

## The operation and death of Henry Schliemann<sup>1</sup>

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### Abstract

Henry Schliemann's reputation as an archaeologist, a linguist, a financial genius and a scholar is seldom recognized by Americans. His discovery of the ruins of Troy changed Homeric myths and legends into history and made him the founder of Aegean archaeology.

Recent popular books on Schliemann sketchily describe his otologic problems which eventually led to his death of an otogenic brain abscess.

From a number of bibliographic sources, the details of Schliemann's ear history and the final months of his illness are recounted. The important information of Schliemann's ear operation by the famous Professor Schwartze is presented.

Henry Schliemann's name is seldom recognized by Americans, but his spectacular and controversial career in the last half of the nineteenth century is well known to many Europeans. Indeed his accomplishments as a financial genius, a linguist and a scholar and his discoveries as an archaeologist are worthy of a distinguished entry into the annals of man.

Henry Schliemann was born in Germany in 1822 and died in Italy in 1890. In this paper I will attempt to recount Schliemann's otologic story, his ear operation, and his death of an otogenic brain abscess.

Schliemann's fame rests firmly on his archaeological triumphs in Asia Minor, and at Mycenae, Tiryns and Orchomenos on the Greek mainland. His excavation of the ruins of the ancient city of Troy at Hissarlik, three miles from Hellespont, and the recovery of the Trojan gold hoard changed Homeric myths and legends into history. In 1876 he discovered the incredible golden treasury from the royal graves at Mycenae, across the Dardanelles from Troy. He is rightly called founder of Aegean archaeology.

As a self taught archaeologist, Schliemann's boastful communications and books about his work and his sometimes unwarranted assumptions of the exact appraisal of his discoveries, aroused the ire and disbelief of academic archaeologists, forcing him to labor for decades to establish his claims. The criticism of Schliemann's archaeological techniques is well founded and is in common with the criticism of his contemporaries, Henry Layard and Emile Botta excavating in the ruins of Babylon, Nineveh and Khorsabad in Mesopotamia. The era of the scientific method of horizontal excavating was in its infancy and much too slow for Schliemann's impetuous and mercurial temperament. His digging was so rapid and productive that he uncovered nine successive levels of Bronze age culture in a remarkably short time. Later excavations show that he passed by the edge of the Troy level and actually uncovered the fortifications of a burned city of great antiquity belonging to the pre-Mycenaean period.

What happened to the Trojan gold? Schliemann gave it to his homeland, Germany, where it was housed in a splendid museum. During World War II the treasure was placed in a vault beneath the Berlin zoo. The Russians discovered the vault; the treasure has disappeared.

Schliemann's almost uncanny talent to pin-point ancient Greek historic sites was a result of continued study of the *Iliad* and *Odyssey* in the original and a passion and an obstinate belief held since childhood in the authenticity of the poems of Homer.

Schliemann's ability as a linguist was phenomenal; it is said he could speak, read and write in eighteen languages, all self taught. In addition he was an international banker and businessman and a multimillionaire by the time he was forty-six when he retired to devote his major efforts to archaeology.

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1726-1730; reprinted here after the publisher's permission.

It is interesting to relate Schliemann's connection with the United States. He was an American citizen but never claimed his naturalization papers. His chief interest was in financial opportunities of a growing country; characteristically he personally inspected by travel his large investment in American railroads. In 1850 on his first visit to California to settle his dead brother's estate, he accumulated the second of his three fortunes buying gold from the gold rush miners. In 1869 in Indianapolis on a special trip to America, he divorced his first wife, a Russian woman and the mother of his first three children, a son and two daughters.

A short time later he married a Greek girl, thirty years his junior, who faithfully worked with him in Turkey and Greece on all his archaeological research. They were blessed with two children.

Except for his intermittent ear pain, Schliemann enjoyed excellent health throughout his lifetime. He hemorrhaged from a weak chest as a boy in Germany, had influenza in Russia, yellow fever in California and malaria in Greece. He was a slender wiry man who prided himself on his physical fitness. Exercise, especially swimming, was a daily ritual. Even on the coldest days in winter he would ride a horse to the waters of the Aegean and take an invigorating swim. He strongly advocated the medicinal properties of salt water.

