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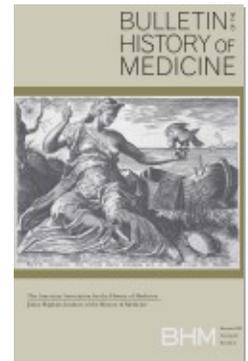
Electroconvulsive Therapy in the Shadow of the Gas Chambers:  
Medical Innovation and Human Experimentation in Auschwitz

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# Electroconvulsive Therapy in the Shadow of the Gas Chambers: Medical Innovation and Human Experimentation in Auschwitz

HERWIG CZECH, GABOR S. UNGVARI, KAMILA UZARCZYK, PAUL WEINDLING, AND GÁBOR GAZDAG

**SUMMARY:** Six years after it was first introduced into psychiatry in 1938, electroconvulsive therapy (ECT) became the subject of criminal human experiments in Nazi Germany. In 1944, at the Auschwitz III / Monowitz camp hospital, the Polish Jewish prisoner psychiatrist Zenon Drohocki started experimental treatments on prisoners with an ECT device that he had constructed himself. According to eyewitnesses, Drohocki's intention to treat mentally unstable prisoners was soon turned into something much more nefarious by SS doctors (including Josef Mengele), who used the device for deadly experiments. This article provides an account of this important and little-known aspect of the early history of ECT, drawing on an extensive array of historical literature, testimonies, and newly accessible documents. The adoption of ECT in Auschwitz is a prime example of the "grey zone" in which prisoner doctors had to operate—they could only survive as long as the SS considered their work useful for their own destructive purposes.

**KEYWORDS:** Auschwitz Monowitz, electroconvulsive therapy, electroshock, human experiments, National Socialism

Against the backdrop of a renewed interest in electroconvulsive therapy (ECT) and its possible benefits for carefully chosen patients for whom all other therapies have failed,<sup>1</sup> it is important to bring to light the history of ECT in all its complexity and including its darker aspects in order to dispel prevailing myths and allow a dispassionate and evidence-based discussion, free from ideologically motivated interventions of any sort. Shorter and

1. Edward Shorter, "History of Electroconvulsive Therapy," in *Electroconvulsive and Neuromodulation Therapies*, ed. Conrad M. Swartz (Cambridge: Cambridge University Press, 2009), 167–79.

Healy expressed regret that despite its potential to heal and to save lives, innovation in ECT largely came to an end by the early 1950s and that psychiatry as a whole disengaged from the therapy after the 1960s because of a “stigma,” which they attribute to negative media coverage and works such as the famous 1975 film *One Flew over the Cuckoo’s Nest*.<sup>2</sup> More recently, the association between ECT and Nazi psychiatry has been appropriated by the Church of Scientology for its campaign against psychiatry.<sup>3</sup>

The association of ECT with the National Socialist “euthanasia” program is indeed one of the reasons why this method of therapy is to this day perceived as tainted in the public perception of many countries. Another element of the early history of electroshock therapy (as it was also known) in Nazi-occupied Europe was its introduction in Auschwitz by prisoner physician Zenon Drohocki and its adoption by SS physicians for their own purposes. This episode, which we reconstruct here with the help of primary sources and eyewitness accounts, not only adds to our knowledge about human experiments and the history of psychiatry under National Socialism, but also provides insights into the complex and ambiguous position of prisoner physicians in the Nazi concentration camps.

In 1934, Laszlo Meduna pioneered the use of epileptic fits (induced by injecting camphor, later replaced by Cardiazol) for therapeutic purposes.<sup>4</sup> Shortly thereafter, electric seizure induction, a more controllable and less fear-inducing method, was devised by Ugo Cerletti and Lucio Bini in Rome.<sup>5</sup> Bini first presented the idea of electric seizure induction to the international scientific community at a meeting in Münsingen, Switzerland, in 1937.<sup>6</sup> Following the 1937 meeting and the report on the first successful human experiment with electroconvulsive therapy,<sup>7</sup> the new technique spread rapidly all over Europe.<sup>8</sup> Based on a patent by Bini,

2. Edward Shorter and David Healy, *Shock Therapy. A History of Electroconvulsive Treatment in Mental Illness* (New Brunswick, N.J.: Rutgers University Press, 2007), 140–41.

3. E.g., Thomas Röder, Volker Kubillus, and A. Burwell, *The Men Behind Hitler* (Los Angeles: Freedom, 1998).

4. Gabor Gazdag, I. Bitter, Gabor Ungyari, et al., “László Meduna’s Pilot Studies with Camphor Inductions of Seizures: The First 11 Patients,” *J. ETC* 25 (2009): 3–11.

5. Ugo Cerletti and Lucio Bini, “Un nuovo metodo di shockterapia: l’elettroshock,” *Bullettino Attidella R. Accademia medica di Roma* 16 (1938): 136–38.

6. Max Müller, ed., *Die Therapie der Schizophrenie. Insulinschock–Cardiazol–Dauerschlaf. Bericht über die wissenschaftlichen Verhandlungen auf der 89. Versammlung der Schweizerischen Gesellschaft für Psychiatrie in Münsingen bei Bern am 29.–31. Mai 1937* (Zürich: Art. Institut Orell Füssli, 1937).

7. Cerletti and Bini, “Un nuovo metodo di shockterapia” (n. 5).

8. Björn M. Felder, “‘Euthanasia,’ Human Experiments, and Psychiatry in Nazi-Occupied Lithuania, 1941–1944,” *Holoc. Genoc. Stud.* 27, no. 2 (2013): 242–75; Lara Rzesnitsek,

the first ECT machine was built by the Arcioni company in Milan, but marketing of the machine was obstructed by the outbreak of the Second World War.<sup>9</sup> Enthusiastic professionals such as Lothar Kalinowsky, a German Jewish émigré, disseminated the technical know-how of the machine to several European countries as well as the United States.<sup>10</sup>

Of particular interest is the introduction of ECT to Nazi Germany. One of the pioneers in this regard was Adolf Bingel, the chief physician at the Psychiatric Department of Erlangen University, who participated in the Third International Congress for Neurology in Copenhagen in August 1939, where Cerletti and Bini reported their first systematically collected ECT results.<sup>11</sup> After returning to Erlangen, Bingel cooperated with the Siemens-Reiniger-Werke AG (SRW-AG) in manufacturing the first ECT device in Germany.<sup>12</sup> A few months later, ECT was introduced in the Erlangen psychiatric department with a machine called the “Konvulsator,” and the results of these first experiences were published shortly thereafter.<sup>13</sup>

Important work on the new convulsive therapies, which at the time promised to revolutionize psychiatry, was also conducted at the Psychiatric and Neurological Department at Vienna University. In the early 1930s, prior to Austria’s Anschluss to Germany in 1938, Manfred Sakel, who had relocated to Vienna seeking refuge from Nazi persecution, developed his pioneering work on insulin coma therapy, which slightly preceded Laszlo Meduna’s work on camphor-induced therapeutic convulsions.<sup>14</sup> During the following years, ECT was rapidly adopted in the Vienna clinic,

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“Lothar B. Kalinowsky und die Einführung der Elektrokrampftherapie in Europa. Die verflochtene Geschichte eines ‘zufälligen’ Aufbruchs ‘wider Willen’?,” in *“Heroische Therapien.” Die deutsche Psychiatrie im internationalen Vergleich, 1918–1945*, ed. Hans-Walter Schmuhl and Volker Roelcke (Göttingen: Wallstein, 2013), 200–215.

9. Lara Rzesnitzeck and Sascha Lang, “A Material History of Electroshock Therapy: Electroshock Technology in Europe until 1945,” *NTM. Internationale Zeitschrift für Geschichte und Ethik der Naturwissenschaften, Technik und Medizin* 24, no. 3 (2016): 251–77.

10. R. Abrams, “Interview with Lothar Kalinowsky M.D.,” *Convulsive Therapy* 4 (1988): 24–39; Rzesnitzeck, “Kalinowsky” (n. 8).

