MEDICAL PRACTICE

*Spring Books***Medical sense and nonsense in biography**

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"Reliable medical facts in biographies are rare," wrote Dr Edward Larkin¹ in 1974. Doctors may release little information on their patients, and so biographers are frequently forced to assemble their medical interpretations from non-professional sources, especially when writing history. This does not excuse, however, incorrect intuition and misuse and non-use of medical knowledge.

In admonishing Lady Antonia Fraser for not seeking medical advice in her biographies of Mary Queen of Scots and Cromwell, Dr Larkin added, "Amateur medical writing can be misleading especially when medical technical terms are used fluently and persuasively." Though Lady Antonia replied that she had sought medical advice, she seems to have been unlucky in that advice. In describing Charles II's sister Henriette-Anne (fig 1) as physically delicate she wrote, "Her frailty was emphasised by the fact that she had one shoulder higher than the other, the relic of her difficult birth during the siege of Exeter." I cannot conceive a birth injury giving such a deformity; Sprengel's shoulder (so called) is in fact a congenital abnormality. Again her statement that the lines on Charles's face "were more likely caused by the tribulations of exile" than debauchery is equally unconvincing.

A more important inaccuracy is the description of the last days of Henriette-Anne. She visited England in the middle of May 1670 and "the girl Charles held in his arms at their ecstatic reunion aboard the flagship was more exquisitely fragile and pale than ever (we now know she was already seriously ill)." In the five weeks before returning to France she attended many parties and activities but there is no suggestion that she was ill. A few days after returning at the end of June she died of peritonitis after a "perforation of a duodenal ulcer (hence the sickness which had ravaged her before she left France for England)." The "ravaging sickness" is hyperbole since perfora-

tion of a duodenal ulcer often occurs without any previous symptoms or obvious illness.

The wrong uses of psychological terms in *Mary Queen of Scots* and *Cromwell* also concerned Dr Larkin, and later, in her biography of *King Charles II*, Lady Antonia wrote:

"It was no wonder that by the summer of 1653 Charles had fallen ill with a fever. . . . But in view of the fact that contemporaries commented on his depression and withdrawal, one may suppose it to have been at least partly psychosomatic in origin, one of those fevers which the healthy Charles would have shrugged off without difficulty, but now laid him painfully low."

Here cause and effect are reversed. Melancholia or depression may certainly occasionally delay recovery from an infection, but psychosomatic disease does not cause a fever.

These comments on a somewhat romantic type of biography serve to highlight the need for medical accuracy in biography; they are not an attack on a particular writer. Misuse and non-use of medical knowledge also apply to other forms of writing—plays, films, television scenarios, and novels. Only too often these may be flawed by wrong or unlikely medical detail; rarely is a doctor on stage as convincing as the psychiatrist in Peter Shaffer's *Equus*. As it becomes more historical medical interpretation tends to be more difficult. Too few biographers ask for medical corroboration of their theories. Bad "medicine" in a biography throws doubt on the reliability of its other aspects, and pleasure in the book is marred. The biographer should approach medical detail in a "manly round and honest fashion"—to use James I's advice in his *Basiliikon Doron* on how to eat meat civilly.

To write or not to write

All medical practitioners tend to be reticent about the illnesses and causes of death of their deceased patients. Lord Moran, past president of the Royal College of Physicians—whose writing about his patient, Sir Winston Churchill, caused the Churchill family to retaliate—is one exception. The release of medical details, especially in the press, is perhaps becoming less

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FIG 1—Henriette-Anne, Duchesse d'Orleans (1644-70), sister of Charles II. The painting suggests her congenital deformity of a raised right shoulder. (By permission of the National Portrait Gallery.)

restricted. What the public now wants and will tolerate is still ahead of what doctors and writers are usually prepared to give. The reticence may stem from the fear that an illness in one member may damage the reputation of, and bring shame on, the rest of the family. But as general knowledge and understanding of medical matters increase a sense of family shame becomes less likely—particularly in the case of suicide, mental illness, epilepsy, and senility. Five years ago about the first public figure to admit to being epileptic was Tony Greig, the cricketer. Today, homosexuality, illegitimacy, cancer, tuberculosis, and diabetes are commonly acknowledged in public. Some diseases—such as alcoholism, venereal disease, and some sexual behaviour—are still thought shameful and manifestly unmentionable outside the family circle. Paradoxically, a true familial weakness such as the hereditary diseases of porphyria and haemophilia are thought of as a family misfortune and do not provoke shame.

