

Doctor to the dictator

The career of Theodor Morell, personal physician to Adolf
Hitler

Robert Kaplan

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Contents

Introduction	3
Adolf Hitler	3
Dr Morell	5
Discussion	8
Acknowledgements	9

Objective: *To examine the life and career of Theodor Morell, personal physician to Adolf Hitler.*

Conclusions: *For nine years, Dr Theodor Morell had almost exclusive access to Hitler. Hitler, an illness phobic, lied about his medical history, refused to be examined except in the most superficial fashion and tended to accept or reject treatment according to his whim. Morell used a range of complementary treatments, intravenous glucose, amphetamines and opioid injections. While Morell's methods were suspect, it is doubtful he did his patient much harm. Dismissed by the disillusioned Dictator, he was captured by the Allies but never prosecuted, dying in 1948.*

Key words: *Adolf Hitler, pathography, Theodor Morell.*

Introduction

The history of psychiatry and psychiatric history is woefully neglected in training and professional studies. Examination of the former not only helps understand the science we practise, but puts it into context. The latter highlights the effect of illness on the famous and infamous, the consequences of which resonate through history.

Pathography – the study of disease in the famous – has its critics, but the advantages cannot be ignored. While unfounded speculation should be avoided as far as possible, there is much to learn about illness, personality and behaviour. In this regard, the illnesses of Adolf Hitler remains a source of enduring interest. His relationship with his physician, Dr Theodor Morell, says something about the opaque man who will always remain largely enigmatic.

That the behaviour of leaders, good and bad, is often affected by illness is widely accepted. The leadership role involves ambition, drive and self-belief above the ordinary.¹ Such individuals react to illness in ways that accord with their personality; their choice of doctor reflects these attitudes.² There is no better example of this than the relationship of Hitler and Morell.

Adolf Hitler

Hitler, who must remain the personification of evil in history,³ was a remarkably hollow man. Obsessed with racial theories which he justified with a crude Darwinism, as an individual Hitler was profoundly shallow, opaque and largely unfathomable. His personal relationships

could be best described as bleak; he had no friends, maintaining superficial relationships with his chauffeur, photographer and secretaries as a substitute. Unsurprisingly,

¹ Robins, R. Paranoid ideation and charismatic leadership. *Psychohistory Review* 1986; **6**:15–55.

² Osmond H. God and the doctor. *New England Journal of Medicine* 1980; **302**: 555–558.

³ Haffner S. *The Meaning of Hitler*. London: Phoenix, 1997.

the man described as a monster,⁴ had pathological relationships with women. Of the few women he was known to be involved with, three attempted suicide, two successfully. Hitler was only observed to display any affection towards Geli Raubal, his half-niece, and Blondi, his dog.

Having risen from obscurity, by 1933 the former doss-house denizen and army despatch runner was Dictator of Germany and embarked on an aggressive rebuilding campaign to prepare for war. As leader, Hitler maintained his bohemian habits, rising late, dismissing administrative tasks and staying up till the early hours of the morning with his sycophantic court. Aside from the daily walk with Blondi, he abhorred exercise. A proselytising health crank, he refused to allow smoking in his presence⁽¹⁾ and seldom drank alcohol. Constantly lecturing his acolytes on the iniquity of killing animals (a grim irony, coming from the greatest mass murderer of the century), he ate a bland vegetable diet, which he supplemented with his favourite Austrian cream cakes, reputedly guzzling down two plates at a sitting.⁵ With this combination, it was not surprising that he suffered from flatulence, constipation and diarrhoea.

Hitler, an illness phobic, was preoccupied with syphilis, convinced he would die before his time. Despite being misinformed (he mistook congenital syphilis for hereditary syphilis), his obsession with the disorder was close to delusional and he constantly equated it with his other, terrible belief that Jews spread the disease. Pathologically secretive, Hitler lied about his medical history, of which he disclosed very little in any event. Distrusting specialists and academics, he refused to be examined except in the most superficial fashion and tended to accept or reject treatment according to his whim.

In his early days, Hitler had little compunction in exaggerating health complaints to suit his ends; for example, he successfully claimed to have serious lung disease (tuberculosis) to get out of secondary school and, later, avoid conscription in the Austrian Army⁶ – but rushed to enlist in a Bavarian regiment once war broke out. There is no evidence Hitler had respiratory problems.

