

SIGMUND FREUD: THE INSIDE STORY

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A house at 20 Maresfield Gardens, Swiss Cottage, London, now the Freud Museum, was Sigmund Freud's home during the last year of his life in 1938-1939. The collection of memorabilia to be found in the Museum includes several prostheses worn by Freud, a post-operative skull radiograph of Freud, and an English translation of the detailed clinical records made by Professor Hans Pichler, the oral surgeon who looked after Freud from 1923 until his death in 1939. Pichler wrote the notes in an obscure form of German shorthand invented by his father. The only other person who understood the shorthand was Pichler's secretary and it was she who transcribed the notes into German. The English translation was by Dr Lajos Levy and its accuracy was checked by Dr Maxim Schur, Freud's physician. The following account of Freud's prosthetic care is based on an examination of these records and a review of the relevant literature. I should like to thank Mr Michael Molnar, Researcher at the Freud Museum, for making available Pichler's notes and Freud's prostheses.

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It was as early as the Autumn of 1917 that Freud noticed a painful swelling in his palate. This occurred when he gave up smoking for a short time (he had been smoking up to 20 cigars a day) and it disappeared when he started smoking again. He did not at that time seek professional advice and all was well until February 1923 when ulceration of the palate occurred. Even then Freud procrastinated until April of the same year when he consulted separately both Maxim Steiner, a dermatologist and friend, and Felix Deutsch, his family physician. Both advisers independently suspected cancer but told Freud that the lesion was leukoplakia and recommended excision. The reason for this deception is uncertain but it may have been related to their concern about Freud's angina and the fact that he was already depressed because of the death of a grandson. Even though the true nature of the lesion was concealed from him, Freud suspected that it was cancer and referred to it as 'my dear neoplasm'. He came to feel betrayed by the deception and as a result parted from Felix Deutsch a few months later.

Freud sought a further opinion from Marcus Hajek, Professor of Laryngology at Vienna University, who also advised surgery. Hajek had had a somewhat erratic career. Coming from humble origins, he had trained in medicine at Vienna and specialised in rhinology and laryngology, but had then come into conflict with the head of department. Professor Schroetter, who refused to give him a permanent appointment. This set-back proved temporary because when Hajek married the daughter of Professor Schnitzler of the Vienna Nose and Throat clinic his career blossomed and he eventually became Chief of the Rhinological Hospital at the University of Vienna. He was recognised for his

detailed knowledge of the anatomy of the nasal sinuses but considered by his colleagues to be only a mediocre surgeon.

Hajek operated on Freud on 20 April, 1923, and undertook a partial resection of the lesion. Freud's short stay in hospital was characterised by apparent professional neglect. A severe postoperative haemorrhage during the night nearly cost Freud his life, but help was summoned in time by a mentally retarded dwarf with whom Freud was sharing a small side ward. The histopathology of the excised specimen was reported on by Jakob Erdheim, a pathologist who was unmarried, working 16 hours a day except on Sundays and was possibly suffering from Klinefelter's Syndrome. The diagnosis, squamous cell carcinoma, was still kept from Freud. Hajek advised radiotherapy, however, and this was undertaken by Guido Holzkecht.

Because Freud's condition continued to deteriorate, in September 1923 Deutsch arranged for Freud to see Professor Hans Pichler. Pichler was noted as a modest and kind oral surgeon. He was keen on sporting challenges and once won a family bet by cycling 15km and climbing a 2,100m peak before breakfast. In old age he broke an ankle while ski-jumping. He abandoned his general surgical training in Vienna because he developed eczema from the carbol spray used to disinfect the hands. He then took up dentistry, and in 1902 studied under G.V. Black at Northwestern University School of Dentistry in Chicago. On returning to Vienna he taught dentistry for thirty years, writing 125 papers and several textbooks. He translated G.V. Black into German and finally produced a three-volume work. *Surgery of the Mouth and Jaws*.

