

Oscar Wilde's terminal illness: reappraisal after a century

Ashley H Robins, Sean L Sellars

- Dr Chasuble: . . . Will the interment take place here?
 Jack: No. He seems to have expressed a desire to be buried in Paris.
 Dr Chasuble: In Paris! I fear that hardly points to any very serious state of mind at the last.

The Importance of Being Earnest.

The centenary of Oscar Wilde's death in Paris on Nov 30, 1900, brings with it an explosion of interest in his life and work. Despite a voluminous literature on virtually all facets of the subject, there has been relatively little focus on his illness and its management.

At the outset, it is necessary to debunk the long-held view that Wilde suffered from and died of syphilis. This idea was first proposed by Arthur Ransome who, in the 1912 edition of his book,¹ asserted that Wilde died from ". . . meningitis, the legacy of an attack of tertiary syphilis". Unfortunately, Richard Ellmann in his biography of Oscar Wilde² entrenched this notion by his acceptance of the story that Wilde contracted syphilis as an Oxford undergraduate and was afflicted by it until his death. Merlin Holland, grandson of Oscar Wilde, has repudiated Ellmann's position and outlined the background to the syphilitic theory.³ There is no evidence that Wilde ever harboured the infection: on the contrary, his unimpaired intellectual prowess up until the end makes a diagnosis of tertiary neurosyphilis most unlikely. Furthermore, during his 2-year term of imprisonment (1895–97), he was examined by at least seven doctors, including two psychiatrists. There is no reference to syphilis in any of the medical documents in the Home Office (Prison Commission) papers, even though the disease in its various guises was commonly encountered by Victorian doctors.

Oscar Wilde died of meningoencephalitis secondary to chronic right middle-ear disease. Before his final illness there had been a fairly long history of progressive unilateral deafness with recurrent discharged from the affected ear. The date of onset of Wilde's ear complaints is uncertain, but he consulted Sir William Dalby (1840–1918) some time before his imprisonment, presumably for a discharging right ear and incipient deafness. Dalby was an eminent UK otologist and the first consulting aural surgeon to St George's Hospital in London. He assured Wilde that with proper care of the ear there was no reason why he should lose his hearing. But Dalby's assumption was incorrect. We contend that Wilde had a cholesteatoma, a destructive form of chronic suppurative otitis media.

Lancet 2000; **356**: 1841–43

Departments of Pharmacology (A H Robins MD) and Otolaryngology (Prof S L Sellars FRCS), University of Cape Town and Groote Schuur Hospital, Cape Town, South Africa

Correspondence to: Dr A H Robins, Department of Pharmacology, University of Cape Town Medical School, Observatory, 7925 South Africa (e-mail: arobins@uctgsh1.uct.ac.za)

The next mention of ear disease came from Oscar Wilde himself in a petition he submitted from Reading Prison to the Home Secretary on July 2, 1896.⁴ He complained of almost total deafness in the right ear due to an abscess that had perforated the drum. "But", he wrote, "though the abscess has been running now for the entire time of his imprisonment, and the hearing getting worse every week, nothing has been done in the way of an attempted cure". His ear had been syringed three times with plain water for examination, but that was all. According to Wilde, the prison medical officer, Dr Oliver Calley Maurice, had declared that he was unable to offer assistance and that the hearing had to go completely.

In his reaction to these allegations, Maurice penned a very pithy report (mis-spelling Wilde's name as Wyld): "It is perfectly true that he has a slight perforation of the drum of the right ear, but there is no evidence of mischief in the left, nor of any defect of vision."⁵ He failed to comment on the discharge, the deafness, or on any treatment plan. It was a wholly unsatisfactory, almost contemptuous response to Wilde's grievances. While Maurice might have had reason to be pessimistic about the outcome, he clearly showed a lack of concern for Wilde's plight. He did not institute the basic hygienic measures that might have brought some relief to his patient's discomfort and anguish. Little wonder that in a letter to the *Daily Chronicle* on prison reform (March 23, 1898) Wilde stigmatised prison doctors as ". . . brutal in manner, coarse in temperament, and utterly indifferent to the health of the prisoners or their comfort".⁴

When the above petition, together with Maurice's rejoinder, reached the Chairman of the Prison Commission, the latter promptly invoked the Visiting Committee to make its own assessment of Wilde's condition. This was done at Reading Prison on July 10, 1896, and, although the Committee refrained from criticism of the doctor's treatment, it nevertheless suggested that ". . . an expert medical enquiry may well be held upon his case, to include an examination of his hearing and eyesight".⁵ On Aug 2, 1896, Dr J A Price, a local practitioner from Reading, arrived to give a second opinion. His certificate recorded: "Perforation of left tympanic membrane—some foul discharge which may be improved by daily syringing of the ear with dilute carbolic lotion"⁵ (figure 1). This was a disappointingly brief statement and referred to the wrong ear, but at least it instigated the appropriate aural toilet which eventually proved effective in relieving the ear infection. On Nov 16, 1896, even the recalcitrant Maurice admitted: ". . . his ear which was more a serious case is better, and need cause no anxiety".⁵ However, the relapsing infection, fetid otorrhoea and otalgia indicated a cholesteatoma.

