

## Introduction

# EUGENICS, DISABILITY, AND CINEMA IN WEIMAR AND NAZI GERMANY

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Health is not just a medical term, but predominantly a social one.

—Ernst Bloch, *Das Prinzip Hoffnung*<sup>1</sup>

There are two large concrete memorials in Germany depicting the “gray buses” used to transport disabled persons to killing centers during the Third Reich (“Denkmal der grauen Busse,” designed by Horst Hoheisel and Andreas Knitz, 2006). One memorial was placed in front of the former administrative site of the T4 killings in Berlin and later became a traveling exhibit; the other is situated to block the entrance of the Weissenau sanatorium where buses left for the killing center at Grafeneck during the Nazi era.<sup>2</sup> Each bus is exactly the same size as the original; each weighs seventy tons. The bus is split down the middle, allowing visitors to walk through and “experience” the sensation of enclosure. The inscription on the bus reads: “Where are you taking us?” (*Wohin bringt Ihr uns?*). There is also a small split on the side of the bus dividing it into four parts, suggesting that the spectator cannot truly see or face the fear of the victims.

In her article, entitled “Gray Bus,” historian Dagmar Herzog notes that “cognitively abled” individuals have historically failed to identify across the range of the “borders of ability.”<sup>3</sup> This inability to see “cognitively disabled individuals” with anything other than “contempt, fear, revulsion, and anxiety—or at the very least a confident sense of superiority” has led to fear and dread for those disabled individuals in our society.<sup>4</sup> One might argue that the fear of the disabled as “other” has not significantly changed over the last eighty years. The victims of forced sterilization and euthanasia during the Nazi Regime were not recog-



**Figure 0.1.** Memorial for the Gray Buses, photograph by Andreas Praefcke, 2008. Wikimedia Commons, public domain.

nized under the 1953 Federal Law for Compensation (*Entschädigungsgesetz*) as they were not deemed to have been discriminated against on the basis of political, racial, or religious grounds. Additionally, the German government only declared the Nazi Sterilization Law (Law for the Protection against Hereditarily Diseased Offspring; *Gesetz zur Verhütung erbkranken Nachwuchses* 1933) unconstitutional in 2007. Moreover, the individuals responsible for documenting the Nazi euthanasia program after 1945 were either directly involved in perpetrating the program or were medical professionals with a vested interest in burying the facts.<sup>5</sup> According to literary scholar Susanne Knittel, two important reasons have contributed to the lack of public knowledge today concerning the murder of disabled persons in Nazi Germany: (1) there are no survivors of the euthanasia program, and (2) people with disabilities, mental and physical, are not generally regarded as valid “agents of memory.”<sup>6</sup>

The Euthanasia Program, as defined at the Nuremberg Medical Trial, was a “systematic and secret execution of the aged, insane, incurable ill, of deformed children and other persons, by gas, lethal injection and diverse other means, in nursing homes, hospitals and asylums.”<sup>7</sup> Historian Carol Poore calculates that there were approximately 267,000 people who suffered as a result of the Nazi eugenic program between

1939 and 1945: “In addition to the approximately 70,000 victims of Operation T4, about 117,000 patients in state hospitals and nursing homes in the German Reich and the annexed areas were killed. Furthermore, approximately 20,000 patients were murdered in Polish institutions and another 20,000 in Soviet institutions. In France, 40,000 institutionalized patients starved to death as a result of the national socialist war of aggression.”<sup>8</sup>

Despite the significant scholarly literature about the Holocaust, there remains insufficient attention devoted to the atrocities committed against disabled people by the Third Reich. Attempting to bring critical attention to this oversight, scholars such as David Mitchell and Sharon Snyder have adopted the phrase “disability genocide” as a means of emphasizing the concerted effort to exterminate people based on various physical and mental conditions deemed unacceptable by Nazi physicians.<sup>9</sup> Historian Sheila Faith Weiss terms eugenics as “advancing the central role of heredity in determining physical and mental traits and in the innate inequality of individuals and groups.”<sup>10</sup> Eugenic ideas not only targeted people with “disabilities,” but individuals based on the criteria of “race,” socioeconomic status, ethnicity, status within the criminal justice system, and sexual orientation. It is important to note that all are present in the history of eugenics, and all may be linked to some extent to a construction of biological determinism.

David Mitchell and Sharon Snyder note that while eugenics covered factors such as “race,” disability was the core concern: “While fears of racial, sexual and gendered ‘weakness’ served as the spokes of this belief system, disability, as a synonym for biological (or in-built) inferiority, functioned as the hub that gave the entire edifice its cross-cultural utility.”<sup>11</sup> The deterministic nature of constructions of “race” and disability include “biological traits [that] serve as the primary locus for an analysis of human disqualification shared by racial others and people with disabilities.”<sup>12</sup> In sum, individuals are defined by divergent “physical and cognitive characteristics” with certain groups deemed to be “defective.”<sup>13</sup> There are then attempts by the dominant culture to expunge “undesirable biological variations” from the “genetic pool.”<sup>14</sup>

This study will analyze the roots of the euthanasia program in its Weimar and Nazi instances. Eugenics was not merely a product of Nazi ideology; eugenic ideas that circulated during the Weimar period were also fundamental in shaping National Socialist policies regarding racial purity. In what follows, I will demonstrate that medical hygiene films as well as narrative films were circulated in the Weimar and Nazi periods as propaganda to indoctrinate the German people about the

wrongheadedness of providing economic support for “unfit” individuals with “incurable” diseases in an attempt to convince them of the rationale behind adopting eugenic policies.<sup>15</sup> By integrating narrative and documentary elements, medical discourse films can both create a sense of scientific legitimacy among the viewing audience, as well as an emotional response regarding the inevitable degradation of the German stock imposed by the spread of genetically transmitted diseases. Additionally, German narrative films convey the eugenic message of the dangers of mental and physical illness. The historical subtext of these films helps us to understand the eugenic discourse working with regard to disability.<sup>16</sup>

I will begin my introduction with a consideration of the theory of disability in the context of twentieth-century German thought. I will then provide a general overview of the historical background that gave rise to the idea of genetic disease as a condition of racial impurity and the identification, classification, and treatment of these conditions in the Weimar period. My analysis includes a discussion of various theories and proposed treatments of genetic conditions that were found in Weimar treatises on racial hygiene. These included works by Alfred Hoche, Rudolf Binding, Eugen Fischer, and Fritz Lenz.

