

CI-21R/A
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NOTE: In a number of the Annexes, the subject of examination is referred to as "A". Prof Dr MORELL swears to the statement that this was his code designation for Hitler. and identifies him on all his medical papers.

1. REFERENCES

- a. CCPWE # 32 ("ASHCAN"), Report DI-17, dated 30 Jun 45
- b. CCPWE # 32 ("ASHCAN"), Report DI-21, dated 02 Jul 45
- c. CCPWE # 32 ("ASHCAN"), Report DI-30, dated 12 Jul 45
- d. USFET-MIS Center, Report CI-CIR # 2, dated 15 Oct 45

NOTE: MORELL has been the subject of a number of reports which, however, are not on file with this unit.

2. REASON FOR REPORT

This is the second report of a series dealing with Hitler. It is based on information which was obtained from a doctor who was with him for eight years—until 21 Apr 45.

The information is being published in order to provide:

- a. medical data useful for the identification of Hitler or his remains;
- b. further material for the debunking of numerous Hitler Myths;
- c. the knowledge needed to expose those frauds who in later years may claim to be Hitler, or who may claim to have seen or talked to him.
- d. research material for the historian, the doctor and the scientist interested in Hitler.

3. REPORT: "HITLER AS SEEN BY HIS DOCTORS"

a. Hitler's State of Health and Medical Characteristics

(1) GENERAL

Dr MORELL became personal physician to Adolf Hitler in 1936. At this time Hitler looked his age, and was suffering from gastro-intestinal disturbance. He weighed about 70 kg and was about 176 cm tall. Temperature, pulse, and respiration were normal, and continued within normal limits for about eight years. His blood classification group was "A", (Landsteiner), see Annex VI. His psychic state was very complex.

(2) MEDICAL HISTORY

In 1936, when MORELL first examined Hitler, the Fuehrer was suffering acutely from gastro-intestinal disturbances and had difficulty with his diet. Upon palpation a swelling was noted in the pyloric region of the stomach, the left lobe of the liver was found to be enlarged, and pain was elicited in the region of the right kidney. An eczema on the left leg was noted which apparently was related to the upset digestion.

Dr MORELL thereupon had a fecal examination made by Prof Dr NISSLE Director of the Bacteriological Research Institute in FREIBURG, the result of which showed the presence of dysbacterial flora in the intestinal tract. NISSLE had at this time prepared an emulsion of a strain of coli communis bacillus which had the property of colonizing the intestinal tract, known commercially as "Mutafloor", and MORELL instituted treatment with it, prescribing 1-2 capsule by mouth after every morning meal. As a result of this treatment Hitler's digestive system began to function more normally, the eczema disappeared within about six months, and he began to gain weight. During the war, when the supply of "Mutafloor" decreased, a similar coli preparation named "Troeken Coli Hamma" made by Prof LAVES of the University of GRAZ was also used.

/Hitler suffered

MEDICAL HISTORY (cont'd)

Hitler suffered also from meteorism. This condition was aggravated by his vegetarianism. To relieve the meteorism, MORELL prescribed Dr KOSTER's Antigas Pills, two to four at every meal. These pills (extr nux vom, extr Bellad, extr Gent) were taken over a period of years, and both Drs GIESING and BRAUNT believe that the cumulative effect of the strychnine component may be responsible for the epigastric pain, icteric discoloration of sclera and bronzing of skin (see also USEET-MISC Report 01-CIR # 2) noted during 1944. Dr MORELL, on the other hand, believes that Hitler was afflicted with gastro-duodenitis with obstruction of bile flow, and that the icteric discoloration may be traced to this. He supports this view by the fact that pain was felt in the region of the gall bladder. The urine at times was of a dark brown color and contained bile pigment. MORELL treated Hitler with Gallestol to restore normal flow of bile.

Since Hitler's diet was insufficient and unbalanced, MORELL supplemented it with Vitamultin-Calcium (vitamin B-1, ascorbic acid, calcium, nicotinic acid amide), often administering it intravenously together with glucose in order to counteract loss of energy. A special preparation of Vitamultin-Calcium tablets "F" made for Hitler only was also taken by mouth.

Although the epigastric pain was greatly diminished by the "Mutaflor" treatment, it continued to recur at times with great severity, particularly after meals. As an additional measure Dr MORELL prescribed injections of Progynon (a preparation with benzoic acid and dihydro-follicle hormone) which increases circulation in the gastric mucosa and tends to prevent spasm of the gastric walls. Progynon B 01. Forte (50,000 international benzoate units) was administered intramuscularly; it afforded some relief. (For details of medication see section b.).

(3) SCARS

A scar, the result of a wound in World War I, was present on the left thigh at the middle and lateral aspect.

(4) SKIN

Facial and body skin was pale and of a fine texture. An eczema on the left leg during 1936 disappeared entirely after the treatment with "Mutaflor" began. Petechiae were not observed. Skin was normally sensitive to heat and cold and to sharp and dull touch.

(5) FACE

Facial expression had an intense quality that subdued and captivated most individuals who met the Fuehrer. There was no noticeable asymmetry. Estimate of the facial index indicates more or less long-faced type. Several horizontal wrinkles on forehead were permanent, as were two short vertical wrinkles in glabella region. Tenderness over maxillary and ethmoid sinuses was present only when these were inflamed (see also Annex II).

(6) HEADa. General

Form of skull was slightly dolichocephalic. Temporal vessels were not prominent. Mastoid pathology was not evident.

b. Scalp

HEAD (contd.)b. Scalp

Scalp showed no evidence of scars. Hair was very dark brown, almost black, with only slight thinning evident. Some greying was noted at temples, less on rest of scalp.

c. Eyes

A minimal degree of exophthalmus was always present. Eye tension was normal for age group. Movement of eyes well-coordinated and free in all directions. Lids showed no lag or other evidence of pathology. Pupillary reflexes were normal. Conjunctiva, cornea, and sclera were normal. Eyes were blue with faint tinge of grey. Superciliary arches were rather prominent. (For further details, see Annex III).

d. Ears

External ears were both of medium size and set close to the skull. No evidence of pathology or deformity of any part of external ears was noted. External auditory canals were of medium width and otherwise normal. No evidence of deformity or pathology of helix, fossa of anthelix, tragus, lobule, antitragus, concha, anthelix or fossa of helix was observed. (See Annex IV).

e. Nose

The nose was straight with a slight protuberance on the dorsum. The lower portion was thick and fleshy with rather prominent nares. Hitler suffered frequently from catarrhal inflammation and obstruction of the nasal passages. (See Annex XVI).

f. Mouth

Labia were normally red in color and rather small. Lip mucosa showed no pathology. Teeth were orthognathous but defective. Gingivitis in 1936 was completely cleared up by treatment with vitamin C and anti-septic mouthwashes. Tongue was of medium size and during 1935-36 was frequently furred as a result of gastric disturbance. Cicatrization of tonsils was probably due to childhood tonsillitis (see Annex V). Uvula and palate showed no abnormality. The nasopharynx, oropharynx, and larynx were often inflamed as a result of upper respiratory infections. Fotor ex ore was present in March, April 1945. Nasolabial folds were rather prominent.

(7) NECK

Mobility of neck was normal in all directions. No pulsations were observed. No neoplasm or palpable nodes were present, and no evidence of thyroid or parathyroid pathology. Prof Dr von EICKEN operated on Hitler in 1935 and again in 1944 to remove a polyp from the left vocal cord.

(8) CHEST

Skin of the chest was pale white. Hair was absent on both chest and back. Breasts showed no hypertrophy or other pathology. Supraclavicular, suprasternal, clavicular, sternal, mammary, inframammary, scapular, interescapular, infrascapular, axillary, and infra-axillary regions all found normal on examination. Shape of thorax was sthenic; circumference and diameters were not measured. No retraction or pulsation was observed.

(9) LUNGS

Expansion of the lungs was normal. Auscultation revealed no pulmonary pathology.

(10) HEART

Blood pressure as taken on many occasions averaged 143 mm systolic, about 100 mm diastolic. Under excitement the systolic pressure rose to 170, 180, or sometimes as high as 200 mm (see Annex VI).

Percussion disclosed moderate enlargement of the left ventricle with displacement of the heart apex to the left of the midclavicular line, though still within the fifth intercostal space. Under auscultation accentuation of second aortic sound was heard in second intercostal space in the right parasternal line. Electrocardiograms made by MORELL and interpreted by Prof Dr WEBER of the Heart Institute at BAD NAUHEIM indicated rapidly progressive coronary sclerosis. (See Annex VII).

Heart rate averaged 72 with only very slight respiratory arrhythmia. There was no evidence of extra systole, or of atrioventricular or bundle branch block. Pacemaker was the sinus node. Exercise test of the heart was not made.

(11) ABDOMEN

Contour of abdomen was normal. Examination in 1936 showed pain and tenderness in epigastric region, consistency and enlargement of liver in right hypochondriac region, and tympanites in left hypochondriac and umbilical regions. Palpation also elicited pain in region of right kidney. MORELL believes that pains, tenderness, and cramps in epigastric region were caused by gastro-duodenitis with disturbance in normal flow of bile, and that this condition is also responsible for the icteric discoloration of skin and sclera noted during 1944, but which later cleared up. Urinalysis at this time showed presence of bile pigments, and increased amounts of urobilinogen and urobilin. MORELL instituted careful diet and treatment with Gallestol, Mutaflor, and Bad Kissinger Pills, and effected marked improvement in the condition.

No tenderness was ever apparent over McBurney's point. Abdominal and cremaster reflexes were always normal. No inguinal or femoral hernia was present.

(12) LYMPHATIC GLANDS

No tender or enlarged lymphatic glands were observed by MORELL.

(13) BACK

Spine had normal mobility. Slight kyphosis of dorsal spine became somewhat evident in later years. It involved also a very slight scoliosis of dorsal and lumbar spine with, however, only minimal disturbance of symmetry. There was no tenderness over spine or pelvis.

(14) RECTAL AND GENITAL REGION

There was no disturbance of vesical or rectal sphincter tone, and no evidence of prostatic pathology or hemorrhoids.

