HISTORY AND HUMANITIES IN DERMATOLOGY

Dermatology in Nazi Germany

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Received 27 July 2010; accepted 8 September 2010

KEYWORDS
Nazism; Holocaust; Human experimentation; Eponyms

Abstract During the Nazi period experimentation on human subjects and the elimination of individuals considered to be unproductive members of society were carried out in a systematic fashion. Involved in these practices were many physicians, including dermatologists whose names are linked in one way or another to their specialty. Some, such as Reiter, are very well known. This review attempts to bring to light the identities behind the names we have given to diseases, clinical and histological signs, and syndromes in dermatology.

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Introduction

According to the dictionary of the Royal Spanish Academy an eponym is the name of a person or place used to designate a town, period, disease, unit of measure, or similar. In medicine, eponyms are proper names used to designate a disease, syndrome, clinical sign, surgical technique, or device, and the use of an eponym very often pays homage to the physician who first described the condition. Eponyms
may also refer to the name of the patient who provided the occasion for the first description of a disease (Beyler, Christmas), the geographical area where it appeared (Ebola), or even the author of a book in which the condition is described (Stendhal syndrome), or a fictional character (Alice in Wonderland syndrome).2

A closer look at some of the eponyms used in dermatology can bring to light cases in which the person or the work that gave rise to the name of a disease was associated with ethically questionable circumstances. The aim of this article is not to enter into moral considerations, as some authors have done, on the need to change, abandon, or continue using the eponyms in such cases.3,4 Our sole aim is to review some of the eponymous names used in the field of dermatology, focusing specifically on those dating from the Nazi era. These names and denominations are associated in some cases with physicians who participated actively in the Nazi regime and, in others, with individuals who consented to atrocities even though they may not have played an active role in them. In addition, we will review some eponyms referring to victims of the Nazi regime and professionals who were removed from their posts or even sent to concentration or extermination camps because of their repeated protests. We believe that it is important to bring to light this chapter in the history of the 20th century, and while this information has been more widely circulated in other European countries, it remains practically unknown in Spain. Table 1 lists the dermatologic eponyms discussed in this review.

The Eugenicists

The Nazi regime did not emerge overnight, but rather developed gradually over a number of years, incorporating theories popular at the time and combining a number of different concepts.

In the early twentieth century, Darwinian theories were on the rise and were being generally accepted as dogma in academic circles.6 Evolutionary theories and the later development of the science of genetics led to a desire to attempt to control racial characteristics by selecting the fittest individuals and thereby improving the gene pool. This desire gave rise to the eugenics movement that took its name from the term meaning good genes that was first used by Francis Galton at the end of the nineteenth century. The eugenicists, who were often very prestigious scientists occupying important positions, proclaimed the need to maintain the purity of the race through genetic intervention and the sterilization of disabled individuals without their consent.7 Some of them went so far as to advocate the extermination of individuals deemed to be socially unfit, such as alcoholics, epileptics, and people with intellectual disabilities. It is important to stress that the eugenics movement was influential throughout Europe and North America, as shown by the founding of eugenics societies in France, England, and other European countries as well as Canada and the United States. While most of the doctors who supported the doctrine never took part directly in murders or experiments, it is nonetheless true that their theories supported the measures later cruelly taken to their fullest extreme by the Nazi regime.

Although the eugenicists cited here never participated actively, they sowed the seeds of the theory of racial purity that was later incorporated into the program of the Nazi Party.

Eugene Charles Apert and the Apert or Apert/Crouzon Syndrome

Apert was a French physician born in the late nineteenth century (1868). Although his doctoral thesis dealt with different types of infantile purpura, the bulk of his work was devoted to the study of genetic diseases and congenital deformities. Together with other medical colleagues, he was a founding member the French Society of Eugenics.8,9 Over forty years, Apert published numerous pediatric books and articles describing the syndrome that bears his name, which is associated with acne among other symptoms.

