



Frida Kahlo's 70th death anniversary: a reflection on congenital anomalies and chronicities and on the role of the physician-friend

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Abstract

Introduction and aim of the study This contribution explores the many pathologies that plague the existence of the renowned Mexican artist Frida Kahlo (1907–1954) and the impact they had on her character.

Methodology and results Moving from a mere pathobiographical reassessment, this note, through historico-medical research, highlights the patient-physician relationship that the painter developed with Dr. Leo Eloesser (1881–1976) and underlines the role this form of friendship may play in patients' wellbeing.

Conclusion The special friendship between the artist/patient, Frida Kahlo, and her physician, Dr. Eloesser, shows that medicine is not just the sum of diagnoses and therapies but a much more dynamic and complex process involving trust and humane qualities.

Keywords Clinical medicine · Compassion · Frida Kahlo · History of medicine · Medical humanities · Patient

Everything that can be counted does not necessarily count: everything that counts cannot necessarily be counted - attributed to Albert Einstein

The year 2024 marks the 70th death anniversary of Mexican artist Frida Kahlo (1907–1954, Fig. 1), one of the most celebrated artists of the twentieth century, whose chronic and serious illness enormously influenced her entire life and creativity, as reflected in her paintings, as a unique form of medical autobiography.

Precisely because of this direct connection between life and art, her history has been the subject of numerous studies, both from the artistic perspective and the medical one [1].

Frida's medical history includes numerous serious pathologies: she was born with a bifurcated neural spine (spina bifida, a congenital anomaly present in the human species

since ancient times [2]), and she was struck by poliomyelitis at the age of 6, leading to lifelong consequences [3]. When she was 18, she was involved in a terrible accident between a trolley car and a bus: she suffered several injuries and fractures in many body districts (clavicle, ribs, spine, elbow, pelvis, leg, and foot), which resulted in numerous surgeries and excruciating pain.

Her right foot was crushed, and both ankles and shoulders were dislocated. In addition, an iron handrail from the streetcar pierced her through her pelvic floor [4]. Despite the complications, as peritonitis and cystitis, Frida survived this terrible accident, but a long convalescence was required [5].

Moreover, at first, the doctors at the Red Cross Hospital in Mexico City did not discover her spinal injury and only later she was recommended to wear a body cast, but it was too late.

By 1930, after having got married with the painter Diego Rivera (1887–1957), she experienced a miscarriage: at that time, she could not walk properly as her right foot appeared externally rotating.

In the same year, during a visit to San Francisco, where Diego Rivera had a professional commitment, she met Dr. Leo Eloesser (1881–1976), chief of service at San Francisco General Hospital and a clinical professor of surgery at Stanford University School of Medicine, with whom she established a friendship that went beyond strictly professional aspect and lasted a lifetime [6].

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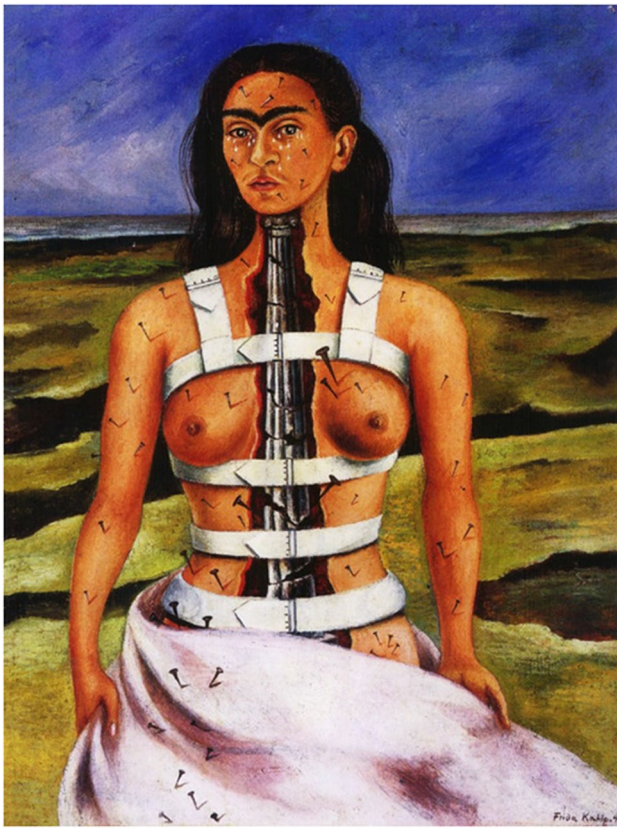


Fig. 1 Frida Kahlo, *The Broken Column*, 1944, Museo Dolores Olmedo (located in Xochimilco, Mexico City, Mexico). Image in the public domain from Wikimedia Commons: https://en.wikipedia.org/wiki/File:The_Broken_Column.jpg#file

In San Francisco, she had positive Wassermann test, which led to treatment with Neosalvarsan and later to therapies with blood transfusions and bismuth, considering that syphilis could explain some of her problems: in addition, following X-ray examination, he also diagnosed her with scoliosis and fusion of the third and fourth lumbar vertebrae with disappearance of the intervertebral disc [3].

