

This is an extract from *De Historia Urologiae Europaeae Vol. 27* (2020), published by the History Office of the European Association of Urology. See history.uroweb.org or urosourc.com for more information.



Figure 1: Charles Dickens. Reproduced with permission of The Charles Dickens Museum.

The Death of Charles Dickens's Father

Jonathan Charles Goddard¹ and Nicholas Cambridge²

¹Consultant Urological Surgeon, Leicester General Hospital. History Office Member

²Honorary Research Fellow in Humanities and Medical History, University of Buckingham

On 25th March 1851, Charles Dickens (1812 – 1870) the celebrated nineteenth-century novelist (Fig. 1) walked into his father's room and described it as a “slaughterhouse of blood!” John Dickens (1785 – 1851) had just undergone “the most terrible operation known in surgery”. Charles wrote in a subsequent letter that it was “their only chance of saving him”. His father died six days later.¹

In 1853 the well-known London Surgeon Mr. Robert Wade (1798 – 1872) published a report in his book on diseases of the urethra describing the case of Mr. D. - a 65 year-old portly gentleman whom he saw as an emergency and who had suffered from urethral rupture, subsequent Fournier's Gangrene and who, despite all his efforts, died in the early hours of 31st March 1851.²

In this paper we will combine these two accounts of the illness and death of John Dickens as an unusual opportunity to study a named patient in nineteenth-century urology.

The Patient

John Dickens (Fig. 2) was born on 21st August 1785. He worked as a clerk for the Royal Navy Pay Office in Portsmouth, Chatham and London. Unfortunately, this low-paid job was insufficient to support his family of eight children and in 1824 he was sent to the Marshalsea Debtors prison in London. Released following the death of his mother and now with sufficient inheritance to pay off his debts, he still continued to be a poor manager of his money.

1. Dickens C. *The Letters of Charles Dickens*, volume 6, 1850 -1852. Oxford: Clarendon Press, 1988.

2. Wade R. *Stricture of the Urethra*. London: J. Churchill, 1853.



Figure 2: John Dickens. Reproduced with permission of The Charles Dickens Museum.

His son Charles based Wilkins Micawber, one of the characters in his novel *David Copperfield* on his father. Mr. Micawber was a penniless optimist with no money sense.³ John Dickens later became a journalist and parliamentary reporter and at the time of his final illness was living in London in the house of Robert Davey, a doctor and formerly Senior Surgeon to the Royal Infirmary for Children in Waterloo Bridge Road, London.¹

The Surgeon

Much of what we know about Robert Wade comes from the memoirs of Dr. James Clarke (1812 – 1876) who wrote for *The Lancet*

and hence knew many noted medical men of nineteenth-century England.⁴ He met Wade when attending his lectures on pathology. It appears they became friends, with Clarke frequently spending time at Wade's house in Soho.

Robert Wade was born on 23rd November 1798 in Woodbridge, Suffolk. This area of South East England appears to have sired several notable surgeons around this time. Wade was apprenticed to Mr. William Jeaffreson (1790 – 1865) who had trained at Guy's and St Thomas's and gained his Membership of the Royal College of Surgeons of England (MRCS) in 1812. He then returned to Suffolk to set up his surgical practice in Framlingham.

3. Callow S. *Charles Dickens and the great theatre of the world*. London: Harper Collins, 2012.

4. Clarke JF. *Autobiographical Recollections of the Medical Profession*. London: J & A Churchill, 1874.

Jeaffreson was the first surgeon in England to successfully surgically remove an ovarian cyst in 1836. He was a founder member of the Eastern Provincial Medical Association, which, after amalgamating with the Provincial Medical and Surgical Association eventually became the British Medical Association (BMA). In 1844 he was made one of the original 300 Fellows by the Royal College of Surgeons. William Jeaffreson was also an early English user of the blind lithotrite for bladder stones and likely a significant influence on Henry (later Sir Henry) Thompson.⁵

