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Dr. Julius Hallervorden's Role in Nazi "Euthanasia"

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DR. JULIUS HALLERVORDEN'S ROLE IN NAZI "EUTHANSIA"

A thesis assessing Dr. Hallervorden's career between 1939-
1946 through the lens of medical ethics.

By

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Thesis Summary

My thesis analyzes the role of Doctor Julius Hallervorden in the Nazi “euthanasia” program. During the Nazi era, “euthanasia” was a phrase used to conceal the murder of the disabled community. Until his death, Hallervorden claimed that he played no part in the murder of any individuals but simply used their remains for research purposes after they were already dead.

To fully understand Hallervorden’s actions and Nazi ties, I read as much of the literature on him as I could find. I then traveled to Berlin, Germany to visit archives and memorial sites with relevant information that contributed to my primary resource collection. Finally, I visited the United States Holocaust Memorial Museum to contextualize my research and understandings through the big picture of World War II and the murder of millions of innocent people, primarily, but not only Jews. Before the Nazis started killing Jews, they learned their methods and perfected the machinery on the disabled.

In this paper, I will discuss Hallervorden’s career through the lens of medical ethics; emphasizing how what he did likely lead to the murder of hundreds of children and young adults. I will review how his unquenchable quest for scientific advancements and medical knowledge led to unethical actions without remorse. I hope all who read this paper will question their own moral positions. I especially hope current and future physicians who read my thesis will learn from both Hallervorden’s and the Nazi party’s horrendous criminal activities and will never allow history to repeat itself, particularly within the medical field.

Abstract

On the path to becoming a doctor, many undergraduate students focus their studies exclusively on STEM classes. This prepares students well for medical school but disregards the significance of Humanities courses that are imperative to becoming ethical physicians who can relate and advocate for those around them. I spent the last one and a half years investigating Dr. Julius Hallervorden, a famous 20th century neuropathologist, who became complicit in criminal acts perpetrated in the Nazi “euthanasia” program. Dr. Hallervorden was not tried in the Nuremberg Doctors’ Trial. Prosecutors determined there was insufficient evidence to convict him of murdering patients. After extensive literature reviews, a visit to Berlin, Germany, to conduct research at various archives and memorial sites, and a research trip to the US Holocaust Memorial Museum in Washington, D.C., I have gathered a long list of primary and secondary sources to help me investigate Hallervorden’s role in the Nazi “euthanasia” program. I have discovered, with relative certainty, that Hallervorden hand selected victims to be murdered for the purpose of acquiring data for his own research interests, making him guilty of crimes against humanity.

The importance of my research falls under many headings- naming those complicit in crimes, identifying the Nazi’s never-ending quest for human perfection, and making the case for changing the names of diseases named after Nazi doctors. Without exposing and recollecting crimes perpetrated against humanity, history will repeat itself. I hope to bring attention to the horrible crimes committed against the disabled community by Hallervorden. I aspire to encourage myself, future, and current physicians to discover the ethical thing to do in every case and repeat to themselves, “Do no harm.”

Introduction: Eugenics, T4, and “Euthanasia”

In the early 1920s, the idea of “eugenics”- a pseudoscience that utilized controlled breeding to increase desirable heritable traits while decreasing those considered “undesirable”- became prevalent in the western world.¹ Both American and Western European researchers worked towards perfecting the “science” of controlled breeding through political campaigns and encouraging state policies on coerced/forced sterilizations.² America, in particular, was at the forefront of eugenic ideals. Without push back from the law, states empowered American scientists to sterilize individuals deemed mentally or “morally” defective.³ In 1924, Virginia enacted a sterilization law to legalize nonvoluntary sterilizations of the “feeble-minded.” “Morally defective” and “feeble-minded” included those declared “socially inadequate,” “unfit” citizens, and those in poverty or involved in criminal activity. Science tells us that not one of these traits is inherited, many are not definable without implementing an opinion. In 1927, a woman named Carrie Buck fought to prevent her own sterilization along with her “illegitimate” infant.⁴ Eventually, the Supreme Court ruled on the side of the state, legalizing mandated sterilizations of all individuals deemed imbeciles or burdens to society. This ruling has never been overturned and was used as a legal precedent in the Nuremberg Doctors’ Trials defenses.⁵

Even before Hitler came to power, German scientists and politicians were waging campaigns against the disabled population. The most recognized campaign against people with disabilities was interwoven with the Holocaust. Most people are aware of the Nazi decision to

¹ Eugenics: Definition of Eugenics by Lexico. (n.d.). Retrieved from <https://www.lexico.com/en/definition/eugenics>.

² Randall Hansen and Desmond King, *Sterilized by the State: Eugenics, Race, and the Population Scare in Twentieth-Century North America* (New York: Cambridge University Press, 2013), <https://doi.org/10.1017/CBO9781139507554>.pp. 4-12

³ Paul A. Lombardo, *Three Generations, No Imbeciles: Eugenics, the Supreme Court, and Buck v. Bell* (Baltimore: Johns Hopkins University Press, 2008). pp. ix

⁴ Lombardo, pp. x

⁵ Lombardo, pp. xii

murder the Jews of Europe as part of Germany's plan to eradicate "imperfect" humans. However, the main ideas leading up to the plans that enabled the Christian community, professionals, and institutions to go along with the annihilation of misfits and Jews are commonly disregarded. American eugenics is almost always omitted from history, even though American eugenicists, encouraged by the US Supreme Court, developed many of the ideas and methods that sparked the murder of millions in Europe.⁶

When eugenics initially became popular, undesirable traits included: poverty, alcoholism, race, feeble-mindedness, and many diseases believed to be inherited.⁷ Today we say that most of these traits are not developmental, but social "problems" that became racialized. Furthermore, many of the disorders singled out as problems, are not passed on through inheritance. Germ theory had not been thoroughly accepted yet, preventing the concept of the spread of diseases from being fully understood. To stop unwanted traits from transmitting to future generations, scientists began publicizing the concepts of eugenics, stimulating its popularity. The following images are examples of German propaganda tools against the disabled. The first image suggests one person living in a state institute costs the German people 60,000 Reichsmark in their lifetime. The second image was from the sterilization movement, stating "...because God can not want the sick and ailing to reproduce."⁸ Both images evoke an emotional response from the viewer, one that racial scientists aimed to manipulate in order to promote their goals.

⁶ Laura Rivard, "America's Hidden History: The Eugenics Movement | Learn Science at Scitable," accessed March 22, 2020, <https://www.nature.com/scitable/forums/genetics-generation/america-s-hidden-history-the-eugenics-movement-123919444/>. America began practicing eugenics in the 1880's and also began performing forced sterilizations in hopes of promoting "good breeding" among Americans.

⁷ The Eugenics Archives. "Eugenic Traits." Accessed January 16, 2020. <http://eugenicsarchive.ca/discover/tree/535eeb757095aa0000000221>.

⁸ United States Holocaust Memorial Museum. "Euthanasia Program." In Holocaust Encyclopedia, December 4, 2019. <https://encyclopedia.ushmm.org/content/en/article/euthanasia-program>.



The Kaiser Wilhelm Institute for Anthropology (KWI-Anth.) became the leading institutions in the German eugenics, movement.⁹ In 1927 KWI-Anth. developed a Department of Eugenics in hopes of establishing itself in the quickly developing field. Here, the practice of racial hygiene was established, providing a scientific basis for the horrors to come.¹⁰

In 1933 the German National Socialist (Nazi) party came to power with Hitler as its leader. Hitler promised to rebuild Germany as a prominent, strong, united country after a humiliating defeat in World War I. Nazi political platforms promised to bring jobs and wealth back to the German people and to create the “perfect race”- the Aryan race. In order to promote this concept, the Nazi party financially supported KWI through ample grants designed to promote research on eugenics.¹¹

Eugenic scientists and politicians advised the German people to practice “good breeding”. Hitler not only stressed race but also used social engineering to create an idyllic narrative for all within the German Reich. The imagined Aryan was to be genetically perfect,

⁹ The Eugenics Archives. “Eugenic Traits.” Accessed January 16, 2020. <http://eugenicsarchive.ca/discover/tree/535eeb757095aa0000000221>.

