

A Historical Vignette

“Be proud of yourself: you have a History!”

Sigmund Freud’s physicians and “the monster”

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Abstract. *Sigmund Freud’s physicians and “the monster”*. Freud received treatment from several physicians – including rhinologists, oro-facial surgeons or radiotherapists – for a cancer of the palate. Furthermore, as a consequence of his operation, Freud was required to wear a prosthesis that he probably named “the monster”. This paper provides some details about the physicians who cured Freud and looks at the prosthesis he was forced to wear until his death.



Figure 1

Photo montage

On the left, the “portrait of Dr. Boucard” by Tamara de Lempicka (1900-1980).

The sculpture in the middle is of Freud. It is a work by Oscar Nemon, a Croatian sculptor of Jewish origin (1906-1985). It is located in London (Hampstead), not far from Freud’s last house, 20 Maresfield Gardens, at the junction with Fitzjohn’s Avenue. It was made in Vienna during Freud’s lifetime between 1931 and 1937.

On the right, Magritte’s “The Double Secret” (1927). This picture was painted more or less at the time when Freud was forced to wear “the monster”.

• **First symptoms**¹⁻⁴

In late 1917, Freud, who was a great lover of cigars, noticed a painful swelling on his palate. However, he was to claim later that stopping smoking only made the lesion worse and that cigars

helped. He would refer to his experience in that respect to argue that tobacco had no harmful effects, at least no carcinogenic effects. He continued to smoke as many as twenty cigars a day, and his correspondence refers several times to the quality of

cigars at his disposal. He was a connoisseur.

In April 1923, Freud, now aged 67, presented with a well-defined tumour. On this occasion, there was leukoplakia on the right of the palate, which he said had been there for two months. The delay in

consultation could be explained by a fear of diagnosis, by a fear of being forced to stop smoking, by fatalism or even by a sort of unconscious desire for death (this is the psychoanalytic explanation). At the time, dermatologists also dealt with the oral mucosa, and so a dermatologist friend, Steiner, was the first to examine Freud. He immediately diagnosed cancer, but said nothing to Freud. Nevertheless, Steiner recommended ablation and also advised Freud to stop smoking. Deutsch was Freud's personal physician at the time, and he confirmed Steiner's findings. But Deutsch was also afraid to tell Freud the truth because of his admiration of Freud. Given the diagnosis of cancer, a partial resection of the superior maxilla was required because of the extension of the lesion. Deutsch thought wrongly that Freud was not ready to hear the truth.

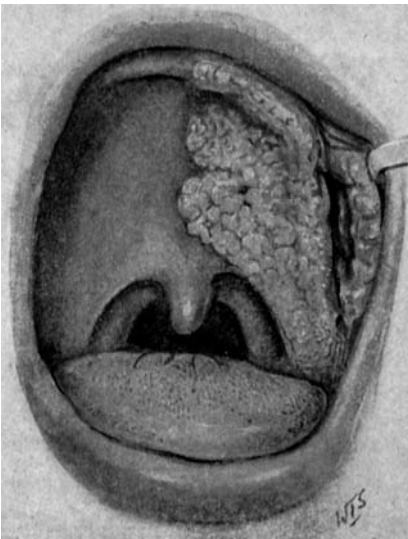


Figure 2

Bowen's disease of the palate and cheek. Precarcinomatous dermatosis named after the name of the American dermatologist (1857-1941).³



Figure 3 A

A young Markus Hajek (1861-1941)⁴



Figure 3 B

Hajek later in life.²

• The unfortunate operation by Hajek¹⁻⁵

In Vienna in 1899, Professor Hajek had published a classic work, "pathology and therapy of diseases of the accessory cavities of the nose". For maxillary sinusitis, he followed Mickulicz in defending the puncture of the sinus through the inferior meatus. He was also an advocate of

ethmoidectomy through the nasal approach. This made Hajek, according to some, the "father of endonasal surgery". Even though his work was published seventeen years after the "treatise on normal and pathological anatomy of the sinuses" by Zuckerkandl!

As for the famous "Hajek's ulcer", it was first described by Zuckerkandl, but Hajek's merit was to distinguish it from the other types of perforations of the nasal septum resulting from tuberculosis or syphilis.

Deutsch considered Hajek to be "the most eminent surgeon in his speciality" and he recommended him to Freud. Contrary to some accounts, Hajek was not a friend of Freud. Hajek had married the daughter of Professor Julius Schnitzler, a laryngologist from Vienna. Freud knew Arthur Schnitzler very well, the son of Julius and also Hajek's brother-in-law. Arthur had been also a resident laryngologist at the Viennese Polyclinic, but only for a few years. Upon his father's death in 1893, Arthur abandoned medicine and chose literature. As history has shown, this was a felicitous decision.

