

THE LAST ILLNESS OF LORD BYRON

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George Gordon Byron was born in London on Tuesday 22 January 1788, the son of Catherine Gordon of Gight and Captain John Byron ('mad Jack Byron'). The infant was born with a deformed right foot: it appears to have been a club foot of mild degree, the heel being drawn up and the sole of the foot turned inward. John Hunter recommended a special shoe though he offered no hope of an actual cure. In spite of this handicap from birth, Byron lived an active and healthy life, keen on horse riding, swimming and pistol shooting. He also played cricket for Harrow School. In 1810, on the third of May, Byron and Lt Ekenhead of the frigate *Salsette* swam the Hellespont from the north shore, a distance of more than four miles, in cold water with strong currents. He had previously swum the Tagus.

Byron's life has been well described several times.¹⁻⁴ The purpose of this paper is to bring together the clinical details and observations of the events leading up to his death in Mesolongi, Greece, on Easter Monday 19 April 1824, and to discuss his final illness.

BYRON'S THREE PHYSICIANS

Byron was in the care of three physicians during his last years. John William Polidori⁵ was at Ampleforth School and studied medicine at Edinburgh during the years 1811-15 graduating MD. In April 1816, he was appointed personal physician to Lord Byron and accompanied him on the Continent. Polidori had literary ambitions and wrote *The Vampyre* during his stay at the Villa Diodati on the shores of Lake Geneva when Shelley and Byron were there. Byron was unhappy with Polidori's vanity and flightiness and in September 1816 dismissed him. He said, 'His remaining with me was out of the question'. Polidori returned to England and set up a practice in Norwich in 1817; he committed suicide in 1821.

Francesco Bruno boarded the brig *Heracles* in Genoa harbour as personal physician on 13 July 1823. He had been recommended to Byron by Dr Alexander, the English doctor at Genoa. Bruno was just out of Genoa University. He was intelligent but timid, and he later informed Pietro Gamba, Byron's companion, that he had been 'in perpetual terror' of Lord Byron. Bruno was very emotional and would 'wring his hands and tear his hair with alarm and vexation'. He was inexperienced and of an unstable temperament but devoted to Byron. He was with Byron to the end and attended the funeral at Hucknall Torkard. On returning to England he refused to accept from the executors any fee for his services and nothing is known of his subsequent life.

Julius Millingen arrived at Cephalonia in November 1823, having been sent by the London Greek Committee to dispense medical stores furnished by the Society of Friends. He was later accused of selling them for his personal profit. Millingen had trained at Edinburgh. He is recorded in the University of Edinburgh as having matriculated in 1817-18 and as having been resident in Calais in 1818-19, Paris in 1819-20, Calais again and 1820-21 in London. He did not graduate from Edinburgh University but instead qualified as Licentiate of the Royal College of Surgeons of Edinburgh, in 1821; it was a cheaper option. His domicile was given as Constantinople.

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Millingen was in Edinburgh when bleeding was current practice, as it was in most European universities including that of Genoa. He was not appointed a personal physician to Byron but was called in by Bruno on the 12 April 1824, and was with Byron until the end. He was 23 years of age. Millingen was not in any way an 'appropriate person'.² In the record of his doings and conversations, there is much that is false or at least exaggerated and inaccurate. In 1824, he deserted to the Turks and entered their service, resided for over 50 years at Constantinople as physician to five successive Sultans and had four wives. He died in 1878 and is buried in the British Cemetery in Haidar Pasha.

Thus both physicians attending Byron during his last illness were young and inexperienced.

THE FINAL MONTHS

On 11 August 1823, Byron (Figure 1) had crossed from Ithaca to Cephalonia in an open boat under a hot sun. That evening, while the Abbot of the monastery where he was staying was delivering an address, Byron seized a lamp and cried out 'My head is burning, will no-one relieve me from the pressure of this pestilential madman?' He refused any medicine and tore his bedding and clothes. He finally took Dr Bruno's '*benedette pillole*' and uttering something like childish drivel he lay down and went to sleep. The next morning he was quite composed and courteous to the Abbot on leaving.



