



HISTORY OF MEDICINE

Did Hitler have syphilis?

A reply to Retief and Wessels

Robert M Kaplan

It is always a pleasure to read articles by Francois Retief and co-workers, and the latest effort is no exception.¹ The authors investigate the claim that Hitler had syphilis and put forward a number of possibilities to explain his health problems, suggesting battle fatigue, dementia, parkinsonism and amphetamine abuse as possible explanations.

Adolf Hitler continues to be the cynosure of biographers, including medical historians, and new works pour out at an astonishing rate. Herein lies the problem; the available pool of information has been much picked over, and there is little chance of anything new emerging unless something unexpected is disgorged from the Russian archives in future.² It can be said with some certainty that the Hitler historiography at any given period is more a reflection of the context of the author than a new perspective on the subject. This has special risks for pathographers. The vast web of rumour, innuendo, court gossip and malicious invective that surrounds Hitler's personal life should be regarded with the greatest of scepticism. Such information needs to be considered most carefully.

Consider the case of Ernst 'Putzi' Hanfstaengl,³ a reference cited by Retief and Wessels and, indeed, many others. Hanfstaengl was both a slippery and a flamboyant character. He fell out with the Hitler court and had to flee to the USA, where he spent the war as a consultant to the government and later wrote his dubious biography. Hanfstaengl therefore had an axe to grind, if not some issues of his own to hide, and the only certainty about his speculations, especially where Hitler's sexuality is concerned, is that the mechanism of projection was prominent.

In considering Hitler's medical history until the fall of Stalingrad there are a number of accepted landmarks; the terrain between is very empty indeed. With one exception, Hitler had a healthy childhood and adolescence. He contracted a lung infection from which he made a full recovery, and there

is no evidence that he had respiratory problems in adult life.

As Rosenbaum points out, Simon Wiesenthal did not always get it right,⁴ and his allegation that Hitler had syphilis, based on what amounts to third-hand rumour, must be regarded as extremely dubious (both Rosenbaum and Kershaw leave little doubt about the matter). The likelihood that Hitler visited prostitutes in Vienna must be regarded with equal scepticism. By all accounts, Hitler was extremely prudish. It is well known that he refused to go to brothels with his comrades when he was in the army. The best information on this comes from Hitler's boyhood friend, Kubizek, who stayed in Vienna with him for a while. After being accosted by a seductive landlady while looking for lodgings Hitler went away appalled, accusing the woman of being a 'Potiphar'.⁵

In the front line

There is a misconception regarding Hitler's evasion of military service. Hitler regarded the Austro-Hungarian empire and its military forces with contempt. Tracked down by the authorities in Munich, he wrote a bathetic letter explaining his situation, and was examined by a medical panel and discharged as medically unfit. As pointed out, the records were made to disappear. Redlich makes the case that this was most likely due to congenital deformities such as spina bifida or hypospadias,⁶ but there is no way of knowing. Shortly afterwards Hitler volunteered for the German army and passed the medical examination without difficulty.

Then there is the incident at Pasewalk when Hitler briefly lost his eyesight. The speculation on this event is enough to fill several shelves.⁴ The most sensational account was that a psychiatrist hypnotised Hitler, inducing a grandiose hallucination and setting in motion the events that led to war and the genocide of the Jews. Unfortunately this intriguing concept cannot be sustained.⁷ The idea that one soldier, suffering from what would at best be regarded as a minor affliction in a battlefield hospital trying to deal with huge numbers of casualties, would receive intense psychiatric treatment is simply untenable. Hitler's psychogenic blindness, if indeed it actually occurred, lasted no more than a day or two.⁸

Hitler's front-line experiences during the war, let alone the final incident when his unit was gassed, were more than sufficient to cause shell shock, battle fatigue, or in the current

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parlance, post-traumatic stress disorder (PTSD). However, Hitler did not have PTSD or any related condition. Given the public scrutiny of his life as his political star ascended, it is difficult to see how this could have been hidden. The most significant pointer against it is Hitler's attitude to war. Far from abhorring it, the usual response of PTSD victims, he glorified his frontline experiences and spoke longingly about them until the last days of his life.

