

Samuel Johnson: his ills, his pills and his physician friends

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ABSTRACT – Samuel Johnson (1709–1784) was one of the greatest men of his age. Although famed for his writings, especially his Dictionary and his folio on Shakespeare, he is remembered for his tavern conversations, his literary clubs and the great biography of his life by Boswell. He always enjoyed having physicians as his friends, and took a great interest in all branches of medicine. He would advise and prescribe for friends who regularly consulted him, and he was not unhappy when mistaken for a physician. Particularly in his last years he had need of physicians for his own care, but held his own distinct views on whether to take their medicines and in what dose – usually much higher than prescribed. His many illnesses and his knowledge and views on medicine make him of continuing interest to physicians and give us insight into medical practice and beliefs in the Age of Enlightenment.

KEY WORDS: 18th century medicine, gout, heart failure, James' Fever Powder, King's Evil, Royal Touch, Samuel Johnson, scrofula, stroke, Tourette syndrome,

My interest in the 18th century lexicographer Samuel Johnson (1709–1784) (Fig 1) began about 30 years ago when I read for the first time Boswell's *Life of Johnson*.¹ It started for me a study of Johnson's illnesses, his dabbling in medicine and his physician

friends that still continues. Johnson knew many members of the Royal College of Physicians as friends and personal physicians. He admired their generosity and skill and had a lifetime interest in the art and practice of medicine.

Johnson's medical history

Johnson's contact with physicians began at his birth. There was concern over the delivery of 40-year-old Sarah Johnson and, unusually in that era, she was attended by a man midwife, Dr George Hector. In the background was another physician, Dr Samuel Swinfen, a lodger at the Johnson home who became his godfather. The child suffered from poor eyesight, poor hearing and scrofula, which Dr Swinfen blamed on the probably innocent wet nurse.² Young Sam was given various treatments, including incisions on his neck, the scars of which are visible on his death mask. When these were deemed unsuccessful, Sir John Floyer recommended he be taken to receive the Royal Touch from Queen Anne. Following an elaborate ceremony (the last to be performed by an English monarch), about 200 sad and sick hopefuls were touched by the Queen and given a 'touch piece', a 6s 8p coin. It is interesting that Johnson, who said he did not much believe in the Royal Touch, wore the touch piece all his life.

Johnson had many illnesses, but was probably no more unhealthy than most of his generation. Hollis said, 'Had Johnson lived at a later date, science would have been able, if not to cure his oddities at least to name them.'³ Most of his ills can now be named and treated. They included tuberculous scrofula, poor eyesight, recurrent depressions, gout, sarcocele (sarcoma of the testis), right heart failure with cor pulmonale and probably hypertension.² He exhibited typical features of Tourette syndrome, with involuntary tics, gesticulations and vocalisations, compulsive behaviours and some self-mutilation.⁴ These behaviours prevented him from obtaining a teaching position as it was feared his twitching and grimacing would frighten the children. He seldom mentioned these features that shocked and surprised those who met him for the first time, well documented in their diaries.

Johnson first began to suffer from a 'dismal inert-

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Clin Med 2003;3:368–72

Key Points

Samuel Johnson suffered from many illnesses, including scrofula, hearing and vision impairment, Tourette syndrome, gout, stroke and heart failure

He enjoyed knowing physicians and had them as friends and members of his clubs as well as personal physicians

He made a study of all branches of medicine, would argue with the physicians, disobey their advice to him and decide which of their medicines he would try and in what dose, usually much higher than they advised

Because of his knowledge of medicine, friends would ask him for advice and he would also prescribe for them

He felt medicine was a great benefit to mankind, and physicians were generous in donating their services even without pay, as he seldom paid them

ness of disposition' in his school days, but at age 20 he had a severe depression that left him with a lifelong fear that this melancholy would return, a fear compounded by Dr Swinfen's uncalled for remark that his melancholy would probably terminate in madness. When Johnson gave Dr Swinfen a list of his symptoms in Latin, Swinfen was so impressed that he showed it to his colleagues, a breach of professional confidence for which Johnson never forgave him. Boswell notes seven periods of depression over his lifetime. Mrs Thrale (in whose Streatham house Johnson lived for 16 years, for whom he had an extraordinary affection, and who later married the Italian musician, Giovanni Piozzi) said that Johnson made an intimate study of all branches of medicine but particularly of 'disorders of the imagination'. He never trusted himself to be alone, and always sought out company.

