LAST ILLNESS AND POST-MORTEM EXAMINATION OF SAMUEL JOHNSON, THE LEXICOGRAPHER AND MORALIST, WITH REMARKS.

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[Read before the Harveian Society.]

IN the following paper, I propose to give a succinct account of the maladies under which Dr. Samuel Johnson, the great lexicographer and moralist, suffered, and to notice their influence upon his character and disposition. I shall, as far as possible, allow Johnson to speak for himself. To this, I shall append the very interesting post-mortem examination,¹ and a few practical remarks, in reference to the disease and its treatment.

Dr. Johnson, the subject of the following paper, was more or less a sufferer from his earliest childhood; having had the misfortune to be afflicted with *Scrofula* from his infancy, to such an extent, indeed, as to seriously affect the sight of one eye. He had, he fancied, contracted this malady from a diseased nurse; and it tended greatly to embitter the remainder of his life, and was probably the secret cause of that irascibility of temper by which he was so frequently disturbed. Unfortunately, also, at this time, Dr. Swinfen, the physician whom he consulted, imprudently expressed to him his opinion, that the "vile melancholy" which affected him so early in life, would probably terminate in insanity.

After struggling with this strumous disease, both mentally and physically, in his early manhood, he came to London in 1737, being then in the twenty-ninth year of his age. At this time his pecuniary resources were very limited, and his necessities consequently most urgent; he also suffered severely from an attack of dyspepsia, produced most likely from the want of regular and proper nutriment, coupled with the depressing influences attendant upon his sad condition. It is about this period that we find him signing himself "Impransus", in a letter to Cave; and upon one occasion, he and his friend Savage, not being able to raise the means to obtain their usual dinner in "Porridge Island", were content to inhale the fumes of pea-soup and boiled beef, for which that vicinity was then so celebrated; and probably those strange gesticulations, with which at this time he was so much affected, and which continued in after life, were, in fact, a species of *Chorea Sancti Viti*, or St. Vitus's Dance, induced by nervous irritability, the result of debility; for Johnson was of large stature, and always an immense eater. It is not the object of this paper to enter into details respecting the various literary struggles and undertakings, which occupied so much of Johnson's time and attention at this period of his history, further than to revert to such particulars as may have a bearing upon his case in a medical point of view. It will be necessary, therefore, to state, that in the year 1747, when about forty, and at the period he was engaged upon his great work, *The Dictionary*, he suffered acutely from an attack of his hypochondriacal disorder, and was found, during one of those fits, by Dr. Adams, in a most deplorable state of

¹ By the kind permission and liberality of DR. WILSON.

despondency and depression—groaning and talking to himself, or restlessly walking the room:—and on that occasion he expressed his willingness to have a limb amputated to recover his spirits.

It has been well observed that Johnson's disorder had three distinct characters. At the age of twenty, the despondency which affected him amounted to hypochondriasis, and to his general irritability and fretfulness of disposition were added great dejection of spirits, to such an extent as to render his existence almost intolerable. At this early period, it is related by Boswell, he felt so languid and inefficient, as to be scarcely able to distinguish the hour by the town clock.

About the age of forty-five, when engaged in finishing his admirable preface to his great work, *The Dictionary*, his melancholy had attained its height or meridian, alternating with those paroxysms of irritability of temper, and, I may add, of arrogance and impatience of control, that so frequently distressed himself and his friends. From this morbid melancholy, however, he never perfectly recovered.

Johnson's health began to decline about the year 1766, and his end was, no doubt, accelerated by his mode of living, his habits being anything but conducive to health. At this time he was a late riser, a large eater, indolent and inactive; he occasionally ate voraciously, and maintained that "one unmindful of his belly, was likely to be unmindful of everything else"; he also at times drank freely of port wine, and was, as is well known, in the habit of taking immense quantities of tea. Habits like these, which his powerful and generally robust frame had enabled him to withstand with impunity, began, about fifteen years before his death, to seriously affect his constitution, producing at this time much general debility, and in 1777 commenced that series of illnesses which ultimately proved fatal, and to which I intend more particularly to direct attention. At this period he appears to have had an attack of the epidemic then raging, probably influenza, which terminated in asthma; but here I must allow him to speak for himself.