Madge Thurlow Macklin and the Curth-Macklin Syndrome or Congenital Ichthyosiform Erythroderma

Macklin (1893-1962) was an American geneticist who was highly involved in the defense of eugenics. Like Apert, she was a founding member of a national eugenics society, in her case that of Canada, and most of her published work was devoted to the subject of eugenics.10 One of the theories she propounded was that doctors ought to determine whether or not parents were fit to reproduce, a notion incorporated into Nazi ideology in the early years of the party’s rise to power in Germany.11

The dermatologic syndrome that bears Macklin’s name is characterized by keratotic lesions on the palms and soles associated with ichthyosis present at birth in the form of erythroderma.
Active Participants

One group of physicians went far beyond mere theories of racial purity and improvement to apply these theories in practice. The following individuals, some only slightly connected to dermatology, are members of this group.

Hans Eppinger and the Spider Nevus

Eppinger was Austrian and the son of doctor. After holding a number of teaching posts in Germany at the Universities of Freiburg and Cologne, he returned to Vienna where he became one of the most important doctors in the Nazi regime.12

Because of the administrative post he held, Eppinger was responsible for deciding whether or not it was appropriate to perform certain experiments on humans in concentration camps, particularly on Soviet and Romani prisoners. He is notorious for the experiment he carried out with another university professor, Wilhelm Beigelbock, on Romani people detained in the Dachau concentration camp to test human tolerance to drinking only salt water. The prisoners were given only seawater to drink, their blood was tested periodically, and their symptoms were carefully monitored until they died.

After the war, Eppinger worked as a physician in the Soviet high command and even treated Stalin. Later, he was called as a witness and charged in the 1946 Nuremberg Trials during what came to be known as the Doctors’ Trial (Fig. 1), in which only doctors linked to Nazi activities were tried. Before he was called to testify, Eppinger took his own life by swallowing poison.13

A prestigious prize in East Germany bore Eppinger’s name until the 1970s, when research into his medical career revealed his relationship to and involvement in crimes against humanity and human experimentation. The prize was maintained, but the name was changed.14

Murad Jussuf Bey Ibrahim and Congenital Cutaneous Candidiasis

Ibrahim (1877-1952) was an Egyptian doctor who trained as a specialist in Berlin and stayed on to work there after completing his studies at the University of Jena in Thuringia. Most of his work dealt with gastrointestinal diseases and disorders of the nervous system in newborn infants.

While Ibrahim’s participation was not as direct as Eppinger’s, he did become actively involved in the Nazi eugenics programs from an early stage. The aim of these programs was to exterminate disabled children7 and sick people considered not to be productive members of society, who were killed using barbiturate overdoses or intracardiac injections of phenol.

Hans Conrad Julius Reiter15-17 and Reiter Syndrome

As dermatologists, we are very familiar with the syndrome bearing Reiter’s name, a condition characterized by the classic triad of nongonococcal urethritis, conjunctivitis, and arthritis.

Reiter was born in Germany in 1881 and after completing his medical training went on to study in prestigious institutions such as the Pasteur Institute in Paris and St. Mary’s

![Figure 1](http://www.actasdermo.org)
Hospital in London. He joined the Nazi Party in 1922, just 2 years after its foundation in Bavaria, in a move that led to a meteoric rise in his career and brought him important appointments within the German health care system.

He later wrote a book on racial hygiene entitled Deutsches Gold, Gesundes Leben-Frohes Schaffen (German Gold, Healthy Living, Joyful Work). During the Second World War, as a public official and member of the SS, he authorized experiments that resulted in the death of thousands of people in several concentration camps. The best known of these was the artificial infection of prisoners in Buchenwald with the typhus virus. Between December 1941 and February 1945, experiments investigating the efficacy of vaccines against typhoid fever were carried out in the Natzweiler camp in France and Buchenwald in Germany. Mainly in Buchenwald, many healthy prisoners were deliberately infected with the virus to test the effectiveness of drugs and vaccines; over 90% of the infected prisoners died a slow and painful death. Around 75% of these prisoners were injected with an experimental vaccine and artificially infected with typhus, while the rest were infected with the virus but received no vaccination; the efficacy of treatments was tested in the control group. Hundreds of prisoners were killed in the course of this useless experiment.

