Franz Torek (1861–1938): first successful resection of an oesophageal tumour

This year marks the 70th anniversary of the death of Franz Torek, a surgeon of remarkable skill and dedication, who performed the first successful resection of a cancer of the oesophagus.

Torek was born in Breslau, Germany, in 1861. His parents emigrated to the USA when he was 11 years old, and settled in New York. Franz was a bright boy and, after leaving high school, taught English for 3 years. He then studied medicine at the College of Physicians and Surgeons, New York and qualified M.D. in 1887. He interned at the German Hospital, which later became the Lenox Hill Hospital, and remained associated with it until his death. He was also an attending surgeon at the New York Postgraduate Hospital and the Skin and Cancer Hospital.

Torek explored almost all the fields of cancer surgery and made numerous contributions to surgical technique. These were based on careful planning and often first practised on the cadaver – regretfully, something rarely done today. Apart from his contributions to cancer surgery, he also devised operations for inguinal hernia repair and for undescended testicle. Apart from his great technical skill, Torek was also a dedicated teacher and a kind and sympathetic doctor. He died of heart failure while on holiday in Vienna in September 1938.

Torek is particularly remembered today as the first surgeon to carry out a successful resection of an oesophageal tumour, performed in 1913. At that time, this seemed to be an impossible task. The great Ernest Sauerbruch (1875–1951), of the Charité Hospital, Berlin, and one of the dominating figures in European surgery, had declared that cancers of the mid-oesphagus were inoperable because, first, they were inaccessible, second, damage or division of the adjacent vagal nerves would be instantly fatal and, third, closure of the proximal oesophageal stump would be prohibitively dangerous.

Torek's patient was a 67-year-old woman with a carcinoma situated immediately distal to the arch of the aorta. The operation was performed in March 1913 (Torek, 1913) and reported in a detailed 23-page article in the *Annals of Surgery* in April 1915. The woman lived for 13 years after surgery and died without evidence of recurrence of her tumour.

Torek performed a first stage laparotomy, to exclude abdominal, particularly hepatic, metastases and fashioned a feeding gastrostomy. The second operation was carried out under ether anaesthesia, delivered through a woven silk tube – no assisted ventilation in those days. The left chest was opened by an extensive incision through the seventh intercostal space, more room being obtained by dividing the proximal ends of the fourth to seventh ribs. The arch of the aorta was mobilized by dividing the upper intercostal arteries.

The oesophagus was then mobilized by finger dissection right up to the root of the neck. The vagal nerves were freed and carefully preserved – there was no sudden collapse of the patient. The lower end of the oesophagus was divided and closed by invagination, like an appendix stump. The upper end of the oesophagus, with its contained tumour, was brought out through a cervical incision, the growth resected, and the remainder of the proximal oesophagus then tunnelled under the skin and brought out as a stoma on the anterior chest wall at the second intercostal space.

The operation lasted 2.75 hours, after which the patient was given a nutrient enema of hot coffee with strychnine and whisky – this was before the days of sophisticated intravenous drips. The histology report on the specimen was that it was a squamous cell carcinoma.

Eight days after the operation, the patient was fitted with a specially designed rubber tube that connected the cervical oesophageal stoma with the gastrostomy opening, and through this the patient was able to swallow first fluids and then a light solid diet. She was offered, but firmly refused, to have a plastic reconstruction, by means of a skin tube, of an antethoracic oesophagus to link the cervical oesophageal stoma to the gastrostomy.

Torek subsequently performed several more resections of oesophageal cancers, but was never able to repeat his success. Indeed, it was not until 1938, 25 years later, that John Garlock, at the Mount Sinai Hospital, New York, was able to report at a surgical meeting his three consecutive successful resections of oesophageal cancers by this technique; Torek was in the audience. BJHM

Professor Harold Ellis *is Emeritus Professor of Surgery, Guy's, King's and St Thomas' School of Biomedical Sciences, London SE1 1UL*

Conflict of interest: none.

Torek F (1913) The first successful case of resection of the thoracic portion of the oesophagus for carcinoma. *Surg Gynecol Obstet* **16**: 614–17

Torek F (1915) The operative treatment of carcinoma of the œsophagus. *Ann Surg* **61(4)**: 385–405

Forthcoming surgical anniversaries articles

Marie Carmichael Stopes: pioneer of birth control for women

The end of the great war

Richard Bright (1789–1858): pioneer of nephrology