

Particulars of the illness and death of the late Mr. Mori, the violinist / by E.W. Duffin.

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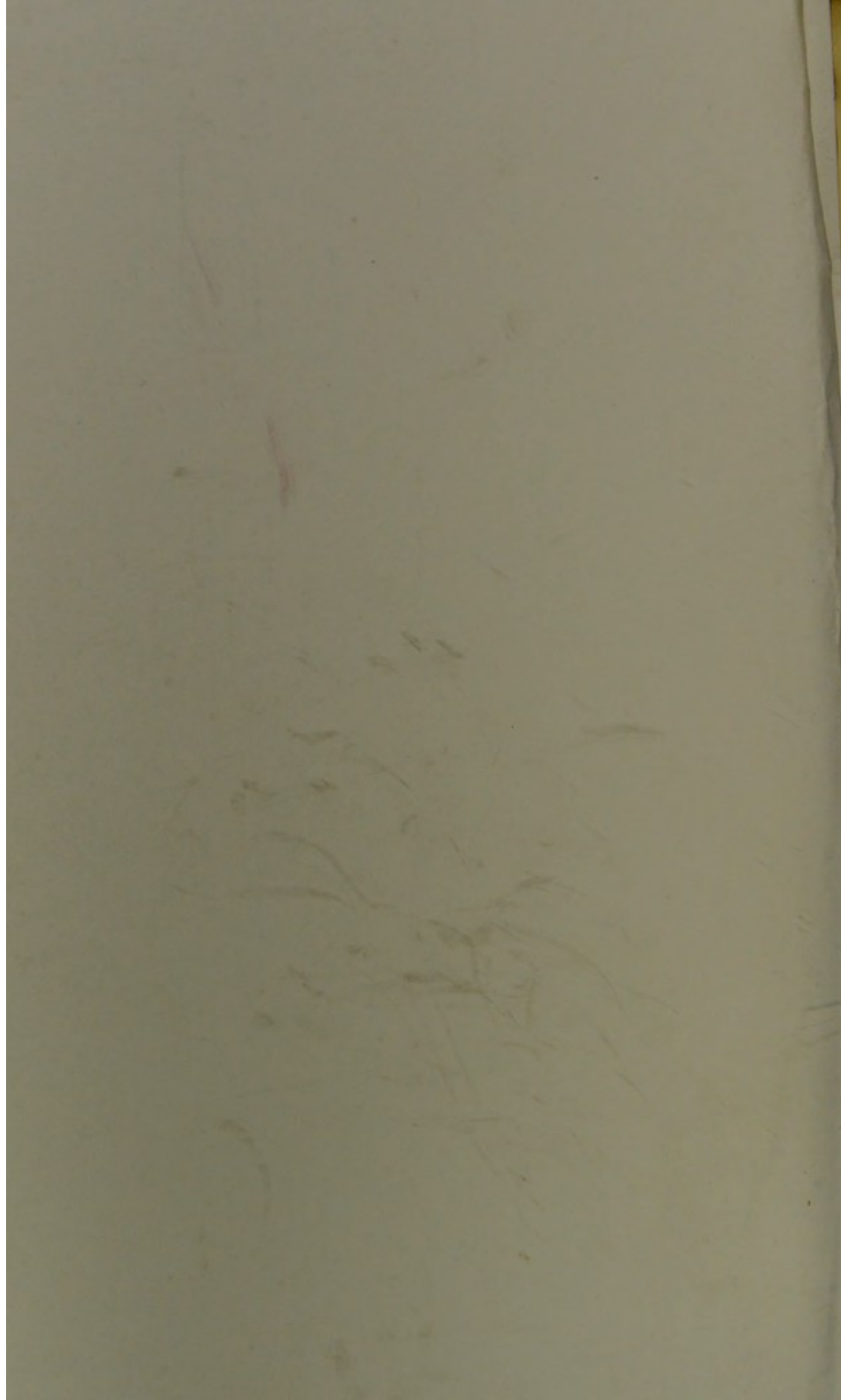
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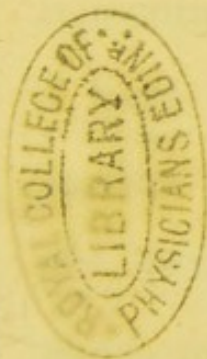


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Particulars
OF
THE ILLNESS AND DEATH
OF THE LATE
MR. MORI,
The Violinist.

BY
E. W. DUFFIN, SURGEON.