DR. JOHNSON TO MRS. THRALE.

Wednesday, Jan. 15, 1777. (One in the morning.)

"*Omnium rerum vicissitudo.* The night after last Thursday was so bad, that I took ipecacuanha the next day. The next night was no better. On Saturday I dined with Sir Joshua. The night was such as to oblige me to rise, and pass some hours in a chair, with great labour of respiration. I found it now time to do something; and went to Dr. Lawrence, and told him I would do what he should order without reading the prescription. He sent for a chirurgeon, who took about twelve ounces of blood; and in the afternoon I got sleep in a chair.

"At night, when I came to lie down, after trial of an hour or two, I found sleep impracticable; and therefore did what the doctor permitted in a case of distress: I rose, and opening the orifice, let out about ten ounces more. Frank and I were but awkward; but, with Mr. Levett's help, we stopped the stream, and I lay down again, though to little purpose,—the difficulty of breathing allowed no rest. I slept again in the day-time, in an erect posture. The doctor has ordered me a second bleeding, which, I hope, will set my breath at liberty. Last night I could lie but little at a time.

"Yet I do not make it a matter of much form. I was to-day at Mrs.

Gardner's. When I have bled to morrow, I will not give up Langton nor Paradise ; but I beg that you will fetch me away on Friday. I do not know but clearer air may do me good ; but whether the air be clear or dark, let me come to you. I am, etc.

"To sleep, or not to sleep."

It appears that he was repeatedly bled, although he had himself a natural aversion to it ; and the voluntary bleeding to which he subjected himself, as before stated, was evidently the result of great confidence in his medical advisers. On one occasion, when speaking of it, he said : "*I shall try to escape another bleeding ; for I am of the chemical sect, who hold phlebotomy in abhorrence.*" In the course of this attack alone, he had lost nearly forty ounces of blood ; and the propriety of this excessive bleeding, at his age, for a spasmodic disorder that was afterwards relieved by opium, is very questionable : indeed, it can scarcely be doubted, that the dropsy and palsy, which subsequently ensued, were the effects of the debility produced by so great a loss of blood. In fact, as Dr. Madden truly observes, "the diseases of old men, whose vital energies have been expended in literary pursuits, are seldom to be remedied by the lancet."

At this period Johnson continued to suffer much from dyspnœa, for which he had recourse to large doses of ipecacuanha. He thus speaks of its uncertain effects in a letter to Mrs. Thrale.

"Lichfield, August 23, 1777.

"I have been trying a great experiment with ipecacuanha, which Akenside had inclined me to consider as a remedy for all constrictions of the breast. Lawrence, indeed, told me that he did not credit him ; and no credit can I find him to deserve. One night I thought myself the better for it ; but there is no certainty. On Wednesday night, I took ten grains : the night was again restless. On Thursday morning, I took ten grains : the night was again restless. On Friday night, I took twenty grains, which Akenside mentions as the utmost that, on those occasions, he has ventured to give : the night was, perhaps, rather worse. I shall therefore take truce with ipecacuanha."

Subsequently he took squills, etc. [Letter, March 18, 1782.] In 1783, a severe cause of anxiety increased Johnson's previous ill-health. It appears that he had, as already observed, been accustomed to be bled frequently for his attacks of asthma ; but latterly, by the advice of Dr. Pepys, who had perceived that the legs had become cedematous, he had discontinued it ; substituting opium in doses of from two to three grains during the day, or at bed-time. The day previous to the attack I am about to speak of, he had felt better than usual ; and had even sat for his portrait, and walked a considerable distance without inconvenience. At night, however, having retired to rest for some time, he awoke ; and upon sitting up, as was his custom, he was seized with a confusion in his head, and vertigo. This alarmed him ; and anxious to know, from the natural dread which he always had lest his intellect should become affected, whether his faculties were really impaired, he composed, at the instant, a prayer in Latin, which satisfied him that his mind was perfect. Soon after, however, upon making an attempt to articulate, he found his

speech fail him, which, coupled with other circumstances, apprized him that he had been struck with paralysis. He then had recourse to wine ; for the purpose, as he states, of "rousing the vocal organs." This failing to produce the desired effect, as might have been expected, he again lay down in his bed, and fell asleep. On his awaking, he wrote the following note to Mr. Allen, his immediate neighbour, but with much difficulty, as he states that he could not help making wrong letters ; and the original note here alluded to, which I have seen, bears evident traces of the unsteadiness of his hand on that occasion. He had, previous to this, written some directions for his servant, who, upon entering as usual in the morning, to call his master, was naturally alarmed at not being able to understand him. This is the note to Mr. Allen.