4 years later, towards the end of September, 1900, when Wilde was resident at the Hôtel d'Alsace in Paris, he fell ill and was confined to bed under the care of Dr Maurice a'Court Tucker, the British Embassy doctor who himself became a specialist in ear, nose, and throat

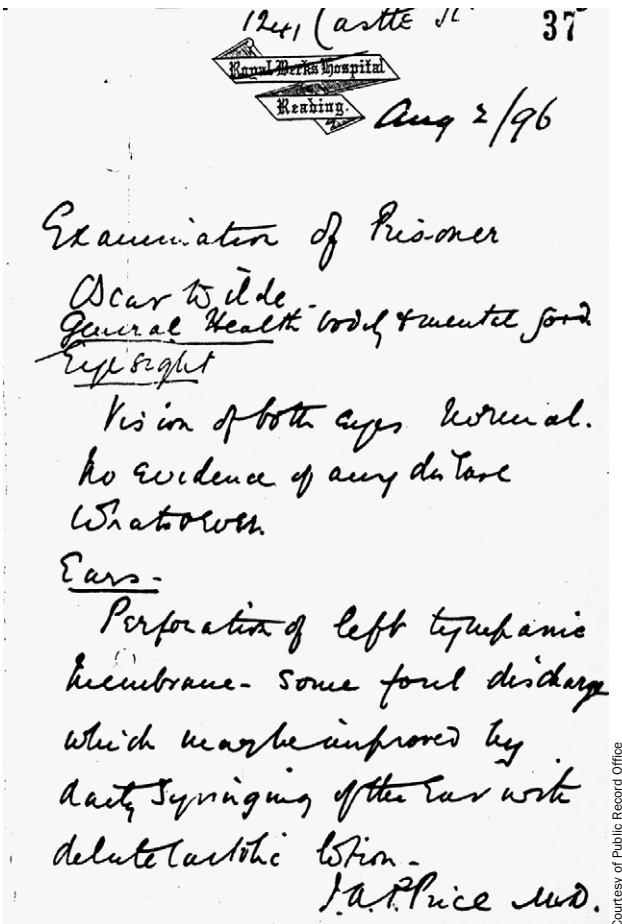


Figure 1: Dr Price's 'second opinion' on Oscar Wilde's condition conducted at HM Prison, Reading, on Aug 2, 1896

diseases. With the exception of several short outings, Wilde remained in his hotel room until his death some ten weeks later. Tucker (whose bill for FF1360 still survives) visited him 68 times during that period. Because of Tucker's disquiet at Wilde's failure to improve, he referred the management of the case to a leading ear surgeon (whose identity still remains unknown). During the clinically quiescent interval since Reading Prison, Wilde's latent otitis media, typical of a cholesteatoma, had effectively progressed. With the flare-up of an acute-on-chronic infection in September, 1900, the disease further extended into the mastoid. It was well recognised then that this situation was life-threatening. As Wilde put it in the last recorded letter of his life (Nov 20, 1900) "... the surgeon felt it his duty to inform me that unless I was operated on immediately it would be too late, and that the consequences of the delay would probably be fatal".⁴

Surgery was the only option, and on Oct 10, 1900, an operation was carried out under chloroform in Wilde's hotel bedroom. "The operation I have had to undergo was a most terrible one", wrote Wilde shortly afterwards.⁴ The surgeon's fee was £60 (FF1500)—about £3000 in today's currency—which signified that the procedure was major and extensive. The postoperative course was difficult, with open wounds, daily dressings and cavity packing for weeks afterwards. Considerable pain required frequent administration of morphine injections, oral opium, and chloral. However, by the end of October there were signs of improvement and Wilde was able to venture out on occasional brief excursions into the city. Apart from some unsteadiness of gait and giddiness (probably due to



Figure 2: Photograph of Oscar Wilde taken the day after his death. Note how the wreath has been positioned to conceal his right ear and the adjacent area of operation

labyrinthine involvement from the middle-ear disease) he appeared relatively well.

In the second week of November, 1900, Wilde suffered a relapse of his ear infection. This gradually worsened until on Nov 25, he was unable to rise from bed on account of giddiness and light-headedness. Within a day or so he showed signs of a delirium, fluctuating in consciousness from lucidity to incoherence and drowsiness. He was restless, unco-operative, and refused nourishment. He had a high temperature, and ice packs and leeches were applied to his head. On the last day or two of his life he lapsed into a coma and he died at 1.50 pm on Friday, Nov 30, 1900 (figure 2).

