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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 3 Jun 45
b. CCPWE # 32 ("ASHCAN"), Report DI-21, dated 2 Jul 45
c. CCPWE # 32 ("ASHCAN"), Report DI-22, dated 12 Jul 45
d. USFET-EIS Center, Report DI-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 WISSLE Director of the Bacteriological Research Institute in Freiburg, the result of which showed the presence of dysbacterial flora in the intestinal tract. Wissle 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 "Mutaflor", and MORELL instituted treatment with it, prescribing 1-2 capsules 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 "Mutaflor" decreased, a similar coil preparation named "Trocken Coli" made by Prof LAVES of the University of Graz was also used.

Hitler suffered .......

- 2 -
MEDICAL HISTORY (cont.)

Hitler suffered from severe diarrhea. This condition was aggravated by his vegetarian diet. To relieve the diarrhea, MORELL prescribed Dr. KOSTER's Antico Pills, two to four at every meal. These pills (extra zex vor, extr Bellad, extra Gent) were taken over a period of years, and both DR. GIESEING and BRANDT believe that the cumulative effect of the strychnine component may be responsible for the epigastric pain, icteric discoloration of sclera and discoloration (see also USIST-MISC Report 01-CIR # 2) noted during 1944.

Dr. MORELL, on the other hand, believes that Hitler was afflicted with gastrudodenitis 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 Gallenol to restore normal flow of bile.

Since Hitler's diet was insufficient and unbalanced, MORELL supplemented it with Vitamin-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 Vitamin-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 thyro-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 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. Estimation 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) HEAD

a. General

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

\( \text{Scalp} \ldots. \)
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. Lid showed no lag or other evidence of pathology. Pupillary reactions 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 I).

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. Ear canals were of medium width and otherwise normal. No evidence of deformity or pathology of helix, fossa of antihelix, tragus, lobule, antitragus, concha, antihelix or fossa of helix was observed. (See Annex IV).

e. Nose

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

f. Mouth

Lips 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 antiseptic mouthwashes. Tongue was of medium size and during 1935-36 was frequently furred as a result of gastric disturbance. Cicatrization of tonsillar was probably due to childhood tonsilitis (see Annex V). Uvula and palate showed no abnormality. The nasopharynx, oropharynx, and larynx were often inflamed as a result of upper respiratory infections. Fetal odor 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 HUGEN 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. Supraventricular, suprasternal, clavicular, sternal, mammary, inframammary, axillary, interscapular, iliac, supra-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.
LUNGS

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

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 paramedian line. Electrocardiograms made by MORELL and interpreted by Prof Dr WEISSER of the Heart Institute at BAD NAUNHEIM 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.

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 interstitial 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 Gallenol, 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.

LYMPHATIC GLANDS

No tender or enlarged lymphatic glands were observed by MORELL.

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.

RECTAL AND GENITAL REGION

There was no disturbance of vesical or rectal sphincter tone, and no evidence of prostatic pathology or hemorrhoids.
(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. 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. Laceration 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 in eyeball on an erect situs slowed the pulse but Dr MORELL cannot remember what year he made the test.

/XI. .......
Craniocerebral (contd)

XI. Was able to shrug shoulders.

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

c. Cortical:

Frontal: Cerebration normal. Concentration excellent. No sleepiness, incontinence, amnesia, or personality changes.

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

Parietal: No forced grasping or clumsiness.


Occipital: No visual hallucinations. No quadriplegia 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, dysmetria, or adiadochokinesis.

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: NORELL 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.

2. 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 C4

No motor disturbance or pathology of scalenes, diaphragm, levatones 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 C5

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 C6

No motor disturbance or motor pathology of pectorals, latissimus dorsi, teres major, subscapularis, serratus anterior, triceps, or of pronators of forearm. Abduction 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 site of forearm. Triceps reflex normal.

Root C7

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 C8

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 T1

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 T1 to T12

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 L1

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 L2

No motor disturbance or pathology of ilio-psoas or of cremaster. No sensory disturbance of pathology in region of lateral aspect of thigh and of testicles. Cremaster reflex normal.
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 semimembranosus, semitendinosus, 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, piriformis, 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 sole 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, or penis.

Roots S-1 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.

7) 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.
PESSIMISTIC DATA

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

(16) 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 genito-urinary 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. MOELL believes that Hitler, although not strongly inclined to sexual activity, had 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).
BLOOD EVALUATION

Following blood tests were made at various times to set a general orientation: red blood count, color index, hemoglobin determination (Sahli), white blood count, white corpuscle differential, blood sedimentation rate, roentgen ray examination, blood calcium determination, blood serology (Weissmann, Kahn, and Kiencke), and interferometric determination of catalytic fermentation in blood serum. Specimen 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.

