

Sherlock Holmes and Delirium

by Dr Michael Duke and A/Prof Ross Philpot

In *The Passengers Log* of 6th January 2014 there is a fascinating article about Culverton Smith, the villain of 'The Dying Detective' by Nick Dunn-Meynell.¹ He reasons that Holmes had enough information to have Smith arrested without the artifice of a simulated illness. But, Holmes did! So why? There is then a further elaboration of Dunn-Meynell's speculations in that he draws in the ubiquitous supervillain Moriarty. Finally he breaks one of Van Dine's 'twenty laws' for detective stories² and suggests the possibility of biological warfare and terrorism as an underpinning motif. This essay considers further this set of hypotheses and seeks to add to the higher criticism.

In 'The Dying Detective' (usually dated 1887, 1888, 1889 or 1890) Sherlock Holmes simulates Delirium to trap a murderer, Culverton Smith, a Sumatran planter. In his roleplaying, there is the peculiar demand that Watson move his coins from one pocket to another. There is the irrelevant remark upon proliferation of oysters upon the seabed, and their overrunning the world. Watson writes of "the low vague murmurings of a semi-delirious man" and says to Culverton Smith that Holmes is "occasionally" delirious.



Sherlock Holmes - delirious in 'The Dying Detective'

And then there is Holmes' make-up and behaviour: the overly bright eyes, the crust upon the lips, the hectic flush upon the cheeks, the twitching hands, the croaking voice. Watson is not allowed to approach Holmes closely as he would have easily detected the lack of any fever, rapid pulse or other signs. Having said that, Culverton Smith must have grown incautious in his exultation as, when he is in Holmes' sickroom, he shakes the detective "roughly by the shoulder". He should have noticed instantly that there was no fever. So much for the "special study".

There has been literature about the possible febrile illnesses causing such delirium in reality, such as Tsutsugamushi or mite fever³ but no discussion about the actual simulation itself.⁴ This disease, by the bye, had been discussed in the *Edinburgh Medical Journal* Vol 24, August 1878, page 128, which may have been knowledge retained by the literary agent and then medical student Conan Doyle (cited by S.E Dahlinger on page 45 of Roden and Roden⁵). Rodin and Key in their magisterial book are silent

¹ Dunn-Meynell, Nick, 2014. 'Culverton Smith and the Moriarty Connection'. *The Passengers' Log*, 6th January, Vol 17, No 2, pp.13-18.

² Van Dine, S.S, 1928. 'Twenty Rules for Writing Detective Stories'. <http://gaslight.mtroyal.ca/vandine.htm>

³ L'Etang, Hugh. 'Some Observations on the Black Formosa Corruption and Tapanuli Fever' in Utechin, Nicholas (Ed), 2006. *The Best of The Sherlock Holmes Journal*, Vol 1, pp. 109-113.

Ober, William, 1967. 'Conan Doyle's Dying Detective: problem in differential diagnosis'. *New York State Journal of Medicine*, August 1st, pp. 2141-45.

⁴ L'Etang, Hugh, 1982. 'What Disease Had Sherlock Holmes at Death's Door?' *Diagnosis*, 4, No 3, (March), pp. 87-88.

⁵ Dahlinger, S. E., 1998. 'Of Mites and Men'. in Roden and Roden, pp. 41-52

on this topic.⁶ Richard Asher⁷ writes of malingering in general but not about how Holmes knows enough to simulate this particular condition.

Denis Smith⁸ discusses the dating of the story, coming to the conclusion that the real date was 1st November 1902, but this makes no difference to our understanding of Holmes' knowledge. There is a proximate case in 1902, 'The Illustrious Client', where Holmes is beaten up and claims to Watson that he can pretend, even to Dr Leslie Oakshott, his treating surgeon, that he is sicker than he really is.