"It has pleased Almighty God to deprive me of speech during the night. Come to me directly, and be about me as much as possible. Tell Mrs. Williams to shut out all company."

His physicians, Drs. Heberden¹ and Brocklesby, with Mr. Holder, his apothecary (and usual medical attendant after the death of Mr. Levett), were with him early in the morning; and from the remedies employed, they appear on this occasion to have treated his case both vigorously and judiciously, feeling probably, that the attack had been somewhat accelerated, if not caused, by the previous depletions to which their patient had been subjected. They prescribed ammonia, blisters behind the ears, and subsequently a large one over the head, and ordered nutritive diet, with wine. Under this treatment Johnson continued to gain strength, and ultimately recovered from the effects of his attack of paralysis. In a letter, dated June 23rd, 1783, he says: "I thank God, that less and less is suffered every day; and the physicians seem to think that little more need be done." After his recovery, he went for a short time to his native town (Lichfield), and on his return was engaged in some literary pursuits. Johnson survived this attack of paralysis a year and a half; but a complication of disorders had now set in, which rendered his life miserable: gout, asthma, and dropsy harassed and distressed him, in addition to which he had occasion to consult Mr. Potts about a sarcocele, under which he had long laboured.

We are now approaching the last year of Johnson's existence. In November, 1783, his spasmodic asthma returned with redoubled violence; but unwilling to have recourse again to the large doses of opium from which he had previously found relief, he now took *diascordium*,² a preparation of the herb "germander," with the syrup of poppies; for a dose he took a quarter of an ounce of diascordium, which he states was considered equivalent to about half a grain of opium. The asthma, however, increased; and to such a degree, that he could no longer endure the

¹ By the kind permission of Dr. Paris, the President of the Royal College of Physicians, I have been allowed access to Dr. Heberden's Case Book, preserved in the library of the College, and there, under this date, I find what I cannot but presume to be Johnson's case; I say presume, as Dr. Heberden does not give the name of his patients, but numbers, thus: "6335. Paralytica. Vocis amissio et memoriæ labefactio cum sensuum confusione perstant perdiēs." The treatment, including the following draught, is excellent:—"℞ Carb. aromat. ʒss; vini aloes, ʒii; sp. tenuior: (brandy), ʒii; aq. distill. ʒvi; ol. cinnam. gr. i. Fiat haustus, 6tâ quâque horâ sumendâ. Vesicatorium.

² There are two formulæ in the Pharmacopœia of the period (1783) for preparing *Diascordium*.

recumbent position, and was consequently obliged to sit up during the greater portion of the night. Probably, as "Boswell" suggests, the very severe winter of 1783-4, greatly aggravated his sufferings. At this time also came on the oppressive, and subsequently fatal, disease of dropsy, which again obliged him to have recourse, and with more frequency, to the use of opium, with which he also took large doses of squills; and, according to the advice of Sir Richard Jebb, he endeavoured "to strengthen the constitution by the bark, tame the cough by opium, keep the body open, and support himself by liberal nutriment."

In February, 1784, he experienced a marked and sudden remission of his symptoms, by voiding TWENTY PINTS of water. The day previous was passed by him in perfect abstraction from all society and worldly concerns, having desired his servant Frank to exclude all company, and to say that "his master was preparing himself to die." During the night, he gradually but successively passed the quantity of fluid, twenty pints, as I have before stated, with, as may be supposed, marked benefit and relief. This alleviation, however, continued but for a short time, as is evidenced by the following copy of a letter, for which I am indebted to the family of the late Dr. Heberden.

DR. JOHNSON TO DR. HEBERDEN.

"Bolt Court, Fleet Street, February, 1784.

