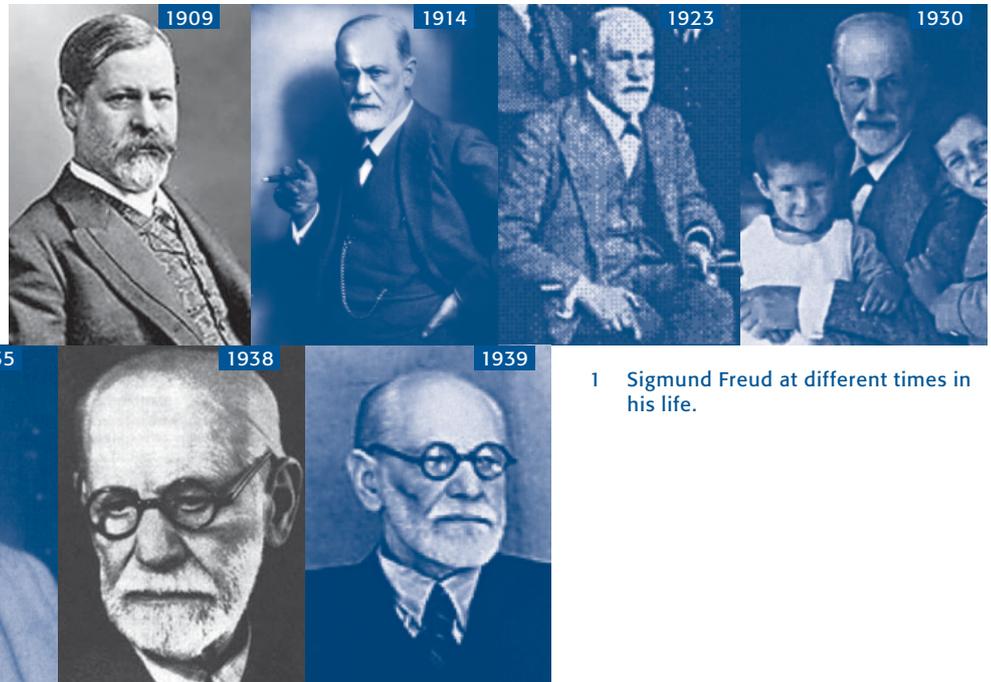


Sigmund Freud



1 Sigmund Freud at different times in his life.

His oral neoplastic disease and oral, maxillary, and facial surgery

Sigmund Freud (1856–1939), the founder of psychoanalysis, developed a carcinoma of the buccal cavity in 1923, which was treated between 1924 and 1938 by Prof Hans Pichler (1877–1950), Professor of Oral, Maxillary, and Facial Surgery at the University of Vienna, Austria. Freud and Pichler were both professors there.

Freud's neoplastic disease illustrates the development of oncological oral, maxillary, and facial surgery from 1920–1940, and the problems of maxillary resection. It also shows the specialty's medical and technical developments which occurred in that time period.

This chronicle takes place against the backdrop of the National Socialist dictatorship in Germany and Austria.

Detailed information on Freud's neoplastic disease is available from two sources. The first is Pichler's 80-page closely-written case history report, and the second is Freud's 1929–1939 diary, in which he recorded perceptions about his own health.

The first consultation with Pichler in 1919 was occasioned by painful

swelling in the area of the right palate and maxillary tuberosity which had lasted for about a week.

In 1920, an ulcer developed in the same area of the tuberosity, which healed by itself.

Despite being forbidden to smoke, Freud continued to smoke 20 cigars daily. In February 1923, the renewed occurrence of erosion in the area of the right posterior alveolar tuberosity was diagnosed by his treating internist Dr Felix Deutsch as leucoplakia with dysplasia. He was referred to Prof Markus Hayek (1861–1941), Head of the Ear, Nose, and Throat clinic in Vienna.

Prof Hajek undertook a partial local excision in the area of the right tuberosity under local anesthesia. Postoperation, significant arterial bleeding was stemmed by the attending nurse.

The histopathological examination showed the presence of a squamous cell carcinoma. Freud was not informed of this, and he was referred to Prof Guido Holzkecht (1872–1931), who applied radiotherapy.

