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Henry VIII: Patient and Patron of Medicine

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Abstract

The following thesis explores the relationship between medicine and power through a thorough examination of King Henry VIII of England and his contributions to early modern English medicine. This study delves into current historical debate regarding the variable health of King Henry, examines the medical politics in early Tudor society, addresses the medicinal interests of the king, and speculates on the motivations behind the king's patronage of medicine. Through this thesis, an interwoven tapestry of King Henry's influence on medicine in 16th century England is shown by examination of his preoccupation with the subject, coupled with the power of the office he holds.

Introduction

In recent decades, Henry VIII (1491-1547) has received a wealth of attention in academia and contemporary culture. Historical investigation of this king has been conducted through political, economic, religious, domestic, and cultural perspectives. Although history has glorified Henry's reign through the chivalry, war, innovation, religion, and romance that permeate early sixteenth century manuscripts, history also remembers Henry as a volatile, ruthless, and gluttonous tyrant. The historiography on this king since the early twentieth century has been preoccupied with the transformation of his physical and mental health throughout his reign. However, despite the numerous studies conducted to debate the king's ailments, historians have yet to explore this king as a contributor to the evolution of medicine in England. Given the time and significance of Henry VIII's interactions with physicians, his personal interest in medicine, and the international and cultural pressures exerted on the medical field during Henry's reign, this thesis seeks to explore how the king influenced political and intellectual developments of medicine in England.

As stated in J.F.D. Shrewsbury's article "Henry VIII: A Medical Study," Henry took to his grave the "riddle of a personality that has puzzled historians for the past two hundred years, and has provided the matter for a controversy that is active today."¹ The historical debate about the character and legacy of Henry VIII is far from losing its impetus and intrigue among scholars. Some historians have regarded Henry as superhuman for his infallible intellect, stateliness, and willfulness, whereas others have

¹ A.F. Pollard quoted in J.F.D. Shrewsbury, "Henry VIII: A Medical Study," *Journal of the History of Medicine and Allied Sciences* 7 (1952): 141.

deemed him cruel, tyrannical, and vicious. Debates about Henry's character are not limited to Tudor historians. Biologists, playwrights, medical doctors, novelists, and even film directors, have engaged in debates over Henry's health and its impact on him as a man, patient, and monarch.² Henry's legacy has also been of special interest to those concerned with the English identity that emerged in the sixteenth century. In *A Child's History of England*, Charles Dickens wrote of the king as a "monster" and "a most intolerable ruffian, a disgrace to human nature, and a blot of blood and grease upon the history of England."³ Medical historian Ove Brinch was perhaps the most ruthless in his assessment of Henry. He wrote:

The egotistic, brutal and reckless features of his character prevailed, and eventually he appears a psychopath of the boasting, swaggering, self-maintaining and self-glorifying type, who, with transparent hypocrisy and meanness, calls upon everybody to inform him of other people's supposed heresy with the sole purpose of advancing his own personal aims.⁴

One of the more subtle and "fairest judgments" of this king, according to Lacey Baldwin Smith, was by William Thomas in *The Pilgrim*.⁵

He was undoubtedly the rarest man that lived in his time. But I say not this to make him a god, nor in all his doings I will not say he hath been a saint...He did many evil things as the publican sinner, but not as a cruel tyrant or as a pharisaical hypocrite; for all his doings were open to the whole world, wherin he governed himself with so much reason, prudence, courage, and

² Contemporaries of Henry's time also held widely divergent views. Some such as Thomas Wriothesley, Henry's Lord Chancellor, wrote of Henry as "a most gentle gentleman, his nature so benign and pleasant that I think till this day no man hath heard many angry words pass his mouth." Others of Henry's subjects, however, wrote scathing remarks about their king. John Drewry of Kent in 1537 described Henry as "a tyrant more cruel than Nero" while Edward Nevyll in 1538 reportedly stated the king was "a beast worse than a beast." Because of the diversity in reflections about this king, it is apparent that contemporary quotes about Henry VIII were significantly weighted with political propaganda, and consequently cannot be taken at face value. *L&P*, vol.14, part I, no. 194, pg. 78; *L&P*, vol. 12, part ii, no. 908, pg. 317; *L&P*, vol. 13, pt. ii, no. 986, pg. 423.

³ Charles Dickens, *A Child's History of England* (London: Chapman and Hall, 1870), 198.

⁴ Ove Brinch, "The Medical Problems of Henry VIII," *Centaurus* 5 (1958): 365.

⁵ Lacey Baldwin Smith, *Henry VIII: The Mask of Royalty* (Boston: Houghton Mifflin Company, 1971), 4;

circumspection, that I wot not where—in all the histories I have read, to find one king equal to him.⁶

Despite disagreement among Tudor historians about the king's character, there is uniform consensus that the nature of this character stemmed in part from Henry's physical and mental health. However, historians have vastly divergent views on his health. Since historians have turned to medical science to diagnose this king, there has been a tendency to deviate from the primary sources in order to speculate about the king's health. Consequently, these assigned medical conditions are unsupported and unable to be proven.

