



# The 'Poitrot Report', 1945: the first public document on Nazi euthanasia

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## Abstract

The aim of this paper is to shed light on the so-called 'Poitrot Report', submitted to the French Military Government in Baden-Baden, Germany, in December 1945 and published in a reduced German version in 1946. Its author was the French-Moroccan psychiatrist Robert Poitrot, who had been put in charge of the public mental asylums in Südwürttemberg after World War II. Poitrot took responsibility for restoring psychiatric care during the occupation, and was also eager to document Nazi 'euthanasia' and to start investigating the role of staff in mental hospitals during National Socialism. Focusing on the 'Poitrot Report', this paper also reflects on life in Württemberg mental hospitals and the interaction between French representatives such as Poitrot and regional German medical staff.

## Keywords

Euthanasia, French occupation, French psychiatry, National Socialism, transnational knowledge transfer

## Introduction

The annals of the Württemberg mental hospital in Schussenried report a noteworthy event, towards the end of 1945: on 23 December, the hospital staff organized a Christmas meeting. This first Christmas festivity after the end of the war was made possible by Robert Poitrot, a French psychiatrist and *médecin-commandant* from Morocco. Among other representatives of the French Armed Forces attending this rather exceptional celebration,<sup>1</sup> Poitrot was certainly the key protagonist of those in charge of reframing psychiatry in the south-west of the country, after the National Socialist

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regime had been abolished. His major obligations consisted of inspecting and controlling all state-run psychiatric hospitals in the southern French occupation zone. This included the states of Baden and Württemberg-Hohenzollern.

In the hospital's Library Room (part of the baroque building formerly housing a branch of the Prémontré Christian order), a Christmas tree had been erected, as well as a ceremonial altar and so on. A local choir contributed to the celebratory atmosphere, which was enjoyed by the psychiatric patients, hospital staff and town citizens.

Poitrot gave a speech, in which he praised this festivity as a symbol of the 'resurrection of the care for the mentally ill'. He planned the re-establishment of psychiatric services, as they had been during the years of the Weimar Republic and earlier in the twentieth century. He made clear that he felt optimistic about this goal, especially as far as Schussenried hospital was concerned.<sup>2</sup> As part of his speech, Poitrot summed up the two major aims of his service during the last couple of months, from his perspective:

Having become a soldier because of events [WWII], though a psychiatrist by profession, I will always look back with pride on the task given to me: to secure the re-establishment of German psychiatry. I am proud that I could contribute to fighting this horrible and absurd ideology, which some fanatics called the myth of 20th century, with the same weapons ... . (p. 3)

Shortly before the day of the meeting in 1945, Poitrot had delivered a report (in French) to the French Armed Forces located at Baden-Baden, presenting the results of his long-term inspection of hospitals in south-west Germany during National Socialism, and stressing the mass murder of the mentally ill by Nazi 'euthanasia' (see Conroy, 2017; Stöckle, 2016). Poitrot's report was published in a reduced German version in the following year (Poitrot, 1945, 1946).<sup>3</sup>

This report – in later German sources always referred to as the 'Poitrot Report' – is a highly valuable source for the historiography of psychiatry in Nazi Germany and after its decline. It contains a rather detailed description of Poitrot's studies on the consequences of Nazi 'euthanasia', as well as the modest medical, mainly psychiatric, achievements after the abolition of this totalitarian regime. Poitrot's contemporaries were interested in his report, because at that time there was little information on 'euthanasia'. As Weindling (2001: 311–16) pointed out, ignorance about Nazi 'euthanasia' remained a problem for much longer: even the Doctors' Trial in Nuremberg, held from December 1946 to July 1947, focused more on human experiments and less on Nazi 'euthanasia'. The murder of psychiatric patients and handicapped people – euphemistically called 'euthanasia' in German – had been considered relevant in only 4 of the 23 cases examined during the Nuremberg trial. However, the trial was very important in spreading public knowledge about Nazi 'euthanasia'.

For the years after World War II, little has been published on the history of psychiatry in Württemberg, especially concerning the everyday life and the reconstruction of psychiatric care in the mental hospitals. (The first information about other regions and institutions has recently appeared; e.g. Lilienthal et al., 2014; Rotzoll, 2018.) Today, we are well aware of the economic situation in asylums during World War II, of the so-called National Socialist 'euthanasia', and of the way individual perpetrators in south-west Germany were dealt with (Kinzig and Stöckle, 2011; Müller, Kinzig and Stöckle, 2010). However, far less is known about psychiatric life in post-war hospitals, or about the interactions between the medical officers of the French military government and the staff in health-care facilities.