The strange Dr Morell

Retief and Wessels state that Hitler had a chronic anxiety neurosis, but the evidence for this is lacking. There is nothing to indicate symptoms of anxiety such as panic attacks, agoraphobia or generalised anxiety. Hitler was undoubtedly a hypochondriac, but this is not quite the same thing. We are left with a tremor, for which there could have been any number of causes, Morell's polypharmacy being the obvious candidate, followed by the development of parkinsonism.

There is only secondary documentation on Hitler's medical history before 1936; after 1936 the only source is Morell's diaries,⁹ plus a few small offerings from other doctors. And the diaries need to be read in context. Morell kept them as an insurance policy. If anything went wrong with Hitler, it was certain he would be handed over to the attention of Himmler's Gestapo. Consequently the diaries are written in a defensive fashion. In addition, even by the standards of his time, Morell was an appallingly wild diagnostician.

It is therefore important to understand Morell's medical career. He had virtually exclusive care of the dictator from 1936 until his death. Before becoming Hitler's personal physician, he had had a fashionable and successful practice on the Kurfürstendamm, Berlin's equivalent of Harley Street. He had a rich and famous clientele, including a number of Jews, such as the singer Richard Tauber. He treated male urological disease and dermatological conditions, although he had no specialist qualification in either field. 'Urology' was often a euphemism for venereal disease. Herein lies the root of the rumour that Morell treated Hitler for syphilis. However, the diaries do not mention Morell examining, diagnosing or treating Hitler for syphilis or any venereal disease. Morell was aware of the Allied success with penicillin and even tried (unsuccessfully) to make a version in his pharmaceutical plant.

In citing Deborah Hayden's book¹⁰ Retief and Wessels handle a poisoned chalice. The first part of the book is a whiggish account of the history of syphilis, littered with inaccuracies. In the second section the author refers to historical figures such as Hitler, James Joyce and Nietzsche with abandon, engaging in what can only be called wildly speculative and sensational claims. The factual errors in the section on James Joyce are so prolific it is hard to know where to begin, and the author is scarcely better with Hitler. In citing the use of potassium iodide she draws an extremely long bow. In Germany, as in the rest of the world before the penicillin era, the standard treatment for syphilis was with arsenicals, with malaria fever running a

distinct second. Mineral preparations were a prominent feature of Morell's armamentarium, as were powdered endocrine gland extracts, vitamins, intravenous glucose and preparations of faecal bacilli.

To refer to Morell as 'controversial' is perhaps missing the point. He ran a successful and lucrative practice. Was Morell as much of a quack as he has been made out to be? His patients spoke highly of him and he was by no means the only doctor at that time who still resorted to cures such as leeches and cupping. He was envied by members of the Hitler court for his constant access to the leader (and disliked for his nauseating personal hygiene). To his credit, he never breached his patient's confidence. He was equally resented by other doctors involved with Hitler for the same reason, although they couched this in terms of concern about his treatment methods.

Encephalitis

The claim that Hitler had encephalitis is an example of how a casual or incorrect statement can be picked up in the historiography. The article by Lieberman¹¹ is frequently cited to support the encephalitis argument. The author makes a strong case that Hitler had Parkinson's syndrome of relatively recent onset, citing several authors who examined the movie footage in some detail. However, in making the case for encephalitis, the brief goes beyond being merely elastic and became tendentious. For example, it is said that Hitler stole because he plundered Europe, that he was obsessive because he needed to destroy the Jews, and that his chronic insomnia was typical of encephalitis. The latter view ignores the fact that Hitler was daily filled up with stimulants such as caffeine and amphetamines by Morell.

According to Lieberman, Hitler developed encephalitis at Pasewalk Hospital. Considering that the only information on these events comes from Hitler's operatic paragraphs in *Mein Kampf*, and a few third-hand rumours, long discredited, the argument now descends into sensationalism. Other symptoms of encephalitis (amid many other disorders) such as sexual perversion, mania and delusion are cited uncritically, regardless of the fact that the occurrence of such symptoms in Hitler has never been confirmed. We must regard this as pathography of the worst kind; it may sell in the popular press, but only brings discredit to serious workers.