In *Mein Kampf*, his political memoir, Hitler claimed he had been blinded in a gas attack just before the war ended – in fact, while he had severe blepharitis and conjunctivitis, his eyesight was never harmed; he developed hysterical blindness after the German surrender.⁷ Later, he liked to portray his stay in Viennese doss houses as a time of intense hunger, poverty and struggle to stay alive. Aside from a brief period when he had to sleep rough and do manual work, Hitler had it relatively easy and staying in seedy accommodation was largely due to his refusal to seek regular work.

⁴ Rosenbaum R. *Explaining Hitler: the Search for the Origins of his Evil*. London: Macmillan, 1998.

⁵ Hanfstaengl E. *Hitler: the Missing Years*. New York: Arcade Publishing, 1994.

⁶ Kershaw I. *Hitler 1889–1936: Hubris*. London: Penguin Books, 1998.

⁷ Toland J. *Adolf Hitler*. London: Ballantine Books, 1976.

⁽¹⁾ In this respect, Hitler anticipated the role of cigarette smoking in causing cancer.

Once he embarked on a political career, Hitler would melodramatically threaten to kill himself whenever he encountered setbacks, such as rejection by Helene Hanfstaengl or the failure of the Munich *putsch*.⁷ There was more to this than mere posturing. He seemed to have a morbid fascination with death. He was outraged when General Von Paulus surrendered to the Russians at Stalingrad, rather than kill himself.⁸

Until 1942, Hitler did not have any serious health problems; after the fall of Stalingrad he aged rapidly, the deterioration escalating after the 20th July 1944 assassination attempt. Once the war had been lost, his suicide in the Berlin bunker was inevitable.

Dr Morell

Who was Theodor Morell, the physician who had almost exclusive access to the Nazi dictator for nine years? Morell was born on 18th July 1886 at Traisa, Hessen. He studied at several German and French medical schools. Despite the absence of specialist training, Morell practised as a urological physician, treating skin and urogenital diseases; he was, in short, a pox doctor. He ran a fashionable and lucrative practice, patronised by businessmen, aristocrats, actors and singers. A number of Jews, including operatic tenor Richard Tauber, were his patients, so presumably he was not anti-Semitic. Many of his patients were not seriously ill, but would be described as the ‘worried well’.

Morell catered to their sense of well-being with a range of treatments including vitamins, hormones, enzymes, metabolites, organ extracts and electrotherapy. He was an enthusiastic polypharmacist, especially fond of 20% glucose intravenous injections,⁹ a placebo cure. Morell’s most enduring belief centred on the role of bowel bacteria as the cause of gastrointestinal complaints. He subscribed to the so-called dysbacteria cure, using healthy bacteria cultures (Mutaflor and Enterofagos) to replace pathogenic bacteria. He frequently sent stool cultures to Professor Nissle for bacterial analysis.

In 1936, concerned with dyspepsia and a rash on his legs, Hitler agreed to see the Berlin doctor recommended by Heinrich Hoffman, his photographer. Hoffman was treated by Morell for pyelitis and impressed with the result. Hitler, obsessed with bowel function, was concerned about episodes of spasm, pain and flatulence. Morell promised to cure him within a year and, when the eczema disappeared, was appointed personal physician to the Dictator.

Morell was included in the Nazi inner circle and travelled with Hitler after the war started. Hitler rewarded him lavishly and paid for the rebuilding of his house when it was bombed. Morell became wealthy providing the military with pharmaceuticals manufactured in his factories (confiscated from Jews in the conquered East), including a defective antilice preparation and a weak form of penicillin.

⁸ Bullock A. *Hitler and Stalin: Parallel Lives*. London: Fontana Press, 1993.

⁹ Redlich F. *Hitler: Diagnosis of a Psychopathic Prophet*. New York: Oxford University Press, 2000.

Always status-conscious, Morell welcomed the frequent award of medals, as well as elevation to professorial status. Despite his Falstaffian proportions, he enjoyed wearing a uniform (in this regard he was only outdone by Herman Göring). Within the Hitler court, he was treated with derision, although his influence on the Dictator envied. He was continually subjected to questioning about the Führer's health by Goebbels and Von Ribbentrop, but did not breach his patient's confidence. Morell felt the slights keenly, confiding his disappointment to his wife, who adored being invited to social soirees at the Berghof.