I will then consider the eugenic laws in Nazi Germany that laid the ground for the T4 program (1939–41) and the wild euthanasia program (1942–45). With the Nazi rise to power in January 1933, laws regarding supposed hereditary illness were quickly enacted, building on the racial hygiene theories developed during the Weimar era. Racial hygiene films from the early Nazi period exemplify the Nazis’ attempt to rid German culture of those deemed to be either psychologically or physically inferior. Nazi propaganda promoted the idea that it was wasteful to use public funds to support asylums to treat individuals who were suffering from an incurable genetic condition, arguing that this money could be put to better use by improving the living conditions of healthy German citizens. I conclude this introduction with an analysis of how film shaped the public consciousness of disability during the Weimar and Nazi periods (1918–45).

## **Disability and German Culture**

Carole Poore notes, in her groundbreaking study on disability in German culture, that disability as a point of identity has been eschewed in favor of medical or historical treatment of specific instances; namely,

the eugenic doctrine, the disabled veterans of World War I, and the welfare state.<sup>17</sup> Alternatively, Poore establishes a single theory of disability that combines inherited disability, the disabled veteran, and disability through illness. This theory provides the key to reading disability in a twentieth-century German context.<sup>18</sup> The stakes are high concerning the “proper place” for the disabled, centering on discourses such as “Germanness,” antisemitism, and the health of the community at large. The cultural picture of “disability” when compared to “normality” has dictated the fate of those in twentieth-century Germany considered to be disabled.<sup>19</sup>

It is important to investigate various theories regarding disability in order to understand the historical context of eugenic discourse and murder in Weimar and Nazi Germany. Disability rights activist and scholar Hugh Gregory Gallagher sees disability as a form of “otherness,” based on the perceived inferiority of the disabled individual. He notes that “we” feel that we are better than others: “Christians are superior to Jews, Germans are superior to Turks, able-bodied persons to those who are disabled, physicians to patients.”<sup>20</sup> The “superior” group has supposedly been given their privilege through birth, which lends this group the authority to tell the “lesser groups” what to do. There is the assumption that the disabled individual has a “mental flaw,” and that limitations in one area restrict their expertise in other areas.<sup>21</sup> This devaluation relegates the disabled person as “flawed” and “useless” to the “in-group.”<sup>22</sup> According to sociologist Tom Shakespeare, there is a non-disabled perception that any form of impairment is worse than death. This idea is based on the historical legacy of “abuse, oppression and murder” of the disabled.<sup>23</sup> Shakespeare theorizes that violence perpetrated against the disabled stems from the individual’s own unconscious fears of suffering such impairments themselves:

It is a hatred of difference, of the fact that someone cannot see a clearly posted sign, cannot walk up unblocked stairs, needs special assistance above what other “normal” citizens need. This kind of hatred is one that abhors the possibility that all bodies are not configured the same, that weakness and impairment are the legacy of a cult of perfection and able embodiment.<sup>24</sup>

Literary scholar Rosemarie Garland-Thomson expands on the perception of disability as a sign of diminishment.<sup>25</sup> In her article on “Eugenic World Building and Disability,” she notes that undervalued or stigmatized human variations known as “disabilities” are often marked for eugenic elimination.<sup>26</sup> Garland-Thomson contends that there re-

mains an inability to accept physical or psychological difference; to the point where one must justify that disabled individuals should have the same rights and privileges as the nondisabled.<sup>27</sup> She notes: “[There is] the dominant assumption that disability is a condition we need to do something about, while normate status is understood as a state that requires no adjustment to be made by the communities into which the new member enters.”<sup>28</sup> The assumption is that “something must be done” about disability within a culture’s moral and legal boundaries.<sup>29</sup>

This consciousness is perpetuated at an institutional level. Medical science, for example, divides and classifies those with “nonstandard bodies,” creating policy and science based on “eugenic origin.”<sup>30</sup> Disability scholar Lennard Davis writes: “First, the application of the idea of a norm to the human body creates the idea of deviance or a ‘deviant’ body. Second, the idea of a norm pushes the normal variation of the body through a stricter template guiding the way the body ‘should’ be.”<sup>31</sup> Furthermore, Davis notes that there is a “conflation of disability with depravity” in the formulation of a “defective class.”<sup>32</sup>

This drive toward basing classification on a construction of scientific normalcy is at the root of the institutional persecution of persons with disabilities. Those who choose to consider disability in a non-hierarchical fashion, threaten the effort to “cordon off” disabled bodies from “healthy” bodies.<sup>33</sup> Garland-Thomson states that we must acknowledge the limits of normate status, working against the eugenics of “enhancement, improvement, and the range of technological interventions to erase disability from the human condition.”<sup>34</sup> We must remain vigilant in order to prohibit violence against persons with disabilities in order to protect our human community.

With this theoretical background in mind, it is not surprising to find similar negative ideology overtly stated in early twentieth-century German discourse. Eugenics in the Weimar and Nazi eras possessed the singular goal of erasing disability from the culture. Specifically, the medical community embraced the theories of eugenics and proposed “solutions” to the problem through sterilization (and euthanasia). The Weimar eugenicist, Paul Schultze-Naumburg, argues that Germany can do away with those individuals who do not achieve “normal” status through the act of selective breeding. According to Schultze-Naumburg, Germany has moved in a dangerous direction by preserving all things that should die of their own accord and even encouraging reproduction of the “unfit.”<sup>35</sup> He notes that everywhere one looks, there is an emphasis on degeneration: “the army of the sunken, the sick and the physically malformed” (*wie sie uns aus dem Heer der Gesunkenen,*

der Kranken und der körperlich Mißgebildeten bekannt sind).<sup>36</sup> In order to combat this scourge, Schultze-Naumburg advises restricting the procreation of the degenerate:

There are whole generations of criminals, prostitutes, drinkers, lunatics, and epileptics who trace their family tree back to a single inferior. If it were possible to eliminate even such pronounced harms of humanity from reproduction, . . . , a path would indeed have been taken that could one day lead us to the “superman,” as Nietzsche saw him.

*(Es gibt ganze Generationen von Verbrechern, Prostituierten, Trinkern, Irren und Epileptikern, die ihren Stammbaum auf einen einzigen Minderwertigen zurückführen. Wäre es möglich, auch nur solch ausgesprochene Schädlinge der Menschheit von der Fortpflanzung auszuschalten, . . . , so wäre in der Tat ein Weg beschritten, der uns eines Tages zum “Übermenschen” führen könnte, wie ihn Nietzsche.)<sup>37</sup>*

Schultze-Naumburg’s writings on eugenics in the Weimar period would be embraced by a Nazi public that was determined to breed the perfect German race, while at the same time getting rid of the “useless eaters” of society. Eugenicist Albert Friehe notes in 1936 that just as one does not turn the body of a “cripple” into a healthy and well-formed one through physical exercises, one also cannot fashion a mentally ill person into a “genius” or a born criminal into a virtuous man (*Ebensowenig wie man aus einem geborenen Krüppel durch Leibesübungen einen gesunden, kraftstrossenden, wohlgeformten, hübschen Menschen machen kann, ebensowenig kann man aus einem erblich Geistesschwachen ein Genie oder aus einem geborenen Verbrecher einen Tugendbold machen*).<sup>38</sup> Nazi writings on disability and degeneracy generally accentuated the bond between body and identity. Lennard Davis notes that in a eugenic discourse, the essence of this identity cannot be altered by human will: “By this logic, the person enters into an identical relationship with the body, the body forms the identity, and the identity is unchangeable and indelible as one’s place on the normal curve.”<sup>39</sup>

