

Lord George Gordon Byron (1788–1824), painting by Thomas Phillips, 1813. Photo by Apic/Getty Images

Lord Byron's lameness

James Gamble, MD, PhD

James Gamble, MD (A Ω A, University of Maryland, 1974), is professor of Orthopaedic Surgery at Stanford University Medical Center and the Lucile Packard Children's Hospital in Palo Alto, California. He is also a member of *The Pharos* Editorial Board.

eorge Gordon Byron, sixth Baron Byron, (1788–1824), commonly known as Lord Byron, wrote some of the most beautiful poetry of the Romantic period, including "Childe Harold's Pilgrimage," "Manfred," "Don Juan," and short lyrics such as "She Walks in Beauty," and "So, We'll Go No More A Roving."

He was the early 19th century equivalent of a modern day bad-boy rock star—handsome, talented, wealthy, and scandalous, having numerous love affairs including one with his half-sister Augusta Leigh.

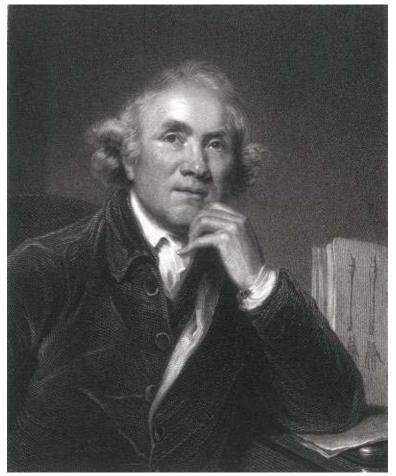
Goethe, Pushkin, de Musset, Hugo, George Sand, and even the Iron Chancellor Bismarck were fans.¹ Lady Caroline Lamb, one of his many lovers, described Byron as mad, bad, and dangerous to know. He possessed greatness and pettiness, both on a grand scale.² However, many don't know that Byron had a physical disability. Dr. Julius Millingen (1800–1878), physician and early biographer, wrote, "The lameness...was a source of actual misery to him; and it was curious to notice with how much coquetry he endeavored, by a thousand petty tricks, to conceal from strangers this unfortunate malconformation." ³ Byron was plagued by a feeling of entrapment in a deformed and degenerating body that went beyond the typical grappling with human mortality.⁴

Byron's gait abnormality

By all accounts, Byron had a limp, or in the popular jargon of the time, he was lame. Edward Trelawny, a close friend of Byron's described his walking as a "halting gait."⁵

Byron had a curious gliding or slithering movement. From an orthopaedic perspective, a halting or slithering gait implies that he walked with an asymmetric cadence, and a shortened stance phase on the involved leg.

Despite the lameness, his functional disability was minimal as he could swim, fence, box, and ride with consummate skill. The poet Thomas Moore noted, "The



John Hunter (1728–1793), Scottish surgeon who examined Byron as a child and diagnosed his club foot. © Classic Image / Alamy Stock Photo

lameness of his right foot, though an obstacle to grace, but little impeded the activity of his movements."⁶

Various diagnoses have been suggested as the cause of Byron's lameness including clubfoot,⁷ idiopathic dysplasia,^{8,9} poliomyelitis, and cerebral palsy (Little's disease).¹⁰

Dr. Denis Browne (1892–1967), an Australian-born, British surgeon, summarized the literature on Byron's lameness as a situation where, "so much ink has been spilt, so many inaccurate statements confidently made, and a considerable number of lies told."⁸ A recent Google search for "lord byron lameness" turned up 35,200 hits in 0.50 seconds.

Which foot was it?

However, Byron was extremely sensitive about his deformity and took great pains to hide his legs in public, and in private.¹¹ The British biographer Fiona MacCarthy wrote about, "the degree to which he created and then manipulated his visual image, attempting to control the reproduction of his portraits."¹²

Trelawny wrote, "His trousers were very large below the knee and strapped down so as to cover his feet."⁵

Even during his last illness, Byron refused to let the doctors apply blisters to his legs (the standard of care in 1824), telling his doctor, Millingen, that as long as he lived, he would not allow anyone to see his lame foot.

The more famous portraits of Byron by Richard Westall 1813, Thomas Phillips 1814, James Holmes 1815, and GH Harlow 1815 show only the poet's head and trunk. In an early full-length portrait by George Sanders (1807), Byron wears voluminous sailor's trousers, and the darkly painted lower extremities are indistinct and blend into the background.