At the end of the war, Reiter was arrested by the Russian army and tried at Nuremberg, where he was found guilty and interned in a prisoner-of-war camp. After his release, he continued to work as a physician, mainly in rheumatology.

Despite his history, Reiter received numerous international awards, spoke widely at conferences, and was even made an honorary member of the Royal Society of Medicine in London. He died in Germany in 1969 at the age of 88.

Friedrich Wegener and Wegener Granulomatosis

Wegener (1907-1990) is a controversial figure since, although he is suspected of involvement in unethical research and the campaign to exterminate individuals classified as unproductive, the charges have never been proven.

A German pathologist, Wegener joined the storm troops (the Sturmbteilung or brownshirts) in 1932 and the Nazi Party in 1933. With the outbreak of war, he joined the German army and served as a pathologist in the Polish city of Lodz, 120 kilometers from Warsaw, where between 50 and 100 autopsies were performed each month. Most were on the bodies of Jews from the Warsaw ghetto, where 43,000 people died. In the circumstances, it is difficult to believe that Wegener could have been unaware of what was going on in the ghetto. Only 1000 of the 250,000 prisoners sent to the nearby Chelmno extermination camp survived. Wegener’s work in Lodz ended in 1944, when he became seriously ill with diphtheria and took almost a year to recover. He later worked as a surgeon in the battlefields until he was taken prisoner by the Americans.

Wegener resumed his career in 1964 at Lübeck University in Germany and on retirement in 1970 received numerous academic accolades.18

One of his contributions to medicine was a description of the disease that now bears his name, Wegener granulomatosis, a subacute granulomatosis with epithelioid cells and necrotizing vasculitis that affects the upper airways, lungs, kidneys, and skin.

Victims and Opponents of the Nazi Regime

Not all physicians were carried away by this enthusiasm for eugenics and the movement advocating the extermination of individuals considered unproductive or different. There were also doctors who were persecuted by the regime because of their race or their refusal to participate in such activities.

Abraham Buschke and Giant Condyloma Acuminatum

Buschke (1868-1943), a German-Jewish physician, was head of the dermatology department in the Rudolf Virchow Hospital from 1906 until 1933, when he was forced to resign because he was Jewish.19 He was later deported by the Nazis to the Theresienstadt concentration camp in Czechoslovakia,20,21 where he died in 1943 from an intestinal infection.

Buschke’s chief contributions to medicine were as follows: his description of Buschke scleredema, a disorder of unknown etiology characterized by hardening and thickening of the skin, particularly on the face, neck, back, and shoulders and associated with diabetes; the Buschke-Loewenstein tumor or giant condyloma acuminatum; and the Buschke-Ollendorff syndrome, also known as disseminated lenticular dermatofibrosis, characterized by osteopoikilosis and connective tissue nevi.19 In 1894, together with Busse he identified the fungal etiology of cryptococcosis (Busse-Buschke disease).

Ludwig Pick and Melanocytic Lesions

Pick studied at the universities of Heidelberg, Leipzig, Berlin, and Königsberg. In 1906, he became head of the pathology department in Friedrichshain Hospital in Berlin and in 1909 he was made full professor.22

As a German citizen, Pick served as a soldier in the First World War but, as in many other cases, this did not prevent him from being sent to the Theresienstadt concentration camp, where he died in February 1944.19

His contributions to dermatology are related to pigmented lesions.

Lucja Frey-Gottesman and Frey Syndrome

Frey-Gottesman (1889-1942) was a Polish neurologist born in Lvów (now the city of Lviv in Ukraine). In 1917, she fought the prevailing prejudices against women to study medicine in Warsaw.13 After the Germans invaded in 1939, Frey-Gottesman, being Jewish, was sent to the Lwów ghetto (Fig. 2), where she continued to work as a doctor. In August 1942, with the advent of the so-called final solution, the Nazis destroyed the ghetto clinic, killing all the doctors and patients.24

It is unclear whether she died at that time or was deported to the Belzec extermination camp near Warsaw.
In just 12 days during August 1942, 50,000 people—half the population of the ghetto—were transported. In any case, the ghetto was completely eliminated in June of the following year.7

Frey syndrome, which bears her name, is characterized by recurrent episodes of facial flushing and sweating triggered by gustatory stimuli and limited to the innervation territory of the auriculotemporal nerve.

