

that the main cause of the fits was his addiction to alcoholic beverages containing gluten, maintaining mucosal inflammation and villous atrophy.

In summary:

- metabolic causes of fits, such as hypocalcaemia, have to be considered and treated even when more common causes are apparent triggers
- alcohol influences calcium metabolism leading to hypocalcaemia
- coeliac disease is a frequent and well-established cause of hypocalcaemia
- in alcoholics with coeliac disease, poor compliance, consumption of beer and other gluten containing beverages as well as generally poor nutrition may all contribute to hypocalcaemia.

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book reviews

Axel Munthe. *The road to San Michele*

By Bengt Jangfeldt. IB Tauris, London 2008. 381 pp. £25.00

***A mixture of facts and conscious fiction* – Axel Munthe**

I read *The story of San Michele* as a boy in the 1930s and was bowled over. Its author, Axel Munthe, was a swashbuckling, Swedish doctor who treated rich European patients, had all sorts of hair-raising adventures, and wrote about his dream house on the isle of Capri. Sixty years on I contributed a profile of Munthe to a medical journal. Few of my colleagues had heard of him, let alone the one-time bestseller, and there was no copy of the book in the city library; the author remained something of a mystery. All is now revealed by the distinguished Swedish professor of literature, Bengt Jangfeldt, in *Axel Munthe. The road to San Michele*, translated by Harry Watson. What must have been a daunting task ordering a mass of correspondence, diaries, personal testimonies, and interviews with relatives has produced a story as gripping as the original, though both authors share a fondness for fantasy.

A recluse who moved in the grand monde

The bare bones of Jangfeldt's blow-by-blow account (a chronological table would have been helpful) may be summarised thus. Axel Munthe was born in Sweden in 1857. He qualified as a doctor in Paris and rapidly made a name for himself as a 'neuropsychiatrist'. After six years, he was 'forced into exile' in Capri – an island he had fallen in love with as a young man – by ill health, a failed marriage and, according to him, a quarrel with Charcot over hypnosis. Around 1889 he returned to Rome

where he practised from Keats's former house near the Spanish Steps, and soon had an extensive clientele among wealthy expatriates, as well as the city's poor who he treated for nothing. In 1892 he began to look after the Crown Princess Victoria of Sweden and was appointed her personal physician when she became Queen in 1903.

In 1895 he bought the ruins of what was said to be the villa of the Roman Emperor Tiberius at Anacapri and spent five years restoring it to what became San Michele. He left Rome in 1902 to live there in solitude, but still travelled extensively with the Queen and saw patients in Sweden and increasingly in London. In 1907 he married a young Englishwoman, Hilda Pennington-Mellor, an only child of wealthy parents, with whom he had two sons, but they soon agreed to live apart. By this time his eyesight was failing and he moved to Torre Materita, an old castle on the other side of the island to avoid the bright light. There he began laboriously to write *The story of San Michele*; it was published by his friend John Murray in 1929 and became an instant bestseller. He was forced to leave Capri in 1945, due to the second world war, and went to live with the King of Sweden in Stockholm. He died there in 1949 at the age of 91, having failed to return to his beloved Capri.

Bacillus niger

This brief portrait does scant justice to a complex character, full of contradictions and prone to odd behaviour. All his life Munthe complained of hypochondria, melancholy, insomnia, fear of death, and he wrote a piece about being infected with *bacillus niger* (remember Churchill – black dog and Hemingway – black ass?). Surely he suffered from clinical depression? At other times he 'rushed to help' the victims of a cholera epidemic in Naples and an earthquake in Messina; climbed in the Alps in dangerous conditions that cost him three toes from frostbite; and dashed to France in 1914, at the age of 57 and partially blind, to help the Red Cross. He himself called one of these episodes 'demonic'; it would not be too fanciful to label it

manic depressive psychosis or bipolar disorder. Jangfeldt surmises syphilis and attempted suicide as possible causes on no evidence.

Munthe had an extraordinary attraction to women: many of his patients were clearly in love with him; they included the Crown Princess Victoria, Lady Ottoline Morrell and the future Mrs Bernard Shaw. This prompts Jangfeldt to imply without any justification a sexual relationship, and the blurb states (no doubt to sell the book) that 'he [Munthe] became the lover of the

Crown Princess Victoria'. He ignores the possibility that Munthe might have adhered to the moral tradition of the Hippocratic oath that doctors should not indulge in sexual relations with their patients. What might have been an academic study of an extraordinary human being is spoilt here and elsewhere by speculation and innuendo.

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literature and medicine

Literary portrayals of deafness

This column explores the links and synergies between medicine and literature. What roles can literature play in reflecting and influencing good practice, and what sorts of images of doctoring are to be found in drama, poetry, fiction, biography, electronic fora and film? The editors would be pleased to receive short papers, ranging from 500–1,000 words, on relevant topics. Those interested in contributing should email brian.hurwitz@kcl.ac.uk or neil.vickers@kcl.ac.uk

Nearly 300 years ago, Daniel Defoe wrote a remarkable book concerning a deaf and dumb boy, the eponymous Duncan Campbell, whose life and attainments came to the notice of a fashionable society intrigued by novelty.¹ Based on the exploits of a real person, the account records Campbell's rise to fame, his considerable ability in communicating through finger signing, and the belief

that he had been divinely endowed with special powers compensating for the loss of the natural gift of hearing.

The life and adventures of Mr Duncan Campbell is a documentary fiction which offers the first example of a deaf character portrayed in an English novel. And here lies the rub. Rather than a study of the condition of deafness, the majority of this extremely sympathetic work deals with what is perceived to be Campbell's supernatural capacity to predict the future, especially for young ladies in search of a wealthy husband. Why, then, does the author make the main character a boy with profound sensory loss, only to frame the discourse in terms of sensationalism and theology?

Defoe's interest was no doubt prompted and informed by his brother-in-law, Dr Wallis, who had developed a method of educating deaf people and had started to systematise the emerging finger signing, some of which is retained in present day British Sign Language (BSL).² Defoe, it has been suggested, also enjoyed writing about 'outsiders',³ and a young man in 18th century England with profound hearing loss would certainly have experienced misunderstanding and marginalisation. In the novel, Duncan's role, in creating a pattern to be copied by future authors, seems to be mainly that of a focus around which the plot and philosophical arguments are allowed to develop, and a metaphorical

'sounding board' against which are revealed the qualities, foibles, reactions and attitudes of the more 'normal' hearing characters.

This intriguing example is the first of a series of deaf characters that tell us perhaps more about the perceptions of the hearing authors who create them than the reality of people living with deafness. In researching novelistic portrayals of the non-hearing, I have discovered a relatively small but notable number. Dickens wrote at least six deaf characters into his narratives, including that of Sophy in *Dr Marigold*, the most frequently quoted example of any author.⁴ It is a beautifully drawn pen portrait of a young golden-haired girl adopted from a life of abuse by an itinerant trader. The tinker, known as Dr Marigold, teaches Sophy to read and write so that they can communicate, and recognising her obvious intelligence, wants her to achieve a greater measure of success than himself, prompting him to enrol her at the deaf and dumb school in London. This is Dickens at his sentimental best, as he describes the transformation of a misused and misunderstood treasure of a girl into a shining example of the benefits of tolerance, paternal affection and appropriate education.

Eleven years earlier, Dickens's great friend, Wilkie Collins, had written about a similar deaf character, Madonna, who had also been rescued from ill-treatment and educated at the same school.⁵ Both

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