Because of his frankness in writing about his medical care of Churchill from 1940 until his death Lord Moran was accused of sensationalism. In my opinion no study of a historical period is complete without an intimate and detailed medical history of the personalities of the time. In fact, some argue—though God forbid—that after death all great and important men should have a necropsy performed and the findings published so that speculation and natural curiosity can be answered. In the 60 years from 1908, 11 of 13 British prime ministers, and six of 10 American presidents, had illnesses while in office which incapacitated them to some degree.² The significance of such illnesses in assessing the actions and decisions of these statesmen is of historical and national interest, though frequently the medical facts have never been disclosed. The details of the terminal stages of leukaemia of President Pompidou were screened from the world or distorted, and as Lord Horder queried, "Who knows how much turns on whether a prime minister's pipe is clean or foul, or the head of the Foreign Office has had a sufficiency of sleep."

At the time of his death President Roosevelt undoubtedly had arteriosclerosis with high blood pressure. This did not explain his cachexia at the Yalta Conference, at which—his critics have maintained—he made several wrong decisions. A likely cause of cachexia is malignant disease, and Dr Hugh L'Etang² related the

reasons for thinking a necropsy was performed on the president without the findings being disclosed. An American physician, who noticed that a pigmented naevus above Roosevelt's left eyebrow did not show in photographs after 1943, concluded that it must have been removed surgically. This suggests that the President's cachexia and terminal illness might have been due to a malignant pigmented tumour. At a symposium on malignant melanoma in 1949 at the Walter Reed Hospital, Washington DC, all the slides and specimens shown had a serial number—with one exception. This was the section of a brain with a large metastatic melanoma in the right cerebral hemisphere. It merely bore the date 14 April 1945, which was the day that Roosevelt's body arrived in Washington from Warm Springs, Georgia, where he had died. Critics have contended that it was wrong to allow a dying man to negotiate with Stalin and Churchill at Yalta with all its momentous consequences, and surely the medical aspects ought to be published as far as they are known.

Pathography

Pathography, or the presentation of medical facts in biographies, has rarely been considered in the past. By it illness and personality are studied to throw light on an individual's life and creative work. By pathography the eminent British psychiatrist, Dr Eliot Slater, concluded that creativity stems from the healthy and vigorous elements of a personality and not the ill parts; it is achieved despite, and not because of, illness. Using this technique, Dr Slater found that while writing his sonnets Shakespeare passed through a severe though temporary depression. Past contributions to pathography have usually been anecdotal, medical knowledge being applied to the study of single outstanding individuals. It can, however, also cover groups of individuals with common characteristics. Thus psychopathic features may give a slant to creative work, neurotic fixations may lead to the selection of materials of a particular kind, and griefs and sorrows may compel an artist to find some creative means of catharsis. Pathography has been badly neglected by biographers.

In consulting a doctor it is always hard to know whether the right doctor has been chosen for what is perhaps a very specialist opinion. Similarly, any worthwhile published comment has to be not only discovered but also used. These points are illustrated in writings on Wordsworth; C E Vulliamy³ wrote in a letter to the *BMJ*:

"Anyone who studies the life of Wordsworth is aware of the disorders which oppressed him so grievously during the composition of his poems. In their fullest manifestations, between 1794 and 1807, they consisted of severe headaches followed by retrograde amnesia, pains in the stomach, the chest, the left side, and the arms. In 1805, there was, in addition, a symptom which gave rise to an obsessive dread of blindness. One cannot fail to notice the discrepancy between the physical robustness of Wordsworth, and the symptoms which caused him so much direful suffering when he was writing poetry."

The impact of this on subsequent studies of Wordsworth appears to have been nil.

Publishing medical findings or theories in biographies is valuable, though in his well acclaimed biography of Samuel Johnson (fig 2), W Jackson Bate⁴ described Johnson's childhood illnesses by repeating previous accounts and thus reiterating their medical inaccuracies. He wrote that the [presumed] tuberculous infection—presumed because Robert Koch identified the tubercle bacillus as the cause of tuberculosis in only 1882—of the lymph nodes in Johnson's neck, or scrofula, as well as the eye infection of the newborn infant resulted from the fact "that the milk of the wet nurse was tubercular." This is medical nonsense. Besides the fact that tuberculous infection from human milk has never been recorded, such infection of a newborn baby would almost certainly have been fatal owing to the lack of immune resistance obtained from the mother. Bate failed to use an important paper⁵ which appeared in *Medical History* 11 years before his biography was published.