The purpose of this thesis is to dissect speculative past diagnoses which historians have made for this king and to examine Henry's health according to the primary sources that remain. In order to debunk the myths of Henry's health problems, the first chapter will inquire into past and present diagnoses by either justifying or complicating these speculative diagnoses based on primary evidence. The second chapter will then explore Henry VIII's medical history through the use of primary sources including household bills and ordinances, inventories, armor, dress, personal and diplomatic letters, and written accounts from contemporary witnesses. The third, and final, chapter of this thesis will examine the implications of the king's preoccupation with his health and personal scholarly interests in medicine, as well as his role in encouraging early medical reform. Conclusions pertaining to Henry VIII's mental and physical health will be based solely on evidence from primary sources and will refrain from unreasonable conjecture and speculation that has blighted many past histories of this king.

⁶ William Thomas, *The Pilgrim: A Dialogue on the Life and Actions of King Henry the Eighth*, ed. J. A. Froude (London: Parker, Son, and Bourn, 1861), 79.

Where as previous scholarship has studied Henry's health as separate from medical politics during his reign, this thesis will unite the two subjects into one cohesive argument. It is incomplete to discuss the king's health as separate from the medical reforms made during his reign. Consequently, a study of both issues in conjunction must be made in order to fully understand medicine in England in the early sixteenth century. Accordingly, this thesis will not only explore Henry's health based on primary sources, but will look at *how* his health affected medical acts passed under his name. Similarly, this thesis will consider the medical reforms made during Henry's reign and will explore the motivations behind his political involvement. For example, did Henry VIII support the Medical Act of 1512 because he wanted physicians to reign supreme among medical practitioners? Or, was it because he wanted to cultivate trust in his royal physicians and render them indebted to his good graces? These two questions merely scratch the surface of the highly complex issues that surround this king who was determined to leave a legacy that surpassed that of any king in history.

The primary evidence used in this thesis includes contemporary written documents from foreign ambassadors, Henry's subjects, prominent courtiers, and his personal letters and documents. Other primary sources that will be used include: state papers, royal proclamations, household bills that include apothecary and embalming supplies, books from Henry's personal libraries, changes in his armor and dress sizes, and visual images that, although tainted with propaganda, mark the physical changes of his body throughout his reign.⁷ *Letters and Papers, Foreign and Domestic, of the Reign of Henry VIII (1509-47)* was the most valuable single source used in this thesis. The *Letters*

⁷ Henry VIII never enforced any laws that restricted the production, content, or distribution of his images, although he certainly intended his portraiture to convey his kingliness and magnificence. Elizabeth I, Henry's youngest daughter, did impose restrictive legislature on the production and content of her images.

and Papers, or *L&P*, as it will be referred to throughout this paper, is the most comprehensive printed compilation of primary sources from Henry's reign. The *Dictionary of National Biography*, *Household Ordinances*, *State Papers During the Reign of Henry VIII*, *Calendar of State Papers of Spain and Venice*, and *The Epistles of Erasmus* were also heavily used in writing this thesis. Interpretations of these primary sources will be understood within the culture and social attitudes that marked the first half of the sixteenth century under Henry's reign. Through these sources, our picture of Henry VIII will be fragmented from the availability of primary sources addressing his health, as this thesis will refrain from filling in gaps—an issue that has plagued past accounts of Henry's health.

Secondary sources used in this piece will include the vast numbers of biographies of Henry VIII. Few biographers of Henry VIII are purely academic in their work. As studies of this king have been exceptionally popularized in the past century, most biographical pieces of this king reflect a blurring of academic research and writing aimed at a popular audience. J.J. Scarisbrick and Lacey Baldwin Smith are the most prominent academic biographers on Henry VIII. Their works will serve as the main biographical accounts used throughout this thesis. Historians who tend to appeal to both academic and popular audiences will be used sparingly, particularly in discussing medical theories on Henry VIII in Chapter One. These historians include Robert Hutchinson, Suzannah Lipscomb, and Alison Weir.⁸ The works by Elizabeth Lane Furdell, a Tudor medical

⁸ Robert Hutchinson, *Young Henry: The Rise of Henry VIII* (London: Weidenfield & Nicolson, 2011) and *The Last Days of Henry VIII: Conspiracies, Treason, and Heresy at the Court of a Dying Tyrant* (London: Weidenfield & Nicolson, 2005); Suzannah Lipscomb, *1536: The Year That Changed Henry VIII* (Oxford: Lion Hudson, 2009); Alison Weir, *Henry VIII: The King and His Court* (New York: Ballantine Books, 2008) and *The Six Wives of Henry VIII* (New York: Grove Press, 1991).

historian, will also be a common source throughout this thesis.⁹ Further secondary sources are derived from the abundance of articles published in historical and medical academic journals. Because this study references medical terminology, explanations of the terms and biomedical texts for further referencing are provided in the footnoting. The key medical reference used was *Medscape Education*—an encyclopedia and scholarly journal for current physicians and biomedical researchers.¹⁰

As a final note on the contents of this thesis, primary source material is limited to works in English and French, and most translations from sixteenth century primary documents were made by myself, unless otherwise cited. Also, given that both primary and secondary sources are from sixteenth century and modern-day English schools of writing, the grammar and spelling contained within quotations is reproduced as it was found in the original sources.