Following the invasion of Russia, the tide turned against the Nazi armies. Although he knew he could not win the war, Hitler persisted with the struggle, spending his time directing the campaign from the Eastern military headquarters. He became totally absorbed with maps, battle despatches and radio conversations with his commanders. The effect was quite marked; a number of people, including Speer, and Goebbels, noted the change in his appearance. After the fall of Stalingrad, Guderian commented that Hitler had aged rapidly, appeared shaky and uncertain and had a vacant gaze.⁹ He developed an uncontrollable tremor, severe headaches and had at least two brief episodes of jaundice.

Morell became intensely involved with his patient. Hitler's problems were blamed on stress, lack of exercise and unhealthy bowel flora. He redoubled his efforts, often giving Hitler several glucose, multivitamin and hormone injections a day. His patient also took large numbers of Vitamultin (an amphetamine and vitamin preparation) tablets, praising their tonic effects. Opiates, both orally or injections, were used for pain, causing constipation and making the bowel problems worse. As both men were conscious of the addictive potential, it was unlikely that Hitler developed opiate dependency.

Morell, who obsessively monitored his patient's blood pressure, attributed his problems to mild hypertension and cardiac insufficiency. To reduce blood pressure, Morell recommended leeches, a procedure still used by doctors at the time and meeting the approval of the Dictator. He sent EKG tracings, under the nom-de-plume of *Patient A*, to a leading Berlin cardiologist. The cardiologist, who may have guessed who the patient was, diagnosed coronary sclerosis.⁽²⁾ Morell (who had coronary problems himself) used powerful cardiac glycosides – the *Strophanthin* cure – on several occasions, as well as Metrazol, a cardiac stimulant. While there was no clinical basis for this potentially harmful treatment, to this day Germany has a high rate of prescription of cardiac medications based on the culturally-bound belief that the heart is the source of well-being.¹⁰

¹⁰ Payer L. Borderline cases: medical practice and natural culture. *The Sciences* 1990; 285–288.

⁽²⁾ Analysis of the ECG tracings suggests that the changes were unlikely to have been caused by serious damage to the coronary arteries. A recent explanation for these changes is Giant Cell Arteritis, see Redlich F. A new medical diagnosis for Adolf Hitler: giant cell arteritis-temporal arteritis. *Arch. Int. Med.* (1993) **153**, 693–7.

Treating coronary illness in the absence of symptoms was typical of Morell's approach. It is highly unlikely that he performed the intensive physical examinations on his patient as he stated in his notes. Morell claimed to have tested the Oppenheim and cremasteric reflexes – unusual tests for a general practitioner – and to have palpated the margin of the left lobe of the liver, again most unlikely, except in extreme enlargement. Morell maintained that Hitler's genitals were normal (as did his childhood doctor, Eduard Bloch), an issue that remains of enduring debate.⁽³⁾ Hitler was acutely self-conscious and would not allow himself to be examined in the trunk area. He insisted on self-administering an enema, making Morell remain outside the toilet door.

Morell also gave amphetamine injections on a regular basis, a topic of dispute among historians. The Hestons (American psychiatrist Leonard Heston and his wife Renate)¹¹ blamed Morell for addicting his patient to amphetamines and attributed his irrational behaviour, outbursts of anger and poor decisions to the effect of the drugs. They also linked it to onset of Parkinson's syndrome, which was evident in the last two years of Hitler's life.

Few have supported this theory. David Irving, who published Morell's medical diary, derided the possibility that Hitler was an amphetamine addict.¹² Fritz Redlich, who extensively investigated Hitler's health and mental state, summed up the issue.¹³ While there was no doubt that amphetamines were used (and there are examples of Hitler showing typical behavioural changes following administration), their administration was erratic and unlikely to have had a significant effect on his mental state; equally so, it was unlikely to have contributed to his Parkinsonian symptoms as claimed. What cannot be quantified, however, is the extent to which Hitler was self-medicating with amphetamines and how this affected him.

Morell's management of his patient became an issue after the assassination attempt on 20th July 1944. Hitler narrowly escaped death, suffered abrasions, contusions, superficial burns and torn eardrums. Oddly, his tremor, which had been bothering him, disappeared for a while. His ears and sinuses were treated by Dr Giesing, an ENT surgeon. Giesing had the Dr Koester's Anti-gas tablets (8 to 16 a day) that Hitler took analysed. When the results showed the presence of strychnine and atropine (although in minute, non-toxic doses), he claimed that Morell was trying to poison Hitler. This led to the so-called Doctors' Feud from which Morell emerged as victor. Hitler would not hear a word against his physician and refused to see any specialists again.