(15)

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(15) EXTREMITIES

Hitler told MORELL that he had fractured his left scapula in the region of the inferior aspect of the glenoid cavity during the Putsch in 1923, and that range of abduction and rotation of the upper left arm was limited for many years. Complete recovery of function apparently was achieved later.

A slight tremor of the left arm and leg and slight dragging of left leg was first observed in 1942 or 1943 shortly after Hitler contracted a grippe-like disease during an inspection trip to VINNITSA in the Ukraine. MORELL believes the tremor to have been of hysterical nature but does not exclude the possibility of its having resulted from the above illness. The tremor gradually increased in severity until the attempt at Hitler's assassination on 20 Jul 44 immediately after which it completely disappeared. It then reappeared after a short interval in aggravated form and continued to grow worse until Apr 45.

(16) NEUROLOGICAL DATA

a. General

Posture was somewhat stooped during later years owing to slight kyphosis of dorsal spine, but position of head and shoulders showed no abnormality. Prompt response to questions, etc, showed normal state of consciousness. Skin was of fine texture and not abnormally pigmented. Secondary sexual characteristics were generally normally developed. Head hair was smooth and black-brown, showing normal development. Perspiration was normal both locally and generally. Head was more or less dolichocephalic. Palpation produced no evidence of exostosis. No bruit heard in head on auscultation and no tenderness or abnormal resonance on percussion.

b. Cranial Nerves

- I. No olfactory hallucinations or impairment of smell.
- II. No papillo-edema. No visual hallucinations.
- III, IV and VI. No diplopia, no convergent or divergent strabismus. No nystagmus. Pupils were regular, equal, and showed normal reaction to light.
- V. No sensation of neuralgia or numbness. No paresthesia. No deviation of jaw and no motor disturbance of muscle or mastication. Corneal reflex not tested.
- VII. No taste perversion or other pathology of anterior two-thirds of tongue. Lacrination and salivation normal. Facial symmetry present. Was able to wrinkle forehead.
- VIII. (See Annex IV).
- IX. No dysphagia. Taste sensation on posterior one-third of tongue normal.
- X. Functions of swallowing and speaking not impaired. No projectile vomiting. No deviation of soft palate. Pressure on eyeball or on carotid sinus slowed the pulse but Dr MORELL cannot remember what year he made the test.

/XI.

Cranial Nerves (contd)

XI. Was able to shrug shoulders.

XII. Protruded tongue showed no deviation and showed no fibrillation or atrophy.

c. Cerebrum

Frontal: Cerebration normal. Concentration excellent. No euphoria, incontinence, anosmia, or personality changes.

Motor Area: No convulsions, paresis, paralysis, or aphasia.

Premotor Area: No forced grasping or clumsiness.

Parietal: Sensation intact. Could distinguish shape.

Occipital: No visual hallucinations. No quadrantic field effects (see Annex III).

Temporal: No auditory or visual hallucinations. No sensory aphasia. No dream states.

Corpus striatum: Tremor of left arm and leg and slight dragging of left leg first noted in 1942 or 1943. No rigidity observed.

d. Cerebellum

No hypotonicity, nystagmus, dysarthria, ataxia, asynergy, or adiadokokinesis.

e. Spinal Cord

No local or general muscle weakness observed excepting slight weakness of vocal cord muscle.

Normal response of superficial (abdominal, cremasteric) and deep (biceps, triceps, patella) reflexes. Babinsky was done. No pathology indicated.

NOTE: MORELL made all the usual reflex tests. When "no pathology" is indicated under reflexes that would not usually be tested, it signifies only that in eight years of treating Hitler, source had no occasion to suspect that the reflex was abnormal.

f. Reflex Centers and Spinal Root Functions

Root C-1

No motor disturbance or pathology of small neck muscles. Turning and extension of head normal. No sensory disturbance or pathology of neck or occiput.

Roots C-2 and C-3

No motor pathology or disturbance of neck muscles or trapezius. Flexion of head and raising of shoulders normal. No sensory pathology or disturbance of occiput or of lateral aspects of neck.

/Root C-4

Reflex Centers and Spinal Root Functions (contd)Root C-4

No motor disturbance or pathology of scalenes, diaphragm, levatores scapulae, or rhomboids. Inspiration normal. External rotation of upper arm normal. (A transient limitation of abduction and rotation of left upper arm caused by fracture in glenoid region of scapula in 1923 disappeared after several years). No sensory disturbance or pathology of neck, shoulder, chest to second rib, or of back to spine of scapula.

Root C-5

No motor disturbance or pathology of deltoid, biceps, coracobrachialis, brachioradialis, supinator, or of supra- or infraspinatus. Raising of upper arm and flexion and supination of forearm normal. No sensory disturbance or pathology of dorsum of shoulder and arm or of lateral aspect of upper arm. Biceps reflex normal.

Root C-6

No motor disturbance or motor pathology of pectorales, latissimus dorsi, teres major, subscapularis, serratus anterior, triceps, or of pronators of forearms. Adduction and internal rotation of upper arm and extension and pronation of forearm normal. No sensory disturbance or pathology of lateral aspect of upper arm or radial side of forearm. Triceps reflex normal.

Root C-7

No motor disturbance or pathology of extensors of wrist, fingers, or flexors of wrist. Flexion and extension of wrist normal. No sensory disturbance or pathology of radial side of forearm or of thumb.

Root C-8

No motor disturbance or pathology of long extensors or long flexors of fingers and thenar muscles. No sensory disturbance or pathology of flexor or extensor surfaces of middle of forearm and of hand.

Root T-1

No motor disturbance or pathology of small muscles of hand and fingers. No sensory disturbance or pathology of ulnar side of whole arm or of little finger.

Roots T-1 to T-12

No motor disturbance or pathology of muscles of back, intercostals, or abdominal muscles. No sensory disturbance or pathology from cervical spine to fifth lumbar vertebra in the back, or from cervical spine to the Poupart ligament in the front. Abdominal reflexes normal.

Root L-1

No motor disturbance or pathology of lower abdominal muscles, quadratus lumborum, psoas, or sartorius. No sensory disturbance or pathology of outside of gluteal region or of inguinal region.

Root L-2

No motor disturbance or pathology of ilio-psoas or of cremaster. No sensory disturbance or pathology in region of lateral aspect of thigh and of testicles. Cremaster reflex normal.

/Root L-3

Reflex Centers and Spinal Root Functions (contd)Root L-3

No motor disturbance or pathology of ilio-psoas, adductors of thigh, or quadriceps. Flexion, internal rotation and adduction of thigh normal. No sensory disturbance or pathology of anterior or of inner aspect of thigh and knee. Patellar reflex, left exaggerated.

Root L-4

No motor disturbance or pathology of quadriceps. Extension of leg normal. No sensory disturbance or pathology of anterior aspect of thigh or of inside of thigh, leg, or foot.

Root L-5

No motor disturbance or pathology of gluteus medius or minimus, or of semimembraneus, semitendineus, biceps, tensor fascia lata, or of tibialis anterior. Adduction of thigh and flexion of leg normal. No sensory disturbance or pathology of external aspect of leg or foot.

Root S-1

No motor disturbance or pathology of gluteus maximus, obturator internus, pyriformis, gemelli, quadratus femoris, tibialis anterior, or of extensor digitorum longus. Extension and external rotation of thigh and dorsiflexion of foot and toes normal. No sensory disturbance or pathology of posterior aspect of calf or of sole of foot, outer border of foot, or of toes. Plantar and Achilles reflex normal.

Root S-2

No motor disturbance or pathology of gastrocnemius soleus, extensor and flexor digitorum communis longus, or hallucis longus, tibialis posterior, or of small foot muscles. Plantar flexion of foot and toes normal. No sensory disturbance or pathology of saddle area, outside of leg, or of outer border of foot.

Root S-3

No motor disturbance or pathology of rectal muscles, sphincters, or of sex organs. No sensory disturbance or pathology of saddle area, perineum, scrotum, or penis.

Roots S-3 to S-5

Voluntary initiation of urination and defecation under control. No sensory disturbance or pathology of perineum, anus, or perianal area. Anal reflex not tested by Dr MORELL.

17) PSYCHIATRIC DATA

- a. Orientation as to time, place, and persons was excellent.
- b. Memory as to events, both recent and remote, was excellent.
- c. Immediate retention of figures, statistics, names, etc, was excellent.
- d. Hitler's general background was characterized by his lack of university training, for which he had, however, compensated by acquiring a large body of general knowledge through reading.

/e.

PSYCHIATRIC DATA

- c. Judgment of time and spatial relations was excellent.
- f. Reaction to environment was normal.
- g. He was changeable, at times restless and sometimes peculiar, but otherwise co-operative and not easily distracted.
- h. Emotionally very labile. Likes and dislikes were very pronounced.
- i. Flow of thought showed continuity. Speech was neither slow nor fast and was always relevant.
- j. Globus hystericus was not observed. No amnesia. Epigastric pain may possibly have been of hysterical origin.
- k. No phobias or obsessions.
- l. No hallucinations, illusions, or paranoid trends present.

(18) UROLOGICAL DATA

In 1936 Hitler suffered pain in the region of the right kidney but none in the regions of the bladder, prostate, testicles, epididymes, urethra, or ureters. Urination showed no abnormal difficulty, in frequency, dribbling, retention, or blood content. There were no palpable masses in lower or upper abdomen or in costovertebral angle.

Urinalyses were performed on several occasions to check the genitourinary tract and to determine if other pathological manifestations were present. (See Annex VIII).

(19) SEX CHARACTERISTICS

Sexual organs showed no indications of abnormality or pathology and secondary sex characteristics were normally developed. Hitler was very fond of the society of attractive women, particularly during the years of his rise to power. In later years his libido was apparently sublimated with the increase in duties and responsibility. MORELL believes that Hitler, although not strongly inclined to sexual activity, did have sexual intercourse with Eva BRAUN, though they were accustomed to sleep in separate beds.