The vicious eugenic rhetoric, embraced by Schultze-Naumburg and Friehe, is found throughout the beginning of the twentieth century in various Western countries, such as the United States, Canada, Great Britain, France, Denmark, Sweden, and Germany. David Mitchell and Sharon Snyder observe a transatlantic discussion of the “dangers” of disability, stressing a collective Western history “where beliefs about racial and biological inferiority dovetailed for a period of approximately 150 years.”<sup>40</sup> The term “eugenics” originated in 1883 with Francis Galton, a British scientist who believed that those considered “undesir-

able" should be gotten rid of, while those of "desirable" stock should multiply. In various scientific laboratories of the period, there was a Mendelian evaluation where physical characteristics and family data were used "to account for the inheritance of a variety of medical afflictions and social behaviors in genetic terms."<sup>41</sup> Recognition of "defective" conditions such as "epilepsy, feeble-mindedness, deafness, blindness, congenital impairment, chronic depression, schizophrenia, [and] alcoholism," resulted in a shared campaign to identify the "other" and "improve" the transatlantic "hereditary gene pool."<sup>42</sup>

The German commitment to eugenics ideology in time surpassed that of the United States and other countries with the Nazi drive to sterilize and later murder those considered to be "unfit." Historian Daniel Kevles notes that Hitler's 1933 sterilization law went beyond US statutes in that all individuals with "hereditary disabilities," institutionalized or not, were forcibly sterilized: "Within three years, German authorities had sterilized some 200,000 people, almost ten times the number treated in the previous 30 years in America."<sup>43</sup> Before World War II, eugenics movements in the United States, Britain, and Scandinavia premised "individual human rights" above "science, law, and perception of social needs," thus separating themselves from the Nazi state, which sanctioned the murder of the disabled as well as other "undesirables."<sup>44</sup>

## Weimar and Nazi Eugenics

In Nazi Germany, emphasis was placed on a "negative eugenics," namely, the sterilization and elimination of the "unfit." Yet, the Weimar Republic is where Nazi eugenics had its origin. In the 1920s, "racial hygiene," or eugenics, was "far more heterogeneous in its politics and ideology than is generally assumed."<sup>45</sup> According to historian Paul Weindling, "[v]irtually every aspect of eugenic thought and practice—from 'euthanasia' of the unfit and compulsory sterilization to positive welfare—was developed during the turmoil of the crucial years between 1918 and 1924."<sup>46</sup> It was during this period in the Weimar Republic that "eugenics changed from being the creed of an introverted nationalist grouping to becoming an integral part of social medicine and welfare."<sup>47</sup>

The modern idea of eugenics can be traced back to the racial hygiene movement at the beginning of the twentieth century. Based on the Anglo-American eugenics movement, German scientists and medical doctors supported the belief that individuals and races were not



equal.<sup>48</sup> Their theory attempted to give scientific legitimacy to the idea that individuals with psychological or medical “defects” were to be stopped from procreating, while “healthy” individuals should be encouraged to bear children. In *Essays upon Heredity and Kindred Biological Problems* (1892), German biologist, August Weismann, notes that the characteristics that make up our species can only be maintained by natural selection: “every part of the organism is maintained at the level it has reached only by means of the continued activity of natural selection, and . . . any intermission of this activity leads to a diminution.”<sup>49</sup> German physician, Alfred Ploetz, also supported the ideas of the early racial hygiene movement with his 1895 work, *Grundlinien einer Rassenhygiene: Die Tüchtigkeit unsrer Rasse und der Schutz der Schwachen* (The fitness of our race and the protection of the weak). For Ploetz, *Rassenhygiene* (race hygiene) was paramount, and he defined “race” as any group living together for generations with common bodily and spiritual characteristics.<sup>50</sup> If the fit are to survive, then weak members of society must be regulated so that they do not threaten the community.<sup>51</sup> Racial purity and the good of the community must be prioritized over the rights of the individual.<sup>52</sup>

Prior to 1918, the eugenics movement in Germany had adherents from across the political spectrum. Some of the more famous scientists involved with the German racial hygiene movement include Fritz Lenz, Eugen Fischer, and Ernst Bauer; all with medical degrees and working across a wide range of disciplines including anthropology and psychiatry.<sup>53</sup> The intention of these doctors was to support the procreation of the healthy members of society, while curtailing births from groups deemed to be asocial, criminal, or mentally disabled. The role of the genetic doctor would become more prominent after Germany’s loss in World War I. Burdened with the “stab in the back” myth and a general distrust of Jews and communists, the Weimar Republic developed a scapegoat mentality by targeting minority groups and women as unfit members of society.<sup>54</sup> Weimar’s medical community produced a substantial number of essays and books covering the supposed racial health of the German people with specific emphasis on the “unhealthy.”

Legal analyst Karl Binding and psychiatrist Alfred Hoche promoted one of the more incendiary racial hygiene claims in *Die Freigabe der Vernichtung lebensunwerten Lebens* (Permission for the destruction of life unworthy of life, 1920).<sup>55</sup> Binding compared fit German soldiers who died in World War I with the mentally ill.<sup>56</sup> Hoche noted that the latter group, who were deemed “incurable idiots,” felt no suffering and deserved no pity; they were not worth the cost of their care.<sup>57</sup> According to

Binding, a state mechanism should determine the extent of the person's mental illness. A panel, consisting of a doctor, a psychiatrist, and a lawyer, would then recommend the "euthanizing" of individuals who did not meet the minimum requirements.<sup>58</sup>

Binding and Hoche represent the extreme end of the eugenic debate. A somewhat more moderate view was advanced by Erwin Baur, Eugen Fischer, and Fritz Lenz, in their popular two-volume work, entitled *Grundriß der menschlichen Erblichkeitlehre und Rassenhygiene* (Foundations of human genetics and racial hygiene, 1921). These men were respected scientists in the growing field of eugenics. Baur was an established plant geneticist, while Fischer, a career anthropologist, directed the Kaiser Wilhelm Institute (KWI) for Anthropology, Human Heredity, and Eugenics in 1927. A trained human geneticist, Lenz held the first chair for racial hygiene at the University of Munich in 1923, and later directed the Department of Anthropology at the KWI.<sup>59</sup>

