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Dr. Sir Muhammad Iqbal, Vermicelli, Vienna, and Ortner Syndrome A Case Report in Correspondence

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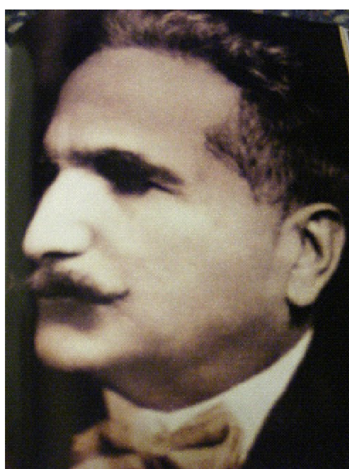

Dr. Sir Muhammad Iqbal (photograph c. 1933, courtesy Iqbal Academy, Lahore, Pakistan).

Iqbal is not a town's sheikh, neither a poet, nor a cloaked (sufi), rather he is a beggar sitting-by-the-road possessing a generous heart.

Na Sheikh-e-Shahr, Na Shaa'er, Na Kherqhe-Poosh Iqbal
Fagheer-e-Raah Nesheen ust o Del Ghanee Daarud!

Persian poem of Iqbal, quoted from Pyaam-e-Mashriq, published in1923

Dr. Sir Muhammad Iqbal (1877 – 1938) was a poet-philosopher of the Indian Subcontinent, born at Sialkot in Punjab (now in Pakistan). He studied and practiced law at Lahore after completing his education at the Trinity College, Cambridge and got a doctorate in Philosophy from Munich in 1907.[1] An intellectual of international standing, a well-known philosopher, advocate of Muslim intellectual renaissance, he undoubtedly was the greatest poet of Persian and Urdu of the last century with publishing a total of eleven volumes of poetry. His books have been translated by such eminent orientalists as R.A. Nicholson, Prof. A.J. Arberry, and Annemarie Schimmel.[2] He was awarded knighthood by the British government in 1922. In addition, he played a key role in the political scene of the British-India, presiding the Indian-Muslim League Party and provided the ideological framework for the creation of Pakistan in his address of 1930 at Allahabad, India. He participated in the Round Conferences held in London (1931 – 1932) and held the prestige of being invited to deliver the auspicious Rhodes lectures at the Oxford University,[1] which were later published.

He led an initial active legal practice and a life-long academic commitment. He was a heavy tobacco and hookah smoker. There are accounts of frequent attacks of renal colic and gout towards his middle age. Later on, according to his son, Dr. Javed Iqbal (b. 1924) he developed a sedentary life-style partly because of the monthly scholarship from some wealthy friends but largely accounted for by his protracted illness.[2,9] An excellent chronological account is provided by his remarkably extensive correspondences from the then British-India.[3]

He told Miss Farquharson, an English member of the National English League in 1933:

"It would give me much pleasure to meet you again in London in April 1934 or 1935. The Oxford University has invited me to deliver the Rhodes lectures, and I have accepted."[4] And, in a letter, seven months later he mentioned:

"Regrettably, I am still not well! I have got a

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Iqbal's final resting place, near the Badshahi Mosque, Lahore, Pakistan. (Photo by the author)

throat problem which has, for the past five months, rendered doctors' treatments futile. The doctors say it is a chest problem, and suggest getting it treated in Vienna. It is really very unfortunate [for me]. I wonder how I will cope with the commitments in England. If my resources would afford, I will stay in Vienna for four or five months.

If [traditional medicine] treatment fails, I will write to Lord Lowein to cancel the lectures. I anticipate it will offend him heartily but there is no solution in view; I can speak but in a very low tone."[5]

He went to Bhopal in India to get some "electric therapy" on few occasions which did not improve his voice.[10] He wrote to a close friend, Sir Ross Mas'ood in 1935:

"I've got a friend,… who is suffering from diabetes has just returned from Vienna (Austria), cured. He tells me that he consulted his doctor about my illness, at which the doctor pronounced, 'If that patient comes here, I guarantee he will be fully cured'…

In the meantime, my health's improving and there's a bit of improvement in my voice. The picture of my chest that Dr. Abdul Basit took, Dr. Rahmaan was going to send it to Vienna. I wonder whether that has been sent yet or not. I have enquired Dr. Abdul Basit about it. After I get the expert opinion from there, I will make a final decision."[6]

We find an elaborate description of his illness in a letter of June 1936:

"It has been over two years, in the month of January, after returning from *Eid* prayers, I had vermicelli with yoghurt and developed flu, which cured itself but the voice became husky. This condition is persisting for two years, I cannot speak loudly and which led eventually to my quitting the barristership.

In addition, I have a bit of asthma as well. The *Hakeem Nabeena* [blind doctor) has suggested it to be mild asthma.

Initially, I used to have bouts of cough which used to black me out, but that is no more. White phlegm comes in the morning, and also after meals, expectorating it renders my voice relatively clear.

