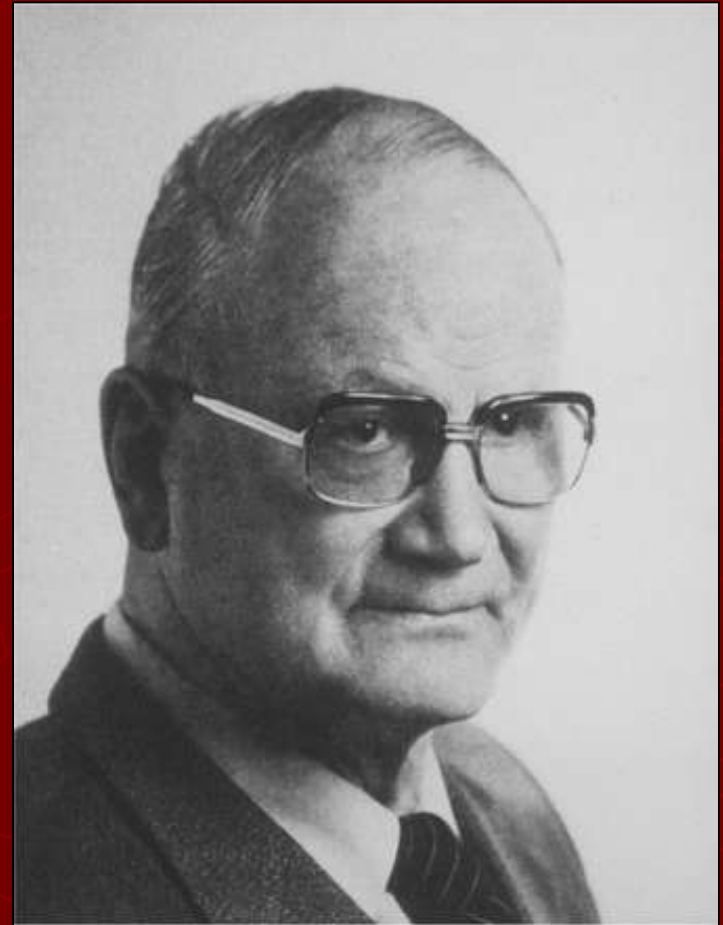


Rheumatology and Politics of Memory.

The cases of Reiter and Wegener



1. The structure of coerced research in Nazi Germany

- Wide variety of researchers, contexts, and consequently victims, involved.
- Different moments from 1933 to 1945 (racial policy, “euthanasia”, war, genocide)
- Complex interaction between scientific community, political structures and the industrial system.
- Relevance of primary sources
- Victims’ narratives on human experiments



2. Two cases: Reiter and Wegener



Lodz ghetto, entrance

Hans Conrad Julius Reiter (1888-1969)



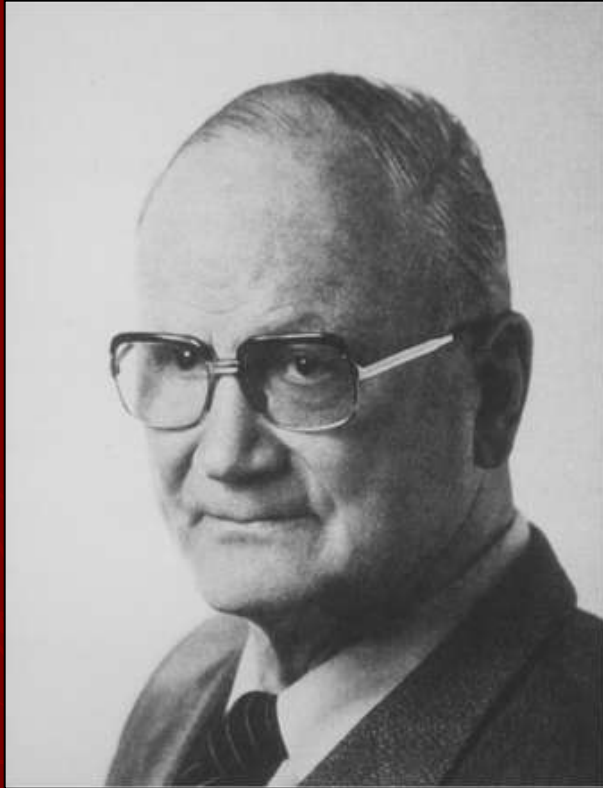
In 1930 Reiter held the position of Director of Health for the State of Mecklenburg and lectured at the University Of Rostock.

In 1932 he was elected Nazi Deputy in the House of Representatives of the State of Mecklenburg and the same year he was one of the small group of German university and college professors who swore allegiance to HITLER in a signed proclamation.

Because of his wholehearted support of National Socialism, he was called by the Fuehrer on 26 July 1933 to take charge temporarily of the **Reich Health Office** (Reichsgesundheitsamt) and on 1 Oct 1933 he was appointed as President of the Reich Health Office. Reiter was the highest German authority on all fundamental questions of health.