Reviewers' pitfalls

When assessing the works of authors or the plots of books literary critics may fail to appreciate properly the medical knowledge of the author or the source of a plot. Apart from the twirls the following story—this time of a fictional character—provides another instance of insufficient research. In a comment on *The Turn of the Screw*⁶ (published too late for mention in Leon Edel's *The Life of Henry James*) the neurologist J Purdon Martin wrote that he had known for years that the governess had temporal lobe epilepsy—a condition also suffered by Van Gogh—and that Henry James must have used this syndrome as the basis of his story. According to John Hughlings Jackson writing in *Brain* in 1888—10 years before the story appeared—temporal lobe epilepsy is featured by attacks of “intellectual aura” accompanied by pallor with an emotional state of shock, dread, anxiety, fear, or horror. Though the subject usually behaves more or less normally he or she has no recollection of what happened during the attack—thus the governess murdered Miles. An attack produces a brief “dreamy state” in which the patient has a visual hallucination—a vision, a dream, or a reminiscence—but is not unconscious. Jackson talked of the patient having a double consciousness or “mental diplopia.” Henry James was always secretive about the nature of the governess's apparitions and is usually thought not to have disclosed the source of his story. Dr Purdon Martin ends by commenting:

“After all the horrors it is pleasant to know that by the time she wrote her memoir the governess had recovered from her ‘dreadful liability to impressions.’ Perhaps we can guess who treated her. She resumed her work as a governess and developed into ‘the most agreeable woman I’ve ever known in her position; she would have been worthy of any whatever.’”

And now comes the twist, which Dr Purdon Martin did not know about and which Professor Edel did not include in his biography. *The Notebooks of Henry James* for 12 January 1895 says:

“Note here the ghost-story told me at Addington by the Archbishop of Canterbury: the mere vague, undetailed, faint sketch of it . . . the story of the young children (indefinite number and age) left to the care of servants in an old country-house, through the death, presumably, of parents. The servants, wicked and of evil, to a sinister degree. The servants *die* (the story vague about the way of

FIG 3—Henry James, OM (1843-1916). Oil painting by John Singer Sargent, RA (1856-1925), 1913. (By permission of the National Portrait Gallery.)

it) and their apparitions, figures, return to haunt the house and children, to whom they seem to beckon, whom they invite and solicit, from across dangerous places . . . so that the children may destroy themselves . . . by getting into their power. . . . The story to be told—tolerably obviously—by an outside spectator, observer.”

In writing biography the material obviously has to be made available and not censored or destroyed by the subject or some other self appointed protector. Preserving information may be a matter of chance. Henry James (fig 3) had a stroke and fell fully conscious to the ground about three months before his death in London in February 1916 at the age of 72. He was put to bed with difficulty, telling his maid, “It’s the beast in the jungle, and it’s sprung.” He told Miss Bosanquet, his secretary, that he had had a stroke “in the most approved fashion.” In the next few weeks he received visitors and was awarded the Order of Merit, something that was only possible on his adoption of British nationality the summer before. Years later, Mrs Wharton, his friend, related how Howard Sturgis was told by him that his first thought as he fell was “so it has come at last—the Distinguished Thing.” Lytton Strachey, dying of cancer of the stomach, could only manage: “If this is dying, then I don’t think much of it.” Few dying words are truly so memorable as those of Henry James. We are lucky that he did not die when he had his first stroke and that his comment was recorded, even years later.

Too much intuition, too little psychology

It is the neglect of human psychology (and psychiatry) that produces the largest quarry of biographical mistakes. Self appointed medical “historians” stuffed with intuition and understanding but little knowledge of psychology have again and again tackled the lives of such figures as Shelley, Livingstone (fig 4), and T E Lawrence. But frequently simple insight was not enough. It was a psychiatrist, Dr J E Mack,⁷ who first successfully wrote about T E Lawrence from a medical point of view. Slightly disappointing is an obvious neglect of psychological knowledge in a fine book *The Cecils of Hatfield House* by Lord David Cecil. We are told that his father’s “prevailing mood was melancholy, darkening to occasional fits of black depression which sometimes lasted for weeks on end and which, one gathered from various hints, were associated with a sense of his own sinfulness.” His melancholy was “exacerbated by a hypersensitive conscience which had developed to a point of obsessive

FIG 2—Samuel Johnson (1709-84). Oil painting after Sir Joshua Reynolds, 1769. (By permission of the National Portrait Gallery.)