In this paper, we introduce the life and work of Poitrot, the French psychiatrist who had made a career in French colonial psychiatry in Morocco. By describing the situation in the state-run mental hospital at Zwiefalten, we look at Poitrot's task of identifying the National Socialist perpetrators of crimes in psychiatric institutions in this region. Furthermore, we will focus on the situation at

Weissenau mental hospital, stressing German psychiatrist Hans-Walther Gruhle's role in the communication between German psychiatric staff members and French military administrators such as Poitrot. Analysis of the situation he found, and the reorganization of psychiatric services in the region, were demanding challenges for this French doctor.

In the third part of this study, we will focus on the 'Poitrot Report' (*Poitrot-Bericht*) in more detail by introducing new primary sources and integrating recent research findings with those of earlier research on the subject (Müller and Reichelt, 2017; Reichelt and Müller, 2014).

## **From Morocco to Württemberg: biographical notes on Dr Robert Poitrot (1908–75)**

Robert Poitrot was born on 6 March 1908 in Agen, a small town on the river Garonne in south-west France. He grew up in Morocco, which had been a French protectorate from 1912 to 1956, and graduated from the secondary school in Rabat. He later received his medical training in Algeria (Algier) as well as in France (Paris and Lyon). Working as a psychiatrist in the Hôpital Psychiatrique d'Aix-en-Provence, he graduated in the Institute for Colonial Medicine at the University of Marseille, and in 1937 he received his doctorate at the Medicine Faculty in Marseille. In his thesis dealing with international programmes of disease control, he focused especially on the containment of syphilis (Poitrot, 1937). In 1938, Poitrot returned to Morocco and worked as a psychiatrist in the Hôpital neuro-psychiatrique de Berrechid, founded in 1920 by the French protectorate administration. The small town of Berrechid, 20 miles south-east of Casablanca, had become known for the psychiatry practised there, in both the Moroccan and French populations (Keller, 2007; Micouleau-Sicault, 2000; Müller, forthcoming; Studer Salouâ, 2016).<sup>4</sup>

In Berrechid, Poitrot became an exponent of the French colonial psychiatry that had been introduced in the French-dominated Maghreb in the 1910s, after the French psychiatrist Antoine Porot (1876–1965) founded the first psychiatric department in a French hospital in Tunis in 1910 (Studer Salouâ, 2016: 259). For economic reasons, autonomous psychiatric hospitals in the Maghreb in general were built no earlier than the 1920s, given that World War I hindered earlier initiatives.

Regarding psychiatric treatment at the time, most of the younger generation of French psychiatrists in North African centres were in favour of the so-called shock therapies, then being introduced as 'promising' medical interventions (insulin coma, cardiazol shock, and electroconvulsive therapy or ECT). For example, Berrechid Mental Hospital gained access to an ECT apparatus in 1942; after requesting it for some time, the hospital had consulted a Swiss industrial representative about how to deliver the apparatus to Berrechid, then under the Vichy administration and geographically not yet affected by the regional military conflicts of World War II. Astonishingly, between November 1942 and June 1944 more than 1000 ECT interventions were performed at Berrechid Mental Hospital, as reported by Poitrot (1949: 221).<sup>5</sup> Poitrot started serving as a military physician in autumn 1944 by joining a battalion of the Moroccan *Goums*, and fighting for the French against the German Reich. Initially Poitrot was 'médecin-commandant de Tabors marocains', and at the end of the war he was equivalent in rank to a battalion commander.

After the war ended in May 1945, Poitrot, now aged 37 years, was entrusted with the control of medical institutions and also the reorganization of psychiatric care in the French parts of Württemberg and Baden. He was initially commissioned for six months by the 'Direction et contrôle des Hôpitaux Allemands' of the First French Army. This was then extended during the establishment of the French occupation zone, and the scope of his authority was also increased by the 'Direction de la Santé Publique en Zone Française d'Occupation' (Poitrot, 1945: 3). In the summer of 1946, he returned to Morocco and took over the position of Medical Director at Berrechid,

which he held until 1955. After Moroccan independence in 1956, Poitrot remained in Berrechid with his family. He died in a car accident on 14 March 1975.