So how does Holmes know enough about Delirium to feign this heterogeneous disorder? Did his childhood encompass observations of Delirium? The Canon is silent. Baring-Gould's famous biography⁹ is no guide here, even if taken at face value. The experience of acting hypothesised is not the same as knowing about delirium. Three other pseudo-biographical books¹⁰ start with Holmes meeting Watson, so provide no guide either to Holmes' early life. Rennison¹¹ suggests that Holmes' mother died of Tuberculosis when he was young but there is no suggestion of Delirium accompanying the end stages of the disease. In fact, TB sufferers are often quite lucid until the very last.



Jeremy Brett and Edward Hardwicke
in 'The Illustrious Client'

Holmes' time at Barts is supposed to encompass the Pathology Lab (*A Study in Scarlet*), but did he really have other interests or time in medical wards? He is widely supposed to know about Forensic Medicine¹² which is in his purview as a detective, but how did he learn about Delirium? He does say "I have learned so much during some recent researches which have a medico-criminal aspect. It was in the course of them that I contracted this complaint." This suggests, as did George Koelle¹³ in Baring Gould (Vol 1, p.448), that Culverton Smith, who studied the disease, whatever it was, had written and published something of its signs and symptoms. And Holmes assiduously read this obscure text.

Madeleine Stern¹⁴ suggests that Holmes read some other books but limits herself in this instance to conjecturing various early forensic texts, not ones on tropical or infectious diseases. Perhaps Holmes just read Watson's textbooks! Delirium is usually defined there, for instance, as "an altered state of consciousness, consisting of confusion, distractibility, disorientation, disordered thinking and memory,

⁶ Rodin, Alvin and Key, Jack, 1984. *Medical Casebook of Doctor Arthur Conan Doyle*. Robert E Krieger Publishing Company Inc, Malabar, Florida, pp. 239 and 250.

⁷ Asher, Richard, 1959. 'Malingering'. *Sherlock Holmes Journal*, 4, No 2 (Spring), pp. 54-58.

⁸ Smith, Denis, "'The Dying Detective' Re-Examined' in Utechin, Nicholas (Ed),. *The Best of The Sherlock Holmes Journal*, Vol 2, pp. 254-8.

⁹ Baring-Gould, William Sabine, 1962 (1975). *Sherlock Holmes*. Granada Publishing, St Albans.

¹⁰ Hardwick, Michael and Mollie, 1970. *The Private Life of Sherlock Holmes*. Mayflower, London.

Harrison, Michael, 1977. *I, Sherlock Holmes*. E.P. Dutton, New York.

Hardwick, Michael, 1984. *Sherlock Holmes: My Life and Crimes*. Harvill Press, London.

¹¹ Rennison, Nick, 2005. *Sherlock Holmes, the Unauthorised Biography*. Atlantic Books, London.

¹² Wagner, E.J. 2006. *The Science of Sherlock Holmes*. John Wiley and Sons, Hoboken, New Jersey. 'The Dying Detective' is covered on pp. 66-67.

¹³ Koelle, Dr George, 1959. 'The Poisons of the Canon'. in (eds) Johnston, Ames; Hart, Thomas; Staff, H.W. *Leaves from the Copper Beeches*. The Sons of the Copper Beeches.

¹⁴ Stern, Madeleine, 1981. *Sherlock Holmes: Rare Book Collector*. Rockville Centre, New York.

defective perception (illusions and hallucinations), prominent hyperactivity, agitation and nervous system overactivity; cause by a number of toxic, structural and metabolic disorders”¹⁵

There is a sort of Biblical precursor of which Holmes, despite our knowing little of his religious upbringing, may have been aware. This is from 1 Samuel, 21, 10-15 where David pretends to be mad to escape from King Achish of Gath. Madness and Delirium are quite distinct, but the common element here is the simulation:

That day David fled from Saul and went to Achish king of Gath. But the servants of Achish said to him, “Isn’t this David, the king of the land? Isn’t he the one they sing about in their dances:

‘Saul has slain his thousands,
and David his tens of thousands’?

