Medical History

Arnold Bennett and medicine: with particular reference to his description of dressing apraxia

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For many months now he had helped Darius to dress, when he came up from the shop for breakfast, and to undress in the evening. It was not that his father lacked the strength, but he would somehow lose himself in the maze of his garments, and apparently he could never remember the proper order of doffing or donning them. Sometimes he would ask, "Am I dressing or undressing?" And he would be capable of so involving himself in a shirt, if Edwin were not there to direct, that much patience was needed for his extrication. His misapprehensions and mistakes frequently reached the grotesque. As habit threw them more and more intimately together, the trusting dependence of Darius on Edwin increased. At morning and evening the expression of that intensely mournful visage seemed to be saying as its gaze met Edwin's, "Here is the one clear-sighted, powerful being who can guide me through this complex and frightful problem of my clothes." A suit, for Darius, had become as intricate as a quadratic equation.¹

Descriptions of disease and its related symptoms abound in literature. When the description of a particular neurological syndrome, dressing apraxia, is so exact that it can have been based only on personal observation, the stimulus to discover its source becomes irresistible.

Arnold Bennett had a life-long interest in medical matters, not least his own. He was almost obsessively hypochondriacal, to which numerous entries in his *Journals*, and extracts from his letters, testify. A friend, Dr John Farrow, concluded that Bennett was one of the most highly strung men he had ever met.² Symptoms that were to plague him throughout his life included a stammer, neuralgic pains, headaches, insomnia, and indigestion. A wry comment from his *Journal* is typical.

31 December 1912*—A material year. Largely occupied with intestinal failure and worldly success. By Chetham Strode's direct treatment of massage and vibration I am now almost cured of intestinal caprices, but I shall ever be feeble in that quarter.

The remark was to prove sadly prophetic. His descriptions of his own symptoms are seldom sufficiently detailed to allow a confident diagnosis, though clearly his personality was a major contributory factor.

15 February 1911—I suspect that I have been working too hard for five weeks regularly. I feel it like an uncomfortable physical sensation all over the top of my head. A very quick sweating walk of half an hour will clear it off, but this may lead, and does lead, to the neuralgia of fatigue, and insomnia and so on, and I have to build myself up again with foods.

*All extracts preceded by a date are taken from *The Journals of Arnold Bennett*, edited by N Flower and published by Cassell and Co, London (1896–1910 and 1911–1921 in 1932, 1921–1928 in 1933).

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The attacks of pain were not without their advantage, however.

22 November 1924—I have noticed this before: return of creativeness immediately upon surcease from pain.

Though his descriptions might be medically nebulous, their literary facility leaves one in no doubt as to the debilitating effect of his symptoms.

5 October 1897—To wake up at midnight, after an hour's sleep, with a headache, slight but certainly indicative of the coming attack; to hear the clock strike, every note drilling a separate hole into your skull; to spend the rest of the night uneasily between sleeping and waking, always turning over the pillow, and tormented intermittently by idiotic nightmares, crowded with action, which fatigue the brain: this is a distressed liver. Towards morning comes the hope, caused by the irregularity of the pain, that the headache will pass away on getting up. But it never does so.

Bennett's numerous symptoms and his gullibility regarding medical treatment made him prone to experiment with new, often untried, remedies.

8 September 1924—Nevertheless, under Erskine's daily suggestion, and reading many times and saying many times daily to myself, "I have perfect confidence in myself. I am never nervous. I have complete control over my speech," the impediment gets less. In seven séances Erskine has failed to put me to sleep. But I have gone off once or twice for a few seconds; only the slightest noise or movement or touch wakes me up.

He experimented, also, with physical remedies.

8 October 1924—Walking in Fulham Road yesterday morning I saw in a slatternly chemist's shop a section of window given to "Yeast is life. Vitamines (sic) mean health. X-Yeast Tablets . . . a lightening pick-me-up" guaranteed (or money back) to aid headaches, etc, in five minutes, flatulence, etc, in five to 10, stomach trouble in 10 to 15, flu cold in 24 hours. I went in and bought some—probably because I used to take yeast and it may have done me a certain amount of good. I didn't know what was in the tablets (beyond yeast). I knew that for many years I had tried all sorts of remedies and that not one of them had succeeded with me. Yet, as usual, I had hope again. I believed again, etc, etc, I took stuff blind again. This indestructible (though often destroyed) faith in quack medicine advertisements is a very interesting and perhaps almost universal trait. I took a tablet. Felt nothing. But about tea-time I felt a rather wonderful change in my organism. After tea I took two more tablets—or was it before tea? Anyhow I felt very much better. I took two on going to bed, and I have had the best night for many weeks. In fact I slept five and three-quarter hours, of which three and a quarter at a stretch. I felt I could do with more sleep, but I couldn't get it. However, I have much more energy and optimism today.

His "indestructible faith" in quack medicine could sometimes have serious consequences.