He was expert consultant on public health to the Reichsleitung of the NSDAP. He traced the development of the office he headed in a book published in 1939. "The Reich Health Office, 1933-1939, Six Years of National Socialist Leadership".

Friedrich Wegener (1907-1990)



Friedrich Wegener completed his medical studies in 1932, and in September 1932, he became a member of the *Sturm Abteilung* (SA). Hitler seized power on May 1, 1933, and Wegener joined the National Socialist party on the same day; that year, he assumed his first academic position as “junior assistant” in the Department of Pathology at the University of Kiel. His academic mentor was Martin Staemmler, an ardent supporter of Nazi racial hygiene.

Wegener served as an **army pathologist in Lodz**, arriving there on September 19, 1939, 18 days after the start of the German invasion of Poland. On December 10, a Jewish ghetto was established in Lodz, with the goal of deporting Jews and making the city *Judenrein* (free of Jews); in fact, most of the deportations were to the death camps, the remaining population becoming a source of slave labor. Wegener became attached to the *Gesundheitsamt*, the health office of the local civil municipal authority.

In May 1944, he was wanted by Polish authorities and his files were forwarded to the United Nations War Crimes Commission

3. The problem of eponyms



Against “Reiter’s disease/syndrome” (1977-2003)

- ▶ First argument: **nosologic**. The syndrome properly falls under the heading of other disease entities, such as “reactive arthritis,” in light of its specific bacterial triggers (eg, the presence of *Shigella* and *Salmonella* in the gastrointestinal tract and *Chlamydia* in the genitourinary tract) and its higher prevalence among HLA-B27–positive persons.
- ▶ The second argument: **historical**. The syndrome Reiter reported in 1916 had been described previously, dating back to the 1500s; moreover, Reiter incorrectly attributed it to a spirochetal infection.
- ▶ The third argument: **ethical**. A leading Nazi, Reiter ultimately became president of the Reich Health Office. During World War II, Reiter authorized experiments on concentration camp inmates, and including one in which 250 Buchenwald prisoners died of typhus inoculations.

The ethical case against continued use of the eponym was first voiced in 1977 by Neil Shafer, who argued that Reiter's Nazi past “...does not make his a name worthy of any further honor.” In 2001 Wallace and Weisman echoed this argument in an article entitled “Should a War Criminal Be Rewarded with Eponymous Distinction? The Double Life of Hans Reiter (1881–1969).”

Since then, numerous articles in the rheumatology literature addressed this controversy the New York Times also ran an article on the controversy.

Furthermore, in October 2003 an international group of rheumatology journal editors agreed to expunge the term *Reiter syndrome* from their publications, replacing it with *reactive arthritis*.

“Wegener’s granulomatosis” (2006-12)

A Woywodt, EL Matteson, **Wegener’s granulomatosis: probing the untold past of the man behind the eponym**, *Rheumatology*, 45 (2006), pp. 1303–1306.

On June 1, 2007, Stephen S. Lefrak, MD, FCCP, Professor of Medicine, Associate Dean and Director of the Humanities Program in Medicine at Washington University School of Medicine, wrote to Richard S. Irwin, MD, FCCP, *CHEST* Editor in Chief, about setting the record straight on the American College of Chest Physicians (ACCP) having given a “Master Clinician Award” to Friedrich Wegener, MD, at the ACCP Convocation in 1989. **The ACCP decided to to withdraw the honorific of “Master Clinician”.**

CHEST Correspondence (September 2010):

“It is within possibility Wegener could have mitigated the condition of many under his influence or control in a way reminiscent of Oskar Schindler (also a Nazi Party member). Given the character I perceived in my friend, Wegener, this is certainly a possibility, although I have no proof of such. Similarly, we have no proof he engaged in nefarious activity”
(Richard A. DeRemee, MD, Rochester, MN)

2012 Revised International Chapel Hill Consensus Conference Nomenclature of

Vasculitides (As in many other settings, the use of eponyms is being phased out in the nomenclature of vasculitides. The use of each vasculitis eponym was carefully and vigorously deliberated to determine if a noneponymous replacement term was suitable”)

Granulomatosis with polyangiitis (Wegener’s) (GPA)

Conclusions

Should eponyms be abandoned ?

BMJ: British Medical Journal, Vol. 335, No. 7617 (Sep. 1, 2007), pp. 424-425

YES

(Eric Matteson, professor of rheumatology, Mayo Clinic College of Medicine, Rochester, USA)

- ▶ Eponyms connected to Nazi medicine are inappropriate.
- ▶ Eponyms do not reflect scientific discoveries.
- ▶ Eponyms lack scientific accuracy.

NO

(Judith A. Whitworth director, John Curtin School of Medical Research, Australian National University, Canberra, Australia)

- ▶ Eponyms are everywhere and there are lots of them.
 - ▶ Eponyms are often practical and a form of medical shorthand.
 - ▶ Eponyms are not simply rooted in the past. They come and go.
- “History is what happened, not what we or the revisionists wish had happened”.