11. Jesper Vaczy Kragh, “Shock Therapy in Danish Psychiatry,” *Med. Hist.* 54 (2010): 341–64.

12. Rzesnitzeck and Lang, “Material History” (n. 9).

13. Adolf Bingel and Friedrich Meggendorfer, “Über die ersten deutschen Versuche einer Elektrokrampfbehandlung der Geisteskrankheiten,” *Psychiatrisch-Neurologische Wochenschrift* 42 (1940): 41–43.

14. Manfred Sakel, “Neue Behandlungsart Schizophreniker und verwirrter Erreger (O. Pözl),” *Wiener klinische Wochenschrift* 46, no. 45 (1933): 1372. The coma induced by insulin could be accompanied by convulsions, but it remained a matter of discussion whether the convulsions were instrumental to the attempted therapeutic effect, setting this method apart from ECT and its immediate predecessor, camphor and Cardiazol convulsive therapy.

too. One of the clinic's assistants, Wolfgang Holzer, developed a device for administering the shocks and inducing the convulsions in cooperation with a local manufacturer. During the campaign to kill psychiatric patients (euphemistically called "euthanasia"), this apparatus was used to kill a considerable number of patients, after having been modified for this purpose.<sup>15</sup>

The Nazi political and medical establishment supported the use of ECT, as early reports lauded it as a very effective treatment. ECT was expected to help to empty psychiatric institutions, thereby relieving the state of the burden of looking after psychiatric patients and freeing up hospital beds for wounded soldiers. For these same reasons, the secret organization tasked with killing psychiatric patients in the so-called T4 Program promoted ECT.<sup>16</sup> Electroconvulsive therapy was seen as a cheap and simple method to quickly restore patients' health and fitness for the workforce, while those who did not respond to treatment were to be killed. However, a shortage of ECT machines hampered the spread of ECT in Nazi Germany. Although a state order was sent to SRW-AG for the production of one hundred ECT machines in February 1943, the company could meet demand only slowly because orders from the Wehrmacht were given priority. By late June 1941, SRW-AG had sold only eighteen machines in Germany, and the number of foreign-made machines available was even smaller.<sup>17</sup> It is all the more surprising, then, that ECT was introduced to Auschwitz, a place of unfathomable death and destruction, within only a few years after its invention.

### The Monowitz Camp and Its Infirmary (Häftlingskrankenbau)

The Monowitz camp (Auschwitz III) was built in connection with a synthetic rubber factory for the German chemical company I.G. Farbenindustrie A.G. as the location was beyond the range of Allied air raids in

15. Herwig Czech, "Von der 'Aktion T4' zur 'dezentralen Euthanasie'. Die niederösterreichischen Heil- und Pflegeanstalten Gugging, Mauer-Öhling und Ybbs," *Jahrbuch des Dokumentationsarchivs des österreichischen Widerstandes* (2016): 219–66; Gabor Gazdag, Gabor Ungvari, and Herwig Czech, "Mass Killing under the Guise of ECT: The Darkest Chapter in the History of Biological Psychiatry," *Hist. Psychiatry* 28, no. 4 (2017): 482–88.

16. *Ibid.*

17. Hendrik van den Bussche, "Personalprobleme, Disziplinarkrise und Selbstdeprofessionalisierung der Psychiatrie im Nationalsozialismus," *Schriftenreihe der Deutschen Gesellschaft für Geschichte der Nervenheilkunde* 21 (2015): 127–69; Rzesnitzeck and Lang, "Material History" (n. 9).

the early years of the war. Good access to railroad lines and water and the availability of raw materials were also important factors. The workforce was procured from the nearby Auschwitz concentration camp. Construction work by Auschwitz prisoners, who marched seven kilometers from the main camp every day, began in April 1941. After the outbreak of a typhus epidemic in the Birkenau camp (Auschwitz II) in August 1942, barracks were built to house prisoners in Monowitz, and it was eventually established as a new subcamp on October 28, 1942.<sup>18</sup> By the summer of 1943, the Monowitz camp had a population of six thousand mostly Jewish prisoners, which increased to more than eleven thousand by 1944. There was an extremely high turnover in the camp due to high mortality and sick and exhausted prisoners being returned to the main camp or being selected for gassing.<sup>19</sup>

Both the management of I.G. Farben and the SS expected the supply of slave labor to be inexhaustible and therefore made no effort to protect the prisoners' health. Thus, at the beginning of 1942, only two barracks at Monowitz were used as an infirmary. The official attitude changed following the failure of the invasion of the Soviet Union, as it became more difficult to replace dead or incapacitated prisoners and the SS started paying attention to the miserable conditions in the camp hospitals. In this context, on September 6, 1942, a new *Standortarzt* (senior camp physician) was appointed to Auschwitz, Dr. Eduard Wirths.<sup>20</sup> He set out to reorganize and professionalize medical services in the Auschwitz complex, including the Monowitz infirmary. To this end, he put Polish prisoner Dr. Stefan Budziaszek, who had been arrested in Cracow in 1941 for anti-Nazi activities, in charge of the infirmary in June 1943 (as *Lagerältester Häftlingskrankenbau*).<sup>21</sup>

The reorganization of the prison hospital implemented by Budziaszek transformed the barracks into a complex organization employing trained physicians and a staff of sixty. It also brought Budziaszek into conflict with members of the German communist resistance groups who had previously occupied the key positions at the infirmary, although most of them lacked medical qualifications. While the reorganization of the hospital

18. E. K. Bacon, "The Prisoner Hospital at Buna-Monowitz," in *History (1937–1948). What We Choose to Remember*, ed. Margaret Monahan Hogan and James Lies (Portland: University of Portland, 2011), 161–87.

19. Memorial and Museum Auschwitz-Birkenau, "History of Auschwitz III-Monowitz," [www.auschwitz.org/en/history](http://www.auschwitz.org/en/history).

20. Hermann Langbein, *People in Auschwitz* (Chapel Hill: University of North Carolina Press, 2004), 365.

21. After the war, Budziaszek changed his name to Buthner.

had potential benefits for all the prisoners, it could not escape the brutal logic imposed by the SS. Restoring the ability of sick or injured prisoners to work within the shortest possible time was the only accepted goal of the infirmary. Admissions were therefore reserved for those expected to recover within fourteen days, while selections for the gas chamber were held at regular intervals in order to keep the number of patients under a certain threshold. Budziaszek, therefore, like other prisoner physicians, had to navigate a precarious balance between serving the interests of prisoners in need of treatment and the orders of the SS.<sup>22</sup> The introduction of ECT in Auschwitz is a case in point to illustrate this problematic relationship and its associated ethical dilemmas.

### Electroconvulsive Therapy in Monowitz

One signature achievement in this context has received considerable attention in the scholarly literature: the construction of an apparatus for ECT initiated by the Polish Jewish neurophysiologist Dr. Zenon Drohocki, who, like Dr. Budziaszek, came from Cracow. In his professional career, Drohocki had conducted research on electroencephalography in Bern, Brussels, and Paris, and had also gained practical experience with ECT in Grenoble. Drohocki was arrested while attempting to flee from occupied France to Switzerland and deported to Auschwitz-Monowitz at the end of 1943. In January 1944, as a patient of the infirmary, he was recruited first as a nurse and later as a prisoner doctor by Dr. Budziaszek.<sup>23</sup> Over time, he managed to establish his own neuropsychiatric ward in block 15. During his evenings and sleepless nights at the camp, Dr. Drohocki built an ECT apparatus based on technical descriptions he had managed to bring with him to Auschwitz. Dr. Budziaszek, with the approval of the SS physician responsible for Monowitz, Dr. Horst Fischer, helped him acquire the necessary electrical equipment while Serge Kaplan, a Dutch radio technician, aided with the construction. When the device was ready, Drohocki started to treat mentally ill prisoners using unmodified ECT (without anesthesia or muscle relaxants, as was standard at the time). ECT was performed twice per week on each respective patient, while the whole course of treatment, including observation, typically took two months. Drohocki later claimed a high percentage of remissions following

22. Bernd C. Wagner, *IG Auschwitz. Zwangsarbeit und Vernichtung von Häftlingen des Lagers Monowitz 1941–1945* (Munich: K. G. Saur, 2000).

