Aguecheek's disease¹

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'Our classical authors have the right to all the interpretations they allow of. That is why they are so rich'.—ANDRÉ GIDE.

The character of Sir Andrew Aguecheek (Shakespeare, 1602) has achieved popularity in the field of drama through his pathetic eagerness to please, albeit frustrated by obvious intellectual limitations. An actor undertaking this part interprets the keynote of Sir Andrew's personality as a fervent desire to cut a dash which is aborted by stupidity, cowardice, and social gaucherie (Denison, 1955). This 'knight, dubbed with unhatched rapier and on carpet consideration', may be no more than a topical portrait of a shallow fop, and the possibility that his eccentric behaviour, emotional lability, and restricted vocabulary could be ascribed to organic disease has not been considered previously. So astute were Shakespeare's observations, however, that his creation of Aguecheek may have anticipated by more than three and a half centuries a case-report of the syndrome of chronic dementia in liver disease due to intolerance of nitrogenous substances.

Recently there has been increased awareness that nitrogenous material derived from portal-vein blood may exert a toxic action on the central nervous system. Construction of a portacaval anastomosis in the dog (Eck, 1877) may permit neurological disorder in response to protein feeding (Hahn *et al.*, 1893) and this phenomenon of 'meat intoxication' was elaborated by Baló and Korpásky (1932). Similar alterations of consciousness and neurological abnormalities related to the intake of nitrogenous substances in the human subject were reported by McDermott and Adams (1954) as a sequel to a portacaval 'shunt' operation. Moreover, patients with hepatic cirrhosis may experience transient nervous disorder after taking large quantities of dietary protein, urea, or ammonium salts (Phillips *et al.*, 1952), and it has been confirmed that toxic nitrogenous material may reach the brain by passing through a diseased liver or portal-systemic collateral vessels (White *et al.*, 1955). Sherlock and her colleagues (1954) described a group of patients with

cirrhosis of the liver and extensive collateral circulations in whom personality changes and neurological disorder dominated the clinical picture for several years (chronic portal-systemic encephalopathy). These patients showed gross intolerance of nitrogenous substances, and they improved when the intake of protein was restricted.

The diagnosis of the syndrome in its chronic form therefore rests on the demonstration of fluctuating personality changes allied to liver disease and on the relationship of neurological deterioration to excess of protein or other nitrogenous material in the diet. Each of these factors demands critical consideration before Aguecheek can be admitted as the prototype of this condition.

The deportment of Sir Andrew throughout the play has been attributed to the vacillations of an immature mind; but this is hardly compatible with his position in society, his encouragement as a suitor for the hand of Olivia, and his attainments as a musician and linguist. Sir Toby Belch, commending the virtues of his friend, claims that Sir Andrew

'plays o' the viol de gamboys, and speaks three or four languages word for word without the book and hath all the good gifts of Nature'

(*Twelfth Night*, Act 1, Sc. III.)

It is more likely therefore, that Sir Andrew's behaviour reflects the inadequacy of a recently deranged intellect. The contrasting panache and poltroonery suggest an organic dementia, but occasional insight is preserved

'I am a fellow o' the strangest mind i' the world',

comments Sir Andrew (Act 1, Sc. III), and later he complains

'for many do call me fool' (Act 2, Sc. V.)

It is difficult to establish that Sir Andrew suffered from liver disease, but his violent alcoholic debauches provide aetiological support for the development of cirrhosis and move Maria to accuse Sir Toby Belch that Sir Andrew is

'drunk nightly in your company'. (Act I, Sc. III.)

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Furthermore, Sir Toby himself comments

'For Andrew, if he were opened, and you find so much blood in his liver as will clog the foot of a flea, I'll eat the rest of the anatomy'. (Act 3, Sc. II.)

The relative ischaemia of the cirrhotic liver (Herrick, 1907) emphasises the significance of this surmise.

It remains only to relate the mental disorder to intolerance of nitrogenous substances. Apparent confirmation of the diagnosis is implicit in the observation of Sir Andrew himself:

'Methinks sometimes I have no more wit than a Christian or an ordinary man has; but I am a great eater of beef, and I believe that does harm to my wit'. (Act 1, Sc. III.)

I am most grateful for the advice of Mr Michael Denison who is currently playing the part of Sir Andrew Aguecheek at Stratford.

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