In 1877 Schliemann started to complain of inability to hear; his ears ached and burning headaches were sometimes agonizing. His biographers do not mention ear discharge, tinnitus, vertigo or the ear involved. The ear pain continued periodically for the remaining 13 years of his life. Although he realized his sea water bathing often exacerbated the ear pain, he continued his daily swim. With characteristic determination he ignored his symptoms and he continued his work. When he had a temporary remission from his ear aches and headaches, Schliemann optimistically predicted permanent relief. In 1886 the ear ache and deafness grew worse. Two years later, in 1888, he had a sudden loss of hearing and excruciating pain in his ear. Rudolf Virchow, the eminent scientist from Berlin and the founder of cellular pathology, who was visiting Schliemann's excavations at Hissarlik, found a large swelling and closure of the external ear channel. Virchow advised Schliemann to discontinue his sea bathing but Schliemann did not heed his warning and continued his swims whenever possible.

In several days the swelling subsided but Virchow advised surgery only if strictly necessary. Virchow, however, suggested that Schliemann consult the famous Professor Schwartz at his clinic in Halle, Germany.

Schwartz introduced the hammer and chisel method for simple mastoidectomy in 1873. He described the indications and technique of the operation but a decade or more passed before otologists recognized the value of a simple mastoidectomy for acute suppurative mastoiditis.

Although the basic technique modifying Schwartz's simple mastoidectomy for use in chronic otorrhea was suggested earlier, it remained for Zaufal in 1890 to describe his definitive technique for the radical mastoidectomy we know today.

In the first part of 1890 Schliemann had temporary relief from pain and the swelling of the ear canal had subsided. His hearing had also improved. Schliemann decided to follow the advice of his friend Virchow and traveled to Halle where Professor Schwartz declared surgery advisable.

On November 12, 1890 Schliemann was operated upon by Professor Schwartz. Under chloroform anesthesia, both ears were done at the same sitting; the operation was said to take one and three-fourths hours.

Schliemann's postoperative course was stormy although the doctors declared the operation entirely successful. The ear pain was agonizing. Professor Schwartz was at a loss to explain the cause of the pain; he thought the periosteum had been injured.

By December 10<sup>th</sup> the pain in one ear subsided. Against his doctors orders that early discharge from the hospital might endanger his life, Schliemann left Halle and traveled to visit his publisher in Leipzig and to his friend Virchow in Berlin. He gave Virchow two little boxes containing three bones removed from his ears. To Virchow the patient did not seem ill but appeared very deaf. It is not known if Virchow examined the bones or commented on them.

In order to complete a business arrangement Schliemann next traveled to Paris where he arrived in the bitter cold on December 15<sup>th</sup>. During the journey his ears, which had finally healed, flared up with subsequent pain and complete deafness. Shortly later he wrote to Virchow. "At least I can hear again with the right ear, and the left ear will get well soon".

From Paris he wanted to return to his home in

Athens for Christmas, via Naples, where the recent excavations from Pompeii were on exhibit. In Naples he suddenly felt renewed pain in his ears and changed his mind about boarding the waiting ship to Greece. He telegraphed to his wife in Athens to put off the Christmas celebrations and consulted several more doctors in Naples, none of whom realized the serious nature of Schliemann's illness.

On Christmas day in Naples Schliemann, while walking, suddenly collapsed to the street. He was perfectly conscious but could not speak. By the next day his right side gradually became paralyzed.

He was carried to his hotel where surgeons called in consultation opened his ear and said the trouble had attacked the brain. Eight experts were called to decide if trepanning would be advisable, but Schliemann died on the following day, December 26<sup>th</sup>, in his 69<sup>th</sup> year. He was buried in Athens on January 4, 1891.

Undoubtedly Schliemann died from an otogenic temporal brain abscess, a disease almost always fatal in the pre-antibiotic days. The exact mechanism of this illness needs to be reconstructed. The operative report, hand-written by Professor Schwartz, is lost. Professor Jakobi, Director of the Department of Otolaryngology, University of Halle in East Germany, who has read Schwartz's original report, states in a telephone conversation that the operation was a simple mastoidectomy done with a chisel and the cholesteatoma that presumably caused the brain abscess was not seen.

George Shambaugh feels that Schliemann's history indicates a long standing attic cholesteatoma, inadequately dealt with surgically and leading to his intracranial complication. Dr. Shambaugh has knowledge of a recent case resembling Schliemann's clinical course. The patient, a 58-year-old man, had a chronic draining ear and intermittent pain and deafness since childhood. Because of increased pain a post auricular mastoidectomy was performed; cholesteatoma was said to have been evacuated. The pain and discharge continued. Two years later a tympanoplasty was advised and performed by another surgeon. The patient died two weeks later. At autopsy a small attic cholesteatoma was found high up under a low middle fossa dura, with a perforation of the tegmen, a long standing extradural abscess, a perforation of the dura, and a brain abscess.