23. Zenon Drohocki, testimony to the Cour d'appel de Paris, May 26, 1970, Archives of the Fritz Bauer Institute, Frankfurt, Verfahren Js 798/64 OstA FfM., pp. 735–36.

his treatment, considerably increasing his patients' chances for survival.<sup>24</sup> According to testimonies of survivors, the treatment was effective. In one case, a mentally ill prisoner was able to return to work in the camp kitchen after treatment.<sup>25</sup> Robert Jay Lifton, in his classic study on Nazi doctors, quoted a prisoner doctor who attended some of the sessions and "felt that the process was genuinely therapeutic, and that it saved lives."<sup>26</sup> Drohocki later wrote at length about how his work on ECT had stirred the interest of the SS, whom he did everything to impress, and that he was able to bring patients to Monowitz from other camps for treatment.<sup>27</sup> There is no mention, however, of SS doctors using the equipment he built for their own, often deadly experiments. As we will show, this is not the only inconsistency that a reconstruction of the application of electroshock/ECT in Auschwitz (both therapeutic and experimental) has to deal with.

## Experimental Shocks in Auschwitz: Facts and Narratives

On the basis of a detailed analysis of numerous witness testimonies and other documents, many of which became accessible only after Lifton's book was first published in 1986, it is now possible to complement and clarify his and other more recent accounts of the Auschwitz electroshock/electroconvulsive experiments in important respects.<sup>28</sup>

One of the authors of this article (PW), in the course of a long-term project on victims of human experiments under National Socialism,<sup>29</sup> was able to identify thirty survivors who after the war reported having been subjected to experiments with electrically induced seizures in Auschwitz. Their cases coincide in many ways: nearly all of them were non-Jewish

24. Zenon Drohocki, "Wstrzasy Elektryczne W Rewirze Monowickim," *Przegląd Lekarski* 32 (1975): 263–66; Antoni Makowski, "Some Organizational Achievements in the Camp Hospital at Monowitz" (Niektóre osiągnięcia organizacyjne szpitala obozowego w Monowicach), *Przegląd Lekarski* 10 (1970): 165–68; Antoni Makowski, "Organisation, Entwicklung und Tätigkeit des Häftlings-Krankenbaus in Monowitz (KL Auschwitz III)," *Hefte von Auschwitz* 15 (1975): 113–81.

25. Mieczysław Piłat, unpublished oral testimony, State Archive Auschwitz-Birkenau, Oświadczenia (Testimonies), vol. 52, p. 102.

26. Robert Jay Lifton, *The Nazi Doctors: Medical Killing and the Psychology of Genocide* (1986; New York: Basic Books, 2000), 299.

27. Drohocki, "Wstrzasy Elektryczne" (n. 24).

28. Ernst Klee, *Auschwitz, die NS-Medizin und ihre Opfer* (Frankfurt am Main, 1997); Christian Dirks, "Die Verbrechen der anderen." *Auschwitz und der Auschwitz-Prozess der DDR: Das Verfahren gegen den KZ-Arzt Dr. Horst Fischer* (Paderborn et al.: Ferdinand Schöningh, 2005).

29. Paul Weindling, *Victims and Survivors of Nazi Human Experiments. Science and Suffering in the Holocaust* (London: Bloomsbury, 2015).

Poles, they were all men, apparently with no signs of mental illness,<sup>30</sup> and almost all mentioned that they were at Auschwitz III (Monowitz). One victim claimed that he and a fellow inmate were subjected to electroshock experiments as a punishment for smuggling medication into the camp;<sup>31</sup> another assumed it was used as a method of torture to force confessions from prisoners.<sup>32</sup> Most of the subjects, however, seem to have been randomly chosen while at the camp hospital.<sup>33</sup> Jerzy Papaj, for example, was simply summoned from his post in the kitchen for an electroshock experiment to which some ten other prisoners were also subjected at the same time. Papaj was brought to a tiny room and strapped to a stretcher, and metal electrodes were fixed to his temples and hands. He quickly lost consciousness. In all, he had to endure the procedure ten times. After he woke up, a series of examinations were performed on him, some of them at the camp hospital at the main camp (Auschwitz I).<sup>34</sup>

Many victims mentioned that a protector was placed in their mouths and that electrodes were attached to their legs as well.<sup>35</sup> The Polish political prisoner Henryk Machała confirmed that examinations took place at Block 20 in Auschwitz I and provided further details. Among other things, an examination of his blood, eyesight, and hearing was performed and cerebrospinal fluid was taken.<sup>36</sup> Other victims mentioned tests of reflexes and of sensitivity to light and other stimuli.<sup>37</sup> Did these experiments, routinely described as “electroshocks,” involve ECT, and was the ECT device constructed by Zenon Drohocki used? One of the prisoners who was subjected to the experiments, Cübor Wohl, reported that after having recovered from the flu at the Monowitz infirmary, he and other inmates were “made unconscious with an electrical device.” Rumor had it that a

30. Testimony of Jerzy Papaj, March 3, 1966, Archives of the Fritz Bauer Institute, FAP 2 HA 128.

31. Henryk Roman, unpublished oral testimony, State Archive Auschwitz-Birkenau, Auschwitz, Oświadczenia (Statements), vol. 88a, p. 70.

32. Henryk Machała, unpublished oral testimony, State Archive Auschwitz-Birkenau, Oświadczenia (Statements), vol. 87a, p. 189.

33. Bundesminister für Arbeit und Sozialordnung an Bundesminister der Finanzen, April 22, 1965, Politisches Archiv des Auswärtigen Amtes, Berlin, Signatur B 81/517.

34. Testimony Jerzy Papaj, March 3, 1966, Archives of the Fritz Bauer Institute, FAP 2 HA 128.

35. Paul Weindling, Victims of Biomedical Research under NS Database, entry for Jan Kałużyński, Roman Stawiarz, and Ryszard Kujawa.

36. International Tracing Service Bad Arolsen (ITS), “Fragebogen über durchgeführte medizinische Versuche an Häftlingen” for Henryk Machała, undated.

37. Paul Weindling, Victims of Biomedical Research under NS Database, entries for Jan Kałużyński, Josef Czylok, Henryk Roman, and others.

method to cure mentally ill soldiers was being tested on them.<sup>38</sup> While the recurring accounts of temple electrodes and quick loss of consciousness clearly point toward ECT, the electrodes placed on hands and legs, which are also frequently mentioned, are not a standard part of electroconvulsive therapy.<sup>39</sup> Either they were used to monitor the convulsions (e.g., ECG), or perhaps ECT was experimentally combined with older forms of neurological “electroshock” therapy to the body.<sup>40</sup>

The documented chronology of events suggests that these experiments preceded or accompanied Drohocki’s work on the ECT device. The use of apparently mentally healthy subjects during this phase—the first half of 1944, with a peak between March and May and some outliers until the summer or even autumn of 1944<sup>41</sup>—suggests that the functioning of the apparatus itself and perhaps also its effects on healthy subjects were to be tested, and not the effectiveness of the treatment on psychiatric patients. The main responsibility, according to many testimonies, rested with the SS camp physician for Monowitz, Dr. Horst Fischer. Also present was the so-called *Sanitätsdienstgrad*, Gerhard Neubert, the SS functionary tasked with the day-to-day oversight of the infirmary.<sup>42</sup> The SS physician Dr. Friedrich Entress is also mentioned, including in connection with examinations performed at the main camp, but this is probably due to a case of mistaken identity, since Entress was transferred from Monowitz to

38. Bundesminister für Arbeit und Sozialordnung an Bundesminister der Finanzen, April 22, 1965, Politisches Archiv des Auswärtigen Amtes, Signatur B 81/517. Based on the fact that Monowitz was primarily a (slave) labor camp, the German authorities considered the medical interventions to be therapeutic treatments and therefore rejected Wohl’s compensation claim. Wohl dated his admission to late 1943 / early 1944. According to ITS records, however, Wohl was admitted to the infirmary and had his blood tested because of fever on September 22, 1944. It is possible that he confused the year, which would make it more likely that Drohocki’s method of electro-anesthesia was tested on him (see below).