¹⁰ Suzanne Evans, *Hitler's Forgotten Victims: The Holocaust and the Disabled* (Tempus Pub Ltd, 2007). Pp. 15

¹¹ Hans-Walter Schmuhl, “Brain Research and the Murder of the Sick: The Kaiser Wilhelm Institute for Brain Research, 1937–1945” (Cambridge University Press, 2009). pp. 564

racially “pure”, sexually healthy, and most importantly loyal to the state. Individuals left out of this paradigm faced discrimination in all areas of life. Jews Afro-Germans, Gypsies, and the physically and mentally disabled were particular targets for the exclusion.¹² Anyone who opposed Nazi principles faced the same fate as the discriminated.

The creation of the Aryan race required eliminating everything and everyone who did not fit this mold. Before the creation of mass killing camps for the Jewish people, the Nazi party implemented forced sterilization by the *Law for the Prevention of Offspring with Hereditary Diseases* in 1933.¹³ This decree authorized medical professionals to sterilize any individual with a hereditary disease. This marked the first time that a modern state not only allowed but encouraged doctors to perform medical experiments on their patients in hospitals and clinics.¹⁴

In 1935, Hitler announced that in the event of war the “destruction of life unworthy of life” would immediately follow.¹⁵ It was not until the summer of 1939 that the Nazi party took the opportunity to put this claim into effect. In mid-July 1939 a child named Gerhard Kretschmar was born severely disabled, apparently leading the father to beg the head physician to put the baby to death.¹⁶ However, under German law both murder and assisted suicide were crimes punishable by a court of law.¹⁷ To go around this law, Dr. Karl Brandt, an attending physician of Hitler, petitioned the Fuhrer to permit the “mercy killing” of this child. Hitler granted permission, thereby initiating one of the Nazi party’s most horrendous programs.¹⁸ After the

¹² United States Holocaust Memorial Museum. *The Quest for Racial Purity: Germans with Mental and Physical Disabilities, African German, and Roma*, n.d. <https://www.ushmm.org/m/pdfs/20090831-nazi-ideology-book-part2.pdf>. pp. 75

¹³ Evans, *Hitler’s Forgotten Victims*, pp. 12

¹⁴ Evans, *Hitler’s Forgotten Victims*, pp. 67

¹⁵ Astrid Ley, *The “Euthanasia Institution” of Brandenburg an Der Havel*, ed. Hinz-Wessels Annette, vol. Publication series of the Brandenburg Memorials Foundation, 35 vols. (Berlin: Brandenburg Memorials Foundation, 2012). pp. 50

¹⁶ Ley, *The “Euthanasia Institution,”* pp. 51

¹⁷ United States Holocaust Memorial Museum., *The Quest for Racial Purity*, pp. 82

¹⁸ Ley, *The “Euthanasia Institution,”* pp. 52

death of the Kretschmar baby, the Chancellery formed a Reich committee of doctors for the *Scientific Registration of Serious Hereditary and Congenital Diseases*.¹⁹ This committee required that every midwife and physician fill out a detailed questionnaire for all children aged 0-3. They were mandated to report all children born with any form of physical or mental deficit.²⁰ While the questionnaires accumulated, the campaign to murder the physically and mentally disabled became centralized through several “front organizations” housed at Tiergartenstraße 4, in Berlin.

Hitler officially signed a decree in October 1939, which was backdated to September, legalizing “mercy deaths” for patients with “incurable illnesses.”²¹ Under the code name *Aktion T4*- Operation T4,²² medical professionals began to urge parents with disabled children to admit their children to “specially designed” pediatric wards.²³ Built to deceive, these were not specially designed wards for children with disabilities, but instead child killing wards. Here, physicians and other medical staff routinely murdered infants and toddlers by means of lethal overdoses or starvation. There were no repercussions for physicians unwilling to participate in this program, all of those who committed murder did so on their own free will.²⁴ These doctors were already enthralled with their mission to “purify” the German race and utilized Nazi ideology as an opportunity to expedite their objectives. They restructured their own moral code to distinguish

¹⁹ United States Holocaust Memorial Museum., *The Quest for Racial Purity*, pp. 82

²⁰ Ley, *The “Euthanasia Institution,”* pp. 52

²¹ Ley, *The “Euthanasia Institution,”* pp. 50

²² Ley, *The “Euthanasia Institution,”* pp. 52

²³ United States Holocaust Memorial Museum. “Euthanasia Program.” In *Holocaust Encyclopedia*, December 4, 2019. <https://encyclopedia.ushmm.org/content/en/article/euthanasia-program>.

²⁴ “Nazi Official Says Volunteers Killed the Retarded.” *The New York Times*, February 26, 1964, sec. Archives. <https://www.nytimes.com/1964/02/26/archives/nazi-official-says-volunteers-killed-the-retarded.html>.

between “worthy of life” and all other people whom were considered subhuman, “drains to society”. Within a few months, the operation grew to include youths up to the age of 17.²⁵

Soon after the youth expansion of T4, T4 orchestraters and medical professionals expanded the program to include adults. Seeking an “efficient” way to perform mass murder, physicians experimented with various methods of killing. In January of 1940, the first test killing took place at Brandenburg an der Havel State Hospital by a group of doctors, scientist, and nurses, likely including Viktor Brack, Irmfried Eberl, Karl Brandt, Albert Widmann, Horst Schumann, and August Becker.²⁶ After transferring 18-20 so-called disabled individuals to Brandenburg, patients met physicians who ensured them that they were only there for a checkup. Nurses and attendants brought them to an “inhalation room” to clear their lungs. Instead, it was a gas chamber, where for the first time the Nazis used carbon monoxide poisoning to kill their genetic or political enemies in Germany. The victims’ bodies were then transported to the incinerators already on the Brandenburg grounds.²⁷ The T4 operatives deemed this method of murder the most manageable and arranged to install six gas chambers around Germany and one in Austria.²⁸ At each of the “institutions”, physicians both welcomed patients and the administrated the carbon monoxide in the gas chamber. According to Dr. Brandt, “only doctors

²⁵ United States Holocaust Memorial Museum. “Euthanasia Program.” In Holocaust Encyclopedia, December 4, 2019. <https://encyclopedia.ushmm.org/content/en/article/euthanasia-program>.

²⁶ Ley, *The “Euthanasia Institution,”* pp. 19 Victor Brack was the Brack Chief of Office II and the deputy of Reichsleiter Bouhler and a key organizer of Aktion T4. Irmfried Eberl was a physician and researcher who became the head of the Brandenburg killing facility. Karl Brandt was Hitler’s accompanying physician and tasked with organizing the “euthanasia” program. Albert Widmann was a chemist who likely suggested the idea of using carbon monoxide and placed the order for the gas cannisters. Horst Schumann was a T4 doctor that collected the first victims of CO gassing. August Becker was a chemist involved in the gassing experiments.

²⁷ Ley, *The “Euthanasia Institution,”* pp. 28

²⁸ United States Holocaust Memorial Museum. “Euthanasia Program.”

[c]ould carry out the gassings”²⁹ Physicians were in charge of the “people’s body” and it was their responsibility to “remove cancerous sores” by any means possible.³⁰

T4 leaders expanded their plans by distributing questionnaires to mental institutes, public health officials, and hospitals across the country asking for information about every patient. These questionnaires appeared to be searching for information only for statistical reasons, but in actuality they were formulated to inquire about the patient’s work capacity, diagnosis, and if the patient had been in the institution for longer than five years.³¹ A team of three “specialized” medical professionals evaluated the information gathered from the questionnaires and marked patient’s files with one of three codes. The first, a red +, marked the patient for immediate transfer to one of the six centrally organized gassing facilities. The next was blue —, signifying life, allowing the patient to stay alive and in the institution’s care. Finally, a question mark meant the file needed additional review.³² In order for the code to be finalized into action, two of the three physicians reviewing the file needed to agree.