## Behind schedule: the end of Nazi psychiatry in Zwiefalten 1945

Especially during 1940, the state asylum of Zwiefalten had served as an ‘intermediary’ hospital for many patients on their deportation route to Grafeneck, where they had been murdered in the so-called ‘euthanasia’ programme, ‘Aktion T4’. Since then, the asylum had been led by Dr Martha Fauser, who was the only physician in the institution and was one of the highest ranking women in Württemberg psychiatry. From the 1920s onwards she had been a strong National Socialist, passionately engaged in educating the population and medical staff in racial hygiene. As head of the state asylum of Zwiefalten she also had a central role in the implementation of the Nazi patient killings. Nevertheless, she was able to remain in office for several more months after the end of the war (Pollmann and Müller, 2012; Richter and Müller, forthcoming; Rüdénburg, 1996).

As in most parts of Germany, the days before and after the arrival of the Allied troops in 1945 were perceived by the population of Zwiefalten as disorganized. While people queued outside the grocery store in cold April rain, the last scattered units of the *Wehrmacht* passed as they retreated. On 25 April, Zwiefalten was occupied by the ‘Goums marocains’, the Moroccan units of the French army. However, the state asylum was excluded from what the National Socialist inhabitants perceived as occupation and confiscations. On 28 April, about 100 wounded soldiers were transferred to the asylum from the German military hospital, which was on the premises of the brewery next-door (Geschichtsverein Zwiefalten, 1995: 13–15; Schwarz, 1982: 77–80).

In spring 1945, despite a significant increase in the numbers of victims of so-called ‘euthanasia’, the asylum was massively overcrowded with about 1100 patients. Many of them needed intensive care, which they had probably not had for a long time; in 1941, the Zwiefalten hospital had been designated as an asylum only for psychiatric patients who needed a lot of care (*Pflegeanstalt*) (Rüdénburg, 1996: 45). Poitrot (1945: 157) reported that he only made a brief inspection of the Zwiefalten asylum at the end of April 1945:

Je ne trouvais que peu de temps pour visiter rapidement l'établissement, la confusion extrême que je remarquai me parut être le fait des circonstances de Guerre et puis notre faculté d'étonnement s'était émoussée depuis notre entrée en Allemagne; d'autres préoccupations plus directes que celle du sort des aliénés me sollicitaient ... je ne m'attardai pas.

In the following months, the French occupying forces did not interfere directly with the routine of the asylum, where the control of the French military was limited. In June 1945, Zwiefalten hospital was warned by the local military government based in Münsingen that the hospital staff should ‘take all necessary measures’ for ‘proper food provisions for all patients’. The French authorities had become aware of the fact that ‘two deaths due to starvation had occurred’ in the hospital. Harsh measures were threatened if this happened again, and Poitrot was informed about these casualties. In reply, Dr Fauser and the administrator Heinrich Metzger denied the ‘deaths from starvation’. However, they admitted a high mortality under the ‘current special circumstances’; with an occupancy of 970 patients ‘one to two patients were buried every day’.<sup>6</sup>

In the meantime, Poitrot had been commissioned by the French military government to restore psychiatric care in the French-occupied parts of Württemberg and Baden and to investigate National Socialist crimes against humanity in medical institutions. For this purpose, Poitrot had also taken over the direction of the state asylum in Schussenried (Poitrot, 1945: 161). Having interrogated leading staff members of the regional medical institutions, he was obviously also in close

touch with care staff, in order to have a closer look at the circumstances and conditions inside these institutions. Poitrot (1946: 6) wrote: 'Besides the facts already stated, I was able to gather countless details in conjunction with German psychiatrists, day by day, without which it would have been impossible to get a clear picture of the difficult times ...'. On 17 August 1945, he returned to Zwiefalten for another inspection. On his arrival, Poitrot was being welcomed by a smiling Dr Fauser, as he noted in his report. Four days later, Fauser and Heinrich Metzger, head of the hospital's finance and administration department, were taken to Münsingen for further interrogation regarding the medical killings. Whereas Metzger was allowed to return home, Fauser was interned in Münsingen for a short time.<sup>7</sup> In 1949 she was put on trial in Tübingen in connection with the so-called Grafeneck trial and was found guilty (Pollmann and Müller, 2012).

