

Toward Historical Accountability and Remembrance: The German Society for Internal Medicine and Its Legacies From the Nazi Past

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After decades of silence, the German Society for Internal Medicine (DGIM) has made considerable efforts to come to terms with its role and actions during the Nazi era (1933 to 1945). This is particularly important because, with more than 27 000 members, the DGIM is the largest medical society in present-day Germany. Since 1882, the society's annual congress in Wiesbaden has provided a forum and focus for the key medical topics of the day. Based on ongoing historical research, this article is organized in 2 parts. The first describes how the DGIM willingly adapted to the ideology and politics of the Nazi regime, showing no solidarity with its persecuted Jewish members. To illustrate their fates, the cases of Leopold Lichtwitz, who was forced to resign as elected chairman in 1933, and committee member Julius Bauer are investigated. Both men emigrated to the United States. Light is also shed on the decisions of those who led the

society during the Nazi era and on the involvement of high-ranking members in medical crimes. The second part of the article analyzes developments in the postwar period and considers why it took so long to hold up a mirror to the past. Although critical voices could be heard from both outside and within the society, they remained isolated and without consequence. Only the past 2 decades have brought about both general and specific developments toward historical accountability and an active culture of remembrance. With a declaration first published in 2015, a new website bringing history and memory together, and a strong commitment to the norms and values of liberal democracy, the DGIM has found its way to a clear position—and has lessons to teach.

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The history of internal medicine is in many ways the history of the German Society for Internal Medicine. It was the Congress for Internal Medicine in Wiesbaden in 1882 that introduced this term and gave birth to a medical society of the same name (Deutsche Gesellschaft für Innere Medizin [DGIM]) (1). Over the following decades, the DGIM provided a powerful framework for developing this field: Building on established scholarly traditions and clinical competencies, internal medicine explicitly drew on the new basic sciences and knowledge acquired in emerging specialized areas (2). It is worth remembering that *Innere Medizin* crossed the Atlantic and the German model influenced American medical reform. Internal medicine epitomized academic prestige, scientific education, and professional power (3). The founding of the *Annals of Internal Medicine* (1927) is an example of this. Certainly, internal medicine, itself a vast and fragile specialty, felt a constant need to reflect on and justify its status, scope, and identity. However, to contemporary internists, strong evidence existed that the first decades of the 20th century had brought impressive developments on both sides of the Atlantic. In 1932, the DGIM celebrated its 50th anniversary with a major ceremony and a jubilee publication (4). Among the luminaries celebrated were many Jewish physicians who had contributed to the society's reputation. With the election of Leopold Lichtwitz—a highly respected Berlin internist—as chair of the following year's congress, the course was set for a promising future. Only 1 year later, these hopes were shattered. In 1933, when the Nazis came to power, the society underwent dramatic political changes.

GERMANY, 1933: THE DGIM ADAPTS TO THE NAZI REGIME

Leopold Lichtwitz, head of the department of internal medicine at the Rudolf Virchow Hospital in Berlin,

had almost completed preparations for the congress in 1933 when Adolf Hitler was appointed Reich Chancellor on 30 January. Within the DGIM, Lichtwitz immediately became a candidate for removal. After internal consultations, Alfred Schittenhelm, director of the medical clinic in Kiel, took the initiative. Being one of the most Nazi-oriented internists, Schittenhelm asked the members of the society's advisory committee if Lichtwitz should be persuaded to resign. The fact that Hitler's birthday on 20 April coincided with the planned congress was considered a particular difficulty because Lichtwitz, as a Jew, could not be allowed to sign a birthday telegram to the "Führer" (5). Even committee members who were critical of the Nazis did not clearly side with Lichtwitz; the majority of the committee called for his resignation. Shortly after, Leopold Lichtwitz and his wife left Germany for Switzerland.

The DGIM went ahead, with Alfred Schittenhelm as new congress chair, and willingly complied with the new government's requests. As the *New York Times* reported on 20 April 1933, Schittenhelm welcomed foreign doctors by saying they had "found their way to Germany in spite of the atrocity propaganda" (6). In his chair's speech, Schittenhelm made explicit and enthusiastic use of Nazi vocabulary. He diagnosed a "race problem" of the *Volksgemeinschaft* and advocated for the implementation of racial hygiene in internal medicine (7). Jews were henceforth excluded from the congress. The DGIM's behavior in 1933 is a telling example of how an influential medical society fell into an uncritical striving for conformity with the rules and regulations of the Nazi party. Confronted with political pressure, established principles collapsed within weeks, and room for maneuver and solidarity was no longer recognized, let alone explored (8, 9).