A portrait by Joseph Denis Odevaere (1826) of Byron on his deathbed shows the right lower extremity completely covered by a shroud. However, the portrait by

Compt d'Orsay (1823), and those by C. Stanfield and William Parry, show a short lower extremity with the foot in equinus.

The accounts of his contemporaries conflict not only on the nature of Byron's deformity, but also on which side of his body was afflicted.¹² However, there is credible evidence that the condition involved his right foot, and that it was congenital.

John Hunter (1728–1793), one of the most distinguished surgeons of the time, examined Byron as an infant and diagnosed a clubfoot.⁹

In a February 16, 1791 letter, Byron's father, John "Mad Jack" Byron (1756–1791), wrote that he was happy to hear his son was doing well, but thought his walking would be impossible because the infant was club-footed. And, in a May 8, 1791 letter to her sister-in-law, Byron's mother, Catherine Gordon (1770–1811), states, "Georges foot turns



Lord Byron on his deathbed, painted by Joseph Denis Odevaere in 1826. Pictorial Press Ltd / Alamy Stock Photo

inwards, and it is the right foot; he walks quite on the side of his foot." $^{\rm 12}$

Elizabeth Pigot, Byron's friend from Southwell; Agusta Leigh, his half-sister and lover; and the Nottinghamshire cobbler who made special shoes for the young Byron, all agreed that the deformity was on the right leg.¹²

Dr. Matthew Baillie who examined Byron's foot in 1799, said, "The right foot was inverted and contracted as it were in a heap and of course did not go fully and flatly to the ground.⁹

And, Moore wrote, "one of his feet was twisted out of its natural position, and this defect (chiefly from the contrivances employed to remedy it) was a source of much pain and inconvenience to him during his early years. The expedients used...were adopted by advice, and under the direction, of the celebrated John Hunter."⁶

Treatment consisted of painful forced manipulations, and clunky leather boots with leg irons constructed by trussmakers. The journal *Lancet* published a report in 1828 by a Mr. T. Sheldrake who claimed to have examined Byron when the poet was 20 years old.¹³ Sheldrake, a brace maker and bone-setter, said that Byron's leg was much smaller, and he stood on the outside of his foot. The article includes two sketches of a foot, allegedly from a cast of Byron's foot. The sketches depict a clubfoot of the left foot, not the right foot. However, as Charles Cameron, MD, noted in a 1923 article, Sheldrake's woodcut drawings were identical to those showing a clubfoot in every textbook of the time.¹⁰

However, D. Browne, in his 1960 *Proceedings of the Royal Society of Medicine* article, pointed out that the boots were constructed not to correct the deformity but to disguise it, specifically with padding to augment a thin calf and a wedge to compensate for the abnormal foot, and that the boots in the photographs are actually inner boots, devoid of heels and toe-caps and are meant to be worn under the socks and with regular shoes.⁸ The poet could wear normal shoes on top of the compensatory boot. In his 1858 Recollections of the Last Days of Shelley and Byron, Trelawny claimed to have secretly uncovered the legs of the dead poet when alone with the body. "Both his feet were clubbed, and his legs withered to the knee the form and features of an Apollo, with the feet and legs of a sylvan satyr."⁵ However, when Trelawny republished his book in 1878, he changed the text to read, "It was caused by the contraction of the back sinews, which the doctors call 'Tendon Achilles' that prevented his heels resting on the ground and compelled him to walk on the fore part of his feet. Except for this defect the feet were perfect."^{2,9}

Canon T.G. Barber the vicar at Hucknall Parish Church where Byron was placed to rest on July 16, 1824, opened Byron's vault June 15, 1938, to take stock of what lie in it. The Vicar wrote, "The feet and ankles were uncovered and I was able to establish the fact that the lameness had been of his right foot."⁹

The diagnosis of cerebral palsy (Little's disease) and poliomyelitis are unlikely, as in cerebral palsy, the feet are normal at birth, and spasticity causes progressive deformity with growth. In polio, the extremities are normal at birth, become flaccid after the infection, and gradually deform as the child grows. Although dysplasia is still a possibility, it is an extremely rare condition.

Clubfoot is one of the most common congenital malformations, occurring in one out of every 1,000 births. It is more common in boys, and more frequently unilateral. The calf is about 10 percent smaller than the uninvolved side, the leg is shorter, the foot is inverted and in equinus, and walking occurs on the lateral aspect of the foot. All findings consistent with Byron's condition.