(20) X-RAY EXAMINATIONS

Five X-rays of Hitler's head are attached as Annex II. The three plates marked 19 Sep 44 were made at the Army Hospital at RASTENBURG, East Prussia, while Dr GIESING was treating Hitler for injuries suffered in the assassination attempt of 20 Jul 44. The two plates marked 21 Oct 44 were found among MORELL's records, but he can no longer remember when or why they were made.

(21) FECAL EXAMINATIONS

Repeated fecal examinations were made because of the presence of dysbacterial intestinal flora and in order to check the therapeutic effect of treatment with "Mutaflor". (See Annex IX).

/(22)

(22) BLOOD EXAMINATIONS

Following blood tests were made at various times to get a general orientation: red blood count, color index, hemoglobin determination (Sahl), white blood count, white corpuscle differential, blood sedimentation rate, blood sugar determination, blood calcium determination, blood serology (Wassermann, Kohn, and Heinicke), and interferometric determination of catalytic fermentation in blood serum. Specimens of reports made on these tests were found among Dr MORELL's records and are reproduced in Annexes VI, XI, XII, XIII, XIV, and XV.

(23) ELECTROCARDIOGRAPHY

Four electrocardiograms covering a period of three years (Aug 41 to Sep 44) are attached as Annex VII. Dr MORELL performed these examinations and sent the charts to Dr WEBER, the widely-known authority on heart diseases and director of the Heart Institute at BAD NAUHEIM/Hesse for interpretation and diagnosis. On the basis of such charts alone, Dr WEBER diagnosed a rapidly progressive coronary sclerosis—an opinion which he recalls and confirms now.

Medication by Dr MORELL

The following is an almost complete list of the drugs used by Dr MORELL during his treatment of Hitler. Some were used almost every day, while others were administered only when the need arose.

Morphia, hypnotics, etc, are not included in this list. But it does contain the names of substances which have a very rapid effect. Glucose, for example, is absorbed quite rapidly and consequently produces a feeling of well-being. Hitler might have dealt with situations very differently after a glucose injection.

Constant medication over a period of years may have upset the physiological balance of his body to such an extent that even normally harmless drugs would be relied on. Thus a person may become dependent on such medication, even though the substances employed are not drugs of a habit-forming nature.

(1) ULTRASEPTYL

One tablet of 2-(p-aminobenzolsulfonamido)-4-methylthiazol contains .5g. These tablets were prescribed by Dr MORELL because Hitler suffered from persistent catarrhal inflammations of the upper respiratory tract and angina. Application: 1-2 tablets per os, with addition of much fluid (fruit juice or water) after a meal. Fluid was taken in order to prevent the formation of clouli. References: Ultraseptyl-Sanabo, Vienna XII/52. (See also Annex XVI for translation of one of Dr MORELL's notes).

(2) EUBASIN

A sulfa drug. One ampoule equals 5cc. Injected intragluteally. Was only injected once, since it caused pain. Therapeutically used for colic.

(3)

Medication by Dr MORELL(contd)

(3) CHIN. EURIN

Hamma product. Prepared by Dr MULLI. This drug contains some chinin. Application per os, after a meal. Therapeutically used against colds. It was used in place of Ultraseptyl.

(4) OMNADIN

Omnadin is a mixture of proteins, lipid substances of gall and animalic fats, supposed to have all antigenic properties and therefore should be used at the beginning of infections. It is nearly specific against colds. Dr MORELL preferred Omnadin over Ultraseptyl because it was non-toxic. At times Omnadin was given in conjunction with Vitamultin -CA(see b.(13)). 1 Ampoula -2cc was given intramuscularly at a time. Omnadin was used whenever HITLER was afflicted with colds and as a substitute for Ultraseptyl.

(5) PENICILLIN-HAMMA

Prepared by Dr MULLI. Penicillin was used once in form of powder, on a skin wound on HITLER's right hand, 8-10 days after the attempt on his life July 20, 1944. The skin wound was of pea size.

(6) OPTALIDON

A proprietary analgesic, a combination of amidopyrine and barbiturate: containing Sandoptal (a proprietary hypnotic-iso-butylallyl barbituric acid): 0.05; Dimethylamino phenazon(pyramidon):0.125; Caffein:0.025. Application: 1-2 tablets per os, was used for headaches.

(7) BROM-NEEVACIT

Composed of KBr 4%, Na3PO4 0.1%, Naphodyl 1%; diethyls barbitur acid + phenyldimethylpyrazolon, spiritus, sacch, et sacch t. fact. Aroma. Used as sedative in order to induce sleep and when excited. Dosage: 1-2 tablespoons. In order to prevent a Bromine reaction Dr MORELL prescribed it only every other 2 months.

(8) SEPTOIOD

Product of DIWAG Chemical factory AG, BERLIN-WAIDMANNSLUST. Dr MORELL used Septoid against respiratory infections. He also thought it would prevent the progress of HITLER's arteriosclerosis, and used it in place of Ultraseptyl. At times it was applied intravenously up to a maximum dose of 20cc.

(9) CIRCULATORY ANALEPTICS

CARDIAZOL (Pentamethylentetrazol)
CORAMIN(Pyridin- β -carboxylic acid-diethylamid)

In 41, Dr MORELL observed edema on external and internal malleoli of fibulas and tibiae; in order to overcome the circulatory insufficiency and to stimulate circulation, cardiazol and coramin were administered. It was used in the form of a solution of which 10 drops were given internally for the period of a week, after that medication was discontinued for a month, used occasionally again when edema became manifest.

/(10)

Continuation by Dr NORELL (contd)

(10) SYMPHOLIN

Para-oxypheylethanolmethylanin, only 1/100 as effective as adrenalin. It was administered by Dr NORELL in order to increase the heart-minute-volume of the heart. It regulates heart activity and overcomes vessel insufficiency. It was supplied in solution and applied internally, 10 drops a day for temporary periods since 42.

(11) STROPHANTIN

A crystalline glucoside, used as a heart tonic. Electrocardiograms of HITLER suggested coronary sclerosis in 1941. Dr NORELL therefore instituted treatment with intravenous injections of strophantin, giving 0.02mg a day for periods of approximately 2-3 weeks. This type of treatment was repeated several times during the last 3 years.

(12) PROSTROPHANTA

Supplied in ampoules, each containing 0.3mg of strophantin in combination with glucose and Vitamin B complex (nicotinic acid). Was used same as strophantin.

(13) VITAMULTINE-CA

Contained: A, B-C complex, C, D, E, K, P. It was supplied by HANNA, GIEB, HILBURG, in form of ampoules and tablets. Has been produced since 38. Dr NORELL injected 4.4cc intragluteally every other day. He also prescribed tablets which HITLER sometimes used. It was used from 38 to 44 with short interruptions. It often was taken in combination with other drugs.

(14) INTELAN

Consists of Vitamins A, D, and glucose. Used therapeutically just as Vitamultine, in order to induce appetite, overcome tiredness and strengthen body resistance. Intelan was given in later years, from 42-44. It was supplied in tablet form and was taken twice a day, at meals.

(15) GLUCOSE

Glucose (5-10%) solution was given in order to supply calories. Also used as a mixer with, and to counteract the contractive effect of, strophantin. It was injected intravenously every 2nd or 3rd day (10cc) for a period of years (from 37-40) with brief interruptions.

(16) TONOPHOSPHAN

Bayor product. It is the sodium salt of dimethyl-aminomethyl-phenylphosphinic acid. It is a stimulant for unstriped muscles and was also given to supply phosphorus. It is supplied in ampoules and tablets. Ampoule contains a 10% solution, tablet 0.1g. Tonophosphan was administered subcutaneously and was used only temporarily during the years 42-44.

(17) MUTAFLOE

It is an emulsion, a particular strain of Bacillus coli communis, and prepared in enteric soluble capsules. Reference: Prof NISSLE, Hageda, A.G., HILBURG HW 21. Questions regarding the product were directed to Prof NISSLE at HILBURG, f B.

According to Prof NISSLE, certain strains of Bacillus coli communis have the property of colonizing the intestinal tract. Such a property is not

demonstrated by

Medication by Dr. NORELL (contd)

demonstrated by the Yoghurt or acidophylus Bacillus. Because HITLER suffered so much from indigestion (36-40), Dr. NORELL thought an abnormal bacterial flora of intestinal tract was the cause. A fecal examination proved this was the case. Dr. NORELL therefore instituted treatment with Mutaflor. It relieved HITLER of some of the pain and of indigestion. As the supply of Mutaflor diminished as a result of the war, former teacher, Prof. LAVES of University of Graz made a similar Coli preparation, named Trocken Coli Hamma. Prof. LAVES also examined HITLER's feces and concluded dysbacterial intestinal flora. Mutaflor treatment consisted of administering a series of capsules: on the first day a yellow capsule, from the 2nd to the 4th day one red capsule per day, and from then on 2 red capsules per day for a period of many years (36-43), with some interruptions. (Trocken Coli Hamma used as substitute)

(18) LUIZYN

This is a digestive enzyme preparation containing ferments which split cellulose, hemicellulose and carbohydrates. It was used for digestive weakness, meteorism, and to make vegetable food more digestible. (HITLER was a vegetarian).

It was supplied in tablets or dragees. Luizyn was taken once in a while when flatus and indigestion became worse. Dose: 1 tablet after meals.

(19) GLYCONORM

Dr. NORELL treated HITLER with Glyconorm (2cc injected intramuscularly) in order to check digestive disturbance. It was used only rarely and only during the years 38-40.

It is also supplied in bean form. It is mainly used for the prevention of pellagra. Glyconorm contains metabolic ferments (COZYMASE I and II) vitamins, and amino acids.

Produced by NordeMark Werke/HAMBURG.

(20) DR. KOESTERS' ANTIGAS PILLS

Contains: extr. Nux vom., extr. Bellad. aa0.5, extr. Gent. 1.0 -- 2-4 pills were taken at every meal for a period of many years from 36-43 with temporary interruptions because HITLER suffered from meteorism. Dr. BRADDT and Dr. GIESING think the cumulative effect of this drug produced the icteric discoloration of skin and sclera and epigastric cramps noted Sep. 44.