The English doctors have diagnosed it as a dilation at one place of the vessel named 'aorta' which is near the heart and is pressing on the 'vocal cords' due to which there is difficulty in speaking. They have also suggested that due to this chronic problem the veins of my heart have become weak, causing lethargy and I should avoid any activity that would entail 'excitement.' A little effort renders me short of breath. Even if I rub my body while taking a bath I am short of breath and there is profound general weakness."[7]

The repeated attacks of asthma since February 1938, helped postpone his much awaited cataract surgery. He had a syncopal attack on the night of March 3, and fell off his bed but later that day, that jubilant spirit was enquiring his friends:

"What's the news? Whether the war broke out or not? How is Austria?"[9]

He had repeated attacks of breathlessness and cough with copious sputum associated with chronic liver impairment, back pain, and a very feeble pulse. On March 23, Dr. Seltzer, a German physician, came to visit him and diagnosed acute heart failure. Iqbal had started developing facial and pedal edema along with severe back pain that day.

In his last letter of April 19, he wrote:

"I am sorry for not getting a reply dictated because of severe illness. I was pretty disappointed of life by the repeated attacks of asthma, but thanks God, I am a bit better now, though not fully recovered. I had to have the operation of my eyes in March but it had to be cancelled because of asthma, now it will be in September, if I live that far, God willingly."[8]

On evening of April 20, he started having hemoptysis and disliking the treatment exclaimed:

"[I want to survive but] not on these medicines!"

Another comment later followed:

"When we don't even grasp the real nature of life, how is its knowledge (science) possible?!."[9]

At 5:15 AM on April 21, he asked his servant, Ali Bux, to massage his shoulders and pointed

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towards his heart saying:

"*Ya Allah*!(O God!) Here's the pain!."[9]

And breathed his last. May his soul rest in peace.

The traditional sweet dish on the Muslim festival of *Eid* in the Indian Subcontinent is called *Sewayyaan* prepared with vermicelli and milk. Iqbal related his hoarseness to eating vermicelli with yoghurt that might have brought this condition to surface but the hoarseness was rather permanent than temporary unlike an attack of laryngitis.

Although Iqbal's radiographs are not available but knowing that he was a heavy tobacco smoker and received electric therapy at Bhopal makes us think of some form of malignancy. Was it a laryngeal or pulmonary carcinoma i.e., Pancoast syndrome? Hare first reported this syndrome in 1838 and Pancoast's description which led to the eponym, was published in 1924.[11,12] It is characterized by pain in the ipsilateral shoulder and arm along the distribution of the trunks of the eighth cervical and first and second thoracic nerves, Horner's syndrome (ptosis, miosis, and anhidrosis), and weakness and atrophy of the hand muscles, phrenic nerve or recurrent laryngeal-nerve involvement, the superior vena cava syndrome, and supraclavicular lymph node disease are less common. Because of the peripheral location of the tumors that cause the syndrome, patients rarely present with cough, hemoptysis, or dyspnea, and the presence of these symptoms almost always indicate advanced disease.[12] There is no documentary evidence of Iqbal having any arm pain though later in life, he resorted to dictating letters rather than writing them himself which might indicate right arm or hand weakness.

There is no significant family history of ischemic heart disease and his symptoms ante-dated his terminal illness by five to six years, rendering a diagnosis of malignancy quite improbable. The signs of heart failure, i.e., hepatomegaly and dyspnoea on exertion would be consistent with left atrial enlargement secondary to mitral stenosis. Any past history of childhood rheumatic fever is a matter of conjecture. The possibility of having an aortic aneurysm is likely. Dr. Selzer and the English doctors have diagnosed dilated aorta complicated by heart failure. I think this is the likely diagnosis, eventually leading to rupture.

Ortner in 1897 in Vienna[13] described a syndrome of left recurrent laryngeal nerve palsy associated with an enlarged left atrium due to mitral stenosis, because of local pressure on the nerve between the enlarged left atrium and aortic arch. Later on it was also described in patients with atrial septal defects, aortic aneurysm or dissection.[14,15] Several studies have identified left-sided vocal cord paralysis to be more common than right. The causes of unilateral vocal cord paralysis are numerous, the most common being neoplasia.[16] It has been noted that as many as 5% of thoracic aortic aneurysms manifest clinically as hoarseness secondary to recurrent laryngeal nerve palsy and that even a much smaller proportion represents an underlying cardiac disease.[17,18]

In his letter of 1936, Iqbal complained of extreme lethargy which might preclude an evolving cardiac failure. The terminal illness is though more consistent with a thoracic aortic dissection or aneurysmal rupture.

But as is the matter with all retrospective diagnoses, nothing can be said for certain. Ironically enough, Iqbal could not go to Vienna, the city where Ortner described the condition he was most likely suffering from.

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