Byron's poetry and personality

Byron's clubfoot tormented him, both in the degree of physical pain he experienced and in the mental anguish it caused.¹²

His father died in 1791, when he was three-years-old, and his mother was impulsive, had a violent temper, and was prone to frequent outbursts of anger.



Lady Caroline Lamb, Lord Byron's longtime mistress. By Hulton Archive

A February 26, 1898 *New York Times* article, "Byron as a Boy. His Mother's Influence – His School Days and Mary Chaworth," noted that he owed to his mother, "besides his constitutional tendency to fatness, his irritability, jealousy, and caprice...personal vanity, his melancholy, his superstition."¹⁵ The article also described how he had been mistreated by a servant who, "was perpetually beating him."¹⁵

Byron's prospects improved at the age of 10 with the death of his great uncle, William Lord Byron. He inherited the title along with the estate, Newstead Abby in Nottinghamshire, placing him in the aristocracy.

In 1805, he went to Cambridge with, "too much money, an idle, dissolute life and the temptations that beset a lad of seventeen."¹⁵ His title and guaranteed income permitted him to escape the constraints of his early life and become Lord Byron, the poet. He wrote in the following poem January 22, 1824 on his 36th birthday:

If thou regrett'st thy youth, why live? The land of honourable death Is here: - up to the field, and give Away thy breath¹⁴

Byron was haunted by anxiety and insomnia¹⁴ which is reflected in the wanderings of "Manfred:"

The lamp must be replenish'd, but even then It will not burn so long as I must watch: My slumbers – if I slumber – are not sleep, But a continuance of enduring thought.

According to Marguerite, Countess of Blessington, who in 1834 published her *Conversations with Lord Byron*, Byron confessed, "My poor mother, and after her my schoolfellows, by their taunts, led me to consider my lameness as the greatest misfortune, and I have never been able to conquer this feeling....It requires great natural goodness of disposition, as well as reflection, to conquer the corroding bitterness that deformity engenders in the mind."¹⁶

Biographers have attributed his childhood as an explanation for his psychosexual "polymorph perversity." $^{\rm 14}$

Like his poetic character Don Juan, Byron searched in vain to find sexual gratification with multiple partners, irrespective of their sex or age. Rollin notes that he had homosexual lovers at Harrow, Cambridge, and later in Athens. He used, then abused, his wife, Anabella Milbanke, and his lover, Lady Caroline Lamb. He had affairs with women of all social classes, but seemed to be most happy with women who combined the attributes of a mistress and a mother, such as Lady Oxford, almost 20 years his senior, and Lady Melbourne, almost 40 years his senior.

In his introduction to the *Oxford World's Classics* edition of Byron's works McGann notes that Byron writes himself into his poetry, and that all his heroes are surrogates of himself.¹⁷

Many of his heroes lived under a curse such as Cain in "Manfred:"

And a magic voice and verse Hath baptized thee with a curse; And a spirit of the air Hath begirt thee with a snare; In the wind there is a voice Shall forbid thee to rejoice; And to thee shall Night deny All the quiet of her sky; And the day shall have a sun, Which shall make thee wish it done.¹⁷

Byron's posthumously published poem, "The Deformed Transformed" (1824), offers a view into his thoughts and feelings concerning his disability. Arnold, the hero, is deformed and unloved because of a hunchback and a lame cloven foot. He makes a deal with a stranger (Lucifer disguised as Caesar) to swap his deformed body for a perfect body like that of Achilles. Arnold's mother, Bertha, screams at him as did Byron's own mother:

Bertha.	Out, hunchback!
Arnold.	I was born so, mother!
Bertha.	Out
	Thou incubus! Thou nightmare!
	Of seven sons,
	The sole abortion!
Arnold.	Would that I had been so,
	And never seen the light!
Bertha.	I would so, too!

Bertha's rejection of Arnold becomes vituperative when in line 24 she says:

Call me not Mother; for if I brought thee forth, it was As foolish hens at times hatch vipers, by Sitting upon strange eggs. Out, urchin, out!

Arnold goes to a spring and observes his reflection in the water. He is revolted by what he sees and expresses the self-hate generated by his deformity (line 46):

They are right; and Nature's mirror shows me, What she hath made me. I will not look on it Again, and scarce dare think on't. Hideous wretch That I am!