Arthur Schnitzler and Freud got on well. Freud wrote that "poets have an intuitive knowledge of things which himself had great difficulties in learning about". So Hajek was consulted through connections. Unfortunately, as other physicians knew, Hajek was known to be a rather mediocre surgeon. This was at least the opinion of Dr Schur, the second personal physician of Freud since 1923, who had been present at some surgical interventions by Hajek. It should, incidentally, be pointed out that Freud insisted on paying Hajek like an ordinary

patient. History does not tell us what Hajek's answer was...

On 20 April 1923, Freud was operated at the age of 67 in poor conditions in the dispensary of the hospital where Hajek practised. Under local anaesthesia, the latter carried out an excision of the lesion, which was limited and insufficient because of a poorly controlled haemorrhage. The sequelae were considerable. Immediate follow-up was neglected and the biopsy of the specimen identified an epithelioma.

During the postoperative period, Hajek tried to cash in on the situation by sending Freud for radiotherapy with X-rays, and an assistant of Hajek made local applications of radium, all in vain.

Franz Kafka was also one of Hajek's patients. He suffered from terminal pulmonary tuberculosis with laryngeal involvement and was as unhappy with the treatment he received from Hajek as Freud. And with the autocratic behaviour of the senior registrars.

As a rhinologist, however, Hajek did not neglect the larynx. In 1891, he published anatomical observations concerning laryngeal oedema. People had him to thank for his anatomical study of the lymphatic vessels of the three laryngeal floors. His work helped to establish the basis for the partial surgery of the larynx and surgery of the cervical nodes.

About fifteen years later, at the beginning of World War II, Hajek was, like Freud, a target of the Nazi regime in Vienna. Scholz, one of Hajek's former pupils, tried to save him by joining an international committee led by Sir St Clair Thomson, the eminent English laryngologist. Not long after, in 1941, Hajek died at the age of 80.

• The first beneficial operation by Pichler^{1,2,6}



Figure 4

Hans Pichler was born in Leipzig in 1877 and died in Vienna in 1949. There is now a Hans Pichler Prize awarded by the Austrian Society of oral and maxillo-facial surgery. Pichler was also an enthusiastic skier...

At the time, there were already specialist surgeons who dealt with cases of oral cancer, and the most skilled was Dr. Hans Pichler. He trained initially as a dentist at the GV Black clinic in Chicago. When he returned from the United States, Pichler started on an academic career in Vienna, publishing "Surgery of the mouth and cheeks". He introduced the use of prostheses after mutilating operations. During World War I, Pichler set up a specialist department for orofacial surgery in the Surgical Academic Clinic of Vienna.

However, Deutsch did not immediately contact Pichler, perhaps because Pichler would have considered a radical operation to be necessary and so the diagnosis of cancer would inevitably have

become known to Freud. Later, Freud was to criticise his physicians for failing to tell him the truth immediately.

In September 1923, during a trip to Italy, Freud suffered a major oral haemorrhage. He was finally told the truth, which he accepted with considerable calm.

On 26 September, Pichler and Hajek carried out the first operation together. They found a tumour occupying the right side of the hard palate and the velum palati, the right glossopalatine arch, the oral mucosa and the mucosa of the posterior part of the right mandible. It was decided to proceed with a partial resection of the right maxilla. Pichler practised the operation on a corpse first since this was a new procedure. A prosthesis was planned for the postoperative period, and Pichler had several prostheses made for the maxilla and mandible. He asked even Freud to try a prosthesis before the operation.

Two operations took place at the Auersperg Sanatorium at 9 Auersperg Street in Vienna.

On 4 October 1923, Pichler ligated the right facial artery under local anaesthesia, with a resection of the sub-maxillary nodes, which seemed to be hypertrophied and invaded (the biopsy was, however, negative).

On 11 October 1923, under local anaesthesia in combination with sedatives (this was exceptional at the time), Pichler introduced a cutaneous flap in an external transcutaneous procedure, making an incision in the upper lip and the naso-labial sulcus. He carried out a right upper maxillectomy by excising the maxilla through the canine fossa (discovering benign polyps in the maxillary antrum); he removed the right

hard palate but preserved the posterior part of the right velum palate. At the level of the right maxilla, the coronoid process was removed, together with a portion of the ramus with the three inferior molars and a portion of the medial pterygoid muscle (later, Pichler was to regret that he had not removed more of this muscle). The maxillectomy cavity was filled with iodoform gaze, lined with a skin graft (split thickness) taken from the arm, and supported by gutta percha (a sort of gum) facing a temporary obturator fastened in situ by clasps.