In September 1923, during a journey to Rome, Italy, Freud suffered

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from a major oral hemorrhage, which stopped without treatment. Once home, he consulted Pichler, who recorded the findings shown in **figure 3**. Tumor growth was confirmed in the area of the tuberosity, palatoglossal arch, and palate, with involvement of the cheek and mandible.

On October 4, 1923, assisted by Bleichsteiner, Pichler performed a ligation of the right external carotid artery, with extirpation of the submandibular and cervical lymph nodes.

In a follow-up operation one week later, a partial maxillary resection was performed. Covering of the wound surfaces was carried out using the split skin graft technique published in 1917 by Esser (1877–1976), and by the insertion of a provisional obturator prosthesis. On the evening of the operation, Freud enjoyed two Havana cigars.

Based on the histopathological results (R1 resection), Pichler, assisted by Hofer and Bleichsteiner, performed a fourth operation on November 12, 1923, which comprised further resection of the pterygoid process and a partial resection of the soft palate.

During 1923 and 1924, there were a total of 143 outpatient consultations with Pichler. Three new obturator prostheses were made in this time period.

Between 1926 and 1936 there was a cycle of continually relapsing leucoplakia, nonspecific proliferations, precancerous changes, and papillomas. This led to 122 consultations and 5 further operative interven-

tions between 1926 and 1928, each comprising local excisions and diathermy treatment. In March 1928, a fifth new obturator prosthesis was inserted.

By 1929 Freud had lost confidence in Dr Deutsch, and Dr Max Schur (1897–1969) took over the follow-up visits as his personal physician—a total of 49 consultations. Pichler performed no new treatments from June 1928 to 1929.

In 1929, political unrest first became apparent with the raids of Nazi groups on Prof Tandler's Anatomical Institute, forcing students to flee through windows.

In the fall of 1929, Freud traveled to Berlin for the new construction of obturator prostheses by Prof Hermann Schröder—an oral surgeon at the Charité University Hospital.

In October 1930 there was a clear recurrence at the operation site, leading to an eleventh operation by Pichler with further resection, split skin transplantation from the forearm, and a renewed intraoperative insertion of an obturator prosthesis. The histopathological findings showed precancerous changes.

More relapses occurred in February and April 1931. These relapses were treated by means of electrocoagulation, which had been introduced into surgery in 1930 by Hans von Seemen, a pupil of Erich Lexer.

The recurrence in April 1931 was excised during an additional surgical intervention under local anesthesia. This resulted in major arterial bleeding, and the resected area was covered with a split skin graft. The histopathological results

again showed the presence of a precancerous lesion.

Freud turned to Prof V Kan-zanjanian (1879–1974) to construct three new prostheses

in Hans Pichler's laboratory. One was made of hard rubber, and two from hard rubber with a palate section made of soft rubber. The cost of these prostheses was US \$6,000, and paid for Boston based Kan-zanjanian's European vacation.

Freud's acceptance of prostheses was extremely bad, he called them, "the curse of my life".

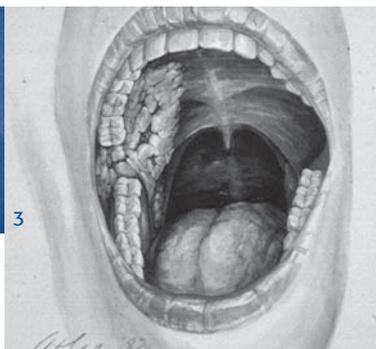
In 1932, four operations with excisions and electrocoagulations were performed for multiple recurrences. The histopathological diagnosis of cancer in situ continued to be made.