Though T4 planners claimed *only* to put those with incurable physical and mental deficits to death, the second most common (1/3 of victims) diagnosis was idiocy. This broad diagnosis included not only those with congenital and mental deficits, but also patients who exhibited “socially conspicuous” behavior or who classified as “moral or ethical idiocy.”³³ This classification implies that many of the “mentally disabled” victims of T4 were not disabled in the medical sense, but were German citizens who did not comply with the National Socialist mold.

²⁹ Scott Christianson, *Fatal Airs: The Deadly History and Apocalyptic Future of Lethal Gases That Threaten Our World* (Santa Barbara, Calif: Praeger, 2010). Pp. 63

³⁰ Ley, *The “Euthanasia Institution,”* pp. 46

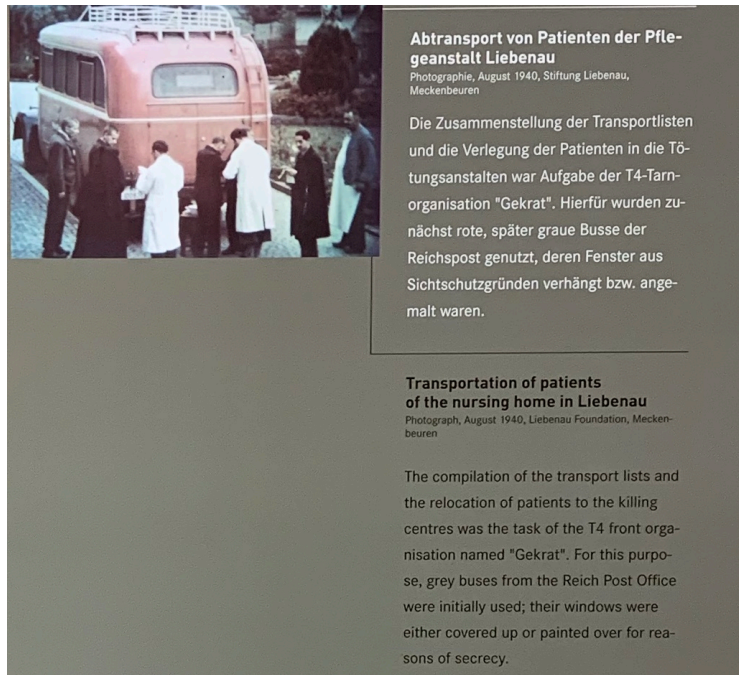
³¹ United States Holocaust Memorial Museum. Holocaust Encyclopedia

³² United States Holocaust Memorial Museum, *The Quest for Racial Purity: Germans with Mental and Physical Disabilities, African German, and Roma*, n.d., <https://www.ushmm.org/m/pdfs/20090831-nazi-ideology-book-part2.pdf>. pp. 11

³³ Ley, *The “Euthanasia Institution,”* pp. 25

Additional evidence suggests that many victims may have been hand selected by researchers to sustain their specific research.³⁴

When marked for death, patients would be transferred via a red bus — with license plates



from the Reich Post Office — to a killing center and murdered shortly thereafter (see Figure 1).³⁵ The prominence of these vans and the fact that patients did not return to their original facilities after transport, the frustrated the Nazi attempt to conceal T4 from the public. It was common knowledge in the public and professional communities that

patients transported in vans did not return.

After two years, at least 70,000 patients from various psychiatric institutes around the country had fallen victim to Operation T4.³⁶ When on August 3, 1941 Count Clemens August Graf von Galen, the bishop of Münster, publicly denounced the killings of the psychiatric patients as murder and against Christian teachings, Hitler consequently shut the T4 program down.³⁷

³⁴ Is further expanded upon in section "Dr. Hallervorden's role in "euthanasia"

³⁵ Ley, *The "Euthanasia Institution,"* pp. 44

³⁶ G. Hohendorf et al., "Die Opfer der nationalsozialistischen 'Euthanasie-Aktion T4,'" *Der Nervenarzt* 73, no. 11 (November 1, 2002): 1065–74, <https://doi.org/10.1007/s00115-002-1420-2>. pp. 1065

³⁷ Ley, *The "Euthanasia Institution,"* pp. 55

Yes and no. What happened was T4 instead decentralized, rather than ceasing their efforts, by deconstructing the six centralized killing centers. The orchestrators reached out to the head of each psychiatric institution, describing the new aims of eliminating “useless eaters.” Individual care facilities now acquired the responsibility of systematically murdering their patients through various means of starvation, overdosing medication, under-dosing medication, shootings, and neglect.³⁸ “Euthanasia,” previously defined as a “good” death or a “mercy” death, became plain murder.³⁹ Over the span of the next five years it is estimated that facilities intended to care for their patients, murdered as many as 300,000 people.⁴⁰

“Mercy killings” did not conclude until the final days of World War II and in some locations continued even after the allies’ victory.⁴¹ Moreover, most of the “euthanasia” physicians were never tried and returned to practicing medicine after the war. Today, crimes against the disabled community in Germany and its occupied countries are commonly swept under the rug. The German government still does not recognize the disabled community as a group persecuted by the Nazi party. They nor their families ever received any form of restitution for the trauma they went through, from forced sterilizations to loss of life.⁴²

³⁸ Sabine Hildebrandt, *The Anatomy of Murder: Ethical Transgressions and Anatomical Science during the Third Reich* (New York: Berghahn Books, 2016). pp. 17

³⁹ Hildebrandt, *The Anatomy of Murder*. pp. 17

⁴⁰ Hildebrandt, *The Anatomy of Murder*. pp. 17

⁴¹ The United States Holocaust Memorial Museum, *The Quest for Racial Purity*. pp. 152

⁴² Evans, *Hitler’s Forgotten Victims*. pp. 18-19

Dr. Julius Hallervorden's Life Before 1939

Dr. Hallervorden was born on October 21, 1882, in East Prussia, the son of a hospital psychiatrist and his wife.⁴³ From a young age, Hallervorden showed an interest in the brain and diseases of the nervous system. From 1907 to 1960 Hallervorden performed research on brains removed from patients post-mortem.⁴⁴ Before and after the war, he gained the respect of the scientific community and became a world-renowned neuropathologist. Hallervorden maintained a positive reputation until 1949 when Leo Alexander, a Jewish neurologist, published a report exposing his crimes under the cover of WWII.⁴⁵

In 1909, he graduated from Königsberg University with a degree in medicine, after which he continued his medical training in Berlin. From 1913-1929, Hallervorden worked first as an assistant and eventually as senior physician at the mental hospital of Landsberg in Poland.⁴⁶ He was in charge of the hospital's neuropathology laboratory, focusing on the analysis of various brain structures and mental diseases. Hallervorden's research received attention immediately, allowing him to earn various grants and scholarships. Ultimately, he joined the German Research Institute for Psychiatry.

In 1921, Hallervorden met Hugo Spatz, a celebrated brain researcher who had discovered various brain diseases and mental deficits. He informed Spatz about a family where five out of twelve children died from symptoms signature of brain degeneration. They worked together, analyzing sections of the brains to discover that all five of the children had unusually high iron

⁴³ Jean-Marc Dreyfus, "Le docteur Julius Hallervorden et sa collection de cerveaux en République fédérale d'Allemagne," *Vingtième Siècle. Revue d'histoire* 131, no. 3 (2016): 139, <https://doi.org/10.3917/ving.131.0139>. pp. 41

⁴⁴ Heinz Wässle, "A Collection of Brain Sections of 'Euthanasia' Victims: The Series H of Julius Hallervorden," *Endeavour* 41, no. 4 (December 2017): 166–75, <https://doi.org/10.1016/j.endeavour.2017.06.001>. pp. 1

⁴⁵ Hildebrandt, *The Anatomy of Murder*. pp. 7

⁴⁶ Wässle, "A Collection of Brain Sections of 'Euthanasia' Victims." pp. 1

deposits in their basal ganglia. This rare neurodegenerative disease became known as Hallervorden Spatz disease, a name that is still used in patient diagnostics.⁴⁷

Hallervorden maintained an interest in hereditary nervous system diseases and frequently attended conferences focusing on racial and mental hygiene throughout his career.⁴⁸ He apparently retained an interest for eugenic ideals and supported the practice of “cleansing the human race” before Hitler came to power and implemented eugenic laws. Due to Nazism, science met politics and “racial hygiene” met its enforcer. Physicians, including Hallervorden, became the largest professional community by far to join the Nazi party.⁴⁹ It became rather apparent that the Nazi political party and physicians were in a symbiotic relationship. The Nazis needed the physicians to act as the hands on the levers of death, while physicians relied on the party to expand on their eugenics interest and research.

