

REVIEW ARTICLE

Dr. Hans Kohn and the political takeover of the Berlin Medical Society by the National Socialist regime in 1933

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Abstract

To solidify their power over society, totalitarian regimes will usually eliminate any dissent, any perceived threats early on. These threats include not only political enemies but also educated and independent segments of society, such as professional associations. In addition, totalitarian regimes often create societal scapegoats to unify popular support. In 1933, immediately after Hitler's rise to power, the Nazi regime in Germany followed this pattern. One of the Nazis' initial targets was educational institutions and professional societies, subjugating them to ensure they could no longer serve as sources of opposition or resistance. In this review, the fate of a Jewish physician and researcher, Dr. Hans Kohn, exemplifies this takeover of all aspects of German society by the Nazi regime. He is known for discovering interalveolar pores as normal anatomical structures in the lung tissue (Pores of Kohn) and was a long-serving member of the Berlin Medical Society, holding a leadership position as its librarian until 1933. Despite his own conservative political views, he suffered persecution by the Nazi regime, as a Jew and elected leader of the Berlin Medical Society, but also as a relative of a communist party official. There was a wide range of reactions by members of the Berlin Medical Society to this political takeover. Some members were victims like Hans Kohn; others were active opponents or perpetrators, with many being compliant.

KEYWORDS

antisemitism, history of medicine, interalveolar pores, National Socialism, science politicization

*Therefore learn how to see and not to gape.
To act instead of talking all day long.
The world was almost won by such an ape!
The nations put him where his kind belong.
But don't rejoice too soon at your escape –
The womb he crawled from is still going strong.*

Bertolt Brecht, *Epilog of The Resistible Rise of Arturo Ui* (Brecht & Tabori, 1972)

1 | INTRODUCTION

In times of governmental attempts to influence academic science and education, it is important to remember similar patterns from history to fully understand the potential dangers such interference poses, not only for scientists and their work, but also for society as a whole. The goal of most totalitarian systems is to exert total control of society, not just of government (Johnson, 2004;

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Zieman & Szejnmann, 2013). To consolidate such power, the first step often involves eliminating political opponents and dismantling pluralistic government structures, including the educational system. Totalitarian movements frequently create a sense of threat to society and instill fear among the population (Beck, 2023; Montuori, 2005). Additionally, they often identify one or more groups within society to serve as scapegoats, thereby rallying public support behind their agenda. Throughout history, various groups have been targeted, including Jews, immigrants, LGBTQ individuals, and religious and ethnic minorities. This targeting often builds on societal mistrust and existing stereotypes (Grau, 1993; Kallis, 2009; King, 1979; Milton, 2004; Niewyk, 2004; Plant, 1988).

Another aspect of establishing authoritarian rule, is the suppression of highly educated and independent thinkers. This often involves taking control of the educational system and professional societies, which can be potential sources of discontent and resistance (Beck, 2023; Krischel et al., 2016). In 1933, the Nazi government in Germany adopted this strategy to synchronize and integrate all aspects of German society into their program, a process called “Gleichschaltung” (Beck, 2023; Lichtenberg, 2017; Table 1). This takeover not only involved neutralizing other political parties but also extended to the media (primarily newspapers of that time), trade unions, sports clubs, all branches of social administration and services, and institutions of higher education and independent professional associations (Beck, 2023; Krischel et al., 2016).

The politicization of science is a common theme that often arises under totalitarian rule. This can involve the discrediting of entire branches of science, like “Jewish” versus “Aryan” physics during the Nazi regime (Beyerchen, 1977). Such politicization frequently aligns with the rise of later debunked scientific hypotheses, like eugenics and race theory, which support the government’s political and social objectives (Rabkin & Mirskaya, 2003). The use of science to further political ideologies was not limited to Nazi Germany and has been a feature of other totalitarian regimes. An example of this is Lysenkoism, which hindered genetic research in the Soviet Union and other countries for several decades (Soyfer, 1994).

Highly educated scientists have frequently been prominent supporters of the politicization of science and the use of scientific hypotheses, some of which were later labeled pseudoscience (Czech et al., 2023), often to promote their own work or advance their careers. For example, the British scientist Francis Galton (1822–1911) is considered the founder of eugenics, race theory, and twin