LEOPOLD LICHTWITZ IN NEW YORK

Lichtwitz's scientific achievements and organizational capabilities were undisputed. His book on clinical chemistry was regarded as a landmark publication in the field (10). Before 1933, he had modernized the Rudolf Virchow Hospital in Berlin and the Municipal Hospital Altona-Hamburg in an exemplary manner and promoted the subsequent Nobel Prize winner Hans Adolf Krebs (the scientist behind the eponymous Krebs cycle). Krebs was also expelled from Germany because of his Jewish background and fled to Cambridge, United Kingdom (11). Lichtwitz's subsequent journey took him to the United States. With the help of fellow German immigrants and Abraham Flexner, who had been an influential reformer of medical education in the United States decades earlier, Lichtwitz was put in charge of the medical department at Montefiore Hospital in New York (12, 13). In addition, he was granted a professorship at Columbia University (14). The Nazis did not lose sight of Lichtwitz. After his book *Pathology of Functions and Regulations* was published in 1936, it soon appeared on the Nazis' list of damaging and undesirable writings (15). The *Gestapo* (German secret police) accused Lichtwitz of making disrespectful allusions about representatives of the Nazi regime. Indeed, he had warned with subtle irony against "leadership by immature spirits and spirits unable to mature" (16). The same year, the DGIM issued a *damnatio memoriae*: From 1936 onward, Lichtwitz's name no longer appeared on the annually updated list of living former board members.

In New York, Lichtwitz used his contacts to help other displaced Jews. He became a council member of the Emergency Association of German Scientists Abroad and was involved in the American Guild for German Cultural Freedom (17). The Rudolf Virchow Medical Society in New York, founded in 1860, was another important forum for Lichtwitz. Apart from anything else, it was an emotional bridge to his homeland, because his last place of work in Germany had also been named after the pathologist and

Figure. *Reichsärztführer* Gerhard Wagner speaks at the German Society for Internal Medicine Congress in Wiesbaden, 1935.



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liberal politician (18). When Lichtwitz died in 1943, Rudolf Nissen, a Jewish surgeon who had also been expelled from Germany, delivered the funeral speech at the Rudolf Virchow Society (19). It is not known whether Leopold Lichtwitz learned the fate of his older brother, the merchant Georg Lichtwitz: He was murdered after being deported to Riga in November 1941. Kurt, the youngest of the 3 Lichtwitz brothers and also a physician, had already died of angina pectoris in early 1933 in Munich. He never got over the reprisals against him and the sanatorium he managed (20).

ATTACKING RACIAL POLICY: THE EXPULSION OF JULIUS BAUER

Given the growing number of totalitarian regimes in Europe, free Switzerland became a popular place for scientific exchange. Lichtwitz had made use of the opportunities there, as did his colleague Julius Bauer, who was still teaching in Vienna. As a member of the DGIM committee, Bauer was the highest-ranking member after Lichtwitz to be expelled from the society. Bauer was an expert in clinical endocrinology and constitutional studies. He forcefully opposed Nazi racial policy in an article published in the leading Swiss medical journal (21). As a result, the *Reichsärztführer* (head of the German doctors), Gerhard Wagner, launched a ferocious attack on Bauer and called for a boycott of International Medicine Week 1935 in Montreux, where Bauer was due to speak (22). Bauer's invitation was revoked, but the text of his lecture was printed (Figure) (23).

After Germany's annexation of Austria, Bauer, as a Jew, was dismissed from the University of Vienna and forced to flee. Traveling first to France, he emigrated to the United States, where he later held positions at Louisiana State University, Loma Linda University, and the University of Southern California. Bauer died in 1979 in Beverly Hills at the age of 91 (24, 25). Julius Bauer did something that could have been a credit to the DGIM: He exposed the inhumanity and the flawed science underpinning the Nazi legislation on forced sterilization. However, his colleagues in the society did not have the courage to stand with their fellow committee member, gave in to political pressure, and stripped Bauer of all his functions.

DGIM CHAIRMEN INVOLVED IN NAZI MEDICAL CRIMES

Between 1933 and 1945, all chairmen of the DGIM were members of the Nazi party (or its closely associated organizations) and supported the regime (26). Some of them were even involved in Nazi medical crimes. For example, Hans Dietlen, DGIM chair in 1940, carried out forced sterilizations with x-rays (27). Viennese professor Hans Eppinger, chair from 1941 to 1946, and his assistant, Wilhelm Beiglböck, were jointly responsible for the saltwater-drinking experiments carried out in the Dachau concentration camp, involving 40 Roma and Sinti inmates. For days, some of the subjects were forced to drink saltwater, and by the time the experiments were canceled, they were close to dying. In addition, they suffered humiliations, such as having numbers burned on their chests with a caustic liquid

(28, 29). Hans Eppinger took his own life in 1946 when summoned as a witness before the Nuremberg Doctors' Trial. At this trial, Wilhelm Beiglböck was sentenced to 15 years in Landsberg Prison but was released early, before Christmas 1951. His early release was partly the result of forceful intercession by the DGIM, which had set up its own commission of experts to reinvestigate the Beiglböck case and approached several officials, including John McCloy, the American High Commissioner for the newly founded Federal Republic of Germany (30, 31). Beiglböck was allowed to work again as a physician in a hospital. He was even elected to the DGIM committee in 1956 and remained a member until his death in 1963 (32).