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. WEGER, the widely-known authority on heart diseases and director of the Heart Institute at BAD NAUNHEIM/Hesse for interpretation and diagnosis. On the basis of such charts alone, Dr. WEGER 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.

Morphine, hypnotics, etc., are not included in this list. But this list contains 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-aminobenzenesulphonamido)-4-methylthiazol contains 56 mg. These tablets were prescribed by Dr. MORELL because Hitler suffered from persistent catarrhal inflations 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 crystal. Reference: Ultraseptyl-Sanabo, Vienna XII/42. (See also Annex XVI for translation of one of Dr. MORELL’s notes).

2) EMASIN

A sulphon true. One ampoule equals 5 cc. Injected intramuscularly. Only injected once, since it causes pain. Therapeutically used for colds.
Medication by Dr. Morell (contd)

(3) CHININ

Hanna product. Prepared by Dr. Moll. This drug contains some chinin. It was used in place of Ultra septyl.

(4) OMNADIN

Omnadin is a mixture of proteins, lipoid substances of gall and animal fats, supposed to have all antiseptic properties and therefore should be used at the beginning of infections. It is nearly specific against colds. Dr. Morell preferred Omnadin over Ultra septyl because it was non-toxic. At times Omnadin was given in conjunction with Vitamin H (see 1.13). A ampoule of 10cc was given intramuscularly at a time. Omnadin was used whenever Hitler was afflicted with colds and as a substitute for Ultra septyl.

(5) OPTALIDON

A proprietary analgesic, a combination of amidopyrine and barbiturate: containing sandoptal (proprietary hypnotic-isopropyl barbituric acid) 0.05; Dimethylaminophenazone (pyramidon) 0.125; Caffeine 0.025. Application: 1-2 tablets per os, was used for headaches.

(6) BROB-NERVACIT

Composed of KBr 4%, NaHPO4 0.15%, Naphodyl 1%; diethyl-barbituric acid 4 phenyldimethylpyrazolon, spiritus, sacch., eth. sec. arom. Used as sedative in order to induce sleep and when excited. Dosages: 1-2 tablespoons. In order to prevent a Bromine reaction Dr. Morell prescribed it only every other 2 months.

(7) SEPTOID

Product of DimaChemical factory, Berlin-Moabit, Berlin-Weidekrust. 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 Ultra septyl. At times it was applied intravenously up to a maximum dose of 20cc.

(8) CIRCULATORY ANALEPTICS

CARDIAZOL (Pentamethylenetetrazol) COM.120 (Pentad-2-carbonic acid-dihydrolit)

In 41 Dr. Morell observed edema on external and internal malleoli of fibulae 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.

\[(/10) \ldots \]

- 12 -
(10) BELLIN

Parasympathetic stimulants, only 1/100 as effective as adrenalin, were administered by Dr. BELL in order to increase the heart-rate-volume of the circulation. It reduces the heart activity and improves vessel insufficiency. It was given in solution and applied internally, 10 drops a day for temporary periods up to 42.

(11) STROPHANTIN

A crystalline glucoside, used as a heart tonic. Electrocardiograms of the left suggested coronary arterial disease. Dr. BELL therefore instituted treatment with intravenous injections of strophanthin, giving 0.02mg a day for periods of approximately 2-3 weeks. This type of treatment was repeated several times during the next 3 years.

(12) PROSTRIBON

Supplied in ampules each containing 0.3mg of strophanthin in solution with glucose and vitamin C complex (nicotinic acid). Was used solely as a heart tonic.

(13) VITALTIN-CA

Contains A, D, and glucose. Used therapeutically just as Vitaminin in order to induce appetite, overcome tiredness and strengthen body resistance. Taken was given in later years, from 1943-44. It was supplied in tablets and was taken twice a day, at meals.

(14) INTELAX

Consists of vitamins A, D, and glucose. Used therapeutically just as Vitaminin in order to induce appetite, overcome tiredness and strengthen body resistance. Taken was given in later years, from 1943-44. 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 contractile effect of strophanthin. It was injected intravenously every 2nd or 3rd day (0.02g) for a period of years, from 1937-40 with brief interruptions.

(16) TONPHENAX

Bayer product. It is the sodium salt of dimethyl-amino-cyethyl-phenylphosphonic acid. It is a stimulant for unstriped muscles and was also given to supply phosphorus. It is supplied in ampules and tablets. Ampule contains a 1% solution, tablet 0.1g. Tophenax was administered subcutaneously and was used only to temporarily during the years 1942-44.

(17) MUTATIONS

It is an occulsion, a particular strain of Bacillus coli communis, and prepared in human soluble capsules. Reference: Prof. HILDE. Magenta, A.E., 1965. Questions regarding the product were directed to Prof. HILDE at LONDON, 1.2.

