

Hess DNA: Round 15¹

Andrew Rosthorn

On 22 January 2019, the *New Scientist* announced:

Exclusive: DNA solves Rudolf Hess doppelgänger conspiracy theory

Founded in 1956 for 'all those interested in scientific discovery and its social consequences', the *New Scientist* claimed to be settling 79 years of doubt about the identity of a German pilot found limping in the gloaming across a Scottish field on the evening of 10 May 1941.

'Adolf Hitler's deputy flew to Scotland in 1941 and was imprisoned for the rest of his life. But was the man in Spandau really Rudolf Hess? Now a DNA test has revealed the truth.'²

The report was entirely based on a 22-page research paper, signed by thirteen authors in the USA and Austria and published in the May 2019 edition of the journal *Forensic Science International: Genetics*.³

The *New Scientist* announcement reported as a scientific fact that:

'In 1982, a blood sample was taken from Hess by a US army doctor, Phillip Pittman, as part of a routine health check. A pathologist, Rick Wahl, mounted some of the blood on a microscope slide to perform a cell count. The slide was labelled "Spandau #7" and hermetically sealed, and kept by Wahl for teaching purposes at the Walter Reed Army Medical Center in Washington DC.'⁴

Only *Lobster*⁵ reported that two of the British Army officers charged with

¹ When the South Korean boxer Duk Koo Kim died four days after a world championship match with Ray 'Boom Boom' Mancini in 1982, the World Boxing Council reduced the length of championship bouts from 15 to 12.

² <<https://tinyurl.com/y5b8qfo8>> or <<https://www.newscientist.com/article/2191462-exclusive-dna-solves-rudolf-hess-doppelganger-ffconspiracy-theory/>>

³ <[https://www.fsigenetics.com/article/S1872-4973\(17\)30297-1/fulltext](https://www.fsigenetics.com/article/S1872-4973(17)30297-1/fulltext)>

⁴ See footnote 2.

⁵ See my 'Has a DNA test solved the Rudolf Hess doppelgänger mystery?' in *Lobster* 77 at <<https://www.lobster-magazine.co.uk/free/lobster77/lob77-dna-hess.pdf>>.

the medical and dental care of the prisoner during his 46 years in Spandau had raised doubts about the provenance of the blood sample that had been sent from Washington DC for DNA matching in Austria as:

‘the only known extant DNA sample of the prisoner “Spandau #7”’.

One of the authors of the research paper, Dr Sherman McCall, declared to the editor of *Lobster* that the DNA match achieved in Austria, even though the sample had spent thirty years in America, was a scientific fact.⁶ However, in a reply to questions posed by the two former British Army doctors, Dr McCall revealed that the *New Scientist* had inaccurately described the taking of the blood sample in Spandau because:⁷

‘Unfortunately, we erred in assuming Dr. Pittman drew the Hess sample.’⁸

As a result, Dr McCall could no longer safely say:

1. who took the blood sample;
2. how it came into the hands of Dr Wahl;
3. how it left Berlin and reached the USA inside a British cover slip of a type not used in either continental Europe or America.

On 12 June 2020, Dr McCall emailed the editor of *Lobster* to say, ‘I’m polling my collaborators and working on an answer to you’ but on 20 July 2020 he emailed again to say that he did not have time to send a reply. The editor of the *New Scientist* did not answer two letters asking her to acknowledge the uncertainty of her exclusive story.

Dr Hans Eirew, the Austrian-born Manchester orthodontist who had been the prisoner’s British army dentist between 1950 and 1951 and who had rejected the new Austro-American research in an unpublished letter to the *Daily Telegraph*,⁹ died in 2019.

But Hugh Thomas, the prisoner’s British army surgeon between 1972 and 1974, has again challenged the provenance of the *Spandau #7* blood sample. Thomas’s initial doubts about provenance concerned the degrading of the Ethylenediaminetetraacetic acid [EDTA] that would have been used as an anticoagulant in any blood sample taken for analysis by the Coulter automated blood cell counter mentioned in the Austro-American research paper.

⁶ Sherman McCall, Phillip R. Pittman, Richard Wahl, Francis Powers, Jan Cemper-Kiesslich, ‘Case Closed: The Identification of Rudolf Hess’, *Lobster* 79 at <<https://www.lobster-magazine.co.uk/free/lobster79/lob79-rudolf-hess.pdf>>.

⁷ See footnote 6.

⁸ See footnote 6.

⁹ See note 5.