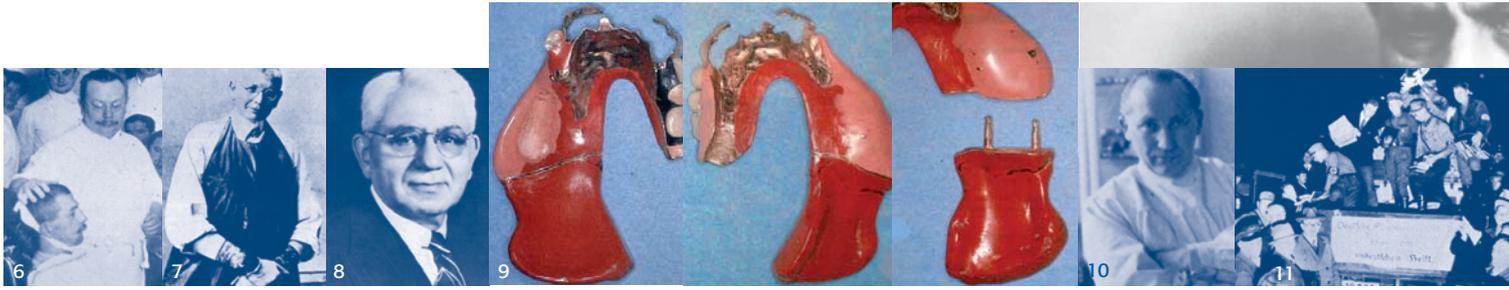
When the Nazis took power on January 30, 1933, Germany not only experienced political changes, but also a power takeover of its clinics. Under an April 1933 law, politically unreliable professors were dismissed from public office (a total of about 15%, up to 30% in Berlin and Frankfurt). Racism played a decisive role in only a third of the professors dismissed (Evans 2000).

This affected 11.5% of all internists, 10% of surgeons, 17% of neurologists, 90% of psychoanalysts and 5% of oral surgeons. At the Charité in Berlin, every third doctor was dismissed (Bleker and Jachertz 1989). Prof Cohn-Stock (1891–1985), who

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- 2 Prof Markus Hajek (1861–1941).
- 3 Findings at the consultation with Prof Pichler in 1923.
- 4 Prof Hans Pichler, 1923.
- 5 Dr Max Schur (1897–1969).





- 6 Prof Hermann Schröder of the Berlin Charité.
 7 Prof Jakob Erdheim (1874–1937).
 8 Prof V Kanzanjian (1879–1974).
 9 Obturator prosthesis with detachable palate section.
 10 Prof Günther Cohn-Stock (1891–1985) Charité Berlin.
 11 May 10, 1933: Burning of books.

performed the first maxillary segment osteotomy in 1920, was one of many who then emigrated.

At the notorious book burning at the University of Berlin on May 10, 1933, Freud was declaimed with the sentence: “against the overestimation of life’s psychological drives which eat away at the soul, and for the nobility of the human spirit. We surrender the written works of the Jew S Freud...”

Compared to the lot of German Jews, Freud considered life in Austria to be like living on an island of the “blessed”. He was under the false impression that anti-Semitism would not find fertile soil in Austria.

Freud in January 1933: “People are afraid that the German nationalistic excesses are going to encroach

“People are afraid that the German nationalistic excesses are going to encroach on our little country. That is nonsense. I do not see any danger here.”

on our little country. That is nonsense. I do not see any danger here”. April 8, 1933: “If the Nazi movement extends to Austria, its course will not be marked by the excesses of the German

movement, as the Austrians will not become as brutal as the Germans”.

A classical failure of judgment, as resulting events would show.

June 6, 1933: “The world is a huge prison and Germany is the worst cell. It pleases me to think that we are still living as if on an island of the blessed”.

Freud must have known that the elite of German psychiatry passionately supported the Nazis’ laws. For example, the neurologist and psychiatrist Prof Carl Bonhoeffer, while explicitly against killing by doctors, nevertheless did not condemn the inhuman practice of sterilization (Kater 2002).

In 1934, on the recommendation of Prof Rigeaud of the Institut Curie (Paris) and Prof Schloss (Vienna), a radium prosthesis was inserted. No further details exist. Further relapses occurred, resulting in three local operative interventions in May, June, and September 1934.

The first signs of political chaos in Austria began with the murder of the Federal Chancellor, Dollfus, by Austrian Nazis on July 25, 1934.

Freud’s health continued to suffer. In 1935 four operations were performed with the diagnoses: verrucous leucoplakia, papilloma, and precancerous papilloma.

In January and March of 1936, the 26th and 27th operations were performed, with the same histopathological findings of verrucous leucoplakia. In July the 28th operation, the first to be performed not under local anesthesia, but using nitrous

oxide anesthesia and local anesthesia, with the resection of an ulcer in the area of the palate took place.

The histopathological diagnosis showed the presence of a squamous cell carcinoma, 13 years after the first diagnosis. As there were no tumor-free areas in the contours, a 29th operation was performed with follow-up resection, and again in December, another operation under nitrous oxide anesthesia, with coagulation of a new ulcer.

An extreme trismus followed, for which newly discovered short wave treatment was applied.