FIG 4—David Livingstone (1813-73). Pencil drawing by J Bonomi, 1857. (By permission of the National Portrait Gallery.)

scrupulosity," and his "ideal of Christian conduct was too high for mortal man to live up to." Clearly, this describes someone with a depressive illness (such as an obsessive religious melancholia), but the account is spoilt by Lord David adding that his father's melancholy "had some obscure nervous origin."

In *Augustus John*, Michael Holroyd⁸ describes how John went swimming at Tenby and dived into the sea lacerating his scalp on a jagged rock. Though the loss of blood was considerable, the wound healed most readily. But Holroyd writes:

"There was no concussion, though some element of shock, and since the stitches held, little more needed to be done. It was essential, however, that he rest and endure a long period of convalescence."

Why John needed a long period in which to recover from a scalp wound that healed without secondary infection, and from which any blood loss would quickly be compensated for, is unclear. Earlier, Holroyd discusses John's familial melancholia, and clearly about six months after the accident John was an altered man. The convalescence might have triggered off a psychological storm, but the simple scalp wound is unlikely to have done so. Perhaps he went home that summer to be alone just because he was changing psychologically.

Reviewers as well as biographers may lack psychiatric knowledge. In a review of a book by Dr Oliver Ransford, Elspeth Huxley⁹ wrote of Dr Livingstone:

"When suffering from fever, dysentery, and bleeding, toothless, half-starved, and struggling through a forest in heavy rain, he could still note that a 'little tree-frog, about half an inch long, leaped on to a grassy leaf and began a tune as loud as any bird; it was surprising to hear so much music out of so small a musician.' A man who could write that in such conditions may have been cyclothymic, but he had not lost control of his mind."

A cyclothymic temperament does not mean "loss of control of the mind" in the sense of madness, as implied more than once in the review, and clearly Dr Ransford's biography was correct in its assessment of Livingstone's psychological problems. A medical historian may note that Neville Chamberlain's chief diplomatic adviser, Sir Robert Vansittart, described Hitler in 1930 as "this half-mad and ridiculously dangerous demagogue," while the British Ambassador in Berlin in 1938, Sir Neville Henderson, who encouraged the British government's policy of appeasement, wrote of Hitler as "a mystic, a psychopath or a lunatic—perhaps one, perhaps both, perhaps all three." Yet Chamberlain, in reporting to the cabinet in 1938 after Munich, said he saw no signs of insanity in Hitler and later that "in order

to understand people's actions, it was necessary to appreciate their motives, and see how their minds worked." This seems a dangerous undertaking for an amateur. On the other hand, President Kennedy based his negotiations with Khrushchev in 1961 on the analysis of his psychological peculiarities by a group of American psychiatrists.¹⁰

Warts and all

Permissive biography, which may indulge the public with revelations of the more private aspects of a life, has often been condemned, even though the subject's work and the circumstances of his life are inextricably bound together. The greater the subject the more latitude we feel entitled to. Only when having studied the "whole life" can we, for example, begin to glean from an artist's difficulties, personal failings, and oddities the source of his creative strength. Permissiveness frequently means giving psychosexual information—for example, that Baudelaire, Jules de Goncourt, Flaubert, Maupassant, Daudet, Nietzsche, Schubert, Donizetti, Schumann, Smetana, Wolf, Delius, and Lord Randolph Churchill all had syphilis, which greatly affected their lives and in particular their terminal "life performance." This must be important, as it is that Swinburne was a sadomasochist and Ruskin suffered from impotence. Lytton Strachey's homosexuality may explain the curious bias shown throughout *Elizabeth and Essex*. Similarly, the demoralising experience that Lawrence underwent at Deraa, with the later need for self abasement by flagellation at each anniversary, may have flawed his talent. Medically, permissiveness may sometimes at least be beneficial; Lord Northcliffe did not die from tertiary syphilis but from bacterial endocarditis.

The final word

Fashions and conventions change, opinions differ on the art and practice of biography, and the degree of permissiveness which is necessary, proper, and acceptable is hard to calculate. Permissive biography has become more common and will doubtless become even more so. In medicine it is tempting for a doctor to satisfy fears and treat himself and the relatives by doing something rather than nothing. An admirable moral lies behind my final story on "permissive autopsy." Because of ill health my great-aunt Emma was taken from New York to live with my cousin. After a few weeks she became worse and was put into a nursing-home at the age of 92. A family conference was held, and the doctor went in to see her. He came out and said: "It is all right. Your mother has made the decision for us. She said to me, 'Doctor, you do not want a biopsy. What *you* want is a good autopsy.' " That marvellous and witty old lady died peacefully three days later.

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