FIGURE 1
Byron, George Gordon, sixth Lord of Gight (1788-1824) by William Edward West, 1822.
(Photograph by courtesy of the Scottish National Portrait Gallery.)

According to Pietro Gamba,² Byron's companion, brother of his mistress, Teresa Guiccioli, and a devotee, Byron enjoyed excellent health and spirits during the period following this incident. He lived on bread, wine, fish, olives and had a glass or two, not more, of light Asti wine.

Byron arrived at Mesolongi on mainland Greece on 5 January 1824. Mesolongi (Figure 2) lies on a lagoon surrounded by marshes. The house in which Byron lived faced over the lagoon and possessed few conveniences and no drains; waste was simply slopped into the lagoon.



FIGURE 2

Byron's house, Mesolongi, 1824, from an aquatint by H. Raper. (Photograph by courtesy of John Murray Publishers Ltd.)

On 15 February, Gamba found Byron lying on the sofa on the upper floor of the house, calling out that he was not well. In the late evening, Byron had a fit and Dr Bruno and Dr Millingen⁶ were with him. He had had a change of countenance. He complained of a pain in his knee, and tried to stand up, but could not walk. His mouth was drawn to one side and, while in the fit, he foamed at the mouth, gnashed his teeth and rolled his eyes like one in an epilepsy (Millingen). After remaining in this state about two minutes, his senses returned. The next day he was still very weak but got up at noon. Drs Bruno and Millingen decided that Byron should be bled and applied eight leeches to his forehead but there was excessive bleeding as they had been applied too near the temporal artery, causing Byron to faint. Byron recovered slowly and had been deeply disturbed by the attack, asking whether it would prove fatal and saying that he was not afraid to die. Two days later his eyes were acutely inflamed.

By 20 February, Byron was out riding again. On the evening of the 22nd Byron suffered a slight return of the 'attack', with convulsions in the right leg, but it quickly settled.⁵ For the next week Byron resumed his long rides and his health improved visibly. He maintained a restricted diet of vegetables and fish.

On 1 March Byron complained to Gamba that he was often afflicted by vertigo, which made him feel as if intoxicated. He had also very disagreeable nervous sensations resembling the feeling of fear. Later in the month, Byron was prevented from riding

because of heavy rains and he complained of frequent feelings of oppression on his chest, but nevertheless continued evening exercises.

By 4 April Byron was able to go riding. While doing so, on 9 April, he was overtaken by heavy rain. He arrived at Mesolongi wet through and in a violent perspiration, having instead of riding returned in an open boat, a journey of half an hour. Two hours later he was seized by shuddering and complained of fever and rheumatic pains. Overnight he was feverish but not enough to deter him from riding out again the next morning, an hour earlier than usual, for fear that it would rain if he waited. He still had pains in his bones and a headache. That evening, 10 April, he was visited by Dr Millingen, and later by Dr Bruno to whom he complained of wandering pains over his body and chills alternating with hot spells. During the night he slept little and restlessly and in the morning Bruno, as usual, recommended bleeding but when Byron refused firmly, he dosed his patient with castor oil and gave him a hot bath.

BYRON'S LAST DAYS

On Sunday 11 April, it was considered sending Byron to Zante for medical advice but the illness intensified and the sirocco had blown up, preventing vessels leaving port. Meanwhile Dr Bruno prescribed antimony powder to reduce the fever, as Byron resisted bleeding and the application of leeches. Dr Millingen was not called in until the fourth day of illness.

On 14 April Byron rose at noon, as he had done every day of his illness. He was weak and suffered from pains in the head. He wanted to go riding but was dissuaded. No-one was allowed to see him but the two physicians, Count Gamba, the servants Tita and Fletcher, and Parry, the fire-master. Parry noted that the patient's mind frequently wandered in delirium. The two doctors tried to persuade Byron to submit to bleeding but he became irritated 'saying that he knew very well that the lancet killed more people than the lance'. They continued administering pills and cathartics.