⁹ Elizabeth Lane Furdell, *The Royal Doctors, 1485-1714: Medical Personnel at the Tudor and Stuart Courts* (Rochester: University of Rochester Press, 2001).

¹⁰ www.medscape.com

Chapter One: Analysis of the Historical Debate Surrounding Henry VIII

In the whole range of English history there is no monarch whose character has been more variously depicted by contemporaries or more strenuously debated by posterity than the ‘majestic lord who broke the bonds of Rome.’¹¹

The character, health, and legacy of Henry VIII have been the topic of a multitude of scholarly and popular debates. As Suzannah Lipscomb stated, “We are a bit like cocky adolescents when it comes to Henry VIII—we all think that we know him and all about him. We can define him in an instant.”¹² Lipscomb compiled a list of popular beliefs about Henry as a man and monarch, which included that he “was seen as a misogynist, ruthless, egotistical, fickle, predatory, infantile and sex-obsessed glutton.”¹³ Similarly, popular beliefs about Henry’s health contend that he was grossly obese, plagued with sexual diseases, insane, and immobile due to his size and gluttonous habits. Although Henry may have exhibited some of these characteristics, these claims are largely speculative and taint our understanding of Henry VIII as a man and king. This chapter will explore the numerous historical arguments and cases that attempt to diagnose Henry’s body and psyche.

As the second son to Henry VII and Elizabeth of York, Henry VIII lived his early youth in the shadow of his elder brother Arthur, Prince of Wales. Although he was not destined for the throne at birth, his contemporaries described the young Henry as the embodiment of a royal prince. Upon the death of Arthur in 1502, Henry was the last male heir to Henry VII’s tenuous claim over the throne of England. He was then described as the greatest pride of England and her people, and was even exalted as the most

¹¹ Albert Frederick Pollard, *Henry VIII* (New York: Longmans, Green and Co., 1919), 1.

¹² Suzannah Lipscomb, *1536: The Year That Changed Henry VIII* (Oxford: Lion Hudson, 2009), 23.

¹³ Ibid.

magnificent prince in Europe. As Spanish ambassador Roderigo de Puebla wrote to Ferdinand of Spain, “There is no finer youth in the world than the Prince of Wales. He is already taller than his father and his limbs are of a gigantic size.”¹⁴

What is perhaps most intriguing is what caused the predominant historical image of Henry to transform from the most handsome and marvelous prince in Europe to that of a gluttonous tyrant, famous for executing many of his subjects, including two of his six wives.¹⁵ In his youth and early reign, Henry excelled at every sport, was an excellent dancer and romancer, and epitomized the ideal sovereign.¹⁶ By his early thirties, the king incurred drastic physical changes that may have resulted from his early athleticism. In 1528, Henry was involved in a serious jousting accident that proved cataclysmic for his declining health. The injuries sustained in this accident resulted in permanent damage to his leg, debilitating the king for the rest of his life.¹⁷ A similar fall in 1536 may well have resulted in brain damage, for he remained unconscious for two hours.

Historians have speculated that the king was burdened with diabetes, malaria, gout, smallpox, chronic headaches, constipation, depression, and obesity. Furthermore, dramatic changes in the king’s character supposedly coincided with his illnesses and injuries, and are arguably reflected in his political actions. It was well documented that young Henry was compassionate, playful, and generous to his courtiers, yet late in his reign he was allegedly vicious, unforgiving, and cruel. This change in character may have resulted from the 1536 jousting accident, yet some historians, such as Robert Hutchinson,

¹⁴ *CSP Spain*, vol. 1, no. 552, p. 439.

¹⁵ Historians have created a myth of ‘good, youthful Henry’ versus ‘bad, elderly Henry.’ Yet this image is unsupported by sources, as Henry also was quite willing to send subjects to the chopping block early in his reign. The case of Empson and Dudley of 1509-1510 exemplifies the falseness in this claim, as Henry executed these men on very flimsy charges of treason.

¹⁶ Carolly Erickson, *Great Harry* (New York: Summit Books, 1980), 264.

¹⁷ Alison Weir, *The Six Wives of Henry VIII* (New York: Grove Press, 1991), 290.

have also linked his poor mental state to the unrelenting pain he reportedly experienced from debilitating migraines coupled with the pressures of kingship. No matter how Henry's personality changes have been interpreted, most historians have pieced together a king whose transformations of character and health were marked by periods of political, religious, and personal turmoil. Although it is satisfying to have a complete picture of Henry VIII, these portrayals are not achieved without much speculation as primary sources are limited and tainted with political propaganda. Consequently, changes in Henry's health have been conveniently formatted to a template that coincides with political change in England.

With the emergence in the twentieth century of the historical study of medicine, the historiography concerning Henry VIII's health became extensive. Historians of medicine, such as J. F. D. Shrewsbury and Elizabeth Lane Furdell, explored the king's complex relationship with medicine. Building on insights from Ernst H. Kantorowicz's pioneering work on medieval kingship, Furdell argued, "as an anointed monarch, the ruler claimed both inherent sacred gifts that enabled him to cure the sick and exalted prerogatives that gave him mastery over all the medical world."¹⁸ Furdell examined the relationship between medicine and monarchs by studying the royal physicians under Henry VIII. Through this study, Henry's royal physicians emerged as "intimately involved with the fundamental well-being of the nation: responsible for the fitness of its dynasts and through the government prompting changes within the profession of medicine."¹⁹

¹⁸ Ernst H. Kantorowicz, *The King's Two Bodies: A Study in Mediaeval Political Theology* (Princeton: Princeton University Press, 1957); Elizabeth Lane Furdell, *The Royal Doctors, 1485-1714: Medical Personnel at the Tudor and Stuart Courts* (Rochester: University of Rochester Press, 2001), 1.