6 April 1925—Some weeks ago Mrs SM recommended to me some anti-fat pills made and sold by a chemist at Nice. The course was six boxes. I got the six boxes from Nice and began. Mrs SM positively assured me that they were quite harmless and very effective. After I had taken a little more than two boxes, I began to notice that I perspired very freely and also was short-winded after my exertion. Also that my heart made a too loud noise and was rather irregular. So much so that I could not sleep on my left side on account of the thumping row. . . .

He [Dr Griffin] examined me and said my heart was organically quite all right, but that it had been upset by the pills and that I must at once cease to take them. . . . Dr Griffin had the pills analysed. The analysis on the box (in accordance with French law) says "Iodothyronine," "Hypophyse," "Surrenales," and "Génésiques." He said that the quantity of thyroid (cheap) was larger than in the formula, whilst the other things (more expensive) were less than in the formula on the box. He said that I oughtn't to take medicine without consulting him. And of course he is quite right. It is perfectly staggering the idiotic things even a wise man will do.

Although Bennett's acquaintance with the medical profession was considerable, he relied on personal observation for the description of dressing apraxia that introduces this paper. Accounts of places and persons from his own life people the pages of Bennett's novels. He watched his mother dying³ and used the experience almost immediately, and with little change, as the basis of Auntie Hamps's death in *These Twain*.

Enoch Bennett's illness

It is acknowledged that Darius Clayhanger's illness and its associated symptoms were those Bennett had observed in his own father. Despite this, references in his *Journals* and letters are infrequent. Indeed around the time of his father's death, in January 1902, Bennett suspended work on his *Journals*, though his writing continued. The first possible sign of the illness is recorded in 1897.

7 October 1897—But today I noticed, I think for the first time, the approaches of middle-age upon him. . . . He has now the physical and mental deliberativeness which characterise the aging.

By 1900, however, the signs were unmistakeable, and letters tell of a progressive decline.

My father has had a very serious nervous breakdown, and he is up here for a complete change. He is better, but in my opinion (and his own) he will never be the same man again.⁴

My father's health is the one blot on the show: and it will gradually get worse till he loses all his faculties and dies. The case is perfectly hopeless, and the outlook not at all cheering.⁵

It is peculiarly melancholy (sic) to see a man like this (full of force, once, though antagonistic to all forms of art) reduced to a mere Observer-of-Force by an obscure nervous disease which the doctors can scarcely even give a name to.⁶

Decline of Darius Clayhanger

One must turn, therefore, to the account in *Clayhanger* to understand the nature of his father's illness and its symptoms. Darius is portrayed as a rigid, authoritarian father, ruthlessly controlling his son Edwin's destiny. Unknown to Edwin, his father had been rescued from the workhouse years before, and the first sign of the impending decline comes when Darius returns from the funeral of the man responsible, who, ironically, has himself died in the workhouse. Darius becomes silent and irresolute, weeps openly, and wanders aimlessly around his garden. One wonders about a depressive illness but Bennett

elects to invest considerable diagnostic powers in the family's doctor. On the basis of his first examination, he suggests, without openly stating the diagnosis, that Darius has only a further two years to live. Not content with this bravura display, the exemplary doctor offers a second opinion, a recourse, one suspects, more readily explored by the author for his father than it is by the Clayhanger family. A diagnosis of cerebral softening is mentioned, not by the doctor, but by the foreman of the family business.

His subsequent deterioration is rapid. Bennett relates, with subtlety and sensitivity, the altering relationship between father and son as first the family keys and then the chequebook are surrendered. Edwin is now in the ascendancy and, though exulting in his freedom, recognises the tragedy of his father's decay.

Over the next year Darius becomes increasingly withdrawn, frequently sitting apathetically in house or garden, though periodically bizarre schemes, such as growing mushrooms in the cellar, temporarily obsess him. Day-to-day activities prove progressively more difficult. He has problems eating, attempts to cut a sausage with his fork, and only completes the meal successfully when his knife has been surrendered. In the end he can no longer dress successfully and becomes totally dependent on his son, the ultimate reversal of their roles.

Finally, Darius retires to his bed and takes his leave of life in the terrifyingly described paroxysms of Cheyne-Stokes respiration. It is quite characteristic of Bennett that having no doubt observed the paroxysms personally, perhaps more probably in his mother than his father, he should document their frequency: one every 100 seconds.

Descriptions of dressing apraxia

A description of dressing apraxia, by Hughlings Jackson, concerned a patient with a right hemisphere glioma,⁷ while Wendenburg reported a similar case, associated with a right occipital meningioma.⁸ Hécaen and Ajuriaguerra collected 12 cases from published reports, adding five of their own.⁹ Most had either cerebral tumours or evidence of cerebrovascular disease.