In 1929, Hallervorden became the Prosektur — tasked with removing and analyzing organs of the deceased — at Brandenburg Province institutionalized hospitals and institutes.⁵⁰ Here, he was able to perform ample research on the brains of deceased mental institute patients. During his eighth year as the Prosektur, his colleague Spatz became head of the Kaiser Wilhelm Institute (KWI) for Brain Research and offered Hallervorden a job as the head of the department of Histopathology at KWI.⁵¹ Although this offer was extremely tempting, Hallervorden was not ready to give up his position at Brandenburg and suggested merging the Brandenburg department

⁴⁷ Peter Harper, *Naming of Syndomes and Unethical Activities: The Case of Hallervorden and Spatz* (Lancet, 1996). This paper argues for the changing of the name Hallervorden Spatz disease and other diseases named after physicians who committed war crimes during WWII.

⁴⁸ Letter from Hallervorden to Landesdirektor der Provinz Brandenburg, Rep. 55. Brandenburg, Brandenburg State Archives

⁴⁹ Omar S. Haque et al., “Why Did so Many German Doctors Join the Nazi Party Early?,” *International Journal of Law and Psychiatry* 35, no. 5–6 (September 2012): 473–79, <https://doi.org/10.1016/j.ijlp.2012.09.022>. pp. 473

⁵⁰ Hildebrandt, *The Anatomy of Murder*. pp. xvi

⁵¹ Letter from Spatz to Hallervorden, December 16, 1937, Rep. 55 Pers 2010 Brandenburg State Archives. Histopathology is a branch of pathology that focuses on the changes of diseased tissues.

with the Histopathology department at KWI. Spatz readily agreed. On December 16, 1937, Spatz officially approved the merger.⁵² At KWI for Brain Research, Hallervorden continued his research, collecting brain sections from patients who suffered from neurological and mental disorders throughout their lives (as he had been doing since 1907).⁵³ Through the support of various grants, Hallervorden founded a laboratory at the State Research Center at Brandenburg-Görden State Hospital in 1938, creating the perfect conditions for him to commit criminal research in the years to come.⁵⁴

⁵² Letter from Spatz to Hallervorden, December 16, 1937, Rep. 55 Pers 2010 Brandenburg State Archives

⁵³ Letter from the Ministry of Grosshessen, addressed to the head of the Potsdam State Office. Rep 55 Pers. 2010, Brandenburg State archives

⁵⁴ Heinz. "A Collection of Brain Sections of 'Euthanasia' Victims." pp. 2

Dr. Hallervorden's Role in "Euthanasia"

Hallervorden joined the Nazi party in 1939, notably later than many other medical professionals.⁵⁵ According to archival documents, he was not aware of the realities of T4 until May of 1940.⁵⁶ It is quite improbable to believe that this physician remained in the dark to the actuality of T4 when one of the six centralized killing centers was located in the Brandenburg province, where Hallervorden maintained the position of medical Prokter. Furthermore, he was relatively close friends and colleagues with Hans Heinze, who ran the "euthanasia" research department at Brandenburg-Görden.⁵⁷

Soon after "becoming aware" of T4, Hallervorden allegedly reached out to Hans Heinze and his colleagues stating:

I heard that they were going to do that, and so I went up to them and told them 'Look here now, boys, if you are going to kill all these people, at least take the brains out so that the material could be utilized'. They asked me: 'How many can you examine?' and so I told them: 'an unlimited number – the more the better'. I gave them fixatives, jars and boxes, and instructions for removing and fixing the brains, and then they came bringing them in like a delivery van from the furniture company. There was wonderful material among those brains, beautiful mental-defectives, mal-formations and early infantile diseases. I accepted these brains of course. Where they came from and how they came to me was really none of my business.⁵⁸

This quote was famously derived from an interview between Hallervorden and neuropathologist, Leo Alexander. At the time, Hallervorden had no idea he was being interviewed, as Alexander

⁵⁵ Melvyn Conroy, "Less Than Human -," JewishGen, accessed January 28, 2020, <https://www.jewishgen.org/Yizkor/LessThanHuman/les231.html>. pp. 252

⁵⁶ Dreyfus, "Le docteur Julius Hallervorden et sa collection de cerveaux en République fédérale d'Allemagne." pp. 142

⁵⁷ Ley, *The "Euthanasia Institution,"* pp. 106

⁵⁸ J T Hughes, "Neuropathology in Germany during World War II: Julius Hallervorden (1882–1965) and the Nazi Programme of 'Euthanasia,'" *Journal of Medical Biography* 15, no. 2 (May 2007): 116–22, <https://doi.org/10.1258/j.jmb.2007.06-57>. pp. 119 In this dialogue, Hughes quotes the Alexander Report, written by Jewish neuropathologist, Leo Alexander for the Nuremberg Medical Trials.

had worked with him for years, before exiling himself to America to flee anti-Semitism.⁵⁹

Unbeknownst to Hallervorden, Alexander was working on a Report for the US government to present at the Nuremberg Doctor's Trials. He showed Alexander the remaining histopathological material and data that was soon to be published in various medical and scientific journals.⁶⁰ The language used in this quote cannot be ignored. In the first sentence, Hallervorden admits his knowledge of the "euthanasia" program without any hint of remorse or hesitation about its motives or compassion for the victims. Rather than suggesting the program be halted or speak against the murder of thousands of people, he instead asks for their brains to be analyzed. Hallervorden states that he provided the equipment, knowledge, and training for the removal of the "material." Finally, his last sentence explicitly implies that he knew what he was doing was not ethical, legal, or right. Admitting that the sources of the brains was "none of my business" recognizes that they were not from a legitimate or permissible source.

From 1940 to 1944, Hallervorden received at least 697 brains, including those he removed from victims himself.⁶¹ As noted in the previous section, he was deeply interested in hereditary neurodegenerative diseases. In 1940 his interests shifted towards idiocy in children, multiple sclerosis, Cerebral Palsy, and epilepsy's effects on brain development.⁶² Nearly all of the "material" presented to Alexander and the articles Hallervorden published throughout the 1940's show with relative certainty that pathological information was derived from "euthanasia" patients.

⁵⁹ J T Hughes, "Neuropathology in Germany during World War II: Julius Hallervorden (1882–1965) and the Nazi Programme of 'Euthanasia,'" *Journal of Medical Biography* 15, no. 2 (May 2007): 116–22, <https://doi.org/10.1258/j.jmb.2007.06-57>. pp. 340

⁶⁰ Hughes, "Neuropathology in Germany during World War II" pp. 119

⁶¹ Hughes, "Neuropathology in Germany during World War II" pp. 119 Derived from a letter Hallervorden addressed to Professor Nitsche, the organizer of "euthanasia".

⁶² Dreyfus "Le docteur Julius Hallervorden et sa collection de cerveaux en République fédérale d'Allemagne." pp. 2

This paper pays particular attention to the last official day of the centralized T4 murders at Brandenburg-Görden Euthanasia center, October 28, 1940. Through the notes of Hanz Heinze and other forms of documentation, historians are certain that Hallervorden was present on this day to witness the murder of 56 victims.⁶³ After witnessing the murders by carbon monoxide, Hallervorden remained on site and removed 40 of their brains.⁶⁴ Furthermore, correspondence leading up to October 28 indicates Hallervorden was in contact with Hanz Heinze and T4 Doctor Eberl.⁶⁵ Though no notes remain on the conversations, there is a strong likelihood that the doctors discussed which patients to select for murder. Through my research at the Max Planck—previously Kaiser Wilhelm—Archives, I have ascertained, with extremely high probability, that the victims were hand selected to be used by Hallervorden for personal research purposes (see table 1) and not selected simply by the criteria on the questionnaire form.

