



HISTORY OF MEDICINE

Did Adolf Hitler have syphilis?

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The evidence that Adolf Hitler may have suffered from incapacitating syphilis is reviewed. Rumours that he acquired syphilis from a prostitute at the age of 20 years, with possible re-infection during World War I, can no longer be verified. Evidence is that he was sexually rather inactive throughout his life. Suggestions that Hitler's cardiac lesion and complaints such as transitory blindness, tremor of his left arm and leg, recurring abdominal pain and a skin lesion of the leg were of syphilitic aetiology cannot be supported. Hitler's progressive mental and physical deterioration after 1942, his growing paranoia, fits of rage, grandiosity and symptoms of possible dementia would fit in with neurosyphilis. There are, however, also other explanations for his terminal syndrome, and evidence that repeated clinical examinations did not show the characteristic signs of dementia paralytica or tabes dorsalis, swings the balance of probability away from tertiary syphilis.

Much has been written about Adolf Hitler's complex personality and medical history,^{1,3} but, as recently pointed out by Hayden,⁴ the question of whether he suffered from syphilis has been relatively neglected. Details of Hitler's personal life while leader of Germany are largely shrouded in secrecy, but in this study his available medical history is examined for evidence of a syphilitic infection. Health problems not likely to be syphilis related are mentioned only briefly.

Relevant medical history

In certain publications that appeared a decade or more after World War II (1939 - 1945), it was rumoured that as a youth Hitler acquired syphilis from Viennese prostitutes (at least one possibly of Jewish origin) in the years 1908 - 1910.^{4,5} Wiesenthal,⁶ who was particularly interested in the subject, furthermore stated that Hitler purposefully contracted the disease during World War I (1914 - 1918) to escape further active service. There were also claims at that time that he had been receiving long-term intermittent antisyphilitic treatment,

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when secondary (possibly even tertiary) syphilis was diagnosed in 1918.^{4,7,8} Hitler was temporarily blinded during a gas attack at Ypres, Belgium, in October 1918, and admitted to the Pasewalk Hospital for Neurological Diseases where it was suspected that the cause of his blindness was at least partially hysterical. Consequently, he received psychiatric treatment.^{4,8} Hitler later stated that he was finally cured by a supernatural vision which convinced him of his decisive future role as leader of Germany.⁴ It was subsequently claimed that all records pertaining to syphilis or the diagnosis of hysterical blindness were later confiscated by Nazi officials.⁴

Hitler's rise to political power during the 1920s and early 1930s was interrupted by his failed 'Beer Hall Putsch' in 1923, for which he was imprisoned in the Landsberg Prison. Here he wrote his political manifesto, *Mein Kampf (My Struggle)*, in which, interestingly enough, he included 13 pages on the scourge of syphilis. Hayden suggests that Hitler wrote this with a guilty conscience about his personal infidelity.⁴ At this time Hitler went through a period of severe depression (when he even considered suicide) and developed a temporary tremor and weakness of his left arm and leg. Further depression with suicidal thoughts recurred in 1931 when his girlfriend, Geli Raubal, committed suicide. He also started developing insomnia, headaches and chronic intermittent abdominal pain with flatulence, which became a permanent complaint. At approximately this time he became a vegetarian and teetotaler.⁹

On 30 January 1933 Hitler became Chancellor of Germany, called himself 'der Führer' (the leader) and established his progressively centralised Nazi government which invaded personal liberties and promoted national self-esteem, order and economic growth.¹⁰ Hitler's growing suspicion at this stage that he was suffering from a serious cardiac disease was not allayed by repeated physical examinations which found no health problems.⁹

Hitler's doctor

In 1936, the controversial Dr Theodor Morell (a dermatologist and syphilologist) became Hitler's personal doctor. Overweight, with prominent eyes, pasted-down hair and a rather nebulous medical background, Morell was unpopular with all Hitler's associates. He nevertheless had Hitler's full support and gradually displaced other official doctors such as Karl Brandt and Hans-Karl von Hasselbach. The Führer's



abdominal complaints, put down to his vegetarian diet, were now treated with mutaflo (a preparation of specially prepared intestinal bacteria) and Köster's antigas pills (containing belladonna and strychnine), as well as a variety of antispasmodics and digestive enzymes. He also received a vitamin preparation (vitamultin), which contained the stimulants caffeine and metamphetamine (pervitin). In time, more than 30 identifiable preparations were prescribed by Morell, and it was noticed by many that Hitler was often clearly euphoric after a consultation with Morell. He admitted to taking a caffeine-containing mixture before major speeches.⁹

