

Dr. Vazquez Añón's Last Lesson

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On March 14, 1977 one of the most outstanding Spanish plastic surgeons, Dr. Jesús Vazquez Añón, was assassinated, along with two of his nurses, by a patient, in his office at the Madrid clinic "Los Nardos."

Dr. Vazquez Añón was born in 1929. He studied Medicine at the Universities of Santiago and Madrid until 1955. From 1954 to 1957, he had a residency in General Surgery with Dr. González Duarte, and started his training in plastic surgery in 1957 at the St. Lawrence Hospital in Chepstow, England.

In 1958, he started training at the Queen Victoria Hospital with Sir Archibald McIndoe (Fig. 1). From 1960 on he served as Senior Registrar with him, and, during the last year, until the latter's death, he was his assistant. On his return to Spain, he first practiced at the Dermatological Hospital of San Juan de Dios as plastic surgeon, and, in 1972, he became Head of the Department of Plastic Sur-



Fig. 1. Dr. Vazquez Añón (left) during his training with Sr. Archibald McIndoe.

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gery at the General Hospital of the Spanish Red Cross.

As organizer of, and collaborator in, several courses in plastic surgery, he gained a considerable reputation, mainly in the field of oncologic plastic surgery of the head and neck, which later became the subject of his thesis. At the same time he successfully dedicated himself to maxillofacial and aesthetic surgery. Because of special interest in craniofacial surgery, he became the pioneer in this field in Spain, having operated on over 20 patients (Fig. 2). Testimony of his activities are represented not only by important case histories presented during scientific meetings and symposia, but also by a film and by publications on craniofacial surgery.

Among his more than 20 publications, special mention should be given to those dealing with oncology as well as others relating to cleft palage, radiation necrosis, burns, and mammoplasty.

In spite of the prestige he had obtained in the field of aesthetic surgery, on various occasions he expressed his concern about the multiple psychological problems of patients who had consulted him for treatment. In an interview that was published on the occasion of this death, he considered abandoning the field of aesthetic surgery stating that "the majority of persons who requested an aesthetic surgical operation needed a psychiatrist rather than an aesthetic surgeon." This was the reason he had decided to decrease drastically, before the end of the year, his activity in aesthetic surgery and to dedicate himself more to his patients of the Spanish Red Cross who required reconstructive surgery. Apart from these patients of more reduced economic situation, all of whom he treated with the utmost consideration, he decided to concentrate in the future on the field of craniofacial surgery.



Fig. 2. Preoperative (A) and postoperative (B) views of patient who underwent craniofacial surgery by Dr. Vazquez Añón

As far as his work was concerned, his deep and lasting admiration for his master, Sir Archibald McIndoe, whose influence guided all his future medical activity, and his good relations with other British plastic surgeons should be mentioned. As to his Spanish colleagues in plastic and aesthetic surgery, he maintained a position of independence.

With regard to his patients, he often refused to operate on those for whom he thought surgery was not indicated because of psychological or other reasons.

In his office he was accurate and well organized. In meetings he always expressed his opinion frankly and critically.

He was married to Anne Barchet, who had two grown children from her previous marriage, and he enjoyed a happy family life. He loved animals, and his special interest focused on horses.

The two nurses who were murdered with him had worked with Dr. Vazquez Añón for many years, and thought highly of him as a surgeon and as a person.

The assassin's background was obtained from the President of the Medical College of Toledo, Dr. Paz, who interviewed the local physician as well as the priest of the village; other information was obtained from various people living in the same village.

Family history

The murderer was a bachelor 45 years of age with known psychopaths and a high degree of aggressiveness in his family. A sister had given birth to two mentally retarded children. A first cousin killed a 16-year-old girlfriend and then committed suicide. Another first cousin suspected that a neighbor was responsible for the death of his father and shot the neighbor in the back. Another cousin killed his own wife in a fit of unfounded jealousy. One of his uncles, a now deceased pharmacist, attacked his business rival with a firearm. He often incited heated discussions with the local physician.