Another situation where the encephalitis was thought to have arisen was at Winnitsa in 1942, where it was hot, humid and mosquito-ridden; Hitler complained of a constant headache. But at no point is he reported to have had symptoms of encephalitis. However Morell's comments were picked up by historians, and no less than Alan Bullock referred to an episode of 'inflammation of the brain'.¹²

When Hitler was 11 years old his younger brother, age 6, died of measles. Hitler could therefore have been exposed and could subsequently have developed measles encephalitis (subacute sclerosing panencephalitis) that affected him in adult life.



Stolk¹³ makes the case that this could explain his later outbursts and emotional dyscontrol, noting that SSPE is documented as a cause of early-onset Parkinson's disease, which Hitler did have. However Stolk's article, based largely on wild interpretation of facts and crude psychoanalytical explanations (the author seems preoccupied with excluding homosexual relationships in a number of figures whom Hitler encountered), can be safely discredited as a reliable reference. Comment by Retief and Wessels on this issue would have been helpful.

The turn of the tide

If, as it appears, Retief and Wessels are claiming that Hitler developed PTSD from his experiences leading Germany during the war, this must be firmly rebutted. For the last 4 years of the war, as events turned against him, Hitler spent his time in a military camp, isolated from events, keeping extremely late hours and pouring over maps with his general staff. These conditions are likely to have induced boredom, isolation, worry and denial, but not a battle stress disorder.

The claim that Hitler had a dementia or neurosyphilis by the time he died needs close scrutiny. By the end of the war Hitler was undoubtedly out of touch with reality, moving non-existent forces around a map and still believing that in some thaumaturgical fashion he could stall Soviet forces long enough for them to fall out with the Allies and prolong the war indefinitely. However Hitler was neither the first nor the last despotic leader to behave like this when the tides of history turned. Despite his erratic behaviour, outbursts of rage and flights of fantasy, his mind remained mostly keen. He played a close part in planning the doomed Ardennes Raid (aka Battle of the Bulge) and was, as before, able to argue fine points of strategy, even though he was hopelessly wrong. There are a number of examples of political and military figures (for example, General von Manstein) confronting him, and being converted to Hitler's fantastic views about holding back the enemy forces.

By the end of the war Hitler was indeed out of touch with reality. In an astonishingly short period he had risen to be the greatest conqueror of Europe in history; then, entirely through his own errors in invading Russia and declaring war on America, he threw it all away. In the last weeks of his life the founder of the Thousand-Year Reich, a man who all his life could never be contradicted, was left in control of a mere two Berlin street blocks, his denial only crumbling when the Russian shells exploded above his bunker. This does not require the explanation of a psychiatric disorder, it is merely the

collapse of colossal hubris in the face of overwhelming evidence to the contrary.

As tantalising as it is to describe Hitler's behaviour at this time as a dementia syndrome – neurosyphilis or otherwise induced – it is unsustainable. There are many question marks, and we will never have full understanding of the most appalling leader in history.¹⁴ However, as far as we can be certain in the business of medical history, we can say that Hitler did not have syphilis or neurosyphilis. At the end of his life, although affected by parkinsonism and Morell's bizarre polypharmacy, Hitler was neither insane nor demented.

Hitler had an extraordinarily dysfunctional personality, perhaps one that is simply beyond the scope of psychiatry, and for which use of the term 'psychopath' seems both mundane and pointless. All his life he had been a supreme opportunist and gambler. This succeeded beyond belief until the invasion of Russia. When Zhukov turned back his forces in the snows of Moscow, Hitler, before anyone else, knew that the war was lost. From this point on his luck deserted him and his strategic skills were shown up for what they were: grandiose opportunism by an inept bungler. He continued the struggle knowing that the cause was lost in his war against an enemy that could not fight back (the Jews), and took his own people down with him in the process. In so doing he does not deserve to be granted the exceptionalism of some sort of disability; rather he should be seen as driven by an insatiable affinity with death that has never before been seen in human history, and hopefully never will be seen again. That, if nothing else, is as close to the definition of pure evil as we shall ever see.

If there is one rule for dealing with the Hitler documentation, it is that once the critical faculties are even slightly loosened, there is no end to the developments that can occur.

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