He used a number of techniques to ward off the black dog of melancholy which he felt he inherited from his father. They included attempts to be more virtuous, moderation in diet and alcohol, exercise (especially long walks) and reading. When he felt the onset of melancholy while walking with Boswell in Scotland, he bought a copy of Cocker's *Arithmetic* to occupy his mind. He said melancholy should be diverted by every means but alcohol. He was impressed by George Cheyne's book, *The English Malady*, and recommended it to Boswell who also had depressions and was buoyed by the knowledge that a great mind like Johnson could suffer the same problem.⁵

Johnson's physician friends

Johnson knew 57 physicians, many as close friends and members of his literary clubs.⁶ According to Boswell, he had much pleasure in the company of physicians, enjoying discussions on life, health, death, suffering and healing, and for their views on the latest medical or scientific theory or experiment. He had no reluctance to intrude on the doctors' territory, but recognised that they were sensitive about such intrusion, particularly when he gave medical advice to his friends and even wrote prescriptions for them to take to the apothecaries. He was not displeased when his conversation or his Latin prescriptions caused him to be mistaken for a physician. Friends respected his medical knowledge and regularly questioned him about their medical conditions and their physicians' therapy.

His boyhood friend from Lichfield Grammar School, Dr Edmund Hector, was a major support when Johnson was depressed and invited him to live with him.⁷ The young surgeon felt that Johnson's mind should be occupied, and arranged for him to write newspaper articles and translation from the French of Lobo's *Travels to Abyssinia*. Dr Hector's patient kindness saw Johnson through a difficult time, and they remained friends and correspondents throughout their lives. Dr Hector sent money through Johnson's mother to support him while he was working on his Shakespeare folio.

Another boyhood friend from school, Dr Robert James,⁸ suggested that he and Johnson should produce a medical dictionary. Johnson wrote the proposal for the project and the dedication to Dr Richard Mead, as well as some other medical



Fig 1. Samuel Johnson in his final year, done shortly after his stroke. (Mezzotint [Berlin, 1786] after the painting by John Opie, 1783.)

biographies and some sections of the book. James and Johnson undoubtedly selected Mead because he was a proponent of an amicable and professional relationship with the apothecaries, a view they shared. Johnson liked James, and felt he taught him a lot of medicine, although he lacked social skills and was constantly in the company of whores and was said to be drunk for 20 years. Even though he did not have much faith in James' Fever Powder, one of the most successful patent medicines of the age, he defended him when his patents were challenged in the courts.

There were always physicians in his literary clubs, including Drs Nugent, Fordyce, Warren, Goldsmith and Sir Richard Blackmore. His, usually unpaid, personal physicians included Drs Thomas Lawrence, William Cruickshank, William Heberden, Lucas Pepys and Richard Brocklesby. He admired Thomas Lawrence, eight times elected President of his College, but equally regarded the irregular physician Robert Levet, the tattered Oliver Goldsmith and the alcoholic Robert James. He had little patience with quackery whether from street vendors or the King's physicians, and disliked all medical arrogance and puffery.

During his middle years, physicians were friends and correspondents but increasingly he needed them for their professional help and advice. His most trusted physician during these later years was Thomas Lawrence, himself afflicted with a

marked tremor of his head, probably a benign essential tremor. When Lawrence died he lamented, 'I have lost the conversation of a learned, intelligent and communicative companion, and a friend whom long familiarity has much endeared'.

Although said in a critical manner, there is something touching in Piozzi's comment that Johnson 'nursed whole nests of people in his house, where the lame, the blind, the sick, and the sorrowful found a sure retreat'. Robert Levet was one of these, living with Johnson for 20 years.⁹ He was an 'irregular' physician, ignored by many people who thought him an unsuitable friend for Johnson. After breakfast with Johnson each morning, Levet went into the slum areas of Marylebone or Houndsditch to care for the poor in streets, those who seldom could pay him for his efforts save with a tall glass of gin or other strong drink – causing Johnson to comment that only Levet got drunk for the right reasons. Levet picked up his medical skills or, as Johnson put it, his 'single talent', by listening to the conversation of surgeons and physicians, walking the wards of Paris hospitals and attending free medical lectures. He probably had more practical education than many university trained doctors, but was said to have learned his medicine 'by the ear' and had no degree or licence. Johnson told Boswell that, if ill, he would not be content with the attendance of the whole College of Physicians if he did not have Levet at his side. In his elegy, perhaps his best poem, 'On the Death of Dr Levet', Johnson refers to the 'letter'd arrogance' that would not give Levet his due respect and praise. Always critical of artifice in physicians, he said of Levet:

His vig'rous remedy display'd
The power of art without the show

Johnson's knowledge of medicine

Johnson knew a lot about the art of medicine. Mrs Thrale said he had made a study of all its branches, applying his critical 'eternal microscope' to the thinking of others. He felt the art of medicine was not a secret for the doctors, but a useful and practical means for all. In his preface to James' *Medicinal Dictionary* he indicated that the aim of the book was to make every man his own doctor.⁸ When Henry Thrale had his stroke, Samuel Johnson asked, 'Does (the physician) direct any regimen, or does Mr Thrale regulate himself?', by which he meant that one could seek the attention of a physician but could just as well rely on one's own remedies. He admired the skill of doctors, but felt managing life and illness was a responsibility of the individual, consulting with the doctors if necessary, always weighing their advice and recommendations. Johnson was not passive about his life or illness.

Boswell and Hawkins said that Johnson was a great dabbler in medicine. He dabbled medically on himself and on his friends. Johnson recommended Bennet Langton take sulphur, mustard seed, sugar and infusion of the root of lovage for his rheumatism, but after learning more about the disease suggested the addition of Peruvian bark (quinine). He made recommendations for the treatment of Mr Thrale when he had his stroke, recommending phlebotomy coupled with bleeding diet and

exercise. On one occasion he suggested that Mrs Thrale take the waters of St George's Spa, and on another advised her to keep taking the bark (quinine) as long as needed and then 'throw physic to the dogs'.

He advised others of the health giving value of travel, diet, sleep, abstinence from alcohol and relief from worry and anxiety. When Thomas Lawrence had a stroke, Johnson recommended that he take electrical treatments to revive his hand. He suggested to the Reverend John Taylor that his physician did not quite understand the nature of his distemper, that he should ignore the doctors and instead take milk and go on a regulated diet. He suggested Miss Hill Boothby use a special mixture of powdered dry orange peel for her dyspepsia. After Heberden finished with his blistering for the stroke, Johnson said he 'compelled the apothecary to make his salve according to the Edinburgh Dispensatory, that it might adhere better; I have now two on my own prescription'. When he prescribed for Hill Boothby he added, 'I would not have you offer it to the doctors as my medicine: Physicians do not love intruders'.

Although Johnson sometimes interfered both with his physicians' attempts to help him and with their care of other people, it should be emphasised that he was sought out for his advice by friends who respected his knowledge of medicine.

Johnson had a strong belief in many medical measures, but always with a critical eye. For example, he felt the therapy of treating old men with cold baths did not prove the worth of the treatment as it was not known if the old men might have done just as well without the therapy. He valued many of the physicians' remedies, but would then decide when and how much he needed, often disobeying the physicians. He was less enthusiastic than the physicians for travel to expensive spas or for the exaggerated claims for medicated steam fumigation and hydrotherapy. A major part of Johnson's approach to health was not in medicine or doctors, but in rules of living. He said, 'Life is not to live, but to be well'.

He enjoyed discussing medical subjects such as infant mortality in London, the relationship between density of population and epidemics, and also the fruitlessness of Dr Radcliffe's travelling fellowships. Another subject on which he disagreed with the physicians was the cruelty and uselessness of medical vivisection, arguing that nailing dogs to tables and opening them while alive was an inappropriate activity for those who were to practise an art characterised by compassion and kindness. He added, 'I know not, that by living dissections any discovery has been made by which a single malady is more easily cured'.

Johnson knew the pleasures but also the risks of alcohol, recommending to his friends that they restrict alcohol, especially at night but, best of all, abstain altogether. Johnson admitted that at times he drank a lot, and at other times abstained – it was moderation he found difficult. Although he mostly abstained, he lamented, 'There is no doubt that not to drink wine is a great deduction from life'.