research (Gillham, 2001). His ideas inspired eugenics supporters like Charles B. Davenport (1866–1944) and Harry H. Laughlin (1880–1943) in the United States (Farber, 2008; Garver & Garver, 1991), as well as researchers in early 20th-century Germany like Eugen Fischer (1874–1967) and Otmar Freiherr von Verschuer (1896–1969; Klikauer & Antonelli, 2025; Weiss, 2012). At the time, these scientists and their ideas were highly respected in their fields of research. They were educated at prestigious universities and held significant positions within the scientific communities of their countries. Their work often provided a “scientific” justification for the unethical treatment of specific groups of citizens, including, but not limited to Jews, people of color, Sinti and Romani, physically and mentally handicapped, and members of the homosexual community. Many examples, such as the US Public Health Service (USPHS) Untreated Syphilis Study at Tuskegee, commonly known as the Tuskegee Syphilis Study, and various sterilization initiatives (Farrall, 1979; Jones, 2008; Reilly, 2015), illustrate that unscientific and unethical behavior by physicians and scientists is not limited to totalitarian systems (Emanuel et al., 2008; Grodin et al., 2018). After the Second World War, based on the Nuremberg Doctors trials and the 1947 Nuremberg Code (Pellegrino, 1997; Shuster, 1997), ethical guidelines, known as the Declaration of Helsinki, were developed and have been regularly updated to ensure the ethical conduct of scientific research, particularly involving human subjects (Bierer, 2025; Schmidt et al., 2020; World Medical A. World Medical Association, 2025). However, since these guidelines are not legally binding under international law, the challenge of enforcing them remains.

Although the Nazi government in Germany only lasted for less than 12.5 years, from January 1933 to the end of the European Second World War in May of 1945, its political takeover of the educational and scientific institutions had long-term consequences. Before 1933, Germany was a leading nation in the natural sciences and German was a major language for scientific publications (German, 2004). Following the National Socialist takeover, many prominent scientists, writers, artists, architects, and other intellectuals fled Germany, often under pressure and some voluntarily (Ash & Söllner, 1996; Beck, 2023). Several had already won Nobel Prizes before leaving, including Albert Einstein, Fritz Haber, James Franck, and Erwin Schrödinger. Others, like Hans Krebs, Max Born, Konrad Bloch, and Max Delbrück, would later receive Nobel Prizes (Wikipedia, 2025). This represents a significant “brain drain” during the Nazi period from which Germany never fully recovered (Ash & Söllner, 1996;

TABLE 1 Timeline of political events in Germany and the Berlin Medical Society (Berliner Medizinische Gesellschaft, 2025; Bundesarchiv, 2025; Langenbeck-Virchow-Haus, 2025; United States Holocaust Museum, 2023).

1844, December 5	Formation of the Gesellschaft für wissenschaftliche Medizin (Society for Scientific Medicine).
1860, October 31	The Society for Scientific Medicine and the Club of Berlin Physicians (Verein Berliner Ärzte) merge to form the Berlin Medical Society (Berliner Medizinische Gesellschaft) with the ophthalmologist Albrecht von Graefe (1828–1870) as its first president.
1887, July 6	The Berlin Medical Society becomes a government-recognized and -regulated legal entity.
1915, August 1	Opening of the Langenbeck-Virchow-House as the home of the Berlin Medical Society and the German Society for Surgery (Deutsche Gesellschaft für Chirurgie). It is located close to the Charité in Berlin.
1933, January 30	The German president Paul von Hindenburg appoints Adolf Hitler as the Chancellor (Reichskanzler) of Germany.
1933, February 1	President Paul von Hindenburg dissolves the German parliament (Reichstag).
1933, February 27	The German parliament building (Reichstag) burns down. Arson is suspected and anarchists, communists, and social democrats are blamed and persecuted.
1933, March 5	Last multi-party election in Germany. The Nazi party does not achieve an absolute majority and forms a coalition with other conservative parties.
1933, March 23	Enabling Act (Ermächtigungsgesetz) giving the German chancellor Adolf Hitler emergency powers to act without parliamentary consent.
1933, April 1	Supported by their paramilitary units (SA), the Nazi party calls for a nationwide economic boycott of Jewish businesses and professionals.
1933, April 7	The law for the Restoration of the Professional Civil Service (Gesetz zur Wiederherstellung des Berufsbeamtentums) results in the dismissal of most Jewish civil servants, including university faculty.
1933, November 12	National German elections with only the Nazi party on the ballot.
1933, November 15	Extraordinary session of the Berlin Medical Society under a new governing board.
1934, August 2	Death of German President Paul von Hindenburg. Adolf Hitler unites the position of chancellor and president and effectively becomes the sole leader (Führer) of Germany.
1935, September 15	Nuremberg Race Laws (Nürnberger Gesetze) declaring Jews, Sinti and Roma, as well as other minority groups as “non-Aryans” and therefore not full German citizens.
1938, July 25	Jewish physicians are stripped of their license to practice medicine (4. Verordnung zum Reichsbürgergesetz), making them also ineligible for membership in the Berlin Medical Society.
1938, November 9–10	“Kristallnacht” or “Night of Broken Glass” pogrom. Organized groups of Nazis vandalized Jewish-owned businesses and synagogues throughout Germany. About 30,000 Jewish men were arrested.
1939, September 1	German invasion of Poland marking the start of World War 2.
1941, September 19	German police regulations requiring Jews to wear special yellow badges (Judenstern) in public.
1945, May 8	End of World War 2 in Europe, the Berlin Medical Society ceases to exist.
1950	The Berlin Medical Society was reestablished in West Berlin.
1953	The Langenbeck-Virchow-House is confiscated by the East German government and serves from 1949 to 1976 as the home of the East German parliament (Volkskammer).
2002	Return of the Langenbeck-Virchow-House to the ownership of the Berlin Medical Society and the German Society for Surgery.

