

# Hitler's hysterical blindness

## Fact or fiction?

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### ABSTRACT

This article deals with a little known episode that occurred near the end of the Great War in a military reserve hospital located in the small town of Pasewalk, part of the distant region of Pomerania in northern Poland. The story is centered around the transient visual loss of a 29-year-old Austrian messenger of the 16<sup>th</sup> Bavarian Infantry Regiment. His name: Adolf Hitler.

**Key words:** blindness, hysteria, war neurosis, Adolf Hitler, Pasewalk.

### A cegueira histérica de Hitler: fato ou ficção?

### RESUMO

Este artigo trata de um episódio mal conhecido, ocorrido próximo ao final da Primeira Grande Guerra, em um hospital militar da reserva, situado na pequena cidade de Pasewalk, na distante região da *Pomerania* ao norte da Polônia. No centro desta história, a perda visual transitória de um cabo austríaco de 29 anos, mensageiro do 16<sup>o</sup> Regimento Bávaro de Infantaria. Seu nome: Adolf Hitler.

**Palavras-chave:** cegueira, histeria, neurose de guerra, Adolf Hitler, Pasewalk.

The Great War was fought between the Entente (an alliance between the British Empire, France, and the Russian Empire (until 1917), which was joined by the United States in 1917) who defeated the Central Powers, led by the German, Austro-Hungarian, and Ottoman Empires. The War radically changed the geopolitical map of Europe and the Middle East.

In August 1918, the British and French were using tanks to great effect and successfully broke the German defenses. Aware of the imminent defeat, the German army tried to achieve an armistice, which was signed on November 11<sup>th</sup>, 1918 - thus ending the conflict.

At dawn on October 15<sup>th</sup>, 1918, in Ypern, a Belgian mountainous region in the Southern of Wervicq, a group of German soldiers was having breakfast in an abandoned fort when they were attacked with mustard gas by the British Army. Be-

fore they could don their masks, the soldiers were already coughing in a cloud of smoke. One of the least injured soldiers (Herman Herr) led his colleagues to a field hospital in Linsell, five kilometers away<sup>1</sup>. The next morning, they were transferred to a better equipped, nearby hospital situated on the outskirts of Brussels. Only one of them: messenger Corporal Adolf Hitler (Fig 1), who insisted he was blind and that his eyes had been permanently damaged by the gas (*Gasvergiftung* in German), had a different destination from the others - a hospital 960 km away. After spending a few days in a hospital in the Belgian town of Oudenaarde, Hitler was transferred by train to the psychiatric ward of Reserve Hospital IV in Pasewalk, a small town near the border with Poland<sup>2-4</sup>.

### In Pasewalk

Two days after being admitted to a hos-

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Fig 1. Soldier Adolf Hitler (arrow) in 1916.

pital in Pasewalk, also known as Firing House (*Schützenhaus*) for its use as a firing range before being confiscated by the Army<sup>2</sup>, Hitler was examined by a Jewish doctor, Dr. Karl Kroner (Fig 2) - a specialist in internal medicine and the nervous system who had himself been a victim of temporary blindness in 1917, after being hit by mustard gas. Kroner considered that it was a blindness of psychological origins (hysterical blindness), and requested that the patient be evaluated by Dr. Edmund Robert Forster, an eminent German neuropsychiatrist<sup>2,3</sup>.

Corporate Adolf Hitler's transfer to a hospital that far away was no accident. Soldiers diagnosed with hysterical symptoms were viewed as human beings with "faulty or degenerated and inferior brains", showing degrading and unpatriotic behavior. A threatening shame to German national unity<sup>1</sup>.

Since 1915, psychiatrists of all nations at war had been struggling to cope with the ever-increasing flood of soldiers who had become hysterically disabled without losing a drop of blood and without any organic disease being found<sup>2,3</sup>. These men received a diagnosis of stigmatizing and humiliating failure of willpower (*Willenkraft*)<sup>1</sup>, and exhibited a wide variety of symptoms, sometimes bizarre, including paralysis, deafness, blindness, tremors, tics, and camptocormia (abnormal posture characterized by a tilting the body forward when walking, as if in a trench, but which disappears completely when laying down)<sup>5-7</sup>. Since 1917, it was officially established that, when suffering from these conditions, soldiers would no longer be treated in general hospitals, but clinics specializing in military psychiatry located in remote areas of Germany to avoid the "psychological contagion" of soldiers who were actually hurt<sup>1</sup>.