The introduction to the first volume of *Grundriß* establishes the premise of the eugenic movement: changes in racial composition over time degrade the purity of the race, resulting in the sickness of an entire people. In order to avoid this condition, the authors caution that one must study the anatomy, physiology, psychology, and sociology of a people.<sup>60</sup> Baur and Fischer posit that both the individual and the race follow hereditary patterns that can be studied over time. Lenz—an internationally famous hereditary physician with six hundred publications to his name—discusses the idea of illness as the inability of an individual to operate in society.<sup>61</sup> According to Lenz, "Full health indicates the condition of full adaptation" (*Volle Gesundheit bezeichnet den Zustand der vollen Anpassung*), and the farther the individual moves from this norm, the more he or she can be deemed sick.<sup>62</sup>

The first volume of *Grundriß* sets up the theoretical markers of heredity in forming the individual and the race. In the second volume, Lenz provides practical advice on how to use psychological and physiological markers to promote the health of the individual and of the race. Lenz begins with physical conditions that are allegedly passed on by heredity (tuberculosis, syphilis, alcoholism, and race characteristics). He informs us that in nature, illness would be "weeded out" through natural selection, insofar as weak animals would not reach the stage of procreation due to predators, weather, and so forth.<sup>63</sup> In modern society, this natural selection does not occur, and individuals with the aforementioned illnesses, as well as illnesses such as nervous diseases, slight "feeble-mindedness," and epilepsy, can procreate and weaken the race.<sup>64</sup> Lenz addresses the idea of negative selection, includ-

ing laws forbidding certain individuals the right to procreate, as well as the medical certification to control marriage licensure. The state's role in this process is an important one; namely, that the mentally ill, criminals, the feebleminded, vagabonds, alcoholics, and the physically disabled would be forcibly placed in asylums or given the option to be sterilized.<sup>65</sup> Lenz comments that the Spartans were more humane in casting off their "damaged" children than the modern-day practice of "breeding" these children because we feel sorry for them.<sup>66</sup> To encourage racial purity, Lenz argues for laws to be put in place in order to convince desirable or healthy married couples to procreate. To this end, the state could offer financial incentives for household allowances, as well as stipends for children.<sup>67</sup> Undesirable individuals involved in miscegenation would not receive these allowances from the state.<sup>68</sup> Lenz additionally argues that a program of racial hygiene cannot be undertaken without the support of the medical community. All physicians should receive financial support from the state in order to allow them to work on racial hygiene rather than transmittable diseases.<sup>69</sup>

Lenz's idea, that every doctor was a genetic doctor, had significant support in Weimar. In 1925, racial hygienists in Berlin founded the *Deutscher Bund für Volksaufartung und Erbkunde* (German league for national regeneration and heredity) for the purpose of education. National regeneration was the key slogan that appeared in the League's three journals, which had a significant influence in government circles.<sup>70</sup> In coordination with the Catholic Center Party, biologist, Hermann Muckermann, also advocated for eugenic causes. In a 1931 issue of the journal *Das Kommende Geschlecht: Zeitschrift für Eugenik Ergebnisse der Forschung* (The coming sex: Journal for eugenic research results), Muckermann expresses the idea that every doctor must act as a eugenic marriage counselor, with couples providing documents to ensure the creation of healthy offspring. Muckermann also discouraged the breeding of the inferior and the unhealthy. He vehemently opposed interracial marriages and argued that these couples should undergo state-sponsored sterilization.<sup>71</sup>

Eugenics was supported by mainstream political parties as well as far right circles, such as Adolf Hitler's NSDAP (Nationalsozialistische Deutsche Arbeiterpartei; National Socialist German Workers' Party). In his work, *Mein Kampf* (1925), and specifically in the chapters "Causes of Collapse" and "The State," Hitler supports racial hygiene by arguing that race must form the foundation of the state. According to Hitler, only healthy individuals should have children: "Those who are physically and mentally unhealthy and unworthy should not perpetuate

their suffering in the body of their children" (*Wer körperlich und geistig nicht gesund und würdig ist, darf sein Leid nicht im Körper seines Kindes verewigen*).<sup>72</sup> Modern medical professionals should render the sick and genetically damaged sterile. Those with "syphilis, tuberculosis, hereditary diseases, cripples, and cretins" would be forcibly sterilized, so as not to reproduce.<sup>73</sup> Alternatively, healthy women should be encouraged to procreate, supported by subsidies from the state.<sup>74</sup>

Lenz comments on Hitler's ideas regarding racial hygiene, noting Hitler's use of the writings of Baur, Fischer, and Lenz, and suggesting that Hitler's political treatise is an extension of his own work on racial hygiene.<sup>75</sup> Although Lenz does not approve of Hitler's notion of the conflict between the Aryan and Jewish races, he nonetheless provides support for Hitler's belief in the purity of race.<sup>76</sup> For Lenz, it is a positive development that a popular political party would consider racial hygiene as central to a German national agenda.<sup>77</sup> The racial hygiene ideas of the Weimar Republic, proposed by Weimar doctors and scientists such as Lenz, gained support across the political spectrum, with lobbyists advocating for compulsory sterilization of inferiors during the Depression. In 1932, the Prussian Health Council brought forward a sterilization bill, with geneticist Ernst Rüdin offering a proposal not unlike that of the 1933 Nazi sterilization law.<sup>78</sup>

In opposition to those supporting sterilization, legal scholar, Rudolf Kraemer, who was himself blind from birth, noted the unscientific nature of sterilization in his pamphlet *Kritik der Eugenik: Vom Standpunkt des Betroffenen* (Critique of eugenics: from the standpoint of the affected, 1930).<sup>79</sup> Based on his calculations regarding blindness, the ability to inherit a trait goes back infinitely far in the generations, noting that "healthy" and blind family members would have to be sterilized in accordance with the Nazi eugenic plan.<sup>80</sup> Additionally, there are many ways that blindness can occur that are not hereditary. Statistics from 1925–26, quoted by Kraemer, note that only 3.85 percent cases of blindness in the German population were due to heredity.<sup>81</sup> Blindness would then decrease by only 0.55 percent by practicing the eugenic discourse of non-procreation for the blind.<sup>82</sup>

According to Kraemer, the state should be responsible for the welfare of the individual.<sup>83</sup> Forced sterilization would go against individual freedoms and would induce shame in the individual; those who were sterilized would have an inferiority complex. Kraemer poses the question: what would happen if a blind adult person, as a member of the society, does not cooperate? Would the police come and force him into the operating room?<sup>84</sup> This intellectual position constitutes a rare

statement from a person with disabilities on the eve of Hitler's dictatorship; Kraemer acknowledged this much in *Kritik der Eugenik*.