From February to October 1940, at least 9,000 individuals were murdered at Brandenburg-Görden alone. Of these victims approximately 8,000 have been named and identified. As many as 800 Jews were murdered among them.⁶⁶ This suggests that physicians selecting victims for the Brandenburg-Görden “euthanasia” center were biased towards specific “discrepancies” and participated in choosing victims based on biographical information not patient information.

Of the patients murdered on October 28, 1940: the oldest was 18, the youngest 7, and the average was 13.35 years old.⁶⁷ Hallervorden examined at least 40 of their brains and I was able

⁶³ Ley, *The “Euthanasia Institution,”* pp. 106

⁶⁴ Ley, *The “Euthanasia Institution,”* pp. 106 This is written with relatively high certainty due to the notes of others present and the fact that 40 brain material from these specific victims were found in Hallervorden’s possession.

⁶⁵ Marx, *The “Euthanasia Institution” of Brandenburg an Der Havel Memorial*

⁶⁶ Marx, *The “Euthanasia Institution” of Brandenburg an Der Havel Memorial*

⁶⁷ Patients from Brandenburg-Görden who died 10.28.1940; III.55.21-1 and III.55.21-2; Max Planck Institute Archives

to recover 35 (88%) of the file cards he made based on the patients and their encephalographs (*images or recordings of the brain*).⁶⁸ Not only were these patients much younger than the typical transport victims, but twenty eight (80%) of the identified victims exhibited signs and symptoms similar to patients diagnosed with multiple sclerosis (MS) or Cerebral Palsy- including epilepsy, seizures, spastic paresis, optic atrophy, hypertension, and muscular atrophy. Twenty victims (57%) had suffered severe illnesses/injuries in youth or had traumatic births.⁶⁹

We know Hallervorden's main focus of study was neurodegenerative diseases, especially in young children. The fact that the October 28 transport included only children suggests that Hallervorden helped determine the victims selected. Additionally, eighteen of the identified victims were explicitly diagnosed with epilepsy or seizures, over 51 percent of the victims. Against an average of 8.9 percent of "euthanasia" victims diagnosed with epilepsy, 51 percent is simply inexplicable by pure chance.⁷⁰ There is no evidence of victim selections based on spastic paresis, optic atrophy, hypertension, or muscular atrophy. Instead, the October victims diagnoses specifically identify with MS and Cerebral Palsy hence their brains were coveted by Hallervorden.

After the war and the Nuremberg Trials, Hallervorden continued to publish papers using information he gathered during the Nazi era. Neuropathologist Jürgen Peiffer concluded that Hallervorden gathered much of his statistical data from "euthanasia" victims, in particular, those murdered on October 28, 1940.⁷¹ Peiffer, who dedicated his life to documenting criminal practice in his line of work, identified a multitude of papers published by Hallervorden based on evidence

⁶⁸ III.55.21-1 and III.55.21-2

⁶⁹ III.55.21-1 and III.55.21-2

⁷⁰ *The "Euthanasia Institution" of Brandenburg an Der Havel Memorial*

⁷¹ Peiffer, "Assessing Neuropathological Research" pp. 353

derived most likely from evidenced derived from brain sections of “euthanasia” victims.⁷² A few papers to mention include: “Hallervorden J. Oligodendrogliom nach Hirntrauma. (1948).” (*Hallervorden J. Oligodendroglioma after brain trauma*). “Hallervorden J. Cerebrale Kinderlahmung. Review in: Schaltenbrand G (Hrsg). Naturforschung und Medizin in Deutschland 1939-1946. (1948).” (*Cerebral palsy. Review in: Schaltenbrand G (ed.). Natural Research and Medicine in Germany 1939-1946.*), and “Hallervorden J. Entwicklungsstörungen und frühkindliche Erkrankungen des Zentralnervensystems. (1953).” (*Developmental disorders and early childhood diseases of the central nervous system.*)⁷³ With high confidence, Peiffer established that these papers, and hundreds of others were developed, in large part, with “euthanasia” victims’ brain “material.” Considering that the first paper mentioned examined the link between brain traumas and brain tumors and 57 percent of the 10.28.1940 patients endured some form of brain injury before diagnoses, these victims likely contributed to Hallervorden’s research. He also routinely studied both Cerebral Palsy and developmental disorders throughout 1935-1948, resulting in several published papers on these topics.

The commonalities between the diagnoses/symptoms of the 10.28.1940 patients and Hallervorden’s research interests casts doubt on Hallervorden’s claim that he simply told “euthanasia” physicians what his research interests were, and they subsequently provided him with brain “material” of deceased victims. Trafficking brains was not centralized but “material” was passed on through interpersonal relations and connections.⁷⁴ It is statistically improbable for the correlation of Hallervorden’s research to the number of patients murdered with disorders that

⁷² Ezekiel Emanuel et al., eds., *The Oxford Textbook of Clinical Research Ethics* (Oxford University Press, 2008).

⁷³ Peiffer, “Assessing Neuropathological Research” pp. 353

⁷⁴ Emanuel, *The Oxford Textbook of Clinical Research Ethics*

fit his interests to be coincidental. Therefore, I suggest that on October 28, 1940, Hallervorden hand selected patients to be murdered for the purposes of his own research.

Presented below is a table I compiled, showing direct quotes from the patient summary cards found at the Max Planck Institute Archives for the patients murdered on October 28 at Brandenburg-Görden. The patients are identified by birth date rather than names to protect their families' anonymity. The age of each patient appears as it does on the file cards — patient born on 6.6.28 is described as a 10-year-old female, but her birthdate establishes her as 12 years old; therefore, 12 is written in parentheses. The diagnosis summary has been translated to English and summarized, but direct language from the file cards is utilized. Finally, the last column records the prevalence of victims who faced trauma in their early lives, leading inexplicitly to their murder for research purposes.

Birth Date	Age	Gender	Diagnosis Summary	Illness or injury in youth or birth problems
4/14/26	14	F	Underdeveloped, Seizures, spastic paralysis, muscular atrophy	yes- mother= lues and had seizures in first quarter
12/6/23	17	M	Underdeveloped, hydrocephalic skull, hypertonic phenomena in lower extremities, increase of reflexes, motor retardation	yes- born breeched
11/1/26	14	F	Underdeveloped, head injury in accident, right side paralysis, epileptic seizures, minor hypertonic phenomena on right side	yes-car accident caused unconscious
7/20/29	11	M	Hemlock poisoning with tetanus, since then had seizures	yes- tetanus and hemlock poisoning lead to unconscious
6/29/27	11	M	Mother failed at abortion. Patient has slow development, deformation of skull and torticollis, and gait spastic	yes- mother attempted abortion
1/20/30	10	M	Illegitimate, underdeveloped, rotator nystagmus, generalized seizures	yes- mother had lues
3/1/32	8	M	Illegitimate, spastic paresis in legs, right sided spastic hemiparesis, atrophic musculature	yes-had whooping cough and diphtherias causing brain inflammation
9/11/31	9	M	Seizures, mental deficiency with choreatic twitches of all muscles	yes-febrile illness
1/27/24	16	F	Illegitimate, mental capacity of 4 year old, suspected psychosis	no
4/19/27	13	M	Suffered spasms, minor hemiparetic phenomena, large seizures	no
5/30/28	12	M	Forgot to walk after an accident but learned again	yes-following accident and forgot to walk
3/7/24	16	F	Illegitimate, seizures	no
7/6/24	16	?	Cannot walk or talk	no
11/9/25	15	F	Learned to speak at age 4, sever tick neuroses	no
5/16/23	17	F	Seizures, retarded, sterilized for epilepsy	yes- had to be delivered by forceps
8/24/27	13	M	Seizures, brain tumor	yes- accident in 6th or 7th year of life
10/24/24	16	?	Learned to walk and talk late, seizures	yes-mother fell down a staircase while pregnant
6/21/27	13	F	Fell out window at 5, then seizures, progressive dementia	yes- allegedly fell out a window at 5.5y
6/26/28	10 (12)	F	Cachectic, atrophy of musculature and hypotension	no
10/17/30	10	F	Father was a drunkard. Patient has tremors, stiff spasms, and seizures	no
5/15/22	18	M	No speech comprehension	no
5/16/24	16	M	Fell out of stroller, seizure	yes-fell out of his stroller at 3 months old
6/2/24	16	M	Blind, bilateral optic atrophy	no
1/25/31	9	M	hypertonic athetoid tetra paresis	yes-still birth
3/2/23	17	F	Tick of the mimic and neck muscles underdeveloped, fingers are involuntarily restless, slight behind intellectually, incipient dementia	yes-choreatic illness at age 3
8/13/29	11	M	Father was a drunkard. Patient has epileptic seizures and progressive dementia	no
9/19/26	14	F	Epileptic, seizures	no
2/15/25	15	M	Physically retarded, minor cranial nerve disorder, hypertonic phenomena in all limbs	yes-whooping cough at age 5
3/21/24	16	F	Paralysis until age 3, disturbances of cranial nerves, choreatic movements, tic-like movements	yes- premature, had flu at 11 months
9/18/33	7	M	Paralysis, then convulsions, left sided spastic hemiparesis, reflex abnormalities, seizures	no
9/12/31	9	M	Delayed development, hypertensive tetra paresis, left-sided limbs retarded, chromatic movements in extremities	yes?-weakness in labor
7/12/28	12	M	Spastic symptoms, Berger and adductor hypertension, cerebral palsy, idiocy	no
11/27/23	17	F	Epilepsy with feeble mindedness	yes-premature
5/12/23	17	F	Underdeveloped, paralysis	no
1/1/30	10	M	During pregnancy the mother had a kidney disease, alleged causing the boy to be born 4 week early. At 3/4 of a year the boy had Wry Neck Surgery. (Surgery to correct "Twisted Neck Syndrome")	yes- mother had kidney disease and child had neck surgery