39. Although the use of electrodes on hands and legs was not a routine part of administering ECT, the possibility of triggering a convulsion by placing one of the electrodes on the arms or thorax does appear in the literature: Max Müller, “Die Elektrokrampfbehandlung (Cerletti),” *Fortschritte der Neurologie und Psychiatrie* 13 (1941): 203–27.

40. See Klaus Blassneck, *Militärpsychiatrie im Nationalsozialismus. Kriegsneurotiker im Zweiten Weltkrieg* (Würzburg: Deutscher Wissenschaftsverlag, 2000).

41. The first verifiable blood sample from one of the victims was sent to the laboratory of the Hygiene Institute of the Waffen-SS in Raisko (operating as a satellite camp of Auschwitz) on March 7, 1944, International Tracing Service Bad Arolsen, file Jerzy Papaj. Some of the experimental victims were indicated as early as November 1943, but they were probably referring to the beginning of their stay at the infirmary, not to the experiments.

42. Henryk Machała, unpublished oral testimony, State Archive Auschwitz-Birkenau, Oświadczenia (Statements), vol. 87a, p. 189; Testimony Jerzy Papaj, March 3, 1966, Archives of the Fritz Bauer Institute, FAP 2 HA 128.

Mauthausen concentration camp in October 1943.<sup>43</sup> Interestingly, only one of the victims at this stage of the experiments, Julian Kapustka, mentioned Drohocki being present. (In this context, it should be noted that the survivors, who were applying for compensation from Germany, had an incentive to downplay the role of their fellow prisoner.)<sup>44</sup> Drohocki, who arrived at the Monowitz infirmary in January 1944, evidently had no visible role. According to his own claim, Drohocki had convinced Stefan Budziaszek (the *Lagerältester*) of the possibilities of ECT while he was still a patient at the infirmary, thereby laying the foundation for his fast promotion within the camp hierarchy. Budziaszek in turn used his connections to the SS to get Neubert, Fischer, and even Wirths (the senior SS physician in Auschwitz) on board.<sup>45</sup> Most likely, the ECT device that he constructed was ready for use in treatment in the summer of 1944,<sup>46</sup> or even, according to other sources, that April.<sup>47</sup> Once the apparatus was functional, it became an attraction for SS physicians, other members of the camp's elite, and even visitors who were brought by Wirths or Fischer.<sup>48</sup> This interest made it possible to bring in prisoners from other camps subordinated to Auschwitz III, as well as patients from the main camp and Birkenau, for treatment: "Twice per week, sometimes more often, groups of ill women and men were brought from other camps to be subjected to electroshocks. . . . After each treatment the patients were left in peace

43. Jerzy Papaj (testimony, March 3, 1966, Archives of the Fritz Bauer Institute, FAP 2 HA 128), Jan Kalużyński, Josef Czylok, Ryszard Kujawa, and Henryk Roman (all: Paul Weindling, *Victims of Biomedical Research under NS Database*) all reported having seen Entress at a time when he was not at the camp anymore. They might just have assumed that the individual they saw was Entress, whom they knew was the camp physician. The possible involvement of Josef Mengele is discussed below.

44. Paul Weindling, *Victims of Biomedical Research under NS Database*, entry for Julian Kapustka.

45. Drohocki, "Wstrzasy Elektryczne" (n. 24).

46. Makowski, "Organisation" (n. 24).

47. Czesław Jaworski was deported to Monowitz on May 1, 1944, from Brünn/Brno and described seeing the device on the day of his arrival at the camp: Wolfgang Benz and Barbara Distel, eds., *Der Ort des Terrors. Geschichte der nationalsozialistischen Konzentrationslager. Band 5* (Munich: Beck, 2007). According to Ernest W. Michel, "It was probably in spring, in any case conditions were not winterly anymore": Ernest Michel, testimony, January 28, 1972, Hessisches Hauptstaatsarchiv Wiesbaden (HHStAW), Marburg, Abt. 461, Nr. 37976/029, Ermittlungsverfahren Mengele, vol. 7, p. 216–19. Drohocki himself did not offer any dates: Drohocki, "Wstrzasy Elektryczne" (n. 24). An explanation for the discrepancy could be that the device was used experimentally on prisoners before being considered ready for its intended use. Fischer reported that prisoners had first approached him with the proposal to build a ECT device in the winter of 1943/44: Dirks, "Verbrechen" (n. 28).

48. Drohocki, "Wstrzasy Elektryczne" (n. 24).

until they fully regained consciousness.”<sup>49</sup> These transports to and from the Monowitz infirmary for ECT, as improbable as they might seem in a place where each day thousands were killed, are confirmed by a number of sources, most of them explicitly referring to women prisoners from Birkenau.<sup>50</sup> Georges Wellers, who arrived to Auschwitz from Paris on July 4, 1944, and was assigned to the Monowitz infirmary, reported that in October 1944 about ten mentally ill women were taken twice per week from Birkenau to Monowitz, where they were given ECT. This opened up an avenue for Monowitz prisoners to establish contact with their relatives in the Birkenau women’s camp.<sup>51</sup>

According to Wellers’ account, the SS physician in charge of the Monowitz infirmary was so proud of the ECT device at his hospital that he ordered the transports from Birkenau in order to observe the treatment sessions. While Wellers did not name the physician in question, all indications point to Hans Wilhelm König, who was transferred from Birkenau to the Monowitz infirmary in September 1944.<sup>52</sup> Other testimonies, however, present a much less benign picture. Leon Staischak clearly distinguished between treatment attempts by Drohocki and experiments on the women from Birkenau: “In the hospital in Monowitz there was a machine which could produce nervous shocks. Dr. Drohocki used this machine in treatment. Among others, women from Auschwitz [Birkenau] were brought to Monowitz in a closed car for experiments with this machine.”<sup>53</sup> Ernest

49. Ibid.; Makowski, “Some Organizational Achievements” (n. 24); State Archive Auschwitz-Birkenau, Oświadczenia (Statements), vol. 88a, pp. 33, 42.

50. Mieczysław Piłat, unpublished oral testimony, State Archive Auschwitz-Birkenau, Oświadczenia (Testimonies), vol. 52, p. 102. Franciszek Kawa, unpublished oral testimony, State Archive Auschwitz-Birkenau, Oświadczenia (Statements), vol. 97, p. 98; Budziaszek (Buthner) Stefan, unpublished oral testimony, State Archive Auschwitz-Birkenau, Oświadczenia (Testimonies), vol. 88a, p. 42; Staischak [Stasiak] L., Affidavit, September 3, 1947, NI-10928, Archive of the Fritz Bauer Institute, Subsequent Nuremberg Trials, Case VI, PDB 75 (e), pp. 181–86, 184.

51. Georges Wellers, *L'étoile jaune à l'heure de Vichy. De Drancy à Auschwitz* (Paris: Éditions du Centre, 1946). After liberation, Wellers became one of the first Jewish historians of the Holocaust. Olga Lengyel, a Hungarian survivor of Auschwitz, also mentioned a journey during which she accompanied a transport from the Birkenau camp to Monowitz in order to see her husband Moritz: Lengyel, *Five Chimneys: A Woman Survivor's True Story of Auschwitz* (London: Granada, 1981). Her memoir, first published in 1947, is one of the classic testimonies on Auschwitz and the Holocaust. Moritz Lengyel arrived in Monowitz in June 1944: Makowski, “Organisation” (n. 24).