According to Prof. HILDE, certain strains of Bacillus coli communis have the property of colonising the intestinal tract. Such a property is not demonstrated by...
Medication by Dr. Hoch (contd)

It demonstrated by Dr. Hoch that acidophylos Bacillus. Because Hitler suffered so much from indigestion (36-40), Dr. Hoch thought an abnormal bacterial flora of intestinal tract was the cause. A fecal examination proved this was the case. Dr. Hoch therefore instituted treatment with Nataflor. It relieved Hitler of some of the pain and of indication. As the supply of Nataflor diminished as a result of the war, former teacher, Prof. Latz of University of Graz, used a similar 0.11 preparation, named Traken Coli Hamma. Prof. Latz also examined Hitler's feces and concluded dysbacterial intestinal flora. Later 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 some years (36-43), with some interruptions. (Traken Coli Hamma used as substitute)

(18) LUZIFEN

This is a digestive enzyme preparation containing enzymes which split celluloses, hemicelluloses and carbohydrates. It was used for digestive weakness, meteorism, and to make vegetables more digestible. (Hitler was a vegetarian).

It was supplied in tablets or drogues. Luzify was taken once in a while when flatulence and indigestion became worse. Dose: 1 tablet after meals.

(19) GLYCOMON

Dr. Hoch treated Hitler with Glyco-mon (2 cc injected intramuscularly) in order to check digestive disturbance. It was used only rarely and only during the years 36-40.

It is also supplied in bean form. It is mainly used for the prevention of pellagra. Glycomin contains metabolic enzymes (CO2 than I and II) vitamins, and amino acids.

Produced by Nordmark Werke/Hamburg.

(20) DR. KUHSTORP ACTION PILLS

Contains: extr. Fox vom., extr. Bellad. exC.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. Brantl and Dr. Giesen think the cumulative effect of this drug produced the intestinal discoloration of skin and sclera and epigastric cramps noted Sep 44.

(21) ZUPAT

Contains preparation of radix angelica, opowurin, echo, active bile extracts, coffee-chochural, adverb. penguin extract. Was supplied in pill form and used regularly for better digestion and against meteorism. This drug was only used during years 39-44.

(22) EKTHAL (Dihydro-xycofelo-michlorhydrate) and

(22) EKTHALIL (synthetic alkali-16)

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

(24) CANDIDA

Used frequently for cholerae enemas, which Hitler administered himself.

(25)
(24) **PELVENON**

Prenn's L. known to be either of long in body and the dihydro-
if false bromine. It is standardized in international synthetic units.

1 capsule: 3 mg (8,000 I.S.). It was given intramuscularly. It
increases the circulation of estradiol release, and prevents aging of estradiol
and vessels. Dr. L.M.L. instituted treatment when Hitler suffered from osteo-
dystrophy, 1936.

(25) **ARCHER**

It is a preparation of all human sex, P-tency is increased by the
addition of extracts of testicles, estradiol vesicles, and extracts of sexules.
Dr. L.M.L. claims to have used it only once and then in order to combat fatigue
and depression. It is administered intramuscularly 2,000 mg every 23.

(26) **PRONON**

An extract of estradiol and testicles, used to prevent de-
progressive uste. Was used for a short period in the year 1943. Dr. L.M.L.
The capsules intramuscularly every second day.

(27) **CORTISONE**

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

**COLETS AND RECOMMENDATIONS**

Further reports on this subject contain additional descriptive data rel-
ating to the physical and mental make-up of Hitler and drawn from sources which
were at the time or another in intimate conflict with him are contemplated.

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

WGO (Grenadl)
R. H. (Serl)
(Ed. 89)

For the Commanding Officer:

FRANCIS O. WOJTY
29th Inf., Infantry
Chief Editor

29 Nov 45
DISTRIBUTION: "D"

[ATTEND 1]
(28) TAMPON

From p.m. 10 pm to 2 am, if so desired, the distillation of urine was done by the distillation of little bottles. It is standardized in international bunsen units.

1 capsule once (250 mg) I.D. It is given intramuscularly. It increases the circulation of urinary system, and prevents urination of urinary system and vesicles. Dr. I.H. did not institute treatment when Hitler suffered from neuritis diabeticum 1943.

(26) ARCHIMEDES

Is a combination of all known poisons. Potency is increased by the addition of extract of testis, seminal vesicles and or testes of rams. Mr. I.H. claims to have used it only now and then in order to combat fatigue and depression. It is administered intramuscularly. It is a licorice product.

(27) FRAZIER

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

(28) COBLES

Desoxytocicosteronepropionate was injected intramuscularly. Was used for muscle weakness and to influence the carbohydrate metabolism and fat absorption. Was used a few times only.