On 12 November 1923, a recurrence forced Pichler to conduct an additional operation. He removed the right pterygoid process, and a supplementary portion of the velum palate, which was left as a one-centimetre-wide strip. Unfortunately, rapid necrosis of the velum palati ensued, complicating the later prosthetic rehabilitation.

During the sixteen years that followed until his death, Freud underwent about thirty operations from the same Pichler!

• **The Steinach “interlude”. A rejuvenation operation for the prevention of cancer**^{1,7}

On 17 November 1923, Freud underwent a section/ligature of the ducti deferentes (sperm ducts). This vasectomy was also known as Steinach’s rejuvenation operation. The operation took place at Freud’s request. He hoped that the procedure would favour hypertrophy, and hyperactivity in the cells of the testis which produce male hormones. It was thought that these cells would result in rejuvenation and therefore combat cancer, which was thought to be due

to an ageing process. It should be pointed out that, at this time, Puccini, feeling himself old and depressed, was planning injections of extracts from chimpanzee testes. This was another method of rejuvenation, introduced by Voronoff in 1920.



Figure 5
Eugen Steinach (1861-1944)

Eugen Steinach, who is largely forgotten today, was very famous in Vienna during the 1920s. He was nominated on six occasions for the Nobel Prize, which he never received. The operation he devised was so famous that the name of Steinach became a verb: the patients were said to have been “Steinached” in the New York Times of 9 February 1922! He also held an eminent position as the director of the department of physiology of the institute of experimental biology in Vienna. Eugen Steinach was a physiologist and a pioneer in endocrinology. He had been successful in transplanting testes of male guinea pigs to females, and vice-versa. On that occasion, he noticed a modifica-

tion of their secondary sexual characteristics. He practiced the first vasectomy in 1928 (he did not operate on Freud).

• **The Monster**^{1-3,8-10}

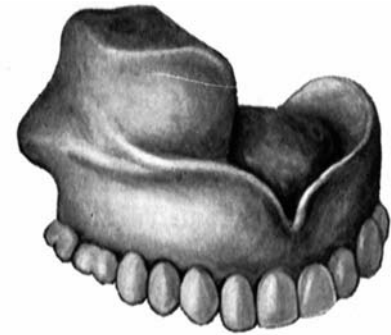


Figure 6
Example of prosthesis made for a case of the removal of the right osseous palate pursuant to a cancer of the maxillary sinus.³

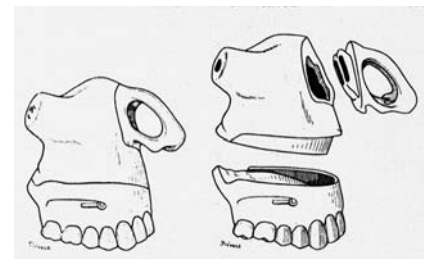


Figure 7
Example of a prosthesis in three pieces that fit into each other, with a nasal canopy. The three pieces that can be dismantled were composed of: 1 (upper left): an endonasal base with a superior maxillary extension to fill in the nasal fossa completely. It was provided with ducts for the passage of the respiratory air. 2 (bottom): oral piece re-forming the palate, the alveolar ridges and the teeth. It was designed to permit chewing, deglutition and phonation. 3 (upper right): nasal canopy. The different pieces were introduced separately through the mouth and the nose.⁹ Freud did not have to be given a nasal canopy. On the other hand, his prosthesis sometimes included a lower maxillary element.

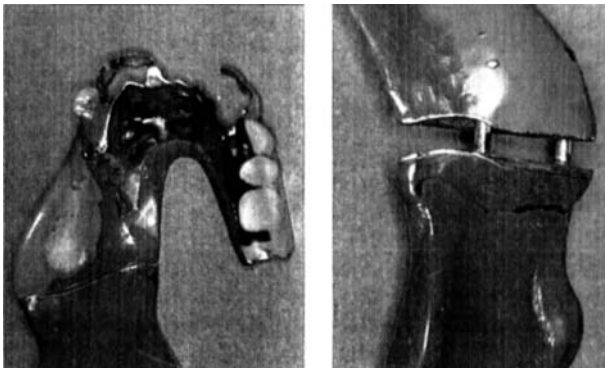


Figure 8

On the left, we see the prosthesis of Freud made by Kazanijian in 1931 (bottom view). To the rear, it included a solid obturating section. Its advantage was its lightness. On the right (top view), a closer view of the obturating section. The two sections are joined by two pins.⁸