52. Wellers, *L'étoile jaune* (n. 51).

53. Leon Staischak [Stasiak], Affidavit, September 3, 1947, NI-10928, Archive of the Fritz Bauer Institute, Subsequent Nuremberg Trials, Case VI, PDB 75 (e), pp. 181–86, 184. Staischak did not say whether Drohocki had a role in these experiments, but we know from other sources that the latter was involved in the “treatment” (if it can be qualified as such) of

W. Michel published the following eyewitness testimony in the *New York Times* in 1985:

We were told to be in front of the hospital compound barracks to take inmates from a truck to the barracks and return them later to the truck. When the truck arrived, I found six to eight women in various states of despair. . . . We took the women into the barrack where a separate room had been fixed up. A number of SS officers were in the room. Since I went back and forth into the room several times, I saw the faces of the officers and recognised Dr [Josef] Mengele. After an hour, we were summoned back to remove the women. In the room where the “medical services” were performed, one woman was still connected to an electrical machine, presumably for electric shock experimentation. We had been instructed to have a stretcher ready in order to carry the women out. We found two of them dead. . . . Two obviously were in a coma; the others were breathing hard and irregularly. None was conscious. I noticed that the teeth of those still alive were clenched and that wads of paper were placed in their mouths.

In 1972, Michel estimated in a sworn testimony that over two to three weeks up to seventy or eighty female prisoners were brought to Monowitz for this purpose. Of these, twenty to thirty died during the experiments under the supervision of SS doctors Josef Mengele and Hans Wilhelm König.<sup>54</sup>

König was camp physician at Birkenau before being transferred to Monowitz in September 1944.<sup>55</sup> Ester Joffe, who worked at the Birkenau camp hospital, also reported that it was Dr. König who had the female prisoners taken from his hospital to Monowitz in order to experiment on them twice a week; she also believed that those women who survived were later gassed.<sup>56</sup> The involvement of both König and Mengele in the electric shock experiments is attested by a number of other sources; but what exactly was their role, and how did it relate to Drohocki’s initiative to treat mentally ill prisoners?

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Birkenau prisoners. Staischak’s testimony was given after the Nuremberg Medical Trial had already ended (on August 20, 1947); the mentioned experiments did not play any further role in Case VI, the trial dealing with the IG Farben chemical cartel’s responsibility for the exploitation of slave labor at Monowitz and other crimes.

54. Ernest Michel, testimony, January 28, 1972, HHStAW, Abt. 461, Nr. 37976/029, Ermittlungsverfahren Mengele, vol. 7, pp. 216–19. In this testimony, he dated the events to “spring 1944” but was not sure; the fact that he referred to König as *Lagerarzt* in Monowitz points to a time after September 1944, which is consistent with Wellers’s account (October 1944). In another sworn testimony, he gave the number of deaths he observed as “20 or less.” Ernest Michel, Kommissarische Vernehmung, February 25, 1971, Archives of the Fritz Bauer Institute, Strafsache Ontl. u.a., vol. 5, pp. 1154–63.

55. Wagner, *IG Auschwitz* (n. 22).

56. Ester Joffe, testimony, May 9, 1960, HHStAW, Abt. 461, Nr. 37638/001-456.

## Discussion

In the international scholarly literature, Lifton first mentioned how prisoners in Auschwitz-Monowitz built an ECT device to treat mentally ill prisoners, only to see the SS misuse the apparatus for deadly human experiments.<sup>57</sup> However, neither the key work on the history of psychiatry by Edward Shorter,<sup>58</sup> nor Shorter and David Healy's otherwise exhaustive monograph on the history of shock therapy mentions this episode in the early history of ECT (or, as it were, the connections between the "euthanasia" killings and the introduction of ECT in Nazi Germany).<sup>59</sup> There is some information in the German-speaking literature, but the victims' perspectives remained largely absent, while important questions such as the scientific aims of the experiments or the alleged involvement of Josef Mengele remained unanswered.<sup>60</sup> A 2017 paper on ECT in Nazi Germany claims that there is "no evidence of dubious experimentation or 'misuse'" of the improvised device at Monowitz, but the testimonies examined for this article strongly suggest otherwise.<sup>61</sup>

At the time, ECT was a promising new method at the forefront of psychiatric innovation; its application in clinical practice was still in an early, experimental stage. There was not yet a well-established range of indications, although the method was thought to be most effective in cases of schizophrenia and manic-depressive illness.<sup>62</sup> It was applied without anesthesia and regularly led to severe side effects such as bone (especially spine) fractures,<sup>63</sup> and in some cases death.<sup>64</sup> Drohocki himself emphasized that he was primarily motivated by the scientific challenge, an impetus that he compared to the "blind biogenetic imperatives" that compel a bird in captivity to continue singing.<sup>65</sup> In late 1943, Fischer demonstrated the method on a prisoner during a visit to Auschwitz by Dr. Enno Lolling, the SS physician responsible for all concentration camps. In the spring of 1944, when all senior concentration camp physicians met

57. Lifton, *Nazi Doctors* (n. 26).

58. Edward Shorter, *A History of Psychiatry* (New York: John Wiley, 1997).

59. Shorter and Healy, *Shock Therapy* (n. 2).

60. Dirks, "Verbrechen" (n. 28).

61. Lara Rzesnitzeck and Sascha Lang, "'Electroshock Therapy' in the Third Reich," *Med. Hist.* 16 (2017): 66–88.

62. Wolfgang Holzer, A. Klaue, and H. Reisner, "Erfahrungen mit der Elektroschocktherapie," *Allgemeine Zeitschrift für Psychiatrie* 120 (1942): 119–45.

63. Fritz Schmieder, "Über eine Entwicklungsreihe von Elektroschockgeräten," *Allgemeine Zeitschrift für Psychiatrie* 121 (1942): 141–80.

64. Müller, "Die Elektrokrampfbehandlung" (n. 39).

65. Drohocki, "Wstrzasy Elektryczne" (n. 24).

in Auschwitz, the use of ECT in Monowitz as a means to return prisoners to the workforce again took center stage. On Horst Fischer's request, Drohocki wrote a paper on ECT, based on the existing literature and the experience gained in the camp hospital, which Fischer presented to the SS officers.<sup>66</sup> For Drohocki, writing this paper was a "logical and inevitable consequence of [his] studies," again stressing their scientific character.<sup>67</sup>

Once the ECT apparatus was operational, Drohocki experimented with further applications: He used it to treat asthma, claiming to have achieved an improvement in four cases, and to anesthetize patients for surgeries. "One day I had to open an empyema without anaesthesia. Almost habitually I attached electrodes and as soon as convulsions ceased, but before the patient regained consciousness, I was able to open this huge empyema saving the patient from pain. I repeated this procedure quite a few times and always with good results. Thus, completely unexpectedly, I found myself in the arena of electro-anaesthesia, which I wanted to develop to compensate for a lack of classic anaesthetics. The results impressed Fischer and Wirths so much that I was given permission to continue my studies."<sup>68</sup> Thus, he set out to construct a second device specifically for anesthesia to compensate for the lack of pharmaceuticals in the camp. It was tested on a patient—described as "schizophrenic"—in November 1944.<sup>69</sup> Drohocki was not convinced by this and other trials, and he continued work on the device until the evacuation of the camp in January 1945.<sup>70</sup>

