

## Middle Articles

### MEDICAL HISTORY

#### Historical Implications of Porphyria

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To a doctor concerned with disease and its cure there is no essential difference whether it affects a king or a commoner. But to the historian every nuance which may throw light on the leading figures of the past is grist to his mill. The nearer he can come to their real character the more accurate his assessment of their influence will be. It helps to reconstruct the past as it really happened. And the question of what factors may have affected his subject's mental make-up and how far this in turn may have been influenced by physical factors, such as disease, is of the greatest consequence. How, even less than ill-health, mere incapacity can have the greatest influence on history is shown for example by the war of the Spanish succession in which every great European state was involved between 1701 and 1714 simply because Charles II of Spain did not leave an heir. Had Queen Anne been able to produce a surviving offspring, the Hanoverians would never have ascended the throne of England, and the course of British history might and probably would have been very different. And it now seems likely that porphyria also played a part in her medical history.

#### Medical Biography

Therefore mankind must always be interested in the illnesses of its rulers, an interest quite out of proportion to the merely medical interest. In the case of George III it seems that the discoveries of Dr. Macalpine and Dr. Hunter are as significant medically as their consequences are for the historian. They make such a difference to traditional views that it will be a long time before the historian will be able to digest them and embody them in the corpus of historical knowledge.

Clearly the historian or biographer to do his subject justice must at some point venture into questions of health and ill-health. Here he enters a territory full of pitfalls. He needs the guidance not only of a medical man but one who is versed in the expertise of medical history. He must learn that medical terms have changed their meaning in the course of time. They need to be reinterpreted before they can be accepted at their face value. It is an astonishing fact, as Dr. Macalpine and Dr. Hunter point out, that the diagnosis of "nephritis," made by James I's physicians, has been carried through every biography for some 350 years. It is equally surprising how many members of the Royal family, from Queen Anne to George IV, are supposed to have suffered from that old favourite, the gout. Furthermore, the old observations must be reviewed in the light of the theory and language in which they were made before any facts can be extracted from them. Notice must also be taken of what information doctors were able to gather at various periods, let alone what they could make of it within the scientific framework of their age. One

wonders whether it has before been realized how limited the range of even George III's physicians really was. They "had no stethoscope, no knee-jerk hammer, not even a clinical thermometer." Not surprisingly they never examined him. Yet historians have treated the paucity of recorded information about his physical state as evidence that he suffered from a mental illness. On this foundation psychiatrists have diagnosed him as a case of manic-depressive psychosis.

It is important to realize that medical history and descriptions of diseases are in themselves hardly ever final, and need to be periodically revised. The medical historian is equally the child of his time and limited by the confines of contemporary medical knowledge. For example when Sir Norman Moore diagnosed the fatal illness of Henry, Prince of Wales, James I's son, as typhoid fever, he made of the facts what was possible in 1885.<sup>1</sup> His authority as medical historian was such that it has been accepted ever since.<sup>2</sup>

Moreover, medical biography must be continually overhauled in the light of advancing medical knowledge. As in historical studies the medical historian must go back to original sources and not be content with what tradition—so often untrustworthy—provides. In this quest he may be so fortunate also to discover fresh sources which throw new light on events. Dr. Macalpine and Dr. Hunter have succeeded in doing just this. They have worked through some of the Mayerne manuscripts at the British Museum where they found new clues to the diagnosis of James I's recurrent ill-health. In their study of George III they drew attention to the extensive collection of material relating to that monarch's final illness preserved at Lambeth Palace Library; previously untapped, even unknown to historians. By the Regency Act of 1811 there was established a Council chaired by the Archbishop of Canterbury to advise the Queen on the care of her husband. The Archbishop received a steady stream of confidential medical bulletins and reports covering the last nine years of George III's life. In bringing these papers to light a service is performed to historians, since they contain more than merely medical matters.