David took these words to heart and was very much afraid of Achish king of Gath. So he pretended to be insane in their presence; and while he was in their hands he acted like a madman, making marks on the doors of the gate and letting saliva run down his beard.

Achish said to his servants, “Look at this man! He is insane! Why bring him to me? Am I so short of madmen that you have to bring this fellow here to carry on like this in front of me? Must this man come into my house?”



Laurence Olivier as Hamlet -
“I am but mad north-north-west”

Then of course there is Shakespeare, whose works we know Holmes knew. Hamlet Prince of Denmark pretends to be insane too but “I am but mad north-north-west. When the wind is southerly I can tell a hawk from a handsaw” (Act 2, Scene 2). The play does not proceed logically to Hamlet being examined by an expert in the field. Claudius and Hamlet’s mother Gertrude had other preoccupations, it seems.

Holmes may have known of Gogol’s story ‘Diary of A Madman’ (1835) which is a real descent into madness of a civil servant portrayed in such detail as to be able to provide a textbook of learning for those so interested. Holmes may not know Russian, but he is called into a case in Odessa which may have involved some language study. He also refers (*The Hound of the Baskervilles*) to a case in Grodno in Little Russia (now the Ukraine).

In ‘The Musgrave Ritual’ he says that an early case was an old Russian woman but we learn no details. Older people are not uncommonly unable to speak the language of their adopted country so Holmes may have needed either to speak Russian or have an interpreter, which he would have detested. Overall we may speculate that Holmes may have had some Russian even when travelling to Tibet in the Great Hiatus. Or, most likely, he had an English translation of Gogol.

In ‘The Resident Patient’ (dated between 1881 and 1889, that is probably before ‘The Dying Detective’), Holmes also says casually that he could simulate Catalepsy easily enough. Once again he displays familiarity with an unusual medical syndrome of a neurological nature. Does this provide a more germane clue? We consider this now.

¹⁵ Fauci, Anthony et al (eds), 2008. *Harrison’s Principles of Internal Medicine*. McGraw Hill Medical, New York.

Dorothy Sayers¹⁶ writes of Holmes' college career. She suggests that Holmes may have pursued "some kind of postgraduate course in London in 1876 or 1877, but not at the early date that Blakeney¹⁷ suggests". Later however, she puts the years of 1875-6 as "other studies" (p.27), albeit still at the University. Indeed she suggests "possibly... medicine" (p.31). Sayers goes on to suggest that Holmes studied Natural Sciences at his initial University (whether Cambridge or Oxford remains in dispute), which included Chemistry, Mineralogy, Geology and Paleography, Botany, including vegetable anatomy and physiology, Comparative Anatomy and Physiology. The idea that arises from this early seminal work is that Holmes may well have taken two years doing various additional relevant studies in London or elsewhere (Germany is posited). That these studies may well have included what we would call Neurology starts to become a possible or even probable element. Metcalfe¹⁸ writing more recently does not quarrel with the possible subjects that Holmes studied at University and echoes the idea about overseas work in the long vacations.

We have been given expert speculation about Watson's medical training and career¹⁹ but Holmes' own medical knowledge is seen as "unsystematic" although he is "well up in his anatomy". And no-one argues against the idea that he is a chemist of some note, including that famous Hemoglobin test. Geoffrey Stavert and others²⁰ also concentrate on Watson's training, not that of Holmes.

Opium addicts, whom Holmes encountered in 'The Man With the Twisted Lip', a case from roughly the same time (1889), may be delirious, but more often somnolent and torpid. In 'The Greek Interpreter', usually dated earlier, a man dies of asphyxiation but Holmes is not on the scene in time to see any antemortem symptoms.

Cocaine usage, a well-known element of Holmes' pre-Reichenbach habits, may produce irritability, restlessness, anxiety and paranoia. Nervous system problems up to and including strokes, may occur. Violent mood swings from euphoria to panic, hallucinations, ill judgement, sleeplessness, excessive energy, feelings of superiority, talkativeness, recklessness, lack of appetite, all occur. So Holmes could almost have "channelled" his cocaine habit to produce the effects he was seeking - but without fever, rapid pulse and other somatic signs.