A growing urgency to complete his self-conceived predestined duty before dying (*inter alia* finding more 'Lebensraum', i.e. land to live on, for the German nation) now led to an aggressive foreign policy and the successive annexation of the Rhineland, Austria and Czechoslovakia. When he invaded Poland on 1 September 1939, World War II broke out. By this time Hitler had become a haughty, rather isolated but self-assured dictator who ruled even over the German armed forces with absolute authority.^{9,10}

Early in 1940, Morell conducted a full general examination with extensive special investigations (including serological tests for syphilis, which were negative) to allay Hitler's hypochondriasis regarding underlying cardiac disease. Except for mild hypertension (exacerbated by excitement), slight left ventricular hypertrophy and a soft nonspecific aortic murmur, the results were essentially normal. However, Hitler was not convinced.⁹ After a severe altercation with his Minister of Foreign Affairs, Joachim von Ribbentrop in 1941, Hitler collapsed, clutching his chest. Again no evidence of significant cardiovascular (or other) disease could be found, but Morell placed him on digitalis and nonspecific cardiac stimulants (coramine and cardiazol).^{4,9} This made the subsequent interpretation of ST and T-wave abnormalities noticed on Hitler's ECG, problematic.

The tide turns

The German invasion of the Soviet Union in June 1941 (which Hitler undertook notwithstanding opposition from senior army generals) put Hitler under considerable stress. He underwent episodes of depression and severe agitation and suffered dysentery during a visit to the eastern front. When the tide of war turned against him in 1942, he became progressively more paranoid about his military leaders. The tremor and weakness of his left arm and leg returned, he complained of insomnia and a gradual deterioration of his general health set in. Implementation of the 'Final solution' regarding the 'Jewish problem' was launched. Associates such as Albert Speer (armaments minister) noticed that he seemed to age rapidly and to have lost his mental sharpness, with episodes of apparent amnesia and an inability to take firm decisions.^{9,11}

During the course of 1942, Heinrich Himmler (Head of the Schutzstaffeln, SS), started doubting Hitler's ability to win the war and initiated a secret investigation into his genealogical background and medical history, which (according to certain sources) revealed *inter alia* that he suffered from syphilis (information kept in the so-called 'black dossier'). It was later even claimed that many senior officials in the Nazi Party were also aware of this, including doctors Morell and Brandt, and that confiscated copies of Hitler's medical history in the Pasewalk Hospital (1918) confirmed it.⁴

During 1943 Hitler had two episodes of serious illness diagnosed as encephalitis (possibly of influenzal origin), and he also developed a mild vitreous haemorrhage of the right eye. He continued to age rapidly, experienced dizzy spells, became stooped and the tremor of his left arm and leg worsened progressively. There is evidence that at this stage Morell prescribed regular stimulants. Hitler survived an assassination attempt on 20 July 1944 when a bomb blast (in a conference room) caused superficial burns, multiple minor skin injuries and perforated eardrums. He interpreted his survival as divine confirmation that he should continue his struggle for Germany, and interestingly enough, lost his tremor for a while. But he now had severe halitosis, was treated for an attack of jaundice (probably infectious hepatitis), sinusitis, nuchal furunculosis and recurring dental disease (a lifelong problem). Benign polyps were removed from his vocal cords – the repeat of an operation first performed in 1935. Although he had no typical anginal pain, an ECG taken in 1944 was suggestive of a silent myocardial infarction.⁹

