Axel Munthe’s *The Story of San Michele* revisited

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ABSTRACT – This article provides a review of Axel Munthe’s best-selling medical novel, *The Story of San Michele*, with particular reference to the light it sheds on late nineteenth and early twentieth century medicine.

KEY WORDS: Capri, cholera, hysteria, Munthe, Naples

Axel Munthe was born in Sweden in 1857. He was very strictly brought up and was educated at Uppsala University. He then studied medicine in Paris where he worked hard: ‘No Mimi to mend my coat or wash my linen,’ he said, ‘No time for idle gossip in the cafés, to laugh, to live, to love.’ When he qualified in 1882 at the young age of 24, he claimed to be the youngest MD ever created in France. He practised in Paris and later in Rome. He took British nationality and at the age of 57 served in the British Red Cross in the 1914–16 war. He was boarded out because of his bad eyesight.

He was appointed a Commander of the Victorian Order after being for many years physician to the Queen of Sweden, a granddaughter of Queen Victoria. He owned a beautiful villa in Capri and splendid houses in England and Sweden. He died in Sweden at the age of 91 in 1948 having lived, as he explained, a charmed life, escaping from an earthquake in Messina, the horrors of a cholera epidemic in Naples, to say nothing of an avalanche on Mont Blanc and a bullet through his hat in a duel.

*The Story of San Michele* was Munthe’s hugely successful fourth and last book. First published in April 1928, with a print run of 7,000 copies, five more impressions were called for that year and 29 more in the next 20 months (Virginia Murray, personal communication, 1991). It has continued to sell well: by 1982 the total sales in the UK alone were 860,000. The book was translated into 37 languages.

Not unreasonably *The story of San Michele* was first described by reviewers as an autobiography, but in a foreword to later editions Axel Munthe denies this, although admitting that ‘some scenes are laid in the dangerous No Man’s Land between fact and fiction’. It is, however, clearly based on Axel Munthe’s life, although the events related do not follow in true chronological order and are not always a truthful representation of what actually happened.

Student life in Paris

Munthe was puzzled that Death stalked the wards of the hospitals ‘to struggle so long with the life of a little child while He suffers the life of the old to ebb away in peaceful sleep. Was it not my mission to help those to die I could not help to live?’ It seems unlikely that assisting death should have devolved onto a seemingly un supervised medical student. No wonder sweet Soeur Philomène had looked at him disapprovingly when, alone among his comrades, he came with his morphia syringe after the old padre had left having given the last sacrament.

Munthe acknowledged that Charcot, the great French neurologist, was one of his outstanding teachers who with his ‘sensitive cruel lips was uncanny in the way he went straight to the root of the evil, often apparently only after a rapid glance at the patient from his cold eagle eyes’. His voice ‘was imperative, hard, often sarcastic’. Munthe’s description of Charcot is in contrast to the more complimentary views of his biographer and of Osler and Freud.

Every Tuesday evening at the Salpetrière, Charcot gave a stage performance of hypnotism – ‘nothing but an absurd farce, a hopeless muddle of truth and cheating, attended by a public audience full of morbid curiosity’. Later in life while practising in Paris, Munthe tried to extricate a young female patient from Charcot’s clutches, as he put it, by instructing her under hypnosis to leave the hospital and come to his house so that he could return her to her farming parents in Normandy who thought their daughter was working in the hospital kitchens. He nearly succeeded but a nun caught the girl as she was leaving the hospital. When Charcot heard about this, he threatened police action but instead had Munthe expelled from the hospital and forbidden to return. Unrelated to this contretemps which occurred later in his life, Munthe did not pass the competitive examination to become an intern nor did he hold any junior hospital appointment in Paris (R. Hierons, personal communication).