¹⁹ Furdell, *The Royal Doctors*, 1.

Tudor historian Robert Hutchinson has written and co-authored biographical studies of Henry VIII which focus very heavily on Henry's health throughout his life. In his study of the young Henry, Hutchinson attributed the king's popularity and early successes in international politics to his youthfulness, physicality, and robust character.²⁰ Discussions of Henry's relationships with his physicians and apothecaries, as well as the physical ailments he experienced in his middle years were also explored in the context of domestic and international politics. In *The Last Days of Henry VIII: Conspiracies, Treason, and Heresy at the Court of a Dying Tyrant*, Hutchinson argued that the king's health dictated the stability of the nation, and the power of the monarchy.

Debates regarding Henry's health have also been greatly influenced by the application of modern medicinal and scientific methodology in conjunction with historical research methods. R.S. Ellery was one of the first medical historians to disprove the widely popular theory that Henry suffered from syphilis (discussed below) by studying alternative pathological explanations for Henry's difficulty in begetting offspring.²¹ He proposed that Henry instead might have suffered from an "Rh incompatibility" with his wives.²² While this might have been true for his second and third wives, Anne Boleyn and Jane Seymour, it could not be true for Catherine of Aragon, as she suffered multiple miscarriages before the birth of Princess Mary. Although Ellery's proposition was not scientifically proven, it opened the door for further

²⁰ Robert Hutchinson, *Young Henry: The Rise of Henry VIII* (London: Weidenfeld & Nicholson, 2011), 24.

²¹ Ellery first proposed alternative medical theories to the syphilis theory in 1947 in "Must Syphilis Still Serve?" R.S. Ellery, "Must Syphilis Still Serve?" *Medical Journal of Australia* 1 (1947): 391-394.

²² Rh incompatibility is a complication of blood Rh factor between the mother and fetus, where the mother is Rh negative and fetus is Rh positive. The first child between an Rh positive man and Rh negative woman will survive if the fetus is Rh positive because the mother will build up antibodies against any Rh positive fetus after the first birth. Consequently, a couple afflicted with this complication will only be able to have one child without application of modern medicine. For further inquiry into Rh factor and its implications on reproduction, see Neil D. Avent and Marion E. Reid, "The Rh Blood Group System: A Review," *Journal of the American Society of Hematology* 95 (2000): 375-387.

inquiries into Henry's health and invited a broad body of professionals to engage in discussions of Henry VIII.

In a recent television documentary filmed for *National Geographic*, Tudor historians Robert Hutchinson and Lucy Worsley, accompanied by medical doctor Catherine Hood, attempted to diagnose Henry VIII from birth to death. Through the use of modern medical knowledge about acute and chronic illnesses and examination of primary documents, the team debated his sports injuries, diet, and decline in physical and mental health. Henry's case even penetrated disciplines outside of history, drawing attention from medical, genetic, biological, and psychological scientific studies. In the article "The Reproductive Woes and Midlife Decline of Henry VIII," bioarcheologists Catrina Banks Whitley and Kyra Kramer explored the possibility of a genetic disease that plagued Henry VIII, and consequently his countrymen. The researchers suggested that Henry was Kell positive, a rare blood type that causes Kell negative females to have difficulty in bearing the children of a Kell positive man.²³ In Henry's case, this could explain his wives' difficulty in producing heirs. Furthermore, this rare blood disorder could offer a biochemical explanation to the deterioration in Henry's character as it has been correlated with mental degradation.²⁴

²³ The Kell factor in blood is one of the most important blood group systems. If a father is K positive and a mother is K negative, a fetus will suffer from hemolytic disease and ultimately death. Because the K antigen in the mother's blood system is extremely immunogenic, fetuses rarely survive without blood transfusions. Fortunately, the majority of the human population is Kell negative. Consequently, the likelihood of Henry suffering from this anomaly is low, but it does offer a potential explanation for Henry's reproductive difficulties. For further reading on the Kell factor, see F. Ottensooser, O. Mellone, and A. Biancalana, "Fatal Transfusion Reaction Due to the Kell Factor," *Journal of the American Society of Hematology* vol. 8 (1953): 1029-1033.

²⁴ Catrina Banks Whitley and Kyra Kramer, "A New Explanation for the Reproductive Woes and Midlife Decline of Henry VIII," *The Historical Journal* 53 (2010): 827-848.