After serving his apprenticeship with Jeaffreson, Robert Wade travelled to London with the intention of completing his training by attending lectures and wards at one of the large hospitals. Unfortunately, by the time he got to London Wade's father, a brewer, had lost his job. His family were impoverished and Wade was forced to take a menial job as assistant to an Apothecary in the West End. Eventually he saved enough to enter St Georges Hospital as a student and gained his MRCS in 1819 and his LSA Licence as an Apothecary in 1820. He became Apothecary to the Westminster General Dispensary and subsequently the Senior Surgeon there. In these times before surgical specialisation Wade was already known as an expert in urethral stricture and made a lifelong study of stricture management.⁴

The Surgery

On Saturday 22nd March 1851, John Dickens noticed a little swelling of his scrotum, which had appeared after he had passed urine. As was often the case, he had to strain to force out his urine. The next day, Sunday, he passed a little urine in the morning but no more throughout that day; he noticed his scrotum was a little more swollen. By the next morning, Monday 24th, he was feeling quite well and left for work at his office as usual. Throughout the day he began to feel unwell and returned home early in the afternoon and was in considerable pain. The pain and the swelling to his scrotum and now his penis became worse throughout Monday night.²

5. Goddard JC. The influences of Sir Henry Thompson. *Urology News* 2019;23(3):31-32.

John Dickens and his wife Elizabeth were living at 34 Keppel Street in London, in the house of Robert Davey, quite close to the British Museum.¹ On the Tuesday morning Dickens sent for Davey who was having breakfast and declared, "I have not long to live". When Davey examined him he found the penis, perineum and scrotum a deep purple colour and "fearfully swollen and disfigured". Dickens had not passed urine since the Sunday morning. Davey attempted to pass a catheter but could not.² Davey rushed to Charles Dickens' office to tell him of his father's condition, warning him that he felt he would be dead within a few hours and then sent for Robert Wade, the stricture expert.¹ By this time Charles Dickens was a famous and popular author who had written seven novels and novellas. Wade must have been aware he was treating the father of a celebrity.

When Wade arrived at around 1pm he also attempted to drain the bladder but was unable to pass any instrument through the urethra. Eventually, he managed to pass a small (No. 2) [about 6 or 7Ch]⁶ gum elastic bougie into but not through the stricture. With this and his finger in the rectum as a guide, Wade was forced to open the membranous urethra through the perineum to allow him to finally place a catheter into the bladder. Deep incisions were then made in the scrotum, penis and groin to release some of the extravasated urine. All this was done without the benefit of the new Chloroform anaesthesia; Wade felt John Dickens was too weak for that and he did not wish to depress his "vital powers".²

Charles Dickens entered his father's room after Wade's surgery. He described it in a letter to his wife written later that day as "a slaughterhouse of blood". The procedure, "the most terrible operation known in surgery" was "the only chance of saving him" he wrote and that his father had born the procedure without anaesthetic "with astonishing fortitude" and remained "wonderfully cheerful and strong-hearted".¹

6. Mohr P, Mohr J. Catheters, Bougies, Sounds and Dilators: size matters. The Historic Medical Equipment Society Bulletin 2016;31:18 - 20.

By 8 pm, Wade noted the swelling had much reduced, the scrotum was almost back to its normal size and, according to the surgeon there was no pain beyond, “a little occasional smarting”.²

Robert Wade attended John Dickens the next morning at 8am. He had spent a good night, was comfortable and the swelling remained reduced. Wade prescribed four hourly saline draughts of Dover’s Powders.² These were a mixture of Opium, Ipecacuanha and a laxative and invented by Dr. Thomas Dover (1662 – 1742) in 1732 and were primarily meant to induce sweating, to “draw a fever out”.⁷ They were still being used until at least the 1960s.