Grüttner & Kinas, 2007; Kando, 2018). In addition, after 1933, the number of scientific publications in the German language dramatically declined and English became the “lingua franca” of scientific communication, a development that may have happened regardless of the Nazi regime (German, 2004). Other factors, like the lost World War and the great economic crisis of the late 1920ies, may have also played a role in the decline of German scientific prominence.

This review examines the experiences of Dr. Hans N. Kohn, a Jewish researcher and physician, and his family as a case study of how the Nazi regime took control of the German scientific and medical establishment. It illustrates how the Berlin Medical Society (Berliner Medizinische Gesellschaft), which prior to 1933 was an independent professional association and the professional home of Hans Kohn, was taken over by the Nazi government.

2 | DR. HANS KOHN'S PRIVATE AND PROFESSIONAL LIFE IN WASSERTRÜDINGEN, ERLANGEN, AND BERLIN BEFORE 1933

Hans Nathan Kohn was born in 1866 in the small town of Wassertrüdingen (in the Franconia region of today's German State of Bavaria). He was the second youngest son in a well-respected Jewish merchant family and was the first in his family to receive a university education. Kohn enrolled in medical studies at the Friedrich-Alexander University in Erlangen, which is near his hometown. Throughout his life, Hans Kohn took great pride in his membership in a student fraternity. German fraternities began as a progressive movement during the failed democratic revolution of 1848. Kohn intentionally joined a non-Jewish fraternity, the Corp Bavaria. By that time, the German student corps movement had shifted to a more conservative stance and was a strong supporter of the Hohenzollern imperial family and the German Empire (Zwicker, 2011). Many German student corps adhered to esoteric traditions that included dueling sessions with the aim of receiving honorific dueling scars, which were regarded as marks of honor. A visible scar on Kohn's left cheek can be seen in a photograph of him taken around 1933 (Figure 1).

In 1890, Kohn finished his doctoral thesis under Isidor Rosenthal (1836–1915) and received his medical license (Kohn, 1890). In 1892, Hamburg faced the last major cholera epidemic in Germany (Evans, 2005). Due to a slow response from the local authorities, nearly 17,000 people became ill, and about half of them died (Reiche & Eshner, 1893). In response to a call for German physicians to volunteer, Kohn spent September to October of 1892 at a Hamburg hospital, treating cholera patients. As a token of gratitude, the city of Hamburg later awarded him a silver medal (Hortsch, 2007).

After relocating to Berlin in 1893, Hans Kohn initially worked under heart and lung specialist Albert Fraenkel (1848–1916) at the Urban Hospital. Albert Fraenkel established *Streptococcus pneumoniae* as the major cause of bacterial pneumonia (Scholz-Janotte & Berndt, 1992). In 1896, Kohn started his own medical practice, which soon flourished, establishing him as a leading specialist for lung and heart disease in Berlin. In 1902, Hans Kohn married Gertrud Malachowski, a merchant's daughter from the province of Posen. He was a typical representative of a generation of German Jewish doctors who grew up during the Hohenzollern German Empire and felt a strong attachment to their German nationality and their place in German society. In a series of editorials published in the *Berliner Klinische Wochenschrift* in 1918 and 1919, following the end of World War I, Kohn



FIGURE 1 Photo of Hans Kohn, ca. 1933 (courtesy of Dr. Ruth Anna Putnam).

lamented the fall of the German Empire. He voiced his opposition to the November Revolution of 1918 and later to the new Weimar Republic government under Friedrich Ebert (1871–1925), a social democrat (Kohn, 1918a, 1918b, 1918c, 1918d, 1919a).

Gertrud and Hans Kohn had one child, a daughter named Marie, who was born in 1903. In 1923, she married Hermann Jacobs (also known as Martin Hall), a leader in the German Communist Party's youth organization and a newspaper editor. According to his granddaughter, Ruth Anna, Hans Kohn had various nonmedical scientific interests, including taking private mathematics lessons later in life. She also recalls him teaching her the basics of the solar system.