Table 1. I gathered this information for the MPI-Archives and compiled them into the spread sheet seen here.

From *Table 1*, I have configured a statistics table to emphasize the youth of these victims and the commonalities between their diagnoses.

Statistics	Age in years
mean	13.38235294
max	18
min	7
mode	16
Median	14

Figure 2

Symptoms	Number of Patients Where Symptom is Directly Mentioned	Percentage of 10/28/40 Victims
Underdeveloped	7	20%
Seizures and/or Epileptic	18	51%
Spastic Paresis	5	14%
Trauma in Youth	21	60%
Listed as a common symptom of MS and/or Cerebral Palsy	28	80%

Figure 3

Several aspects of this data need clarification. First, the language used to describe the patients' history and symptoms is extremely matter of fact and clinical. There is little to no show of compassion in the people Hallervorden was victimizing, yet he put ample stress on the symptoms he wished to find. A twentieth century believer in the transmission of traits, he specifically noted history of family members who were "drunkards" or children who were

“illegitimate.” These notes in accord with the Nazi eugenic ideology, took special notice of familial traits deemed “impure.” I would also like to call attention to figure 3. This table highlights the recurrence of specific diagnoses and particular wording. The most important statistic is 80 percent of all 10.28.40 victims exhibited common symptoms of MS and/or Cerebral Palsy, two of Hallervorden’s most cherished disorders.

Medical Ethics

Hallervorden's, career and education developed in an era when eugenics ideas flourished. Life scientists and social scientists in many countries were intrigued the idea of creating the perfect race. When the Nazi party came to power, medical professionals and researchers were enthusiastic to build political support for their endeavors. Between 1939-1945, a course on medical ethics was mandated at every medical university in Germany.⁷⁵ This course was based on racial ideology and soon became known as a lecture series called "Medical Law and Professional Studies." Rather than focusing on the ethics we know today, this course focused on viewing society as a human body that needed to be "pure." Specific topics included: racial hygiene, population policy, and military medicine.⁷⁶ The aim of the lectures was to instill physicians with "an understanding of both the written and unwritten laws of the medical profession and of doctors' ethics."⁷⁷ Rejecting traditional medical ethics, medical schools taught a new Nazi "morality" aimed at developing an "ethnic conscience" which restricted moral obligations to only members of their own race community. Medical students were taught to focus on healing only *Aryans*. Directing efforts towards any other people would be a waste of resources.

Nazi medicine aimed to erase "impurities" from the human race. This objective allowed physicians to heal some but also kill others without repercussions from the law or the conscience. One doctor, Fritz Klein, defended his crimes against the Hippocratic Oath by stating: "Of course

⁷⁵ Florian Bruns and Tessa Chelouche, "Lectures on Inhumanity: Teaching Medical Ethics in German Medical Schools Under Nazism," *Annals of Internal Medicine* 166, no. 8 (April 18, 2017): 591, <https://doi.org/10.7326/M16-2758>.

⁷⁶ Bruns "Lectures on Inhumanity"

⁷⁷ Rudolf Ramm, *Ärztliche Rechts- und Standeskunde: der Arzt als Gesundheitserzieher* (Berlin: De Gruyter, 1943).

I am a doctor and I want to save lives. And out of respect for human life I would remove a gangrenous appendix from a diseased body. The Jew is the gangrenous appendix in the body of mankind.”⁷⁸ This quote explicitly refers to the murder of Jews in concentration and death camps, but this view was by no means new. The dream of eliminating Jews was rooted in the racial antisemitism that flourished in the late nineteenth century and found a political home in the Nazi party in the twentieth century. This combination allowed the horrific aspiration to become a reality under the cover of World War II.

The Hippocratic Oath is one of the most well-known codes of ethics that has been used to guide medical decisions for over 2000 years. It is said to have been first practiced in 400BC and was incorporated into western medicine starting in the 1700s. While the oath has evolved throughout the centuries, it has always maintained the rule of doing what is best for the patient while committing the least amount of harm possible.⁷⁹ Scrapping the oath, Nazi doctors committed treacherous crimes against humanity.

As a physician and a medical researcher, Hallervorden was well aware of the Hippocratic oath he took as a young man. He broke this oath by knowingly examining the brains of those murdered by “euthanasia.” I do believe Hallervorden chose patients to be murdered in order to advance his research. Even if he did not choose the victims, he was well aware of the process leading up to his collection of “material.” Hallervorden must have known that under German law murder of any sort was illegal and punishable by life imprisonment. Rather than voicing these

⁷⁸ William Reville, “The Nazis Believed in Medical Ethics. But They Were a Twisted, Depraved Version,” The Irish Times, accessed February 12, 2020, <https://www.irishtimes.com/news/science/the-nazis-believed-in-medical-ethics-but-they-were-a-twisted-depraved-version-1.3111095>. William Reville is an emeritus professor of biochemistry at University College Cork

⁷⁹ Northeastern University Nursing, “The History of the Hippocratic Oath,” Northeastern ABSN, June 3, 2015, <https://absn.northeastern.edu/blog/the-history-of-the-hippocratic-oath/>.

concerns, Hallervorden saw his opportunity to gather data and took it. Not only did he support the murder of disabled victims by collecting their remains, but also told physicians who were selecting victims exactly what diagnoses he was seeking. Moreover, he personally provided supplies to preserve the victims' brains and taught physicians at specific killing facilities how to remove the brains efficiently.⁸⁰ Regardless of whether Hallervorden killed any people himself, he played a large role in the "euthanasia" program.

What would have happened had Hallervorden opposed the murder of the disabled? Could lives have been spared? Did his support and complicity increase the overall number of patients murdered? Hallervorden himself claimed to have received at least 697 brains. Were these 697 human beings murdered solely for Hallervorden's research purposes or were their brains a "byproduct" of the Nazi purification mania?

Hallervorden maintained his innocence his entire life. He continued to publish papers using the data he took from murdered victims long after the war. He continued to be invited to international neuropathologist conferences, with little to no backlash. He still has a disease named after him and is referred to by his name. Many researchers and physicians mourned his death as a renowned neuropathologist legend for his achievements. But, are legends people who happily go along with murder to advance their goals? Are legends people who teach others how to dissect murdered people? Do legends act as accomplices in boldfaced crimes?