Arnold is understandably suspicious of the opportunity to swap his body for one of beauty. He reflects on how a physical deformity can motivate the deformed to achieve greatness, like Tamburlaine the Great, who had a limp (line 316):

There is A spur in its halt movements, to become All that the others cannot, in such things As still are free to both, to compensate For stepdame Nature's avarice at first.

Arnold considers the situation, but the burden of the deformity and the allure of the perfect body are too much to resist. He capitulates and accepts the swap (line 327):

Had no power presented me The possibility of change, I would Have done the best which spirit may to make Its way with all Deformity's dull, deadly, Discouraging weight upon me, like a mountain, In feeling, on my heart as on my shoulders-A hateful and unsightly molehill to The eyes of happier men.

Cameron, commenting on Byron's clubfoot, pointed out, "To his lameness Byron was exquisitely sensitive; he never for a moment forgot it, and it poisoned his whole life."¹⁰

Body dissatisfaction has been shown to be associated with a range of physical and psychological health problems such as exercise dependence and eating disorders, both of which Byron exhibited.¹⁹ Byron's drive to excel physically (swimming the Hellspont), his extreme dieting, alcohol abuse, and womanizing, are considered compensation for his disability.

The opening lines of "So We'll Go No More a Roving" reflect his loneliness and the sadness that came from his inability to form a lasting, loving relationship:

So we'll go no more a roving So late into the night, Though the heart be still as loving, And the moon be still as bright.

Rollin noted that, "If Byron had not existed, it would have been impossible to invent him: to have created a character in fiction to match Byron would have been to stretch credulity to absurdity."¹⁴

References

1. Eibel, P. Lord Byron's Clubfoot. Orthopaedic Review 1986; 15: 131–3.

2. Scarlett EP. Doctor out of Zebulun. "Out of zebulun they that handle the pen of the writer" (judges V,14). Gleanings from the commonplace book of a medical reader. Lord Byron: "The Pilgrim of Eternity." Arch Intern Med. 1963; 112(4): 213, 616-20.

3. Millingen J. Memoirs of the Affairs of Greece. London: John Rodwell; 1831; 8.

4. Lokash J. Byron and the Pathology of Creativity. Journal of Literature and Science. 2007; 1: 24–39.

5. Trelawny EJ. Recollections of the Last Days of Shelley and Byron. London: Edward Moxon; 1858: 24, 224, 226.

6. Moore T. The Life, Letters and Journals of Lord Byron. London: John Murray; 1837: 5, 255–6.

7. Youngquist P. Monstrosities: Bodies and British Romanticism. Minneapolis: University of Minnesota Press; 2003; 162.

8. Browne D. The problem of Byron's lameness. Proc Royal Soc Med. 1960 June; 53(6): 440–2.

9. Morrison AB. Byron's Lameness. Literature, History and Cultural Studies. 1975; 3: 24–31.

10. Cameron HC. The Lameness of Lord Byron. British Medical Journal. 1923 March 31; 1(3248): 564–5.

11. Kenyon-Jones C. Byron: The Image of the Poet. Newark (DE): University of Delaware Press; 2008.

12. MacCarthy F. Byron: Life and Legend. New York: Farrar, Straus and Giroux; 2002: x, 4.

13. Sheldrake T. Mr. Sheldrake on distortions of the feet. Lord Byron's case. Lancet. 1828 Sep 20; 10: 779–84.

14. Rollin HR. Childe Harolde: father to Lord Byron? Br Med J. 1974 Jun 29; 2 (5921): 714–16.

15. The New York Times. Byron as a Boy; His Mother's Influence—His School Days and Mary Chaworth. 1898 Feb 26.

16. Lovell EJ. Lady Blessington's Conversations of Lord Byron. Princeton (NJ): Princeton University Press; 1969: 80–2, 84.

17. McGann JJ. In Lord Byron: The Major Works. United Kingdom: Oxford University Press; 2008: xi, xii, 281.

18. Czechowicz H, Diaz de Chumaceiro CL. Psychosomatics of beauty and ugliness: theoretical implications of the systems approach. Clin Dermatol. 1988 Jul; 6(3): 9–14.

19. Adams G, Turner H, Bucks R. The experience of body dissatisfaction in men. Body Image. 2005 Sep; 2(3): 271–83.

Acknowledgements

I thank the members of Stanford University Master of Liberal Arts Class "The Young Romantics," and especially our Professor, Denise Gigante, PhD, for their valuable suggestions.

The author's address is: 933 Cottrell Way Stanford, California 94305 E-mail: jgamblemd@gmail.com.