66. Dirks, "Verbrechen" (n. 28); Makowski, "Some Organizational Achievements" (n. 24).

67. Drohocki, "Wstrzasy Elektryczne" (n. 24).

68. Ibid.

69. Czesław Wincenty Jaworski, *Wspomnienia z Oświęcimia* (Warsaw: Pax, 1962), 267.

70. Correspondence between Antoni Makowski and prisoners of Monowice camp, State Archive Auschwitz-Birkenau, Oświadczenia (Statements), vol. 92, p. 169 (given to the State Archive Auschwitz-Birkenau in 1979 and included in the Statements series). Drohocki did not continue his work on electro-anesthesia after the war: Makowski, "Some Organizational Achievements" (n. 24). In 1961, JAMA reported experiments with electro-anesthesia as a promising new field of research: J. R. Paul, "Electrical Anesthesia," *JAMA* 175 (1961): 606. However, a 1944 publication coauthored by the Jewish Polish psychiatrist Jakub Frostig seems to be the first publication on this topic and possibly inspired Drohocki's own work on the subject: J. P. Frostig and A. Van Harreveld, "Electronarcosis in Animals and in Man," *Arch. Neurol. Psychiatry* 51 (1944): 232–42; on Frostig, see Mary V. Seeman, "The Jewish Psychiatric Hospital, Zofiówka, in Otwock, Poland," *Hist. Psychiatry* 26 (2015): 98–104. By his own account, during the final stages of the war Drohocki was transferred from Auschwitz to Buchenwald, where he met Wirths again, which aided his survival. Little is known about Drohocki's life after 1945. After liberation, he returned to France: Drohocki, "Wstrzasy Elektryczne" (n. 24). In 1970, he lived in Asnières-sur-Seine, a suburb of Paris: Drohocki, testimony to the Cour d'appel de Paris (n. 23). The only scientific publication on record after 1939 is a paper titled "The 3 Aspects of the Spectrum of Amplitudes of the Electroencephalogram," published in 1971 in the renowned journal of the French Academy of Sciences: *Comptes rendus hebdomadaires des séances de l'Académie des Sciences* (Série D) 504 (1971): 504–7.

From a distance of several decades, Antoni Makowski, who also served as prisoner physician and *Blockältester* at the Monowitz infirmary, came to the conclusion that Drohocki was driven both by a dedication and strong will to serve the patients under his care and by a kind of personal need to be occupied with work that was so absorbing that it allowed him to mentally distance himself from the cruel reality of the camp.<sup>71</sup> Drohocki himself mentioned how important his work on electrotherapy was for his survival in the camp: “Today it is difficult to honestly answer whether we wanted to save our lives, or save the others, or both. Did we have clear motives and goals or did our activities bring rather accidental and unintentional benefits for us, as well as the others? Perhaps answers to these questions are not so important. Perhaps, the only significant criterion for the assessment of some action is its practical value, whatever the primary motives are?”<sup>72</sup>

The ethical evaluation of Drohocki’s initiative rests on the claim that he successfully treated mentally ill prisoners in the camp. Other prisoner physicians also emphasized that ECT allowed them to save “many human lives.”<sup>73</sup> Previously, mentally ill prisoners were simply murdered by the camp authorities, so the introduction of ECT in principle allowed prisoners to receive treatment and improve their health, providing relief—albeit temporary—from the horror of the camp. Successful treatment could enhance the chances of survival, at least temporarily. It should be noted, however, that there are no known testimonies of patients corroborating this positive assessment of ECT in Auschwitz; the only sources are those of involved prisoner functionaries. Where testimonies of individuals subjected to ECT exist, they invariably described the procedure as an experiment.<sup>74</sup>

Ethically evaluating Drohocki’s therapeutic attempts with ECT in Auschwitz remains difficult, not least of all because a number of questions cannot be conclusively answered on the basis of the available sources. For example, were the patients subjected to ECT in a position to give their consent, and, if so, were they asked? This may seem like a high bar

71. Makowski, “Some Organizational Achievements” (n. 24); Makowski, “Organisation” (n. 24).

72. Drohocki, “Wstrzasy Elektryczne” (n. 24).

73. Dirks, “*Verbrechen*” (n. 28), 140–41.

74. Many of these accounts (see above) were of course given in the context of compensation claims, giving an incentive to stress the experimental nature of the shock treatments. However, this context also means that the claims were verified by independent institutions; there is no evidence that any of the victims who filed for compensation had any mental illness.

under the circumstances, but if the primary purpose was indeed to help ease suffering, it should have been feasible to ask for the patients' permission.<sup>75</sup> Drohocki did not address the question; only with regard to his later experiments with electro-anesthesia did Makowski stress that they were performed on volunteers.<sup>76</sup>

Another important—albeit difficult to answer—question regards the meaning of “mental illness” in the context of the camp. One prisoner physician quoted by Lifton designated the male patients in Monowitz as “schizoid” (not schizophrenic), while another referred to the women brought from Birkenau as “‘mad’ or emotionally disturbed in some way.”<sup>77</sup> According to Karel Minc, the women were “completely exhausted.”<sup>78</sup> Ernest Michel, another eyewitness, saw the women “in various states of despair”; one of the girls with whom he spoke was “obviously very agitated and fearful,” but otherwise “seemed in total command of her faculties.”<sup>79</sup> According to Drohocki's own account, most of his patients suffered from depression.<sup>80</sup> It seems that the prisoners subjected to ECT at Auschwitz either were healthy and chosen for purely experimental motives or suffered from some form of psychiatric condition induced or at least triggered by the horrors of life in the camp. In the cold reality of Auschwitz, Drohocki devised a method to jolt prisoners who had been overwhelmed by the horror back to work; apart from scientific interest, this also explains why the SS supported this undertaking. Under the circumstances, any positive effects of ECT could hardly be expected to persist once the prisoners were again exposed to camp life outside the infirmary, raising the question of whether such futile attempts were ethically acceptable, even without the experimental component.

The transfer of prisoners from other parts of the camp (particularly from Birkenau) to Monowitz for ECT was used to establish contacts, exchange information about relatives, and other similar purposes.<sup>81</sup>

75. Of course, the overwhelming majority of psychiatric patients at the time were admitted without their consent or even against their will. Even so, release forms for risky therapies and therefore the concept of patients' (or their relatives') consent were already part of everyday practice at least in some countries. See, for example, the patient files of Vienna University's Psychiatric Clinic in Wiener Stadt- und Landesarchiv, Vienna (WStLA), 1.3.2.209.1.

76. Makowski, “Some Organizational Achievements” (n. 24).

77. Lifton, *Nazi Doctors* (n. 26).

78. Karel Minc (a prisoner functionary at Monowitz), unpublished oral testimony, State Archive Auschwitz-Birkenau, *Oświadczenia (Testimonies)*, vol. 88a, p. 167.

79. Ernest Michel, “Must Mengele Remain Uncaught? I Saw Him in Action,” *New York Times*, 1985.

80. Drohocki, “Wstrzasy Elektryczne” (n. 24).

81. *Ibid.*; Wellers, *L'étoile jaune* (n. 51); Lengyel, *Five Chimneys* (n. 51).

According to Budziaszek's account, these—and not the treatment itself—were at least in some instances the primary (or only) motive: “Whenever we needed information about a given camp, we created the appearance that it was necessary to bring a prisoner from this camp for treatment in the camp hospital. A similar scheme was used to bring female prisoners three or four times for electroshock treatment.”<sup>82</sup>

Some prisoners subjected to ECT allegedly not only benefitted from the therapy, but also enjoyed a certain protection: “Those [inmates] with nervous disorders were never selected [for the gas chamber] by König because he was interested in the effect of the electrotherapy on them.”<sup>83</sup> But for others, especially the women brought from Birkenau, ECT was merely a “prelude to the gas chamber”<sup>84</sup>—that is, if they survived the experiments.<sup>85</sup>

According to the above-cited estimate by Ernest Michel, a third of the women brought from Birkenau died during ECT.<sup>86</sup> Dr. Samuel Steinberg reported that “many young men” were killed “by directing high voltage electric current through their brains” in Monowitz.<sup>87</sup> The earlier experiments in the spring of 1944, which were described by the victims themselves, were probably less deadly, but still very dangerous. Jerzy Papaj saw one victim who had died, and Henryk Machała also reported that “some prisoners died during the experiment.”<sup>88</sup> One eyewitness testified that a female prisoner from Birkenau died during treatment administered by “a Polish doctor,” referring almost certainly to Drohocki.<sup>89</sup> Drohocki was later accused of having harmed (or even caused the death of) patients during his anesthesia experiments, a charge vehemently disputed by Budziaszek.<sup>90</sup>

82. State Archive Auschwitz-Birkenau, Oświadczenia (Statements), vol. 88a, p. 33, p. 42.

83. Lifton, *Nazi Doctors* (n. 26), 299, brackets original.

84. *Ibid.*

85. It is telling that there were no women among the survivors who filed for compensation for electroshock experiments at Monowitz.