Practice in Paris

In the book, immediately after qualifying, Munthe writes that he began to practise in Paris. In reality he returned to Stockholm and got married. The young...
couple spent their honeymoon in Capri, where they stayed on while Munthe helped with an outbreak of typhus on the island. Back in Paris, he had two groups of patients: rich, often neur-rotic, women, and the poor in the slums. Of the former, some were ill, some were not ill at all and ‘might never have become so had they not consulted me’, and some imagined they were ill. Munthe frequently made the diagnosis of ‘over-indulgence’. But because this was unacceptable to his well-to-do patients, he used the name of a new disease coined in Paris (‘and a golden coin it proved to be’) called ‘colitis’. In a footnote he explained that colitis as we know it today was unknown in the nineteenth century. He ascribed his success in treating patients to his ability to inspire confidence – ‘a magic gift granted by birth-right … that cannot be acquired by book-reading or by the bed-side’. This attribute, perhaps related to his use of hypnotism, enabled him to quieten lunatics, to bring peace to the dying and to calm panthers, polar bears and many other animals that he treated in the zoo.

His lucrative practice among the rich foreign community continued to prosper. He was not very business-like, claiming seldom to have sent out accounts but leaving his patients to pay him what they deemed fit. He felt guilty for ‘dumping on suffering mankind expensive patent medicines and drugs’, knowing that the ‘number of efficacious drugs could be counted on the ends of our fingers’. Fee-splitting between consultants and general practitioners was a matter of course at the time. Before operating, half the surgeon’s fee had to be paid in advance. Although today private hospitals may demand payment of the hospital charges before admission, I doubt that any patient is ‘aroused from the chloroform and the operation postponed in order to verify the validity of a cheque’.

Munthe advised doctors not to talk too much to their patients because ‘they will find you out and how little you know’. With the help of a priest he looked after the poor in the Quartier Villette in Paris where Scandinavian patients had typhoid fever. He had to deal with an epidemic of diphtheria among Italian workers in Montparnasse; diphtheria antitoxin had not yet been invented and Munthe spent hours painting the throat and detaching ‘the poisonous membrane’ obstructing the air passages of his young patients. Assisted by the local street-sweeper, he performed tracheostomies by the light of a wretched lamp, with the children lying on their mother’s lap or a low table.

Munthe also became involved in the treatment of six Russian peasants who had been bitten by a pack of rabid wolves and sent by the Tsar to the Hotel Dieu for treatment with Pasteur’s anti-rabies serum. One patient, whom he was feeding, attacked him and Munthe felt ‘the foul breath from the foaming mouth and the poisonous saliva dripping down his face’. This patient developed Cheyne-Stokes respiration, ‘the well-known precursory symptom (sic) of death’, and died. To Pasteur’s distress the other five developed rabies and, according to Munthe, their screams and howls could be heard in the Place Notre Dame below. During the night the doomed men were helped to a painless death.

Cholera

In 1884, while on holiday in Lapland, Munthe read in The Times of the cholera epidemic in Naples and rushed there to help. On first reading his account of this, I was surprised that there was no mention of diarrhoea as a symptom, although details are given of how the Neapolitans ‘began to fall down in the street as if struck by lightning, to be picked up by the police and driven to the cholera hospital to die there within a few hours’. This led me to read Munthe’s first book, Letters from a mourning city, written while he was in Naples and published in 1887. Here, too, there is no mention of diarrhoea. Possibly the omission is a matter of seemliness, but it seems more likely that Munthe was overly impressed by cases of cholera sicca in which the onset was so violent that the patient died almost instantly before there was time for the symptoms to appear.

Munthe was terrified of contracting the disease. He could not sleep and spent the nights cowering in one of the many churches, fearful of the numerous rats driven from the sewers by ‘vain attempts at disinfection’. At that time, doctors believed the disease was contagious and would put a handkerchief to their mouth, wear gloves to touch a patient and hold a scent bottle to their nose, staying with the patient as short a time as possible. Munthe was aware of Koch’s isolation of the cholera vibrio in 1883 but was unfamiliar with John Snow’s success in halting the 1853 epidemic in Soho. For treatment he avoided purgatives and emetics but used blankets to warm the vasoconstricted extremi- ties of the victims and gave them ice to suck. Ether by injection was used as a stimulant and laudanum as a sedative. Ten per cent of the doctors, nurses and ambulance drivers working for the White Cross contracted the disease, and the overall mortality was 80%.