LONDON:
PRINTED BY WILSON & SON, 57, SKINNER STREET;
AND MAY BE PURCHASED AT ANY OF THE PRINCIPAL BOOKSELLERS AND
MUSIC REPOSITORIES.

1839.

Price One Shilling.

Advertisement.

THE first part of the following particulars—that relative to the illness and death of the late MR. MORI—was published in the *Morning Post* of the 24th instant; but as some few inaccuracies crept into the medical details, I have considered it desirable for the satisfaction of the public, and for the sake of my own professional reputation, that a statement, correct in every respect, should appear; more especially as I find that very great interest and curiosity have been excited in the Musical World, and amongst a large class of the com-

munity to whom MR. MORI was known either personally or by reputation.

The particulars of the POST-MORTEM EXAMINATION were prepared for the medical journals, but as many may be anxious to be made acquainted with them, who are not in the way of seeing the periodicals alluded to, I have printed them along with this outline. Whenever a medical man attends the death-bed of a public character, I consider he is afterwards called upon to afford the world this satisfaction.

E. W. DUFFIN.

14, LANGHAM PLACE,

June 29, 1839.

PARTICULARS,

&c. &c.

As public men are, to a certain extent, public property, the world is entitled to inquire into their fate, and more especially so when it is that of long-cherished *national talent*. On this account I feel called upon to make a statement of the leading and extraordinary circumstances that characterized the illness and decease of the late Mr. Mori.

It is about nine years since I was first consulted professionally by Mr. Mori. At that time he evinced decided symptoms of cerebral disease, and on several occasions I could regard his actions, and the sentiments he expressed, in no other light than as the result of mental aberration. But before attaining so advanced a stage as to give rise to the mental infirmities, peculiarities of habit, and moral impulses he manifested, the disease must have been in progress for a considerable length of time. He was nervous, restless, suspicious, irritable, and impatient of control. He was remarkably zealous and energetic in all his undertakings, and jealous of rivalry to a most incredible extent. On more than one occasion was my aid requested to appease his frantic excitement after witnessing the success of foreign talent—for amongst his own countrymen he had no rival. He was extremely ambitious to

arrive at excellence in his profession, and to secure public applause and confidence. Indeed, such was his anxiety to afford general satisfaction, especially on the occasion of his own concerts, that his bodily and mental exertion often produced a degree of nervous excitement that could only be regarded as a species of hallucination; and the public will be surprised to learn that, calm and collected as he used to appear before them—so much so as even to be accused of apathy—the effort to maintain that tranquillity was painful to him in the extreme. On one of these occasions, an hour or two previous to his concert, I was sent for by his family to inquire whether his state of mind was such as to render it prudent to allow of his appearance before the public; but he brooked no control, and always assured us that when the moment arrived, he could restrain his feelings, conquer his anxieties, and perform his concerto as coolly and collectively as if nothing had occurred.

It was under a paroxysm such as I have described that he first experienced a singular cerebral attack, which for a few minutes deprived him of sight; on the restoration of which he *found his memory for music gone, so that for nearly an hour he could neither read the notes nor play from memory.* This occurred more than three years ago, and he had subsequently several relapses of the same sort. On three of these occasions, his left hand remained slightly paralytic for several weeks, so that he could

neither exert sufficient pressure to stop the high notes, nor move his fingers with sufficient rapidity to execute delicate passages. After one of these attacks he found himself sensibly paralysed in every part of his right side, more particularly in his hand and arm, so that it was with the utmost difficulty he could command his bow. Another of his seizures produced loss of memory and difficulty of articulation. As these consequences were never of very long continuance, and it was desirable to conceal them as much as possible from the public, I could always succeed in preventing his performance till he had nearly recovered; but usually of late he played too early, and his defects in consequence, both in execution and tone, did not pass unnoticed by close and accurate observers of his performances.

In addition to extreme sensibility in regard to professional reputation, he was excessively desirous of accumulating wealth; and as his disease progressed, in like proportion did he become morbidly sensitive and avaricious: yet he has by no means died to rich as is currently reported—his family will be but indifferently provided for. Had his natural passions and propensities taken a different course, it is more than probable that, influenced as they were by a morbid brain, they would have led him to the commission of some outrageous act of insanity, which might have consigned him to the precincts of an asylum. Many an individual less deranged than he may be said to have been has met such a fate.

But so long as they pursued a natural channel they were never viewed in this light; and, had not a post-mortem examination of his body proved how little he was accountable for their morbid manifestation, much unmerited obloquy might have attached to his memory.