4. CONCLUSIONS 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 the 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 involved and to indicate the desirable distribution of resulting reports.

WGO (General)

E. (Carl)

(21st Feb.)

For the Commanding Officer:

FRANCIS C. ST. JOHN

29 Nov 45

DISTRIBUTION "D"

ATTN: I . . . . . .

- 16 -
22 Jul 1886 Born in Traisn, a small village in upper Hessen. His father was a local schoolteacher of Romani extraction, and one of a well-to-do farming family. Detaining was the second child. His older brother died in November, 1901; a younger sister still lives at Traisn.

Source entered one-year school at the age of six, graduating at 14, as a child he suffered from recurring stomachaches, for 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 Hessen). For a year 16 to 18 he attended the teachers' seminary at FRIDELBERG (Hessen), graduating in 1905. He then taught school for no year at BREITZMANN, near HAIN.

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 Kardinals at the University of Gießen. After one semester, he transferred to HEIDELBERG, and later to CEE SHA, France.

1909 Returned to HEIDELBERG.

1910 Spent several months as guest student at the institute "D'Ugo- enchen Formier" in PARIS.

1912 Obtained his medical degree at LEIZIG and was offered an assistantship at LEIPZIG.

1913 ship's doctor for the Niederhessen Line, The Hanseatic South American and North German Lloyd lines.

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

1915 Joined army as surgeon, saw service as a 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.

1932......
1922 Was offered a position as physician at the court of the Shah of Persia, °feelin®.°
1926 An identical position was offered by the King of Syria's envoy to Germany. Source: °feelin®.°
1933 When Hitler took over in January, the word "Jews" was posted over his staff 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 Kurfurstendamm 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 Munich in order to treat Prof. Heinrich Hoffmeister, whom at that time was suffering from gonorrhea. Hoffmeister, who visited Hitler regularly at weekends, introduced the prisoner to the Führer at the "Berghof" at Berchtesgaden. Hitler was at that time suffering from stomach ulcers. 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 this condition by means of morphia. When Hitler was approached, he stated that he did not need drugs in order to see him through and dismissed Hoffmeister. After thanking him for his past devotion, he was arranged for Hoffmeister's evacuation. Source has not seen Hitler since then.
22 Apr 45 Arrived at BAD REICHENHALL.
1 May 45 Admitted to city hospital at BAD REICHENHALL.
1 Jul 45 Arrested at hospital

Annex II
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 Fuehre'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).
Right: A close-up view of the skull wall. With the use of a magnifying glass, a very fine, intricate, and detailed structure of the sinus has been observed, indicating the presence of intricate details.
Highly recommended for all who wish to see the
contrast, stillness, and reverie. Here, the viewer is
transported to a world of contemplative and
visceral poetry of investigation and reflection.

...
1. Findings of Examination

The Fuehrer complained that he had seen 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, as well as dealt with falling asleep — and the astigmatic glasses, prescribed in 1935, are barely enough for this purpose now.

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

Right: 3/12 (1.6 sph) 5/6
Left: 5/6, glasses rejected.

Close vision:
Right (4.0) Read 11 in 25-30 cm.
Left (4.0) Read 11 in 25-30 cm.

Lid apparatus normal. No fibrillation in particular. Incidentally a strong defensive reaction to instilling of drops or to tonometry. Instillation normal. Anterior eye in n.e.o. order in both eyes in every aspect. Pupil of equal diameter, round, and free from reactions. Anterior chamber shows normal depth. Color of the iris on both sides equally dark blue-gray. After determination of normal inner pressure by palpatation, mydriasis of pupils was induced, right with Atropin, left (currently the eye with better vision) only with Novair.

Orbitaliscopy after about 30 minutes gave following results:

Left: Refractive media except ciliary clear. Eye is clear and without pathological findings. Pupil of normal size, exhibiting well-defined physiological evaporation. The retinal vessels were of normal width and extent. The choroidal vessels could not be seen because of the dark shade of ocular wall. Ptosis very mild and without pathological manifestation.

Right: Background was observed as a definite veil. With the use of a magnifying glass, a very delicate, faintly yellow, diffused turbidity of the vitreous humor could be observed, invisibly composed of infinitesimal particles.
Diagnosis: The dusty perception with the right eye is explained by a very delicate turbidity of the vitreous humour which, since no inflammatory processes can be observed, is: to be a trib ted to minute hemorrhages into the vitreous humour. These hemorrhages did 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 transient variety in pressure possibly caused by a vessel spasm - is the explanation of the presence of dust.