'The authors do not seem to have been aware of the deformation and degradation that occurs in EDTA anticoagulated blood, especially in transit. These changes occur almost immediately. Consequently, blood smears should be capped [made airtight] preferably within the hour but certainly within two to three hours. The degradation can nowadays be accurately measured and the transit from Berlin to Heidelberg described in the research paper would have degraded the EDTA blood by about eighty per cent. Yet the blood analysed in Austria thirty years later is described as 'remarkably fresh and 20-30% denatured'.¹⁰

Hugh Thomas, now retired from the post of consultant surgeon at the Prince Charles Hospital in Merthyr Tydfil, has examined the surviving Spandau prison medical records for 15 December 1982, the day on which the thirteen authors of the research paper said the US Army doctor Phillip Pittman had taken a blood sample from the prisoner as part of a 'routine health check'.

Thomas says medical records for 1982, published in the United States Surgeon-General's annual report of 28 April 1983, do not support the events described by the Austro-American research paper and the *New Scientist* report. Thomas writes:

'No evidence exists in either the security logs, or the warders' logs, or in the nurse's daily register, that a Dr Pittman visited Spandau at any time on December 15, 1982. The claim that he took a blood sample from Prisoner No 7 is untrue and defunct.

The records show that on December 15, 1982, the American Senior Clinician, Dr Brooke, visited No. 7 briefly to arrange medication. There was no other visit by any other physician. The report details Dr Brooke's attendance as recorded by security and warder's registers.

9.50 Dr Brooke entered cell block. Prisoner to dispensary.

10.15 Prisoner issued request paper, returns to office at 10.30.

10.30 Dr Brooke left cell block.

In the Nurses' Daily Register¹¹ of events, at the bottom of the log page for December 15, the nurse confirms Dr Brooke's visit. The *Verordnungen* or doctor's orders reveal the specific instructions given by the regular American physician Dr Brooke:

Obtain an inguinal truss, and to carry out massaging of No.7's varicose veins and

¹⁰ W. H. Thomas, MD, FRCS, 'Detailed Official Records' email to author, 7 December 2020.

¹¹ The prisoner's full-time nurse in 1982 was a Tunisian, Abdallah Melaouhi. He cared for the prisoner until 1987 when the prisoner was found dead in a summerhouse. Melaouhi believed his patient was murdered: *BBC Newsnight* 28 February 1989.

feet with *Essaven* ointment [*to improve the blood circulation*].

Take a blood sample in order to assess the serum level achieved by Prisoner No. 7's Digoxin medication.

Set up a 24hr ECG [*an accurate Holter cardiac monitor*] after his breakfast on the December 15 [*addressing the Digoxin's effect in treating the paroxysmal tachycardia that Prisoner No.7 exhibited at the time*].

All these directions were duly carried out by Nurse Abdallah Melaouhi, after Dr Brooke had left the prison. It is unclear whether Melaouhi took the Digoxin sample on December 15 or December 16. The good results give an indication that Prisoner No 7's dose of Digoxin was given in the morning. However, when prior tachycardia has been the reason for the test, a serum test, to exclude digoxin toxicity, is best performed up to a minimum of 12-24 hours later to avoid being dangerously misleading. (*Even in a young patient not suffering these toxic effects, the minimum wait is normally 6-8 hours.*) The absence of the bursts of tachycardia on the 24-hour cardiac monitor and the perfect result of the 0.9ug/ml serum Digoxin level strongly suggest that the blood was drawn on the following morning, December 16, exactly matching the 24-hour protocol. (*Any prior test would likely have produced a higher serum digoxin level, continuing bursts of tachycardia and a tell-tale ECG, none of which occurred.*)

The cardiac assessment was later completed by the senior American consultant physician, Dr White, using a Coulter Counter,¹² (*Complete Blood Test*) on December 18. The only blood samples recorded under the very strict procedures at Spandau were taken on December 16 and December 18 and their purpose was very clearly specified. It was not "a routine health check".

The records show that Dr Pittman was first recorded as a visitor in Spandau in February 1983. He was at that time a US Army health researcher with no set clinical duties or standing at Spandau, especially as February 1983 was not an American month for control of the prison. Dr Pittman was certainly absent from the prison in December 1982, as the authors of the DNA research paper have now accepted.

In the latest astonishing development, Dr McCall has acknowledged Dr Pittman's absence from the prison but substituted the name of Dr

¹² A typical Coulter counter has one or more that separate two chambers containing electrolyte solutions. As fluid-containing particles or cells are drawn through each microchannel, each particle causes a brief change to the changes in electrical resistance of the liquid. The counter detects these changes in electrical resistance. See <https://en.wikipedia.org/wiki/Coulter_counter>.

