

The Disturbing Persistence of an Unethical Medical Eponym: A History of Reiter's Syndrome and Hans Reiter

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Eponymous recognition of a physician is one of the highest honors in the field. There are innumerable diseases, devices, or procedures named after doctors and scientists who discovered or made invaluable contributions to science. From Alzheimers to Purkinje fibers, this ultimate honor allows physicians, their histories, and their contributions to endure the test of time. However, in the same vein, eponyms with unethical grounds allow the horrors of immoral physicians to persist. Hans Reiter was a horrific Nazi physician who was active in forcible sterilization, inhumane experimentation, and other horrible practices. However, early in his career, he discovered a syndrome which was subsequently named after him. Although the syndrome was officially renamed reactive arthritis in the 2000s, through the continued use of the name 'Reiter's syndrome,' Hans Reiter's tainted legacy has been sustained. The story of Hans Reiter and the syndrome that bore his name exemplifies the power of names and the systemic public forgetting of atrocities post-World War II. This case provides an example where renaming is justified as it helps terminate the legacy of Nazi cruelty, and examination of this case suggests reeducation and institutional changes are necessary to reach the goal of increasing morality in the medical field.

In the early 1900s, Hans Reiter was well-liked, diligent, and of high social standing. He was trained at the prestigious Pasteur Institute, St. Mary's Hospital, and the Institute of Hygiene at the University of Berlin. Reiter shared the ideologies that were commonplace among his colleagues and social class: that the Aryan race was superior, and the perfection and protection of the race was the goal of any German physician (Zaller 2003).

During World War I, a young Reiter thrived in a boom in medical research (Zaller 2003). Wars have always provided doctors with a unique exposure to high quantities of data and practice, and medical innovations are often quick to follow. From the expansion of sterilization in the Civil War to the better understanding of post-traumatic stress disorder during the Vietnam War, wartime healing is strongly associated with medical advancements. It was through this wartime medicine—and Reiter's corresponding exposure to a multitude of diverse patients and ailments—that, in 1916, Reiter observed a connection between arthritis, urethritis, and conjunctivitis (Salako and Kalavala 2013). The syndrome is defined as this triad of these symptoms that occur after a bacterial infection (Wu & Schwartz 2008). The syndrome also often has dermatological manifestations, a key trait that Reiter never acknowledged (Salako and Kalavala 2013). In fact, Reiter was not even the first to observe these symptoms and their connection, and yet the condition was named Reiter's syndrome.

After the war, Reiter resumed his academic work (Zaller 2003). Bruno Gebhard, one of Reiter's students, recounted Reiter as "the rare combination of a thorough researcher and a brilliant teacher" and noted Reiter attracted students from medicine, economics, law, and more to his very popular seminars (Gebhard 1970). Gebhard's glowing review of Reiter illustrates his high regard in his field as the Nazi party began to rise in Germany.

Although active in politics and a believer in Nazi ideologies, the largest influence on Reiter's joining the Nazi party was Reiter's interest in eugenics and the ability to carry out large scale experiments

through the party (Gebhard 1970). Reiter quickly rose through the ranks and became the president of the Reich Health Office in 1937 (Ackerman 2009). When he entered this position, Reiter proclaimed one of his main goals was “to ensure that inferior genetic material *will be excluded from further transmission*” (emphasis added) (Zaller 2003). Over the course of his tenure, Reiter was privy to the knowledge and planning of not just involuntary sterilization, but also euthanasia, gruesome experimentation, and murder carried out in concentration camps and hospitals under the supervision of Nazi doctors (Panush et al. 2007). Reiter himself designed an experiment that inoculated the prisoners at Buchenwald concentration camp with an experimental typhus vaccine, which resulted in hundreds of deaths (Salako and Kalavala 2013).