He was careful about diet but in strange ways, alternating fruit and vegetables one day with meat the next. He would eat peas on Monday and Wednesday. He recommended this diet for

Mr Thrale, but felt such frugal dining was not necessary for the slender Mrs Thrale. Although obese, he was not tolerant of others who were overweight. When Boswell suggested some fat people eat moderately while some thin people eat a great deal, Johnson countered, 'Nay, sir, whatever may be the quantity a man eats, it is plain that if he is too fat he has eaten more than he should have done'. He was no more tolerant of smoking, which Boswell defended as a soothing sedative. He said, 'It is a shocking thing, blowing smoke out of our mouths into other people's mouths, eyes and noses, and having the same done to us'.

The death of Johnson

In his last years both Lawrence and Levet had died. At age 71 he was having chest discomfort, 'convulsions in my breast which had distressed me for more than 20 years'. Was this the angina pectoris first described by his physician William Heberden?¹⁰⁻¹² A year later he was even more short of breath and oedematous, taking three grains of opium a day for relief, but which he later concluded was unhelpful. Although not a believer in the widespread use of phlebotomy for minor ailments, he was bled a number of times each year for his increasing shortness of breath. His physician then was the Edinburgh trained Dr Lucas Pepys, with whom he argued and berated for his timid reluctance to bleed him as copiously as he demanded.

One night in 1863 Johnson recognised that he had suffered a stroke. The day before he was sitting for Miss Frances Reynolds, sister of the prominent artist Joshua Reynolds, for what would be his last portrait. He was 73, in failing health, short of breath and in pain from his gout. He did not like his portrait – not surprising as it was said that Frances painted pictures that made everyone laugh and her brother cry. Fatigued, he retired to bed but awoke in the night with symptoms he recognised as an attack of apoplexy. He was afraid for his mental faculties, and to test his mind composed a prayer in Latin. He said it was not a good prayer, but was relieved that he could compose a Latin prayer and recognise that it was not a good one. He took some brandy, understanding that it was good for eloquence of the voice, and went back to sleep. When he awoke, his speech was still impaired so he wrote a note to Mr Allen, a neighbour, to ask that Dr William Heberden be called. He also wrote to Dr John Taylor, who was visiting London, asked him to visit and pleaded, 'Bring Heberden with you if you can'.

Heberden prescribed blisters to his head, back, throat, neck and cheeks, to be produced by vesicatories including cantharides. Although they caused blistering, Johnson judged them ineffective and substituted his own salve. After a month, his speech slowly returned to normal. As a neurologist, it is interesting to note Johnson's difficulty with expressive speech while retaining from the outset his ability to communicate by writing.

Johnson probably called Heberden first because he was a prominent London physician, known for his intellect and wide learning, and instrumental in starting the *Transactions of the Royal College of Physicians*, in which he published his most famous observation, the description of angina pectoris.¹¹ His

complex iron medicine was known to medical students in the 18th and 19th centuries as 'Heberden's ink', just as Heberden's nodes are known to every medical student today. Johnson also admired his kindly, cheerful and scholarly manner, coupled with directness and truthfulness. Johnson felt strongly about the need for physicians to tell the truth. He said, 'I deny the lawfulness of telling a lie to a sick man, for fear of alarming him. You have no business with consequences, you are to tell the truth'. In his last days he would refer to Heberden as 'Dr Heberden, *ultimus Romanorum*, the last of our learned physicians'.

Johnson consulted many physicians, but he was always in charge, sometimes pressuring them to give him therapies against their professional judgement. He goaded them into bleeding him, and in amounts they felt unwise. He even cut his own vein to do his own phlebotomy, bleeding so much that the stream of blood had to be stopped with the help of Robert Levet and Johnson's black servant Francis Barber. Dr Lucas Pepys continually discouraged Johnson's desire to be bled, and by such copious amounts, but Johnson believed (as did Boerhaave, the renowned Dutch physician and botanist, whose biography he wrote) that medicine should be applied in extremes to achieve the desired effect, and he preferred to be bled until fainting was imminent. One can almost hear him sigh as he lamented, 'My diseases are an asthma, a dropsy and, what is less curable, seventy-five'.