"Dear sir,—When you favoured me with your last visit, you left me full of cheerfulness and hope. But my distemper prevails, and my hopes sink, and dejection oppresses me. I entreat you to come again to me, and tell me if any hope of amendment remains, and by what medicines or method it may be prevented. Let me see you, dear sir, as soon as you can. I am, sir, your most obliged and humble servant,

SAMUEL JOHNSON."

In a letter also to his friend Boswell, in the ensuing March, he desires him to write to Dr. Cullen, for his and others' opinion upon his case. This occasioned the following letter from Boswell, to Drs. Cullen, Hope, and Monro.

"March 7th, 1784.

"Dear sir,—Dr. Johnson has been very ill for some time, and in a letter of anxious apprehension he writes to me, 'Ask your physicians about my case'.

"This you see is not authority for a regular consultation; but I have no doubt of your readiness to give your advice to a man so eminent, and who, in his *Life of Garth* has paid your profession a just and elegant compliment: 'I believe every man has found in physicians, great liberality and dignity of sentiment, very prompt effusions of beneficence, and willingness to exert a lucrative art where there is no hope of lucre'.

"Dr. Johnson is aged 74. Last summer, he had a stroke of the palsy, from which he recovered almost entirely. He had before that been troubled with a catarrhus cough. This winter, he was seized with a spasmodic asthma, by which he has been confined to his house for about three months. Dr. Brocklesby writes to me, that upon the least admission of cold, there is such a constriction upon his breast, that he cannot lie down on his bed, but is obliged to sit up all night, and gets rest, and sometimes sleep, only by means of laudanum and syrup of

poppies; and that there are cedematous tumours in his legs and thighs. Dr. Brocklesby trusts a good deal to mild weather. Dr. Johnson says that a dropsy gains ground upon him; and he seems to think that a warmer climate would do him good. I understand that he is now rather better, and is using vinegar of squills. I am, etc., JAMES BOSWELL."

"Dr. Hope corresponded with his friend, Dr. Brocklesby. Drs. Cullen and Munro wrote their opinions and prescriptions to me, which I afterwards carried to London, and so far as they were encouraging, communicated to Johnson."

In May, however, he rallied sufficiently to enable him to again dine out with his friends, and in June he went to Oxford, and subsequently on a visit to his friend Dr. Taylor at Ashbourne. About November, he returned to London, at which time both the asthma and dropsy became more violent and distressing. It was now evident to those around him, that his condition was one of imminent danger. On the 30th of November a consultation of his physicians was held, at which Johnson proposed that his legs should be scarified, but his medical attendants opposing it, he gave in, although, as he said, he was not satisfied.

He rather rallied till the 8th of December, when at his renewed and urgent desire his legs were scarified by Mr. Cruikshank, to whom he said: "*Cut deeper; you are afraid of giving me pain, whilst I am anxious for life.*"

He now asked Dr. Brocklesby for his candid opinion of his case, and upon his giving him an unfavourable one, Dr. Johnson observed that from henceforth he would take no more medicine, a resolution he adhered to for the remainder of his life. On the 13th of December, he desired his servant to give him a case of lancets that he had in a drawer in his room, which was handed to him: upon those present observing the bed clothes move, they suspected his intention of puncturing his legs, and at once arrested his hand, but not in time to prevent him accomplishing his object; for upon turning down the bed clothes, they found an effusion of blood, caused by a deep incision which he had made in the calf of one of his cedematous legs. The loss of blood consequent upon this act, in his debilitated state, produced excessive exhaustion; stupor supervened, and at seven o'clock in the evening of that day, without a struggle, expired the great Samuel Johnson.

POST-MORTEM EXAMINATION:—Extracted from the MS. folio of "Dissections," by the late James Wilson, Lecturer on Anatomy in the Hunterian School of Medicine, Great Windmill Street.

"Wednesday, Dec. 15th, 1784, opened the body of Dr. Samuel Johnson for Mr. Cruikshank, in the presence of Drs. Heberden, Brocklesby, Butler, Mr. C., and Mr. White. He died on the Monday evening preceding. About a week before his death, Mr. C., by desire of his physicians, scarified his legs and scrotum, to let out the water which was collected in the cellular membrane of those parts, Dr. Johnson being very impatient to have the waters entirely gone. On the morning of the day on which he died, he repeated the operation himself, and cutting very deep, lost about ten ounces of blood; he used a lancet for this purpose; he was in too weak a state to survive such an apparently

trifling loss. For several years past, he had been troubled with asthma, for which he commonly used to take opium, and found that nothing else was of any service to him; he had discontinued this practice, however, some years before he died.