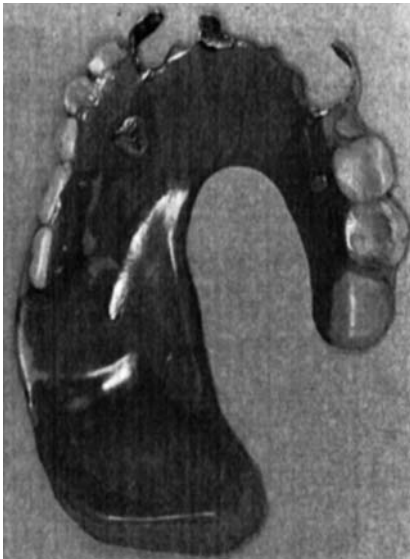


Figure 9

Prosthesis devised by Pichler in 1935, also with a solid obturating section. Freud called all his prostheses “perfect models of a necessary evil”.⁸

In 1923, the prosthesis introduced after Pichler’s operation was made of gold and vulcanised rubber (rubber containing sulphur to make it more resistant, while retaining its elasticity). His prosthesis included a covering plate and an obturator (to fill in the sinus). However, the use of the

obturator posed a difficult problem. It had to be introduced through the mouth, but Freud suffered from trismus and he sometimes had to use a clothes peg to prise open his jaws. It sometimes happened that the prosthesis became detached from its osseous anchoring and Freud had to reposition it with the aid of his thumb. This was a major embarrassment for him in public.

However, this did not affect his sense of humour. For instance, in the presence of the singer Yvette Gilbert, the famous interpreter of “Madame Arthur” and “Le Fiacre” immortalised by Toulouse-Lautrec, Freud apologised to her husband, saying: “I am sorry, but my prosthesis does not speak French”.

Moreover, the prosthesis led to lesions of the mucosa as a result of compression, to pain, and to pressure on the articulation of the mandible. Freud therefore had difficulty in speaking, eating... and smoking. The prosthesis had to be cleaned to be taken out, but putting it back in place was a very painful process. People say that Freud called his prosthesis “the

monster”. Only his daughter Anna was allowed to clean and handle it.

During the next year, 1924, the prosthesis had to be modified or replaced twice. Freud wrote: “It seems so simple to replace a piece of jaw with a prosthesis so that everything is just fine. But the prosthesis is never entirely as it should be. The lower right half of my face (particularly the nose and the tip of my ear) is very hypoaesthetic. The right ear has been put out of use by the deformation and the obstruction of the auditory tube. On that side, I hear only a permanent tinnitus, and I have great difficulty when, in a small group, I have to listen to several people... Of course, I can chew and swallow but my way of eating is not fit for viewing” (letter dated 22 March 1924).

In spring 1928, Freud tried five new prostheses with Pichler, but in vain. The lower prosthesis in particular was no longer bearable at night, but removing it led to retractions.

In July 1928, Freud abandoned – temporarily and with regret – Pichler, the man who “had extended his life by as much as four years”. Freud went to Berlin to see Schroeder, a stomatologist who made a new prosthesis for him that was less cumbersome and brought about “a 70% improvement”. The upper teeth were joined to form a compact bridge. Obliquely tilted plates, along which the prosthesis slid, were sealed distally to the bridge. This prosthesis kept the left posterior half of the palate (which was healthy) uncovered. It sealed off only the communication between the nose and the mouth. The piece of wax inside the prosthesis was smaller.

In August 1931, however, a new prosthesis was attempted by a celebrated American specialist in oro-facial surgery, Dr Kazanjian of Harvard University. The results were quite disappointing and, at 6,000 dollars, expensive.

Nevertheless, Varaztad Kazanjian^{2,10} was a remarkable plastic surgeon. Born in Anatolia and of Armenian origin, he emigrated to the United States to escape from genocide. He built up a brilliant career there, first of all on the front during World War I, when he operated on many allied soldiers with face injuries. This earned him his nickname: “the miracle man of the Western front”. Later, from 1922 until 1941, he was appointed professor of plastic surgery at Harvard. It was at that time that he cared for Freud, for whom he made a new prosthesis in Vienna. Despite the problems, Freud kept the prosthesis for three years.



Figure 10 A

Varaztad Kazanjian (1879-1974). Freud described him as a timid person whose smile made him think of Charlie Chaplin.²

Later, further adaptation of the prosthesis was required. During treatment with radiotherapy, the metallic element had to be removed because of the secondary

irradiation associated with the metal.