Personal data

The murderer belonged to a family of landowners with considerable financial means; however, his intellectual level was below average. In the village the family of the patient was nicknamed "big noses," causing a complex which apparently contributed to his decision to request aesthetic surgery. However, one of his sisters had the same deformity and married, leading a normal family life.

The patient, who was known to be extremely avaricious, led a reclusive existence in an old house in the village, though he could have lived comfortably with his two sisters. He was an introverted character but was dedicated to his farm and was appreciated by his employees. He had few close friends in spite of his superior economic situation, and a friend reported that the patient's social preference was for cheap prostitutes. He made a few trips abroad, always alone, fearing that his expenses would increase with a companion.

The family included seven brothers and sisters; two of his brothers as well as his father were killed during the Spanish Civil War. The woman he was most serious-

ly interested in seems to have encouraged him to be operated. Once back in his village after the operation, people still referred to him as “big nose,” and often made remarks regarding the surgery, with which he was allegedly not satisfied. For this reason he sought a second operation. The result obtained after the second operation has to be considered “satisfactory” under normal conditions.

However, the patient insisted on being examined again by Dr. Vazquez Añón, an attempt that was prevented by his nurses, who, according to the patient, mocked him and laughed at “this clumsy villager.”

It is said that on the day the crime occurred, the patient attempted to see Dr. Vazquez Añón, giving a false identity. During the morning of that day he had been seen loitering around the operating theater trying to enter. In the afternoon, because of the patient’s perseverance, one of the nurses ushered him into Dr. Vazquez Añón’s office. Once inside, he immediately displayed a gun and fired all its ammunition at the doctor and the two nurses, reloaded, and fired again. One of the nurses died immediately while Dr. Vazquez Añón staggered to the hallway, cried for help, and collapsed. Keeping hospital staff and patients at gun point, the murderer forced his way out and escaped in his car, parked outside the main entrance; he crashed against a barricade a few kilometers outside Madrid and was taken to the hospital where he died within a few minutes from internal hemorrhage. It seems that in addition to the gun, he also carried a knife strapped to his thigh with adhesive tape. More firearms were found in his wrecked car.

Clinical history

According to Dr. Vazquez Añón’s records, the patient sought surgical help because he wanted a smaller nose and improved breathing.

He claimed that because of his nose he never married. The surgical approach revealed a nose of considerable size with a marked hump, a dropped tip with right shift, and a deviated septum to the left.

The patient was operated on March 3, 1976 utilizing general anesthesia, as per the preoperative plan. There was considerable reduction of the dorsum with very marked subperichondric septum resection extracting several small fragments of the latter on both sides, causing a mucose hypertrophy, lowering of the nasal tip and infraction, and adhesive strips, tubes, and plaster cast. On the following day the patient was discharged from the Clinic, tubes and plaster stitches being removed on the fourth and seventh day postoperatively. Upon examination one week later, the patient complained of a “peak” on the columella causing breathing difficulties.

The nose deviated slightly to the left. One month after the operation, the patient was told to return again in six months. The dorsum was straight; however, there was a left-side protrusion at the base of the columella. Dr. Vazquez Añón once again refers to the psychological problem of the patient. Six months later, Dr. Vazquez Añón observes that the nasal bones show a left-side impression with simultaneous protrusion of the spina nasalis, creating the appearance of deviation.

Eight months after the first surgery, December 6, 1976, preoperative planning is directed to refracture of the nasal bones to push the right one inside and to bring the left one outside (Fig. 3). Surgery is performed under local anaesthesia as