This exposition, it is hoped, will go far to reconcile the resentment and solace the injured feelings of those whom his uncourteous and irritable temper may have at times offended. Notwithstanding the morbid passion which the impulse of the moment might excite, Mori had still many redeeming qualities. He was warmly attached to his family, kindly disposed towards his friends, grateful for services rendered, and very forgiving and forgetful of injuries.

The death of his wife, which happened about eighteen months ago in the same awful and sudden manner, made a great impression on his mind. His grief, though short, was very poignant and sincere, and wrought a great change in his dispositions and moral habits. He became comparatively indifferent to every thing which had before so much excited and interested him. Prior to her decease he was accustomed to practise incessantly; the violin was scarcely ever out of his hand; and whilst conversing with any one who called, either out of compliment or on business, he continued fingering such passages of difficulty as he was desirous of overcoming. He slept little; in fact,

watchfulness was one of the most prominent symptoms of his disease. He was extremely restless, and used to walk about from room to room practising and talking all the time.

Unfortunately, a few months after Mrs. Mori's death, another powerful passion took possession of his breast, for the occurrence and uncontrollable nature of which at such an untimely period he was, perhaps, no more accountable than he was for the resistless influence which appeared to govern all his other sentiments and propensities. He became attached to a lady of high professional attainments, and in this passion all others were absorbed, *even his love of gain*, for he stated to me that he had offered, and was still willing to make, any pecuniary sacrifice to obtain the object of his affections. His disease now began to gain more rapidly upon him. Far be it from me, however, to allege that the progress of his malady necessarily depended upon unrequited affection, though doubtless the influence of this on a diseased brain would contribute to feed it. He ceased to practise, and became comparatively indifferent to his own success or to that of others.

The physical evidences of his complaint had become now more apparent, and the unhealthy aspect of his countenance attracted universal attention. Is it not, then, a most surprising circumstance that, labouring under such a multitude of jarring passions, morbidly heightened by uncon-

trollable disease in the brain, he should have still retained the influence he had acquired among his professional brethren, as well as the interest he had excited in the mind of the public? He now more frequently applied to me for advice. A variety of symptoms, in addition to those already enumerated, daily declared themselves. He was affected with a very anomalous and extensive ulceration of the throat, and his digestive organs became greatly deranged. But he never on any occasion complained of uneasiness either in the chest or back, or exhibited any diagnostic indication of the extraordinary aneurism that terminated his existence*. His pulse was always feeble, but regular and healthy in other respects.

These remarks bring my history to about the 3d instant, when he was considerably amended in his general health, but completely upset again by the occurrence of his second concert of this season on the 5th. On that occasion, I am informed, his strange conduct behind the scenes induced a strong belief in the minds of his brethren that he was the victim of mental infirmity.

Late in the evening of the 12th instant, he called at my house in a state of the utmost agitation, and informed me that a few hours before he had been seized with a sudden pain in his back, which had

* It may not be unworthy of remark that in this respect his case very much resembled that of the late Dr. Barry.

gradually extended itself along the whole length of the spine ; that this pain was very much increased on motion ; that it prevented him standing upright ; and that it was gradually extending itself across the chest, so as to produce a degree of constriction that materially oppressed his respiration. His hands were cold and tremulous, his pulse was feeble but regular, and his expression of countenance indicated the greatest anxiety. On applying my ear to his chest I found the heart beating slowly, softly, extensively, and in a measured manner ; the breathing seemed much oppressed, but I did not detect any other morbid phenomenon. Indeed, as will presently be shown, the diagnostic symptoms of the earlier stages of the disorder, which terminated his existence, were masked by the rapid advance it had made before he called upon me. Perceiving that he was very seriously ill, and not liking to trust him to return home alone, as I was at the instant called to a gentleman in the neighbourhood, I requested a professional friend to accompany him in a coach, and I followed in half an hour afterwards. Such remedies were then prescribed for him as appeared to me most likely to afford immediate relief ; and we agreed, as it was by this time late at night, that if not better on the morrow, he should be again visited by some of the professional friends who had been requested on former occasions to meet me in consultation on his case.

On the following, day, however, he was so much better that he declined taking any further advice, and in the evening was so far relieved that he got up and walked about his room. At 12 o'clock he retired to rest; and, in about half an hour afterwards, his family, who slept in the adjoining chamber, hearing a strange noise, went to him, and found him struggling for breath. In a few minutes he expired.

