

News, Notes and Queries

ACKNOWLEDGEMENTS

The medical case histories referred to are the original MS records now bound in one volume and filed in the hospital on the island. For background information the literature is very meagre, but I have had recourse to the following: *St. Helena* by Philip Gosse, (London, Cassell, 1938); *Six Months on Ascension* by Mrs. Gill (London, John Murray); *Darwin and The Beagle*, by Alan Moorehead (London, Hamish Hamilton, 1969).

I am indebted to Mr. F. Forrest, F.R.C.S., who was Consultant Surgeon on the island during my stay there, for encouraging me to write this account of the case histories.

ALAN MELTZER

SIR JOSHUA REYNOLDS' DEAFNESS

When they judged without skill he was still hard of hearing
When they talked of their Raphaels, Correggios, and stuff,
He shifted his trumpet, and only took snuff.

Oliver Goldsmith of Sir Joshua Reynolds.

My interest was first aroused after reading *The Club* by Vallance (1968) of which Sir Joshua was a member; and *Sir Joshua Reynolds* by Hudson (1958). In the latter there are a number of references to his deafness and his indistinct speech, and Hudson tells me (1969) he had been helped by Dr. Ernest Irons' monograph on *The Last Illness of Sir Joshua Reynolds* (1939). In this monograph reference is made to the deafness, but only incidentally. There are numerous biographies of Sir Joshua Reynolds, and most of them, if not all, make reference to his deafness and indistinct speech, but much is obscure and conflicting.

MEDICAL HISTORY

Pearce-Edgecumbe writes 'In the various lives of Sir Joshua we are told that the scar on his upper lip and his extreme deafness were both attributable, the one to accident and the other to illness occurring during the period of his external travels 1749-52 . . . The fact is, Sir Joshua had a slight hare-lip; and he was not the only one of his family who came into this world with this defect. Two sons of Dean Palmer (Sir Joshua's nephews) have this blemish . . . Indistinctness of utterance is very commonly associated with a hare lip, and Sir Joshua was not exceptional in this respect . . . Such a result of an accident would hardly be what one would expect, though indistinctness of speech is the natural concomitant of a defective palate.' Later he goes on . . . 'there is no doubt that deafness was hereditary in his family, as at least six others have suffered similar deafness coming on at a comparatively early age.' However, James Northcote of Reynolds' travels in Minorca writes 'At this time it was, I believe that his lip was so much bruised as to oblige him to have a part of it cut off, from whence arose that apparent contraction which Mr. Edwards supposed to have been owing to his subsequent illness at Rome, which brought on his partial deafness.' These are but two examples of the various views, which have been put forward by authors, and the cause of Sir Joshua's deafness may be summarized as either: (1) hereditary nerve deafness; (2) otosclerosis; (3) conductive deafness due to cleft palate; (4) middle-ear disease.

COMMENTS

If a review of modern knowledge is made together with the available information

it should be possible to eliminate all but the most likely diagnoses with some confidence. He was severely deaf in later life but his left ear was the better ear, witness the cupped hand behind the left ear in the self-portrait of 1775 and part of the mock-epitaph by Goldsmith quoted at the beginning of this article. Finally, on one of his holidays he writes in his diary that he 'lay at Sidereberg'. From its context this must have been Sittingbourne (Kent). Regrettably it is not possible to deduce anything on phonic grounds as to the type of his deafness from his misunderstanding of this town name.

Hereditary nerve deafness as classified by Proctor and Proctor is not tenable, because reference to the family and those of it affected by deafness (Pearce-Edgcombe) does not reveal a pattern seen in either dominant or recessive nerve deafness, both with or without associated defects. Hunter's post-mortem findings were of a greatly enlarged liver of pale yellow colour somewhat scirrhus, and right (*sic*) optic atrophy. Dr. Irons in his carefully reasoned article (1939) considers from these findings and the medical history that death was due to a malignant tumour of the liver with the primary in the left eye. Deafness is not a part of this syndrome; nor is deafness found in any syndrome giving vaguely similar symptoms and post-mortem findings.

Otosclerosis was presumably the hereditary condition to which Pearce-Edgcombe makes reference. He states that six other members of the family suffered deafness at an early age, and it is true that this is so in otosclerosis, but there the comparison ends. Although a kinsman, he makes no reference to Sir Joshua's brother, parents or grandparents being deaf; only the children of two sisters. As Cawthorne states, 'no certain genetic factors have as yet been determined, but there seems to be a tendency of related deafness to occur in the father, or one of the paternal relatives.' Thus otosclerosis is possible, but not from the available evidence, which is against it.

That he had a hare-lip is unlikely because Northgate, his pupil and member of his household for some years, was sure it was due to the Minorca accident. Further, Hunter, always a careful morbid anatomist, would hardly have missed a hare-lip; far less a cleft palate when it is remembered Hunter had made a special study of the human mouth and teeth. More to the point is that the lips are very much the same in the early self-portraits; and only the later self-portraits as when in his D.C.L. robes is there a faintly perceptible scar on the right side of the upper lip. From this it is possible to discount conductive deafness, so often the concomitant of cleft palates. Perhaps the most telling point against this is found in a letter quoted by Hilles, where Reynolds wrote to Miss Weston in 1749, ' . . . a fall from a horse down a precipice, which cut my face in such a manner . . . my lips are spoiled for kissing, for my upper lip . . . that a great part was cut off . . . '

Non-suppurative middle-ear disease mentioned by Vincent is an interesting possibility. Unfortunately the author of this view is now dead and in spite of examining all the references it has not been possible to find the source of this statement. Possibly Vincent may have found some unrecorded contemporary reference to the attack he suffered at the Vatican, and misunderstood it. Even a hundred years later, John Hinton was somewhat confused between acute suppurative otitis media, which he calls acute catarrh, and chronic exudative otitis media. I am inclined to believe Northgate's contemporary record, which says the deafness came on after the severe

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cold and earache at the Vatican. If his ears had discharged at the Vatican or afterwards at least one of his biographers, or Reynolds himself in his diary, where he carefully recorded his eye symptoms, would have made some mention of it. Hilles quotes many of Reynolds' letters, in some of which he refers to his poor sight, but never to his poor hearing. Thus it would seem that Sir Joshua Reynolds' deafness was the sequelae of an episode of middle-ear disease, and on the available evidence of the non-suppurative type.

SUMMARY

The medical history, as far as it is known, of Sir Joshua Reynold's deafness, is discussed. From this and modern knowledge, it is concluded that it was due to middle-ear disease, probably of the chronic exudative otitis media type.

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BARRY DUNN

GERARD VAN SWIETEN AND HIS TIME

A Symposium held at the University of Vienna, 8–10 May 1972

Two hundred years ago Gerard van Swieten died in Vienna aged seventy-two. Leaving his native Holland in 1745, he went to Vienna to serve the Empress Maria Theresa as her personal physician. Had he remained a court physician all his life, the University of Vienna today would probably not have commemorated the 200th anniversary of his death. It was to van Swieten as one of the most famous pupils of Boerhaave, as organizer of medical education, the public health services and the university system in eighteenth-century Austria and to van Swieten as head of the court library and man of letters, that the University of Vienna dedicated this commemoration. It was conceived in the spirit of van Swieten at an interdisciplinary meeting of scholars in the fields of the history of medicine and general history. Professor Erna Lesky, director of the Institute of the History of Medicine, and Professor Adam Wandruszka, holding a chair of Austrian history at the University of Vienna, were responsible for the organization.

The inauguration of the symposium was held on Monday, 8 May in the festival hall of the university in the presence of Franz Jonas, President of the Federal Republic