Rick Wahl from the American medical facility in Heidelberg, 630 kilometres away from Berlin. Dr McCall now suggests that Dr Wahl took a blood specimen from Prisoner No. 7 in Spandau, capped a blood smear, performed a Coulter Counter test and used pre-printed labels as 'Heidelberg MEDACC' despite his claimed presence in Berlin.

Dr Wahl was not registered with the Spandau prison security system. He would not have been admitted without his status, his identity and the purpose of his visit being recorded. No such record exists. Everyone entering the prison was subject to a strict security search. Entry in possession of a syringe and an EDTA tube would require special permission, to collect those items from the dispensary, would require two keys which would have to be signed for. To take a blood sample from Prisoner No. 7, Dr Wahl would have compromised the authority of the vociferous nurse Abdallah Melaouhi, the official four powers phlebotomist, trained in anaesthesia with an established relationship with the prisoner. Sequential records for the day in question show that No.7 was accompanied at all times by a warder, from early morning, to his late lunch at 11:30, to his two-hour meeting with the French Pastor Gabel and until his late dinner at 19:30, followed by sleep in his cell, again under supervision.

I cannot accept this astonishing turn-around. Dr Pittman seems to suggest that the test recorded as conducted by the senior American consultant physician Dr White on December 18 was in fact conducted with a Coulter Counter by Dr Wahl on December 15. Yet both Dr McCall and Dr Wahl must acknowledge that the manufacturers' security system would not have allowed a Coulter Counter to be used without the machine generating a *final report* to be retained by the Coulter Corporation for many years. No *final report* proving Dr Wahl's presence in Berlin in December 1982 has been produced. The suggestion conflicts with the official records and what we know of the competence of Dr White, Nurse Melahoui and the Coulter Corporation. The Coulter security system has for years been a *sine qua non* for every forensic examiner. The Coulter *final report* and their *accession requirements* detail the identity of both the patient and the referring physician and indicate the identity and the location of the person who handled the fresh blood specimen. Every test or attempted test is registered and a report of every *registered test* is retained by the Laboratory Information System [LIS] for seven years, long enough to have been recorded in the US Army Surgeon-General's annual report.

Dr McCall says that in the case of Dr Wahl's blood smear, 'None of

the necessary documentary records were kept' and 'a file copy of our Coulter Slip is not available as the Medical Notes after 1980 were not found.'

Yet the United States Command Berlin [USCOB] Surgeon-General's Report of April 28, 1983, shows that medical notes on the care of the prisoner are available. Those notes do not support the stated provenance of the blood smear that was eventually used for the DNA matching in Austria thirty years later.

I note that the *New Scientist* refers to a 'very faint Coulter Counter slip' and that Dr McCall writes that 'the Coulter slip was automatically dated at the top.' He writes that, 'Albeit faint, it clearly reads 15/12/82.'

Dr McCall appears to suggest that the Coulter Counter report for December 18 has been confused with a report of a test on December 15.

The issues of date identity are surely best assessed by Coulter, who stress the absurd implausibility of this claim. The Coulter Counter S Plus machine linked sequentially each date number with each test so that two automated dates could never be generated for one test. This means that two dates can never occupy the same 'box' on the report slip. Moreover, the size and the glyph of the numerals cannot be changed or offset in any area. No Coulter Counter automated date apparatus would produce the '*faint or very faint numerals*' described in one particular part of the report. Automated date printing machines don't make selective exceptions. They generate the same clarity in both the date and the body of the report. It appears that the *New Scientist* have been shown a December 18 Coulter Counter slip that does not correspond with the stated provenance of the blood sample.

The net effect is that there is no proof that Dr Wahl ever went to Berlin on December 18, 1982.

Dr McCall is an expert in blood smears, with a large collection of cover slips and slides. He admits that the long coverslip on the blood smear specimen is of British origin, a type not used in America or continental Europe.

However, Dr McCall cannot explain how a blood smear could ever have been handled at an American MEDDAC using this coverslip. Dr McCall has admitted that the long coverslip is British and that he does not know how it was acquired, observing only that "*the slide was probably processed in a US military medical facility*".

He states that the sealant used on the coverslip was a US Army two-component synthetic polyester resin. It has suffered from severe crystallisation, which would in practice have limited its lifespan to about ten years, not the 31 years from 1982, an extra twenty years in which the process of crystallisation would have limited catalysis and caused the synthetic-resin mount to become completely solid with a permanent, pearl-like mummified effect that could hardly have been missed.

The *New Scientist* illustration of the coverslip shows that the sealant was the yellow-coloured Canada Balsam, customarily used by the British, a fact that may well point to a British involvement in this venture.'



British coverslip, British sealant, American label - German blood?