(21) EUFILAT

Combined preparation of radix angelica, papaverin, also, active bile extracts, coffee-charcoal, adsorb. pancreas extract. Was supplied in pill form and used orally for better digestion and against meteorism. This drug was only used during years 39-44.

(22) EUKODAL (Dihydro-oxycodonehydrochloride)

and

(23) EUPAVERINUM (synthetic alkaloid)

Both were taken for epigastric cramps. Was injected intravenously whenever cramps and pain became manifest.

(24) CAJONILE

Used frequently for cleansing enemas, which Hitler administered himself.

REMARKS:

/(25)

(25) FRONONOL

Frönyonol is an ester of long is acid and the dihydro-
f illicic hormone. It is standardized in international benzate units.

1 ampoule has 1 mg (10,000 I.U.). It was given intramuscularly. It
increases the circulation of gastric mucus, and prevents spasms of gastric wall
and vessels. Dr. H. REILH instituted treatment when Hitler suffered from gastro-
duodenitis 37-38.

(26) ORCHININ

Is a combination of all hormones of males. Potency is increased by the
addition of extracts of testis, seminal vesicles and prostate of young bulls.
Dr. H. REILH claims to have used it only once and then in order to combat fatigue
and depression. It is administered intramuscularly 2.2cc (one ampoule). It
is a Harma product.

(27) PROSTATERIN

an extract of seminal vesicles and prostate. Used to prevent de-
pressive moods. Was used for a short period in the year 1943. Dose: 2 am-
poules intramuscularly every second day.

(28) CORTICIN

Desoxycorticosteroneacetate. Was injected intramuscularly. Was used
for muscle weakness and to influence the carbohydrate metabolism and fat
resorption. Was used a few times only.

COMMENTS AND RECOMMENDATIONS

Further reports on this subject containing additional descriptive data re-
lating to the physical and mental make-up of HITLER and drawn from sources which
were at one time or another in intimate contact with him are contemplated.

The recipients of this report are requested to submit special briefs on
any subject in which these sources should be interpreted and to indicate the
desirable distribution of resulting reports.

WHG (Gruendl)
H.H. (Merl)
(Ed: WSL)

For the Commanding Officer:

Francis C. St. John

FRANCIS C ST JOHN
2nd Lt., Infantry
Chief Editor

29 Nov 45

DISTRIBUTION "D"

/ATTEN I

(25) FRONYLON

Frönylon is an ester of lonic acid and the dihydro-fillic hormone. It is standardized in international hormone units.

1 ampule was 1 mg (10,000 I.U.). It was given intramuscularly. It increases the circulation of gastric mucus, and prevents spasm of gastric wall and vessels. Dr. REILL instituted treatment when Hitler suffered from gastritis 37-38.

(26) ORCHIBERIN

Is a combination of all hormones of males. Potency is increased by the addition of extracts of testis, seminal vesicles and prostate of young bulls. Dr. REILL claims to have used it only once and then in order to combat fatigue and depression. It is administered intramuscularly 2.2cc (one ampule). It is a Hanna product.

(27) FROST-KERUOL

An extract of seminal vesicles and prostate. Used to prevent depressive moods. Was used for a short period in the year 1943. Dose: 2 ampoules intramuscularly every second day.

(28) CORTICOL

Desoxycorticosterone acetate. Was injected intramuscularly. Was used for muscle weakness and to influence the carbohydrate metabolism and fat resorption. Was used a few times only.

4. COMMENTS AND RECOMMENDATIONS

Further reports on this subject containing additional descriptive data relating to the physical and mental make-up of HITLER and drawn from sources which were at one time or another in intimate contact with him are contemplated.

The recipients of this report are requested to submit special briefs on any subject in which these sources should be interviewed and to indicate the desirable distribution of resulting reports.

WHG (Gruendl)
 H.H. (Merl)
 (Ed: WSL)

For the Commanding Officer:

Francis C. St. John

FRANCIS C ST JOHN
 2nd Lt., Infantry
 Chief Editor

29 Nov 45

DISTRIBUTION "D"

ANNEX I

HEADQUARTERS
UNITED STATES FORCES EUROPEAN THEATER
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A M E R I C A N

CHRONOLOGY OF LIFE AND CAREER OF PROF DR THEO MORELL

Source: MORELL, Prof Dr, Theo

Position: HITLER's Personal
Physician

- 22 Jul 1886 Born in TRAIS, a small village in upper Hesse. His father was a local schoolteacher of Huguenot extraction. Mother came of a well-to-do farm family. Detained was the second child. His older brother died in November, 194; a younger sister still lives at TRAIS.

- Source entered grammar school at the age of six, graduating at 14. As a child he suffered from recurring stomach cramps, one of the reasons why he was not permitted to attend the secondary school to which his father wished to send him. Instead he attended a preparatory school at LICH (upper Hesse). From age 16 to 19 he attended the teachers' seminary at FRIEDBERG (Hesse), graduating in 1906. He then taught school for one year at BRETZELHAIN near LAINZ.

- 1906 Entered the ninth class of a nearby Oberrealschule in order to obtain a certificate which would permit him to study at a university.

- 1907 Matriculated at the University of GIESSEN. After one semester, he transferred to HEIDELBERG, and later to GRENOBLE, France.

- 1909 Returned to HEIDELBERG.

- 1910 Spent several months as guest student at the institute "Diacouchement Tornier" in PARIS.

- 1910 Returned to the university of HEIDELBERG.

- 1912 Obtained his med degree at MUNICH and was offered an assistantship at BAD KREUZTACH.

- 1913 Ship's doctor for the Wochmann Line, The Hamburg South American and North German Lloyd lines.

- 1914 Took over a small medical practice at DIRTZELBACH, near OFFENBACH.

- 1915 Joined army as surgeon, saw service as Bn surgeon on the West Front for a short time. Later transferred to hospitals within Germany.

- 1918 Moved to BERLIN and opened his own practice. Specialized in electrotherapy and diseases of the urinary system.

- 1920 By this time he had become a rather well known physician; many of his patients belonged to the Inter-Allied Commission.

1922.....

ANNEX I (contd)

- 1922 Was offered a position as physician at the court of the Shah of Persia, but declined.
- 1925 An identical position was offered by the King of Armenia's envoy to Germany. Source again declined.
- 1933 When Hitler took over in January, the word "Jude" was posted over his sign board, because a number of Jewish people had been among his patients. He therefore joined the party during the latter part of 1933.
- 1935 Moved to Kurfuerstendamm in BERLIN and became a venereal specialist.
- 1936 By this time prisoner had quite a following among BERLIN stage, Party and film people and was therefore called to MUEHICH in order to treat Prof Heinrich HOFFMANN, who at that time was suffering from gonorrhoea. HOFFMANN, who visited Hitler regularly on weekends, introduced detainee to the Fuehrer at the "Berghof" at BERCHTESGADEN. Hitler was at that time suffering from stomach cramps. Source suggested a form of treatment which was followed and improved the condition. He was then offered the position of internist to Hitler.

Prisoner has been Hitler's constant companion since that time.

- 21 Apr 45 Hitler appeared to be very nervous and fatigued, and source wished to relieve that condition by means of morphine. When Hitler was approached, he stated that he did not need drugs in order to see him through, and dismissed MORELL. After thanking him for his past devotion, he made arrangements for MORELL's evacuation. Source has not seen Hitler since then.
- 28 Apr 45 Arrived at BAD REICHENHALL.
- 1 May 45 Admitted to city hospital at BAD REICHENHALL.
- 17 Jul 45 Arrested at hospital

/Annex II

4.11 who's who
(4100)

0224784

OI/CIR/4
29 Nov 46

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OI CONSOLIDATED INTERROGATION REPORT (CIR) No 4

HITLER AS SEEN BY HIS DOCTORS

<u>Sources</u>	<u>Position</u>
MORELL, Prof Dr Theo	Hitler's Personal Physician
GIESING, Prof Dr Erwin	Oberstabsarzt
LOEHLEIN, Prof Dr Walter	Director, University Eye Clinic, BERLIN
WEBER, Prof Dr Karl	Director, RAD NAUHEIM Heart Institute
NISSLE, Prof Dr A.	FREIBURG Research Institute
BRINKMANN, Prof Dr E.	Medical Diagnostic Institute, BERLIN

The primary source of this report is Prof Dr Theo MORELL. The main body of the report deals with his observation of Hitler over the eight-year period during which he was the Fuehrer's "Leibarzt". Some of his information is produced from memory; some is based on documentary evidence found in his papers. In general, the information on Hitler may be regarded as reliable, while statements dealing with his own person should be treated with great care. It should also be noted here that MORELL's memory seems to be better at some times than at others: on some occasions he can recall things which he later is unable to confirm.

Quite naturally, Hitler's Personal Physician conferred with a number of specialists on his patient's condition. These are the secondary sources listed above. It has been clearly indicated when any other views than those of the primary source are cited. For the most part, reports submitted to MORELL by these secondary sources are contained in appropriate annexes.

Dr MORELL has been the subject of a large number of intelligence reports, all of which refer to him in a most uncomplimentary manner. Some reports describe him as a shrewd, money-crazed quack doctor who believes in his own quackery; others describe his hygienic habits as being those of a pig. This interrogator has very little to add, and can only agree with the writers of earlier reports.

(For Table of Contents see page 1).

1946 JUN 11 PM 4:00
WAR DEPT. S.G.O.
IN

CONFIDENTIAL



Right: ...
Left: ...
... as high ...

.....



thological manifestation.

Right: backward and upward and light well. With the use of a magnifying mirror, a very delicate, faintly visible, diffuse turbidity of the vitreous humor is observed, obviously composed of infinitesimal particles.

.....