In 1918, a symposium held during the Fifth International Psychoanalytic Congress in Budapest resulted in the publication of a book: "Psychoanalysis and the War Neuroses". In the introduction to this book, Dr. Sigmund

Freud commented that the highest echelons of political and military powers in Central Europe had been present at the Congress as observers. There was interest from military doctors with psychoanalytic training, precisely due to the requirement of having to deal with cases of war neurosis, and this forced them to have a closer contact with psychoanalytic theories in order to study the nature of these disturbances<sup>6</sup>.

It is worth mentioning that, even then, spurious blindness could be easily identifiable by simple semiotic bedside methods. They were already aware that if the pupilar responses were preserved, one only had to worry about the cortical involvement. Blinking as a response to visual threats indicates intact visual perception. Evidence of preserved visual function can also be obtained by moving a mirror in front of the patient while his eyes are open, and following their eye movements, or asking them to sign their names or touch their index fingers in front of their eyes. The patient may say he can't do it, but any individual is able to do so even with their eyes closed<sup>7,8</sup>. The traditional method of causing optical kinetic nystagmus with a tape or rotating drum zebra is also valid and produces results with visual acuity over 6/60.

Today, according to the criteria of the major diagnostic classification systems in force (the ICD-10 Classification of Mental and Behavioral Disorders: Clinical Descriptions and Diagnostic Guidelines and the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Revised Text (DSM-IV-TR)), the clinical picture of Hitler would correspond to a diagnosis of Dissociative Sensory Loss (ICD-10 F44-6) with Conversion Disorder or Sensory Deficit (DSM-IV-TR: 300.11)<sup>9,10</sup>. In both systems, the diagnoses are based on the appearance of symptoms or deficits affecting voluntary sensory function sug-



Fig 2. Dr. Karl M. Kroner (1878-1954).



Fig 3. Dr. Edmund Robert Forster (1878-1933).



Fig 4. Ernest Weiss (1882-1940).

gesting a neurological condition which is not intentionally produced or feigned.

On October 25<sup>th</sup>, 1918, Dr. Edmund Robert Forster (Fig 3), a neuropsychiatrist from the Charite Hospital in Berlin, received Corporate Hitler's medical records. With four years of military psychiatry, Edmund Forster specialized in the treatment of hysterical disorders using methods that he conceived as "draconian"<sup>1</sup>.

Forster defined hysteria as a simulation of charged emotions: the hysterical symptoms were behaviors motivated with the intention of obtaining some advantage<sup>4</sup>.

"(...) fearing the front, (soldiers) produce all kinds of hysterical symptoms, and thus can be sent to hospitals or even home, if assessed by unskilled physicians. These individuals know very well how to use these hysterical techniques to have their demands answered even before the most severely ill patients (...)"

Therefore, the purpose of treatment of "war hysteria" was to convert the fearful into courageous humans who would regain their ability to work and retake a dignified life. For that, doctors were officially authorized to use the method that best suited them<sup>1</sup>. The menu of treatment options was extensive and ranged from softer approaches such as hypnosis to administering shocks, showers, simulation of suffocation, prolonged cold showers, or prolonged solitary confinement<sup>1,3</sup>. Although no one knows the details of how it occurred, is likely that Hitler was presented naked to Dr. Forster. This was a common practice at the time, since German psychiatrists believed that having the soldier naked against the doctor wearing his uniform or apron would significantly increase their power and authority over the patient.

It is interesting that Dr. Forster believed that the symptoms produced by the "hysterics of war" were the product of simulation, i.e. originated from a voluntary and conscious deliberation of the subject, precisely at the time when the works of Sigmund Freud had gained influence and prestige in Europe, notably in countries of Germanic language (see *Addendum*).

It is known that Forster treated Hitler with auto-suggestion which allowed Hitler, on November 19<sup>th</sup>, 1918, a week after the end of the War, to be fully recovered, discharged, and returned to his regiment in Munich<sup>2,4</sup>.

After the War, Hitler decided to enter politics. Nothing more was said of the doctor who treated him, or the method of treatment. No word was ever heard about the events in Pasewalk. Hitler never complained of visual disturbances and did not return to any doctor to continue treatment<sup>4</sup>.