Proposal:

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

A discussion with Prof. ZELL 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 narcotics 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 dioptr spheres, left plano. The glasses for near vision must be strengthened. Right: +4.0 dioptr spheres, left: +3.0 other. Bifocal glasses of the same strength are also to be provided.

2. Letter From Source to L.P. Concerning the Findings

Prof Dr [Redacted]

by dear Professor,

As arranged, I am sending you (Encl.) 2 copies of the results 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.

As long as heat twice a day for five 15-20 minutes will assist in clearing up the turbidity of the right eye very 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 so beneficial to the influence of the heat. Would a similar effect be achieved by a very moderate body massage once a day?

Regarding the use of ...
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 discussion 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 movement 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 highly responsible activity.

With friendly greetings,

Heil Hitler!

Yr 'ov to:

/s/ W. LEIBNIZ

/ANNEX IV
The material which follows is excerpted from a report made by Dr GIESING on 18 Oct 44 after treating individuals injured during the 20 Jul bomb explosion. GIESING had been called in because he was the only eye, ear, nose and throat specialist in the vicinity. Only that portion of the report which relates to Hitler is reproduced.

LOETZEN Army General Hospital
Ward 5

The ear examination ordered by SS Gruppenfuehrer and Generalstabsarzt Prof Dr BRADT yielded the following:

22 Jul 44

Ears: Right--large, kidney-shaped central rupture lower front and rear. Bloodline bled. Whispering reached only immediately into ear. Pronounced combined deafness of middle and inner ear. Indications of nystagmus to right.

Left--Slit-shaped central rupture, 3 mm long lower rear. Whispered speech perceived at 4 meters. Slight combined deafness.

8 Oct 4.

Perforation completely closed on both sides after repeated cauterization of edges of eardrum, massage of eardrum, and air massage treatment. Whispering perceived on both sides at six meters.

Struyken Fort
right
250 65 seconds 70 seconds
400 18 seconds 32 seconds

A sinus infection on both sides which was caused by a cold contracted from the breeze has completely disappeared. X-ray examination of sinuses on 19 Sep 44 revealed a slight shadowing of maxillary sinuses. All other sinuses.

/including ethmoid/
ANNEX IV (cont.)

including spheno-ethmoidal on both sides. Irritation of left maxillary sinus performed by Prof. SICHEL on 24 Sep 44 as cheek 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 (paralysis of internus muscle).

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

Physician-in-Charge of Ward 5

/s/ Dr. Giesing
Oberstaborrat

Ear, Nose, and Throat Specialist

Annex V......
GIESSING is the eye, ear, nose, and throat specialist who treated Dr. Erwin Theiss during the assassination attempt of 20 Jul 44. At the time he was at the Army General Hospital at RAST (East Prussia).

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

DRAWING BY PROF DR GIESING OF HITLER'S MOUTH

Source: GIESING, Prof Dr Erwin

Position: Oberstführer

GIESING is the eye, ear, nose, and throat specialist who treated our injuries suffered by HITLER during the assassination attempt of 20 Jul 44. At this time he was at Army General Hospital at BASTNAG (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.
PROF. THEO H.O., M.D.
CONSULTATION HOURS: Week days 11-1 and 5-7 o'clock, except Saturday afternoon

BERLIN W 15  January 9, 1950
Kurfuerstendamm 216
(Corner Pfannen Str.)
Subway station: Uhland Str.
Tel: 917362

Patient

BP:
Pulse 70  Blood pressure 140/100 (50 Years)
2nd Aortic sound, barely only weakly accentuated.
Blood Group A
with liss Kepkin
Blood sedimnetation
Blood picture
Blood sugar
Interferometry—Schmitt-curbach
vit. B and C and Cortiron Trial (Serumwerk)
These electrocardiograms were made by Dr. MORELL and interpreted by Dr. WILBE. Rapidly progressive coronary sclerosis was diagnosed by Dr. WILBE 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 wrote only that the patient was a "very busy diplomat".

"Electrocardiogram I......"
DATE: July 1, 1941
AGE: 51
CLINICAL DIAGNOSIS: Coronary Sclerosis

CARDIAC RATE: 88
P-R INTERVAL: 0.10-11
QRS COMPLEX: 0.08
VE. TRAC L.RATE: 86

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

LEAD I: Slight slurring of QRS, slight depression of R-Segment, slight notching of P, small Q-wave present (0.8 mm), R-wave (12 mm), P-wave (0.5-0.6 mm).

LEAD II: Slight slurring of R, voltage of S (0.6 mm), low take off of S-T segment, R-wave 0.8 mm, P-wave 0.8-0.9 mm.

LEAD III: Slight slurring of R/S, diphasic P, R-wave 1.6 mm, S-wave 0.6 mm, slight arrhythmia.

NOTE: Standardization present.

