

**THE DEATH OF ANNA KATHARINA EHMER: A
CASE STUDY IN TERMINAL LUCIDITY**

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ABSTRACT

Terminal lucidity, the unexpected return of mental clarity and memory shortly before the death of patients suffering from severe psychiatric and neurologic disorders, has raised the curiosity of numerous physicians and laypersons in the past. However, this peculiar phenomenon has received little attention in the recent decades. In previous publications, we have presented overviews of cases of terminal lucidity in various neurologic and psychiatric disorders. In this article, we highlight terminal lucidity in persons with mental disabilities, and focus on one of the most remarkable cases that have been reported. We provide biographical background information about the two principal witnesses who reported this case. It concerns the death of Anna Katharina Ehmer, a 26-year-old woman with severe mental disabilities who lived in an institution for people with mental disorders, and who had allegedly never spoken a single word during her life. Yet, she was reported to have sung dying songs for a half hour before she died. The case was reported by the head of this institution and by its chief physician. We consider it difficult to evaluate the authenticity of the case definitively in retrospect. Nevertheless, there are similar cases and a variety of other anomalous brain-related findings we consider worth investigating. Studies into such anomalous cases might improve our concepts of human brain functioning and of mental processing in persons with mental disabilities, and might be of special value for the dying, the bereaved, and caretakers.

In previous publications we discussed the unexpected return of mental clarity and memory shortly before the death of patients suffering from severe mental and neurological disorders (Nahm, 2009; Nahm & Greyson, 2009; Nahm, Greyson, Kelly, & Haraldsson, 2012). These cases were obtained from a literature survey of the last 250 years supplemented by a number of recent cases that were related to us in person. This unexpected return of mental clarity typically occurs in the last minutes, hours, or days before the patient's death. We referred to this spontaneous symptom remission at the end of life as "terminal lucidity." We found case reports of terminally ill patients suffering from affective disorders, chronic schizophrenia, meningitis, Alzheimer's disease, strokes, brain abscesses, and brain tumors. These cases included three reports of unexpected mental faculties that had not been observed before in the dying patients, who suffered from lifelong mental disabilities.

In the current article, we focus on this aspect of terminal lucidity. In particular, we present a case study of one of the most intriguing cases of terminal lucidity that we have found. We would like to bring this case to the awareness of persons who work with the dying, and especially to those persons who work with dying persons with mental disabilities. If similar cases of terminal lucidity could be observed and documented, they might improve current models of mentation, brain functioning, and human psychology, and might even provide clues to enhance communication with persons with severe mental disabilities. The present case concerns Anna Katharina Ehmer, who was usually referred to as Käthe. Reportedly, she was a severely disabled woman who had never spoken a single word during her entire life. Moreover, she was said to have suffered from repeated and severe attacks of meningitis which were thought to have destroyed much of the brain tissue required for intelligent reasoning. Yet, despite these very grave diagnoses, Käthe allegedly sang dying songs in a very intelligible manner for about half an hour before she died.

We start the description of this case by presenting biographical background information about the two principal witnesses who reported this case, Friedrich Happich and Wilhelm Wittneben. These authors referred to the dying of Käthe at least seven times throughout several years. Subsequently, we present excerpts of different publications in which Happich and Wittneben referred to Käthe's death. We conclude this article with considerations on the reported events.

THE LIFE AND WORK OF FRIEDRICH HAPPICH (1883–1951)

The life and work of Friedrich Happich has been described in detail in a monograph by Schmerback (2001), and additional information was obtained from a memoir by Happich's daughter (Trost, 1983). Happich was born on August 14, 1883, in a small town in Hessen in Germany. From 1905 to 1909, he studied Protestant theology. After that, he held positions in the religious and educational sectors and was employed in a leading position at the institution known as Hephata

in Schwalmstadt, Germany, on March 1, 1913. This institution held a hospital and a facility for the care for people with mental deficiencies and disabilities. Happich was responsible for the management and the pastoral duties of the latter. On April 21, 1913, he married Annemarie Natorp, a daughter of the noted neo-Kantian philosopher Paul Natorp (1854–1924). After the director of the entire Hephata institution died in 1923, Happich became his successor. Ten years later, he was awarded an honorary doctorate by the Theological Faculty of the University of Marburg for his multifaceted work and achievements.