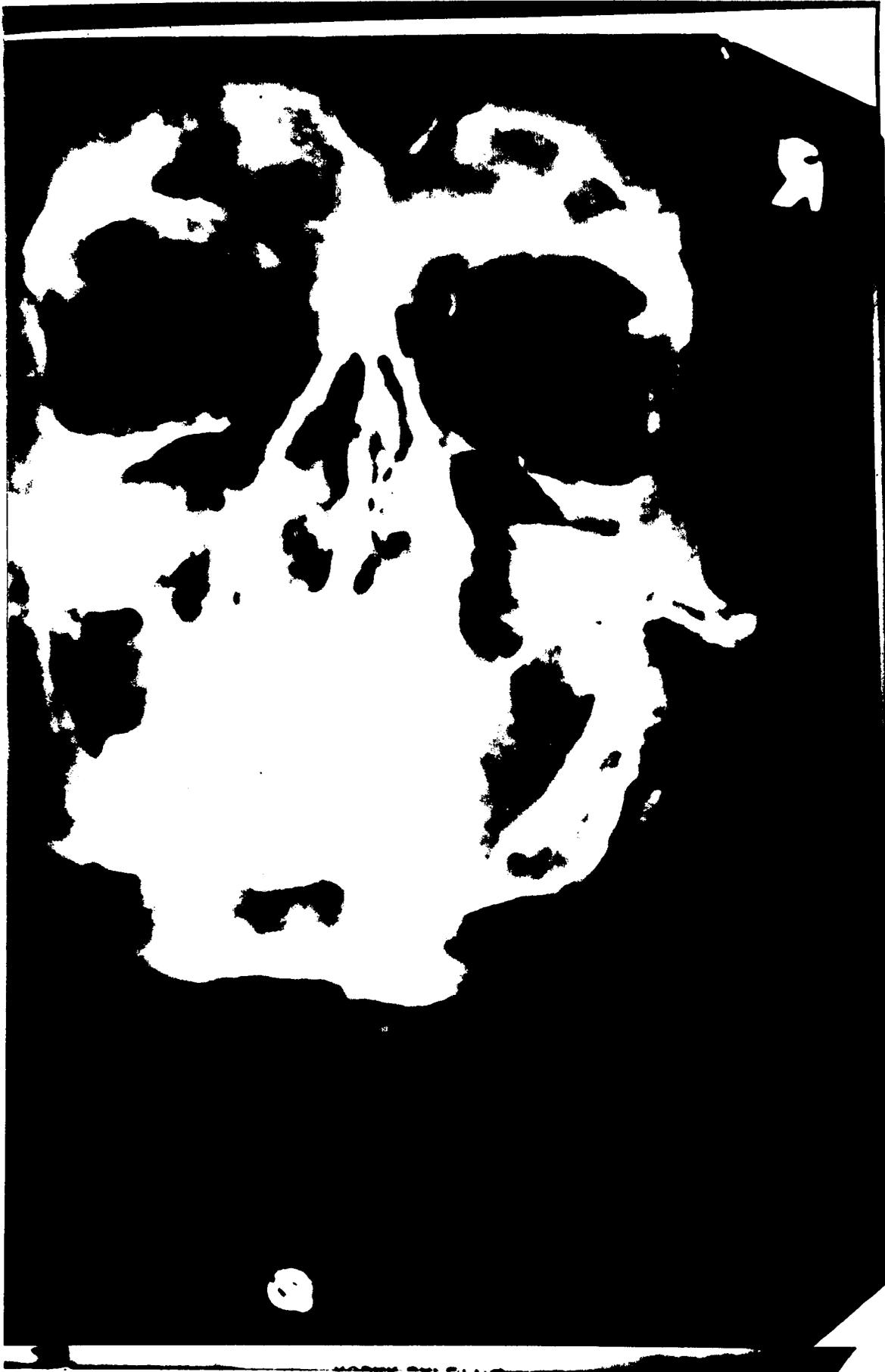
Right: Backward view, sound, well. With the use of a
magnifying mirror, a very delicate, faintly visible, diffuse turbidity of the
vitreous humor could be observed, obviously composed of infinitesimal particles.

.....



Right: Background was measured by a delicate well. With the use of a
magnifying mirror, a very delicate, faintly visible, diffuse turbidity of the
stroma layer could be observed, obviously composed of infinitesimal particles.

.....



Right: background is covered with fine particles. The size of the particles is very delicate, faintly visible. The texture of the surface is very fine, with numerous small, rounded particles.

.....



Right: Another view of the same skull as seen in the left view. The
diffuse, very delicate, faintly visible, fine structure of the
cranium is clearly observed. Obviously some of the infinitesimal particles.

.....

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APPENDIX III

REPORT OF EYE EXAMINATION MADE 2 MAR 44 (TRANSLATION)

Source: LOEHLER, Prof Dr

Position: Director, University
Eye Clinic, BERLINTable of Contents

1. Findings of Examination
2. Letter from Source to MOR LL concerning the findings.

1. Findings of Examination

The Fuehrer complained that he had been seeing everything as through a thin veil over his right eye for about two weeks. On closer questioning he mentioned that he had experienced a light stabbing pain, of transitory nature, in his right eye recently. He reads, of course, a good deal — especially before falling asleep — and the presbyopic glasses, prescribed in 1935, are hardly enough for this purpose now.

Visual acuity was tested under rather unfavorable lighting conditions. Results were as follows:

Right 3/12 ($\frac{1}{4}$ 1.5 sph) 5/6

Left 5/6, glasses rejected.

Close vision:

Right ($\frac{1}{4}$.0) Niden II in 25-30cmLeft ($\frac{1}{3}$.0) Niden I in 25-30cm

Lid apparatus normal. No fibrillation in orbicularis, incidentally no strong defensive reaction to instilling of drops or to tonometry. Motility normal. Anterior eye in good order on both sides in every respect. Pupils of equal diameter, round, and of normal reaction. Anterior chamber shows normal depth. Color of the iris on both sides equally dark blue-gray. After determination of normal inner pressure by palpation, mydriasis of pupils was induced, right with Homatropin, left (currently the eye with better vision) only with Veritol.

Ophthalmoscopy after about 30 minutes gave following results:

Left: Refractive media exceptionally clear. Eye background entirely clear and without pathological findings. Pupils of normal color, exhibiting well-defined physiological excavation. The retinal blood vessels were of normal width and extent. The choroid vessels could not be diagnosed because of the dark shade of epithelial pigment. Posterior pole and periphery also without pathological manifestation.

Right: Background was obscured by a delicate veil. With the use of a magnifying mirror, a very delicate, faintly mobile, diffuse turbidity of the vitreous humor could be observed, obviously composed of infinitesimal particles.

/The turbidity

ANNEX III (contd)

No turbidity of the lens could be observed. The picture of the eye background was therefore not as clear as in the left eye, but still permitted all details to be distinguished: Papilla showed no evidence of pathology. Retinal blood vessels exhibited no noticeable peculiarities, especially no varicosities of veins or caliber irregularity of arteries. No hemorrhages, or white degenerative foci were observed. A foveolar reflex was not distinctly discernible. Periphery showed no pathological conditions.

The Tonometric examination (under Esicain) which was performed immediately following resulted in a reading of 8 on both sides with a weight of 7.5, that is to say, a completely normal inner eye-pressure.

Diagnosis: The misty perception with the right eye is explained by a very delicate but diffuse turbidity of the vitreous humor which, since no inflammatory processes can be observed, is to be attributed to minute hemorrhages into the vitreous humor. These hemorrhages do not seem to originate with the blood vessels of the retina. At least no pathological retinal conditions can be observed on either side. Probably a transitory variation in pressure possibly caused by a vessel spasm - is the explanation of the presence of blood.

PROPOSAL:

In order to assist in clearing up the turbidity, local application of heat is recommended, perhaps quarter-hour treatments twice a day with electrothermophor or Sollux lamp. Further recommended is instillation of 1% JK solution into right eye.

A discussion with Prof. MOELL was held in the presence of the Fuehrer, during which means of preventing the recurrence of such hemorrhages were evident. Everything contributing to the avoidance of unnecessary excitement, particularly during the period immediately before the night's rest, such as diversion in light reading, was recommended. The use of sedatives is naturally narrowly restricted. Some consideration was given to the use of Luminal tablets.

In addition a change of glasses was prescribed: Continuous use of glasses for distant vision is not necessary; but occasional use might be convenient. Therefore the following prescription was made for distant vision: Right +1.5 diopter spher., Left plane. The glasses for near vision must be strengthened. Right +4.0 diopter spher., left +3.0 spher. Bifocal glasses of the same strength are also to be provided.

2. Letter From Source to MOELL Concerning the Findings

Prof. Dr MOELL,

My dear Professor,

As arranged, I am sending you (Encl.) 2 copies of the result of my examination, which fortunately appears to be comparatively favorable, though it of course indicates the existing danger to the vessel system. I would like in addition to make a few explanatory remarks.

Application of heat twice a day for some 15-20 minutes will surely help to clear up the turbidity of the right eye more quickly. At the same time, I feel that the period of quiet which it makes necessary - even though only twice a day for 20 minutes - offers an opportunity for relaxation which is supplemented by the influence of the heat. Would a similar effect be achieved by a very moderate body massage once a day?

/Regarding the use of

ANNEX III (contd)

Regarding the use of glasses I should like to say the following: The glasses for distant vision will hardly ever be necessary. The bifocal glasses, on the other hand, would be very convenient whenever it is necessary to shift the eyes quickly between near and distant objects, for example, during a conference in which an individual must be seen clearly while at the same time a letter must be glanced at or followed. The wearer of the glasses thus does not have to put them on and take them off, but looks at distant objects through the upper section of the glasses and at objects near at hand, a document for instance, through the lower.

I consider frequent re-examination of the eyes unnecessary, indeed, for psychological reasons undesirable. I do think it advisable however, to recheck my findings after six or eight weeks, particularly in order to keep current on the condition of the retinal blood vessels.

I would like to take the opportunity afforded by this letter to express again my sincere thanks for the friendly reception which you have accorded me, and for your advice. It has been a deeply impressive experience for me to be able to have a glimpse into the manifold aspects of your high-responsible activity.

With friendly greetings,

Heil Hitler!