3 | DR. HANS KOHN AND THE DISCOVERY OF INTERALVEOLAR PORES

From 1891 to 1893, Kohn worked as an assistant to Friedrich Albert von Zenker (1825–1898) at the Pathological

Institute of the Friedrich-Alexander University Erlangen. During this time, Kohn observed a lung tissue preparation under the microscope from a patient who had died of fibrinous pneumonia (Kohn, 1893). He noticed that some fibrin filaments appeared to cross the alveolar septum from one alveolar space to a neighboring one. Kohn was careful interpreting his findings and in his 1893 publication left open the question of whether these observations resulted from a pathological process or reflected normal tissue structure (Kohn, 1893). A year later, one of Kohn's colleagues at the University of Erlangen, Gustav Hauser (1856–1935), confirmed Kohn's original observation and suggested that the postulated pores were indeed a normal anatomical structure in healthy lung tissue, proposing the name “Kohn'sche Porenkanäle,” or pores of Kohn (Hauser, 1894). In 1899, when Konosuke Sudsuki credited the discovery of interalveolar pores to his teacher David Paul von Hansemann (1858–1920) without citing Kohn's earlier article (Sudsuki, 1899), an upset Kohn published a rebuttal in Virchow's Archive (Kohn, 1899). However, as the initial description of interalveolar pores originated from a pathological specimen, many researchers doubted the existence of these structures in healthy lung tissue (Aigner, 1899; Berliner medizinischen Gesellschaft, 1895; Miller, 1923, 1925). It was not until later studies and the invention of electron microscopy that the presence of these pores in normal lung tissue was confirmed (Boatman & Martin, 1963; Cordingley, 1972; Josselyn, 1935; Weiss & Burri, 1996).

The physiological and pathological significance of interalveolar connections has been explored in the literature, with collateral ventilation often identified as a key function (Macklem, 1971; Mazzone & Kornblau, 1981). In 1931, Van Allen and collaborators reported that alveoli cut off from their air-delivering bronchi due to an obstruction could still participate in gas exchange (Van Allen et al., 1931). Interalveolar pores also facilitate the movement of alveolar macrophages between adjacent alveoli (Ferlin, 1982). However, these pores are also suspected to play a role in pathological processes, such as serving as starting points of emphysema (Boren, 1962; Pump, 1974; Yoshikawa et al., 2016) and enabling bacterial infections and cancer cells to spread more easily in the lung (Karetzky, 1993; Loosli, 1937). Additional structures contributing to collateral ventilation were identified later, including the interairway canals of Lambert (linking bronchioles and alveoli; Lambert, 1955) and the interbronchiolar pathways of Martin (Martin, 1966). Despite the insights that were gained since Kohn first described interalveolar pores over 130 years ago, many questions regarding their physiological significance and involvement in pathological processes remain unanswered.

4 | DR. HANS KOHN AND THE BERLIN MEDICAL SOCIETY

The Society for Scientific Medicine (Berliner Gesellschaft für wissenschaftliche Medizin), founded in 1844, was a precursor to the Berlin Medical Society. In 1860, it merged with the Club of Berlin Physicians (Verein Berliner Ärzte) to create the Berliner Medical Society, with the ophthalmologist Albrecht von Graefe (1828–1870) serving as its first president (Goerke, 1960; Laschinski & Roots, 2024; Table 1). Initially starting with 200 members, the society's membership grew to over 1200 by 1900 and peaked at 1875 members in 1923 (Laschinski & Roots, 2024). This membership made it one of the larger medical associations in Germany. During this period, the society organized regular weekly or biweekly meetings for its members, which addressed a wide range of medical and scientific topics (Solbrig, 2018).

Two years after his 1893 arrival in Berlin, Kohn joined the Berlin Medical Society. On January 30, 1895, Alfred Fraenkel (1848–1916; Scholz-Janotte & Berndt, 1992), the director of the Urban Hospital and Kohn's mentor and supervisor, presented Kohn's discovery of interalveolar pores to the members of the Berlin Medical Society during one of its regular scientific meetings (Berliner medizinischen Gesellschaft, 1895). This sparked a scientific dispute with Rudolf Virchow (1821–1902), who questioned the existence of these pores and challenged Kohn to demonstrate their presence in healthy lung tissue, thereby proving that they were not merely a pathological phenomenon (Berliner medizinischen Gesellschaft, 1895). Despite this disagreement, Kohn and Virchow's relationship ultimately evolved into a deep friendship.

In 1912, Kohn was elected as the society's librarian (Laschinski & Roots, 2024). According to his annual library reports published in the Berliner Klinische Wochenschrift, he consistently expanded the library's collection to about 100,000 items, making it one of the largest medical libraries in Berlin (Goerke, 1960; Laschinski & Roots, 2024). In a 1908 article in the Berliner Klinische Wochenschrift, Kohn suggested that the society should build a new headquarters and name it after Rudolf Virchow (Kohn, 1908). Although progress was initially delayed, Kohn's suggestion eventually came to fruition many years after Virchow's death (Laschinski & Roots, 2024). The Berlin Medical Society collaborated with the German Society for Surgery (Deutsche Gesellschaft für Chirurgie) in building the Langenbeck-Virchow-Haus (Figure 2). This building is named after the German surgeon Bernhard von Langenbeck (1810–1887; Cesmebasi et al., 2014) and Rudolf Virchow, both of whom had served as presidents of the

Berlin Medical Society. The Langenbeck-Virchow-Haus is located at Luisenstraße 58/59 in Berlin-Mitte in close proximity to the Charité university hospital (Figure 2).