Not until 1910 was intravenous therapy shown to be effective at the Medical College in Calcutta, and it was not until 1943 at the Rockefeller Institute in New York that Phillips and van Slyke developed the simple copper sulphate technique for measuring the specific gravity of blood and hence the amount of replacement fluid required. In 1944 they showed in Cairo that as much as 100 litres of isotonic saline or dextrose-saline might be required to replace the fluid lost from the bowels in cholera. When in 1946 I was posted as a doctor in the Royal Army Medical Corps to Delhi, the copper sulphate technique was already in use, which shows the speed with which important advances can be adopted.

Rome

At the age of 30, in 1888, his marriage failing, having fallen out with Charcot and suffering from insomnia, Munthe moved to Rome where he took over Keats’ former house. His first patient was an English lady whose legs has been paralysed for three years after a riding accident and had in the past consulted Charcot in Paris. Munthe discerned that the paralysis was not due to any permanent injury; ‘faith and massage’ had her on her feet again in less than three months. After this success Munthe was appointed doctor to the British Embassy. The famous American
neurologist, Weir Mitchell, referred to Munthe ‘his surplus of dilapidated millionaires and their unstrung wives’. Munthe was inundated with hysterical women whom he found difficult to treat: ‘You can stun their nerves with sedatives but you cannot cure them. They remain a plague to themselves and to their families, a curse to their doctors.’ He used hypnotism for the treatment of drug addicts and ‘sexual inversion’ (homosexuality), for the relief of pain after surgical operations, in childbirth, and in the 1914–18 war for the relief of pain in mortally injured soldiers. Today many doctors may feel ill at ease with neurotic or hysterical patients but the pattern of *la grande hystérie* is now less flamboyant. Nor can we accept Munthe’s claim that ‘the specialist in nervous and mental disorders can no more do without hypnotism than can surgeons without chloroform or ether.’

In 1907, he married a young well-heeled English girl whom he met at a ball in Rome. It was while he was in Rome that Munthe bought land in Anacapri, but with the onset of World War I Munthe and his second wife returned to England and lived in St James’s Place, Piccadilly, with their two sons, both of whom served in the British army in the 1939–45 war. ¹

**Later years**

After the war, Munthe retired to San Michele in Anacapri where he saw no patients except the poor in his vicinity. He had a long-standing feud with a former butcher from the mainland who netted as many as a thousand migrating birds a day on the mountain above the villa. Packed by the hundred in wooden boxes, without food or water, they were shipped to Marseilles to be eaten in smart Parisian restaurants. The birds were attracted to the mountain side by quails who had been blinded with a red-hot needle and thereafter sang night and day until they died. When the butcher fell ill, Munthe declined to attend him unless he swore on the crucifix to stop netting the birds and to sell Munthe the mountain. At first the butcher refused but finally, at death’s door, having received the last sacrament, he agreed. Munthe saved his life by aspirating a pint of pus from his chest ‘to the consternation of the village doctor and to the glory of the village saint’.

Toward the end of his life, Munthe lost his sight. His right eye had been removed after a retinal detachment and he had developed a cataract in the left eye for which surgery in Switzerland had proved ineffective. He learned to use a typewriter but the bright sunlight drove him from his beloved San Michele to spend his remaining years ‘wandering up and down in a dark Saracen tower, once a Carthusian monastery’. This was in fact Materita, an old fortress on the other side of the island of Capri, where he was as ‘restless like a caged animal’. In reality, though, Munthe returned to Sweden to die.

From his book, Munthe showed himself to be a compassionate, cosmopolitan, cultured man who was introspective, sentimental and whimsical. He was an expert linguist, well versed in the classics, a student of architecture, a knowledgeable collector of antiques, a pianist and a lover of Schubert’s music. His life-long concern for animals led him to establish a menagerie at San Michele which included an entertaining alcoholic baboon. However, Munthe’s dark side was revealed by his constant concern with death and his episodes of depression. Despite his apparent conceit, he laments at the end of the book, ‘I had not the stuff in me to make a first-class doctor’.

**References**