At the end of 1944 Hitler retired to new headquarters in an underground bunker in the chancellery building in Berlin, where he stayed until the time of his death on 30 April 1945. He showed progressive physical and mental deterioration and later had difficulty walking. However, he maintained total control over the war effort. His last public message to the German nation was on 20 January 1945.¹² Regular situation conferences with his military staff continued until 2 days before his death, but gradually became farcical as he mobilised army units which no longer existed and promoted and sacked generals with whom he no longer had contact.³ At times he seemed to be living in an unreal world of his own and when he issued his 'Nero Order' (the large-scale destruction of German industrial and social infrastructure) on 20 March 1945, this was largely ignored.¹³ On 29 April, with Soviet artillery already pounding the chancellery building, he married his girlfriend, Eva Braun, and wrote his political testament. The next day they committed suicide – she by taking cyanide, and he by shooting himself. He was 56 years old. The bodies were drenched with petrol and incinerated in the chancellery gardens next to the bunker entrance, and the remains hastily buried in a bomb crater.^{3,13} According to Bullock¹¹ and Beevor,¹³ the Soviet Secret Service (SMERSH) found the remains 5 days later and



conducted autopsies. Certain of Hitler's organs were then apparently transferred to Moscow, where his lower jaw is reputedly still preserved in the Kremlin.

Discussion

Hitler's complex (even unstable) personality went hand in hand with an ardent sense of German nationalism that was present since his late teens, and a consuming anti-Semitism already evident during World War I.^{3,10} As a politician, he was a wily manipulator of the masses during the national chaos that characterised the Weimar Republic in Germany after World War I, and by eventually bringing about political and economic stability and restoring German self respect, the autocratic new Führer was enthusiastically supported despite his extensive abolition of personal rights.^{10,14} We know that he was prone to episodes of severe depression, and Morell at one stage even suspected manic depressive psychosis.⁴ The suggestion that he probably had an inherent underlying anxiety neurosis would *inter alia* fit in with his obvious cardiac neurosis (C Gagiano – personal communication, October 2004). Probable hysterical manifestations such as his transient blindness at Pasewalk Hospital, and even the tremor of his left arm and leg which manifested temporarily in 1924 (after his failed 'Putsch' of the previous year) and which recurred 20 years later during the final stressful years, would likewise support this diagnosis.

Syphilis – what is the evidence?

The suggestion that Hitler had syphilis is based on a rather vague history of syphilitic infection when he was approximately 20 years old, and recurrent infections during World War I, as well as clinical evidence of suggestive neurosyphilis towards the end of his life. These aspects will now be reviewed in more detail.

The story of Hitler's escapades with Viennese prostitutes from 1908 to 1910 is based on second-hand information, mainly from Hanfstängl,⁵ Wiesenthal,⁶ Anwyl-Davies¹⁵ and Ronald,¹⁶ published up to 40 years after the alleged events. The veracity of these claims can almost certainly no longer be determined. Records from Hitler's youth in Vienna show him to have been a lonely person with very few friends (male or female) and little interest in the opposite sex. Indeed much has been written on Hitler's sexuality and there is general agreement that he showed minimal sexual interest. It has even been mooted that he might have been a latent homosexual.^{4,14} Wiesenthal's⁶ claim that Hitler had himself infected in order to avoid active service is hard to reconcile with evidence that, after being wounded in 1916, Hitler insisted on returning to the trenches even before he was properly healed.¹⁴ Hitler was certainly an enthusiastic soldier, and received the Iron Cross in 1918. Krückman's

diagnosis of transient blindness as a manifestation of tertiary syphilis¹⁷ is hard to accept. It is furthermore unlikely that neurosyphilis, already symptomatic in 1918, would have remained asymptomatic for approximately 25 years before becoming full blown and used to explain Hitler's final clinical syndrome.

Hayden⁴ suggests that Hitler's recurrent abdominal pain and flatulence could have been the 'tabetic crises' of tertiary syphilis. These symptoms, which recurred periodically for close on 15 years, are, however, not consistent with syphilitic crises which are characteristically extremely severe, and associated with vomiting (not flatulence).¹⁸ We would suggest a diagnosis of irritable bowel syndrome,¹⁹ aggravated by stress and responding somewhat to Morell's treatment with atropine and other antispasmodic preparations.