Horizontal spacing: 0.04 sec. Vertical spacing 1 mm. Actual square spacing: 0.075

/Electrocardiogram II.
Name: Davis.

No. 404.

Prof. Dr. Th. Morell.
DATE: May 11, 1943
AGE: 54

Disease: Coronary sclerosis

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 the atria or in the lowermost region of the 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 R-T segment, voltage of P 3 mm, voltage of R 3 mm.

LEAD III: Light slurring of R, low voltage; nearly isoelectric T, voltage of R 1 mm, voltage of T 3.5 mm.

NOTE: Standardization is not present.
Horizontal span: 0.04 sec, vertical span: 1 mm.
Actual square-spacing: 0.075".

/Electrocardiogram III (a)....
DATE: September 26, 194-

Clinical diagnosis: Switch on A.

AGE:

AURICULAR RATES: 85-90  
VENTRICAL RATES: 85-90

R-QRS Interval: 0.10-11
QRS Complex: 0.08

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

Lead I: low inverting T, slight low take off of R, notch on P, voltage of P 0.3 cm, small Q wave (1 mm), voltage of R 8.5 cm.

Lead II: slight slurring of P, isoelectric T, low take off of R, segment, voltage of P 0.5 cm, voltage of R 3 cm.

Lead III: slight slurring of base of a, voltage of R 1.3 cm, voltage...

NOTE: Standardisation present.

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

actual square-spacing: 0.076 cm. 

/ Electrocardiogram III (a).
DATE: September 3rd, 1984

Clinical diagnosis: Coronary atherosclerosis

AGE: 65 yr

Ventricular rate: 85-90

PR interval: 0.10-11

QRS complex: 0.06

RHYTHM: P-wave, apparently atrial deviation: Left axis deviation in the upper limit portion of the biventricular node (conduction time: 0.10-11).

LEAD II: Notching of P, inverted T, low take off of R-T segment

LEAD III: Slight slurring of R, isoelectric T, low take off of R-T segment

LEAD V_1: Slight slurring of R + S.

NOTE: Standardization increased.

Horizontal: 0.06 sec., vertical: 0.075".

Actual square: 0.075°.

/ Annex VIII .......
**Urine Analysis**

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PATIENT</strong></td>
<td></td>
</tr>
<tr>
<td><strong>WHITE EXAMINATION</strong></td>
<td></td>
</tr>
<tr>
<td>REACTION:</td>
<td>alkaline</td>
</tr>
<tr>
<td>ALKALINE:</td>
<td>negative</td>
</tr>
<tr>
<td>SUGAR:</td>
<td>negative</td>
</tr>
<tr>
<td>UROBILIQUIN:</td>
<td>negative</td>
</tr>
<tr>
<td>SEDIMENT:</td>
<td>moderate, calcium oxalate, Sophie leucocytes, highly dead, and alive. Feces: C. Facilli.</td>
</tr>
</tbody>
</table>

---

**PROF. THEO. LORELL, M.D.**

Berlin W25, 21 Dec 1940, Kurfuerstendamm 216 (corner Frasen St.) Subway station Uhland Str.

Tel: 017382

---

**ANNEX II**

---
RESULTS OF THREE FECAL EXAMINATIONS (TRANSLATION)

Sources: NISSEI, Prof Dr
Position: Staff of FREIBURG RESEARCH institute
           Hitler's Personal Physician

Table of Contents

1. Examination made 18 Jan 40
2. Examination made 5 Jun 44
3. Examination made 8 Jun 44

1. Prof. Dr. A. NISSEI
Research Institute
Fuerstenberg Str. 15
TeL 7644

RESULT OF EXAMINATION

To PROF. DR. NISSEI, D.A.,

Berlin W 15

Examination of the stool specimen, received on 15 Jan., 1940, of

Nistal A showed the following:

Reaction: acid
Strikingly poor growth

Only a few acid-forming Celi bacteria were present; they did not behave
typically under culture and did not completely correspond serologically to the
STREPTOCOCCUS strain, showing themselves to be inferior and antagonistic. Concen-
tration of the fecal specimen resulted only in increased growth of the same
organisms, no other bacteria and no helminthous eggs.

Microscopic examination of the stool specimen showed an entirely nor-
mal picture, only vegetable fibres being observed.

A. NISSEI

2. Private Research Laboratory
Prof. Dr. Theo NORELL
HAMBURG 60, Bellevue 42.

Result of Feces Examination of A.

The specimen submitted is dirty grey-brown, very thin and mushy, and without
courser components.

Reaction is weakly acid with a pH of 5.8.