On 15 April the doctors again wanted to bleed Byron but he refused. In the evening Parry perceived that Byron was seriously and desperately ill. All around Byron were in an emotional state, including Dr Bruno who seemed incapable of bringing whatever knowledge he might possess into use. Parry, the old soldier, left Byron at about 10 pm and the doctors returned to menace him with bleeding. Byron was seized by violent spasmodic coughing which caused him to vomit. The doctors' protestations of devotion and Byron's own weakness caused him to succumb and promise to yield his veins the following morning.

On 16 April Byron said he had passed a better night and would not be bled. Millingen reminded him of his promise and said that the disease might so act on his 'cerebral and nervous system as entirely to deprive him of his reason'. Then casting at us both the fiercest glance of vexation he threw out his arm and said, in the most angry tone, 'Come, you are, I see, a damned set of butchers. Take as much blood as you will, but have done with it'. The doctors drew a full pound without much effort. Two hours later they took another pound 'very thin in appearance', after which Byron slept a little. On 17 April the doctors took a further ten ounces of blood arguing that it would make him sleep. Byron was talking wildly in delirium.

Two other doctors were called in for consultation, Dr Loukas Vaya, physician to Prince Alexander Mavrogordato, patriot and first President of Greece, and Dr Treiber of the artillery brigade. Both agreed that Byron was too weak to be bled further. They gave him some Peruvian bark,⁷ water and wine to allay his thirst, and applied two blistering plasters* on the insides of his thighs. Byron was in delirium and convulsions

* Blistering plaster - a counterirritant.

but the doctors were able to make him drink some laudanum and ether but he had great difficulty in swallowing. Further blisters were applied to the thighs and the nape of the neck.

The 18 April was the Greek Easter Sunday, but as Byron was delirious and very ill, the celebrations in the town were suppressed in deference to him. Dr Bruno returned with the one remedy he knew and, getting the consent of the other doctors, applied 12 leeches and extracted two pounds of blood. For a while Byron was calm and discussed letters with Gamba, who had arrived at noon. By the middle of the afternoon Byron realised that he was in mortal danger. He was nevertheless able to walk across the chamber leaning on his servant. Later he became delirious again and talked wildly. The doctors gave him a clyster of senna, three ounces of Epsom salt and three of castor oil. Byron got out of bed to relieve himself. This was the last time he left his bed. At 6 pm Fletcher heard Byron say 'I want to sleep now'. These were his last words. The doctors applied leeches to his temples and the blood flowed all night.

On Easter Monday 19 April his breathing became stertorous and his pulse intermittent. He remained unconscious, moaning a little from time to time. At 6.15 pm Byron was seen to open his eyes and close them again. Byron was dead. The next day Drs Bruno and Millingen attended by Dr Meyer, a Swiss editor of the *Greek Chronicle* carried out a post-mortem examination.

Millingen's account is given. It will be noted that the state of the spleen is not mentioned in the autopsy report but is included in the official certificate of the authorities regarding the disposal of the body.

EXTRACT FROM DR MILLINGEN'S POST-MORTEM REPORT

'The only blemish of his body, which might otherwise have vied with that of Apollo himself, was the congenital malformation of his left* foot and leg. The foot was deformed and turned inwards; and the leg was smaller and shorter than the sound one. Although Lord Byron preferred attributing his lameness to the unskillful treatment of a sprained ankle, there can be little or no doubt, that he was born club-footed.

The following are the principal phenomena, which the autopsy presented. The cranium resembled completely that of a man much advanced in age, its sutures were obliterated, its two tables were united into one, no traces of the diploë remained, and the texture of it was as hard as ivory. The adhesion of the dura mater to the interior of the skull-cap was extraordinarily strong. Its vessels were large, highly injected, and it had acquired at least twice its usual thickness. Each of its surfaces was covered with strong organised bands, uniting them powerfully to the adjacent parts. Its prolongation, the falciform process, was perhaps even more inflamed, and adhered firmly to the hemispheres; and the tentorium cerebelli, though in a less degree, was also strongly injected. The pia mater presented the appearance of the conjunctiva of an inflamed eye. The whole system of sanguiferous vessels, of the cerebrum and cerebellum, was gorged with blood, and their substance was surprisingly hard. The ventricles contained several ounces of serous fluid.