J.S. Brewer suggested that Henry might have suffered from Cushing's disease—an abnormality of the endocrine system.²⁵ If the disease is left untreated, sufferers can exhibit symptoms that vary from edema of the face, fat deposits beneath the eyes, gross obesity, weakened bones that threaten to break with any exercise, possible humps in the back, and high blood sugar and pressure levels that increase thirst.²⁶ Cushing's disease is also marked by a number of psychological symptoms including chronic fatigue, insomnia, paranoia that leads to suspect of others, sudden mood swings, chronic headaches, and makes one quarrelsome. Anecdotal evidence certainly alludes to the king suffering from many of these symptoms; however, there is no way to make a concrete diagnosis without relying on modern forensic scientific analysis on Henry's remains after nearly six centuries. What we can derive from primary sources is that Henry by the 1540s was grossly obese, suffered severe mood swings and depression, exhibited psychotic displays, and was agonized by the pain in his legs.²⁷

One of the greatest historical inaccuracies and misconceptions pertaining to Henry VIII's health is the persistent claim that he had syphilis. A.S. Currie, in "Notes on the Obstetric Histories of Catherine of Aragon and Anne Boleyn" (1888), was the first to propose syphilis as a diagnosis of Henry VIII. Currie suggested that Henry contracted this

²⁵ Hutchinson, *The Last Days of Henry VIII*, 207.

²⁶ An increase in thirst due to high blood pressure in the early sixteenth century meant that more wine was consumed, as water was fetid and therefore undrinkable. Wine, however, increased blood sugar levels further, consequently creating a vicious cycle of higher blood pressure, thirst, and blood sugar. Household bills for the king indicate that he consumed an exorbitant amount of wine daily as he increased in age. There is also evidence that Henry may have had a hump on his back as depicted in his Psalter.

²⁷ Medical terms used in this thesis carry modern definitions based on modern scientific paradigms. During Henry VIII's reign in the sixteenth century, depression was not a medical term but its symptoms were referred to as "melancholia," which was the result of an imbalance in the humors. Although we can infer from anecdotal evidence that Henry suffered from symptoms of depression, there are no remaining sources that explicitly state he suffered from melancholia.

venereal disease from Katherine of Aragon.²⁸ This proposition however did not gain great popularity until C. MacLaurin, a medical doctor of gynecology and surgery, propounded the theory in 1930. In “The Tragedy of the Tudors” in *Post Mortems of Mere Mortals*, MacLaurin argued, “It is impossible to doubt that Henry contracted [syphilis] in his youth; the evidence will become clear as we proceed.”²⁹ MacLaurin’s claim was in part due to Katherine of Aragon and Anne Boleyn’s difficulty in conceiving, maintaining pregnancies, and bearing viable children. MacLaurin portrayed Henry and Katherine’s daughter Mary as “a hereditary syphilitic” as well as attributed Anne’s erratic behavior after Elizabeth’s birth as a manifestation of syphilis.³⁰

As symptoms of syphilis include harm to fetuses and difficulty conceiving, the proposition of this diagnosis gained great popularity and was seemingly plausible, particularly in light of how MacLaurin portrayed Henry VIII and his court. MacLaurin depicted Henry as unable to constrain his lustfulness and deemed the court as obscene and plagued by disease, particularly diseases contracted through immoral behavior. Sir Arthur Salisbury MacNalty took the syphilis theory as far as to propose that Cardinal Wolsey may have infected Henry with syphilis. MacNalty however, acknowledged that this inference was made during Wolsey’s downfall in 1529 and was probably a claim invented to help justify Wolsey’s condemnation.³¹

²⁸ A.S. Currie, “Notes on the Obstetrical Histories of Catherine of Aragon and Anne Boleyn,” *Edinburgh Medical Journal* 34 (1888): 294-298.

²⁹ C. MacLaurin, *Post Mortems of Mere Mortals: Essays, Historical and Medical* (Garden City: Doubleday, Doran & Company Inc., 1930), 13

³⁰ Ibid., 14.

³¹ One of the charges against Wolsey in the “Articles against cardinal Wolsey by the Lords” of 1529, condemned Wolsey “For having endangered the King’s person in that he, when he knew himself to have ‘the foul and contagious disease of the great pox broken out upon him in divers places of his body, came daily to your grace rowning in your ear and blowing upon your most noble Grace with his perilous and infective breath.’” While some historians have used this piece as evidence of Henry contracting syphilis, it is doubtful largely because of the tenuous political atmosphere in which these articles were produced. The

Ove Brinch furthered the syphilis theory in 1958 by propounding the idea that Henry's upper thigh lesion was in fact a symptom of tertiary syphilis, where chronic lesions manifest into a gumma or swelling of the skin and bones. Some paintings of Henry hinted at a swelling on the right side of his nose dating just after 1536, which may have been a product of gummatous syphilis. However, other portraits dating around the same period did not depict a swelling, perhaps in an effort to protect Henry's vanity.³² Brinch also attributed Henry's degradation in mental stability to late neurosyphilis—a product of tertiary syphilis where nervous tissue begins to undergo apoptosis.