On Thursday 27th March John Dickens was still pain-free but had spent a restless night and dislodged his catheter; Wade replaced it and secured it firmly. He prescribed an evening draught of opium to settle him and a mixture of sweet spirits of nitre (ethyl chloride), camphor and lemon juice made effervescent by sesquicarbonate of ammonia. This may have helped, as that night was calmer and the next day he remained well if a little constipated; an aperient was given.²

Dickens spent a restless Friday night and displaced his catheter once again. Wade was there at midday on Saturday to replace it and noticed some sloughing of the wounds and a darkness on the scrotum. He returned at 7.30 in the evening and for the first time felt his patient had a “slight disposition to coma”.² This reduced consciousness or drowsiness probably indicating either sepsis or uraemia.

On Sunday 30th March John Dickens had spent a restless night and half of his scrotum was black. Robert Wade sent for a second opinion. Sir Benjamin Brodie (1783 – 1862), Sergeant Surgeon to Queen Victoria recommended a further incision into the still-swollen scrotum with Tetrachloride of carbon dressings and plenty of wine and brandy on top of his usual diet of beef broth and arrowroot. All this was in vain, by evening it was obvious

7. Phear DN. Thomas Dover 1662 - 1742: Physician, Privateering Captain and inventor of Dover’s Powders. *Journal of the History of Medicine and Allied Sciences* 1954;9(2):139 - 56.

Dickens was fading fast. He died just after 5am on Monday 31st March 1851.²

An avoidable death?

Robert Wade included John Dickens's case in his book on urethral strictures as a warning not to delay treatment of urethral stricture disease. Wade lamented that such a highly intelligent, well-educated man had not sought surgical help for his stricture sooner. He saw two missed opportunities for Dickens. His patient had been aware of his diagnosis for a long time; he should have sought surgical assistance before it ever got to this point. He also felt that had Dickens asked for help as soon as he realised something had gone wrong, the initial swelling or the fact he had stopped passing urine, his life could have been saved.²

One reason of course for the delay in seeking help either early or late was the likely cause for his stricture, gonorrhoea. This was the most common cause of urethral stricture at this time and being sexually transmitted was something patients did not wish to own up to. In this pre-antibiotic age, gonorrhoea, or gleet as it was known, could not be cured and so its long-term effects, such as strictures, were a frequent presentation to surgeons.

It appears that John Dickens had been aware of his disease for many years. A medical certificate was issued to Dickens, at the age of 39, when he applied for a pension and retirement during his first detention in the Marshalsea debtors' prison, in 1824. John Pool, a surgeon, of Davis Street, Piccadilly, then wrote that John Dickens was suffering from an infirmity of the body 'arising from a chronic affection of the urinary organs'. A further clue suggesting John Dickens was ashamed of his disease lies in a letter, which Charles Dickens wrote the day his father died. He said: 'He [John Dickens] had kept his real malady so profoundly secret, that when he did disclose it his state was most alarmingly advanced towards the sad end.'⁸

8. Cambridge N. Bleak Health: Charles Dickens's Medical History Revisited. *The Dickensian* 2018;114(2):117 - 33

It is probable that Charles Dickens himself also suffered with gonorrhoea. In 1859, at the age of 47, and having been separated from his wife Catherine the previous year, he wrote a letter to Frank Beard, his personal doctor, to say: 'My bachelor state has engendered a small malady on which I want to see you. I am at Gad's Hill for the summer but have come up [to London] this morning on purpose.'

One week later Dickens wrote again to Beard: 'Will you call upon me here today, after you leave home? I shall expect you between 1 and 2, but, anyway, will wait until you come. What I principally want to know is, whether your medicine irritates my skin. In other respects, I hope I'm certainly better.'

Gonorrhoea was frequently treated with silver nitrate which could have caused the rash Dickens refers to although it could equally have been due to disseminated gonorrhoea. A further clue about the diagnosis of gonorrhoea comes in a letter from Dickens to Wilkie Collins: 'I want very much to come to Old Broadstairs for a day but cannot see my way there yet: having to pick up the story, and to blaze away with an eye to October. But I don't give it up; far from it. I really do hope to come for a day, before your time is up. Perhaps a tumble into the sea might – but I suppose there is no nitrate of Silver in the Ocean?'⁸