After the war, Reiter was arrested, interrogated, and imprisoned for a time at Nuremberg. However, he was never convicted and was awarded early release—possibly by assisting the Allies with germ warfare knowledge (Panush et al. 2007). Both during the interrogation and for the rest of his life, Reiter continued to deny any part in administering any unethical experiments, even with extensive evidence that only became more overwhelming with time (Zaller 2003). Gebhard said in 1970 that Reiter wrote him a letter in 1962 admitting that “our German activities in the sterilization of persons with hereditary diseases” had occurred, exemplifying his clear Nazi involvement. Furthermore, Reiter integrated himself right back into the Western medical community after his imprisonment, continuing to lecture and publish. He gave the keynote address to the International Congress on Rheumatism in 1961 and at his death in 1969 was given the Great Medal of Honor of the Red Cross as well as a commendatory obituary in the *Journal of the American Medical Association* (Zaller 2003, Panush et al. 2007).

Reiter is one in a long list of Nazi physicians who committed horrible atrocities during World War II. In fact, the cruelty of these doctors was so horrific that Reiter doesn't even particularly stand out among this cohort. Reiter may have just been a footnote in the history of medicine in the Third Reich if it hadn't have been for his characterization of a combination of

arthritis, urethritis, conjunctivitis as a clinical officer during World War I that was eponymously named Reiter's syndrome (Wallace & Weisman 2000).

Reiter's influence at the time of the naming led to the widespread acceptance of the name. In the United States, the first mention of the syndrome was in an arthritis textbook in 1941 and a journal in 1942, in an article by Dr. Walter Bauer and Dr. Ephrian Engleman, physicians at Massachusetts General Hospital (Altman 2000). In 2000, when asked about the use of the name Reiter's syndrome, Dr. Engleman stated they used the name because they thought Reiter had originally described the syndrome, and that he did not know of Reiter's Nazi past, saying if they had known “we probably wouldn't have called it Reiter's syndrome” (Altman 2000). Regardless of Engleman and Bauer's intentions, the name continued to be used throughout the Western medical world for decades.

The first objections to the name came in 1977 when a group of doctors, learning of Reiter's horrible history, suggested changing the name to reactive arthritis (Yurkiewicz 2019). The objection was brought up again in 2000 by two rheumatologists from the University of California at Los Angeles (Altman 2000). The doctors wrote an article on the topic in the January 2000 issue of *The Journal of Clinical Rheumatology* titled “Should a War Criminal Be Rewarded with Eponymous Distinction?: The Double Life of Hans Reiter (1881-1969)” (Wallace & Weisman 2000). The article outlined Reiter's life and Nazi involvement and emphasized his relatively small contribution to the discovery of the syndrome, concluding that “Reiter does not deserve eponymous distinction” (Wallace & Weisman 2000). This publication was followed up by news coverage, articles, and letters to editors urging for the official renaming of the disease.

In 2003, Dr. Richard Panush, Dr. Diana Paraschiv, and Rabbi Elliot Dorff published an extensive article in *Seminars in Arthritis and Rheumatism* strongly advocating for the name change and removal of Reiter's syndrome from medical literature (Panush, Paraschiv & Dorff 2003). Their argument was anchored in the Hippocratic Oath, which Reiter clearly broke, thus they argued, Reiter should not be honored through this eponymous

label (Panush, Paraschiv & Dorff 2003). The authors pointed out that the precedent of retroactively removing honors on moral grounds had already been set with Nazi doctors like Pernkopf, Hallervorden, and Spatz (Panush, Paraschiv & Dorff 2003). The paper's final argument stated that Reiter's syndrome should no longer be a part of the medical lexicon and "should be expunged altogether" (Panush, Paraschiv & Dorff 2003).

In 2007, Panush and Rabbi Dorff of the 2003 article, Wallace of the 2000 article, and Engelman (one of the first to publish the name in the United States), all came together and wrote an article published in the *Journal Arthritis and Rheumatology* (Panush et al. 2007). This article was an official retraction of the name Reiter's syndrome and a call for its replacement with reactive arthritis (Panush et al. 2007). The brief article concluded in saying "medicine is a moral enterprise," and thus, since Reiter was responsible for unethical acts against humanity, he should no longer be recognized via this eponym (Panush et al. 2007). This outcry from the community led to the official retraction of the name in 2009, and its replacement with its current official term, reactive arthritis (Zaller 2003).