Poitrot was well aware of the challenge of prosecuting the National Socialist perpetrators, and of evaluating each member of staff inside the hospitals for potential crimes against humanity. He reported that he found it easier to examine leading staff members than the care personnel and lower-ranking employees (Poitrot, 1945: 161–87). The latter often came to his attention only through membership lists of the National Socialist German Workers' Party (NSDAP), although there was no further proof of their actions. Evaluating potential misconduct was complicated by the fact that, at a certain time, state servants were obliged to 'apply' for party membership: these members were bystanders but did not necessarily identify with the party's goals and politics. In some other occupation zones, senior psychiatrists were often discharged in groups; however, Poitrot – bearing in mind his task to re-establish psychiatric care in the region – tried to make decisions by scrutinizing individual cases, after individual examination. He wrote: 'Des pénalisations sont possibles, mais leur révocation dans la situation actuelle aurait des conséquences dramatiques pour l'avenir de cette reorganisation de l'assistance à laquelle ils s'emploient avec la plus grande ardeur' (Poitrot, 1945: 165).

Poitrot's report gives us a picture of the conditions in the institution at that time; he described the overcrowding as 'dramatic', and he was shocked by the lack of provisions, nursing and health care. Moreover, after the war Dr Fauser had intentionally allowed the spread of a typhus epidemic, which killed many patients. According to Poitrot (1946: 6), the risk of infection had also spread to the civilian population, as well as the French troops in Zwiefalten.

Poitrot also thought (incorrectly) that most doctors had not sent patients to Grafeneck, but an exception was Dr Fauser. As he pointed out, 'If most of them also behaved in an abrasive way,<sup>8</sup> some were noticed because of their fervour, for example Dr Fauser, senior physician in Weissenau, whose fervour increasingly grew over time' Poitrot (1946: 21). In addition, many patients had suffered from a complete lack of medical care for years. In 1945, the mortality rate increased to 46.5 per cent, which was the highest rate in any asylum in the French occupation zone (Faulstich, 1998: 355).

## **Hans W. Gruhle, Robert Poitrot and the rebuilding of psychiatric care in Württemberg and Baden**

In spring 1945, Poitrot had given a description of psychiatric care in Württemberg and Baden: 'too many patients, a huge lack of care personnel, for months not enough food, and a lack of care and treatment which can almost be called systematic – such were the conditions under which the institutions in our part of the occupied zone had to work ...' (Poitrot, 1946: 100).

The situation at Weissenau psychiatric hospital near Ravensburg was similar. By the end of World War II, this institution hardly functioned as a psychiatric hospital any longer, and only met the most basic requirements. The asylum had not been spared from the 'Euthanasia / Aktion T4' programme: in 1940 and 1941, 691 patients were taken away to be killed, most of them at Grafeneck and some were in the last deportation to Hadamar (Kretschmer, 1997: 369), in Hessen.

Many of the emptied buildings were then used for other purposes and, as in World War I, some buildings in the Weissenau asylum served as a battlefield hospital for the German army. Others housed forced labourers, who were employed (and exploited) in the nearby city of Friedrichshafen, beside Lake Constance. In 1944, only about 200 psychiatric patients remained in the psychiatric hospital. On 28 April 1945, Ravensburg and Weissenau were occupied by French troops. The French established their own military hospital in Ravensburg, the 'Centre de Dermato-Vénérologie du Ier Corps d'Armée' which existed until February 1947 (Kretschmer, 1997: 375–7). Particularly dramatic conditions prevailed from 1945 to 1946 in the former military hospital, which since May 1945 had served as a military hospital for prisoners of war under French leadership. The 'Hôpital de PG Allemands de Weissenau' had to provide care for more than 800 patients (Blumentrath, 1978: 20). While Weissenau asylum had to take other patients from the asylum of Schussenried, the main goal in the whole of 1945 remained the provision of rudimentary food and supplies for patients (Kretschmer, 2002: 13–16).