#### George III

No one has suffered more than George III from posthumous attempts to define his recurrent illnesses. It was perhaps inevitable, once it had been put about that he suffered from mental illness, that historians avidly searched for its possible cause in the patient's mind. Deductions were even made which could be carried over from his personal life to his conduct of public affairs. All this was without any basis in fact, even contrary to what George III's own physicians thought. There is no more glaring example of an unwarranted statement, void of evidence other than that it has been generally accepted, than the story that George III was insane in 1765.

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Historians failed to heed the warning given them by one master of their craft: "The unqualified practitioner must not be let loose, not even on the dead."<sup>3</sup> Psychoanalysis imperfectly comprehended and a fashion in biography to impute all disturbances of mind to sexual tensions seemed the key to an understanding of George III's life and reign. Frustration—it was contended—led to manic-depressive insanity and accounted for such traits in his personality as obstinacy, conservatism, even the decorum and morality of his court. Nineteenth century historians saw George III in moral terms—as a good or a bad King according to their political point of view. Twentieth century historians have tended to see him as a neurotic, a man—they maintained—aware of his unfitness for his high position who took refuge from his responsibilities in insanity.

### Significance of Diagnosis

What difference does it make whether George III suffered from manic-depressive psychosis or porphyria? First of all it serves to establish historical fact, the prime duty of the historian. Secondly, we have seen how much this diagnosis has coloured, even dictated, the historian's picture of George III's make-up and what sort of person he was. Now with the diagnosis of porphyria all the superstructure erected on the assumption of a mentally unstable and basically weak personality will have to be revised.

Does this change of diagnosis make any difference on the broad canvas of history? Would not Great Britain have still lost her American colonies had George III never fallen ill? Would not the Industrial Revolution still have transformed her into the workshop of the world? Would not the French Revolution and Napoleon still have brought new ideas into European politics, affecting even the enemies of France as well as France herself? All these statements are true and the reader who is looking for a sensational outcome from the discovery that George III suffered from a bodily and not a mental illness will be disappointed.

Yet this new diagnosis is all-important for the historian. He is concerned not only with the broad content of history but with the understanding of particular ages. The historian of the eighteenth century cannot neglect the mass movements which led to the upheavals in America and France. Nor can he neglect the personality of the King who reigned in Great Britain during the age of the American and French Revolutions. History aims above all at understanding the past. We must try to put ourselves in the position of the men and women of a bygone age, recreate it with the aid of the information we may discover and a true historical imagination, and see the past from the point of view of those to whom it was the present.

When there seemed to be no alternative but to believe that George III had a mental breakdown in 1788 and fell into complete and permanent insanity in 1810 (when he was 73 years old), every action of his life was judged as that of a man who eventually died insane. To begin with it seemed logical to discover some premonitions of the disease. Two earlier illnesses were known, in 1762 and 1765; and it was assumed by historians and biographers and woven into the tapestry of historical tradition that at least the illness of 1765 was the same as in 1788. Dr. Macalpine and Dr. Hunter have elsewhere convincingly demonstrated that there is no contemporary evidence that George III exhibited any symptoms of mental derangement during the illness of 1765,<sup>4</sup> the existence of which had already been questioned before they published their research.<sup>5</sup>

The King's conduct of political affairs was also evaluated according to the theory that he had attacks of insanity. His firmness during the American war in adhering to a policy which was unwise and ultimately disastrous, but was undoubtedly supported by Parliament and public opinion, was regarded as the

result of an inability to face reality—a defect in his personality which ultimately drove him insane. His moral qualities during these years, which in more fortunate circumstances might have been deemed virtues, were degraded into vices. His perseverance in supporting what he (and the majority of the nation) believed to be the right of Parliament was pathological obstinacy; his courage, a refusal to face facts; his loyalty to his ministers, a wish to govern by corruption. So long as it was believed that he suffered from insanity every aspect of his life and character was seen as in a distorting mirror. Even his fidelity to his marriage vow was turned against him, and he was reproached for sexual timidity, presumably because he did not have mistresses. No doubt had he been as loose in his morals as his father and grandfather, this would also have been taken as pointing to mental instability.