Why Dr. Hallervorden's Actions Matter Today

The goal of medicine is to diagnose diseases, provide treatment, and prevent further illnesses in the attempt to prolong human life.⁸¹ This general aim is frequently forgotten or

⁸⁰ Franklin Miller, "Research and Complicity: The Case of Julius Hallervorden.," *BMJ*, Journal of Medical Ethics, 38, no. No. 1 (January 2012): 53–56.

⁸¹ Medicine: Definition of Medicine by Lexico. (n.d.). Retrieved from <https://www.lexico.com/en/definition/medicine>.

misinterpreted when medical scientists, physicians, and researchers shift their goals from preventing diseases to perfecting the human race. In modern day science this includes editing the human genome, in vitro fertilization, and the development of performance enhancing drugs.⁸² It seems that every day a new drug or technology is created not only to elongate human lifespans, but also to transform those alive into *ideal* humans. In this context, *ideal* means those without disease or illness and, strong and physically able. During the Nazi era, *ideal* referred to racially “pure Aryans”: those healthy, loyal to the Führer, and subservient to the state. Creating an “Aryan,” utopian community required the eliminating everything and everyone who did not fit this mold.

After World War II, the practice of eugenics dissipated but the ideals of eugenics remained. Furthermore, most German medical practitioners, including former Nazi party members, kept their medical licenses and continued working in their designated fields. Over the span of a few years, the Soviet Union went from friend to foe and Germany shifted from enemy to ally in the Cold War. De-Nazification efforts gave way to halting communism in its tracks. As a result, many Nazi beliefs and methods remained in medicine for years to come.

My investigation examines the role of a physician and researcher working behind the scenes of the Nazi T4 and “euthanasia” program. Rather than directly murdering prisoners, performing trial operations, or administrating unregulated drug treatments; Dr. Hallervorden performed autopsies on murdered victim’s brains. Until his death, he insisted that he did nothing

⁸² CRISPR/Cas9. (2018, November 7). Retrieved from <http://www.crisprtx.com/gene-editing/crispr-cas9>. In 2013 CRISPR-Cas9 genome editing technology was successful in eukaryotic cells. This means that CRISPR-Cas9 gene editing has the ability to delete genetic diseases from the genome. This technology could also go as far change undesired traits, such as eye color.

unjust and claimed he was utilizing resources that otherwise would have been wasted.⁸³ My research explores the ethical repercussions of being complicit in criminal practices even if one is not on the front lines. Hallervorden may not have not seen his methods as unethical, which is why it is even more important to understand the power of ideology and racism.

Philosophers and ethics' boards continually debate the means at our disposal to alter the human race. The original Hippocratic oath encouraged physicians to maintain scientific ethical principles.⁸⁴ Yet, it is highly contested what falls under these ethical principles, especially in modern times. In 2006, the World Medical Association updated the Declaration of Geneva—a code of ethics that build on the principles of the Hippocratic Oath—to make it more relevant to technological advances and to attempt to prevent the kind of medical travesties that occurred during WWII from ever happening again. The oath, taken by nearly all new physicians, now states “I WILL NOT USE my medical knowledge to violate human rights and civil liberties, even under threat.”⁸⁵ This oath is designed as a guideline for sanctionable actions under the ethical rights of patients and physicians. My research reminds people what happens when medical ethics are corrupted and radical ideology runs rampant. There is an extremely fine line between healing and harming. Nazi physicians blurred this line or completely disregarded it. For the last seventy-five years steps have been taken to clarify this line and create guidelines to determine what is legal and ethical. Hospitals have medical ethics boards and nearly all medical students are taught medical ethics in some form. Understanding the importance of a lecture is when speaking of hypothetical situations is not match for reality. The case of Hallervorden is a

⁸³ U. Schmidt, *Justice at Nuremberg: Leo Alexander and the Nazi Doctors' Trial* (Palgrave Macmillan UK, 2004), <https://books.google.com/books?id=pHIRPgAACAAJ>. Leo Alexander was an investigator for the Nuremberg Trials. He knew Dr. Hallervorden before the war and was able to converse with him about the crimes and research Dr. Hallervorden performed.

⁸⁴ Hippocrates. (2012, February 7). Greek Medicine - The Hippocratic Oath. Retrieved from https://www.nlm.nih.gov/hmd/greek/greek_oath.html.

⁸⁵ World Medical Association. (n.d.). An updated Hippocratic Oath. Divonne-les-Bains.

concrete example of what happens when the greed of creating the perfect race or acquiring unlimited power accumulates.

Some modern philosophers, scientists and intellectuals still argue for euthanasia and infanticide. For example, Peter Singer, a retired bioethics professor from Princeton University, openly publicizes his beliefs on the legitimacy of infanticide and the “assisted killing” of individuals with incurable disabilities.⁸⁶ Singer calls his ideals ethical because in his opinion infants have no sense of being. One could ask what is the point at which infanticide becomes murder? At what moment is a child no longer an infant? And who decides this point? At what point does the “merciful prevention of suffering” become the murder of anyone who doesn’t fit the societal norm?⁸⁷ My research contributes to this discussion by analyzing how the support for “mercy killing” and assisted suicide developed. My examination of medical professionals in the Nazi era underscores the dangers of modern eugenics, especially when the notion of perfecting the human race receives political sanction.

Finally, the identification of Hallervorden as a Nazi criminal should be grounds for halting the use of his name while diagnosing *Hallervorden-Spatz Disease*. This disease is caused by a genetic mutation and results in iron accumulation and atrophy of the brain. People with *Hallervorden-Spatz* typically start developing symptoms around the age of 15. Symptoms include tremors, speech delays, dementia, dystonia and often vision loss.⁸⁸ Every one of these symptoms would have given doctors a motive for their murder during the Nazi era. The brains of Nazi victims who presented these symptoms were prime candidates for Hallervorden’s

⁸⁶ Peter Singer. “*About Peter Singer.*” Accessed February 15, 2020. <https://petersinger.info/about-me-cv>.

⁸⁷ P. Singer, (2013). “Discussing infanticide”. *Journal of Medical Ethics*, 39(5), 260–260. <https://doi.org/10.1136/medethics-2012-100853>

⁸⁸ M. Dashti and A. Chitsaz (2014, September 12). “Hallervorden-Spatz disease”. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4190451/>. This scientific paper describes the symptoms, causes, and available treatment options of people diagnosed with HSD.

dissection. Diagnosing any human with a disease named after a murderer and Nazi sympathizer is an insult to the patient, doctor, and society.

I feel certain that my research will make me a better doctor, one who is well-informed, morally responsible, empathetic, and cognizant of the power of modern medicine. By understanding how quickly “research” and “scientific advancements” can spiral into discrimination and murder, I aspire to always encourage myself and other physicians to maintain ethical viewpoints to maximize and protect the overall wellbeing of their patients.

Conclusion

The goal of science is generally understood as the quest for knowledge of the natural world, in hopes of acquiring the ability to describe, predict, and explain patterns.⁸⁹ Science is also commonly invoked as a reason for performing research on various aspects of the world. Today, medical research frequently receives increased funding whenever the need for a new vaccine or medical device arises. This research is ideally implemented to understand the healthy human body and repercussions when diseases overpower an individual. Quite often the aim of medical research shifts from defining the healthy, to defining the unhealthy. The twentieth century eugenics movement is a prime example of this shift in medical mentality. In the years leading up to the second World War, scientist and physicians worked tirelessly to identify the “unhealthy” and prevent their reproduction. Hitler and the Nazi party implemented the belief system of eradicating the “unhealthy” as a core political platform.

Racial science in the Nazi state flourished with the political and financial support necessary to perform research on disabled and ill populations without repercussions. Several physicians used this support to experiment on live patients with horrendous means. Others supported the murder of the disabled community in the belief that they were removing a “burden” from society. Hallervorden and other researchers, exploited the surplus of murdered victims by studying the “material” produced after their death by the T4 program. Each and every individual participating in “euthanasia” was a perpetrator of murder.

Few physicians active in the Nazi party and participating in the horrors of the 1930s and 1940s were ever persecuted in a court of law. It is impossible, of course, to investigate each physician’s role in Nazi crimes and prosecute them as the criminals they are. I investigated

⁸⁹ “Science Aims to Explain and Understand.” Accessed March 3, 2020. https://undsci.berkeley.edu/article/0_0_0/whatisscience_04.