J.N. Hays stated, "It is an exciting prospect to explain by a clear simple cause—a disease—Henry's apparent infertility, his increasing ill temper, and, indirectly his break with the Roman Church...Such arguments make disease...an important causal agent in human history as a whole."³³ Hays argued that there are two major difficulties when easy answers are applied to complex and undeterminable case histories. The first is that exact medical diagnoses of historical figures are precarious, particularly when applied to individuals dead for many centuries. Hays's second argument concerning simple answers of royal disease to explain important historical events was that it is far too limiting and a massive oversimplification. Despite Henry's headaches, skin lesions, volatile personality, and risky policies, there is also no evidence that Henry's doctors used mercury—the contemporary treatment for syphilis. Henry's doctors would have documented his contracting of the disease, as syphilis was quite rampant in Europe and doctors

lack of evidence that Henry was treated for syphilis with mercury is a more persuasive argument over this propagandized statement. MacNalty, *Henry VIII: A Difficult Patient* (Chicago: C. Johnson, 1952), 161; *L&P*, vol. 4, part iii, no. 6075, p. 2712.

³² Hutchinson, *Last Days of Henry VIII*, 128.

³³ J.N. Hays, *The Burdens of Disease: Epidemics and Human Response in Western History* (New Brunswick: Rutgers University Press, 2009), 68.

documented cases and discussed treatment outcomes. Francis I, Henry's rival in France, was documented as having syphilis and was treated with mercury. Thus, the absence of mercury administration and the lack of any mention of the disease by foreign spies, ambassadors, courtiers, or staff, strongly discounts any notion that Henry may have been a syphilitic. Moreover, documentation does not indicate that Henry suffered the very obvious rash associated with the primary stage of syphilis. Furthermore, to base Henry's break with Rome, orders for executions of his wives and closest friends, and tyrannical policies solely on tertiary syphilis is, as Hay's stated, a "laughable oversimplification."³⁴

There is also biomedical support for the case against syphilis. Firstly, the thigh is an uncommon place for a gumma to manifest in tertiary syphilis, and gummata are not associated with pain. Henry certainly suffered from immense, debilitating pain from the lesion on his left thigh, as the pain he suffered was well recorded in domestic and foreign letters. Secondly, none of Henry's children, wives, or mistresses were treated for syphilis, nor did they exhibit symptoms of the "French disease." Current historical scholarship indicates that Henry as "King" only had three known mistresses: Elizabeth Blount, Mary Boleyn, and Margaret Shelton. However, historians certainly are not limiting Henry's intimate relations to those three women and his six wives, as little is known about his seemingly rowdy youth.³⁵ Historians in defense of the syphilis theory have used Henry's

³⁴ Ibid.

³⁵ C. MacLaurin stated that "[Henry] must have caught [syphilis] when he was thirteen or fourteen, at about the very earliest that a gay and showy boy of the Renaissance could manage to catch it." MacLaurin was quite confident in most of his claims for Henry being syphilitic. However, the author did allude to the vagueness that surrounded events in Henry's youth prior to ascending the throne and marrying Katherine of Aragon. A.F. Pollard furthered commented on the ambiguity of Henry's conjugal relations during his reign. He wrote that "[Henry] had already had two mistresses, Elizabeth Blount, the mother of the Duke of Richmond, and Anne's sister, Mary Boleyn. Possibly, even probably, there were other lapses from conjugal fidelity, for, in 1533, the Duke of Norfolk told Chapuys that Henry was always inclined to amours; but none are capable of definite proof, and if Henry had other illegitimate children besides the Duke of Richmond it is difficult to understand why their existence should have been so effectually concealed when

four known children, Henry Fitzroy, Mary I, Edward VI, and Elizabeth I, as evidence of hereditary syphilis as they never had offspring. However, this argument is inherently problematic as Henry Fitzroy and Edward died at young ages and Elizabeth never married. Although Mary did wed, her inability to conceive was more likely to be related to her advanced age (she was thirty-eight when she married in 1554) and poor overall health. Thirdly, syphilis treatment during the sixteenth century called for administration of multiple doses of mercury and six weeks of sweating the patient. The poisonous nature of mercury in the human body, according to MacNalty, would result in sore, red gums and “copious flows of saliva.”³⁶ Thus, if Henry was absent for long periods or exhibited any signs of ill health, the foreign ambassadors who were ever present in Henry’s court would surely have been prompt in reporting such important information to their kings.

Discussions of Henry’s character and mental stability have even delved into psychohistory. Psychohistorian J.C. Flugel claimed part of Henry’s variable character stemmed from an Oedipus complex. He argued that Henry’s psycho-sexual life was based on his “powerful Oedipus complex, *i.e.* the desire to get rid of the father and possess the mother in his stead—the cold relations between mother and father and the beauty and goodness of the mother both constituting strong incentives to that desire.”³⁷ Flugel suggested that Henry’s negative feelings toward his father also reverberated onto his elder brother Prince Arthur, possibly as a response to primogeniture. Furthermore, Flugel argued that two tendencies dominated Henry’s personality in adulthood: “(1) the

such publicity was given their brother.” Thus, as primary sources only confirm Elizabeth Blount, Mary Boleyn, and Margaret Shelton as Henry’s mistresses, and little is recorded of Henry’s youth, historians can only speculate as to how many mistresses the king had throughout his life. MacLaurin, *Post Mortems*, 55-56; Pollard, *Henry VIII*, 185.

³⁶ MacNalty, *Henry VIII: A Difficult Patient*, 161.