Kraemer also discusses euthanasia in his work. He cites Lenz, who notes that the birth of an "inferior" child is worse than the birth of no child at all.<sup>85</sup> Eugenic ideas of "survival of the fittest" must ensure the decrease in "unhealthy" infants. According to Kraemer, it is not a great leap to suggest (as Ploetz does) that parents should consider a dose of morphine to kill the weakened child and then go about happily trying to conceive again.<sup>86</sup> Forced sterilization and euthanasia were popular ideas in Weimar and were also known to persons with disabilities, as evidenced by Kraemer's work. With left-leaning doctors as well as National Socialists supporting the idea of compulsory sterilization, the stage was set, after the Nazi takeover, for harsh measures to be enacted against so-called inferiors.

With the rise of the Nazis to power in January 1933, laws regarding supposed hereditary illness were quickly enacted, building on the racial hygiene theories developed during the Weimar era. The *Gesetz zur Verhütung erbkranken Nachwuchses* (Law for the protection against hereditarily diseased offspring) was passed on 14 July 1933, stipulating that an individual must be sterilized if he or she suffered from any one of the specified genetic illnesses, including feeble-mindedness, schizophrenia, and severe depression.<sup>87</sup> All doctors in the Third Reich functioned as genetic doctors and were ordered to turn over individuals with "hereditary weakness" (*Erbleiden*). Hereditary courts, staffed by doctors, would then make the final decision on sterilization. Other laws concerning issues of hereditary health included the *Gesetz zum Schutze des deutschen Blutes und der deutschen Ehre* (Law for the Protection of German Blood and German Honor, September 15, 1935),<sup>88</sup> which prohibited marriage between Jews and Germans, and the *Gesetz zum Schutze der Erbgesundheit des deutschen Volkes* (Law for the Protection of the Hereditary Health of the German Volk, October 18, 1935),<sup>89</sup> which regulated marriage on hereditary grounds. With the close temporal proximity of these laws (both being passed in the fall of 1935), the insinuation was that race was also a hereditary disease, and that the immediate threat was the Jew.

The ideology of genetic health, perpetuated in the Weimar period, was formalized by the Nazis in the years 1939–41 through the *Aktion T4* program. Under the Nazi eugenic program, some 200,000 individuals, diagnosed as incurably sick or "life unworthy of life," were exterminated.<sup>90</sup> Additionally, Nazi propaganda adopted the construct of genetic disease as a means of marginalizing racial groups who were labeled as

afflicted with incurable diseases and were, consequently, draining public resources. The history of eugenics preceding the Nazi rise to power, challenges us to rethink the notion that the atrocities committed under the Third Reich were the actions of several thousand sociopaths. Likewise, we are challenged to rethink the supposed objectivity of scientists and physicians, in any time or place, in which doctors could support killing under the pretense of preserving health.

## Racial Hygiene Films

A series of “enlightenment” films was created and backed by government agencies such as the Reich Health Office, the Reich Committee for Hygiene Education, and the Prussian Welfare Ministry in Weimar Germany.<sup>91</sup> The Interior Ministry created a propaganda campaign in 1919, using film as a means of combatting various moral and health concerns including alcoholism, prostitution, sexually transmitted diseases, and homosexuality. Weimar hygiene films varied in format, from scientific documentaries meant to educate medical students, to more popular films meant primarily as entertainment. Notable examples include E. A. Dupont’s *Alkohol* (1919), Friedrich Zelnik’s *Paradies der Dirnen/Leichtsinn und Lebewelt* (Paradise of whores/Recklessness and fast living, 1919), and Richard Oswald’s *Prostitution* (1919).<sup>92</sup> The distribution of hygiene films appears to have increased over the Weimar period. Films such as Adolf Trotz’s *Fluch der Vererbung* (Curse of heredity, 1927), Ulrich Schulz and Wolfram Junghans’ *Natur und Liebe: Vom Urtier zum Menschen* (Nature and love, 1926–27), and Gustav Ucicky’s *Vererbte Triebe: Der Kampf ums neue Geschlecht* (Hereditary instincts, 1929), reflect a Darwinian perspective that health and illness are solely determined by genetic makeup.<sup>93</sup>

The racial hygiene films of the Nazi era took their cues from Weimar political legislation, including support for sterilization, racial purity, and hereditary health. Similar to the late Weimar hygiene films, Nazi films reflected political support for separating the sick from the healthy. Both Weimar and Nazi hygiene films utilized asylum footage of the cognitively “ill,” often placing these images next to the figure of the doctor as the purveyor of health. Much of the asylum footage used for the films was shot in the Berlin area at the institutions of Dalldorf, Potsdam, and Buch, as well as at other institutions like Wiesloch near Heidelberg.<sup>94</sup> The Nazi propaganda machine employed racial hygiene films to indoctrinate physicians, the police, and viewers about the infe-

riority of undesirables. The film, *Opfer der Vergangenheit* (Victim of the past, 1937), was screened for workers involved in the euthanasia program.<sup>95</sup> The 1942 racial hygiene film, *Dasein ohne Leben* (Existence without life, 1942), was shown to doctors involved in the T4 program, as well as leading SS officers.<sup>96</sup> Surviving fragments of the film *Dasein* note the supposed madness of those considered to be “unfit.” *Dasein’s* script describes an auditorium, similar to the one in the Weimar film *Feind im Blut* (Enemy in the blood, 1931) where a doctor lectures on institutional psychiatry, utilizing distorted images of faces from the asylum to note that these individuals are incurable—they represent “existence without life.”<sup>97</sup> He delivers a heartfelt plea at the end of his lecture to liberate these “creatures” from their destiny. Building on earlier racial hygiene films that suggested that some lives were less worthy, *Dasein* takes the theme to its end point and advocates the doctor’s plea for murder to deliver those that one cannot heal. This physician mirrors Nazi doctors like Karl Brandt who killed in the name of health. The German eugenics program’s ideas were articulated in racial hygiene films of the 1920s and 1930s, reaching its zenith at the end of the Third Reich with the T4 killing program and the Nazi death camps. Film played an important role in perpetuating the idea of the doctor as the hereditary policeman, providing real life doctors and others with the theoretical foundations to kill in the name of genetic health.

In the first chapter, I will look at the debate regarding war trauma and its consequences for the medical and legal communities and for society at large. Intolerance of individuals with mental and physical conditions was legitimized by a German culture that placed a premium value on “beauty and health.”<sup>98</sup> At the beginning of the Weimar Republic, there was some support for those disabled by war in that they deserved benefit for serving their country. This “moral and financial support” corresponded with the status of disabled workers in general; namely, in the improvement of prosthetic technologies that benefitted all those with physical disability.<sup>99</sup> Unfortunately, the eugenics movement fostered an idea that only the “healthiest” German men (and women) should marry and reproduce. Proponents of Karl Binding and Alfred Hoche (1920) were already championing euthanasia for those deemed unworthy of life. Various forms of disability, including those of the returning veteran labeled “hysteric,” were potentially suspect. To this end, I will analyze medical documents of the time as well as Robert Reinert’s film *Nerven* (Nerves, 1919), the documentary film *Funktionell-motorische Reiz- und Lähmungs-zustände und deren Heilung durch Suggestion in Hypnose* (Functional-motor irritant and paralysis states and their

healing by suggestion in hypnosis, 1917), and Robert Wiene's film *Das Cabinet des Dr. Caligari* (The cabinet of Dr. Caligari, 1920), in order to study the position of the war neurotic.