It is possible that Dickens may have caught gonorrhoea from one of the many prostitutes who frequented the theatres in and around Covent Garden. Dickens sometimes stayed in the comfortable set of third storey rooms above the offices of *All the Year Round*, a journal which he edited, in 26 Wellington Street North, which was in the heart of Covent Garden. The gonorrhoea could have affected Dickens's fertility too. Catherine, his wife, had given birth to ten children. Following his separation from Catherine in 1858 Dickens had a longstanding affair with a young actress called Ellen Ternan until his death in 1870. There has been speculation that Ellen may have given birth to a child in France and the baby may have died although there is no hard evidence. However, following Dickens death Ellen later married and gave birth to two children.⁹

9. Cambridge N. From Mr Pickwick to Tiny Tim: Charles Dickens and Medicine. The Central Dickens Fellowship. London, 2017.

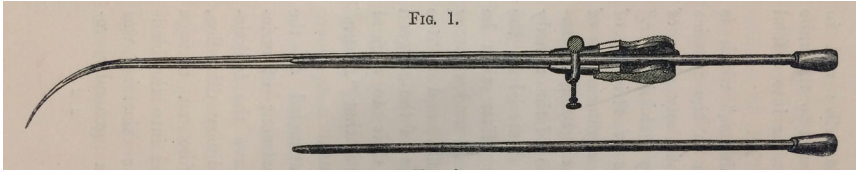


Figure 3: Barnard Holt's Urethral Dilator, from his 1863 book. JCG library.

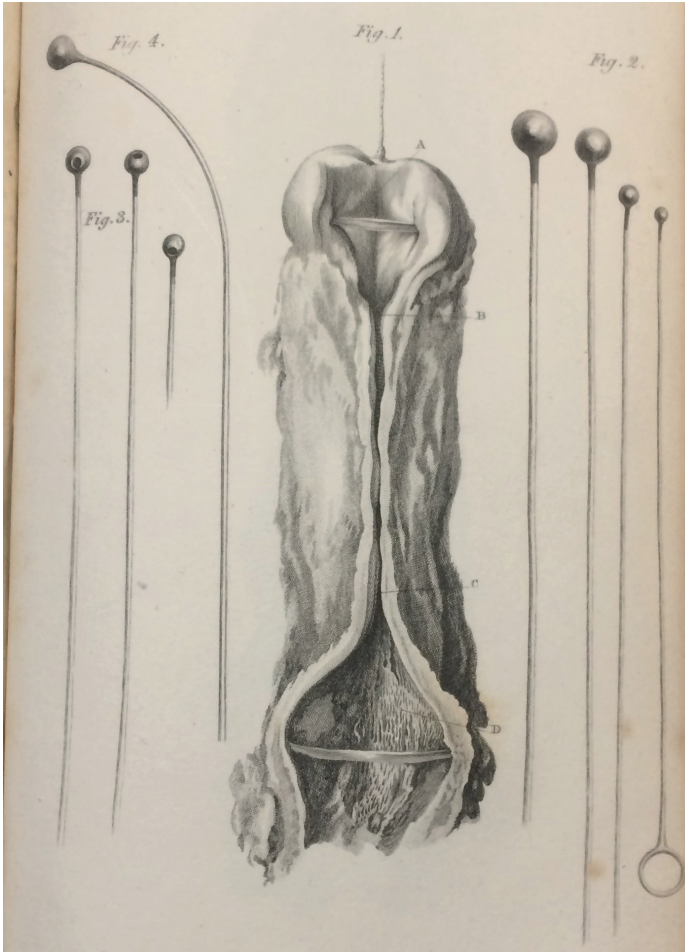


Figure 4: Urethral Stricture with a variety of bougies. Those on the left have cavities for insertion of caustics. From Charles Bell's Letters concerning the Diseases of the Urethra, 1810. JCG library.