In July 1945 the well-known Heidelberg psychiatrist Professor Hans Walther Gruhle (1880–1958) took over as Director of the state asylum of Weissenau. In 1934 Gruhle, a disciple of Karl Wilmanns at Heidelberg (Müller, 2000), had suffered an unpleasant interruption of his academic career when National Socialist authorities had questioned his reliability with respect to their political goals. As a result, Gruhle, who held a senior position at Heidelberg's psychiatric university clinic, was moved to the state-run mental hospital at Zwiefalten in 1936 (Reichelt and Müller, 2018). Thus, Gruhle would eventually have been involved with forced sterilization and the so-called central 'euthanasia', initiated by the National Socialist health administration in 1939. In November 1939, however, Gruhle was recruited into the *Wehrmacht*. He then led the psychiatric military hospital at Winnenden, near Stuttgart, where he was in charge until the end of the war in 1945 (Schuhmann, 2011: 32; Stöckle, 1999: 124).

For some reason, Gruhle became an advisor to Poitrot from the start, and his most important contact. Poitrot recommended that Gruhle should carry out the structural reform of Württemberg psychiatry, and called him a 'conseiller integre' – an upright advisor for all psychiatric issues and concerns. Poitrot saw him as the only German psychiatrist of the region who provided an 'autorité morale et professionnelle' (Poitrot, 1945: 164). Undoubtedly, Gruhle – who had made a name for himself during decades in the psychiatry department of Heidelberg University – served as a helpful informant to Poitrot. Gruhle was very familiar with asylum psychiatry in Südwürttemberg, due to his assignments in the Württemberg Ministry of Health in Stuttgart (1934–5) and as medical director in Zwiefalten (Reichelt and Müller, 2018). So it is not surprising that, when Poitrot took over the hospital at Zwiefalten in August 1945, he asked Gruhle to help him. Poitrot was not only shocked by the lack of provisions, nursing and health care, but also – as reported earlier – by the spread of a typhus epidemic, which was killing a lot of patients; Poitrot had been familiar with such epidemics in Morocco (Pierson and Poitrot, 1939). When Fauser was arrested, she was replaced by Alois Bischoff, a psychiatrist from Weissenau hospital, who had been recommended to Poitrot by Gruhle. Poitrot wanted Bischoff to get rid of the typhus and re-establish proper psychiatric care. At the end of September 1945 Bischoff returned to Weissenau, as agreed by Poitrot with the 'Inspection et Contrôle des Hôpitaux psychiatriques', the French organization in charge of this and later staff transfers.<sup>9</sup>

In the everyday psychiatric care, Poitrot faced several challenges. He tried to manage the increasing number of patients after the war in two ways: first, as in the Weissenau asylum, the buildings that had been converted for other uses were returned to the psychiatric hospital; second, psychiatric hospitals run by religious orders were given permission to continue their work in order to relieve the state-run mental hospitals (Poitrot, 1945: 180–7). The dominating role of 'work' or 'labour' – as well as the risk of 'euthanasia' or patient killings – is well documented for the war

years (Müller, 2016). In the post-war years, work therapy retained its dominant role in the hospital. Indeed, it was only with the help of patients that mental hospitals such as those at Schussenried and Weissenau could be re-established (Reichelt, 2017b: 88).

Poitrot had also been in charge of the state-run mental hospitals in the French-occupied parts of Baden; the one at Emmendingen, near the university town of Freiburg, played an important role (as did the one at Wiesloch, not far from Heidelberg, but this was situated in the zone occupied by the US Armed Forces). In the Baden region, Emmendingen had continued to serve the psychiatric needs of the population when National Socialist politics had closed the state-run hospitals of Reichenau, near Lake Constance, Illenau, near Achern, and Rastatt. After the war, the French Armed Forces integrated these three sites into their overall plan to reshape psychiatry in the region. Relatively late, towards the end of September 1945, Poitrot visited Emmendingen, and also Geisingen and Freiburg (Poitrot, 1945: 163). During the war years, Emmendingen hospital – like the one at Weissenau – had been restructured to serve as a military hospital for the *Wehrmacht*. In substantially reduced form, the few remaining buildings continuing to serve psychiatric services provided 200 beds only.