Sleeplessness is a common symptom in Holmes himself when on a case (in 'The Reigate Squires' Watson states that Holmes "never worked less than fifteen hours a day, and had more than once, as he assured me, kept to his task for five days at a stretch") and can lead to some similar symptoms to delirium. 'The Reigate Squires' is usually dated 1887 and this experience could have been drawn on

¹⁶ Sayers, Dorothy, 1955. 'Holmes' College Career' in Bell, H W, 1955. Baker Street Studies. Baker Street Irregulars Inc. pp. 1-34

¹⁷ Blakeney, T.S., 1932. *Sherlock Holmes: Fact or Fiction?* John Murray, London.

¹⁸ Metcalfe, Percy, 2011. 'Holmes' University Career - a Reassessment' in Utechin, Nicholas (Ed),. *The Best of The Sherlock Holmes Journal*, Vol 2, pp. 37-44.

¹⁹ Simpson, Helen, 1955. 'Medical Career and Capabilities of Dr J.H Watson' in Bell, H.W. (ed),. Baker Street Studies. The Baker Street Irregulars Inc. 35-62.

²⁰ Stavert, Geoffrey, 1980. 'A Three Paragraph Problem: Dr Watson's Military Service'. *The Sherlock Holmes Journal*, Vol 14 No 3, pp. 99-103.

Young, David, 1997. 'John H Watson: Medical School and Beyond 1869-1878'. *The New Baker Street Pillar Box*, No 29, February, pp. 25-26.

Pennell, Vernon, 1956. 'A Resume of the Medical Life of Dr John H Watson - Late of the Army Medical Department; with an Appendix of the London University Regulations for Medical Degrees for the Year 1875'. *Sherlock Holmes Journal*, Vol 3, No 2 (Winter), pp. 6-11.

Duke, Michael, 2011. 'First Aid in the Canon' in *Victorian Holmes*, pp79-84. The Battered Silicon Dispatch Box, Ontario.

by Holmes to develop his role as a delirious person.

Holmes may also be speculated to have had febrile illnesses with delirium in his own personal life, but the amnesia often associated with resolution of this syndrome usually would preclude learning to simulate it later.

Some less available references do apparently cover some aspects of Holmes' medically influenced methods. Kosloske²¹ is recorded as writing 'Sherlock Holmes: Spectacular Diagnostician' in the *Marquette Medical Review*, 29, No 1 (January 1963), 29-31 (cited by De Waal in *The Universal Sherlock Holmes*, Item C8749). I have not been able to obtain this article. Kelvin Jones' very useful slim volume 22 has a whole chapter entitled 'A Student of Medicine?'



Barts Hospital where Holmes may have learnt about delirium

Jones states that the Medical School at Barts had been entirely rebuilt in 1876, with a new anatomical theatre. The Anatomical Museum included exhibits such as the skull of John Bellingham who had assassinated the Right Honourable Spencer Perceval, Prime Minister of England, in 1812. Teachers included W.J. Russell for chemistry, Norman Moore for comparative anatomy, John Wickham Legg for pathological anatomy, then Reginald Southey and George Burrows, consulting physician, who promoted forensic medicine - injury or death of individuals whether from violence, accidents or any other sudden cause.

The Calabash Press have one of their excellent volumes on this case.²³ In the fourteen essays in this book, the various authors cover a number of topics, including typhus and tsutsugamushi. Kathryn White specifically addresses psychosomatic illness in this tale (pp. 129-135) and notes Holmes' usual ascetic habits when engaged in a case and his epicureanism when not so involved. Certainly his fasting for three days is an unnecessary elaboration of his deception although one fancies that Mrs Hudson, his usual caterer, would have been mightily worried by her lodger's abstention. Where and how Holmes learned about Delirium is not covered.