The 31st operation was performed in April 1937, and no new tumor growth was found. The extreme trismus and pain remained; the maximal mouth opening was measured as 12mm distance between incisor teeth.

The pathologist Prof Erdheim, who had provided almost all the previous histological diagnoses, died at the end of 1937. So great was his involvement in this case that he was able to identify unlabeled sections as belonging to Freud.

In January 1938, a squamous cell carcinoma again recurred in the areas of the maxillary antrum and orbital floor, leading to a 32nd operation under nitrous oxide anesthesia with extensive resection of these regions.

A follow-up resection performed in February showed only leucoplakia. In March 1938, the Nazis assumed control of Austria. Freud described this as FINIS AUSTRIAE, by which he was referring more to the demise



of the upper middle class of the old Austria than to political change. Austria's absorption into the Third Reich marked the beginning of Jewish persecution, and thus of Freud. Using the 1935 Nuremberg racial laws, 28 professors and 120 university lecturers were dismissed from public office.

Austrian Nazis enthusiastically assisted the German anti-Semites. This was based on a racism that had a stronger tradition and deeper roots in Austria and Hungary than in Germany (Carsten 1976, Kater 2002). By the spring of 1939, almost 2,000 Jewish doctors in Austria were forced to give up their profession.

In spite of his neoplastic disease, Freud, then 82, decided to emigrate but was unable to obtain an exit permit, as the Nazis already regarded Freud as the personification of the Jewish enemy.

Faced with this situation, Pichler managed to convince Dr Sauerwald—the party commissioner responsible for exit permits—that Freud's scientific works were not concerned with "Jewish villainies", and he succeeded in getting Sauerwald to study Freud's writings.

Sauerwald then suppressed all incriminatory documentary evidence against Freud, while Pichler dealt with the secret police. Freud left Vienna on the Orient Express on June 4, 1938.

Before departure, a last examination was carried out by Pichler on June 2, 1938, who detected no recurrence of the tumor.

During an examination in London in July 1938, Dr Exner, a South African oral surgeon who had previously been a guest of Pichler, could also find no tumor; although Schur was convinced that a recurrence of the tumor would occur.

Pichler flew to London on September 7, 1938, and his examination showed an extensive recurrence of the carcinoma with extension to the right orbital floor. Surgery took place on September 9, 1938, using the McIntosh intubation technique that had not yet been introduced to continental Europe. A cheek flap, using the method of Moure (1922), was performed and an extensive right-sided resection of the maxilla and orbital floor with concomitant intraoperative instantaneous section monitoring. This was also not in use on the Continent.

The diagnosis using instantaneous sections showed an R0 resection, ie, tumor-free resection edges with the histopathological diagnosis of a verrucous leucoplakia. A renewed tumor growth in the orbital floor area occurred in February 1939. The sample excision confirmed the presence of a squamous cell carcinoma. Prof W Trotter and Exner described the tumor as inoperable. Pichler wrote to insist on an additional operative intervention. On the advice of the treating doctors, x-ray irradiation was performed by the radio-oncologist Dr Finzi.

As was to be expected, a necrosis with perforation occurred in the area of the right cheek, which led

12 Prof Hans Pichler 1936.

13 Nitrous oxide anesthesia 1936 Munich University.

14 Pogrom in Vienna 1938.

15 Departure on the Orient Express Vienna-Paris-London. Princess Marie Bonaparte, American ambassador Bulitt.

16 Insufflation anaesthesia 1940 using the method of McIntosh.

to unbearable pain. In one of his last letters, Freud wrote on July 5, 1939: "My world is a small island of pain floating on an ocean of indifference."

Sigmund Freud fell into a coma on September 21 and died at 3am on September 23, 1939.

Summary

Prof Pichler's treatment of the 14 year long neoplastic disease enabled Freud to create his impressive later works. Thanks to the skilful intervention of Pichler, Freud was able to leave Austria for Britain and thereby avoid the fate of many of his compatriots.

Max Schur, the doctor and poet, wrote the following in 1972 about Prof Pichler: "He was an exceptionally kind-hearted and human person. A surgeon who was not afraid of performing radical interventions when they were necessary. His association with Sigmund Freud was one of extreme respect, tact, and politeness. Pichler was fortunately a man of obsession, in the best spiritual meaning of the word."

Bibliography

Literature in the author's possession.