When Mr. Mori applied to me on the previous evening, I considered it probable that the pain and uneasiness he complained of in the back, coupled with the collapsed state of the countenance, shivering and tremulous motion of the hands, and presumed state of the brain, might be precursory of typhus or some other fever, more especially as I was aware that he had for several days previously undergone extreme bodily fatigue and mental anxiety; but being desirous to avoid alarming his family by expressing such an opinion hastily, as his manner of complaining resembled in many respects an acute rheumatic seizure, I desired his friends, as the readiest answer to the repeated inquiries that were made respecting him, to say that he was affected with rheumatism in his back and loins; hence the origin of the absurd report which got into circulation, that "he died of lumbago."

POST-MORTEM EXAMINATION.

On the day following his decease, the body was examined, in the presence of Dr. Child, Messrs. Rogers and Balderson, and several personal friends of the family.

On removing the cranium, a considerable quantity of bloody serum escaped from under the dura mater. The sinuses and venous system in general were very much gorged with blood. The dura mater was somewhat thickened in its texture, and more dense than usual. It adhered very firmly to the glands of Pacchioni, which were considerably enlarged, and in a tubercular, semi-suppurating condition. The arachnoid membrane was thickened and opaque—the result of chronic inflammation of its texture. A milk-coloured serum, and portions of coagulable lymph, were effused under this coat throughout its whole surface, so abundantly as to separate it from the pia mater to the extent of the sixth of an inch. The pia mater and substance of the brain were softened, and in some parts reduced to a pultaceous consistence. The ventricles were filled with serous effusion; and a considerable quantity of fluid ran out from the spinal canal. The arterial system was ossified to a most remarkable extent, in every part of its ramifications. The larger arteries, from being closely

annulated with bony deposit, were preserved quite patulous in their calibre, and presented the appearance of the trachea of a small bird, conveying the same impression, when pinched betwixt the fingers, as this tube would impart when similarly examined. The investing membranes of the arteries at the base of the brain, and their larger branches, as well as of those of the internal carotids, ramified on the corpus callosum, and on the anterior and middle lobes of the brain, were stretched, so as to allow the vessels to float about, and to be easily raised to a distance of several lines from the surface on which they rested. These elongations were so considerable, that they might not inaptly be compared to the mesenteric elongations of the peritoneal covering of the intestines. The choroid plexus of veins was turgid, varicose, and bleached. These were all the morbid appearances observed in the head.

CHEST.—The right cavity of the chest contained between *six and seven pounds of blood*, which had separated into a bloody serum and loose, grumous, dark-coloured coagulum. This was found to proceed from a rupture of the pleura, opposite the attachment of the tenth rib to the spine, where it is reflected to form the thoracic partition. On tracing this opening, which was large enough to admit my forefinger, we found the cavity of the posterior mediastinum, in its whole length, full of a dark coagulum, which was easily separable from its parietes. The effusion had distended its walls, and forced a

way to a considerable extent into the loose cellular membrane under the pleural covering of the posterior surface of the lungs, so as to produce a very extensive ecchymosis of this part. On further examination, this effusion of blood was ascertained to have proceeded from an aneurism of the aorta of a very remarkable description, the diseased and easily separable coats of the bloodvessel admitting of our tracing the formation of the tumor in the most satisfactory manner.

It appeared to have been originally formed by ulceration of the inner coat of the artery, opposite to the body of the eighth dorsal vertebra, and on the right side of the vessel. This opening was irregular in form, but approaching to that of an oval, and large enough to admit a moderate-sized crow-quill. A second ulceration, about the size and shape of a small split bean, which had succeeded in destroying the inner coat of the vessel, was found close to the ulcerated opening just described. The blood, it appears, had first insinuated itself at this point between the serous and muscular coats of the aorta, and afterwards had gradually separated these on the posterior and right lateral surface in *their whole extent*; the sac running upwards, and following the course of the arch, till the artery emerged from the pericardium, and proceeding downwards to within an inch of the bifurcation of the vessel. It presented the appearance of a secondary aorta, of irregular calibre. At its lower fourth it did not much exceed

the diameter of the bloodvessel ; its central half was nearly double the calibre of the vessel, and the upper fourth was of intermediate capacity. The widest portion was opposite the point of formation of the aneurism, extending from about the fourth to the tenth dorsal vertebra. That it was formed by the mechanical separation of the coats of the artery, was most satisfactorily ascertained, as the vessel was in a very diseased state, and admitted of being torn with the fingers, so as to prolong or enlarge the sac in any direction. The muscular layer was converted into a white tough fibrous substance, that could be easily torn in the direction of its fibres, and which, when peeled off from the cellular coat, presented the appearance of a piece of spinal medullary matter macerated in an alcoholic solution of bichlorate of mercury. The serous coat of the artery was studded with large ossific points and tubercles, some of which were as large as a moderate-sized bean, and in a state of semi-suppuratation. It was one of these, I make no doubt, that had suppurated and produced the ulcer, which gave rise to the aneurism. That portion of the serous coat which was denuded of its outer coverings, and formed the common partition between the aneurismal sac and the artery, was greatly thickened, and capable of powerful resistance. The heart was fully three times the ordinary size, and soft in texture. The parietes of the left ventricle were hypertrophied. The coronary arteries resembled those of the brain ; they were closely