In his inspection report of October 1945, Poitrot said that in the psychiatric institutions the standards of catering and heating, for example, must be improved to equal those in the general hospitals. Above all, he was critical of the German admission criteria for persons suffering from mental illness, and he requested that they should be the same for psychiatric hospitals as for general hospitals. Regarding therapeutic treatment, he noted a deficiency of insulin and cardiazol, and urged the introduction of electroshock therapy at Schussenried, Weissenau and Zwiefalten. Poitrot was surprised at the limited use of all so-called shock therapy treatments in German psychiatric hospitals at the time. His introduction of electroshock therapy at Weissenau psychiatric hospital from 1946 was one of the obvious and major changes in clinical therapy. In this, he was supported by Hans-Walther Gruhle (Gruhle, 1947: 2; Poitrot, 1945: 180; Reichelt, 2017a: 258).

### **The ‘Poitrot Report’ – the first public document on Nazi ‘euthanasia’**

As already mentioned, in December 1945 Robert Poitrot delivered a report to the French military government on the state of psychiatry in south-west Germany during Nazi rule. The 190-page document was entitled *Rapport sur la destinée de l'assistance psychiatrique en Allemagne du Sud-Ouest pendant le régime National-Socialiste*. It contained records of Poitrot's investigations of the killing of patients in south-west Germany, as well as his ideas and plans for the humanization and reorientation of psychiatry in this part of Germany. For historians, the documents, descriptions and personal notes included in the report, such as his ‘Notes sur la réorganisation de l'assistance psychiatrique allemande’ (Poitrot, 1945: 161–87), are essential sources.

The report is supplemented by numerous documents, and also testimonies in German and partly in French translation. The documents include correspondence between the National Socialist officials at the Württemberg Ministry for Inner Affairs in charge of the state's psychiatric services (partly translated into French by Poitrot's staff), as well as documents from the Prussian Ministry for Inner Affairs, showing all relevant material on the planning of ‘central euthanasia’. Special attention is focused on the testimonies which Poitrot had obtained from high-ranking medical and administrative staff at the hospitals of Zwiefalten, Schussenried, Weissenau and Emmendingen during Nazi rule. Those interviewed included: Dr A. Kuhn and other staff at Emmendingen; Dr A. Bischoff at Weissenau; Drs Seitzer, Morstatt and Götz, Rathgeb (finance officer) and Leube (a priest), all at Schussenried (where, during the last days of war, parts of the Württemberg Ministry for Inner Affairs were based); and Dr Kraus of Zwiefalten. They were asked to describe organizational and factual details about ‘euthanasia’ in the institutions they had been in charge of, especially

in relation to their personal involvement (Poitrot, 1945: 145ff.). The report also includes descriptions of what had taken place at the killing site of Hadamar in Hessen.

For the German public, the (abridged) results were translated a year later and were published with the title *Die Ermordeten waren schuldig?*, which could be translated into English as the obviously ironic title: ‘The Murdered were Guilty?’ (Poitrot, 1946). The German version, about 100 pages long, was limited to the description of psychiatry and the patient killings during National Socialism. It is obvious now that Poitrot was not yet in a position to be able to fully and accurately reflect the attitude of the physicians within the framework of the so-called ‘Aktion T4’ (Birk, 2004: 54–5).

What is remarkable is a fact that has hardly been researched: that the Poitrot Report was the first publication ever documenting the ‘euthanasia’ murders in south-western Germany in the post-war period. Surprisingly, although *Die Ermordeten waren schuldig?* was published in 1946, it is not mentioned in current overviews regarding the medical crimes during National Socialism (e.g. Forsbach, 2013). Even more remarkable is Poitrot’s use of a clear language of detachment regarding the perpetrators of ‘Nazi euthanasia’, and he was more critical than the lawyers and experts in the 1948/49 Grafeneck process and in the domestic debates of the 1950s, and later. To this extent, his report, though different in format, is as meaningful for historical study as the statements of Alice von Platen-Hallermund (1948/1998) or the publication of Alexander Mitscherlich and Fred Mielke (1949), who wrote about the Nuremberg Doctors’ Trial.<sup>10</sup> The Nuremberg Trials were the focus of intense academic debate in the 1980s.<sup>11</sup> Nevertheless, the public perception of Poitrot’s Report lagged behind that of these other reports, according to current research findings (Klee, 2018).