### Victims of Hitler's hysterical blindness

In the summer of 1933, Dr. Edmund Foster believed that if the Pasewalk episode was revealed, the confidence of the German people in Hitler's leadership would be threatened. At the Café Royal in Paris, Forster met a group of German emigrants, writers, and journalists to give his notes on the clinical treatment as applied to Hitler 15 years ago to the well-known novelist Ernest Weiss<sup>2,3</sup>.

On September 11<sup>th</sup>, 1933, shortly before 8 A.M., a day before their wedding anniversary, Mila, Forster's wife, found him shot dead in the bathroom of his house. At his feet, a gun that family members did not even suspect he possessed<sup>1,2</sup>. Although the official report of the cause of death is listed as suicide motivated by severe depres-

sion, his family believed that he had in fact been persecuted and murdered by the Gestapo, the Nazi secret police.

In 1938, Ernest Weiss (Fig 4) presented the manuscript for *Der Augenzeuge* (The Eyewitness) to a literary contest sponsored by the American Guild for German Cultural Freedom<sup>2,3</sup>.

The novel told the story of a doctor who, in 1918, had treated a patient suffering from hysterical blindness, known as "AH" in a military hospital identified as "P". Later this patient would become the supreme leader of Germany. It seems that Weiss had written this novel based on the information and document passed on to him by Edmund Forster at Café Paris, five years before<sup>2</sup>. After losing the contest, Weiss became very depressed and the manuscript was literally thrown into a file cabinet without being read until the early sixties when it was discovered by chance and finally published as a work of fiction by Kresselmeier (Icking / Munich) in 1963, entitled *Ich, der Augenzeuge* (I, the Eye Witness)<sup>1,4</sup>.

On June 14<sup>th</sup>, 1940, when the Germans marched into Paris, Weiss desperately wrote a farewell note to the world: "*Vive la France, quand même*" (Long live France, anyway). He then went to the bathroom of his home and committed suicide by ingesting sleeping pills and slitting his wrists<sup>2,3</sup>.

Dr. Karl Kroner, who served in Corporal Hitler's case, confirming the diagnosis of hysterical blindness, was also reached by the tentacles of Nazism. On November 10<sup>th</sup>, 1938, he was arrested and sent to a concentration camp at Oranienburg, where he was released 13 days later due to the courageous intervention of the Consul of Iceland in Berlin, a friend of Kroner's wife<sup>1,2</sup>.

Many other people involved in this story were persecuted, murdered, or killed themselves<sup>1,2-4</sup>. These episodes indicate that the rigorous pursuit of all those involved with the psychiatric history of the new Chancellor of the Third Reich (*Reichskanzler*) could have possibly been, in fact, a meticulous and well-directed campaign.

### Against the veracity of facts

Views on the Hitler's hysterical blindness episode are not consensual and some authors consider that:

1. There is no document proving the event. There is no knowledge of the whereabouts of Hitler's records during his visit to Pasewalk. All records related to his treatment mysteriously disappeared with the rise of the Nazis to power<sup>2,4</sup>.

2. According to military records of the time, Hitler had no hysterical profile. He behaved like an aggressive fighting soldier, who rapidly adapted to the ways of war and received several medals for his bravery. In October 1917 he was promoted to Corporal after a leg injury caused by a grenade, and in August of the following year was he awarded the 1<sup>st</sup> Class Iron Cross<sup>11</sup>. In 1922, his first

commander, Lieutenant-Colonel Von Lünenschloss, described him as conscientious, hardworking, strong-willed, and having a good sense of duty<sup>1</sup>.

3. The novel written by Eduard Weiss (*Der Augenzeuge*) may be pure fiction<sup>3</sup>.

4. If there was a meeting between Edmund Forster and writers at the Café Royal in Paris, why is it that journalists who participated in this meeting did not make public the information which they were entrusted? Why is it that the only survivor, Leopold Schwarzschild (Joseph Roth and Ernest Weiss committed suicide when the German army entered Paris), decided to remain silent until his death in the 50's<sup>2</sup>.