"On opening into the cavity of the chest, the lungs did not collapse as they usually do when air is admitted, but remained distended, as if they had lost the power of contraction; the air cells on the surface of the lungs were also very much enlarged;¹ the right lobe adhered very strongly to the diaphragm; the internal surface of the trachea was somewhat inflamed; no water was found in the cavity of the thorax. The heart was exceedingly large and strong; the valves of the aorta were beginning to ossify; no more fluid than common was contained in the pericardium. In the abdomen seemed to be incipient peritoneal inflammation and ascites; the liver and spleen were firm and hard; the spleen had almost the feel of cartilage. A gall-stone, about the size of a pigeon's head, was taken out of the gall bladder; the omentum was exceedingly fat; nothing remarkable was found in the stomach; the folds of jejunum adhered in several places to one another; there was also a strong adhesion by a long slip between the colon and bladder; the pancreas was remarkably enlarged; the kidney of the left side tolerably good, some hydatids beginning to form on its surface; that of the right side was almost entirely destroyed, and two very large hydatids formed in its place. Dr. Johnson never complained of any pain in this part; the left testicle was perfectly sound in structure, but had also a number of hydatids formed on its surface, containing a fatty gelatinous fluid; the right testicle had hydatids likewise, but the spermatic vein belonging to it was exceedingly enlarged and varicose. The cranium was not opened.

"N.B. Mr. White, assisting me to sew up the body, pricked his finger with the needle; the next morning he had red lines running up the arm, and a slight attack of fever."

REMARKS. There are several points of practical interest in Dr. Johnson's case. The emphysematous state of the lungs had been considered to be "asthma." Emphysema, it must be remembered, was not understood as a distinct disease before Laennec's time. In Johnson's case, we perceive how the morbid change becomes proportioned to the age of the patient, as paroxysms become severer, more frequent, and more trying. In his case, probably, the emphysema added to the hypertrophy of the heart. The influence of the emphysematous lung upon the heart, is perceived in that œdematous state of the lower extremities, to which Johnson was subject.

Upon a review, therefore, of Johnson's case, we find it strongly confirmatory of the influence of disease upon the genius and temperament of the individual. We find him *inheriting* a strumous disorder, although Johnson was disposed to attribute it to having *imbibed* the poison from

¹ Dr. Latham, sen., averred that the plate of *emphysema* of the lungs in *Baillie's Morbid Anatomy*, was taken from the lungs of Dr. Johnson. I am informed also, that the right kidney is still in the possession of a descendant of the Mr. (subsequently Dr.) White here mentioned.

a diseased nurse. At twenty he was attacked with the "vile melancholy,"—a hypochondriasis attributable, I am induced to believe, to an anæmic state of the blood, and which so much embittered his future life. Most fortunately for himself and mankind, bitter poverty, which certainly, in some degree, aggravated the disease by imperfect nutriment and probably a confined atmosphere, obliged him to make those efforts so important in the combating this sad disorder; for, as the poet truly observes,—

"Hurl but a stone, the giant dies."