86. Ernest Michel, Testimony, January 28, 1972, HHStAW, Abt. 461, Nr. 37976/029, Ermittlungsverfahren Mengele, vol. 7, pp. 216–19.

87. Alfred Pasternak, *Inhuman Research: Medical Experiments in German Concentration Camps* (Budapest: Akademiai Kiado, 2006), 296. Since Steinberg attributed the experiments to Dr. Hans-Wilhelm König, who worked in Birkenau until the late summer of 1944, it is possible that he was mistaken about the gender of the victims, since all accounts concur that the prisoners brought from Birkenau were female. It should be noted that no corroboration for this account could be found.

88. Jerzy Papaj, testimony, March 3, 1966, Archives of the Fritz Bauer Institute, FAP 2 HA 128, International Tracing Service Bad Arolsen, file for Henryk Machała.

89. Emil Worgul, testimony, March 29, 1960, HHStAW, Abt. 461, Nr. 37638/001-456.

90. Correspondence between Antoni Makowski and prisoners of Monowitz camp, State Archive Auschwitz-Birkenau, Oświadczenia (Statements), vol. 92, p. 169 (given to the State Archive Auschwitz-Birkenau in 1979 and included in the Statements series).

For obvious reasons, Drohocki and his colleagues tried to establish a clear distinction between the experiments performed by the SS doctors and their own activities (Drohocki by omitting the experiments from his account altogether). According to Dr. Eugeniusz Niedojadlo, who witnessed one such treatment of a female prisoner, the device built by the prisoners was used by Drohocki for *lege artis* “treatment attempts” on mentally ill prisoners after an examination. Clearly distinct from these attempts were “pseudomedical experiments” on healthy prisoners performed by the SS.<sup>91</sup>

In addition to Drs. Horst Fischer, Gerhard Neubert, and Hans-Wilhelm König, whose involvement is well documented, Dr. Josef Mengele is also named in various sources. Some of these amount to hearsay and should be treated with caution—because of his notoriety, other SS physicians were often mistaken for Mengele, especially in the context of the selections upon arrival.<sup>92</sup> Other testimonies, however, are too specific to be discounted. Josef Czylok and Tibor Meisels (the only known Jew among the surviving victims) both claimed that Josef Mengele personally examined them after electroshock experiments (both mentioned the Monowitz infirmary and block 20 in Auschwitz I).<sup>93</sup> Ernest Michel, quoted above, mentioned Mengele in Monowitz. Dinah Babbit, who had to paint portraits of Mengele’s victims for a planned publication, reported that Mengele had for example “experimented with electroshocks of various intensity on a 40-year-old woman from Berlin, an illustrator and designer for fashion magazines and models. He wanted to know how much she could take. As far as I know she did not survive.”<sup>94</sup> The most detailed account, however, was provided in a sworn statement by Judith Guttmann. Together with her twin sister, she had been selected for Mengele’s experiments upon her arrival in Auschwitz in May 1944. From late 1944, she worked as a

91. Emil Worgul, testimony, March 29, 1960, HHStAW, Abt. 461, Nr. 37638/001-456. Worgul witnessed a therapeutic application of the ECT device by Drohocki on a female prisoner, using electrodes on the temples and lower limbs.

92. Eugeniusz Niedojadlo heard from other prisoners in Monowitz that Mengele was involved in the experiments. Eugeniusz Niedojadlo, testimony, November 27, 1973, HHStAW, Abt. 461, Nr. 37638/001-456.

93. Paul Weindling, *Victims of Biomedical Research under NS* Database, entries for Tibor Meisels and Josef Czylok.

94. Dinah Babbit (registered in the camp under the name Gottliebowa), unpublished oral testimony, State Archive Auschwitz Birkenau, Oświadczenia (Testimonies), vol. 102, p. 74. Babbit (who was in the “family camp”) placed these experiments in the Birkenau women’s camp, but she might have been unaware of the fact that the victims were transported to Monowitz. It is unlikely that the necessary equipment, which had taken months to assemble in Monowitz, existed elsewhere in the camp.

clerk (*Revierschreiberin*) for Mengele, who told her “full of pride” about his experiments with electroshocks and about how the “Germans were performing pioneer work in this field.” According to Guttman, the aim of the experiments was to find out what voltage a person could survive. A considerable number of the subjects died during the experiments, and the survivors were sent without exception to the gas chamber. She also mentioned that prisoner physicians had to assist in this process.<sup>95</sup>

Although Drohocki emphasized the scientific character of his work on ECT, he never specified what exactly he was trying to find out and what results he obtained. Was he simply referring to the innovative character of the treatment? Was it the development of the ECT device under the difficult camp conditions that in his eyes legitimized his claim? Or was it the application of ECT to patients whose suffering to a large extent must have been caused by the extreme conditions in the camp? Most importantly, can a clear line be drawn between Drohocki’s research and that pursued with his device by the SS? Finding an answer to these questions is all the more difficult since Drohocki himself chose not to discuss the latter, casting doubt on the overall reliability of his testimony. It is significant, however, to what extent he stressed his close cooperation with the SS. Drohocki first convinced Budziaszek, who then helped him approach Neubert, the infirmary’s *Sanitätsdienstgrad*, Fischer, the SS physician in charge of the Monowitz infirmary, and even the highest-ranking SS physician in Auschwitz, Wirths. By Drohocki’s account, the latter were lured in by the “theatrical nature” of electroshock treatment, by “mystical delusions” about its possibilities, and by hopes of raising their own profiles through extraordinary scientific exploits achieved under their command.<sup>96</sup> By skillfully manipulating these desires, Drohocki claimed to have managed to pursue his scientific work and to help considerable numbers of mentally troubled prisoners.

Interestingly, Drohocki never offered any information about the specific contents or results of his scientific work. Perhaps he considered the

95. Judith Guttman, testimony, January 21, 1972, HHStAW, Abt. 461, Nr. 37976/50, Ermittlungsverfahren Mengele. Guttman also mentioned a seventeen-year-old Hungarian girl as one of the victims, which is a further indication that she was referring to the same series of experiments as Ernest Michel. Mengele was first assigned to the Birkenau “family camp.” After the extermination of its inmates at the beginning of August 1944, he became the senior SS physician for the entire Birkenau camp, reporting directly to Eduard Wirths. The transports from Birkenau to Monowitz, which most likely occurred in October 1944 when König was already in Monowitz, would almost certainly have required his consent, which means that a direct involvement is plausible: Ulrich Völklein, *Josef Mengele. Der Arzt von Auschwitz. Biographie* (Göttingen: Steidl, 1999).

96. Drohocki, “Wstrzasy Elektryczne” (n. 24).

construction of the apparatus and the application of this still relatively new method as per se scientific in character. Maybe he was aware—without saying so explicitly—that the conditions under which his patients suffered meant that their “mental illnesses” were very different from those encountered in normal psychiatric practice. In the testimonies, the only specific research question ascribed to the experiments was how much voltage a person could survive.