annulated with ossific deposit, so as to present the appearance already noticed. They seemed to be detached from their bed, and enveloped in a doubling of serous membrane in the way we have already explained in describing those of the brain; and in like manner was the connecting fold elongated, so as to isolate the vessels, and let them float loose. The lungs, especially those of the right side, which were compressed by the effusion of so large a quantity of blood into the cavity of the pleura*, presented a very deep purple colour; and at their posterior surface, as already stated, they were ecchymosed to a very surprising extent. The pulmonary arterial system was in a healthy condition. The bodies of the vertebræ in the whole length of the spine, more particularly towards the right side, were absorbed in proportion to the duration and degree of pressure to which they had been subject; the sixth, seventh, eighth, and ninth, were most affected, and to a considerable extent,—from which I conclude that the aneurism must have been a length of time in progress. It is only singular that Mr. Mori never at any period complained of symptoms that led his medical attendants (and many from time to time prescribed for him) to apply their ear to his chest. Had they done so, it is more than probable the startling discovery that he laboured under aneurism would have been made.

* The chest contained between six and seven pounds of blood.

When he first consulted me, on the 12th instant, the cavity of the posterior mediastinum must have been full of blood, and it was the rupture of the sac into this cavity that occasioned the sudden and subsequent symptoms, resembling, in many respects, an acute rheumatic seizure of the dorsal, lumbar, and intercostal muscles. When I applied my ear to the region of the heart, I found the action of this organ to accord with his pulse, 88, soft, and as it were stifled, but I heard no other sound : the fact, is the *bruit de soufflet*, pulsating, and other characteristic phenomena, were then obscured by the immense effusion of blood with which the aneurismal sac was surrounded, and the pressure consequent on the confinement of this within the mediastinal pleura. Indeed, I much doubt whether in a case of this nature the diagnostic phenomena would not at all periods of its progress have been very obscure, complex, and difficult of analysis. No one would have ever imagined that an aneurism would equal in extent the vessel that produced it, especially such an artery as the aorta. The ease and remission of symptoms he experienced on the following day, and which induced him to believe that his complaint was on the decline, were owing to the distended parts having accommodated themselves to the novel circumstances in which they were placed ; and the immediate cause of death was the sudden rupture of the mediastinal pleura, so as to admit of a further, and indeed tremendous, effusion of blood into the

cavity of the chest, and completely compress the lungs, destroy the balance of the circulation, and thus extinguish life. No other morbid appearances were discovered.

Before closing this memoir, which is replete with novelty and interest both to the physiologist and pathologist, and not less so to the metaphysician, we may be allowed to indulge in a few reflections on the singular facts it presents to consideration. That a man who laboured under such extensive disease in the brain, and who exhibited so many indications of the morbid influence this exerted on the various passions of the mind, should have been capable of displaying so much well-directed energy as MORI always evinced in every thing he undertook, is very remarkable; and the more so, when we remember that he was always at issue with his professional brethren, and had their prejudices, opposition, and, in many instances, personal resentment to overcome, before any arrangements could be entered into. Let us remember the admirable manner in which he got up his concerts, the judgment with which the music was selected, and the excellent order which distinguished them, the interest and influence he possessed in controlling an orchestre, and the public approbation and success with which his efforts were always crowned, and we cannot but express our astonishment that such an individual was himself in reality scarcely ac-

countable for many of his own actions ; and let it be borne in mind, moreover, that during a great part of his time he was himself contending with a multitude of conflicting passions, enough, even had his brain been sound, to have induced disease. That being on several occasions seized with paralysis, loss of sight and memory *in consequence of organic disease of the brain*, he should again recover the use of the parts and senses affected, is no less remarkable. And when we reflect on the extensive and singular character of the aneurismal sac, and the slender boundary that it placed betwixt life and death for many months, we cannot but shudder at the awful risk he daily ran of being suddenly plunged into eternity in the midst of his most successful undertakings.

THE END.



