



EDITORIAL

Tainted eponyms in medicine: the “Clara” cell joins the list

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Eponyms are a time-honoured tradition in medicine as well as the sciences. Some fields of medicine, such as rheumatology and neurology, are particularly fond of them and the term “eponymophilia” has been coined to describe their affinity [1]. Those who like their eponyms argue that their use adds flavour to our daily practice and that they are universally understood. They also claim that, as they are everywhere anyway, change would be impractical [2].

During the last decade or so, the use of eponyms has become the subject of intense controversy. In 2003, PANUSH *et al.* [3] reported on the biography of Hans Reiter, after whom a form of reactive arthritis was named despite the fact that others had described the condition well before him. Apart from being an outspoken lecturer in favour of “racial hygiene”, Reiter served on the advisory board to Hitler’s physician, Karl Brandt, who headed the infamous “euthanasia” programme. This systematic killing of patients with mental and other illnesses developed the killing mechanism utilised in the genocide of the Jews, and the Roma and Sinti people. Brandt was executed for this and other crimes in 1948. Moreover, Reiter, as Chief of the Reich Health Service, approved not only the sterilisation programmes but also the deliberate infection of concentration camp inmates with rickettsia. The report by PANUSH *et al.* [3] led many physicians, particularly in the USA and Germany, to abandon the use of the eponym in favour of a more descriptive name [4]. Panush’s work also led to the formal retraction, in 2007, of the initial publication that coined this particular eponym [5]. It is probably fair to say that there is no coherent approach to these issues within the rheumatology community. Some have disdained its use, whereas others continue the use of the eponym.

More recently, the eponym controversy has reached the world of respiratory medicine. In 2001, one of us (A. Woywodt) set out to write a biography of Friedrich Wegener, after whom a form of vasculitis had been named. A manuscript was duly submitted, describing what then appeared to be the immaculate track record of a great scholar. In retrospect, the fact that all available accounts of Wegener’s life contained little, if any, information on Wegener’s time in occupied Poland between

1939 and 1945 should have alerted our suspicions. Further clues that we missed were that Wegener could only find employment as a farm labourer immediately after the war and that he never obtained the title of Professor or even lecturer. It was, therefore, a complete surprise to us when *Lancet* rejected our paper, stating that Wegener had been imprisoned after the war for activities undertaken under the Nazi regime [6]. The next 5 yrs saw two of us (A. Woywodt and E. Matteson) trawl the archives in Germany, the USA and Poland until we were able to shed some more light on this affair [6]. We were able to show that Wegener was an early member of the Nazi party well before the Nazis came to power and that he rose to the rank of Lt. Colonel in the SA, the Nazi party, para military “brown shirts”. Furthermore, we could provide evidence that Wegener had been wanted by Polish authorities and that his case had been referred to the United Nations War Crimes Commission. Despite all efforts, however, we were unable to discover what he had actually done to warrant being wanted, not least because much of his file had been lost [6]. An editorialist called the evidence “thin but tangible” [7]. Most importantly, patients with the illness expressed their belief that continued use of the eponym was offensive to them (personal communication; D.G. Shaw and J.A. Kullman, Vasculitis Foundation, Kansas City, MO, USA). Finally, the American College of Chest Physicians, in 2007, retracted the lifetime “Master Clinician” award it had granted to Wegener [8].

In this issue of the *European Respiratory Journal*, WINKELMANN and NOACK [9], from Berlin and Dusseldorf respectively, provide in-depth insight into the biography of Max Clara, after whom a non-ciliated, secretory cell in the respiratory epithelium of the distal airways has been named. They document, in great detail, his political activity on behalf of the National Socialist programme and provide evidence that Clara supported and used his position to help carry out the racial concepts at the heart of the Nazi regime. Undoubtedly, this man owed his career advancement in no small way to his membership in the Nazi party and active support of its programme. The authors show that his appointment to a professorship in Leipzig was largely due to political support, not least from his fellow Austrian Max de Crinis, Chief of Psychiatry at Charité Hospital in Berlin, Germany. Dr de Crinis was a high-ranking member of the SS, and perhaps the most outspoken and influential Nazi within the German psychiatric establishment who assumed a leading role in the T₄ “euthanasia” programme. The weight of this evidence alone should be sufficient to cast very serious doubt on the use of this particular eponym.

