William Cayley, M.D., F.R.C.P.

Dr. William Cayley was born on December 14, 1836. He came of an intellectually gifted family, the most distinguished member of which was the great mathematical genius Arthur Cayley, first Sadlerian Professor of pure mathematics at Cambridge. William Cayley survived his five brothers, one of whom, Sir Richard, was Chief Justice of Ceylon and another, Henry, was Surgeon-General in the Indian Army.

Though living in the eastern counties as a boy, Cayley was sent to Shrewsbury where, as pupil of the famous Dr. Kennedy, he became an excellent Latin and Greek scholar and an expert oarsman on the Severn. Physically he was strong and well-made but had a slight deformity of one foot said to have been the result of an attack of infantile paralysis and this gave him rather a halting gait and an early stoop which somehow became him greatly and seemed part of his character. His classical scholarship he kept up throughout life and to the last wrote occasional *jeux d'esprit*, epigrams in Greek elegiac verse in the mock heroic style of some of the Greek poets. It was his taste and readiness that suggested so appropriate a motto from Virgil for the Medical School of the Middlesex Hospital—*Miseris succurrere disco*.

On leaving Shrewsbury he had apparently been destined to go to New College, Oxford, with which college his family had some connection, possibly as Founder's Kin, but for some reason or other this intention was never fulfilled and he entered King's College, London, as a medical student. Here at a later date he became House Physician and House Surgeon. In the medical wards he worked under Dr. Tod, whose lectures on clinical subjects had a wide circulation in their day and it was here that Cayley made his first acquaintance with cases of typhoid fever, the disease with which his name is particularly associated. He used to tell his Middlesex students that delirium in typhoid was much more evident in those days and he said he had little doubt that much of it was due to alcohol, as patients were given as much as a pint of brandy a day. At a later date he became a member of the Alpine Club. One day he was heard to say that if you could walk along a plank on the ground you could equally well walk along it if it were a hundred feet up in the air. Building was going on at King's College at the time, and as his proposition was greeted with derision he straightway mounted a series of ladders and walked along a single plank which stretched across from one wall of the building to another, much to the alarm of his gainsayers and to his own amusement.

After taking his degree at the University of London in 1861, he spent a year in Vienna where the names of Rokitansky and Billroth made the medical school famous. On his return he was shortly appointed to the Staff of the Middlesex Hospital where, at that time, Charles Murchison and De Morgan were pre-eminent. To that hospital he became greatly attached and when Murchison migrated to St. Thomas's, Cayley refused his invitation to join him there. His early years at the Middlesex appear to have been given up in large measure to morbid anatomy and pathology, and it is said that at this time Cayley was the only man on the staff who knew how to use a microscope. He was certainly the only man in the habit of using one. Aniline dyes had not been introduced, even logwood was a luxury and only those who had practised examining unstained microscopic sections have any idea of the difficulties involved.

In 1869, on the resignation of Dr. Spencer Cobbold, Cayley became Curator of the Museum, being elected to the full staff of the hospital in 1870, and as soon as medical beds were allotted to him he paid daily visits (including Sundays) to his wards for upwards of 30 years. As his first house physician, a classical scholar and Fellow of All Souls, to whom I am greatly indebted for details of these early years, has said of Dr. Cayley: 'He worked much, but wrote little and well. He was naturally indifferent to publicity and, as naturally, it did not come to him.'

Besides being Physician to the Middlesex
Hospital he was Physician to the Queen’s Hospital for Children and to the London Fever Hospital. When, years afterwards, he was asked how it was that he was the only member of the staff at the London Fever Hospital who never contracted typhus fever he replied, ‘I always had my daily bath,’ in his characteristic way. In due course he became Lecturer on Medicine at Middlesex, Examiner in Medicine in the University of London and Senior Censor of the Royal College of Physicians. He chose typhoid fever as the subject of his Croonian Lectures and edited the third edition of Murchison on Continued Fever. He also wrote the articles on typhoid fever in Fowler’s Dictionary and in Allchin’s Manual of Medicine. The late Dr. Campbell Thomson in The Story of the Middlesex Hospital Medical School writes: ‘To follow Dr. Cayley diagnosing a case of typhoid fever, an exponent in the art of which he was at the time one of the most able of living men, was in itself an education. Eyes, touch and sometimes smell, together with long experience of the relative values of symptoms at the onset of the disease were factors relied on. There was no Widal reaction to fall back upon for help—nothing but acutely trained senses and an extensive experience. Nor was this great clinical observer less skilled in other branches of medicine.’

For myself, I count it one of the great pleasures and privileges of my life that I was brought into contact with Dr. Cayley. He was already the Senior Physician at the Middlesex when I first saw him at a clinical lecture. The lecturer started with rapid, jerky sentences as though possessed of great eagerness to impart important or wonderful information of absorbing interest, the words tumbling over each other in their intensely eager delivery. A short pause followed each principal sentence as though to give his listeners time to take in what had been so rapidly presented. It soon became apparent that one was in the presence of an extraordinary intellect and before the hour was over I became conscious of the certainty that here I was to find my future mentor in medicine. Certainly there has been no one at the Middlesex in my memory who has inspired such admiration or such feelings of personal devotion and affection as did Dr. Cayley. We all liked our respective chiefs but here was the difference, Dr. Cayley was loved and I do not think the word is too strong. The complete singleness of aim, the entire absence of all conceit or of any affectation, combined as they were with wisdom, sound learning and incomparable diagnostic skill were the characteristics which appealed so strongly to us. There was no one who combined so many qualities of mind and heart, and how he hid himself from public notice! As a physician we had never seen his like and we felt we never should. It was not merely the hero-worship of young men. For an estimate of him as a physician it is enough to quote the published words of his colleague, Sir James Fowler, who after a wide experience of great physicians in London and Cambridge uttered, in 1912, this deliberate opinion: ‘Dr Cayley I consider to have been—and I have always said so—the greatest physician it has ever been my lot to meet.’