¹¹ Heston LL & R. *The Medical Casebook of Adolf Hitler*. New York: Stein & Day, 1980, page 124.

¹² Irving D. *The Secret Diaries of Hitler's Doctor*. London: Macmillan, 1983.

¹³ Ibid.

⁽³⁾ The debate went on after Hitler's death. The Russian autopsy findings stated that one testicle was missing, but have been largely discredited. Even Alan Bullock, the leading Hitler biographer, felt there was something in 'the one-ball theory.' Fritz Redlich attributes Hitler's self-consciousness, constant hand washing and refusal to have x-rays of the abdomen to a hypospadias associated with spina bifida occulta.

Nevertheless, Hitler became increasingly disillusioned by the failure to cure him and his relationship with Morell deteriorated.¹⁴ In the last month of Hitler's life, Morell accepted that Hitler had Parkinsons syndrome (suggested by the ophthalmologist who examined his eyes) and tried him on the so-called Bulgarian cure (which contained atropine and hyoscine), to little effect. On April 21 1945, as the Russians closed in on the bunker, the two men parted, Hitler curtly dismissing Morell back to the '*Damm*' (his practice at the Kurfürstendamm).

Morell escaped from Berlin, was captured and held for questioning by the Allies. Trevor-Roper, who interrogated him, considered Morell a quack and described him 'having the hygienic habits of a pig'. As he was not regarded as a war criminal, he was released, seriously ill with cardiac and renal problems. Decrepit, destitute and senile, he died in hospital in March 1948.

Most of the information about Morell's treatment of his patient comes from his medical diaries held in the American archives, providing a unique insight into the health of the Dictator. The diaries are detailed but need to be read with caution. Morell knew all too well that he would be handed over to Himmler's *SS* if anything untoward happened to Hitler; as a result, the diaries are written in a defensive manner to provide him with an alibi.

Discussion

What sort of doctor was Theodor Morell to the German Dictator? A poor diagnostician, he used promiscuous polypharmacy and a range of crank cures. Yet Morell recognised the mind-body interaction, counselled his patient to cope with stress and interacted with his difficult patient in a way that promoted confidence until just before the end.

Considering that Hitler often refused medical advice, was reluctant to take anyone into his confidence or allow proper examination, Morell's approach could be considered therapeutic. While most of his treatments were placebos, there is little evidence that they did any harm. The use of opiates and amphetamines was more serious but, on balance, probably not sufficient to have more than short-term effects; addiction was unlikely.

As much as history would have preferred it, Morell was no Shipman. Despite his vanity and greed, in his personal life he seemed affable, if not kindly, as his letters indicated. His wife complained wistfully about his absence from the marital bed. While he profited from factories confiscated from Jews, he turned his eyes away from the anti-Semitic programs of the Nazi dictator.

Most historians have dismissed him, one going to the extreme point of view that he systematically poisoned Hitler, causing him to lose the war, an argument which

¹⁴ Ibid.

cannot be sustained. Trevor-Roper had no doubt that Morell was a charlatan of the first order.¹⁵

In the end, we are left with the view that, by modern standards, Morell would be something of an alternative or complementary practitioner, catering largely to the worried well but remaining a potential risk from the consequences of his treatment or by not recognising serious illness. In the end, the dictator got the doctor he was most comfortable with and, in all likelihood, deserved.

Acknowledgements

The spate of books on Hitler's life shows no signs of abating, but any reader wishing to get a detailed analysis of his health, illness and behaviour should read Fritz Redlich's book, *Hitler: Diagnosis of a Psychopathic Prophet*, which I have referred to in the text. Redlich, a psychoanalyst who fled Vienna to America, provides a meticulous review of the available evidence, avoids unnecessary speculation and provides some intriguing explanations on Hitler's health.

¹⁵ Trevor-Roper HR. *The Last Days of Hitler*, 3rd edn. London:Pan Books, 1973.

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The author is a forensic psychiatrist and medical writer located in Wollongong, NSW,
Australia.

Correspondence: Dr Robert Kaplan, The Liaison Clinic, 310 Crown Street,
Wollongong, NSW 2500, Australia. Email: rkaplan@bigpond.com

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