In this last year Johnson wrote to Dr Richard Brocklesby about his asthma and said he had no faith in the fever powder of his friend Dr Robert James. In his last months he suffered from oedematous legs, shortness of breath, a smothering sensation when lying down, and attacks of dyspnoea that awoke him from sleep – all signs of right heart failure. He had a sudden diuresis of 20 pints of urine in February 1784, probably from taking mercury. He was attended by Heberden and Brocklesby, who shared the honour of being his unpaid physicians, Brocklesby taking care of him on a day-to-day basis and Heberden attending when requested (much like the general practitioner-consultant arrangement of today).

Johnson consulted widely and asked Boswell to write for advice to physicians Sir Alexander Dick, John Hope, William Cullen and Alexander Munro of Edinburgh. They unanimously recommended vinegar of squills and Dick's rare and expensive rhubarb. He admitted he often took more of the squills than the doctors recommended, but when it produced a diuresis he ascribed the result more to prayer than to medicine. He was given digitalis by Heberden, some suggested in doses that may have hastened his death, but this is unlikely.¹³

Although dying, he dismissed the badgering of Hawkins to make a will, arose from his bed and set off on a trip to Staffordshire, Derbyshire, Lichfield, Oxford and to his old friend Dr Edmund Hector in Birmingham.⁷ Lord Brain referred to this as a heroic defiance of death, as he was suffering from heart failure, an inflamed swollen testicle and a tooth abscess.¹⁴ Not accepting impending death, he planned a new conversation club, held some parties at home, and even managed to go out to dine and attend an exhibition of pictures at the Royal Academy. But he was dying and in the last months he wrote repeatedly to

his physicians (there are 19 letters to Brocklesby during these months) and kept an account in Latin of his symptoms.

In the meantime, he asked Brocklesby if he could recover. When he was told he could not without a miracle, he refused opium and other medication so he would meet God with a clear head. Johnson joked about his own death, saying 'Brocklesby will lay my death to disobedience ... and Dr Heberden will say I disturbed Nature's operation ...' – implying that they would not assume any responsibility for their unsuccessful treatments.

He wanted relief from the massive oedema of his legs. The physicians timidly made incisions to allow drainage, so he waited until they left and then stabbed his legs deeply with scissors. Brocklesby had to be called back to stop the bleeding. He knew he was dying, but he would not capitulate. His last words, however, were those of the gladiators to Caesar, 'Iam Moriturus', I who am about to die.

An autopsy was performed, Rolleston says to show death from natural causes – to allay the suspicion, aroused by the stabbing of his legs, that he may have committed suicide.^{15,16} That report is in the archives of the Royal College of Physicians. From other records and diaries, there is little doubt about his scrofula, depressions, gout, sarcoma of the testis and Tourette syndrome. The autopsy indicates that he had pulmonary fibrosis and cardiac failure. Rolleston and McHenry argue that his right heart failure and other illnesses of late life were due to hypertension, a condition unknown in that era.^{15–17}

Conclusion

Johnson holds a threefold interest for physicians, first, as a friend of doctors, secondly, as an amateur of medicine and science, and lastly as a patient.¹⁴ That he is of continuing interest to physicians can be seen by the list of over 80 physicians who have written about Johnson.

He loved the practical aspects of the art of medicine, a profession, 'which must, undoubtedly, claim the second place among those which are the greatest benefit to mankind'. He was impressed at the charity of physicians who often provided care with no reward. This was something he personally observed in practice, as he rarely felt the need to pay his physicians except on occasion with a copy of his *Lives of the Poets*. He said, 'Illness is a little expense to me, thanks to the generosity of my physicians', adding 'I believe every man has found in physicians great liberality and dignity of sentiment, very prompt effusions of beneficence, and willingness to extend a lucrative art where there is no hope of lucre'.

Boswell said that Johnson 'had a peculiar pleasure in the company of physicians'. I hope I have conveyed some of the pleasure of the company of Johnson, the dabbler in physic, friend of physicians, observer of the art of medicine, and courageous self-reliant patient who informs us through his struggle with the inevitable issues of life, illness and death.

Note: A longer and more detailed paper on the topic was presented to the Johnson Society of London on 7 April 2001 and published in *The Rambler* 2000–2001 under the title 'Johnson's Relationship with his Physicians'.

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