### Personal Qualities

There is now no longer any need to search for outbreaks of insanity or mental stresses likely to be responsible for breakdowns, or weaknesses in his character which made him a prey to them. For the first time it is possible to make a fair assessment free from psychopathological speculation. He was not a man of outstanding mental ability, but he was honest, hard-working, honourable, and conscientious, and aware of his responsibilities—all qualities most desirable in a monarch. He had very decided religious opinions and believed strongly and quite correctly that his family had been called to the throne of Great Britain in order to preserve the Protestant establishment. His court was decent and his personal life above reproach. To speculate, as some historians have done, that he was sexually frustrated is now seen to be irrelevant. The fact is that he remained faithful to one woman and had fifteen children by her. He had a quick temper, which required considerable pains to curtail, and he did not easily forgive those who had offended him. The high standards of morality he set for himself induced him to bear hard on those who did not maintain similar standards. He was firm, often to the point of obstinacy, and did not yield graciously; and as he grew older he became, as most people, more rigid and less amenable to change. He found great pleasure in family life and intellectual enjoyments. He was fond of, and a liberal patron to, music, art, and literature, and took an active and intelligent part in all branches of science. The man who encouraged Herschel—the greatest observational astronomer of all time—and who amassed the magnificent collection of books now on display in the King's Library at the British Museum did not lack intellectual curiosity.

Strangely the diagnosis of porphyria which exonerates George III from so much speculative psychologizing brings him nearer to us as a human being. For the first time we can appreciate facets of his life which were previously obscured and which must have exerted a great influence on him: firstly that he suffered physically and was for long periods in extreme pain; and secondly that he was fully aware that when attacks were severe his mind was affected. It must rouse our sympathy to read that after the illness of 1788–9 he said he could never again show his face in this country and would retire to Hanover. His determination to resume his royal duties reveals a remarkable degree of moral strength and courage.

Nearly forty years ago Sir Lewis Namier showed that there was no basis for the story that George III attempted to restore the lost powers of the Crown by building up a personal following in the House of Commons. The war against the American colonies, the great disaster of his reign, resulted from a challenge to the authority of Parliament not to the authority of the Crown. Dr. Macalpine and Dr. Hunter have done for George III's personal life what Namier did for his political. "The great historian," Namier wrote, "is like the great artist or doctor: after he has done his work, others should not be able to practise within its sphere in the terms of the preceding era."<sup>6</sup> No one

can now write the political history of George III's reign in pre-Namier terms. Henceforth no one will be able to write George III's biography without taking into account the diagnosis that he did not suffer from insanity but from porphyria. Historians and biographers will now be in a position to do justice to the man whom Namier described as "a much maligned ruler."

### George IV

Important too is the suggestion that four of George III's sons also suffered from the same disorder. Moreover, it solves the mystery of that great national disaster, the tragic death in childbirth of Princess Charlotte, George III's grandchild, which at one blow robbed the country of the two heirs to the throne in 1817—two years before the birth of Victoria.

The traditional image of George IV will need revision almost as much as that of George III. He has had a bad press from historians, and there are certain incidents in his life which it is hard to defend. His early extravagance, his love affair with Mrs. Fitzherbert (leading to a "marriage" which was illegal under the Royal Marriage Act), his equivocal conduct towards his political friends suggest a frivolous, irresponsible, and explosive character to say the least. His unfortunate marriage and the hatred he displayed against his wife does not present him in an endearing light. Those who held office under him when he was Regent and King thought little of his personal qualities. In his reign the power of the Crown was weakened, though ministers could never be certain that they might not be overthrown by an intrigue at Court. The conduct of George IV and his brothers brought the Crown and Royal Family into disrepute and dishonour. "By God!", said the Duke of Wellington, "They are the damndest millstones about the necks of any Government that can be imagined." It is probable that at no time since the Civil War has there been so much sympathy with republicanism in Great Britain as there was during the Regency and the reign of George IV.