Your devoted

/s/ W. LENZLIN

/ANNEX IV

ANNEX IV (contd)

including sphenoid clear on both sides. Irrigation of left maxillary sinus performed by Prof EICKH on 24 Sep 44 as check yielded two flecks of pus. Nose clear on both sides at final examination. No complaint. A slight laryngitis has also subsided. The slight tiring of the voice is due to a slight weakness of the vocal cord muscles (paresis of internus muscle).

No further treatment of ear, nose, or throat required.

Physician-in-Charge of Ward 5

/s/ Dr Giesing
DR GIESING
Oberstabsarzt

Ear, Nose, and Throat Specialist

/Annex V

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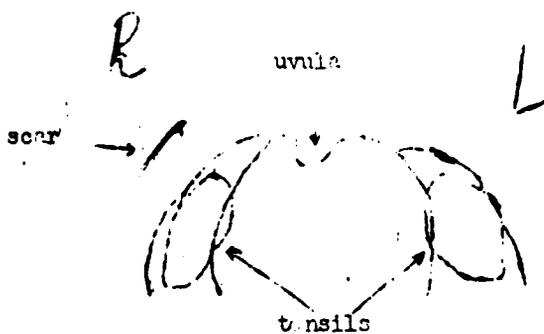
A N N E X I

DRAWING BY PROF DR GIESING OF HITLER'S MOUTH

Source: GIESING, Prof Dr Erwin Position: Oberstabsarzt

GIESING is the eye, ear, nose, and throat specialist who treated ear injuries suffered by HITLER during the assassination attempt of 20 Jul 44. At this time he was at the Army General Hospital at EAST BERG (East Prussia).

The sketch was drawn from memory in June, 1945. It shows the uvula, tonsils and a scar resulting from cicatrization after tonsillitis in childhood.



/ANNEX VI

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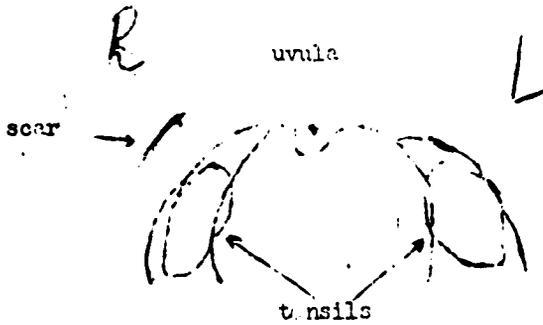
A N N E X Y

DRAWING BY PROF DR GIESING OF HITLER'S MOUTH

Source: GIESING, Prof Dr Erwin Position: Oberstabsarzt

GIESING is the eye, ear, nose, and throat specialist who treated ear injuries suffered by HITLER during the assassination attempt of 20 Jul 44. At this time he was at the Army General Hospital at RASTENBURG (East Prussia).

The sketch was drawn from memory in June, 1945. It shows the uvula, tonsils and a scar resulting from cicatrization after tonsillitis in childhood.



/ANNEX VI

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ANNEX VI

RECORD OF HEART EXAMINATION OF 9 JAN 40 (TRANSLATION)

Source: MORELL, Prof Dr Theo Position: Hitler's Personal
Physician.

PROF. THEO MORELL, M.D.
CONSULTATION HOURS: Week days 11-1 and 5-7 o'clock,
except Saturday afternoon

BERLIN W 15 January 9, 1940
Kurfuerstendamm 216
(Corner Fasanen Str.)
Subway station: Uhland Str.
Tel: 917382

Patient A

Ep.

Pulse 72 Blood pressure 140/100 (50 Years)

2nd Aortic sound, today only weakly accentuated.

Blood Group A

with Miss Kempin

Blood sedimentation

Blood picture

Blood sugar

Interferometry—Schrift-surbruch

vit. B and C and Cortison Trial (Nordmarkwerke)

/ANNEX VII

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A H M S X VII

FOUR ELECTROCARDIOGRAMS OF HITLER

<u>Sources:</u> WEVER, Prof Dr Karl	<u>Position:</u> Director, Bad Nauheim Heart Institute
MORELL, Prof Dr Theo	Hitler's Personal Physician

These electrocardiograms were made by Dr. MORELL and interpreted by Dr. WEVER. A rapidly progressive coronary sclerosis was diagnosed by Dr WEVER, on the basis of the electrocardiograms alone. He now clearly recalls the case and confirms his opinion, though emphasizing that he had no other basis for his judgment. Indeed he was told only that the patient was a "very busy diplomat".

/Electrocardiogram I.....

ELECTROCARDIOGRAM I.

DATE: July 17, 1941

AGE: 51

CLINICAL DIAGNOSIS: Coronary Sclerosis

AURICULAR RATE: 88

P-QRS Interval: 0.10-11

VENTRICULAR RATE: 88

QRS Complex: 0.08

RHYTHM: Pacemaker apparently originates in the uppermost portion of Tawara node

Axis Deviation: Left

LEAD I: Slight slurring of Q/R, voltage of T (0.20 mm), slight depression of R-T segment, slight notching of P, small Q-wave present (1.2 mm), R-wave (12 mm), P-wave (0.4-0.5 mm)

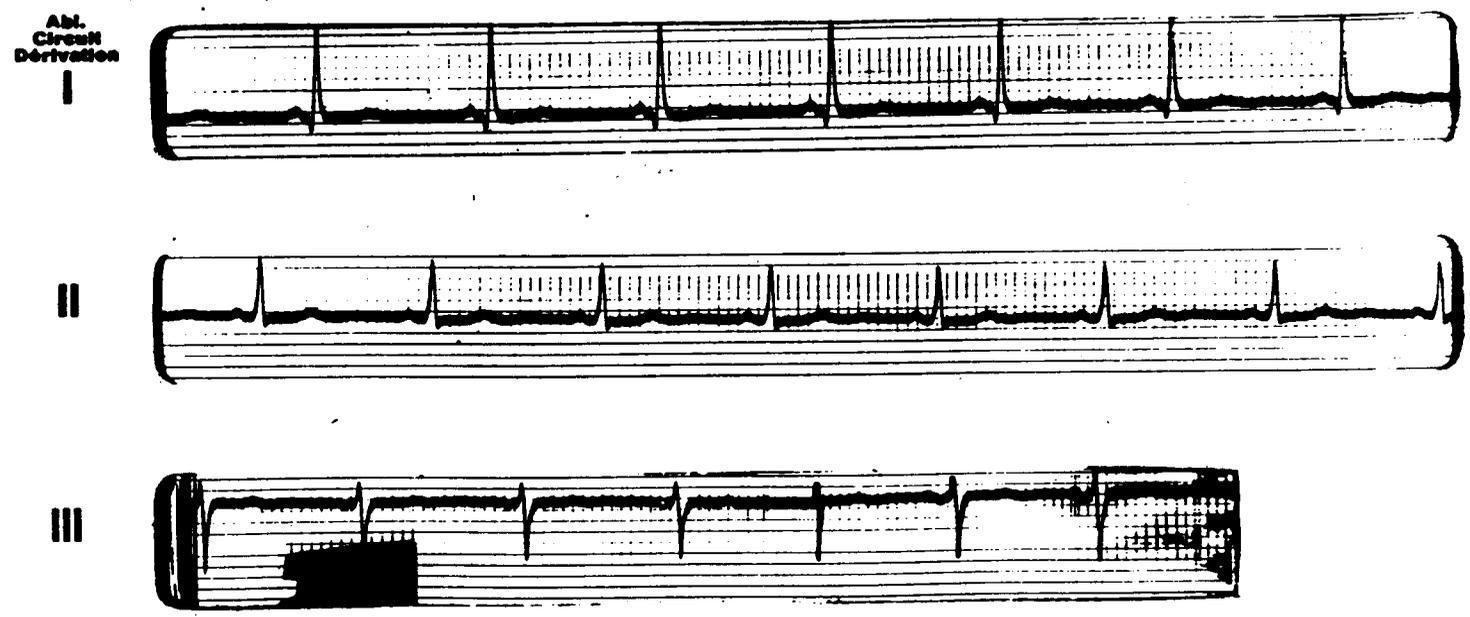
LEAD II: slight slurring of R, voltage of T (0.5 mm), low take off of S-T segment, R-wave 5 mm, P-wave 0.3-0.4 mm,

LEAD III: slight slurring of R/S, diphasic P, R-wave 1.8 mm, S-wave 5-6 mm slight arrhythmia.

NOTE: Standardisation present
Horizontal spacing: 0.04 sec, Vertical sp. 1 mm. Actual square-spacing: 0.075"

/ Electrocardiogram II.

Nr. _____ Name: A Klin. Diag.: Coronarsklerose
No. _____ Nom: _____ Olin. Diag.: _____
Datum: 14. IV. '41. Beruf: _____ Alter: 59.
Date: _____ Profession: _____ Diag. clin.: _____



Prof. Dr. Th. Mewell

ELECTROCARDIOGRAM II.

DATE: May 11, 1943

Disease Coronary sclerosis

AGE: 54

AURICULAR RATE: 85-90

P-QRS Interval: 0.12

VENTRICULAR RATE: 85-90

QRS complex: 0.08

RHYTHM: pacemaker, apparently originates in the uppermost region of Tawara node or in the lowermost region of Sinus node

Axis deviation: left

LEAD I: Slight notching of base of R, low -inverted T, very slight low take off of R-T segment, P-wave 3 mm, R-wave 9.5 mm, Q-wave 0.75 mm.

LEAD II: slurring of R, practically isoelectric T, Low take off of RS-T segment, voltage of P 3 mm, voltage of R 3 mm.

LEAD III: slight slurring of R / S, low voltage; nearly isoelectric T, voltage of R 1 mm, voltage of S 5.5 mm.

NOTE: Standardisation is not present.
Horizontal spacing: 0.04 sec, vertical sp: 1 mm
actual square-spacing: 0.075"

/Electrocardiogram III (a)

Name: Pat. A.

Vorname: _____

Wohnung: _____

Krkh.: _____

mit 6 gestricheln
Geb.-Dat.: 11. Mai 1943.