Poitrot’s personal conclusion in 1945 also found its way into the German version of his report: ‘It is not an exaggeration to say that with the Allied occupation the darkest chapter of the history of German psychiatry came to an end’ (Poitrot, 1946: 100). It must be added that even Poitrot, at the time, seems to have underestimated the crimes committed by German physicians and medical staff in general. Apart from named exceptions, he believed that most of them were not aware of ‘euthanasia’: ‘I am convinced of the sincerity of the chief physicians when they say that the true reason for the transports had only reached them by rumours from the population’ (Poitrot, 1946: 64). Given the current state of knowledge, this assessment was false (Spohr and Mueller, 2017).

## Conclusion

This contribution provides information in English on the first publication on National Socialist ‘euthanasia’, which was submitted as early as 1945 to the French Military Government in Baden-Baden; and also on its author, the French-Moroccan psychiatrist Robert Poitrot, who had been put in charge of the public mental asylums in Württemberg and Baden in the southern part of the French occupation zone. We have described the difficulties the French authorities faced when dealing with the identification of the National Socialist perpetrators. Medical officers such as Poitrot also had a tremendous challenge in reorganizing psychiatric services in post-war Germany, as illustrated by the case study of the psychiatric hospital at Weissenau near Ravensburg. The Allied Armed Forces and their representatives had the difficult task of scrutinizing a situation in which medical crimes against humanity had undoubtedly been committed, interrogating potential perpetrators and at the same time being obliged to recruit medical staff not having been involved in these very crimes. Thus, there was a continuous moral dilemma for anyone involved in reconstructing psychiatric care. As at many other institutional and governmental levels in the newly constituted administration, there was a frightening lack of expert personnel who were adequately trained and politically unaffected by National Socialism. Poitrot (1945: 164) put it this way: ‘before the existing staff were fired and sent to court, one had to find replacements – and they simply could not to be found’.

Poitrot’s report, and other information from the German protagonists mentioned in this article, provide evidence of the direct involvement of medical staff in the killing of patients in the geographic

region under scrutiny. By spring 1945, this had already become obvious to Poitrot, an eye-witness and medical doctor, that is, before the regional and national medical doctors' trials established by the International Military Tribunal, the Allied Forces and the German government. Beyond studying the issue of the encounters between a French medical officer and German medical doctors in charge of psychiatric hospitals at the end of World War II, this article also shows the role of French military and medical experts in re-establishing adequate psychiatric services in one occupied zone. On this topic, very few primary sources were previously available and hardly any information has been published. However, more research is still needed on the everyday life in post-war German psychiatric hospitals and on the interactions between the medical officers of the military governments of the Allied Forces and the remaining staff in health-care facilities in early post-war Germany.

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### Notes

1. H Götz, 'Weihnachtsfeier in der Heilanstalt Schussenried' (1945); unpublished report held in Archives, ZfP Südwürttemberg.
2. Götz, 1945: 2 (see note 1).
3. Both reports by Poitrot are held in Archives, ZfP Südwürttemberg, Zwiefalten.
4. In Berrechid, the authors were able to find members of the Poitrot family, in particular Robert Poitrot's son, and our correspondence helped this research.
5. The climate changed dramatically in June 1943, with the establishment by Charles de Gaulle of a French government in exile. French protectorates entered the war under the new regime, with the Allied Forces; Müller and Reichelt, 2017: 247–8.
6. Letter from the Chief County Councillor to Zwiefalten Mental Hospital, 9 June 1945; letter from Zwiefalten Mental Hospital to the Chief County Councillor, 11 June 1945; Archives, ZfP Südwürttemberg.
7. Letter from Zwiefalten Mental Hospital to the Department of Health of the State Administration for Internal Affairs, Stuttgart, 22 August 1945; Archives, ZfP Südwürttemberg.
8. Poitrot's personal impression and judgement in respect of the issue of forced sterilization lack evidence here. Other psychiatrists in the region, e.g. Dr Maximilian Sorg of Weissenau hospital, transferred many patients for a sterilization operation. For further information, see Spohr and Mueller, 2017.
9. Note addressed to Regierungs-Rat Römer, Landesdirektion des Innern, Tübingen, 7 June 1946; Archives, ZfP Südwürttemberg.
10. The issue of Mitscherlich's relationship to university medicine, to faculty staff and to German doctors after his task at the Nuremberg trial has been focused upon in an article by Müller and Ricken, 2004.
11. See Müller and Ricken (2004) for further secondary literature sources as well as a short summary of the matters at stake during that period. On Mitscherlich, see also Leites and Müller, 2006.

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