Hallervorden's role in particular. He did not act on the front lines of murder but was the cause of death for numerous victims of the T4 and "Euthanasia" programs. To me, Hallervorden represents the thousands of doctors that got away with murder. My investigation delineates medical crimes during World War II as inhumane, unethical, and plain evil.

After World War I, eugenic ideology spread rampantly across the world, eventually developing into the Nazi ideology that legalized murder. Though the policies that put this belief system into practice came to a halt at the end of the war, many its ideals persist in modern society. For instance, one of the cutting-edge tools in present day science is CRISPR-Cas9. This is a gene editing tool designed to modify or delete specific regions of DNA.⁹⁰ In theory this means that if someone's genome coded for a disease or unwanted characteristic, that trait could simply be deleted from their DNA. In 2018 a Chinese scientist named Jian-kui HE claimed to have used CRISPR-Cas9 to genetically modify human embryos. These embryos developed into infants who apparently are naturally immune to HIV.⁹¹ HE's experiments explicitly violated China's human rights laws while also opening the doors for more unethical actions to follow. When human embryos are genetically modified, what aspects of the genetic code are permissible to edit and what is not? What is considered diseased or anti-social "enough" to erase from a human's genome? And what is considered going too far? What are the uncertainties of the CRISPR-Cas9 technology and how it could affect humans in the long term?

Nazi physicians, political leaders, and propagandas misused the term "euthanasia" and manipulated the connotation typically associated with- a "good death." Today several countries and states have legalized euthanasia in one form or another, coining the term "assisted death." To

⁹⁰ CRISPR/Cas9. (2018, November 7). Retrieved from <http://www.crisprtx.com/gene-editing/crispr-cas9>.

⁹¹ Li, Jing-ru, Simon Walker, Jing-bao Nie, and Xin-qing Zhang. "Experiments That Led to the First Gene-Edited Babies: The Ethical Failings and the Urgent Need for Better Governance." *Journal of Zhejiang University. Science. B* 20, no. 1 (January 2019): 32–38. <https://doi.org/10.1631/jzus.B1800624>.

ask to end one's life through an assisted death a person must meet various qualifications. He or she must be facing unbearable pain and conscious when asking for death. The choice must be voluntarily made by the patient, and only a doctor can euthanize the patient, etc.⁹² Typically, it is quite difficult for a patient to achieve the right to end their own life as a way of dying with dignity. In the early 2000's moral questions arose when Holland began legalizing assisted death to be used on children and teens and eventually infants born severely disabled.⁹³ The line of legalization quickly became blurred as boundaries were tested with little push back from the law. When euthanasia is associated with legal assisted killing who has the power to speak for an individual who cannot speak for themselves? What are the scope and limits of consent? What differentiates present day assisted death from Nazi "euthanasia?"

Who can decide what is a life worth living? If an individual over the age of eighteen with a degenerative, untreatable disease that causes severe pain, can choose to end their with the aid of a physician, why shouldn't a seventeen-year-old person do so? In countries that permit assisted suicide, an exception will be made for an individual under the legal age of eighteen in an extreme case. When then is an individual too young to even be considered for terminating life? If an infant is born with extreme disabilities that will cause him extreme pain throughout his life should a parent be able to choose to end their child's life? When a mother learns from testing that her unborn infant will have a severe disability, does that justify terminating the pregnancy? Truthfully, there is no *correct* answer to these questions. A physician is required to make an ethically just and medically appropriate decisions while providing advice to patients and families. Many physicians are driven by circumstances that must be rendered with no time to

⁹² "Background about Euthanasia in The Netherlands | Patients Rights Council." Accessed March 5, 2020. <http://www.patientsrightscouncil.org/site/holland-background/>.

⁹³ "Euthanasia, Assisted Suicide & Health Care Decisions – Part 1 | Patients Rights Council." Accessed March 5, 2020. <http://www.patientsrightscouncil.org/site/euthanasia-assisted-suicide-health-care-decisions/>.

spare. For instance, a surgeon must decide when to stop attempting to resuscitate a patient who dies on the operating table and a family may need to decide when to take a family member off life support. In these circumstances, the decision to prolong life can become an unimaginably difficult decision.

Nazi physicians showed little consideration for the individuals whose lives were in their hands. Many, like Hallervorden, performed autopsies and dissections on murdered victims whose origins and identities were of no concern to them. After the victors in World War II banned this anti-humanistic thinking, the failure to punish physicians who acted criminally gave eugenics a second life in the medical field. Public support for eugenic ideals waned, but a variance of “positive eugenics” gained popularity - genetics. Rather than destroying human life and manipulating people to increase the occurrence of desired phenotypical traits, geneticists study the microscopic genotype of heredity and inherited characteristics. Genetics had been around since the early 1900s and was not a new concept. Before the Nazis gained power, psychiatric geneticists created extensive data bases with pedigrees that charted family lineages of “social misfits.” It was these geneticists who facilitated the “Holocaust to find its first victims in asylums, which also housed the rosters, records and rationale that doomed them.”⁹⁴

Modern day geneticists have a more advanced understanding of genes, diseases, and disorders now than eugenicists did in the twentieth century, but a common goal prevails - preventing genetic disorders. Genetic counseling allows parents to learn the probability that their child may have a genetic disorder, information that could lead to terminating the pregnancy. Cutting edge research gives parents who are at a high likelihood of giving birth to a child with a genetic disorder the option to have a geneticist select a genome that would prevent disorders and

⁹⁴ Theodore Porter, *Genetics in the Madhouse*, 2018, <https://press.princeton.edu/books/hardcover/9780691164540/genetics-in-the-madhouse>.

possibly give the child desired traits. Scientists and philosophers joust over whether perfecting humans through genetic selection is ethically just in preventing children from being born with painful, degenerative diseases. But the Nazi era illustrates just how quickly the concept of designing a population can become murderous warfare against people with perceived genetic deviations.⁹⁵ We are reaching a modern-day pinnacle in the scientific ability to manipulate the characteristics of children being born. The prospect of eliminating pain and suffering is difficult to argue against; however, the risk of creating a genetic army is a possibility that cannot be ignored.⁹⁶

⁹⁵ Philip Ball, “Designer Babies: An Ethical Horror Waiting to Happen?” *The Observer*, January 8, 2017, sec. Science, <https://www.theguardian.com/science/2017/jan/08/designer-babies-ethical-horror-waiting-to-happen>.

⁹⁶ Dorothy Roberts Inquirer For the, “Eugenics Is Still a Dangerous Idea | Opinion,” <https://www.inquirer.com>, accessed April 25, 2020, <https://www.inquirer.com/opinion/commentary/eugenics-in-america-timeline-medicine-20190501.html>.

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Patient born 6.12.23, III.55.21-1

Patient born 1.11.26, III.55.21-1

Patient born 20.7.29, III.55.21-1

Patient born 29.6.27, III.55.21-2

Patient born 20.1.30, III.55.21-2

Patient born 1.3.32, III.55.21-2

Patient born 11.9.31, III.55.21-2

Patient born 27.1.24, III.55.21-2

Patient born 19.4.27, III.55.21-2
Patient born 30.5.28, III.55.21-2
Patient born 7.3.24, III.55.21-2
Patient born 1.1.30, III.55.21-2
Patient born 6.7.24, III.55.21-2
Patient born 9.11.25, III.55.21-2
Patient born 16.5.23, III.55.21-2
Patient born 24.8.27, III.55.21-2
Patient born 24.10.24, III.55.21-2
Patient born 21.6.27, III.55.21-2
Patient born 26.6.28, III.55.21-2
Patient born 17.10.30, III.55.21-2
Patient born 15.5.22, III.55.21-2
Patient born 16.5.34, III.55.21-2
Patient born 2.6.24, III.55.21-2
Patient born 25.1.31, III.55.21-2
Patient born 2.3.23, III.55.21-2
Patient born 13.8.29, III.55.21-2
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Patient born 19.9.26, III.55.21-2
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