Karl Herxheimer and Syphilis

Herxheimer (1860-1941), a German of Jewish origin, was head of a dermatology clinic in Frankfurt. When the Nazis came to power in 1933, he refused to leave the country.25 In 1941 he was interned, and the following year, aged 81, he was deported to Theresienstadt, where he died 4 months later of starvation and dysentery.26

The Jarisch-Herxheimer reaction, which bears his name, is an inflammatory reaction that occurs after treatment of syphilis. The treponemicidal action of penicillin can give rise to rapid destruction of the microorganisms and may be associated with an exacerbation of the syphilitic symptoms and toxic systemic effects.

Herxheimer also described chloracne (1899) and refined Pick’s description of acrodermatitis chronica atrophicans (1902).

Arthur Simons and Lipodystrophy

Simons (1879-1942), another German physician, was forced out of his teaching post at the Berlin Charité Hospital in 1933 because of his Jewish origins. In 1942, he was deported to the Vaivara concentration camp in Estonia, where he died in the same year.5

Simons described Barraquer-Simons syndrome, also known as progressive lipodystrophy or Holländer-Simons syndrome, a disease causing symmetrical loss of adipose tissue on the upper body and face and its accumulation on the lower body.

Moriz Oppenheim and Necrobiosis Lipoidica

Oppenheim was an Austrian dermatologist of Jewish descent who was professor and head of dermatology at the Wilhelminenspital in Vienna. In the course of a very diverse career, he wrote several books on venereal and skin diseases, described necrobiosis lipoidica,27 and researched skin reactions caused by cosmetics.

Oppenheim fled Austria before the war and subsequently emigrated to the United States, where he died in 1949. When the Nazis came to power in Germany and later annexed Austria, many Jewish dermatologists chose to go into exile because of the regime’s anti-Semitic policies.26 Many of them emigrated to the United States, including Stephan Rothman, Rudolf Baer, Stephan Epstein, Felix Pinkus, Walter Lever, Erich Urbach, Wilhelm Frei, Max Jessner and Max Wolf.

Leo Ritter von Zumbusch

Zumbusch studied medicine in Vienna and completed his specialist training as a dermatologist in 1906. By 1909, he was the director of the Rudolf-Spital hospital in Vienna.

In 1913, he accepted an offer of a professorship in Munich, where he became head of the university clinic. In 1915, he was appointed head of dermatology,28 and in 1932 and 1933 he was rector of the Ludwig-Maximilians University in the same city. The Nazis forced Zumbusch to resign from his post for political reasons in 1935, after which he became professor emeritus.

It is interesting to note that some 68% of dermatologists registered in Vienna in 1938 were Jews, and that of the 160...
registered at that time, only 48 were still on the registry in 1940.\textsuperscript{25,26}

Conclusions

The Nazi era was marked by the transportation, mass murder, and systematic extermination of supposedly unproductive individuals, and by human experimentation. Some physicians and dermatologists were directly or indirectly involved in these atrocities. We should not forget that in most extermination camps it was the physicians who decided whether new arrivals should be sent directly to the gas chamber or were fit for work.

During a war, conflict, or period of great social upheaval, individuals can choose the side they want to take. Certain dermatologic diseases and syndromes bear the names of some of the doctors who were involved in doubtful or totally unethical activities. This means that we are faced with an immediate question. Should we continue to honor these individuals by using their names to designate these diseases, or should these names be changed? An intermediate position might be to use these names to recall who these people were and what they did.

It is also important to remember the physicians who, faced with the same critical circumstances, remained true to the essential ethics of their profession and suffered persecution, exile, torture, and in some cases death.

Conflict of Interest

The authors declare that they have no conflicts of interest.

References