Pichler himself made seven prostheses in all, the last one in 1935.

• **The last important operations by Pichler^{1,2,6}**

In July 1936, a cancerous growth appeared for the first time since 1923. It was removed by Pichler, together with a part of the underlying bone. The procedure also included electro-coagulation of the tumour margins. After this operation, the prosthesis had to be modified again.



Figure 10

Freud left Vienna definitively with a Lufthansa plane. He went first to Paris and then to London. He was first ordered to sign a declaration exempting the Gestapo from any later criticism. In a humorous declaration, he affirmed that “he could recommend the Gestapo to everyone”.



Figure 11

London 1938. Freud is arriving by taxi

In early 1938, there was another recurrence and a new operation took place under general anaesthesia. The lesion was very difficult to reach since it was located in a deep position and it was also difficult to excise because of its position on hard, heavily scarred, tissue. It was also close to the base of the orbit. So the excision was probably incomplete. The biopsy confirmed a cancer.

In June 1938, Freud emigrated to London. His first temporary residence was at 39 Elsworthy Road, near Regent’s park.

On 8 September, Pichler came from Vienna to London and operated again under general anaesthesia at the London Clinic in Devonshire Place because of another recurrence. An external incision was necessary across the superior lip, extending along the nose. A tumour in the cheek was excised with diathermy and, finally, all the pathological tissue near the ascending ramus of the mandible was removed. The anterior border of the ramus was actually stripped and electro-coagulated over a distance of 1.5 cm.

On 27 September, Freud moved into 20 Maresfield Gardens, where he had sent his famous couch and his archaeological objects from Vienna. He soon resumed practice.



Figure 12

Sigmund Freud and his wife, the “Frau Professor”, at 20 Maresfield Gardens in 1939.

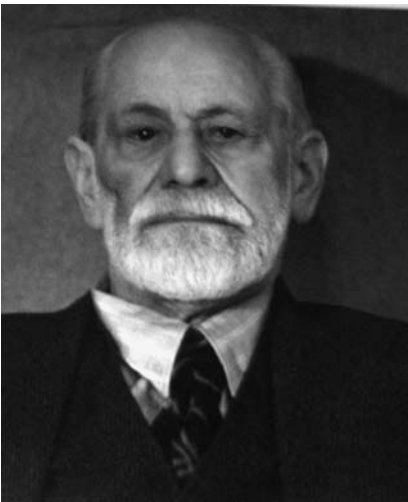


Figure 13

This photograph of Freud is on the ground floor of his home at 20 Maresfield Gardens. The flattening of his right cheek is clearly to be seen.

• **Trotter, the English surgeon-philosopher, hesitates and then refuses to do anything**^{1,3,11,12}

In mid-January 1939, a suspicious swelling appeared even higher and deeper in the mouth. Surgery was impossible given the position of the lesion close to the base of the orbit. The name Wilfred Trotter was mentioned. He was the brother-in-law of Jones, a disciple of Freud. Trotter was the most emi-

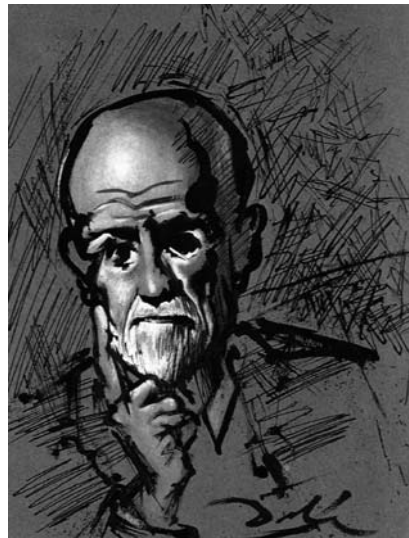


Figure 14

On 19 July 1938, Stefan Zweig took Salvador Dalí to visit Freud in his first residence in London. Dalí made a sketch of Freud that he completed later at home (the result is the picture shown here). But Zweig wrote: “I never had the courage to show it to Freud because Dalí, with his clear-sightedness, had drawn death at work”. The resemblance between the photography and the painting is striking indeed. Freud wrote of Dalí: that “Until then, I was tempted to see the surrealists as madmen in the pure state (in other words, 95% mad, like pure alcohol). But this young Spanish man, with his candid eyes of a fanatic and his indisputable technical skill, has led me to reconsider my opinion”.