In chapter 2, I discuss the role of the eugenic doctor fighting "genetic syphilis" in Walter Ruttmann's *Feind im Blut* (1931). Nicholas Kaufmann's medical documentary *Die Geschlechtskrankheiten und ihre Folgen* (Sexually transmitted diseases and their consequences, 1919–20) vilifies the syphilitic Jewish patient as well as the Jewish doctor (with regard to Albert Neisser and Paul Ehrlich) who is working to cure syphilis, which was racially coded as a Jewish phenomenon, particularly by antisemites. Additionally, I discuss the films of exiled director Edgar Ulmer who drew on Weimar medical discourse films in his Hollywood work. Ulmer's first North American feature film *Damaged Lives* (1933) and *Feind im Blut* have similar themes, dealing with the possibility of syphilis causing illness to offspring. However, Ulmer's sensitivity to the "other" is evidenced in *Damaged Lives*, as well as in his films covering the danger of tuberculosis. Ulmer's thoughtful illustration of Native American, Mexican American, and African American communities at the end of the 1930s and the early 1940s showcases a sympathy for those at the margins; he himself was experiencing loss in a shattered world. Exiled intellectuals Ernst Bloch and Erik Erikson would also critique eugenic discourse when analyzing the constructed notion of race.

In chapter 3, I investigate Nazi treatises on racial hygiene. I will explore hygiene films from the early Nazi period, most notably the short narrative film *Das Erbe* (The inheritance, 1935) and the extended documentary *Opfer der Vergangenheit* (Victim of the past, 1937) to determine the Nazi theory of "biological inferiority," including the notion of "sterilization" for the disabled. The chapter also looks at Wolfgang Liebeneiner's film *Ich klage an* (I accuse, 1941) as an exemplar for the Nazi T4 program. The issues of the genetically "inferior" and "useless eaters" dealt with in the film replicate the national concern that the disabled threatened the economic and biological welfare of the entire state. Over 70,000 individuals who were deemed to be a burden to the state were killed in the initial T4 program during the period 1939–41. T4 organizers decided that gas was the best method of killing. Doctors carried out a triage of the patients, who were then marked and sent to the gas chamber. After they were gassed, the physicians pronounced them dead. The euthanasia program garnered bad publicity from the German public; hence, disabled individuals were later killed at institutions



and hospitals through medication and starvation. Jews were subjected to both sterilization and the T4 operation.

In chapter 4, I explore the period of “wild euthanasia” (1942–45) where institutions were instructed to do away with those individuals considered too ill to be able to work. Late Nazi cinema attempted to capture the sentiment of this later stage of euthanasia with the feature film *Dasein ohne Leben* (1942). Surviving fragments of the film, as well as film scripts, validate the duty of doctors and staff to kill useless eaters through medication and/or starvation. In the script for *Dasein*, we are presented with a medical professor in the lecture hall, advocating for the “mercy killing” of disabled individuals. Further documentary-style shots from the film depict scenarios with patients deemed to be “out of control.” Women, the elderly, the bedridden, and those with mental and physical “fragility” are filmed in such a way as to invoke the feelings of madness and chaos. *Dasein* further replicates the reality of the functioning institution between 1942 and 1945. Drawing on my own archival research into patient documents from the Eglfing-Haar institution in Munich (1939–45), as well as various trial transcripts from 1949 concerning the institution’s director Hermann Pfannmüller, I will make the case that the film *Dasein*, while not widely shown in the community, was a blueprint for validating the “wild euthanasia” period.

Finally, I will attempt to honor the victims by presenting biographical sketches of disabled patients who were murdered during the period 1939–45. These individuals, considered to be “less than” by the Nazi state, were, in fact, human beings worthy of our attention. This study is designed to show that eugenic medical theory and practice of the period, reflected through cinema, was a foundation for the murder of our brothers and sisters in a shared human community.

This work illustrates the preoccupation in Weimar and Nazi Germany with the idea of eugenics and the subsequent persecution of the disabled. This filmic period offers new insights into the complex matrix of continuities that operated in German cinema, highlighting similarities that have so far escaped the scholarly radar. As the chapters here indicate, the cinematic relationship between the two periods is much more fluid than previously acknowledged; it contains significant threads of continuity that include the evaluation of the body in a search for the normate ideal, which is in line with the eugenic politics and medical discourse of the time. Weimar filmmaking, with respect to eugenics, shows continuities with Nazi thoughts aimed at capturing that which was considered to be “unfit” with the purpose of excluding

those individuals from the “healthy” German community. As historian Sander Gilman notes, medicine categorizes and defines pathology<sup>100</sup> and must decipher the code of illness in order to mark boundaries between the healthy and the sick.<sup>101</sup> Eugenic cinema sought to uncover signs to establish illness with the purpose to “isolate, stigmatize and control.”<sup>102</sup> Film accomplished some of the heavy lifting with an eye toward excluding the disabled and preparing the German populace for the targeting and killing of those considered to be “not like us.”

Lastly, this book constitutes an intervention in German film historiography by questioning views that, with respect to the representation of disability, focus on Nazi cinema as a complete break from films of the Weimar era. Treating Weimar and Nazi Germany in isolation from each other, and by extension Weimar and Nazi cinema, perpetuates misconceptions of Nazism as representing a complete break from European values. A more productive approach recognizes that no historical epoch arises *sui generis*, and there are always important continuities with the previous time period.