Although Schliemann most likely died of cholesteatomatous middle ear and mastoid disease extend-

ing to the brain, there is some evidence of an additional ear problem.

In view of Schliemann's swimming habits he may have had a recurrent otitis externa, a very painful disease. Chronic otitis media is generally not painful. In addition Professor Virchow noted the marked swelling of the external canal during one of Schliemann's painful attacks.

The bones taken to Virchow in two little boxes also provoke speculation. I suggest the bones were exostoses of the external auditory canal removed at the time of the operation. The relationship of exostosis and swimming is well known.

Also, one can suppose that the operation proposed by Schwartz, which was also advocated by an otologic surgeon in Constantinople the year before, was to correct something they visualized on examination as an easily performed safe procedure such as a simple mastoidectomy and removal of exostoses from the external auditory canal. It is reasonable to predict that Professor Schwartz used cautious conservative judgement in the case of so distinguished a man as Schliemann.

This supposition was confirmed in a letter written in German by Professor Jakobi to Dr. Wilhelm Moll of the University of Virginia. The letter was received three days before I left for New Orleans to attend this meeting. Dr. Moll's translation as follows:

"Dear Doctor Moll:

I am sending you the following particulars to supplement the material I gave to Dr. McGovern over the telephone which may be of possible interest and assistance in his speech. Dr. Henry Schliemann suffered since 1864 from ear aches on both sides which alternated frequently. Mostly he suffered from painful, recurring otitis and also from tinnitus. As far as I know, he never consulted an ear specialist as he always worked constantly. He only informed his friend and supporter, Virchow, the pathologist, during the excavations in Asia Minor and Greece. Virchow referred Schliemann to Schwartz who in 1873 had published the foundations of his mastoidectomy which he called antrotomy. Difficulties in arriving at an appropriate date for the operation prevented it from being performed earlier. Geheimrat Schwartz performed the operation on November 13, 1890, which consisted of antrotomy on the left ear and only removal of exostoses on the right side. The cause

for the exostoses which prevailed on both sides in the auditory canal may have been the frequent bathing and swimming at cold temperatures rather than otorrhea. The postoperative treatment of the ear in those days was quite drawn out; as far as I remember - as the records are no longer available - there existed a cholesteatoma which may also be assumed considering the death of the patient. The treatment was not completed. Schwartze irrigated the ears daily with a 2% carbolic acid solution to evacuate the discharge. He inserted a rubber drainage and a lead pin. The patient urged to be dismissed because he wanted to be with his family at Christmas. He left the clinic prematurely and died in Naples on December 26, 1890 of a meningitis with hemiplegia on the right side and aphasia. It appears that a brain abscess in the temporal lobe had developed as a consequence of the cholesteatoma. This abscess had not shown any symptoms in Halle. Only the stress resulting from the travel of the not yet recovered patient brought about the rapid end".

In view of Schliemann's intense postoperative pain, and his progressive decline and death 16 days after he left the hospital, one can therefore project his final illness as chronic otitis media with cholesteatoma

becoming activated by the operative trauma or perhaps the introduction of a virulent organism into the mastoid. The process proceeded to a localized meningitis and extradural abscess and continued into a temporal lobe abscess.

The minimal symptoms of the quiescent stage of Schliemann's cerebral complication allowed him to leave the hospital and proceed to Berlin, to Paris and to Naples. The absence of the generalized signs of an expanding brain abscess can be accounted for by Schliemann's stoic personality and the lack of a witness or reporter of his complaints. The focal signs of Schliemann's brain abscess are characteristic: complete aphasia and right-sided-paralysis.

Thus ends the extraordinary story of Henry Schliemann, a man with an unquenchable thirst for fame and recognition, whose innate talents and egotism allowed him to fulfill his childhood ambition and adult dreams. From a number of bibliographic sources I have tried to reconstruct the nature of Schliemann's ear problem, to account for his years of recurrent pain, his operation and his subsequent death. Fortuitously a last minute letter from Professor Jakobi, who had read Professors Schwartze's operative notes, confirmed the projected details of Schliemann's otologic story.

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