³⁷ J.C. Flugel, *Men and Their Motives: Psycho-Analytical Studies* (New York: International Universities Press Inc., 1947), 241.

desire for (and hatred of) a sexual rival; (2) the attraction towards (and at the same time horror of) an incestuous relationship.”³⁸ These tendencies, he argued, can be found in Henry’s reaction to the trial and execution of Anne Boleyn on accounts of incest and adultery. While it was documented that Henry was severely distraught over his mother’s childbed death in 1503, it is difficult to find validation that Henry indeed suffered from an Oedipus complex due to minimal, and politicized at that, sources. Furthermore, while the term “Oedipus complex” did not emerge in medical terminology until Freud coined the term in the later nineteenth and early twentieth centuries, any incestuous behavior and tendencies on Henry’s part would have been acknowledged.

Historians and psychohistorians alike have also cited Henry VIII as a definitive example of an extreme hypochondriac. Although this medical term was not utilized in sixteenth century medical practice, there certainly is documentation that Henry was stringent about his health.³⁹ This is particularly seen in his reactions to plague and ‘the sweate,’ for he would immediately flee from any illness, leaving behind loved ones, friends, and diplomatic persons. While his preoccupation over his health could be diagnosed as hypochondria in modern medical terminology, Henry’s health obsession was in part justified, as he had no male heirs for most of his reign and the Tudor claim to the throne was fragile.

Despite skeptical assumptions and the lack of concrete evidence, psychohistorians have continued to assign psychological diagnoses to this king. Miles F. Shore suggested Henry underwent a marked psychological change between 1525-1527, in which he

³⁸ Ibid., 266-7.

³⁹ There is also no evidence that ‘hypochondria,’ or obsession over one’s health was considered a medical problem in the sixteenth century.

became an extreme narcissist and suffered from a mid-life “crisis of generativity.”⁴⁰ As Shore argued,

For Henry VIII, the first seventeen years of his reign had seen the acting-out of a series of grandiose narcissistic phantasies. His crisis came when these had to be modified in the face of real events: his injuries, his military and political disappointments, and his inability to have a legitimate male heir. Biological factors and the erosive effect of real events on his grandiose phantasies were the major precipitants of his crisis.⁴¹

This alleged “crisis of generativity” for Henry stemmed from his disappointment in the failure of his youthful fantasies of middle age. Shore attributed this crisis to his childhood separation from his parents as well as his narcissism, “which lay at the root of his public magnificence and evil.”⁴²

Some Tudor historians have made strong arguments that certain events and years served as catalysts for changes in Henry’s personality. Suzannah Lipscomb in *1536: The Year That Changed Henry VIII* argued that Henry underwent a significant change both physically and mentally due to a number of diplomatic and personal events in 1536. She argued, “The damage that this year made to Henry’s physical, and less tangibly, his psychological, health, appears to have started a chain-reaction, tapping into his propensity for high self-regard, and exaggerating it into a brutal, egotistical obduracy that had terrible consequences.”⁴³ Lipscomb identified 1536 as a turning point in Henry’s life for she suggested he underwent a crisis of masculinity in Anne Boleyn’s trial and execution for adulterous and incestuous actions that portrayed him as an aging king lacking virility. Lipscomb argued that other events in 1536 further damaged the king’s fragile image,

⁴⁰ Miles F. Shore, “Henry VIII and the Crisis of Generativity,” *The Journal of Interdisciplinary History* 2 (1972): 362.

⁴¹ Ibid., 389.

⁴² Ibid., 390.

⁴³ Lipscomb, *1536*, 26.

including the death of Katherine of Aragon on January 7, his spectacular blow to his head while jousting that same month, the loss of yet another unborn child by Anne Boleyn following the jousting accident, and her subsequent downfall due to claims of adultery and incest. These examples merely scratch the surface of Henry's personal disasters in 1536 and do not account for the international and domestic politics, which certainly impacted his disposition.

Lacey Baldwin Smith also noted that Henry underwent a severe character change, yet his argument identifies this change occurring in 1542 when Henry entered late adulthood. Baldwin Smith argued that the psychology of aging "reveals the raw personality beneath" that did not manifest in childhood and young adulthood.⁴⁴ Through application of geriatric studies which were current when he was writing at the end of the 1960s, Baldwin Smith noted,

As a man grows older, his behavior tends to take exaggerated forms: fear becomes paranoia, single-mindedness degenerates into intolerance, willfulness sinks into obstinacy, and insecurity is more and more tied to the specter of mental and physical impotence and incompetence."⁴⁵

The year 1542 indeed proved a catalytic year for Henry and his aging mentality as his "concluding period, the half-decade after 1542, was scarcely heroic, and he stumbled toward goals which seem puerile and fatuous compared to the giant strides and historic achievements of the middle years of his reign."⁴⁶ Despite differences in years, historians like Baldwin Smith and Lipscomb have asserted that Henry underwent a significant character change that was an accumulation of personal injury, illness, and political and emotional defeat.

⁴⁴ Baldwin Smith, *Henry VIII: The Mask of Royalty*, 86.

⁴⁵ Ibid., 86.

⁴⁶ Ibid., 11.