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However, WINKELMANN and NOACK [9] also focus attention on provenance of the tissue used for the original description of the “Clara cell”. It was obtained from a prisoner executed by the Nazi “justice system”. Clara states this in his original paper of 1937. We do not know whether this was an “ordinary” criminal or a victim of prosecution and torture. However, we are forced to conclude that Clara’s discovery is, at the very least, closely linked to the Nazi system of systematic injustice. As the Nazi Empire grew and capital punishment increased for lesser and lesser “crimes”, the bodies available to Clara and his Leipzig group increased just as they did for all anatomists working in the Third Reich. WINKELMANN and NOACK [9] demonstrate that Clara and his colleagues not only made good use of this increase in “anatomical material” by publishing at least 20 scientific papers utilising it, but that Clara actively sought to increase his cadaver supply by soliciting the justice administration. Clara requested that specimens for anatomical research be obtained from the executed without the knowledge of their families. This fact is important: in doing so, Clara not only crossed another moral boundary but also violated legal procedure at the time. There is also reason to believe that, at least on one occasion, Clara and his co-workers experimented on such prisoners prior to execution, although this did not involve torture. WINKELMANN and NOACK [9] emphasise that, although these deeds were neither illegal at the time nor unique, Clara can be accused of “moral complicity” with the system and personally benefited hugely from the crimes committed by the Nazi regime [10]. We fully agree with the authors’ assessment.

A similar case that comes to mind is that of Berlin anatomist Hermann Stieve, who conducted his research on reproductive anatomy on the corpses of female camp inmates [11]. In an earlier paper, WINKELMANN and SCHAGEN [11] examined his research and found no evidence of murder or torture although they diagnosed “moral complicity” with the system; the assessment of Stieve’s work was controversial [12]. Another similar case, although not tied to an eponym, is that of Viennese anatomist Eduard Pernkopf [13]. Pernkopf is the author of a famous and widely used anatomical atlas. A senate commission of the University of Vienna, Vienna, Austria, found sufficient evidence to conclude that Pernkopf had used corpses of executed prisoners, as well as those of children executed under the euthanasia programme [13]. Remarkably, many of the original specimens were still present within various university institutes when the University of Vienna conducted its investigation; they were later given a formal burial. WINKELMANN and NOACK [9] now document that, unsurprisingly, Pernkopf and Clara knew each other well. In fact, as WINKELMANN and NOACK [9] report, the two joined forces in the executive committee of the German Anatomical Society and made an effort to turn the society into a National Socialist organisation free of “non-Aryans”.

The Clara case and cell description is also unique in that not only was the person behind the eponym a politically active Nazi, but also in that even the original specimen originated from an execution carried out in a prison of National Socialist Germany. This should be sufficient to convince chest physicians to abandon the eponym. WINKELMANN and NOACK [9] suggest “club cell” as an alternative, and chest physicians should do their utmost to convince those most concerned with structure and function of the lung to drop the eponymous designation.

What can be learnt from this latest addition to the list of “tainted” eponyms? First, recognition is due to WINKELMANN and NOACK [9] for this contribution to medical history and society. We have previously called for more doctors to more closely examine the males and females behind medical eponyms. WINKELMANN and NOACK [9] have done just that, when they asked: Who was Max Clara?

Their work also shows, again, how difficult it is to assess these issues more than 70 yrs on. It raises difficult questions, as all good research does. How intimate an involvement in the Nazi atrocities, or other inhuman activities in which physicians have engaged, do we require before we consider someone’s behaviour inappropriate? Is it enough to have benefited directly in one’s career? Or will only direct involvement be sufficient? Clara apparently supported a “half-Jewish” doctoral candidate: does that make things any better?

We should also appreciate a fact that is often overlooked, namely that some eponyms honour victims and survivors of the Nazi regime, and not the perpetrators [14, 15]. Neurology, another field with considerable eponymophilia, provides some evidence in this regard: Tinel’s test, for example, honours a physician who fought in the French resistance movement during the Second World War, whereas Joannes Cassianus Pompe, after whom a glycogen storage disease is named, was executed for his participation in the Dutch resistance movement [15]. Should we perhaps keep those eponyms, as they clearly honour brave and upright people?

Two of us (A. Woywodt and E. Matteson) have previously argued in favour of a more descriptive nomenclature in medicine and suggested that eponyms be abandoned for a variety of reasons [16]. This new example provides impetus for arguing that medicine should abandon bestowing names of scientists on diseases or other critical areas of interest to medicine. The naming of a multi-functional, complex, non-ciliated epithelial cell in honour of a man who does not deserve our respect only increases our scepticism regarding eponyms. The medical profession needs to take this issue most seriously and we would urge physicians, as well as journal editors and other professional bodies, to embark on a discussion of the issue. In the meantime, physicians should add their voices at every opportunity, while teaching students, in clinic letters, or in educational and scientific publications. The time has come to end the use of tainted eponyms [17].

STATEMENT OF INTEREST

None declared.

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