Hayden⁴ considers Morell's cardiovascular findings on Hitler as indicative of syphilitic disease. He quotes Stokes²⁰ that a tympanitic second aortic sound and T-wave inversion (on ECG) are pathognomonic of syphilitic aortitis. However, it is today accepted that T-wave negativity occurs in many cardiac conditions. In Morell's clinical records there is mention of a prominent second heart sound (not a tympanitic one). A loud second sound in the aortic area is, of course, characteristic of hypertension, and Hitler's blood pressure was mildly elevated.²¹

The skin lesion of Hitler's left leg, cured by Morell in 1936, was almost certainly not syphilitic, as suggested by Hayden,⁴ but probably eczema. Although the Hestons²² are not convinced of true dementia in Hitler, a degree of physical and apparent mental deterioration after 1942 was obvious to all.⁹ This could well fit in with organic brain damage, of which neurosyphilis (dementia paralytica) is one cause. Characteristic would be memory loss and retardation of other mental faculties, delusions of grandeur, paranoia, slurring of speech and an ataxic gait. Dizziness, tremor and premature ageing would also be compatible with the diagnosis.²² Serological tests for syphilis performed in 1940 were negative, but that does not exclude neurosyphilis.¹⁸ However, we also have reports of numerous extensive medical examinations performed on Hitler since the early 1930s, and in none of them was clear clinical evidence of neurosyphilis recorded. As late as 1944, Dr Erwin Giesing performed a full physical examination, and the neurological system in particular, was normal.⁹ It presumably did not show the areflexia, ataxia, dysarthria, posterior column lesions or Angyll Robertson pupils one would have expected in advanced neurosyphilis.¹⁸ Ophthalmologists like Professor Walter Löhlein, who diagnosed vitreous haemorrhage early in 1944, also did not comment on abnormal pupils. Authors such as Irving,² Heston and Heston,¹ and Redlich²³ are convinced that Hitler did not have neurosyphilis.



Other possibilities

Could there have been other causes for a dementia syndrome – for instance the two attacks of encephalitis in 1943, or perhaps brain toxic drugs? Although Morell denied ever supplying amphetamine,⁹ various authorities do not accept this,^{4,24} and it is known that pervitin contains metamphetamine. Heston and Heston²⁵ postulate that Hitler's final physical and mental deterioration was largely due to amphetamine abuse. We have also elsewhere (F P Retief and A Wessels, 'Adolf Hitler se siektegeskiedenis', submitted to *Tydskrif vir Geesteswetenskappe*, 2005) put forward a case for progressive post-traumatic stress (so-called 'battle fatigue') as a possible cause of Hitler's general deterioration. His autocratic centralised governmental system meant that Hitler took responsibility for the total German war effort – a war that had been running steadily against him since 1943.

The saga of Himmler's 'black dossier' as confirmatory evidence of Hitler's possible syphilis is summarised by Hayden.⁴ Felix Kersten,²⁶ Himmler's masseur, published his memoirs in 1957 and claimed that Himmler had confidentially informed him that this dossier contained evidence that the Führer was suffering from neurosyphilis (from as early as 1937). Part of this evidence originated from the Pasewalk medical files (1918) which had been confiscated by Nazi officials to conceal negative aspects of the Führer's past. Lewis⁸ has more recently reviewed the Pasewalk episode, claiming that what had been suppressed was evidence that the Führer had a hysterical affectation (blindness) – not syphilis. Authors such as Irving² and Maser⁹ disbelieve Kersten's story and the existence of a 'black dossier'. It seems most unlikely that Himmler would have confided in his masseur about such extremely sensitive issues affecting the Führer.

Conclusion

It is no longer possible to verify the rumours that Hitler acquired syphilis from Viennese prostitutes in the years 1908 - 1910, and that he became re-infected during World War I. However, his established low interest in sexual matters probably makes it unlikely that he visited brothels regularly;

perhaps not even at all. A substantial case has indeed been made that Hitler's final physical and mental deterioration was due to neurosyphilis. Experts differ on whether he had true dementia terminally, but we suggest that his progressively bizarre behaviour, particularly in the Berlin bunker, manifested *inter alia* in inappropriate bouts of rage, paranoia, grandiosity, apparent loss of contact with reality and rapid premature ageing, would be compatible with dementia paralytica and/or tabes dorsalis. The protean clinical manifestation of syphilis may, however, mimic many other diseases,²² some of which are discussed above as alternative explanations for his illness. In our opinion the absence of hallmark physical signs of neurosyphilis on repeated clinical examinations swings the balance of probability away from terminal neurosyphilis, and towards other causes of organic brain disease, such as amphetamine abuse or post-encephalitic damage. In a person with inherent anxiety neurosis, a chronic stress syndrome could have aggravated matters.

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