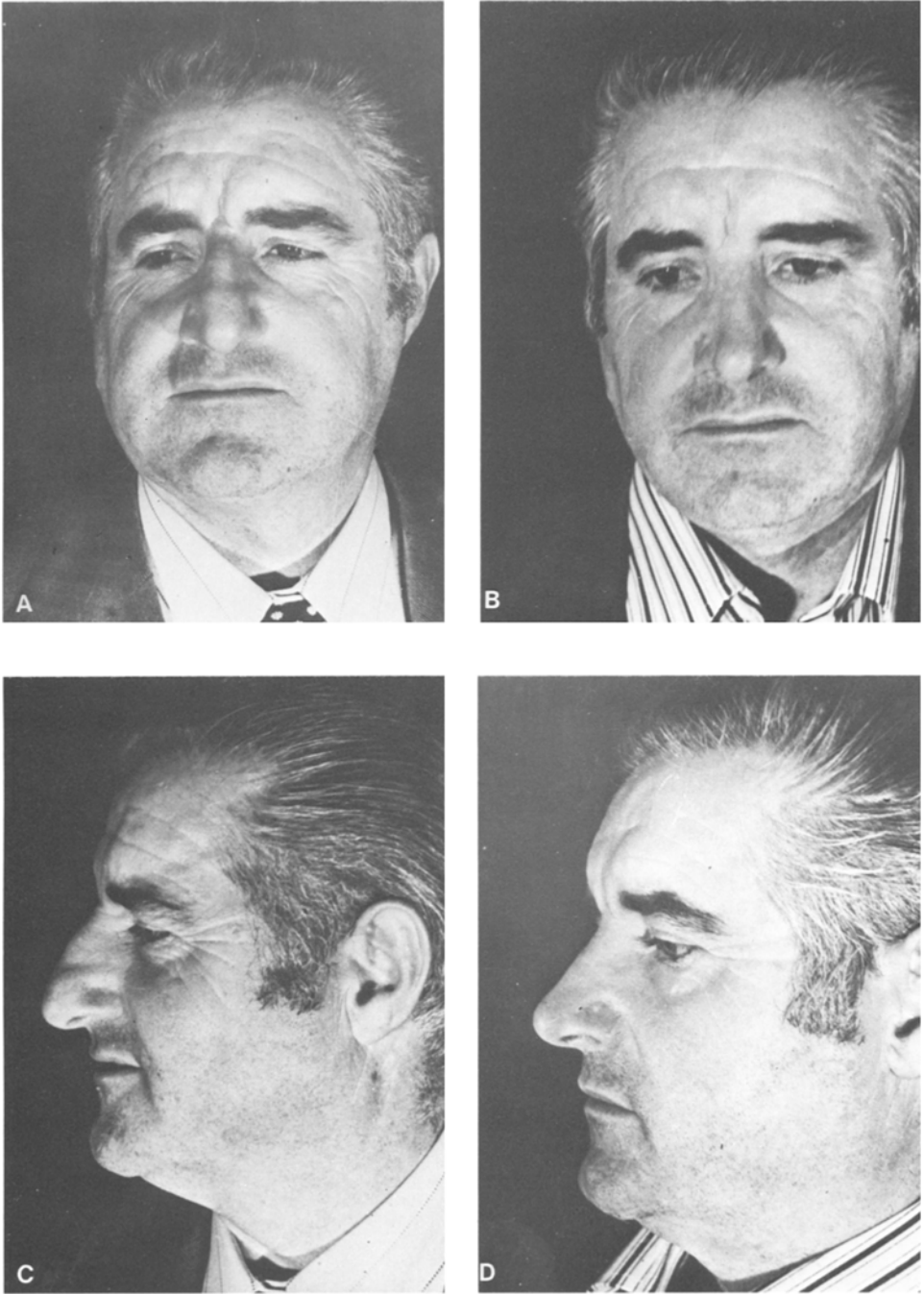


Fig. 3. Patient who assassinated Dr. Vazquez Añón. **(A and C):** Frontal and lateral views before second rhinoplasty; **(B and D):** Postoperative frontal and lateral views

an outpatient procedure.

Besides the refracture, bone and cartilage are also removed from the spina nasalis at its left side, clearing up the left nasal floor, the nose being straight. The packing is removed on the third and the plaster on the seventh day. The result is considered satisfactory and the patient is discharged. According to the records the patient was not seen again.

Interpretation

In view of the lack of data, since all four persons directly implicated in the incident died, a direct psychological evaluation of the patient cannot be obtained. For this reason, we have to refer to others and to the data obtained from the clinical record. As far as the medical problem was concerned, we are faced with a macrorrhinia with marked deviation and functional troubles in which, after the second operation, a satisfactory surgical result was obtained.

