



VIRGINIA HOLOCAUST MUSEUM
TOLERANCE THROUGH EDUCATION

Letter from Dr. Conti to the Mental Hospital in Kaufbeuren

16 November 1939

The Reich Minister of the Interior

Berlin, NW 40, Koenigsplatz 6, 16 November 1939

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Telephone:

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Tel. Address : Reichsinnenminister

To the Head of the Hospital for Mental Cases
Kaufbeuren

or his deputy in Kaufbeuren.

With regard to the necessity for a systemized economic plan for hospitals and nursing institutions, I request you to complete the attached registration forms immediately in accordance with the attached instruction leaflet and to return them to me. If you yourself are not a doctor, the registration forms for the individual patients are to be completed by the supervising doctor. The completion of the questionnaires is, if possible, to be done on a typewriter. In the column "Diagnosis" I request a statement as exact as possible, as well as a short description of the condition, if feasible.

In order to expedite the work, the registration forms for the individual patients can be dispatched here in several parts. The last consignment, however, must arrive in any case at this Ministry at the latest by 1 January 1940. I reserve for myself the right, should occasion arise, to institute further official inquiries on the spot through my representative.

per proxi: DR. CONTI

Certified :

(Sd.) [Illegible]

Administrative Secretary.

Registration Form 1

To be typewritten

Current No. _____

Name of the Institution : _____

At : _____

Surname and Christian name of the patient : _____

At birth _____

Date of birth : _____ Place : _____ District : _____

Last place of residence _____ District : _____

Unmarried, married, widow, widower, divorced : _____

Religion : _____ Race* : _____

Previous profession : _____ Nationality : _____

Army service when? 1914-18 or from 1-9-39 _____

War injury (even if no connection with mental disorder) Yes/No _____

How does war injury show itself and of what does it consist? _____

Address of next of kin : _____

Regular visits and by whom (address) : _____

Guardian or nurse (name, address) : _____

Responsible for payment : _____

Since when in Institution _____

Whence and when handed over : _____

Since when ill : _____

If has been in other institutions, where and how long : _____

Twin? Yes/No _____ Blood relations of unsound mind : _____

Diagnosis : _____

Clinical description (previous history, course, condition ; in any case ample data regarding mental condition) : _____

Very restless? Yes/No _____ Bedridden? Yes/No _____

Incurable physical illness : Yes/No (which) _____

Schizophrenia : Fresh attack _____ Final condition _____ Good recovery _____

Mental debility : Weak _____ Imbecile _____ Idiot _____

Epilepsy : Psychological alteration _____ Average frequency of the attacks _____

Therapeutics (insulin, cardiazol, malaria, permanent result : _____

Salvarsan, etc. when?) _____ Yes/No _____

Admitted by reason of par. 51, par. 42b German Penal Code, etc. through _____

Crime : _____ Former punishable offenses : _____

Manner of employment (detailed description of work) : _____

Permanent/Temporary employment, independent Worker? Yes/No _____

Value of work (if possible compared with average performance of healthy person) _____

This space to be left blank.

_____ Place, Date _____

Signature of the head doctor or his representative (doctors who are not psychiatrists or neurologists, please state same).

*German or of similar blood (of German blood), Jew, Jewish mixed breed Grades I or II, Negro (mixed breed).