Although Happich never joined the National Socialist Party, like many German citizens in the early 1930s, he sympathized with the movement and their promised prospect of a better future. However, he soon realized that the National Socialists' positions moved toward directions he could no longer support. This included his definitive rejection of euthanasia, although he, being worried about the increasing number of people with mental disabilities in his institution and the lack of financial resources to care for them, supported the agenda to sterilize them. After he was appointed the principal of the German Protestant Church in the administrative district of Kurhessen-Nassau in 1935, he frequently opposed the plans that the National Socialists had for his organization. After the Second World War, Happich became a pivotal figure in driving the reorganization of the German Protestant Church. The major national organization of the Protestant Church in Germany, the Evangelische Kirche in Deutschland (EKD) was founded in Hephata in 1945, and several important conferences were held there in the subsequent years. During his life, Happich wrote several treatises about his fields of activity and on the history of Hephata (e.g., Happich, 1923, 1931, 1946). He died on April 4, 1951 in Schwalmstadt, three days after his retirement.

THE LIFE AND WORK OF WILHELM WITNEBEN (1881–1950)

Wilhelm Wittneben was the chief physician of the psychiatric institution of Hephata. He was born on April 16, 1881, close to Hannover in Germany. After finishing school in 1900, he studied theology for one semester, but turned to studying medicine thereafter. He finished his studies in 1906 in Kiel, Germany, and obtained his higher education entrance qualification with a dissertation on the quality of different filter systems designed to purify drinking water (Wittneben, 1906). Wittneben then worked in a private sanatorium in a small town in Eastern Germany. In 1910, he was employed at Hephata. He was specifically hired to cover the field of psychiatry and he finished his training as a psychiatrist in 1912. His responsibilities covered the entire field of the care for the people with mental illness and mental disabilities who lived in Hephata. He became the chief physician of this area in 1913, the year Happich also started his career at Hephata (Schmerback, 2001).

Like Happich, Wittneben was to lead a busy life in the coming decades. The number of patients in his asylum increased from 341 in 1911 to 551 in 1929,

rendering Hephata the largest psychiatric institution in the administrative district of Kurhessen-Nassau (Wittneben, 1934). In collaboration with other physicians, Wittneben developed a diagnostic method that was designed to determine and to improve the mental status of mentally deficient children. For this purpose, their fingertips were analyzed to detect deformations of their capillaries, which Wittneben supposed to be present also in the capillaries of the brains of these children, thus resulting in a corresponding mental deficiency. By administering medicine to compensate for nutritional deficits, the growth patterns of the capillaries would improve and would lead to a corresponding improvement of the mental state of the patients. He reported several successful cases (e.g., Wittneben, 1926, 1934). However, his approach was met with skepticism and did not prevail.

In the 1930s, Wittneben's opinion regarding the health politics promoted by the National Socialists matched that of Happich. Whereas he voted for the sterilization of mentally disabled or disturbed people, he rigorously opposed euthanasia (Wittneben, 1934). Another field of his interest concerned ethics of sexuality (Wittneben, 1935). When Wittneben retired in 1950, people of the region regarded him as one of the most respected personalities of Hephata (Schmerback, 2001, p. 76). Like Happich, Wittneben died soon after his retirement.

To summarize, both Happich and Wittneben were well-known and highly esteemed personalities of their time. We turn now to the death of Käthe as presented by both of them.

THE DYING OF ANNA KATHARINA EHMER (1896–1922)

According to Wittneben (1934, p. 153), Anna Katharina Ehmer, or Käthe, was born on May 30, 1895, and lived in Hephata from June 17, 1901, until she died there on March 1, 1922. One of us (M. N.) attempted to verify these data and tried to collect material from the archives of Hephata that might contain additional information about her life and death in addition to what is known from the publications of Happich and Wittneben. The data provided by Wittneben were confirmed by handwritten notes both in the *Totenbuch* [*Book of the Deceased*] and the *Hauptliste der schwachsinnigen Zöglinge* [*Main List of the Mentally Deficient Inhabitants*] for the relevant years. In addition, it was found that Käthe's parents, a tailor named Hermann Ehmer and his wife Christine, lived in Kassel, a town about 50 kilometers from Hephata. We could not find additional contemporary information about Käthe. Nevertheless, it is certain that she had indeed lived and died at Hephata at the time that Wittneben had reported.