Microscopic examination ......
2. Result of Feces Examination of A (contd)

4. Examination of single colonies:

A. The colonies known as bacillus "laotis aerogenes" exhibit in part somewhat swollen ends with irregular swellings (usually binodal nodes). The bacteria are Gram-positive. In the 15 pepton solution with addition of glucose, lactose, maltose, and raffinose there was acid formation.

Voges-Prokauer reaction: positive.

B. After strains growing red on Endo medium in pepton solution:

- After 12 hours: red
- After 24 hours: red

1. Glucose
2. Saccharose
3. Lactose
4. Maltose
5. Levulose
6. Dulcite

7. Methylered test
8. Voges-Prokauer reaction
9. Gelatin liquefaction

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

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

In conclusion: Examination of the submitted stool specimen reveals a generally normal condition. Presence of Pseudobacter bacteria could not be demonstrated. Some individual bacteria show a slight decline in fermentative activity which is partly due to the acid reaction of the specimen.

3. Bacteriological Research Institute
   Freiburg i. Br., 8 Jun 1944
   Director: Prof. Dr. A. Rissle
   Postal check account: Eralbruck 274/31
   🌐/Telefon 7844

Result of Examination

To: Professor Dr. Morell
   M.D.
   🌐/3 Jun 1944

Examination of the stool specimen received on 3 Jun 1944 showed the following:

/Reaction acid...
3. Bacteriological Research Institute (cont'd)

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 corresponded 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.

Signed

/Annex X ......
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 RASSENBURG, 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.
ANEX XI

BLOOD SEDIMENTATION RATE TEST

Source: MORELL, Prof Dr Theo

Position: Hitler's Personal Physician

PROF. Theo MORELL, M.D.

BERLIN W 15, _9 Jan 1940

Kurfürstendamm 216 (corner Pteener St.)

Subway stations: Uhland St.

Tel: 917382

PATIENT: --- PATIENT A

SEDIMENTATION RATE of blood corpuscles

WESTERMARK METHOD

1st hour: _ - _ mm

2nd hour: _ - _ mm

Normal value: up to 10 mm.

Medium value: _ - _ mm

BLOOD SUGAR DETERMINATION, SEIFFERT METHOD.

--- 110 --- mg%

Normal value: 90 – 120 mg%

/Annex XII ......

CONFIDENTIAL

-- 1 --
Medical Diagnostic Institute
Dr. A. Schmidt-Burbach, M.D.
Berlin 7, Schiffbauerdamm 3
Tel. 423759 - Postal Check account
Berlin 183620

Mrs. of Miss
Mr.
Health Insurance Society: Membership No.

Wassermann: negative
Neimann (MERRII): negative
Kahn: negative
Pallida reaction: negative

Complement test for Gonorrhoea: negative
Complement test for tuberculosis: negative
KLEINICH-Tuberculosis-reaction: negative

BERLIN, 25. Jan. 1940 /s/by E. Drinkmann

Annex XIV
### Differential Blood Count

<table>
<thead>
<tr>
<th>Source: NOROLL, Prof Fr Theo</th>
<th>Position: Hitler's Personal Physician</th>
</tr>
</thead>
</table>

PROF. Theo NOROLL, M.D.  
Berlin, W 15, Feb 1939  
Kurfürstendamm 216 (corner Freytag St.)  
Subway station Uhland St.  
Tel: 917392

<table>
<thead>
<tr>
<th>RESULT of BLOOD EXAMINATION</th>
</tr>
</thead>
</table>

| Red Corpuscle Count: 4.7 M. | Normal: 4.8 ± 0.1 M. |
| Hemooglobin Determination: | Normal: 100% |
| Color Index: 1.63 | Normal: 0.2 ± 1.0 |
| White Blood Count: 5000 | Normal: 8 ± 8000 |

<table>
<thead>
<tr>
<th>White Blood Corpuscle Differential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basophil</td>
</tr>
<tr>
<td>Eosinophil</td>
</tr>
<tr>
<td>Monocytes</td>
</tr>
<tr>
<td>Neutrophil Juvenile</td>
</tr>
<tr>
<td>Neutrophil Stenochinque</td>
</tr>
<tr>
<td>Lymphocytes</td>
</tr>
<tr>
<td>Monocytes</td>
</tr>
</tbody>
</table>

/Annex XV ......
The following is a translation of a report submitted to Dr. HORELL by the Medical Diagnostic Institute of Dr. SCHEIDT-SCHRECHT in BERLIN, after tests had been made to determine deficiencies of individual glandular secretions in the blood of HITLER. The process followed involves the use of an interferometer to determine to what degree each of the glandular secretions in Hitler's blood serum was affected by catabolic fermentation. "Normal" destruction of glandular secretions by fermentation is obtained from a table which has been set up to provide an indication as to the sufficiency of concentration.