At the bedside there would be a few questions, a rapid examination conducted with a suppressed eagerness of manner and mostly with closed eyes, a picking out of the hidden features of a case, possibly another question or two, and then the sudden enunciation of the diagnosis and, if pressed, there would follow a masterly exposition of the pathological condition which underlay the clinical manifestations with perhaps a comment upon any unusual or pronounced feature which the case presented. There might be an occasional reference to some former case that it was profitable to recall, or some interesting recollection might be cited (and how truly illuminating and apposite these were); then after a definite plan of treatment there would be a lapse into silence until another case urged him to speak. It reminded one remotely of the oracular announcements of Apollo. We could never have enough and I shall not be misunderstood when I say that his triumph in some much discussed and perplexing case would come in the post-mortem room. With such proofs of his diagnostic acumen as were here provided, the clinical reputation of anyone who supported an alternative diagnosis was bound to suffer in the eyes of his devoted clerks as time and again the post-mortem findings would vindicate their chief’s honour. Such powers were almost uncanny and we began to believe that there was such a thing as clinical instinct and that perhaps after all physicians were born and not made. I heard one physician say at the autopsy on a particularly abstruse case that Cayley must be inspired by heaven. The more rational mind recalls his long years of training in the post-mortem room and his innate love of truth which led him to see things as they are and to draw correct inferences.

As a physician he was eminently progressive, but never rash. The welfare of the patient was ever his primary consideration and he was careful to say nothing within a patient’s hearing that might disturb or alarm him. It was largely through his advocacy that the dangerous practice of washing out an empyema cavity through a single opening was discontinued. It was as early as 1885 that he induced an artificial pneumothorax in a case of pulmonary tuberculosis, thus fore-
stalling by many years the present procedure. The first case of aneurysm to be treated by gelatine injections in London was under his care. I was then a clinical clerk in his wards. The man was a groom in the service of the Duke of Rutland and had a projecting pulsating swelling, the size of a goose’s egg, which had eroded the upper end of the sternum. Dr. Cayley arrived with some recent papers of Lancereaux, had gelatine solution of the appropriate strength prepared and sterilized in the bacteriological laboratory and a course of intramuscular injections entered upon. The case was hopeless before treatment started, but death was certainly delayed and it was the forerunner of two or three other instances in which the treatment proved more successful.

Cayley’s strong advocacy of cold sponging which had been introduced by Brand of Stettin for continued fever had a profound effect on English practice, and the disappearance of the ‘typhoid state’ is to be attributed mainly to his initiative in this direction.

On his retirement his Middlesex colleagues hoped that he would write on clinical medicine for his experience was vast and his knowledge profound, besides nihil tetigit quod non ornavit. However literature and botany were his real loves and to them he remained constant. He was never known in any circumstances to be provoked or lose his temper or self-control. He was an excellent man of business on boards and committees, and there, as in the wards, he was quick, direct and practical. Attendance at a committee of his beloved hospital a week before was the immediate cause of his death in December, 1916, from influenzal pneumonia.

Space will not allow mention of the numerous anecdotes which have gathered round him. A quiet humour added to his attractiveness. Arriving one day at hospital smiling to himself, a surgical colleague remarked ‘You seem very pleased today.’ ‘Yes,’ Cayley replied, ‘To see a patient at home is a somewhat rare event these days, but this morning I saw two and my dog bit them both!’

For the particulars of Dr. Cayley’s earlier years I am indebted to an obituary notice in the British Medical Journal of December, 1916, written by his first House Physician and friend, Dr. Browne.

‘He who forgets himself is the person who most deserves not to be forgotten.’

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A Plea for Barabbas

In most rural districts there is preserved a tradition that on some date, usually at the beginning of the nineteenth century, a sheep was sheared and a suit of clothes made from the wool, all between dawn and sunset. This folk-tale is usually embellished with a catalogue of the operations intervening between the procuring of the raw material and the delivery of the suit, and no doubt most people have shared my surprise at learning how many processes are required to convert the natural covering of the quadruped into the habiliments of the biped. Similarly, I have noted a prevailing and equally excusable ignorance of the procedure which gives permanent form to the cerebration of authors—I allude to the complex system of operations embraced under the general head of book publishing. Perhaps my choice of a parallel might have been happier, for I am aware that some authors are prone to see themselves in the role of the sheep with predatory publishers wielding the shears—I am no stranger to the gibe, founded on a mythical misprint, that ‘Barabbas was a publisher.’ Let me compound with all schools of thought by acknowledging at once the turpitude and the necessity of my class, and go on to speak of one branch of our unblest art.

The publication of medical books has always exercised a particular fascination over British book houses. This is really rather remarkable when we remember the natural limitations of the market and the special technical difficulties of production. Contrary to the general belief, with the exception of those expressively termed ‘bread-and-butter lines,’ medical books do not yield large profits to any section of the trade. In fact, a considerable proportion are published at a loss—a result in many cases anticipated and accepted by the publisher. In other cases there is a large element of speculation; it is indeed possible to estimate maximal circulations of books which can only be bought by a special class, but it is much more difficult to estimate the minimal. Even the most favourable conditions of authorship, subject and price do not always ensure success, as every publisher has experienced to his cost. On the other hand, the most unpromising proposals sometimes bring returns beyond the expectation