Let us now look at George IV in the light of the diagnosis of porphyria. The symptoms of the disease can be traced back to the age of 20—that is, about 1782. Long before the age of 30 he had been bled a hundred times. It seems possible that George IV realized that his symptoms were similar to those of his father, and after 1789 he could hardly have failed to dread that his illness might culminate as that of his father had done. This may incline us to take a more charitable view of his behaviour. His apparent irresponsibility, his vanity and childishness, appear in a new light when his sufferings are seen to have been real and severe. We can better understand why he made Sir William Knighton, one of his physicians, his private secretary and keeper of his privy purse. We also have an explanation for his endeavour to conceal his sufferings and for the hallucinations of his last years. Perhaps also his dependence on women was due less to passion than to a need for sympathy.

The decline in the effective power of the Crown is a notable feature of British political history during the reigns of George III and George IV. In less than a hundred years the centre of power shifted from the Court to the Cabinet. In the main this was due to the increasingly complex nature of government under the stress of war and its aftermath. The work of government during the Napoleonic wars was far more elaborate than it had been fifty years earlier during the Seven Years' War, and called for a higher degree of skill and expert knowledge on the part of ministers and officials. It was during these years that the civil service as we know it came into being. But in addition to the political factor which was working to reduce the power of the Crown there was also the personal one, and the knowledge that two successive British sovereigns suffered from a disease which impaired their powers. Where they used

to be considered blameworthy we must now allow for the fact that periodically they laboured under considerable handicaps, if they were not completely incapacitated.

### A Royal Malady

Medically it may be of the greatest interest that George III has been shown to have suffered from a rare disease. For the historian it has far wider implications and ramifications than a mere change of diagnosis. This applies equally to Mary Queen of Scots, to whom the disorder has been traced back. Historically she is also an enigmatic character in whose life mysterious illnesses played a large part. Because these were not understood she has been regarded as "hysterical." Her behaviour may well repay re-examination in the light of this study.

Porphyria may cause rapid death, which being unexplained led in a number of celebrated instances to rumours of foul play. Henry, Prince of Wales, was rumoured to have been poisoned by his father, James I; Henrietta Anne, Duchess of Orleans, by agents of her jealous husband; Caroline Matilda, Queen of Denmark, at the instigation of her mother-in-law. In all of these cases suspicion fell on close relatives, and this naturally tarnished their historical image. In this way the mysterious manifestations of the disease may implicate also those around the sufferer. Another striking example is that of James I and the Duke of Buckingham. Curiously Buckingham may have owed something of his rise to the position of all-powerful favourite to the fact that the King was frequently incapacitated from attending to state business and so more likely to yield to the influence of a minister who could relieve him of the burden. When James I died unexpectedly Buckingham was suspected of having poisoned him. Although today no reputable historian will give credit to this suspicion, he still has to take into account that contemporaries thought Buckingham capable of the deed. There is therefore a tendency to scrutinize every aspect of his career more severely than it perhaps deserves and even to admit too readily evidence which tells against him.

Most of the royal houses of Europe of the eighteenth and nineteenth centuries trace descent from James I: the House of Hanover; the exiled family of the Stuarts; the House of Brandenburg Prussia, who in the nineteenth century became Emperors of Germany; the House of Orleans; the House of Savoy who became Kings of Italy; the House of Orange who became Kings of Holland; and besides any number of minor German princely families as Brunswick-Wolfenbüttel, Hesse-Cassel, Mecklenburg-Schwerin, etc. It does not follow that each of these families must have inherited porphyria—as the authors point out there is no evidence that Queen Victoria suffered from it or transmitted it to her descendants. But it has been diagnosed in a Queen of Scotland in the sixteenth century, a King and Queen of England and Scotland in the seventeenth, a King of Great Britain and a King of Prussia in the eighteenth, and a King of Great Britain in the nineteenth. The claim that porphyria may be called a royal malady seems justified. And whatever concerns the medical history of the royal houses of Europe concerns the history of Europe.

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