Over the course of this campaign, a 2005 study found that use of the eponym in medical journals dropped from 57% to 34% from 1998 to 2003 (Yurkiewicz 2019). Although this drop is encouraging, with pushback against the name starting in 1977—and the official change not coming until 2009—the medical community's response was a bit slow. Furthermore, papers in the past few years continue to be published using the name Reiter's syndrome instead of reactive arthritis. In 2016, the article "Bilateral disciform keratitis in Reiter's syndrome" was published in the *Indian Journal of Ophthalmology*. The author only mentions reactive arthritis once saying "Reiter's syndrome (RS) also known as reactive arthritis" (Suresh 2016). A simple pubmed search further reveals a number of articles published in 2018 and 2019 with Reiter's syndrome in the title or mentioned throughout an article.

The story of Hans Reiter and Reiter's syndrome falls in line with the theme of systematic forgetting, which manifested after the atrocities of World War

II. There is no question that Reiter knew about and committed horrible acts under the Nazi party. Similarly to Eduard Pernkopf, who continued work on his studies for the rest of his life, or Kurt Waldheim, who became President of Austria after working as a Nazi intelligence agent, Reiter was able to live a long and successful life even after the brutalities he committed earlier in his life (Panush, Paraschiv & Dorff 2003, Zaller 2013). Through this eponym, however, Reiter has been able to live on beyond his lifetime, and Nazi politics continue to be entangled with modern day medicine.

While one would hope the substitution of a single syndrome name would be able to occur in a short timeframe, names hold a lot of power, and there has been considerable pushback against the renaming of Reiter's syndrome. The first argument against the name change is simply the convenience case, where the name change could be confusing for doctors (Yurkiewicz 2012). In another instance, a case has been made about the fact Reiter's was never convicted for his Nazi involvement, contending guilt by association is not grounds for removal of the name (Zaller 2013). Finally, a point has been made that this name change could set a precedent for a total overhaul of medical eponyms and awards, as the Nazis are not the only organization to practice inhumane medical experiments or euthanasia (Zaller 2013). This case also reasons that many physicians have performed executions for cases of Capital Punishment without penalty, and a passionate minority of doctors believe abortions are forms of murder, which doctors regularly carry out (Zaller 2013). Thus, this argument proposes if Reiter's name should be changed, should the public, or medical professionals, go back through medical history and strip hundreds or thousands of physicians of honors and eponyms?

In response to these arguments, it is important to remember the original naming of the syndrome as Reiter's was in itself a political act. The naming was only accepted and only became so widespread because of the power Reiter possessed via his Nazi connections (Zaller 2013). Thus, the name Reiter's syndrome stands for more than just Hans Reiter, but also the power, influence, and horrors of the Nazi party before and throughout World War II. As

for the eponym reexamination argument, why not erase connections to appalling politics, unethical physicians, and breakers of the hippocratic oath, when the community has a chance! An entire overhaul of all eponymous distinctions may be beyond the scope and breadth of any individual or single group of physicians or ethicists, but clear instances of inhumanity, like this one of Reiter's syndrome, should be addressed and change should be instituted. In fact, this practice should be institutionalized, perhaps by a committee or organization of ethically-minded physicians who could oversee the examination and potential renaming of unethical eponyms.

Now, 10 years after the official retraction of the name Reiter's syndrome, the unethical implications of the use of the name remain, articles continue to be published, and new generations of physicians continue to learn about Reiter's syndrome. The solution to discontinuing Reiter's syndrome's atrocious and unethical legacy is through education. The answer is not total censorship, as that would erase this entire struggle and the ethical analysis behind the renaming of the disease. Instead, the tale of Hans Reiter and this syndrome should stand as an example for future generations in medical ethics. Reiter's name should not be used in publications or as a characterization of reactive arthritis, and if medical textbooks include the former name Reiter's syndrome, the reason for the name change and a brief mention of its ethical implications should be included. The focus of the medical field should always be on healing, but the termination of enduring legacies of awful individuals or ideologies, like Hans Reiter and Nazi atrocities, should always be justified.

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