But it is psychology which undoes the murderer. He cannot resist coming to gloat. Holmes must have made his own study of the arrogance of the planter, his "vindictive nature". The snigger and that throw-away line from Culverton Smith, "Yes, the coolies used to do some squealing towards the end", are very revealing of the cold-bloodedness of the man.

Having surveyed the literature and made some logical inferences, let us now address the theses proposed

²¹ Kosloske, Ann M, 1963. 'Sherlock Holmes: Spectacular Diagnostician' in the *Marquette Medical Review*, 29, No 1 (January), pp. 29-31.

²² Jones, Kelvin I, 1984. *The Making of Sherlock Holmes*. *Magico Magazine*, New York.

²³ Roden, Christopher and Roden, Barbara (eds), 1998. *The Case Files of Sherlock Holmes: The Dying Detective*. Calabash Press, Ashcroft, British Columbia.

by Mr Dunn-Meynell. First he suggests that Culverton Smith could have been arrested on evidence such as the bacterium loaded box with its lethal spring. Holmes elicits a confession with witnesses (Watson and Inspector Morton) which is excellent evidence. An anonymous box sent through the mail is more circumstantial. Smith's nephew, Victor Savage's death is merely adumbrated; the cause is stated by Holmes to be a Sumatran Disease. Whether any pathologist examined the body is unknown. Although Professor Ainstree, expert in tropical diseases, is in London, it is not known whether he had any knowledge of this specific case. Had the body been cremated or even buried, further examination may not be possible. "Follow the money" is always a good dictum in any murder but people do die anyway and murder may not be proven. Finally he suggests that Culverton Smith agreed to visit Holmes to retrieve the box. This is arguing after the fact. Watson had to be sent to get the planter; Culverton Smith did not volunteer. Any lawyer worth his (in those days) salt would demolish this set of circumstantial clues.

Secondly, Dunn-Meynell speculates on who the client may be in this case - "that relative or friend of Savage's". We are not told. Inspector Morton, however, was involved throughout and as Holmes is very much the "consulting detective" for the Yard it seems plausible that Morton was the real client. He was unable to launch a formal investigation due to lack of prima facie evidence but this would never deter Holmes.

Third, on the basis of some overlap in language, Dunn-Meynell evokes the spectre of Moriarty. He does say "if this similar language is no accident", which allows him to back away from this idea. For Moriarty to be involved in this petty domestic crime does seem unlikely for a mastermind who controls a huge network of his own - maybe the first transnational criminal organisation. Discipline within the organisation would be tight and personal vendettas or even profitable undertakings would need to be grist to Moriarty's mill, not just the malefactor. What benefit would Moriarty gain from this crime? Cui bono, always.

Finally Dunn-Meynell seeks to involve conjectural germ warfare or terrorism into the Canonical story. Perhaps Professor Moriarty, if an Irish patriot as has been suggested, would consider means other than bombs or firearms for his methods of challenging the British Empire and its Irish repression. Or, if he is "merely" a criminal, he may wish to sell bacteria or similar biohazards to revolutionaries or countries willing to engage in this reprehensible method. But if this is the case, surely he would have controlled his tool better than allow a purely personal attack on a relative, Victor Savage. This would draw unwanted attention, as indeed it did! It would thwart all Moriarty's plans to have a laboratory full of deadly diseases if Culverton Smith were to career around London in order to snigger at Holmes, who after all is the Professor's known nemesis. So I think Occam's razor must be applied again. The purely domestic greed motive is enough to drive the story. Victor Savage's estate, whatever that was, is the maguffin.

Holmes may have had a number of sources for his knowledge and hence simulation of Delirium, from his personal life experience, tertiary especially medical sciences education, recent reading for instance of Watson's texts, his experience of acting in general and his special reading of Culverton Smith's putative works. Dunn-Meynell's ideas are very interesting but may be contested on a number of grounds.

And Holmes gets his man!

