interest of the honoree is open to scientific-historical questions’ (p. 129). In association with Weygandt’s role-model function, which Meggendorfer emulated, a passage in Jacobi’s text cites Friedrich Nietzsche’s (1844–1900) *Unzeitgemäße Betrachtungen* (Nietzsche, 2000): that historicism can give rise to ‘models of propelling force’, create ‘understanding of the past’ and let men become open ‘to that which is present’. ‘Every independent intellectual creativity is based in this freedom’ (Jacobi, 1930: 129).

Meggendorfer allowed himself to be robbed, at least in part, of this freedom in independent intellectual creativity at the core of academic self-understanding. With his commentaries on the GzVeN, he allowed himself and his research knowledge to be instrumentalized as genetic-psychiatric queries for the purposes of the NS regime. Moreover, Meggendorfer – according to currently available data – did not apply his eugenics expertise to stop ‘Euthanasia’. This neglect should not be given too much importance from an ex-post situation. Rather, Meggendorfer’s ‘subjective elbowroom’ (Schmuhl, 2016: 394) should be sensitively examined. He could depend on support from neither the professional society nor from political circles (Braun, 2017: 653). Also, an independent, public protest about the euthanasia programme could potentially have resulted in the loss of his psychiatric professorship and in strict consequences for his family. Unlike Gottfried Ewald
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(1888–1963), Meggendorfer could not make use of the historically impressive ‘objective elbow-room’ (Schmuhl, 2016: 394) of a demonstrative refusal of his T4 expertise, since he did not, as far as we know, belong to the invited ‘Pro-Euthanasia Panel’.

Contrary to Gradmann’s refusal to depict historical persons as ‘heros’ or as ‘antiheros’ (Gradmann, 1998: 252), the latter has been done by the local press (Nahr, 1994), and by historians living locally (Lehmann, 1993: 360; Rauh, 2016: 285). This does not appear to be sufficient. His use of scientific knowledge in the legitimization of NS Laws reflects a dark facet of Meggendorfer’s person and ethics, but – following Schmuhl’s ‘Grey tones concept’ (Schmuhl, 2013: 1069) – Meggendorfer’s writings on eugenics and their practical implementation can be viewed as a collage of the changing nuances of a ‘camaïeu de gris’. This may have been reflected in his psyche during the NS period, reaching a climax when he was suspended from service and suffered a professional loss of identity.

Bright tones of colour must be mixed with these shades of grey for an appropriate psychiatry-ethical portrait of Friedrich Meggendorfer. As an example, we refer to his achievements in ECT, which alleviated the black view of the world for many patients suffering from depression.

Dimensional approaches are subject to the individual viewpoint of the analyst, since this is the only way in which the subjective activity sphere of the protagonist in question can be taken into account with sensitive empathy. An extensive perspective on the person and ethics of a psychiatrist during the NS period always includes a categorical approach in addition to the dimensional approach, such as ‘Culpit-Psychiatrist’, ‘Opportunist’, ‘hanger-on’, ‘active or passive opponent’. In order to standardize these categories as much as possible, the biographical aspects relevant to contemporary history must be defined and set in direct comparison between individuals on the basis of identical objective spheres of activity. This is a prerequisite for an appropriate criteriology of the historical-ethical ascription. This desired aim in researching NS psychiatric-ethical biographies must be followed up in evaluating the person and ethics of a psychiatrist in the NS period.

Conclusion

Since the end of the 1980s, medical historians have increasingly examined the responsibility of entire branches of science during the NS period. According to Schierbaum (1987: 224), psychiatry had been, since the turn of the twentieth century, ‘under the suspicion of having paved the way for later genocidal practices’. The inadequate moral basis of the enormous scientific advance had led, even before the NS period, to a ‘susceptibility to irrational patterns of values’, which could have been promoted by certain defence mechanisms of contemporary psychiatrists.

Especially with the focus on suppression mechanisms within the profession, the 2010 Annual Congress of the Deutsche Gesellschaft für Psychiatrie und Psychotherapie, Psychosomatik und Nervenheilkunde (DGPPN) in Berlin was a turning point. It was ‘dedicated to the memory of the victims and the responsibility of the professional society of psychiatrists’ (Schneider, 2011: Preface). The results of historical research into the role of the Gesellschaft Deutscher Neurologen und Psychiater in the Third Reich were published in 2016 and show, according to Roelcke (2016: viii), ‘the great extent to which and with what dedication nearly all representatives of the professional society . . . were involved – and that this was in no way simply the result of external pressure’.

At the 2015 DGPPN Congress, Hans-Walter Schmuhl held a champagne reception for speakers and the audience at the end of the presentation of results by the Historical Commission. This gesture has symbolic power and marks a turning point in the culture of memory with respect to the history of their own profession among German psychiatrists. It is no longer a question of denying, euphemizing or sublimating. A thorough examination of the shadows of one’s own profession
involves learning from the experience of our professional fathers and grandfathers. A paper on the current DGPPN position against medically assisted suicide represents a constructive way of dealing with our own disastrous past and the insights gained from it (Braun et al., 2015; Maier et al., 2015).

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Notes

1. ‘Outpatient doctor exclusively authorized for the medical treatment of Jewish patients’; heading on his stationery.
2. Sayn (Stadt Bendorf, Kreis Mayen-Koblenz); accessed (6 Dec. 2013) at: http://www.alemannia-judaica.de/sayn_anstalt.htm#Zur
3. T4 = Tiergartenstrasse 4, location of the headquarters of the ‘euthanasia’ programme

References

(a) Archival sources

FAM: Familienarchiv Meggendorfer.
MedArchiv Siemens: Siemens Company Archives for Medical Technology. ‘Electroshock 1940 to February 1941’: File notes and travel reports.
UAE: University Archive Erlangen-Nürnberg.

(b) Publications