## Notes

1. Bloch, *Das Prinzip Hoffnung*, 539. “Gesundheit ist überhaupt nicht nur ein medizinischer, sondern überwiegend ein gesellschaftlicher Begriff.”
2. From 2008 onward, the memorial has traveled to cities such as Stuttgart, Cologne, and Grafenek. In January 2019, the monument was erected at the entrance area of the Centre for Psychiatry (ZfP) Emmendingen, where it was to remain until March 2020 between two stops of the city bus line No. 5, which runs through the psychiatric area. The COVID epidemic delayed transfer of the memorial.
3. Herzog, “Gray Bus,” 308
4. Herzog, “Gray Bus,” 308.
5. Knittel, *The Historical Uncanny*, 44.
6. Knittel, *The Historical Uncanny*, 45. Knittel notes that stereotyping discouraged family members of the victims to lobby on their behalf (45). The author also provides additional information on the fraught nature of euthanasia in Germany today: “The debate on the potential legalization of mercy killing and assisted suicide in Germany is thus caught between the specter of Nazi euthanasia on the one hand and contemporary arguments concerning medical ethics on the other” (46).
7. NMT Indictment, 1946–1947: Paragraph 9, FO 646 qtd. in Emmeline Burdett, “Beings in Another Galaxy,” 38.
8. Poore, *Disability in Twentieth-Century German Culture*, 89. For information on Nazi Medicine in the Third Reich, see Nicosia and Huener, *Medicine and Medical Ethics in Nazi Germany*, 1–12. Nicosia and Huener note that while not all German physicians during the Third Reich “mutilated humans as subjects for medical experiments [or] murdered them,” these doctors practiced in a medical profession that “pursued racist goals based in large measure on eugenic theory and practice.” Thus, doctors were complicit in crimes of the state.

9. Mitchell and Snyder, "The Eugenic Atlantic," 847. Mitchell and Snyder talk extensively in this article about the transatlantic participation in matters of eugenics. See also Zwick, "First Victims at Last."
10. Faith Weiss, "German Eugenics, 1890–1933," 15.
11. Mitchell and Snyder, "The Eugenic Atlantic," 844.
12. Mitchell and Snyder, "The Eugenic Atlantic," 850.
13. Mitchell and Snyder, "The Eugenic Atlantic," 852.
14. Mitchell and Snyder, "The Eugenic Atlantic," 851. Mitchell and Snyder further state: "This lack of address of disability eugenics in theories of racism both ignores the address of impairment as a socially mediated category of human difference and excludes discussion of the historical condition of disabled persons including those of colour" (851).
15. It goes without saying that throughout this work, the science of eugenics employs dubious notions of illness and health and spurious science regarding the transmissibility of disease and the so-called degradation of a race by way of indiscriminate propagation. I completely denounce the practices employed and the underlying premises of the eugenics movement. Rather than qualifying each term throughout the paper (e.g., illness, health, racial purity, racial impurity, degenerates, inferior, incurable, degradation, defects, idiots, feeble-mindedness, damaged, breeding, undesirable, beauty, ugliness, euthanasia, and creatures), I will be using them with the understanding that these terms are used in their historical sense as defined by the medical and scientific discourse during the periods discussed.
16. Eugenic ideas cover notions of "race," socioeconomic status, ethnicity, status within the criminal justice system, and sexual orientation. This study covers some of these biases to a greater extent than others.
17. Poore, *Disability in Twentieth-Century German Culture*, xv.
18. Poore, *Disability in Twentieth-Century German Culture*, xvii.
19. Poore, *Disability in Twentieth-Century German Culture*, xvi.
20. Gallagher, "Slapping up Spastics," 411.
21. Gallagher, "Slapping up Spastics," 411.
22. Gallagher, "Slapping up Spastics," 411.
23. Shakespeare, *Disability Rights and Wrongs*, 155.
24. Shakespeare, *Disability Rights and Wrongs*, 229.
25. Garland-Thomson, "Eugenic World Building and Disability."
26. Garland-Thomson, "Eugenic World Building and Disability," 136. The term "normate" "designates the social figure [through] which people can represent themselves as definitive human beings" (134).
27. Garland-Thomson, "Eugenic World Building and Disability," 133.
28. Garland-Thomson, "Eugenic World Building and Disability," 141.
29. Garland-Thomson, "Eugenic World Building and Disability," 134.
30. Snyder and Mitchell, *Cultural Locations of Disability*, 5.
31. Snyder and Mitchell, *Cultural Locations of Disability*, 5.
32. Snyder and Mitchell, *Cultural Locations of Disability*, 7.
33. Snyder and Mitchell, *Cultural Locations of Disability*, 5.
34. Snyder and Mitchell, *Cultural Locations of Disability*, 142.
35. Schultze-Naumburg, *Kunst und Rasse*, 24.
36. Schultze-Naumburg, *Kunst und Rasse*, 98.
37. Schultze-Naumburg, *Kunst und Rasse*, 24.
38. Friehe, *Was Muss Der Nationalsozialist Von Der Vererbung Wissen?*, 73.
39. Friehe, *Was Muss Der Nationalsozialist Von Der Vererbung Wissen?*, 4.

40. Mitchell and Snyder, "The Eugenic Atlantic," 844.
41. Kevles, "International Eugenics," 42.
42. Mitchell and Snyder, "The Eugenic Atlantic," 845–46. These scholars state: "Even among countries that were engaged military enemies at the time, scientific and cultural agreement about the menace of 'defectives' transcended battlefields and diplomatic impasses as an ideological formation" (846).
43. Kevles, "International Eugenics," 55.
44. Kevles, "International Eugenics," 58. Interestingly, sterilization did gain support in these Western countries at the beginning of the economic depression in 1929. Western countries interested in eugenics placed emphasis not on eugenic doctrine but on keeping down costs of "institutional care and poor relief" (53–54).
45. Faith Weiss, "The Race Hygiene Movement in Germany, 1904–1945," 9.
46. Weindling, *Health, Race and German Politics between National Unification and Nazism, 1870–1945*, 307.
47. Weindling, *Health, Race and German Politics*, 411.
48. Faith Weiss, "German Eugenics, 1890–1933," 15.
49. Weismann, *Essays upon Heredity and Kindred Biological Problems*, iii.
50. Ploetz, *Grundlinien einer Rassenhygiene: Die Tüchtigkeit unsrer Rasse und der Schutz der Schwachen*, 2–3.
51. Ploetz, *Grundlinien einer Rassenhygiene*, 4.
52. Ploetz, *Grundlinien einer Rassenhygiene*, 13, 130–31.
53. Faith Weiss, "German Eugenics, 1890–1933," 19.
54. See Theweleit, *Male Fantasies: Volume 1*, ix–xvii. Theweleit reveals that the Freikorps soldiers were hired by the Social Democratic government to hunt communists, thus alienating the far left and solidifying the gulf between the government and far-right groups.
55. Hoche lost his only son at Langemark, underscoring the notion that the "best men" died on the battlefield. See Burleigh, *Death and Deliverance*, 15–30. See also Binding and Hoche, *Die Freigabe der Vernichtung lebensunwerten Lebens*.
56. Binding and Hoche, *Die Freigabe der Vernichtung*, 27.
57. Binding and Hoche, *Die Freigabe der Vernichtung*, 32, 57.
58. Binding and Hoche, *Die Freigabe der Vernichtung*, 35–37.
59. With four editions, the third edition translated into English in 1931, *Grundriß* offered both theoretical and practical examples supporting the notion that human psychological and physical traits were racially determined. The two-volume set was reviewed by three hundred professional journals, with many of these originating in non-German speaking countries. See Faith Weiss, "German Eugenics, 1890–1933," 28.
60. Baur, Fischer, and Lenz, *Grundriß der menschlichen Erblichkeitlehre und Rassenhygiene. Band I*, 1.
61. Faith Weiss, "German Eugenics, 1890–1933," 28.
62. Baur, Fischer, and Lenz, *Grundriß der menschlichen Erblichkeitlehre und Rassenhygiene, Band I*, 145.
63. Lenz, *Grundriß der menschlichen Erblichkeitlehre und Rassenhygiene. Band II*, 1.
64. Lenz, *Grundriß der menschlichen Erblichkeitlehre und Rassenhygiene. Band II*, 18–19.
65. Lenz, *Grundriß der menschlichen Erblichkeitlehre und Rassenhygiene. Band II*, 130–31.
66. Lenz, *Grundriß der menschlichen Erblichkeitlehre und Rassenhygiene. Band II*, 132.
67. Lenz, *Grundriß der menschlichen Erblichkeitlehre und Rassenhygiene. Band II*, 138–39.
68. Lenz, *Grundriß der menschlichen Erblichkeitlehre und Rassenhygiene. Band II*, 182.
69. Lenz, *Grundriß der menschlichen Erblichkeitlehre und Rassenhygiene. Band II*, 182.