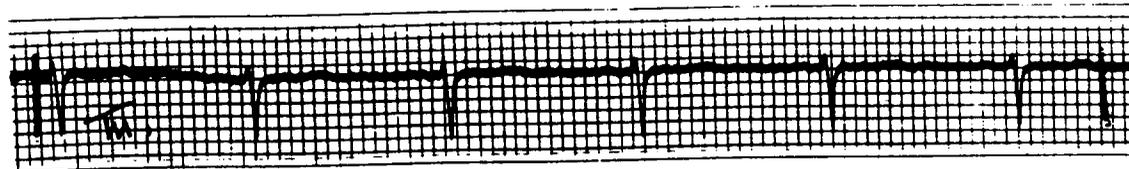
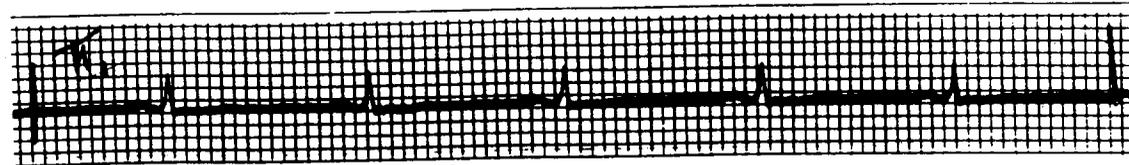
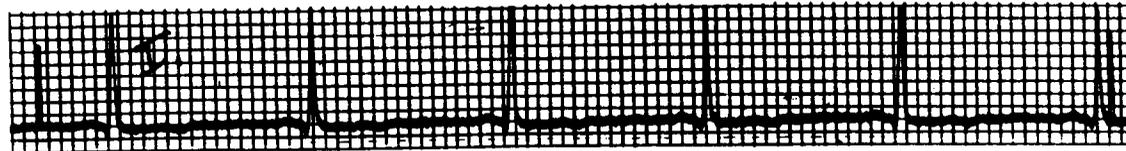
Geb.-Ort: _____

Jahrgang: _____

54 Jhr.

Quartal: _____

8



ELECTROCARDIOGRAM III (a).

DATE: September 24, 1948

Clinical diagnosis: Switch on A.,.

AGE:

AURICULAR RATE: 85-90

P-QRS Interval: 0.10-11

VENTRICULAR RATE: 85-90

QRS Complex: 0.08

RHYTHM: Pacemaker apparently originates in the uppermost portion of Tawara node. (conduction time: 0.10-11).

Axis deviation: Left

LEAD I: low inverted T, slight low take off of R-T segment, notching of P, voltage of P 0.3 mm, small Q wave (1 mm), voltage of R 8.5 mm,

LEAD II: slight slurring of R, isoelectric T, low take off of R-T segment, voltage of P 0.3 mm, voltage of R 3 mm,

LEAD III: slight slurring of base of R, Voltage of R 1.3 mm, voltage of T 1.5 mm,

NOTE: Standardisation present.

Horizontal spacing: 0.04 seconds, Vertical spacing: 1 mm.

actual square-spacing: 0.075"

/ Electrocardiogram III (b)

No. _____ Name: Park, J. Date: _____

W.H. Diag: Coronary

Date: 24.9.44

Stage 6

ALL
I



II



III



ELECTROCARDIOGRAM III (b).

DATE: September 27, 1966

Clinical diagnosis: Coronary sclerosis

AGE

Note: Switch on No 6, apparently affect standardization.

AURICULAR RATE: 85-90

P-RS interval: 0.10-11

VENTRICULAR RATE: 85-90

QRS complex: 0.08

RHYTHM: pacemaker, apparently originates in the uppermost portion of Tawara node (conduction time: 0.10-11).
axis deviation: Left

LEAD I: notching of P, inverted T, low take off of R-T segment

LEAD II: slight slurring of R, isoelectric T, low take off of R-T segment.

LEAD III: very slight slurring of R / S.

NOTE: Standardization increased.
Horizontal spacing: 0.04 sec., vertical spacing: 1 mm.
Actual square-spacing: 0.075".

/ Annex VIII

Nr.

Name:

Pat. A.

Klin. Diag.:

Datum:

24.9.44

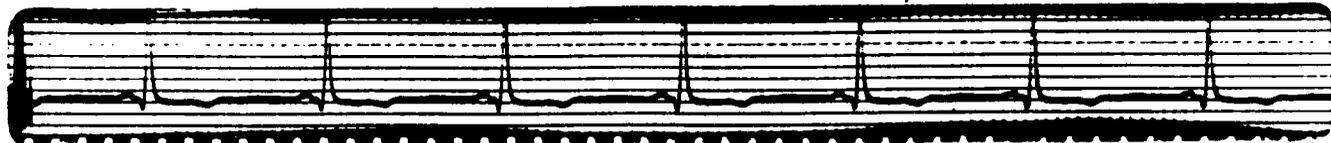
Beruf:

Alter:

Stufe 4

Abt.

I



II



III



Nr.

Name:

Pats A.

Klin. Diag.:

Paranostrose

Datum:

24.9.44

Operat.:

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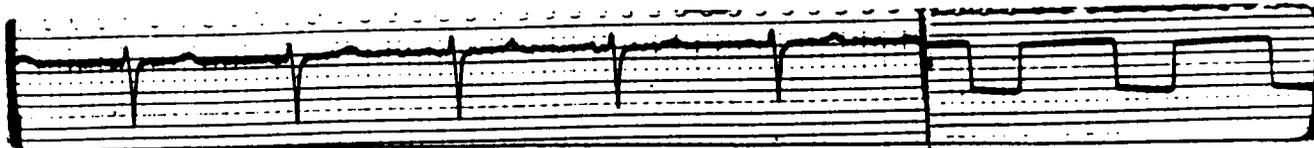
I



II



III



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APO 787

ANNEX III

RESULTS OF TWO URINALYSES

Source: LORELL, Prof Dr Theo

Position: Hitler's Personal
Physician

Table of Contents

- 1. Urinalysis performed 11 Jan 40
- 2. Urinalysis performed 21 Dec 40

1.

PATIENT: _____ A _____

URINE EXAMINATION

REACTION: alkaline _____

ALBUMEN: negative _____

SUGAR: negative _____

UROBILINOGEN: positive _____

SEDIMENT: moderate, Calcium carbonate, Sporadic leukocytes, both dead
and alive. Number of Coli Bacilli, _____

2.

PROF. Theo. LORELL, M.D.

Berlin W15, 21 Dec 1940. Kurfuersten-
damm 216 (corner Fasanen St.) Subway
station Uhland Str.

Tel: 917382

PATIENT: _____ A _____

URINE EXAMINATION

REACTION: acid _____

ALBUMEN: fine opaline _____

SUGAR: negative _____

UROBILINOGEN: slightly increased _____

SEDIMENT: Very sporadic leukocytes. Some ALUMINUM-Mg-PHOSPHATE _____

Annex III

2. Result of Feces Examination of A(contd)

4. Examination of single colonies:

A. The colonies known as bacillus "lactis aerogenes" exhibit in part somewhat swollen ends with irregular staining (usually bipolar nodes). The bacteria are Gram-positive. In the 1% pepton solution with addition of glucose, lactose, maltose, and saccharose there was acid formation.

Methyl Red reaction: positive.

Voges-Proskauer reaction: negative

B. Four strains growing red on Endo medium in Pepton solution:

	after 12 hours				after 24 hours
	red I	red II	red III	red IV	I-IV
1. glucose	+	+	+	+	+
2. saccharose	+	+	+	+	+
3. lactose	-	-	-	-	+
4. maltose	+	+	+	+	+
5. levulose	+	+	+	+	+
6. dulcitol	+	+	+	+	+
7. methyl red test	+	+	+	+	+
8. Voges-Proskauer reaction	-	-	-	-	-
9. gelatine liquidation	-	-	-	-	-

On the anaerobe plates there are isolated clostridia of the type putrificus.

CONCLUSION: Examination of the submitted stool specimen reveals a generally normal picture. Presence of Paracoli bacteria could not be demonstrated, though the coli bacteria show a slight decline in fermentive activity which is plainly due to the acid reaction of the specimen.

Examination of individual bacteria of the aerogenes and aerobacter group shows no pathological deviation.

Summary: Practically speaking, result of examination is normal.
Xs/(illegible)

3. Bacteriological Research Institute
Director, Prof. Dr. A. Nissle
Freiburg i. Br.

Freiburg i. Br., 8 Jun 1944
Postal check account: Karlsruhe
/27431

(17 a)
Furstenberg St. 15 Tel: 7844

Result of Examination

To: _____ Professor Dr. Morrell _____ M.D.
_____ Berlin W 8 _____

Examination of the stool specimen received on 3 Jun 1944 _____

of _____ PATIENT A _____

showed the following:

/Reaction acid

3. Bacteriological Research Institute(contd)

Reaction acid

Poor growth. In the first culture only a few culturally typical Coli bacteria were present. No other organisms were found after concentration of the specimen. The coli bacteria correspond completely to the MUTAFLOX strain with few exceptions. No helminthous eggs were present.

Though the bacteria content of the specimen was conspicuously small, the composition of the intestinal flora was most satisfactory since no pathological elements were to be found.