The determination is made by preliminary calibration of the interferometer with fresh serum in both chambers: units of drum reading are used to express the amount of deviation between the two beams. Then the serum in one chamber of the instrument is substituted for an equivalent amount of serum which has been incubated for 24 hours at 37°C, after the addition of a predetermined amount of standardised glandular extract (Organonnost). Then the two beams of the interferometer are again brought into phase. The amount of change necessary to accomplish this, again expressed in units of drum reading, indicates the degree to which the particular glandular secretion involved has been affected by catabolic fermentation in the blood of the patient. The operation is repeated for each glandular secretion to be investigated.

Graphical representation of the findings appearing on the following report have not been included because of the difficulties of reproduction.

**MEDICAL DIAGNOSTIC INSTITUTE**

Dr. A. SCHEIDT-SCHRECHT, M.D.

Berlin NW 7, Schiffbauerdamm 3
Tel.: 423759
Postal Check account: Berlin 186520

Reading on calibration with fresh serum: 1497 4847 drum units.

(The drum readings for each individual component is the sum of the calibration reading and the catabolic valuation reading listed below.)

<table>
<thead>
<tr>
<th>Component</th>
<th>Catabolic Valuation (in drum units)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypophysis, pars ant.</td>
<td>13</td>
</tr>
<tr>
<td>Hypophysis, pars post.</td>
<td>17</td>
</tr>
<tr>
<td>Hypophysis, total</td>
<td>14</td>
</tr>
<tr>
<td>Parathyroid gland</td>
<td>.....</td>
</tr>
</tbody>
</table>

- l -
### Blood Serum Differential (cont'd)

<table>
<thead>
<tr>
<th>Component</th>
<th>Normal</th>
<th>Patient</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parathyroid gland</td>
<td>15</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Thyroid gland</td>
<td>14</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Thymus</td>
<td>12</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>(Testis)</td>
<td>16%</td>
<td>16%</td>
<td></td>
</tr>
<tr>
<td>(Ovary)</td>
<td>16%</td>
<td>16%</td>
<td></td>
</tr>
<tr>
<td>Suprarenal gland, cort.</td>
<td>15</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Suprarenal gland, total</td>
<td>13</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Testis</td>
<td>16%</td>
<td>16%</td>
<td></td>
</tr>
<tr>
<td>Lien</td>
<td>12</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Kidney</td>
<td>11</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Pancreas</td>
<td>11</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Kidney</td>
<td>11</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Corpus luteum, lutein</td>
<td>13</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Folliculin phase</td>
<td>10</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

(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 herck
Thyr.

### RESULT OF EXAMINATION

MAKING INTERFEROMETRIC DETERMINATION OF CATABOLIC HORMONES IN BLOOD SERUM USING ORGANOGNESTO (FROGNESTA)

**NAME: PATIENT A**

**Physician: Prof. Horpial, M.D.**

**Lab. No. 288**

**Blood Taken: 2 Jan 1940**

**REMARKS:**

Evaluation not possible at this time. Will follow.

**BERLIN, 10 Jan 1940**

/s/ by E. DRINKAVY

/Annex XVI ......
Following is a translation of handwritten 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 indine (Septoiod 10cc), administered intravenously. Intramuscular injections of Vitamultin-Calcium, Cuprophane, and of varying amounts of Glyconorm or liver extract.

For Ga: Vitamultin tablets, 4-6 a day, at meals. Also Luisyn and Glyconorm and Aflat 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 Strophanthin and possibly also with heart muscle extract in phosphoric acid. At first three times daily, then every second day. Restrict fluid intake to 1500 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 progress is favorable.

Smoking and drinking fortunately not involved.

Precessary: EKG .......
Annex XVI (contd)

Necessary: EKG after 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. intram. Leakage flatly rejected in spite of earnest recommendation. Total daily rest 10 hours as required. Earlier retiring is impossible because of air mists. Consented to reduction of fluid intake to 1200 cc daily.

Presence of slight edema formations on shin bone could be noted under finger pressure.
2. Result of Feces Examination of A(cante)

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, m-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 degrees C.
From the plates another transfer of individual colonies is made to Endo's medium and to Bromthymol-blue-agar. Stab cultures are also made in Endo-agar. After isolation of further single colonies, transfer of coli and enterococci and lactic cocci is made from these to 15 pepton solution containing 1% each of:
1. glucose
2. sucrose
3. lactose
4. maltose
5. levulose
6. dulcite

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 Ziehlser 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 perncoli are not evident. Also found were enterococci, proteus genera and isolated colonies of lactis aerogenes.
2. Bromthymol-blue-agar: the results correspond to those of ENDO-agar.

The Endo-plates, after 48 hours at room temperature, showed rich growth of OIDIN-ictis.

*4. Examination of .......

2*