It was therefore to the corporeal condition of Johnson, and to the train of thinking more immediately produced by that condition, that we are so much indebted. It has been well observed by my friend Dr. Miller: "Much has been said about the mind of Johnson modifying and influencing his bodily sufferings and the disease itself; but it would be an interesting inquiry, to examine, how far the corporeal condition tended to determine his character, and keep him continuously in one train of thinking." His mind, tinctured by morbid feelings even from earliest childhood, was of the most imaginative cast, and had it not indeed been for the consciousness of a bodily infirmity which continually possessed him, his mind might not have had that bias which led to such deep powers of reflection and a knowledge of moralities. Had he been blessed, therefore, with the "*mens sana in corpore sano*", he might only have been known to us as the poet, dramatist, and historian (and not moralist). Fortunately, I again repeat, Johnson was obliged to make those powerful efforts which produced the inimitable *Rasselas* in one week, and forty-eight printed octavo pages of his *Life of Savage* at one continuous sitting; and these exertions, combined with his love of society and the excitement produced by the animated conversations of the "Club", and the literary circle that surrounded him, were, I am convinced, the safeguard that prevented that morbid irritability and despondency becoming positive insanity. Johnson well knew his own feeling when he exclaimed, "Poor dear Collins" (who was then insane), "I have often been in his state, and therefore have it in great commiseration." It was this condition of body, that produced also that religious gloom and despondency and fear of death, that so strongly marked the character of "the great moralist." He felt the beauty of religion, and never ceased to desire the possession of it; but the same temperament, to which we have alluded, tinged his views upon this all-important subject. To many, in this respect, Johnson's character is mysterious; but if we take the view I have alluded to into consideration, all then becomes clear. I consider that there may be another cause of Johnson's morose disposition, more especially in the latter portion of his life; I mean what was presumed to be spasmodic asthma, but which I am inclined to think, from the post-mortem examination, was emphysema of the lungs. From the imperfect oxygenation of the vital fluid, "black blood" circulated through the brain, and hence arose nervous depression, gloomy thoughts, and deep despondency. It is evident that Johnson's physicians, in the earlier part of his life, did not treat his disorder judiciously. Swinfen, by his unfortunate remark "that it would probably terminate in madness", made an impression upon Johnson's mind that was never perfectly effaced: his intimate friend and medical adviser, upon

his coming to London—the excellent and good Dr. Lawrence—although the accomplished scholar and delightful companion, was not the practical physician, and had not much control over his rather unruly patient. We all recollect the “amusing scene”, as Mrs. Thrale terms it. The patient belaboured the physician: and Johnson promises, in the letter already quoted, to abide by Lawrence’s directions, and not read the prescriptions. Lawrence bled him, I cannot but think, too freely, and this increased the very malady which he was most desirous to cure. Fortunately, Johnson afterwards became acquainted with and took advantage of the kindness and decision of Brocklesby, the practical knowledge of Jebb, and the judicious treatment of Heberden, of all of whom, upon every occasion, their illustrious patient spoke in terms of high regard: and who had the happiness and satisfaction of assuaging the sufferings, and prolonging the life, of Samuel Johnson.

6, Orchard-street, June 1849.

ON THE REMOVAL OF OSSEOUS CATARACTS.

By W. WHITE COOPER, Esq., F.R.C.S. Eng., Senior Surgeon to the North London Infirmary for Diseases of the Eye.

THERE is a morbid change of the crystalline lens and its capsule, not very uncommon in persons of gouty and rheumatic constitutions, and which is also occasionally, though rarely, the result of injury. It is remarkable for the great suffering it causes, which can only be alleviated by the removal of the irritating body. The operation, however, is attended with more difficulty than might be expected from the notices in most ophthalmic works; as will be seen by the following cases.

CASE I. Mrs. Peters, aged 60, placed herself under my care on the 9th September, 1846. She stated, that two years previously, whilst attended by a physician for derangement of the general health, she was attacked with spectra, resembling black feathers waving before her left eye. This gradually increased; and at the expiration of six weeks she was seized with violent pain in the right eye, and almost immediate extinction of sight. She placed herself under the care of an eminent oculist, who depleted her largely and administered mercury freely, but without affording the least relief. She was then for some time under the care of Dr. Turnbull, without benefit. On examining the right eye, a yellow, apparently Osseous Cataract was visible, pushing forward the iris, and almost obliterating the anterior chamber. It was adherent to the margin of the pupil, though to what extent could not be ascertained, as atropine failed to produce the slightest dilatation. The iris had lost its brilliancy, and was of a dull olive-green colour; the globe was diminished in size, felt soft and boggy, and dark tortuous vessels were visible on the surface. There was not the slightest perception of light. The patient complained of agonizing pain in the eye, and a sensation as if something moved in it. At times, the suffering was so severe as to be scarcely bearable. The left eye presented appearances indicative of general chronic inflammation. The iris dull and discoloured; the pupil motionless; lens muddy and