Figure 15

Freud’s couch is located at Maresfield Gardens. It was brought to London from the Berggasse, Vienna. Freud sat in the armchair we see on the left. The couch was covered with carpets and cushions. Above the divan, we see the famous painting representing Charcot at the Salpêtrière Hospital. On the mantelpiece, some archaeological objects.



Figure 16

During his stay in Paris, Freud received a dedicated portrait from Charcot: “A monsieur le docteur Freud, souvenir de la Salpêtrière, 1886, 24 février”

nent surgeon of his time. He practised in London and he had been renowned since 1920 for his work on the median transmandibular pharyngectomy for lesions of the base of the tongue, and above all



Figure 17

Wilfred Trotter was an English surgeon, one of the last to practise general surgery. He was both a neurosurgeon and a head and neck surgeon. Moreover he was a philosopher and insisted on the notion of “the herd instinct”. He also translated into English “Moses”, a work that Freud finished in London.

for the partial lateral pharyngectomy, which is still known as the “Trotter operation”. It is indicated for lesions confined to the lateral wall of the piriform sinus. Trotter also insisted on the importance of extensive excision of the pathological tissue, irrespective of the normal anatomical landmarks. He saved the life of King George the Fifth, who presented with thoracic empyema as a result of pneumonia. He did not hesitate on that occasion and he removed one of the ribs of the king to permit efficient drainage. Trotter’s prestige had grown considerably as a result of his work on this occasion.

When Freud arrived in London, Trotter supported his enrolment as an honorary member of the Royal Society, of which Newton and Charles Darwin had been members.

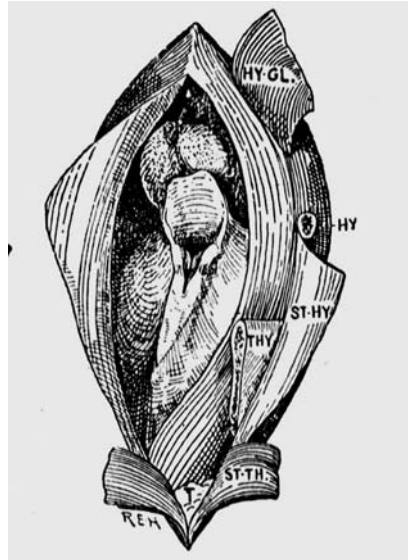


Figure 18

Drawing from the work of Trotter of the lateral pharyngectomy (Trotter used the expression “lateral pharyngotomy”). This “Trotter operation” consisted of two incisions. The first was anterior through the hyoid bone and the thyroid ala, and the second was a posterior to the level of the lower constrictor muscle.

The view of the posterior part of the larynx is rather extraordinary.²

When Trotter was consulted, he hesitated to adopt a firm attitude in face of a lesion that he did not consider automatically as cancerous. In my opinion, Trotter thought that he could probably operate if the lesion was not cancerous.

Be that as it may, on 28 February 1939, following a positive biopsy (without osseous extension on X-rays), Trotter finally decided to dismiss the idea of an operation. Nor does it seem that he was favourable to radiotherapy. In my opinion, Trotter, as a philosopher, thought that Freud’s case was simply, and unfortunately, beyond cure. For him, what remained was perhaps simply unremitting palliation.

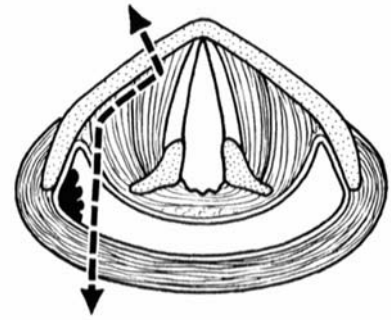


Figure 19

Diagram of the Trotter operation, in Guerrier; the lesion is confined to the lateral wall of the piriform sinus.¹²

• **Claudius Regaud and Antoine Lacassagne, the French radiotherapists of the Curie Institute**^{1,13-15}

Claudius Regaud (1870-1940) graduated from Lyon and built up a career at the Radium Institute of Paris (founded in 1909), which is now known as the Curie Institute. He imagined that the preferential action of X-rays on spermatogenesis could also be used to target cancerous cells.

When he was still in Lyon he discovered that it was impossible to sterilise the testes of a laboratory animal with a single session of radiation, even if the dose was strong. On the other hand, a small dose delivered during several sessions over a period of several days produced the results required, without disturbing the normal tissues of the scrotum. That fundamental discovery is still the basis for modern radiotherapy.

In 1913, Regaud became head of the laboratory of radiophysiology at the Radium Institute, Marie Curie being the head of the laboratory of physics and chemistry. Antoine Lacassagne, Regaud’s pupil and faithful friend, became his assistant.