The lungs were perfectly healthy and crepitant; and what is seldom observed in natives of cold climates, had not contracted the slightest adhesion to the pleura. The appearance, presented by the heart, was singular. Its parietes were as collapsed, and of consistence, as flabby as those of persons, who have died of old age. Its muscular fibres were pale, and hardly pronounced; and the ventricles had no thickness whatever.

* Byron's mother stated that it was her son's right foot which was deformed.

The liver was beginning to undergo the alterations, observed in persons, who have indulged in the abuse of alcoholic liquors. Its bulk was smaller, its texture harder, its colour much lighter than in its healthy condition. The stomach and intestines presented no remarkable phenomena.'

There is another account of the post-mortem examination given by Dr Bruno⁴ with little additional information. 'The intestines were of a deep bilious hue and distended with air. The kidneys were very large but healthy and the vesica relatively small....' - the physician who attended Lord Byron concludes that he might probably have recovered from his illness, had he submitted to the loss of blood which was recommended at the commencement of the disease. It was considered that Lord Byron had died in consequence of inflammation of the brain.

The post-mortem accounts were commented upon in 1957 by Dr Nolan D.C. Lewis of the New Jersey Neuro-Psychiatric Institutes. 'The chronic condition of the bones of the skull and of the meninges and of the brain secondarily could well be due to constitutional weakness or predisposition to such changes which were precipitated and perpetuated by the various excesses during his short but very intense life....in the face of this chronic situation, there were added at the end the factors of exposure to dampness, high fever and some form of associated secondary infection (*La Grippe?*) bringing on the acute changes in the intracranial structures. Thus apparently in the brain there was an acute inflammatory process superimposed upon an old chronic one with adhesions to the skull and brain sufficient to account for his symptoms of fits, headaches and vertigo. The chronic inflammatory processes in the skull and the brain coverings and the terminal cerebral congestion could both have been the result of a combination of different causes and could well have been the source of his convulsions which were not epileptic, in my opinion, but symptomatic of a local irritation.'

The body was put in a tin-lined packing case and some earthenware jars held the intestines, the brain, the heart, the liver, the spleen, the stomach and the kidneys. The lungs were deposited in the Church of Saint Spiridion in Mesolongi. The body was shipped to England on the brig *Florida*. On 16 July 1824 Lord Byron was buried in the vault at Hucknall Torkard.

DISCUSSION

The diagnosis of Byron's illness varied with the course of the disease. Byron was told at first that it was only a common cold: Byron did not think so. The doctors disputed about taking blood and Byron was very dissatisfied with his treatment.

Two days before his death the doctors thought that the disease was changing from inflammatory to a languid diathesis and they ordered quinine, opium and ammonia. On post-mortem the brain was found to be in a state of 'highest inflammation', and the doctors were convinced that earlier bleeding would have saved Byron's life.

It would seem that Byron had had two epileptiform attacks, one on 11 August 1823 and one on 15 February 1824. The febrile illness commencing on 9 April seems to have been a separate event and could have been malaria. The massive bleedings to which Byron was subjected were probably a major contributing factor in causing his death.

In estimating the blood loss Byron sustained the following facts are known:⁸⁻¹⁰

- | | | |
|-----------------|---|--|
| • 16 April 1824 | am
after 2 hours | 1 lb
1 lb 'very thin in appearance' |
| • 17 April 1824 | | 10 ounces |
| • 18 April 1824 | 12 leeches
'Leeches applied, blood flowed all night'
say 12 leeches | 2 lb blood |
| • 19 April 1824 | 6 pm | Byron died |

Thus the blood loss from venesection was 4 lb, 10 oz Apothecaries which is equivalent to 1803.99 g.*

In the blood loss from the leeches, the size of the leech was important.¹⁰ Twenty-four large leeches took 20 oz equivalent to 622.06 g, total blood loss within 60 hours was 2426 g equivalent to 2.426 l excluding blood loss from leech wounds.