70. Faith Weiss, "German Eugenics, 1890–1933," 26.
71. Muckermann, "Ursprung und Entwicklung der Eheberatung (Tatsächliches und Kritisches)," 3–6. In 1923, there were marriage clinics in Munich, Halle, and Dresden. In 1925, "hereditary counseling clinics" were set up by anthropologist Eugen Fischer at the Freiburg Anatomical Institute. Marriage counseling became part of municipal welfare, and by 1928, there were 224 clinics in Prussia, with other states such as Bremen and Saxony following Prussia's lead. See Weindling, *Health, Race and German Politics*, 424–26. Weindling points out that these clinics were forerunners of the Nazi clinics for "heredity and racial welfare" (Weindling, *Health, Race and German Politics*, 430).
72. Hitler, *Mein Kampf* (1999), 404.
73. Hitler, *Mein Kampf* (1999), 402. Hitler states: "[Der Staat] hat, was irgendwie ersichtlich krank und erblich belastet und dazu erklären weiter belastend ist, zeugungsunfähig zu erklären und dies praktisch auch durchzusetzen." See Hitler, *Mein Kampf* (1999), 447. "[The state] must declare unfit for propagation all who are in any way visibly sick or who have inherited a disease and can therefore pass it on, and put this into actual practice." See Hitler, *Mein Kampf* (1999), 404.
74. Hitler, *Mein Kampf* (1999), 447.
75. Lenz, "Die Stellung des Nationalsozialismus zur Rassenhygiene," 302.
76. Lenz, "Die Stellung des Nationalsozialismus zur Rassenhygiene," 303. After 1933, Lenz had no trouble accepting the ideas of race presented by the Nazi state. He was promoted to lead the Department of Anthropology at the KWI, becoming the institute director until 1942.
77. Lenz, "Die Stellung des Nationalsozialismus zur Rassenhygiene," 308.
78. Bock, "Nazi Sterilization and Reproductive Policies," 67.
79. Kraemer, *Kritik der Eugenik* (1930). Rudolf Kraemer was a legal advisor to the Reich German Association of the Blind beginning in 1929. The Nazis prohibited him from serving in this capacity in 1934.
80. Kraemer, *Kritik der Eugenik*, 8, 16.
81. Kraemer, *Kritik der Eugenik*, 14.
82. Kraemer, *Kritik der Eugenik*, 15. According to Kraemer, this statistic is relevant in the range of 60 to 70 years (15).
83. Kraemer, *Kritik der Eugenik*, 18.
84. Kraemer, *Kritik der Eugenik*, 24–25. Additionally, the eugenic protocol is vague: it begins with schizophrenia and ends with shortsightedness and rheumatism; the decision is made by individuals (Kraemer, *Kritik der Eugenik*, 25).
85. Kraemer, *Kritik der Eugenik*, 17.
86. Kraemer, *Kritik der Eugenik*, 18.
87. "Law for the Protection against Hereditarily Diseased Offspring," 338.
88. "Law for the Protection of German Blood and German Honor," 209.
89. "Law for the Protection of the Hereditary Health of the German Volk," 329–30.
90. Friedlander, "From 'Euthanasia' to the 'Final Solution,'" 75. See Friedlander, "From 'Euthanasia' to the 'Final Solution,'" 171–77. For more information on T4, see Friedlander, "From 'Euthanasia' to the 'Final Solution,'" 155–84.
91. Killen, "What Is an Enlightenment Film?," 111.
92. See Smith, "Richard Oswald and the Social Hygiene Film: Promoting Public Health or Promiscuity?" 13–30 on Richard Oswald's early hygiene films. Also note S. S. Praver, *Between Two Worlds: The Jewish Presence in German and Austrian Film*, 72–81 on Weimar Enlightenment Films.

93. Many filmmakers of the Weimar period who contributed to this list of eugenics films were of Jewish extraction (E. A. Dupont, Friedrich Zelnik, Richard Oswald, Robert Reinert, etc.). It is important to note that these figures actively participated in, and contributed to, the contemporary debates about physical and mental health. They shared eugenicist perspectives even if they found themselves—when the notion of “racial purity” assumed increased importance—at the receiving end of exclusionary practices.
94. Rost, *Sterilisation und Euthanasie*, 61.
95. Burleigh, *Death and Deliverance*, 195.
96. Roth, “Film Propaganda für die Vernichtung der Geisteskranken und Behinderten im ‘Dritten Reich,’” 178. The film was directed by Hermann Schweninger who shot the film footage at various mental institutions around Germany. It premiered to a select audience on 10 March 1942, including twenty-eight doctors, many who were working on the T4 project. In January 1943, the film was screened to hundreds of SS officers. The film is available in draft treatments, with various segments also accessible. There are two separate scripts. I discuss the first script here using Burleigh’s notes, as well as actual fragments of the film. For more information, see Burleigh, *Death and Deliverance*, 196–200. See also Roth, “Film Propaganda für die Vernichtung der Geisteskranken und Behinderten im ‘Dritten Reich,’” 172–79.
97. Burleigh, *Death and Deliverance*, 198.
98. Poore, *Disability in Twentieth-Century German Culture*, 4.
99. Poore, *Disability in Twentieth-Century German Culture*, 3.
100. Gilman, *Difference and Pathology*, 28.
101. Gilman, *Disease and Representation*, 3–4.
102. Gilman, *Disease and Representation*, 9.