

THURSDAY, MAY 26, 1910.

THE LAST DAYS OF CHARLES II.

The Last Days of Charles II. By Dr. Raymond Crawford. Pp. 80. (Oxford: Clarendon Press, 1909.) Price 5s. net.

CHARLES II. died at midday on Friday, February 6, 1685, at the age of fifty-three. His last illness seemed to his courtiers to begin on the morning of Monday, February 2, with an attack of convulsions. He was bled, and became conscious and able to speak; on Thursday had more convulsions, with intervals of consciousness, and on Friday morning, after an attack of breathlessness, gradually became insensible, and so died without further convulsion. His body was examined after death; the blood-vessels of the brain were found distended, there was an excess of serum in the cerebral ventricles, the heart was large and firm, and, except an old pleural adhesion on the left side and a general engorgement of the liver, spleen, and kidneys, there were no other signs of disease. From these facts, as set forth in detail in contemporary evidence, Dr. Crawford arrives at the conclusion "that his death was due to chronic granular kidney (a form of Bright's disease) with uræmic convulsions."

Dr. Crawford's interesting book begins with an account of the authorities. These are the memoirs of Thomas, Lord Ailesbury, who was in waiting upon the king; the despatches of Barillon, the French Ambassador; those of the Dutch Ambassador; the diary and letters of Philip, Earl of Chesterfield; a letter to Mr. Roper, a fellow of the College of St. John the Evangelist; the life of James II., based on his memoirs; the narrative of Father Hudleston, the priest who was brought in to the dying king; and the account of the illness written by Sir Charles Scarborough, the learned royal physician. Scarborough had received one of the highest honours which a physician could attain in that century, the friendship of Harvey, and his account of the progress of the illness and of each consultation, of the treatment and of the autopsy are unexceptionable evidence. Of equal value as regards truthfulness, though looking at what passed in an entirely different way, is the simple narrative of Father Richard Hudleston, a Benedictine to whom, by some slip of memory, Lord Macaulay has attributed a want of education which the narrative alone is sufficient to disprove. The accounts of Lord Ailesbury, Lord Chesterfield, and James II., and of Barillon, who were all present, supply further and, in the main, trustworthy details. The letter of the Rev. Francis Roper is less important, but shows the feeling of the time.

The king had excellent medical advice. Edmund King, who took the first step in treatment, was a man of great experience in all parts of his profession and had a scientific mind; Dr. Richard Lower was one of the first discoverers of the nature of dropsy; Dr. Frazier had been attached to the king, and attended him in poverty and exile as well as in prosperity; Dr. Walter Charleton had lived a long life among the learned; Dr. Martin Lyster had a mind attentive to every part of science, and a most tender heart; Sir

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Thomas Witherby was the president of the College of Physicians. The greatest of English physicians thought so well of Dr. Thomas Short that he dedicated to him his treatise on gout and dropsy. Dr. Edmund Dickenson was a man of great general learning who had spent much time in chemical studies. Dr. Edward Browne had been trained from boyhood in literature, philosophy, and medical observation by his celebrated father, Sir Thomas Browne. Sydenham, in his account of the irregular smallpox, speaks of Millington as his friend and as a learned and candid physician, and Garth says of him—

"At your approach the baffled tyrant Death
Breaks his keen shaft and grinds his clashing teeth."

Barwick was devoted to the royal family, and was a very competent physician. Thus the king had the good fortune to be treated by a group of learned men, among whom were several first-rate observers.

At the present day, if the fourteen most distinguished physicians of the College were at the bedside of a patient afflicted by the convulsions which often terminate diabetes, the knowledge which they could bring to bear upon the problem of treatment before them would be but little more than that which their fourteen predecessors possessed of the last illness of Charles II. Since 1685 Blackall and Bright, and many other investigators, have made clear the whole morbid anatomy, and something of the pathology and treatment, of chronic granular kidney and uræmic convulsions, and thus Dr. Crawford is able to give good reasons for his opinion of the cause of the king's death. His hypothesis explains satisfactorily the king's intervals of consciousness, and is further confirmed by the entire absence in the accounts of the eye-witnesses of any evidence of paralysis such as would almost certainly have been noticeable had cerebral hæmorrhage been the cause of death.

Dr. Crawford shows that the facial paralysis imagined by Sir Henry Hallford to be represented in the wax figure of Charles II. at Westminster is not present. He is, perhaps, not quite just to the attainments of Wellwood as shown by his "Banquet of Xenophon" and other writings, and by the general opinion of his contemporaries. He is also unintentionally unjust to one of the physicians who signed the prescriptions given in the account of Scarborough, which he has printed in full. This is Dr. Christian Harel, manager of the Royal Laboratory, whose acquaintance Charles probably made at Aix-la-Chapelle, and who was a man of great perseverance and some ability. His name is erroneously transcribed C. Farwell, E. Farrell, C. Farel, and C. Farell. He afterwards became physician to Queen Mary.

MECHANICAL LITERATURE OF THE NINETEENTH CENTURY.

Royal Society of London. Catalogue of Scientific Papers, 1800-1900. Subject Index, Vol. ii., Mechanics. Pp. lxxiii+355. (Cambridge: University Press, 1909.) Price 15s. net.

THIS second volume of the Royal Society's subject index illustrates the difficulties, as well as the merits, of the undertaking. The vagueness of the