From 1908 to 1921, Hans Kohn, together with the urologist Carl Posner (1854–1928; Krischel et al., 2018), was co-editor of the journal *Berliner Klinische Wochenschrift*. Kohn published many papers about a variety of medical topics, including impetigo-nephritis, extracardial blood circulation, the anatomy of the colon, and the influenza epidemic of 1919 (Kohn, 1914, 1918e, 1919b, 1921a). From 1915 on, his interests focused on angina pectoris, specifically on its pathology and treatment (Kohn, 1915, 1925, 1927, 1929). He supported the hypothesis that an insufficient blood supply from the coronary arteries is the major cause of this condition (Kohn, 1933a). Additionally, he authored many editorials addressing medical policy issues, such as the legal challenges surrounding physician confidentiality and crime, the introduction and approval of new medications, and the German health insurance system (Kohn, 1907, 1909, 1910, 1921b). In recognition of his almost 40-year-long service to the society, including 20 years as its librarian and board member, Kohn was awarded honorary membership in 1932 (Laschinski & Roots, 2024; Personalien, 1932).

5 | HOW THE NAZIS TOOK OVER THE BERLIN MEDICAL SOCIETY AND ITS IMPACT ON DR. HANS KOHN AND OTHER SOCIETY MEMBERS

The entire library of the Berlin Medical Society was lost after World War II, but one protocol book covering the years from 1922 to 1945 has survived. This book provides evidence of the politicization and disenfranchisement of the society starting in 1933 (Protokollbuch der Berliner Medizinischen Gesellschaft (communicated by Prof. Dr. H. Hahn), 1933). During a regular member session on February 22, 1933, the society's president Alfred Goldschneider (1858–1935) and the rest of the governing board, including Kohn, were almost unanimously reelected (Goerke, 1960; Laschinski & Roots, 2024). However, in May of 1933, the Prussian Ministry of the Interior, led by Hermann Göring (1893–1946), requested the dismissal of the entire governing board of the society, which included Kohn as the society's librarian, threatening that otherwise the society's governmental accreditation might be revoked. At that time, 4 of 10 members of the leadership team had been Jewish, including the president, Alfred Goldschneider (Laschinski & Roots, 2024).