The first consultation, on 27 September at Pichler's rooms in 1 Lichtenfelsgasse, Vienna, led Pichler to note a crater-shaped ulcer on the posterior aspect of the right maxillary tuberosity and a palpable sub-mandibular node. Pichler decided to operate on Freud and planned the procedure with meticulous care. His approach was influenced by Claude Martin who, as early as 1889, had stressed the importance of immediate prosthetic obturation for maxillectomy patients. Pichler's preparations consisted of rigorous oral hygiene, replacing defective dental restorations, fitting gold inlays in certain teeth to help retain and support the obturator, and constructing a vulcanite surgical prosthesis which he allowed Freud to wear for a trial period pre-operatively to ensure that it was satisfactory. In addition Pichler practised his planned surgical procedures on cadavers. These preparations were completed within a few days and then Pichler was ready to proceed.

The operation was carried out in two stages on 4 and 11 October, 1923. In the first stage Pichler ligated the right external carotid artery and removed the submandibular nodes. In the second he reflected a facial flap and carried out a maxillectomy, sectioning anteriorly through the right canine region and preserving the soft palate posteriorly. A coronoidectomy was also performed. The maxillectomy cavity was lined with a split skin graft supported by gutta percha on the surgical obturator which was retained by clasps. All this was done under a local anaesthetic and reputedly Freud slept through most of the operation. Schur (see below) referred to a large surgical obturator of sectional design but there is no reference in Pichler's notes to such an appliance. Pichler's main concern after the second operation was whether he had been radical enough, and, indeed, on noting a recurrence on month later, on 12 November he operated yet again and removed the pterygoid process and most of the right side of the soft palate, leaving a posterior margin about 1cm in width.

On 17 November Freud underwent the Steinach operation carried out by Victor Blum. This involved ligation of the vas deferens supposedly to stimulate the secretion of the testicular hormone and hopefully rejuvenate the patient. As cancer was considered to be a disease of old age this rejuvenation was expected to have a beneficial effect on Freud's tumour. However, Freud recorded later that he failed to detect any benefit whatsoever from this procedure.

Shortly afterwards the soft palate broke down completely and so Freud was left with a maxillary defect which presented considerable difficulties in achieving prosthetic obturation. As a result, obturator stability, speech, smoking and eating remained huge problems for Freud for the remaining sixteen years of his life - problems which were aggravated by trismus.

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At this stage (November 1923) Freud finally parted with Deutsch whom he felt had left him down badly by keeping the true nature of the illness from him. For a while Freud received occasional medical advice from Ludwig Braun, a cardiologist, Lagos Levy, a physician from Budapest, and Oskar Re, a paediatrician. However, Pichler continued to strive to minimise Freud's problems by giving his continual support - thus, in 1924 he saw Freud 74 times, and eight years later, in 1932, he saw him 92 times.

The prostheses were constructed in vulcanite and gold. In the area of the maxillary defect they were essentially simple cover plates, since the trismus made it impossible to insert an obturator which extended far into the cavity. Gutta percha and wax were then often used as functional relining materials to improve the fit of the 'clod', or obturator portion. Stability was always a problem, with the result that Pichler had eventually and reluctantly to supplement retentive gallery clasps with springs. These joined upper and lower dentures and by forcing the dentures apart were supposed to keep the dentures in place. However they were never very satisfactory. On several occasions Freud became so frustrated by the springs that he removed them. Pichler would often use duplication techniques when replacement obturators were required, employing the previous prostheses as templates. By March 1927 a fifth prosthesis was required of Pichler. This is described in his records as weighing 75g (without its springs), having a hollow obturator portion which was closed with a stopper, and being retained by a hinge clasp and springs. Freud received excellent support at home. The key figure was his devoted daughter Anna who was his self-appointed nurse and was the only person Freud would allow to help with the cleaning, insertion and removal of the prostheses.