The greatest drawback to the assessment of Wilde's final illness had been the absence of clinical records and medical reports until 1982 when a crucial item appeared on auction at Sotheby's in London. In late November, 1900, Tucker became uneasy about Oscar Wilde's physical state and he called on the assistance of Dr Paul Claisse, a Parisian physician with a distinguished academic background in general medicine. The two doctors examined Wilde on Nov 25, and on succeeding days until his death. On Nov 27, 1900, they jointly issued a medical certificate. The original, in French, is reproduced in Ellmann's biography² and the following is a translation:

"The undersigned doctors, having examined Mr Oscar Wilde. . . on Sunday 25th November, have found serious cerebral disturbances resulting from a long-standing suppuration of the right ear which has been undergoing treatment for several years. On the 27th the symptoms became much worse. The diagnosis of meningoenephalitis must be made without doubt. In the absence of any localising signs one cannot contemplate trepanation. The recommended treatment is purely medical. Surgical intervention seems not to be possible".

The certificate is specific and decisive: it establishes the diagnosis of meningoenephalitis secondary to chronic suppurative otitis media, excludes a cerebral abscess, and puts an end to speculation as to any other cause of Wilde's death.

Although medical authors have given fairly reliable accounts of Wilde's final illness and cause of death⁶⁻⁸ none has been able to identify the nature of the operation he had in October, 1900. We propose that the operation was a radical mastoidectomy or a variant thereof. This opinion is based on an analysis of late 19th century mastoid surgery compiled by one of us.⁹ In 1873, Schwartz and Eysell in Germany developed cortical mastoidectomy but, while suitable for acute mastoiditis, this operation was

later found inadequate for the acute-on-chronic disease (cholesteatoma). In 1889, Küster suggested a more radical procedure, and in 1890 and 1893 the German otologists Zaufal and Stacke, respectively, published their own version of the radical mastoid operation which became fairly widely practised by the turn of the century, especially in Germany and France. The aim of the radical operation was to eradicate the disease and to exteriorise the middle ear and mastoid cavity, the site of disease recurrence. This was a destructive procedure which resulted in hearing loss in that ear. But so fearful were ear surgeons of the lethal intracranial complications of chronic otitis media due to cholesteatoma that radical mastoidectomy became the accepted treatment.

There are some ironies in respect of Oscar Wilde and his chronic ear disease. The first is that his father was Sir William Wilde (1815–76), who was one of the pioneers of aural surgery in the 19th century. In 1853 he published a book on the subject¹⁰ in which he wrote: “So long as otorrhoea is present, we can never tell how, when or where it will end or what it may lead to”. This was a euphemistic way of stating that a discharging ear might be the harbinger of an early death. The second irony is that, less than 8 weeks after Oscar Wilde died, his younger son Vyvyan (then aged 14 years) underwent a mastoidectomy (probably a cortical mastoidectomy) for acute mastoid infection. He was left with a permanent loss of hearing in the left ear.¹¹ The third irony is that about 5 weeks before his death, Wilde had remarked to some visitors that he could never outlive the century as the English would not

stand for it! In the physical sense his forecast was correct; but from the standpoint of his genius and reputation he was outrageously off the mark. For he has outlived not only that century and the next, but seems destined to do the same with those that follow.

We thank James Robinson for his constructive comments and advice, Peter Ashcroft for helpful discussions, and Jeremy Mason for the use of his photograph. We are grateful to the Public Record Office, Kew, Richmond, Surrey, UK for access to the Home Office files pertaining to Oscar Wilde's imprisonment, and for permission to reproduce figure 1.

References

- 1 Ransome A. Oscar Wilde. London: Martin Secker, 1912: 199.
- 2 Ellmann R. Oscar Wilde. London: Hamish Hamilton, 1987.
- 3 Holland M. Biography and the art of lying. In: Raby P, ed. The Cambridge companion to Oscar Wilde. Cambridge: Cambridge University press, 1997: 3–17.
- 4 Hart-Davis R, ed. The letters of Oscar Wilde. London: Hart Davis, 1962.
- 5 Home Office (Prison Commission) papers, file HO45/24514. Richmond: Public Record Office.
- 6 Cawthorne T. The fatal illness of Oscar Wilde. *Ann Otol Rhinol Laryngol* 1966; **75**: 657–66.
- 7 Critchley M. Oscar Wilde's fatal illness: the mystery unshrouded. *Med Health Annual* 1990; 191–207.
- 8 Lyons JB. Oscar Wilde's final illness. *Irish Studies Rev* 1995; **11**: 24–27.
- 9 Sellars SL. The origins of mastoid surgery. *S Afr Med J* 1974; **48**: 234–42.
- 10 Wilde WR. Practical observations on aural surgery and the nature and treatment of diseases of the ear. London: Churchill, 1853.
- 11 Holland VB. Son of Oscar Wilde. London: Hart-Davis, 1954: 156.