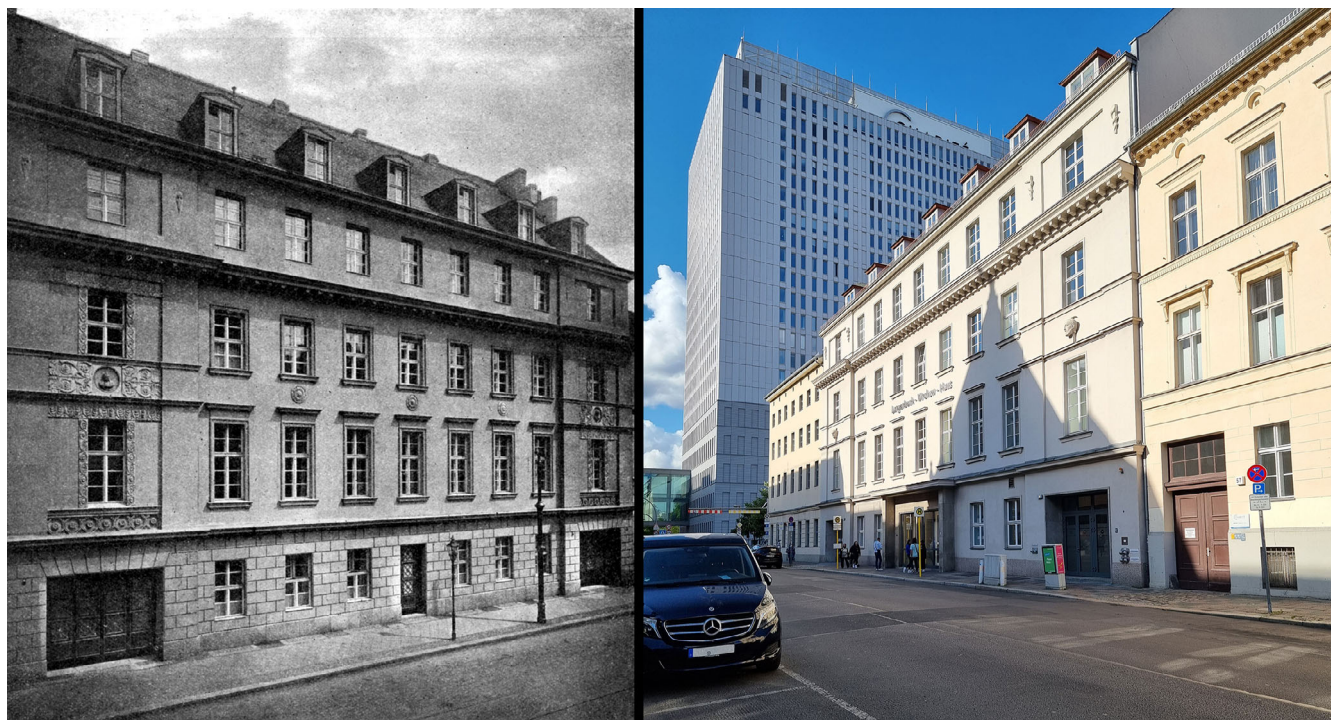


FIGURE 2 1915 and 2025 photos of the Langenbeck-Virchow-House at Luisenstraße 58/59 in Berlin-Mitte. The left photo is in the open domain (courtesy of Wikipedia), the right photo is courtesy of Dr. Ivar Roots. The building in the background is part of the Charité university hospital.

Starting in 1933, Jewish members were encouraged to relinquish their membership. By 1937, only two non-Jewish members who had been on the governing board in 1931 retained leadership positions, including the new president, Carl von Eicken (1873–1960), who previously had been one of the society's secretaries (Laschinski & Roots, 2024).

On November 15, 1933, an extraordinary meeting of the society's members was called by Carl von Eicken, who had been appointed as the interim president. During that meeting, he thanked the previous board members for their work, specifically acknowledging the Jewish board members Goldschneider, Unger, and Kohn. He also welcomed Otmar von Verschuer (1896–1969) and Leonardo Conti (1900–1945) as guests (Protokollbuch der Berliner Medizinischen Gesellschaft (communicated by Prof. Dr. H. Hahn), 1933). Otmar von Verschuer was a geneticist with an interest in twin research, eugenics, and race hygiene, and a mentor of Josef Mengele (1911–1979), the “Angel of Death” at the Auschwitz concentration camp. Their association continued later on, and von Verschuer was Mengele's collaborator, receiving material from the infamous twin experiments conducted at Auschwitz (Seidelman, 1988; Weindling, 2021; Weiss, 2012).

During the November meeting, a significant loss in membership was highlighted, which contributed to serious financial difficulties for the society due to a decline in membership fees. One can only surmise that many of these former society members were Jewish. The next item on the agenda was proposed changes to the society's bylaws that would eliminate much of its democratic structure (Laschinski & Roots, 2024). Among other amendments, the board members and members of the admissions committee would no longer be elected but instead appointed by the society's president. These bylaw changes were approved by the membership and the new president, Carl von Eicken, announced the members of the now “legitimized” board and admissions committee. The administrative portion of the session concluded with remarks from Leonardo Conti, who emphasized the expanded role of the medical profession in the new state. In 1941, Friedrich Umber (1871–1946) was no longer elected but was introduced as the new president of the society by Leonardo Conti, the leader of the German health ministry (Reichsgesundheitsführer). Umber was required to take a loyalty oath to the National Socialist regime and its health policies (Goerke, 1960). It is noteworthy that Carl von Eicken and Friedrich Umber never became members of the National Socialist German Worker's Party (Nationalsozialistische Deutsche Arbeiterpartei/NSDAP).

Prior to 1933, about half of the membership of the Berlin Medical Society was Jewish, and between 1932

and 1940, the society lost about half of its membership (Laschinski & Roots, 2024). There is no indication that during the early years of the Nazi regime, Jewish society members were actively removed from the society. However, the statutes of the Berlin Medical Society required all members to be licensed physicians (Laschinski & Roots, 2024), and when in July 1938 all Jewish physicians lost their licenses to practice medicine in Germany, they became automatically ineligible for membership in the Berlin Medical Society (Table 1).

Two recent books about the history of the Berlin Medical Society, detail the varied responses of society members to the Nazi regime (Laschinski & Roots, 2024; Neumann-Redlin von Meding & Conrad, 2013). Some non-Jewish members actively resisted the Nazi regime, and some paid with their lives. Examples are Georg Groscurth (1904–1944), Wolfgang Heubner (1877–1957), Albrecht Tietze (1901–1968), and Otto Kraye (1899–1982; Laschinski & Roots, 2024; Neumann-Redlin von Meding & Conrad, 2013). The experiences of Jewish society members differed greatly. All four Jewish board members including Hans Kohn and the previous society president Alfred Goldschneider were forced to resign their leadership roles in May of 1933. Alfred Goldschneider and Hans Kohn died in 1935 of natural causes (Bergmann, 1935; Kohn, 1935; Professor Hans Kohn zum Gedächtnis, 1935; Todesnachrichten H. N. Kohn, 1935). Others fled Germany seeking refuge in other countries. Sadly, many were unable to escape in time, perishing in the Holocaust or took their own lives before being deported to concentration camps (Laschinski & Roots, 2024; Neumann-Redlin von Meding & Conrad, 2013). Some non-Jewish society members chose to adapt to the new regime without engaging in known unethical activities, like the new president, Carl von Eicken. Conversely, others actively promoted the National Socialist agenda and participated in its crimes. After the war, several members of the Berlin Medical Society were prosecuted in the Nuremberg Doctor Trials, including Karl Gebhardt (1897–1948), Gerhard Rose (1896–1992), and Hermann Becker-Freyseng (1910–1961; Neumann-Redlin von Meding & Conrad, 2013). Among the most notorious Nazi physicians, who were members of the Berlin Medical Society, were Leonardo Conti (1900–1945) and Maximinus de Crinis (1889–1945). Both were deeply involved in the development and execution of the Nazis' “T4 euthanasia program” and evaded justice in 1945 by committing suicide. (Kater, 1985; Laschinski & Roots, 2024; Neumann-Redlin von Meding & Conrad, 2013).