THE POSTWAR ERA: THE DGIM AFTER 1945

No evidence exists of any attempt by the DGIM to make amends for, or compensate, the victims of Nazi medical crimes. Although Paul Martini expressed regret as chair of the first postwar DGIM congress in 1948, an honest and courageous confrontation with the immediate past was not forthcoming (33). In contrast, former National Socialists were granted recognition. That the first honorary membership awarded after the war went to Alfred Schittenhelm, the man who had actively promoted the DGIM's subjugation to Nazi rule, is difficult to comprehend. In the following years, all surviving chairs from the Nazi era were awarded honorary membership. Not until 1955 did someone who had been persecuted become an honorary member: Siegfried Thannhauser, the former director of the Freiburg clinic, who was still living abroad. Although several offers from German universities had reached him, he decided to stay at Tufts University in Boston (34). Very few DGIM members who had left the country or had been expelled accepted professorships in Germany after 1945. Among those who did were Ernst Wollheim in West Germany (Würzburg) and Felix Boenheim in East Germany (Leipzig).

Nevertheless, some examples of a more critical stance exist. Early reflections by DGIM members, such as Elisabeth Franck, Wolfgang Heubner, and Thure von Uexküll, prove that there was a conscious debate about the behavior of the medical profession during the Nazi era and provide evidence of efforts to bring about necessary consequences (35). In 1967, when Arthur Jores, a former Lichtwitz student who had been persecuted in the Nazi era, chaired the DGIM congress, Joannes Juda Groen, a professor at the Hebrew University of Jerusalem, powerfully recalled the atrocities committed during the National Socialist era. Groen had last attended the congress in 1932. He had survived the German occupation of the Netherlands and was now calling for a culture of remembrance and historical reflection, for "rigorous research into the causes of what happened, and the prevention of a repetition, which does not necessarily have to take place in Germany" (36, 37).

COMING TO TERMS WITH THE PAST

Such courageous, critical voices, however, remained isolated and without consequence. For decades, the DGIM advocated silent "depoliticization": If the past was

left to rest, coexistence of former Nazis and former victims of persecution seemed likely. This unspoken yet fundamental consensus was rarely questioned. Thannhauser could not bear it, Groen wanted to break it, but most German internists followed the chimera of an apolitical medical community. Two related myths delayed any active and transparent discussion of the society's Nazi past. The first had to do with the perpetuation of the self-image of internists and a pronounced sense of tradition. It came down to the mistaken assumption that internists, because of their scholarly education and distinguished social status, had allegedly kept their distance from the vulgar and brutal Nazi regime. Faced with the untenability of this position, the society escaped into another myth: During the Nazi period, DGIM representatives had neither room for individual maneuver nor any other choice in the way they had acted. This exculpating position was still prominent, and in fact explicitly adopted, in the 1980s: On the 100th anniversary of the DGIM, the board decided to publish all the chairpersons' congressional speeches in a commemorative book. However, the speeches from the Nazi era were glossed over and shortened to exclude regime-friendly passages. The unvarnished truth was not allowed to reach the public eye (38).

As in many areas of German society in the postwar era, efforts to confront the past were often halting and incomplete. Wake-up calls came from abroad. In 1984, Howard Spiro drew attention to Hans Eppinger, after whom the German Falk Foundation had named a research prize in 1973. Reminding the public of Eppinger's complicity in the Dachau saltwater experiments, Spiro took a critical position and posed fundamental questions linking historical research and honorary memory (39). His plea to open a debate on all aspects of Eppinger's biography, including his moral ambiguities and mistakes, was right—and it came at the right time. The prize was renamed the Hans Popper Prize in 1989, but the case demonstrated the necessity of historical research, especially in the field of internal medicine. The questions that Spiro had raised were increasingly being asked by a new generation of German internists who recognized false loyalties to superiors and teachers who had been guilty of crimes during the Nazi era. What had really happened? What made highly respected internists, clinic directors, and DGIM representatives susceptible to agitation and discriminatory and inhuman ideas? And why did so few find the courage to contradict and resist?