/s/Nieslo

/Annex X

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ANNEX X

DRAWING OF HITLER'S NOSE

Sources: GIESING, Prof Dr

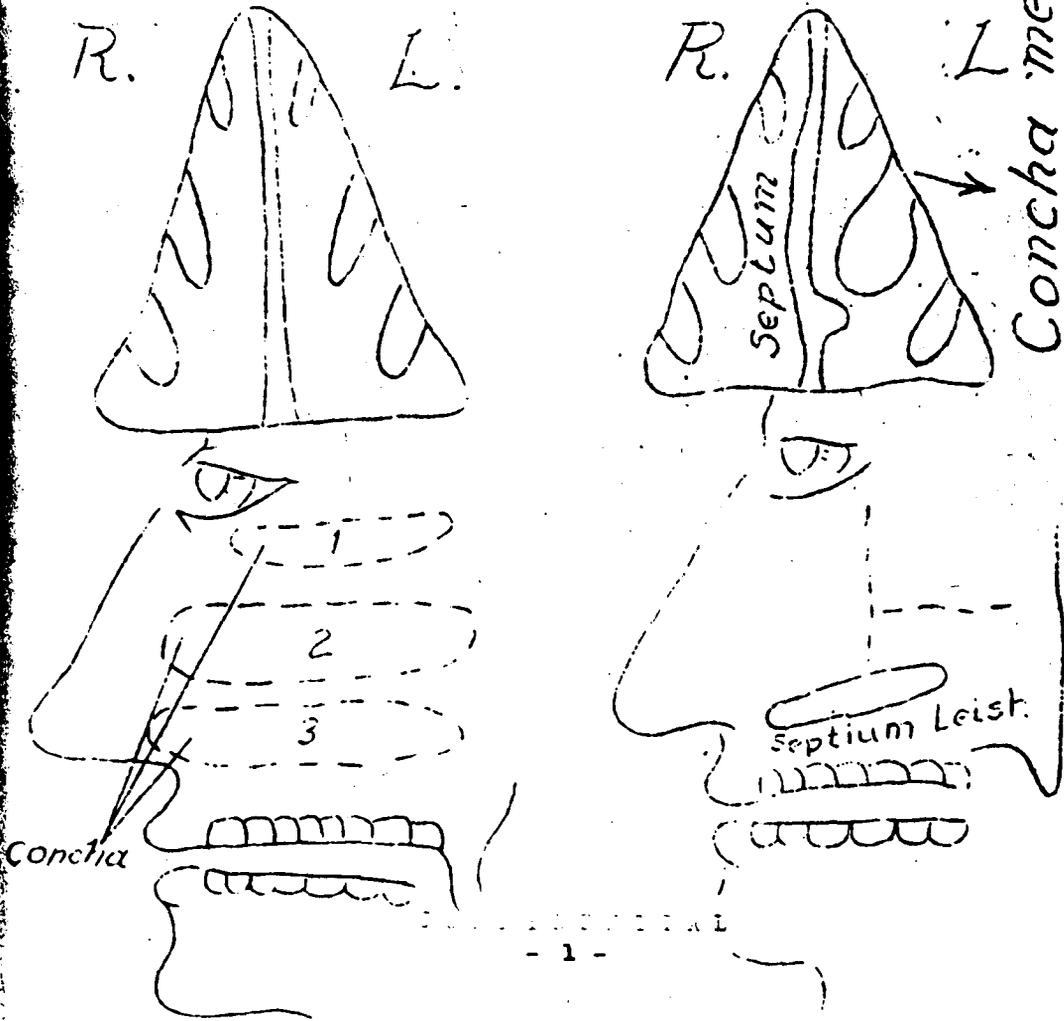
Position: Oberstabsarzt

This sketch was drawn from memory in June 1945 by Prof Dr GIESING, formerly Oberstabsarzt in charge of the ear, nose and throat clinic at the Army General Hospital, in EASTENBURG, East Prussia. He treated ear injuries suffered by HITLER during the assassination attempt on 20 Jul 44. The sketch illustrates hypertrophy of concha media and deviation with bony ridge formation of septum in Hitler's nose as contrasted with the normal.

/Annex XI

NORMAL

HITLER



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ANNEX XIV

DIFFERENTIAL BLOOD COUNT

Source: NORELL, Fred Fr Theo Position: Hitler's Personal Physician

PROF. Theo NORELL, M.D.

Berlin, W 15 9 Jan 1940.
 Kurfurstendamm 216 (corner Fasanen St.)
 Subway station Uhland St.

Tel: 917382

PATIENT: PATIENT A

RESULT of BLOOD EXAMINATION

RED CORPUSCLE COUNT: 4.7 mill. Normal: 4.5 - 5 mill.
 HEMOGLOBIN DETERMINATION: 27 % Normal: 100 %
 COLOR INDEX: 1.03 Normal: 0.9 - 1.0
 WHITE BLOOD COUNT 5000 Normal: 6 - 8000

WHITE BLOOD CORPUSCLE DIFFERENTIAL

EOSINOPHIL 1 % Normal: 0 - 1
 EOSINOPHIL 6 % Normal: 2 - 4
 NEUTROPHIL MYELOCYTES: Normal: 0
 NEUTROPHIL JUVENILE: Normal: 0 - 1 1/2
 NEUTROPHIL STABKERNIGE 3 % Normal: 3 - 5
 NEUTROPHIL SEGMENTKERNIGE 57 % Normal: 58 - 66
 LYMPHOCYTES 28 % Normal: 21 - 25
 MONOCYTES 5 % Normal: 4 - 8

/Annex XV

Blood Serum Differential (contd)	Normal	Patient	Evaluation
Component			
Parathyroid gland	18	18	
- - Thyroid gland	19	14	
Thymus	18	19	
(Testis	200 ⁷	9	
- - (16 ⁸	..	
(Ovarium	19	14	
(16 ⁹	..	
Suprarenal gland, cort.	15	18	
Suprarenal gland, total	12	11	
Cutis	24	..	
Lien	12	13	
Hepar	11	10	
Pancreas	11	12	
Kidneys	14	..	
Corpus luteum lutein	13	..	
Folliculin phase	10	...	

(Tr. Note: Following are pencilled notations, presumably representing the three extracts whose use was contemplated to correct the three hormone deficiencies indicated by the test and checked with pencil in left margin above.)

Orchikrin
Hypoph. from Merck
Thyr.

RESULT OF EXAMINATION

MAKING INTERFEROMETRIC DETERMINATION OF CATABOLIC FERMENTS
IN BLOOD SERUM USING ORGANOGNOSIC (PROIONTA)

NAME: PATIENT A -----

Physician: Prof. Morrell, M.D. -----

Lab. No. 286 ----- Blood Taken 9 Jan 1940 -----

REMARKS:
Evaluation not possible at this time. Will follow.

BERLIN, 10 Jan 1940

/s/ by E. BRINZMAN

/Annex XVI

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A N N E X X V I

TRANSLATION OF CONSULTATION NOTES BY DR MORELL

Source: MORELL, Prof Dr Theo

Position: Hitler's Personal Physician

Following is a translation of hand-written consultation notes made by Dr MORELL sometime after seeing Hitler on 4 May 44, with additional notes made the following day.

Prof. THEO MORELL, M.D.

Consultation hours: Weekdays 11-1 and PM 5-7 o'clock
 excepting Saturday afternoon

Berghof

EKG Patient A, on 4 May 44....

I and II lead: isoelectric T - strong muscle current

Since, a series of injections of 20% glucose, occasionally with added iodine (Septoid 10cc), administered intravenously. Intramuscular injections of Vitamultin-Calcium, Tonophosphan, and of varying amounts of Glyconorm or liver extract.

Per Os: Vitamultin tablets, 4-6 a day, at meals. Also Luisyn and Glyconorm and Euflat or Antigas pills from time to time.

Recommended but not followed:

Massage, early retiring, prolonged stays in open air, restrict fluid intake.

Further necessary:

Breathing free oxygen two to three times daily. Intravenous injections of glucose with added Strophanth and possibly also with heart muscle extract in phosphoric acid. At first three times daily, then every second day. Restrict fluid intake to 1200 cc a day. Testoviron intramuscularly.

If not feeling well don't hesitate to take a swallow of coffee or 10 to 15 drops of cardiazol.

Make sure of regular defecation.

Since neither anginal syndromes nor obstructions appear, immediate prognosis is favorable.

Smoking and drinking fortunately not involved.

 /Necessary: EKG

Annex XVI (contd)

Necessary: EKG after a day's work and then another after 10 knee bends.
Take x-ray of heart.

Consultation and treatment on 5 May:

Glucad. Intrav. plus Testov., Vit. C and glyco. intran. Massage flatly rejected in spite of earnest recommendation. Total daily rest 10 hours as required. Earlier retiring is impossible because of air raids. Consented to reduction of fluid intake to 1200 cc daily.

Presence of slight edema formations on shin bone could be noted under finger pressure.

st

g

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2. Result of Feces Examination of A(cont'd)

Microscopic examination:

In an emulsion with NaCl solution there was found mainly amorphous crumbling material, and only occasional remnants of vegetable fibers. Iodine reaction negative. No undigested starch, no crystals.

A stained smear specimen exhibits principally Gram-negative bacteria with, however, rather numerous Gram-positive bacteria. Fat and undigested muscle fibers were not present.

Chemical examination:

Catalase reaction: positive
Benzidine-reaction: negative

Bacteriological examination:

Process: NaCl emulsion with a small quantity of feces, then transfer to:

1. ENDO-plates
2. Bromthymolblue plates
3. Ammonium-Citrate-agar-plate.

After a 2- hour incubation at 37 degrees C., microscopic and macroscopic evaluation.

The Ammonium-Citrate-agar plates are incubated for 48 hours at 37 degree C.

From the plates another transfer of individual colonies is made to endo's medium and to Bromthymolblue-agar. Stab cultures are also made in gelatine. After isolation of further single colonies, transfer of coli and paracoli germs is made from these to 1% pepton solution containing 1% each of:

1. glucose
2. saccharose
3. lactose
4. maltose
5. levulose
6. dulcitol

Check of gas and acid formation after 24 and 48 hours, (by applying fermentation tube and methylred test) also by making the Voges-Proskauer reaction.

To make an anaerobic study, a transfer from the NaCl emulsion to liver bouillon and then to Zeissler agar is made, with evaluation every 24 hours.

Summary of Findings:

1. ENDO-agar: There was almost throughout a growth of red coli colonies, though the red formation was retarded. True paracoli are not evident. Also found were enterococci, proteus germs and isolated colonies of lactis aerogenes.
2. Bromthymolblue-agar: the results correspond to those of ENDO-agar.
3. Ammonium-citrate-agar: Very sporadic colonies of aerogaster aerobenes.

The Endo-plates, after 48 hours at room temperature, showed rich growth of *CLIDIUM-lactis*.

/4. Examination of

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