The Berlin Medical Society was just one of many professional societies targeted by the National Socialist regime (Krischel et al., 2016). Very few medical and

scientific associations, like the Anatomical Society (Anatomische Gesellschaft), managed to limit their politicization and successfully avoided the active exclusion of their “non-Aryan” members (Hildebrandt, 2013; Winkelmann, 2012). In contrast, the German university system immediately came under the direct influence of the Nazi government (Reimann, 1986). In Germany, university faculty members are employed as civil servants. With the April 1933 adoption of the law for the Restoration of the Professional Civil Service (Gesetz zur Wiederherstellung des Berufsbeamtentums; Table 1), many German university professors and researchers were dismissed because of their Jewish heritage or because they were known opponents of National Socialism. The estimates of university members affected by this law vary by types of institution and timeframe considered, but range in the thousands (Ash & Söllner, 1996; German, 2004; Grüttner & Kinan, 2007). Many German university faculty members and intellectuals also left Germany voluntarily, relocating to the United Kingdom, the United States, or other nations (Beyerchen, 1996; Reisman, 2007; Weindling, 1996).

6 | THE FATE OF THE KOHN FAMILY BEFORE, DURING, AND AFTER THE SECOND WORLD WAR

Starting in 1933, Kohn and other Jewish members faced pressure to voluntarily resign their membership in German student fraternities. In a personal letter dated September 6, 1933, addressed to an unnamed friend from the Corp Bavaria fraternity, Kohn firmly refused to give up his fraternity membership, stating that he viewed it as a lifelong commitment (Kohn, 1933b). Despite their conservative values and their attempts to align themselves with the Nazi regime, the Corp Bavaria at the University of Erlangen and other German university fraternities were dissolved by the National Socialist government in 1936 (Friederich, 2002; Weber, 1986).

The personal letter written by Kohn in September 1933 mentions that he suffered from some health issues (Kohn, 1933b). In January 1935, Kohn died of colon carcinoma. According to his granddaughter, while on his deathbed in the hospital, he received a visit from the German Secret State Police (Geheime Staatspolizei/Gestapo) who questioned him about the whereabouts of his daughter, Marie, and his communist son-in-law, Herman Jacobs. By that time, both had left Germany to later settle in the United States.

The eulogy at Kohn's burial was delivered by his friend Siegfried Vollmann, a fellow Jewish physician who, in 1933, was forced to retire as the editor-in-chief of

the Deutsche Ärzteblatt (German Medical Journal; Gerst & Vollmann, 2005). The Deutsche Ärzteblatt has been and still is the oldest weekly medical journal with the widest distribution to all physicians in Germany (Bundesärztekammer Deutsches Ärzteblatt, 2025). Unfortunately, in 1933, it folded quickly under Nazi pressure and aligned itself with Nazi ideology (Waigand, 2001). Several German medical journals published short obituaries announcing Kohn's death (Kohn, 1935; Todesnachrichten H. N. Kohn, 1935). Around this time, some scientific publications authored by German physicians and scientists included the fascist salutation at the end of their articles, indicating the authors' support for the Nazi regime and aligning the medical sciences with its political agenda. After Kohn's death, his widow Gertrud had to relocate to a “Jewish house” in Berlin-Halensee. To avoid deportation to a concentration camp, she committed suicide in 1942.

Kohn's daughter and son-in-law went underground early in 1933, left Germany, and in 1938 emigrated to California. Kohn's granddaughter, Ruth Anna (1927–2019), survived the war living with her non-Jewish grandparent in Gotha/Germany. In 1948, she joined her parents in the United States. She earned a Ph.D. in philosophy from the University of California Los Angeles and later became a faculty member and chair of the philosophy department at Wellesley College in Massachusetts. Along with her husband, Hilary Putnam (1926–2016), she was a significant proponent and critic of American Pragmatism, a philosophical movement that emphasizes the practical consequences and real-world applications of ideas rather than abstract theories (Putnam & Putnam, 2017).

