

PREFACE

Post Mortem is a derivative of a continuing series of Historical Clinicopathological Conferences I began hosting for the VA Maryland Health Care System and the University of Maryland School of Medicine in 1995. The clinicopathological conference, or “CPC,” is a standard medical conference designed to teach physicians and physicians-in-training basic medical concepts and clinical problem-solving techniques. It is a case-based exercise, in which the featured speaker and the audience struggle together to diagnose a particularly challenging illness of some recent patient using only the information included in a clinical summary prepared especially for the conference. That clinical summary, distributed well in advance of the conference, typically contains all of the medical information pertaining to the case in question, except for the definitive, diagnostic test result. That result, known only to the conference organizers, is revealed at the very end of the conference as a validation or repudiation of the presenter’s conclusions.

The Historical CPC, at least as I have designed it for the Baltimore conferences, is like its standard counterpart in all respects, except that it concerns an historical rather than a contemporary patient in whom the diagnosis is as yet uncertain. In compiling case summaries for Historical CPCs, I have endeavored to produce the most accurate and comprehensive medical histories possible, and in most cases have been ably assisted in these efforts by internationally renowned authorities on the subjects in question. I have chosen as cases historically prominent persons with enigmatic disorders that are described in reasonable detail in the historical record. These case

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summaries and the deliberations of the skilled clinicians and noted biographers who have participated in the VA Maryland Health Care System/University of Maryland Historical CPCs are the wellspring from which the following chapters flow.

Each chapter begins with a clinical summary organized according to the standard format used by physicians today in their clinical practices. The history of the present illness (i.e., the illness in question) is given first, followed by the subject's past medical history, family history, social history and physical examination. In current clinical practice, this information alone is sufficient more than 80% of the time to permit a correct diagnosis of the present illness when the medical history is accurate and the physical examination is properly performed.

In none of the cases reviewed in *Post Mortem* is there a definitive diagnostic test result — no critical blood test, no key culture, no salient radiologic, histologic or autopsy result to confirm or invalidate proposed diagnoses. Moreover, the historical records from which clinical summaries are derived differ in important respects from contemporary medical records. In most cases, the only available medical histories were written by non-physicians, whose appreciation for and description of important clinical details was limited. This problem is especially evident in Thucydides' description of the rash exhibited by victims of the plague of Athens. Perhaps more than any other feature of that illness, the rash was the key to diagnosis, and Thucydides' description is ambiguous — so much so, that clinicians have argued for more than a millennium over both the nature of the rash and the diagnosis it signifies.

In some cases, medical histories were almost certainly distorted for personal gain or in deference to political agendas. Dr. J. J. Moran, the physician who cared for Poe during his final illness, was almost certainly guilty of the former distortion in a second published account of the poet's illness. Some historians suspect that Josephus was guilty of the latter distortion in his description of Herod's terminal illness, embellishing it with grotesque physical abnormalities, not in the interest of historical accuracy, but as post-

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mortem punishment for crimes committed during a despotic reign.

Some accounts were written years after the fact, and fading memories may have taken a toll on their accuracy. This is of particular concern with regard to the only detailed description of Mozart's terminal illness, one written by his sister-in-law some twenty-seven years after the fact.

Finally, there is the reluctance of those who look for answers in the medical records of history's illuminati to accept ordinary diseases as causes of the deaths of extraordinary persons, as well as a penchant for diagnosing disorders that are the particular interests of those proffering diagnoses. This is especially true of Beethoven's illness. Although in life the composer exhibited a panoply of relentlessly progressive signs and symptoms that could only be explained by an all too common infection, and on post-mortem examination exhibited additional evidence of the diagnosis, no fewer than eighteen alternative diagnoses have been offered by "medical experts" to explain his illness.

Post Mortem does not close the book on questions surrounding the twelve medical mysteries considered. Rather, it opens the book at a new page — one written by a contemporary academic internist, ably assisted by some of the world's most gifted clinicians and knowledgeable historians, and based on the most comprehensive and objective medical histories compiled to date.

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