In 1919, Regaud treated cancerous patients from Parisian hospitals using radium.

Over the years that followed, he received ever larger loans of several grams of radium from the Union Minière of Upper Katanga, and he visited the Olen industry in Belgium. In 1932, Regaud obtained 6 grams of radium.

Regaud was consulted on several occasions by Freud.

As early as 1923, after the disastrous treatment provided by Hajek and the radiotherapy treatment he advised, Regaud and Lacassagne were asked for their opinion. Their response was that treatment with X-rays would not usually be effective in cases such as Freud's. Moreover, local therapy with radium had been poorly handled and resulted in unnecessary lesions of tissue and in severe pain.

In 1931, faced with a new suspect lesion, Regaud argued against the use of radium in so far as the biopsy failed to prove that this was a cancerous lesion. Freud interpreted this as meaning that "the Frenchman wants to have nothing to do with me".



Figure 20

Regaud is to the left of Marie Curie on the platform of a railway station, during a journey in Poland in 1932, on the occasion of the inauguration of the Radium Institute of Warsaw.

In 1934, faced with yet another suspect lesion, Regaud again advised against the use of radium, except in small doses, and only if the lesion was inflammatory.

In August 1938, in the presence of a lesion of the same type, but localised higher in the mouth near the base of the orbit, Regaud was asked for his opinion about electro-coagulation. However, in the interim, Regaud had resigned from his position as director of the Radium Institute, and been replaced by Lacassagne in 1937.

Antoine Lacassagne (1884-1971) was educated at the faculty of medicine of Lyon, like Regaud. He began to work there with Regaud, before following the latter in Paris where he became Regaud's assistant at the Radium Institute. In 1924, when studying the effect of polonium injections in animals (the polonium had been discovered "at home" by Marie Curie), Lacassagne participated in the development of the autohistography technique that permitted the localisation of radioactive substances at a microscopic level. From 1937 to 1954, Lacassagne directed the Radium Institute as Regaud's successor. Lacassagne was a very affable man but, unfortunately, the end of his life was tragic. In 1971, as he realised that his health was declining, he finished off the work he had undertaken and committed suicide.

But let us return to Freud in 1939. On 26 February 1939, Lacassagne went to London to visit Freud. He recommended a biopsy. If the biopsy was positive, he was in favour of radiotherapy with X-rays at once, with multiple gates to minimise the impact on the skin, and no preliminary electro-

coagulation to reduce the risk of later radionecrosis. As for radium needles, he reserved this option for possible local recurrence after radiotherapy with X-rays. In any case, Lacassagne did not believe that a lasting effect was possible. On 28 February 1939, the biopsy was found to be positive. However, the radiography did not show any osseous involvement, so the radiotherapy was undertaken, but by Dr. Finzi.



Figure 21

On 26 February 1939, Lacassagne paid a visit to Freud at Maresfield Gardens, where he examined him.



Figure 22

Antoine Lacassagne (1884-1971)

• **Neville Samuel Finzi, the English radiotherapist**^{1,16-18}



Figure 23

St. Bartholomew's Hospital or "Bart's". We see the principal entrance, built in 1702, known as the "Henry VIII" entrance. It contains the only sculptured public portrait of the king. It was here that Finzi established the first ever radiotherapy department. It is probable that Freud came there for his final radiotherapy sessions. The hospital, the oldest in London, was founded during the XIIth century and rebuilt several times. Today, it still specialises in the treatment of cancer. Celebrities such as Harvey, Pott, Paget and the neurologist Jackson (c.f. epilepsy) all worked there.¹⁷

Neville Samuel Finzi¹⁶ (1881-1950) was Medical Officer at the Electrical Department of St. Bartholomew's Hospital in London. He was particularly interested in the use of radium for surface treatment and also for treatments involving the cavities of the body. He was a pioneer in that field in England. In 1913, he published the results of the treatment with radium he had given since 1909. He attempted telecurie therapy too, but he had only 600 mg of radium at his disposal. In the 1920s, Finzi was in charge of the department for high-voltage X-ray therapy established in 1924.

He used a new device producing X-rays of 250 kilovolts. In 1928, with his colleague D. Harmer, an ENT surgeon, he published a technique for the treatment of laryngeal cancer with radium needles applied outside of the laryngeal perichondrium.¹⁸ In 1946, Finzi ended his career as chief of the Department of Radiology.