To our knowledge, Happich and Wittneben described the events on Käthe's deathbed at least five times independently of each other, but in practically identical terms. Moreover, they seemed to have referred to her death on two more occasions in a more indirect way without giving her name and details of her death. In chronological order of the date of their original publication, these seven sources comprise the following publications:

1. Wittneben (1926). This paper by Wittneben in the *Zeitschrift für Kinderforschung* [*Journal for the Study of Children*], a German medical journal, represents the first of the two indirect mentions of Käthe's death.
2. Stritter (1930). This source is a book chapter dealing with pastoral care for persons with mental deficiencies, disorders, and disabilities. In it, its author Paul Stritter described the case of Käthe as it was presented by Happich at a conference. Stritter did not give further details regarding the date and the topic of this conference.
3. Schick (1942). This author included the same text as Stritter (1930) in his book, but retrieved it from an unspecified periodical. Schick wrote that Happich had published the text "several years ago" under the heading "Wenn der gebundene Geist frei wird" ["When the bound spirit becomes free"] (p. 57). It seems likely that Happich's original article in this periodical was published around 1930 as well, perhaps in the context of the aforementioned conference.
4. Trost (1983). In her memoir on her father, Margarete Trost has included an excerpt of a talk that Happich had given on November 25, 1932, in Kassel for the Arbeitsgemeinschaft für eugenische Fragen [Working Group for Eugenic Questions]. This was the second indirect reference to Käthe's death.
5. Ringger (1958). This author reprinted an essay by Happich that was originally written in 1934. It contained a description of Käthe's death and a second case of terminal lucidity in a patient with a pronounced mental deficiency.
6. Wittneben (1934). Here, Wittneben commented on terminal lucidity in another German medical journal, the influential *Geistekrankenpflege* [*Care for the Mentally Ill*]. (For more information about this journal, see McFarland-Icke, 1999). This time, Wittneben described details of Käthe's death.
7. Roesermueller (1951). This small book about unusual phenomena at the hour of death contained a letter by Wittneben, presumably written to Roesermueller himself, in which Wittneben again briefly described Käthe's death. The letter was not contained in the first edition of Roesermueller's book, published in 1935. Therefore, Wittneben must have written this letter in, or most likely after, 1935.

In the following section of this article, we describe the case of Käthe in more detail based on the above-mentioned sources. Happich characterized her personality as follows:

Käthe was among the patients with the most severe mental disabilities who have ever lived in our institution. From birth on, she was seriously retarded. She had never learned to speak a single word. She stared for hours on a particular spot, then she fidgeted for hours without a break. She gorged her

food, fouled herself day and night, uttered an animal-like sound, and slept. In all the time she lived with us, we have never seen that she had taken notice of her environment even for a second. We had to amputate one of her legs, she wasted away. (Ringger, 1958, p. 219)

Wittneben (1934, p. 153) characterized her in almost identical terms, adding that she suffered from tuberculosis, and gave the reason for the amputation of her leg as osseous tuberculosis. However, despite the amputation, the disease progressed and finally led to her death. In addition, Käthe suffered numerous severe infections of meningitis, which, according to Wittneben, caused considerable damage to her brain (Stritter, 1930, p. 176ff; Ringger, 1958, p. 220). To describe what had so astonished the two men, we [being](#) the description of Käthe's death with a quote from Wittneben:

Who has been a physician in an asylum for the mentally deranged for a long time, and who has truly studied the mental life of the patients, will have abandoned the old view that it is always a subsided and incurable brain disease that causes the mental derangement. To his great astonishment, he will often have witnessed that under certain circumstances, such as during diseases and especially in the hour of death, a revival of slumbering mental faculties takes place in apparently quite deranged imbeciles. (Wittneben, 1926, p. 396)

Wittneben maintained that these phenomena indicate that there are always possibilities to influence brain cells positively in these patients, be it by the use of medical or pedagogical means. In this publication, he referred to such cases to support the concept of his therapy outlined in the section about his life and work. Six years later, in a talk for the Arbeitsgemeinschaft für eugenische Fragen [Working Group for Eugenic Questions] in 1932, Happich used the following words to describe his experiences with patients close to dying:

For me, the most mentally deranged idiot is not inferior to normal persons in the deepest sense. I have lived through various virtually shattering experiences, some of which I have experienced together with the chief physician of our institution, Dr. Wittneben. These experiences have shown me that even the most miserable imbecile leads a hidden inner life which is just as valuable as my own inner life. It is only the destructed surface that hinders him to show it to the outside. Often in the last hours before death, all pathological obstructions fell away and revealed an inner life of such beauty, that we could only stand in front of it, feeling shaken to the core. For somebody who has witnessed such events, the entire question of legally controlled euthanasia is completely finished. (Trost, 1983, pp 9-10)

In particular, Happich had witnessed the following scene at Käthe's deathbed (Ringger, 1958, p. 220):

One day I was called by one of our physicians, who is respected both as a scientist and a psychiatrist. He said: "Come immediately to Käthe, she is

dying!” When we entered the room together, we did not believe our eyes and ears. Käthe, who had never spoken a single word, being entirely mentally disabled from birth on, sang dying songs to herself. Specifically, she sang over and over again “Where does the soul find its home, its peace? Peace, peace, heavenly peace!” For half an hour she sang. Her face, up to then so stultified, was transfigured and spiritualized. Then, she quietly passed away. Like myself and the nurse who had cared for her, the physician had tears in his eyes. (Ringger, 1958, p. 220)

Happich’s account of Käthe’s death as presented by Stritter (1930) was very similar to this description. However, it contained a few additional details in its final section:

We witnessed the dying of this girl with deepest emotions. Her death posed many questions to us. Obviously, Käthe had only superficially not participated in all that happened in her surroundings. In reality, she had apparently internalized much of it. Because, where did she know the text and the melody of this song from, if not from her surroundings? Moreover, she had comprehended the contents of this song and used it appropriately in the most critical hour of her life. This appeared like a miracle to us. Even bigger, however, was the miracle that Käthe, up to now entirely mute, could suddenly recite the text of the song clearly and intelligibly. Dr. W. [Wittneben] stated over and over again: “From a medical perspective, I am confronted with a mystery. Käthe has suffered so many severe infections of meningitis, that due to the anatomical changes in the cortical brain tissue, it is not comprehensible how the dying woman could suddenly sing so clearly and intelligibly.” (Stritter, 1930, pp. 176ff)

Wittneben’s description of the case (1934, p. 153) matched Happich’s version, but was of course written from his perspective. He concluded:

Who has witnessed something like this will not dare to kill “life not worthy of living.” He will realize that we can ultimately not solve the mind-body problem as earthbound humans, but he will also realize that we bear a special responsibility for the souls of the mentally ill who are bound to their frail bodies. (Wittneben, 1934, p. 154)

Wittneben’s letter in Roesermueller (1951) was short, but it confirmed the main events around Käthe’s death exactly as described above.

DISCUSSION

It is difficult to evaluate the available reports concerning the death of Käthe, as they are essentially historical. We cannot exclude the possibility that both Happich and Wittneben, who were in constant friendly contact, simply invented this case to support their personal agendas. For example, when Wittneben first wrote about terminal lucidity in 1926, he used the cases he had allegedly witnessed as conceptual support for the diagnostic and therapeutic method he had developed.

After discussions about euthanasia became more pronounced in Germany in the early 1930s, both Wittneben and Happich utilized the case of Käthe to argue against the practice of euthanasia. On the other hand, as indicated above, both Wittneben and Happich were well-known and highly respected personalities of their time. Should Happich and Wittneben have invented this case, they must have decided upon this conspiracy around the time of Käthe's death, or even earlier; and they would have had to have included the nurse who had cared for Käthe.

Given the extraordinary circumstances of this case, which appeared to have left a deep impression on Wittneben and Happich, the two men must have spoken about Käthe's death often to people in and around Hephata, at least at her funeral. Although the first written reference to Käthe's death we could find was published 4 years after her death, we consider it likely that they had made the case public before that. At the least, they reported her case in mainstream medical journals, presented it at conferences, described it in popular articles, and wrote at least one personal letter about it. Given these activities, it seems likely that Happich and Wittneben witnessed the occurrences at Käthe's deathbed essentially as they described them, notwithstanding that they might also have used them to support their own causes.