Nineteenth-century Management of Urethral Stricture

Urethral stricture disease was common in the Nineteenth Century and diagnosis and management of simple strictures was well known and would have certainly been within the capabilities of a family doctor. The initial treatment of urethral stricture was by dilatation. The passage of probes, bougies, sounds and catheters were part of the diagnostic work up of lower urinary tract symptoms in the nineteenth century. There was little in the way of usable endoscopy and gentle manipulation gave the clinician clues to the nature of the problem, stricture, stone or bladder neck obstruction. These same instruments were then used to dilate the narrowed, strictured urethra. Dilatation could be gentle and progressive or forceful.

Recurrent or incalitrant strictures needed the services of surgeons or specialists like Wade and more advanced instruments were invented, such as that by Barnard Holt (1816 – 1894), to tear open the stricture.¹⁰ (Fig. 3) Richard Stafford (1801 – 1854) suggested a sharp or ‘lanced’ bougie to cut through the stricture.¹¹ This internal urethrotomy could be carried out with a variety of bladed instruments invented throughout the century.

Another way of cutting through the stricture was with the use of caustic chemicals such as silver nitrate or potassa fusa. (potassium hydroxide) Small amounts of these caustics were applied loaded on a catheter-like instrument and pressed against the blockage. (Fig. 4) The chemical burned a way through. As you might imagine, blindly placing caustic chemicals into the urethra was not without risk. The technique however was very popular in the early part of the century and was associated with Sir Everard Home (1756 – 1832) and Thomas Whately (d. 1821).²

Failure to cut or burn a way through the stricture per urethra left the next surgical option of external urethrotomy. This involved

10. Holt B. On the Immediate Treatment of Stricture of the Urethra by the employment of the Stricture Dilator. Second ed. London: John Churchill & Sons, 1863.

11. Stafford RA. On perforation and division of permanent stricture of the urethra by the lanced stilettes : with observations on the nature and treatment of spasmodic and inflammatory stricture, and on various other urethral affections. Third ed. London: John Murray, 1836.

cutting into the urethra from the outside and then opening the stricture up, a technique promoted by James Syme (1799 – 1870) of Edinburgh.¹²

In the case of John Dickens, the disease was too far advanced and diversion of the urine was the only option. Trocars were used to puncture the bladder suprapubically, transrectally or perineally and silver catheters placed to drain the bladder temporarily or by formation of a persistent fistula, permanently.

Over the course of the Nineteenth Century, all these treatments fell in and out of fashion with surgeons hailing them or denouncing them in turn. Wade, it seems was a careful, experimental surgeon. He only supported a stricture treatment once he had tried it many times on many patients. Equally, if he found that he had been wrong in a judgement, he readily acknowledged this in a future edition of his book. This was the case with James Syme's external urethrotomy. Originally rejected by Wade, he subsequently admitted it was useful in some cases.⁴ Wade reintroduced confidence in the use of caustic chemicals such as silver nitrate, advising that it was safe if used very sparingly.²

Summary

Charles Dickens was one of the world's greatest storytellers. His genius lay not only in his narrative but also in his detailed descriptions of time and place and his wonderful characters. One reason that Dickens gave us such vivid tales is that he had a wealth of experience of all aspects and all social levels of nineteenth-century life; he had lived it. Dickens was a busy correspondent, writing multiple letters daily. Had he lived now he almost certainly would have been a voracious user of social media. Luckily for us, many of Dickens letters have survived.¹³

Robert Wade was seen as a specialist urethral surgeon before any sort of specialisation was seen in British Surgery. As was com-

12. Syme J. *Stricture of the Urethra and Fistula in Perineo*. Second ed. Edinburgh: Sutherland and Knox, 1855.

13. The 14,000 letters that Dickens wrote which have survived are printed in the 12 volume Pilgrim Edition and 400 others are searchable on the Dickens Fellowship website. Sadly, Dickens burnt all the letters he received in a big bonfire at Gads Hill shortly after his separation from his wife Catherine.

mon in nineteenth-century surgical text he supported his arguments with copious numbers of detailed case reports. In the case of John Dickens, the father of a famous literary son, we have been able to examine a nineteenth-century urological case from two aspects, the surgeon and the patient's family.

Correspondence to:

Jonathan Goddard

jonathan.goddard@uhl-tr.nhs.uk