There is no doubt that the patient suffered from a somatic inferiority complex, increased by the attitude of others. He stated he was unable to marry due to his handicap. Showing a low self-esteem due to a severe narcissistic injury in conflict with his pride, there is a clear hypervalorization of his complex. Based on his personality, he reacted by isolating himself, evading his environment in the village and retreating to his big house, in spite of the fact that two of his sisters would have been willing to take care of him. His pronounced insecurity causes him to find self-assurance with the opposite sex only in the company of cheap prostitutes.

Despite his having achieved an elevated financial standing, he seems to have had a certain mental retardation which, taking into account his pronounced tendency to aggressiveness, also shown in the family history, might have led him to seek self-justice. We do not know if the woman in whom he was interested rejected him or if he fancied that she was in love with him. In any case, he stated that he could not marry because of his nose. Not satisfied with the result of the second operation, to which a suspicious misinterpretation of any comments in the village may be added, he turned his hostility toward the surgeon he felt was responsible. The aggressiveness was intensified and projected to the whole team by his belief that the nurses mocked him and laughed at this "clumsy villager," which, taking into account the long experience and high quality of Dr. Vazquez Añón's nurses, seems out of the question.

As the patient was known to be extremely avaricious (having to pay \$1,000 for the operation, of which he still owed nearly \$150 at the time of the crime, not having been charged for the second operation), the amount paid for surgery probably seemed to him "wasted money," increasing the aggressiveness felt toward the surgeon who now did not want to see him again. His death in the car accident, right after the crime, might well have been a fulfilled suicide attempt. The family history, with clear patterns of mental retardation, aggressiveness, and suicidal tendencies, must be considered.

In summary, the assassin undoubtedly was a paranoid person who possessed elevated pride and a feeling of insecurity, and who was a social outcast. He tried to repair his somatic defect; however, since the outcome of the surgery performed

did not meet his expectations, despite it being surgically “satisfactory,” and because of his paranoia, his frustration increased, intensifying his aggression, and became directed against the medical team.

Valorization

It seems tragically ironic that a plastic surgeon such as Dr. Vazquez Añón, whose primary concern consisted of taking optimum care in evaluating the personality of his patients, should operate on a patient whose psychological problems he had been aware of before the first operation, a disturbed person isolated from society and its surroundings due to his handicap, without having requested a deeper psychological study. When he had to operate on the same patient again, to correct a minor problem, he referred to the patient's unjustified psychological stress, but he did not give too much consideration to this. He refused to ask for psychological aid and assistance, and, as on a previous occasion, refused to see the patient after the second operation.

This might have been due to his decision, in the light of so many psychological problems involved with aesthetic plastic surgery patients, to dedicate himself in the future preferentially to patients requiring reconstructive surgery.

For this reason Dr. Vazquez Añón might have decided that the request for reexamination by the patient who finally became his murderer was unjustified and unnecessary, since the result of the second operation was, aesthetically and functionally, satisfactory.

On the day of the fatal event, the staff of the clinic had not informed him that the patient in question had already tried to see him during the morning and had tried to force the entrance to the operating theater; this might have alerted him.

Unfortunately, this was not the first time that a plastic surgeon became the victim of a patient. At present a surgeon in Madrid is being intimidated by death warnings and is under police protection.

Moreover, a psychiatrist was recently killed, and a pupil of Joseph is said to have also been the victim of a patient.

Some 20 years ago at Duke University in North Carolina a plastic surgeon was murdered by a patient following hypospadias surgery.

Summary

This article is offered in homage to Dr. Vazquez Añón, one of the most outstanding Spanish plastic surgeons.

It also is meant to draw attention to the need for a precise, detailed, and complete personality profile of each patient, requesting, in case of doubts, the help of a psychologist or psychiatrist.

Dr. Vazquez Añón had frequently referred to the deep psychological problems sometimes involved in aesthetic plastic surgery, and his death is a warning to all of us.

Unfortunately he gave his last lesson with his life.

Acknowledgments

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