Clearly, the described case report represents an anomaly among near-death phenomena. We leave it to the reader to judge the validity of this case on its own merits. Nevertheless, the other cases of terminal lucidity in persons with mental disabilities alluded to by Happich and Wittneben seem to support the notion that near-death states can elicit mental faculties previously not observed in the lives of these patients with mental disabilities. The second case described by Happich (Ringger, 1958) concerned George, a young man with severe mental deficits who lived in Hephata for 14 years after his admission at the age of 6. Communication with him was difficult, and he could not even remember the names of his caretakers. He was able to memorize songs, although it seemed that he did not understand their meaning. One day he fell sick and he was brought into the hospital of Hephata, as he had been many times before. But this time, he sang all verses of a dying song when he was laid on a bed. With his first words the next morning, he announced that he would "go to heaven" later. When somebody asked him to sing another song, he did so, and when he reached a phrase that seemed related to his imminent death, he shook hands with his caretakers, said "good night," and then died.

In 1861, Perty reported the case of a young man whose intellectual capacities did not exceed those "of a dog or a monkey" (Perty, 1861, p. 60). Yet, 4 days before he died, he entered a fully lucid state of mind and surprised all around him with his clear thoughts and speech. Should new cases of terminal lucidity in persons with severe mental disabilities be documented following modern medical standards, then this would call for a reappraisal of current concepts of mental processing in these persons. In particular, cases of Käthe's kind raise questions about current concepts of brain functioning. With regard to meningitis, we found three other reports of

terminal lucidity. Other cases involved strokes, advanced stages of dementia including terminal stages of Alzheimer's disease, and brain abscesses and tumors (Nahm, 2009; Nahm & Greyson, 2009; Nahm et al., 2012). Among 100 consecutive hospice deaths, Macleod (2009) reported six cases of terminal lucidity, of which three involved central nervous system metastases or primary malignancy.

Often, terminal lucidity occurred only moments, minutes, or hours before death. Like Käthe's case, some of the reports that involve notable damage of brain tissue seem to challenge currently prevailing models about the mind and its relation to the brain's anatomical fine structure. Systematic studies into such cases might add to other anomalous brain-related findings that at present seem difficult to explain. We maintain that such anomalies are of special interest, because they might eventually lead to an improvement of our understanding of human brain functioning.

Comparable anomalies that appear problematic include complex consciousness and memory under conditions of severe brain malfunction (Greyson, Kelly, & Kelly, 2009), the sudden remission of cerebral palsy in a 60-year-old man documented in a prospective study on near-death experiences (Sartori, 2008; Sartori, Badham, & Fenwick, 2006), the apparent intactness of memory and personality characteristics in a 35-year-old man who underwent hemispherectomy after a malignant brain tumor had developed (Bell & Karnosh, 1949), and above-average intelligence in hydrocephalic persons with only limited amounts of cortical brain tissue, which in addition displays a different anatomical structure compared to normally developed brains (Jackson & Lorber, 1984; Lorber, 1983). As Treffert wrote of the savant syndrome, we hold that no model of brain functioning, particularly of memory, will be complete until it can include and account for these remarkable conditions (Treffert, 2006, p. 3).

Thus, specific and large-scale studies that address the question of deathbed cognitive function of persons with mental disabilities are indicated. Such studies might result in findings that improve our understanding of human mental functioning and lead to enhanced treatment of persons with severe mental disabilities. Moreover, studying anomalous end-of-life experiences would lead to an increasing familiarity with them among healthcare providers and those caring for terminally ill persons. Recent surveys have shown that many caretakers would like to learn more about unexpected and anomalous end-of-life experiences to be better able to deal with them, and recommended pertinent training modules in their education (Brayne, Lovelace, & Fenwick, 2008; Fenwick, Lovelace, & Brayne, 2010). In conclusion, increased familiarity with such experiences would be important for the dying, for those who care for them, for the bereaved, and ultimately, for all those who are confronted with dying in one way or another.

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