### Addendum

James Strachey, in 1955, translated and published in English the "Memorandum on the Electrical Treatment of War Neurotics"; a document written by Freud, dated to 1920, that was discovered in the archives of the Austrian Ministry of War. After the War, with the dissolution of the Austro-Hungarian Empire, many stories that soldiers diagnosed with "shell shock" had been brutally treated by army doctors emerged. Because of this, an inquiry committee was formed to which Sigmund Freud was called to give his expert opinion.

Freud first presented a *memorandum*<sup>10</sup>, then appeared in person to an oral hearing.

The symptoms recorded in the war neuroses, according to Freud, followed the same factors described in neuroses with which he worked in times of peace. These factors were the psychogenic origin of symptoms, the importance of unconscious impulses, and the role exercised in dealing with mental conflicts for the primary gain of being sick ("escape into illness").

Freud wrote in the *memorandum*: "(...) it was therefore easy to infer that the immediate cause of all war neuroses was an unconscious inclination the soldier had to depart from the outrageous demands for their feelings, laid upon him by active service. Fear of losing his life, opposition to the command to kill other people, rebellion against the ruthless suppression of his personality by his superiors (...)" "(...) This internal understanding of the causes (insight) of the war neuroses led to a method of treatment that seemed to be well founded and which has proved highly effective at first. It seemed appropriate to treat the neurotic as if it was someone pretending to be sick to escape his duty, regardless of the psychological distinction between conscious and unconscious intentions, *even though it was known the person in question was not pretending* (emphasis added by Silva, CER). Once his illness served as a way to remove him from an intolerable situation, the roots of the disease would be substantially weakened if it became even more intolerable for the soldier than active duty (...)"

"(...) For this purpose, the painful electrical treatment was successfully used (...) this fits into the argument that the underlying disease of a war neurotic had to become painful, so that the balance of his motives would tilt in favor of recovery."

In the end, Freud was quite contrary to the electrical treatment for war neurosis, recommending the psychotherapeutic method that he himself had introduced. He referenced the theoretical contributions derived from the psychoanalytic congress held in Budapest, and the promises that came to be established centers for the treatment of entirely psychological neuroses (of war). However, he stressed that the psychotherapy was impossible to have a speedy recovery of patients to active military service, thus making a distinction between his method of treatment and the techniques used by military doctors whose only goal was to return individuals to active service.

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## REFERENCES

1. Lewis D. Thirty days in the shooting house. The strange case of Dr. Edmund Forster and Adolf Hitler. *Rev IPCS Clin* 2006;33:276-285.
2. Gramary A. The internment of Adolf Hitler at the Hospital of Pasewalk, a case of hysterical blindness? *Mental Health* 2008;11:47-50.
3. Dr. Edmund Forster the man who invented Hitler: the making of the Führer. Available at <http://www.dredmundforster.info/1-edmund-forster-adolf-hitler> (accessed 12/19/2009).
4. Köpf G. The hysterical blindness of Adolf Hitler: history of a medical. *Rev Psiqu Clín* 2006;33:218-224.
5. Stanley Fahn. In: Joseph Yankovic (Ed). *Principles and practices of movement disorders*. Philadelphia: Elsevier, 2007:83.
6. Freud S. Introduction to psychoanalysis and the war neuroses. In: Edição Standard Brasileira Complete Psychological Works of Sigmund Freud. Rio de Janeiro: Imago Editora Ltda, Ed (1978 (1919)); XVII:265.
7. Keane JR. Neuro-ophthalmic signs and symptoms of hysteria. *Neurology* 1982;32:757-762.
8. Stone J, Carson A, Sharpe M. Functional symptoms and signs in Neurology: assessment diagnosis. *J Neurol Neurosurg Psychiatry* 2005;76(Suppl 1): S2-S12.
9. Classificação Estatística Internacional de Doenças e Problemas Relacionados à saúde CID-10 Available at <http://www.datasus.gov.br/cid10/v2008/cid10.htm> (accessed 12/31/2009).
10. Freud S. Memorandum about the electrical treatment of war neurotics. In: Edição Standard Brasileira Complete Psychological Works of Sigmund Freud. Rio de Janeiro, Imago Editora Ltda. (1976 (1920));17:267-270.
11. Adolf Hitler Biography. Available at <http://www.biography.com/articles/Adolf-Hitler-9340144> (accessed 12/19/2009).