Let us return to Freud. On 6 March 1939, Dr. Harmer, Finzi's colleague, was also of the opinion that an operation was not possible. Radiotherapy started at Finzi's department. Freud began to lose his beard and to bleed in his mouth.

On 20 March 1939, hopes began to revive. Dr. Harmer observed a marked reduction of the lesion. The pain suffered by Freud was diminishing.

In early April 1939, radium needles were added. Local progress continued favourably.

However, in June 1939, the pain became more intense and a possible post-radium necrosis of the zygomatic arch emerged.

Officially, Finzi remained optimistic, but he wrote in confidence to Lacassagne:

"Dear Lacassagne, Princess Helene said to me that you would like to receive some news concerning the progress made by Professor Freud... he is still suffering from a considerable infection and that is very painful; the pain makes him very tired. He refuses absolutely any medicine that could relieve his pain, except aspirin. There is still probably a tumorous fragment situated at a very high level... What he needs above all... is to accept another medicine... but I do not dare to suggest it to him. With my best regards"

N. S. Finzi.

• **The end. Even Freud's dog keeps a distance.**¹

In July 1939, there was considerable loss of weight, accompanied by a loss of appetite. Freud's beard had virtually disappeared on the right side. Necrotising tissue near the orbit produced a fetid odour in the mouth. The patient suffered heart failure.

In August 1939, the skin of the right cheek necrotised and a hole formed that exposed the cancer. Orthoform was sprayed to reduce the pain. Antibiotics were not yet available at that time. Freud decided only to stop seeing patients. His office was transformed into a ward. The smell was so disagreeable that even Freud's dog refused to move near him and hid away in the furthest corner of the room. Freud was fully aware of what was happening. A mosquito net had to be placed around his bed to protect him from the flies. But, from his office, he could still see his "dear flowers" in the garden.

On 21 September 1939, Freud said to Dr. Schur, his personal physician since 1923: "My dear Schur, you remember our first conversation. You promised me then not to abandon me when my time should come. Now this is just a torture and a nonsense".

On 22 September 1939, Freud fell into unconsciousness after an injection of two centigrams of morphine, a dose repeated twelve hours later.

Freud passed away on 23 September 1939 at three o'clock in the morning.

He was cremated. His ashes are in the Golden Green Columbarium in London. They were placed in an antique Greek urn, a present to him in times past from his patient Marie Bonaparte.



Figure 24

Greek urn, calyx shaped, approx. 510 BC, "The death of Sarpedon, carried by Hypnos and Thanatos in the presence of Hermes". Freud's ashes are probably in an urn of that type. Freud, and Charcot, were collectors of ancient artefacts.

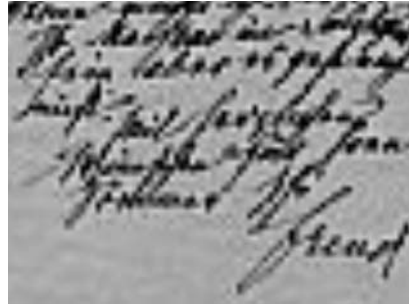


Figure 25

Fragment of a letter signed by Freud. His German was elegant and he received the Goethe Literature prize, in the absence of a Nobel Prize.



Figure 27

Anna Freud. She was totally devoted to her father. She trained as a primary school teacher and did not study medicine. However, her reputation as a psychoanalyst was so great that she received the diploma of doctor in medicine from the University of Vienna when she returned in Austria for the first time after the war, in 1972.



Figure 26

Photograph of 20 Maresfield Gardens. Today, there are two medallions on the front of Freud's house, one of Freud and the other of his daughter Anna, a paediatric psychoanalyst who continued living and practising in that house. She died in 1982. The house became a museum in 1986. Access by underground is possible to Hampstead, a suburb of London. Underground stop: Finchley Road.

We behave very strangely towards dead people themselves: our attitude resembles in some ways the admiration felt for someone who has accomplished a very difficult task".

(Sigmund Freud)

• **Summary and conclusion**

On the basis of the dramatic story of Freud, what follows is a brief impression of the physicians who cared for him. Hajek was not equal to the situation and he was

somewhat casual. Pichler, by contrast, was remarkable and devoted. Kazanjian's prosthesis was a little disappointing. Trotter and Regaud were cautious. Lacassagne was humane as a good physician must be, though without illusions. Finzi was industrious but his task was virtually impossible. Anna Freud was an ideal daughter for her father.

As far as Freud is concerned, he preferred to endure genuine martyrdom rather than stopping smoking. He thought of tobacco as a stimulus for his work. Some psychoanalysts have claimed that cigars were a form of oral eroticism for Freud!

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