This is a massive haemorrhage and together with an attack of malaria - possibly cerebral malaria - could have caused Byron's death.

MALARIA IN GREECE^{11,12}

Malaria was endemic by 400 BC. Greek physicians distinguished between quotidian, tertian and quartan fevers. Hippocrates noted swelling of the spleen in patients from swampy districts. Malaria in Europe was on the decline from 1855, although it reached the Arctic Circle in 1922-23. In 1916-17, British, French, German and Bulgarian troops suffered severely from malaria on the Macedonian front. Two million service days were lost per year. In 1916, 30,000 and in 1917, 70,000, British troops contracted malaria. The French could only put 20,000 out of a force of 120,000 in the field in 1916. In May 1905, Ronald Ross¹³ surveyed an area at Lake Kopais in Boetia. Out of 62 children examined between the ages of 5 months and 14 years, 40 were infected with malaria, i.e. 64.5%. *A. maculipennis* was the insect vector. In a village called Mazi, Ross found 20 out of 40 children infected and, on the borders of the Kopais plain, 80 out of 142 children. In five different places, out of 292 unselected children he found 97, one third, infected.

The official figures for 1905 for Greece as a whole are as follows:

- | | |
|------------------------------|---------------|
| • Population of Greece | 2,433,806 |
| • No. of cases of malaria | 960,048 |
| • No. of deaths from malaria | 5,916 |
| • Death rate | 2.4 per 1,000 |

Both pernicious attacks and blackwater fever were very common.

In 1933, Balfour^{10,11} of the Rockefeller Foundation made a survey of malaria in Greece. More than 8,000 children in 69 places were examined. Of 8,184 examined, 35.6% had an enlarged spleen, and of 7,661 blood samples, the parasites are found in 17.4%.

Malaria was a serious problem in all parts of Greece including the islands. The vectors are the biological races of *Anopheles maculipennis*: *A. elutus*

* 1 ounce Apothecaries = 31.103 g
1 pound = 373.24 g
1 ml blood = 1 g

(or *sacharovi*) and *A. superpictus*. In Balfour's survey, carried out in summer and autumn, the species of the parasite were *Plasmodium vivax* 34%, *P. falciparum* 33% and *P. malariae* 31% respectively.

We can assume that in Byron's day malaria was a both widespread and serious. Mesolongi means 'in the midst of a waste of wood and marsh' and malaria would be endemic. The mosquitoes are active and seeking blood from March or April till November, and malarial parasites have been found as early as 11 May. July, August and September are the months in which transmission most commonly occurs. Transmission however may occur in winter and, if there has been heavy rain, in spring.

CONCLUSION

Taking into consideration the history, the description of the clinical features and the autopsy report, it would seem that Byron did have a major epileptic attack, but the significance of this is difficult to relate to his final febrile illness.

Febrile illnesses resulting in inflammation of the brain and its membranes could be due to acute bacterial or viral meningitis, tuberculosis and syphilis. Similar inflammation also occurs in falciparum malaria which was common in Greece. In favour of a diagnosis of malaria are the intermittent bouts of fever, the chills, delirium, vomiting and sweating. Enlargement of the spleen has not been mentioned. The amount of Peruvian bark, which was given orally, is not stated, but its influence on a falciparum infection could only have been slight. Intravenous quinine is presently used in such cases. The neurological symptoms which Byron suffered point to the infection being with *P. falciparum*, as also do the brain haemorrhages.

Whether Byron would have survived if the massive bleedings had not been carried out can only be conjectured. Nevertheless, bleeding, fashionable at that time, was surely a major contributory factor to the untimely death of one of Britain's greatest poets.

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