7 | RESTORATION OF THE BERLIN MEDICAL SOCIETY AFTER THE SECOND WORLD WAR

After its last official session in January 1945, the Berlin Medical Society ceased to function by May 1945, at the end of the European World War II (Laschinski & Roots, 2024). The occupying Soviet administration then confiscated the Langenbeck-Virchow-House. The library had been relocated in 1944 and is considered a total loss. In October 1949, when the East German state (Deutsche Demokratische Republik) was established with East Berlin as its capital, the Langenbeck-Virchow-House came under the control of the East German government. From 1949 to 1976, it served as the assembly place of its parliament, the Volkskammer. The East German regime, being a communist dictatorship, had no interest in allowing the existence of independent professional associations.

Consequently, the Berlin Medical Society was reorganized in 1950 in West Berlin, with Wolfgang Heubner (1877–1957) as its first president after the war (Laschinski & Roots, 2024). After German reunification in 1990, it took several years of legal proceedings until ownership of the Langenbeck-Virchow-House was restored in 2002 to the Berlin Medical Society and the German Society for Surgery. Following extensive renovations, the building is once again home to both societies and serves as a meeting center for medical and scientific conferences (Langenbeck-Virchow-Haus, 2025).

8 | CONCLUSIONS

As outlined in this paper, the fate of Hans Kohn and his family serves as an example of how the transition of a democratic society to a totalitarian regime can have tragic consequences at the personal level. How the Nazi regime took control over the Berlin Medical Society illustrates how political power can restrict and sometimes abolish academic freedom and foster an environment of unethical behavior by physicians and scientists.

The events that occurred from 1933 to 1945 during the Nazi regime in Germany and across Europe before and during World War II are unparalleled in history in their scale and horror. This might evoke a response mirroring the title of Sinclair Lewis's 1935 novel, "It Can't Happen Here" (Lewis, 1935). Historians generally agree that the German Weimar Republic (1919–1933) was a weak and dysfunctional democracy, struggling with the fallout from Germany's defeat in World War I exacerbated by the dire economic conditions of the Great Depression. These factors contributed to the rise of the Nazi dictatorship (Baranowski, 2018; Czech et al., 2023; Schwabe, 2014). However, no democracy is completely immune to the erosion of its parliamentary and legal systems.

The relationship between higher education, scientific research, and totalitarian regimes is complex and can vary significantly (Hirsch, 1975; Schmid-Petri et al., 2022). A free and independent educational system normally fosters democracy and individual freedoms (Giroux, 2015). In contrast, a totalitarian regime often views independent education as a threat that must be controlled (Giroux, 2020). The institutions that are usually targeted by a totalitarian government are not limited to higher education. As shown here for the Berlin Medical Society during the Nazi regime in Germany, they may also encompass independent professional associations and similar organizations that might be seen as potential sources of dissent and resistance (Krischel et al., 2016).

In addition, the politicization of science can significantly influence how the public perceives scientific knowledge. When political viewpoints conflict with the scientific consensus, these opposing beliefs may become accepted as "truth," leading to the dismissal of scientific evidence (Rekker, 2021). This creates an environment conducive to the misinterpretation of science that aligns with the objectives of totalitarian systems (Fasce et al., 2020; Rabkin & Mirskaya, 2003). Therefore, active and open communication between scientists and the general public is crucial to counteract these trends (Bolsen & Druckman, 2015). While democracy and individual freedoms are not strictly necessary for scientific progress to occur (Hirsch, 1975), they are vital for preserving academic freedom and independence from political pressures (Brown & Guston, 2009; Raina, 2023; Wilholt, 2010).

As mentioned in this paper, it is also important to recognize that not all physicians and scientists suffered under the Nazi regime; some were active proponents, participating in some of the most heinous and dehumanizing experiments in history under the guise of science and medical research (Czech et al., 2023; Grodin et al., 2018; Spitz, 2005). Medical and scientific professionals are ultimately human beings and members of society, making them susceptible to becoming instruments of totalitarian regimes or engaging in unethical policies for personal gain or career advancement (Pellegrino, 1997). Even in functioning democracies, instances of crimes reminiscent of those committed by physicians during the Nazi era have occurred, demonstrating that such ethical breaches can emerge anywhere, at any time (Emanuel et al., 2008; Grodin et al., 2018). Although the events described in this article happened almost a century ago, the example of Dr. Kohn and the Berlin Medical Society during the 12 years of Nazi rule in Germany still provides a powerful warning in the context of more recent political developments and for the future.

9 | LIMITATIONS

It should be noted that the author is not an academic historian or political scientist. All the facts mentioned in this article are based on available resources. However, there remain gaps in the documentation and uncertainties about some historical details.

AUTHOR CONTRIBUTIONS

Michael Hortsch: Conceptualization; writing – original draft; data curation; investigation; validation; project administration; visualization; writing – review and editing.

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