TOWARD REMEMBRANCE, REFLECTION, AND ACCOUNTABILITY

The end of the 20th century saw important steps toward an active remembrance of the past. In Germany, a milestone was the speech given by German president Richard von Weizsäcker in 1985 on the 40th anniversary of the end of the war. He helped gain broad acceptance for the controversial concept of the "liberation" of Germany by the Allies in 1945 (40). Historical research on the Holocaust and on the active involvement of physicians in atrocities under National Socialism intensified and expanded (41, 42). New studies drew attention to the individual fates of the victims, as well as to the interrelationship between history and memory (43). In 1996, the date of the liberation of the

Auschwitz concentration camp (27 January 1945) became an official day of remembrance in Germany. These initiatives and developments toward a conscious culture of remembrance increasingly heightened awareness within the DGIM as well.

When in 2008 the Professional Association of German Internists honored Hans Joachim Sewering—the former president of the German Medical Association—with its highest award, the DGIM expressed serious misgivings. During the Nazi era, Sewering had transferred children with physical and mental disabilities to the Eglfing-Haar asylum in Bavaria, where they were killed (44, 45). Referring to these historical facts, which were already known to the public, the DGIM considered the award “completely unacceptable” and distanced itself from it in the clearest terms (46). Now, however, a critical look at the DGIM's own history was long overdue. Accordingly, in 2011, a historical research project was launched, which resulted 3 years later in an exhibition on the DGIM during the Nazi era. It was opened in 2015 at the 121st congress by the president of the Central Council of Jews in Germany, Josef Schuster, himself an internist (47). In an accompanying declaration, the DGIM stated, “The German Society for Internal Medicine is ashamed because it allowed 70 years to pass before its actions during the Nazi era were scientifically investigated and made public. The DGIM condemns the acts of adaptation to the totalitarian regime. It denounces the exclusion and persecution of members and non-members, as well as the crimes committed by members of the society” (48). The exhibition was followed by a historical monograph, which in turn stimulated further research (49).

New historical evidence met with emerging self-reflection and led to consequences. The Gustav von Bergmann Medal, the highest award of the DGIM, is a telling example of this. In 1933, as vice dean of the medical faculty of Berlin University (Charité), Bergmann was actively involved in the dismissal of, and discrimination against, Jewish physicians (50). The DGIM board decided to suspend the award and to rename the medal, choosing to name it after the expelled chair Leopold Lichtwitz “in his memory and in memory of thousands of doctors of Jewish descent who were ostracized, persecuted and killed during this period” (51). The Leopold Lichtwitz Medal has been awarded annually since 2013. Even outside the DGIM, signs of critical reflection and ensuing action have emerged: Several university cities have renamed streets previously named after internists who were active under the Nazi regime. And in 2016, Kiel University's Academic Senate removed Alfred Schittenhelm from its list of honorary senators (52).

Of course, the withdrawal or renaming of awards and honors is not enough. In spring 2020, the DGIM launched its “Commemorating and Remembering” website (www.dgim-history.com), with short biographies of perpetrators from the ranks of the DGIM (including appointed honorary members) as well as profiles of victims of Nazi medical crimes. A central focus of the website is the remembrance of persecuted Jewish internists. When the National Socialists came to power, the DGIM had about 1200 members. According to our research so far, at least 230 of them were expelled and

persecuted as Jews from 1933 onward. About a quarter of the Jewish internists (55 members) emigrated to the United States, most of them (31 members) to New York. Of those who could not escape the terror, at least 36 were murdered or driven to suicide. Research into the fates of all members who were expelled from the DGIM is ongoing, and biographies will be published on the website to remember them.

Through these initiatives, the DGIM has taken important steps to become aware of its past, to encourage historical research, and to participate in an active culture of remembrance. This 3-pronged approach goes far beyond the agenda of a professional society. As recent appeals from the medical education field have indicated, historical knowledge is a prerequisite for a more conscious adoption of professional attitudes and values, including reflection, empathy, compassion, and tolerance (53, 54). In a broader perspective, the history of the DGIM is an excellent example of the ever-present, fragile relationship between medicine and politics, as well as the continuous need to reflect upon it from a resilient point of view. First in its declaration of 2015, and since then with unmistakable clarity, the DGIM has advocated for vigilance, “reminding the medical profession, but also the entire German public, never to forget how vulnerable the achievements of liberal societies are, and how important it is to permanently stand up for tolerance, openness, and humanity” (48). Because the dangers of a return of nationalism and anti-Semitism have become more apparent in recent years, this lesson is neither trivial nor obvious, but perhaps the most important one of all.

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