Enoch Bennett's diagnosis

Is it possible to identify the pathological process underlying Enoch Bennett's illness? There seems little evidence from either the factual or fictional accounts to support a diagnosis of a tumour or cerebrovascular disease. Dudley Barker made the surprising assertion that a doctor reading *Clayhanger* would have diagnosed general paralysis of the insane.² Little supports this view. Dressing apraxia is not a feature of that disease, nor indeed does it seem likely that the doctors of the time would have neglected such a possibility.

One important case, with subsequent pathological information, probably provides the answer. In 1928 Lhermitte *et al*¹⁰ described the case of a 70-year-old man with a four-year history of clumsiness of the hands. The condition caused a difficulty in eating strikingly reminiscent of Bennett's fictional account. The patient also showed a progressive decline. He tended to ignore his left side, wore a hesitant, lost expression with at times bursts of irritability and even aggression. A later paper¹¹ alludes to his dressing difficulty, in terms that again evoke the description in *Clayhanger*. Necropsy showed no evidence of tumour or cerebrovascular disease.

En résumé, l'examen histopathologique auquel nous nous sommes livrés en utilisant la méthode des coupes sériées, met en évidence une lésion cérébrale bilatérale, symétrique et strictement limitée à une région: la région pariétale inférieure comprenant la deuxième circonvolution pariétale, le gyrus supramarginal et le gyrus angulaire. . . . Il s'agit, en somme, d'un exemple d'atrophie cérébrale de Pick (Pickische Atrophie) étroitement localisée à un territoire cérébrale.

Pick's disease confined to the parietal lobes is uncommon, but when it is, the distribution corresponds to that indicated in this case.

Probably, therefore, Darius Clayhanger, and by inference Enoch Bennett, suffered from Pick's disease. Was the disorder familial? Reported cases most commonly suggest an autosomal dominant inheritance. The evidence in the case of the Bennett family is unimpressive however. Dorothy Cheston Bennett expressed fears that a similar disease was affecting Arnold Bennett (M Drabble, personal communication), a concern he shared towards the end of his life,² but his *Journals* nowhere support the possibility.

Margaret Drabble has suggested that a similar disease killed two of his sisters,¹² but has indicated (personal communication) that the evidence for this was based on family gossip alone.

Russell Brain claimed that dressing apraxia, as a symptom, had not been specifically described.¹³ Surprisingly, he seemed unaware of the French cases, and clearly he was not a devotee of Arnold Bennett. Had he read *Clayhanger*, he would have had access to a masterly account of the syndrome and at the same time would have partaken of one of the masterpieces of twentieth-century fiction.

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Arthritis in Saxon and mediaeval skeletons

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Abstract

Examination of 400 Saxon, Romano-British, and mediaeval skeletons from seven archaeological excavations in the west of England showed an unexpectedly high incidence of osteoarthritis and osteophytosis. Three skeletons had evidence of an erosive peripheral arthritis—one with probable gout, one probable psoriatic arthropathy, and one with possible rheumatoid arthritis. The pattern and types of rheumatic disease, and the resultant disability, were apparently different. An exuberant form of large joint osteoarthritis was common and rheumatoid arthritis and similar diseases rare.

Introduction

Paleopathology, the study of diseases in antiquity, may provide important information on changing patterns of disease and give clues to aetiology and prevention. Skeletons give a chance to document bone and joint disease in particular, and are a major source of paleopathological data.^{1 2}

The antiquity of many rheumatological diseases, including osteoarthritis, ankylosing spondylitis, and gout, is well estab-

lished,³ but rheumatoid arthritis may be of recent origin.^{4 5} Furthermore, the pattern and severity of these diseases are thought to vary in different societies and may be changing.^{6 7} We have recently had the opportunity to study some 400 Saxon, Romano-British, and mediaeval skeletons and to document evidence of arthritic changes, which has provided a wealth of new information on the paleopathology of rheumatic diseases.

Collection of material

The skeletons came from seven separate archaeological excavations in the west of England. About 250 were mediaeval (thirteenth to fifteenth centuries) and came from Taunton Priory, Bristol Greyfriars, and Bath Orange Grove. The remainder were either Romano-British (first to fourth centuries) or Saxon (ninth to eleventh centuries); the 50 Saxon skeletons came from Trowbridge, in Wiltshire.

After excavation, the skeletons were lifted, washed, and repaired where necessary. The presence of one of us (JR) on the site helped to minimise the risk of damage, and allowed important in-situ observations of the material to be made. The excavations were from lay cemeteries, and the adult skeletons examined had a roughly equal sex incidence.

Examination

The skeletons were temporarily removed for further examination, and all were assessed by a paleopathologist (JR). Many specimens also underwent radiography and examination by a radiologist (IW) and a rheumatologist (PD). Photographs and radiographs of the more interesting cases were kept as a permanent record.

The estimated age, sex, stature, and dental state of each skeleton were noted as were the presence or absence of bone and arthritic changes.

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