From this time on, Frida developed clawing of the toes, which aggravated her right foot and started to show signs of vascular insufficiency in her right leg; when she was in Detroit in 1932, she developed a trophic ulcer on her right foot, and in 1934 five phalanges were amputated, with complications [3]. About this problem, she wrote to Leo Eloesser in a letter from Detroit dated May 26, 1932 [7]. In 1936, she had excision of the sesamoid bones of the foot and a sympathectomy to improve circulation of the podal region [8].

From 1938 to 1941, the foot seemed to improve slightly, but in 1944 the excruciating pain in her backbone led Dr. Alejandro Zimbrón (1906-1959) to suggest her to wear a steel corset. In 1946, Dr. Philip Wilson (1886-1969) in New York performed a posterior spinal fusion of four lumbar vertebrae, but this operation did not have the expected results,

and somebody argued the surgeon had fused the wrong vertebrae [8].

Later, in 1950, she had to face another bone graft operation and treatment of 4 gangrenous toes with wound infections and osteomyelitis of the spine: the toes fell off spontaneously, but in 1953 Dr. Guillermo de Velasco y Polo had to perform a right below-knee amputation [8]. Afterwards, she was forced to wear a prosthetic leg or to use a wheelchair: on July 13, 1954, she died, after having developed bronchial pneumonia [9].

During her life, many doctors and specialists visited Frida Kahlo, but Leo Eloesser remained his preferred physician and confidant and the point of reference for all her decisions [10]. The letters she exchanged with Dr. Leo Eloesser between 1932 and 1954, which remained hidden for 50 years after her death, confirm an amazing doctor-patient relationship and constitute a fundamental food for thought from the point of view of medical humanities. Frida always began her letters with the phrase 'My most dear good doctor', *Doctorcito querido* [10], indicating a friendship that went far beyond the professional aspects and very often she refers to him as a friend. Frida's letters to Leo Eloesser mirror her uncertainties, her doubts, the need to have a point of reference to talk to, to ask for advice [11].

In the four letters written to 'Leo E', in which she specifically referred to medical issues, some important features of the doctor-patient relationship can be seen. Indeed, the difficulty of medical jargon: in the first letter, written by Frida in Detroit on May 26, 1932, Frida stated that she had received a diagnosis of 'trophic ulcer', asking for clarification on the meaning of this medical expression.

In the same letter, she asked for advice on whether to carry the pregnancy to term or to resort to an abortion: she also informed about her state of physical health, but, above all, she sought for advice that involved real life choices [10]. She talked about herself using colloquial terms, calling her aching leg 'paw', almost as if to admit that the disease has disfigured her to the point of not even recognizing her physicality. In a letter from Mexico City written on June 24, 1944, she mentioned that some doctors would like to operate on her but added that she would only trust Dr. Eloesser [10].

The search for competent and participatory advice also appears in the other letters: she listed the names of the specialists who examined her, each providing specific advice, but she appears disoriented, lost in difficult words and situations that she was unable to control and manage. From this point of view, Frida represents the patient *par excellence*, thrown between specialists who each deal with a single part of her body lose sight of the general picture and the general state of health of their patient. The most touching aspect of Leo Eloesser's suggestions to Frida Kahlo, however, is what he wrote in a 1951 letter, after expressing his regret that Frida had to undergo another surgery: *It seems to me*

that the best medicine for You will be a box of colours and the best orthopaedic apparatus, an easel [10].

In this relationship, it is possible to see a reflection of what the ancient Roman philosopher Seneca (4 BC–65 AD) had already theorized in the first century AD in his work *De Beneficiis* [12]: *Why is it that I owe something extra both to my physician and to my teacher, and that I do not acquit myself of all obligation to them by paying them their fee? It is because they pass from physicians and teachers into friends, and lay us under obligations, not by the skill which they sell to us, but by kindly and familiar good will.*

Friendship may in fact be something that patients need from physicians and can be a positive professional attribute. Frida and Leo were not friends, but they became through a very strong intellectual sharing and mutual esteem. It was a professional relationship, but the professional qualifiers did not obscure the essential humanity, which should be exercised on every medical visit (the word itself suggests friendship). The patient's desire for understanding and support, combined with the doctor's desire to satisfy him, forges the therapeutic alliance. Faith in their shared treatment plan supports the placebo effect [13]. The suggestion of Dr. Eloesser to use colours and brushes was not determined by the awareness of the inevitability of Frida's physical situation, but by wanting to support, beyond her organic disease, her discomfort, her desperate illness.

The doctor must do his/her work—make a diagnosis, write the prescription, order diagnostic insights, and solicit a consultation on the basis of his/her knowledge and his/her experience, but most of what concerns the patient's individual discomfort cannot be erased [13]. It is invisible to scientific evidence and challenges the stiffness of models and scales. It leads the physician into terrain beyond the mastery of his/her authority, competence, and technical ability. It asks to be doctors who are family and friends.

Only in this perspective, we can understand the relationship between Frida Kahlo and Dr. Eloesser and learn a lesson in clinical medicine, which in the current experience of exasperated technology can prove to be significant both for practicing physicians and medical students alike.

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Data availability No datasets were generated or analysed during the current study.

Declarations

Conflict of interest The authors declare no competing interests.

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