By 1928 Freud was having so much trouble with his prostheses that he turned in desperation for help to another dentist, Dr Schroeder, who was Director of the Division of Prosthetics at the University of Berlin. Schroeder undertook the provision of a new prosthesis in Berlin and trained a local dentist, Dr Joseph Weinmann, to undertake the subsequent minor day-to-day adjustments. Weinmann was later to become Professor of Dentistry at Chicago. It was he who recommended topical applications of orthoform, a cocaine-like drug, to the maxillectomy cavity to alleviate Freud's discomfort. Weinmann's physician at that time was Maxim Schur and Freud engaged him to replace Deutsch.

Schur, who specialised in internal medicine in Vienna and later became a psychoanalyst in New York, cared for Freud from 1928 until the latter's death in 1939. At their first meeting Freud extracted a promise from Schur that he would always be told the truth and that when the time came he would not be allowed to suffer unnecessarily. The new Schroeder dentures were a great improvement on the old ones (Freud estimated 70%). They were supported and retained by extra-coronal attachments extending posteriorly from a bridge which joined the upper anterior teeth. Pichler was impressed when he saw the result but was worried that failure of the bridge through loosening of the 'pillars' would result in a catastrophe.

The prostheses provided satisfactory service for about three years until 1931, when friends of Freud persuaded a rather reluctant Professor Kazanjian, who was on a visit from the United States to Berlin, to attempt further treatment. During World War I, Kazanjian had worked in Britain with Harold Gillies treating British soldiers who had appalling facial injuries. He subsequently returned to the States, studied medicine and became a distinguished plastic surgeon. Working in Pichler's dental surgery, Kazanjian provided Freud with three prostheses and charged him \$6,000. In spite of their high cost these prostheses were not particularly successful, although they lasted for about three years until 1934. In that year a premalignant lesion appeared that required radium therapy and this was administered by means of a new vulcanite prosthesis supplied by Pichler. Shortly afterwards Pichler replaced this radium prosthesis, again using a copy denture technique. It is noteworthy that, in spite of Freud periodically turning to others for help, Pichler was always willing to continue providing care whenever he was asked to do so. In 1936 Pichler diagnosed a recurrence of the cancer, the first since 1923. A notable feature of the operation which followed was that it was the first time Freud was given a general anaesthetic and not surprisingly he was very impressed.

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In 1938 the Nazis entered Vienna and Schur provided the Freud family with supplies of barbiturates. Freud considered fleeing to London to safety but found the decision a very difficult one to take even though the Gestapo threatened him and his family on several occasions. He was reluctant to go because it meant leaving the consultant, Pichler, upon whom he had become so dependent. As he stated, "Where should I go in my state of dependence and physical helplessness?" However, the arrest of Anna by the Gestapo persuaded him, and in his escape he was again helped by Pichler, who by this time had become an influential figure in Austria. Schur was delayed by appendicitis but eventually followed and was allowed by the British Home Office to continue acting as Freud's physician without having to sit the examinations required for registration.

Freud, Anna and the rest of the immediate family arrived in London and settled in Swiss Cottage in the house which is now the Freud Museum. In Pichler's absence Freud was kept under observation by Exner and Trotter, oral surgeons, and Harmer, an ear, nose and throat surgeon. A further recurrence of the tumour required Pichler to travel from Vienna to London and operate in September 1938 at the London Clinic. Radiotherapy

was carried out by Dr Finzi In February 1939. However, Freud's condition continued to deteriorate and within a few months perforation of the right cheek occurred. Freud, who until that time had continued to see several patients a day for psychoanalysis, now finally decided that he could carry on no longer. He therefore sought help from his physician, Schur, and asked him to keep his earlier promise. Morphine was subsequently administered on two occasions. Freud slipped into a coma and died on the 23 September, 1939, aged 83 years, having survived his long and difficult illness for sixteen years with Pichler's continued help. During this time Pichler had undertaken 33 surgical procedures. Freud was cremated at Golders Green and the ashes were placed in a Greek vase which had been a favourite piece in his collection.

Further Reading and Sources

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