Still, we have to ask whether it is possible that Fischer, König, or Mengele performed their experiments without Drohocki’s help. On the one hand, Drohocki was not explicitly mentioned by any witnesses in the context of these deadly or near-deadly experiments (specifically, those from October 1944 involving prisoners from Monowitz). On the other hand, he had constructed the device, he was the only one with specific expertise in this area, and the paper he wrote for Fischer proves that they shared common scientific interests. Is it therefore really possible that these should have excluded the more dangerous experiments? Additionally, Drohocki was of course in no position to refuse cooperation. Even if he had initiated the work on ECT with the best of intentions for his patients, it was also, from the beginning, a strategy to enhance his own chances of survival.

Equally problematic is the use of ECT in the context of the transports from Birkenau. Ella Lingens reported that König in several instances used his stay at Auschwitz to further his medical training, including by learning from Jewish prisoner physicians. He made sure that patients whose condition was of interest to him received careful attention. When he was no longer interested in them, he sent them to the gas chamber.<sup>97</sup> It is not surprising, then, that König saw Drohocki’s work on ECT as a unique opportunity to familiarize himself with a cutting-edge method and regularly attended treatment sessions.<sup>98</sup> König’s professional curiosity is by far the most plausible explanation for the otherwise inexplicable fact that prisoners from Birkenau were transported to Monowitz for a treatment that took around two months, when sick prisoners with much better prognoses were selected for the gas chamber by the thousands.

While Drohocki’s intentions certainly did not include the use of ECT for deadly or near-deadly experiments, they were an indirect (and maybe foreseeable) consequence of his initiative, which explains his silence on this point. In this context, it is important to distinguish a first phase of experimentation, the only one with any survivors who could testify about

97. Hermann Langbein, *Menschen in Auschwitz* (Vienna: Europa Verlag, 1995).

98. Budziaszek (Buthner) Stefan, unpublished oral testimony, State Archive Auschwitz-Birkenau, Oświadczenia (Testimonies), vol. 88a, p. 35.

their experiences as victims. The most likely purpose of these early experiments was to help develop the ECT device. This would explain why healthy subjects were used and why deaths in this context were apparently rare.

Drohocki's ECT device has never been described in detail (including by himself), but most authors at least suggested that it corresponded to an improvised version of the ECT apparatuses then in use. A close reading of the witness accounts, however, suggests a different possibility. Contrary to what one might expect, ECT was administered not in Drohocki's ward (block 15), but in a special room in block 18, called the electrotherapeutic cabinet.<sup>99</sup> According to Makowski and other witnesses, this room contained an *Elektrisierungapparat*, most likely a device used, among others, by Drohocki to treat neurological problems such as paralysis or loss of sensitivity in the limbs by administering electricity.<sup>100</sup> Ernest Michel described a small room full of electrical equipment, with cables on the floor.<sup>101</sup> Since electrical components in the camps were scarce, it is likely that some of them had to be reused from the existing device, without destroying the original purpose. This would mean that Drohocki and the others involved did not construct a new, separate device from scratch, but rather that the existing *Elektrisierungapparat* was adapted, by adding or modifying components, into a more versatile machine that could also be used to administer ECT. The complexity of the resulting machine would help explain why prisoners were transported to Monowitz rather than taking the "device" to the patients. It would also explain the descriptions of victims and witnesses alike, which in some details cannot easily be reconciled with ECT—especially the electrodes not just to the head, but also the arms and legs, and to a lesser extent the relatively long periods of

99. Minc mentioned the surgical ward and the outpatient clinic, which points to block 18; Karel Minc unpublished oral testimony, State Archive Auschwitz-Birkenau, Oświadczenia (Testimonies), vol. 88a, p. 167; Drohocki spoke of "our electrotherapeutic station" (Drohocki, "Wstrzasy Elektryczne," n. 24), which was also mentioned by Wellers (Wellers, *L'étoile jaune*, n. 51).

100. Makowski, "Organisation" (n. 24). During and after the First World War, what came to be known as "faradization" was used extensively on shell-shocked soldiers, giving rise to accusations of torture in order to force soldiers back to the front: Peter Riedesser and Axel Verderber, *Maschinengewehre hinter der Front.* Zur Geschichte der deutschen Militärpsychiatrie (Frankfurt am Main: Mabuse-Verlag, 1996). In the absence of further details, other, more benevolent explanations of this *Elektrisierungapparat* are also possible.

101. Ernest Michel, testimony, January 28, 1972, HHStAW, Abt. 461, Nr. 37976/029, Ermittlungsverfahren Mengele, vol. 7, pp. 216–19. Michel also described "a long box on four feet, higher than a bed" (Ernst Michel, Ein Mädels, unpublished manuscript, State Archive Auschwitz-Birkenau, undated).

unconsciousness.<sup>102</sup> Most importantly, it would explain why, according to the survivors who claimed compensation after the war, experimentation with electricity began several months before the ECT device was ready to be used for its intended purpose.

Although Drohocki claimed to know ECT “from theory and praxis,” his publications had mostly dealt with electro-encephalography, and it remains unclear how much clinical experience he really had with this method. The blueprint for an ECT device he brought to Auschwitz (the word he used was *schemat*) may also have left important questions to resolve, especially since it was necessary to improvise with available components that did not necessarily fit the precise specifications. All that having been said, it is plausible that extensive testing was necessary before the device could be reliably used in a clinical setting and that this testing took place on healthy subjects in the spring of 1944.

Although the electroshock experiments were not discussed at the Nuremberg Medical Trial in 1946–47, they were later added to the list of Nazi experiments officially recognized by the International Committee of the Red Cross as grounds for compensation.<sup>103</sup>

## Conclusions

The early history of the development and rapid spread of ECT through Europe and beyond during the Second World War is inextricably linked to the policies of Nazi Germany and its domination of large parts of the continent. Lothar Kalinowski, who did more than anybody else to introduce ECT to the United States, did so after he fled Europe because of anti-Jewish persecution.<sup>104</sup> In Nazi Germany, the “euthanasia” organization T4 showed an interest in the new therapeutic technique because of its potential to draw a clear line between patients who could be cured by this fast and cheap intervention and those who would not respond to the treatment and would be killed as “incurable.”<sup>105</sup> These factors also

102. “The patient regained consciousness approximately half an hour after the treatment.” Karel Minc unpublished oral testimony, State Archive Auschwitz-Birkenau, Oświadczenia (Testimonies), vol. 88a, p. 167. Holzer, Klaue, and Reisner (“Erfahrungen,” n. 62) reported convulsions lasting a few seconds and apnea of up to thirty seconds. Most patients were responsive after five minutes and fully conscious after a further ten.

103. L. Simonius, “On Behalf of Victims of Pseudo-Medical Experiments,” *International Review of the Red Cross* 55 (1973): 5–25.

104. Rzesnitzek, “Kalinowsky” (n. 8). Shorter and Healy, *Shock Therapy* (n. 2).

105. Gerrit Hohendorf, “Therapieunfähigkeit als Selektionskriterium. Die ‘Schocktherapieverfahren’ und die Organisationszentrale der nationalsozialistischen ‘Euthanasie’ in der Berliner Tiergartenstraße 4, 1939–1945,” in “*Heroische Therapien.*” *Die deutsche Psychiatrie im*

help explain why the SS supported the introduction of ECT by prisoner physicians in Auschwitz. Not least of all, it allowed the camp physicians to present the medical facilities under their command as scientifically up to date (helped by the spectacular aspects of its application) and promised opportunities to realize their own scientific ambitions. In the context of the history of Nazi medicine, it shows how spurious it is to try to distinguish between “real” and “pseudo”-science under the conditions of the camps. The scenarios described in this article include (experimental) treatment attempts by prisoner physicians, demonstrations of scientific achievement by both prisoners and their SS masters, as well as cruel and arbitrary pseudo-medical experiments.<sup>106</sup>



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*internationalen Vergleich, 1918–1945*, ed. Hans-Walter Schmuhl and Volker Roelcke (Göttingen: Wallstein, 2013), 287–307.

106. For an overview of Nazi human experiments from a victims’ perspective, see Weindling, *Victims and Survivors* (n. 29).

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