Some historians, however, have rejected notions that Henry underwent any psychological change and rather viewed his personality flaws as constant. In his biography *Henry VIII*, J.J. Scarisbrick argued that Henry did not incur any change in personality, and furthermore did not undergo any brain damage from his jousting accidents.⁴⁷ While there is no undisputable evidence that suggests Henry had marked changes in personality following his accidents in 1528 and 1536, it would be hard to discount the lasting repercussions these accidents may have had on Henry's mental and physical health. The fact that there is disagreement among historians over whether or not Henry's physical injuries sparked changes in his personality suggests that the evidence is ambiguous.

Most psychohistorical analyses of Henry VIII emerged in an attempt to answer why he became a tyrant—the worst insult to a monarch in the sixteenth century. Many of Henry's contemporaries acknowledged his tyrannical nature and behavior as he advanced in age. The French ambassador Charles de Marillac wrote one of the most damning statements regarding Henry's tyranny on August 6th, 1540. Marillac wrote to Constable Montmorency:

“This prince seems tainted, among other vices, with three which in a King may be called plagues. The first is that he is so covetous that all the riches in the world would not satisfy him. Hence the ruin of the abbeys, spoil of the churches that had anything to take...Everything is good prize, and he does not reflect that to make himself rich he has impoverished his people...Thence proceeds the second plague, distrust and fear. This king, knowing how many changes he has made, and what tragedies and scandals he has created, would fain keep in favor with everybody, but does not trust a single man, expecting to see them all offended, and he will not cease to dip his hand in blood as long as he doubts his people...The third plague,

⁴⁷ J.J. Scarisbrick, *Henry VIII* (Berkeley: University of California Press, 1968), 485; In his 1932 work *The Private Character of Henry VIII*, Frederick Chamberlin first proposed the theory that Henry suffered severe brain damage from a fall jousting in 1536 in which he was recorded to be unconscious for two hours. Frederick Chamberlin, *The Private Character of Henry VIII* (Birmingham: Washburn, 1931).

lightness and inconstancy, has perverted the rights of religion, marriage, faith, and promise...⁴⁸

The question of how one man could go from being written of as the most exonerated prince in Christendom to a blood-hungry tyrant tainted by greed and fear is ever at the root of psychohistorical discussions surrounding this king's legacy. If there is an answer to this question, it surely is vastly complex and was probably buried in Windsor Chapel along with him in 1547.

The wealth of historical analyses on Henry VIII's health far outweighs the evidence that remains from this pivotal period in English history. Nonetheless, Henry VIII and the mystery of why he made such an extreme physical transformation during his reign will continue to captivate and excite the academic community. The dialogue amongst Henrician historians quite possibly will never grow tired. While historians can assign a multitude of diagnoses to Henry VIII, validation of these diagnoses will always remain in the realm of speculation unless forensic and modern medical technology are applied to Henry's remains. What historians can deduce about Henry's health is found in material records produced during his life. The following chapter will attempt to reconstruct Henry's personal medical history based on surviving material evidence without engaging in excessive speculation.

⁴⁸ These words were written at a time when the relationship between England and France was volatile, as both countries were threatening towards war. Thus, the French ambassador's description of Henry should be interpreted within the political context in which it was written, and as a consequence, should not be taken at face value. *L&P*, vol. 15, no. 954, pg. 484-485.

Chapter Two: Henry As Patient

*[His] hair plenty and red, pulse great and full, digestion perfect, anger short, [and]
sweat abundant.*⁴⁹

In contrast to other important monarchs in his time, Henry VIII's medical record, especially in his earlier years, is exiguous. Henry's physicians, apothecaries, and privy chamber staff fought vehemently to safeguard any information of their king's illnesses and ailments from leaking into the hands of foreign ambassadors, spies, or individuals posing a threat to his throne. In contrast with the deficiencies in Henry's medical record, we have a clear chronology of the illnesses of Francis I. His physicians kept meticulous records of mercury treatments for his syphilis, and documented fevers, agues, changes in diet, fluctuations in mood and temperament, and prescribed treatments. Tudor historian Lacey Baldwin Smith wrote, "Compared to the clinically accurate picture of the progress of Francis I's disease, descriptions of the English monarch's illness are amateurish and imprecise, rarely going beyond vague references to his *mal de jambe* or his *mal d'esprit*."⁵⁰ Consequently, formulating a medical record for Henry VIII is a significant challenge.

This study of Henry VIII will be conducted chronologically, beginning with his birth in 1491 and ending with his death in 1547. It will identify records pertaining to the mental, physical, and emotional states Henry incurred throughout his life. While the research on this topic was sensitive to records of ill health, it also highlights Henry's athleticism and vitality as a young king and his flares of youthfulness even late in his kingship. Moments of political and personal importance are also mentioned as some of

⁴⁹ From Andrew Boorde's *Dyetary of Helthe*, cited in W.S.C. Copeman, *Doctors and Disease in Tudor Times* (London: Dawson's, 1960), 88.

⁵⁰ Baldwin Smith, *Mask of Royalty*, 228.

his illnesses and injuries correlate with these factors. Finally, while the majority of this chapter is dedicated to the various ailments Henry incurred, it also discusses standard sixteenth century medical responses to certain afflictions.

The birth of Prince Henry was first documented in the “Book of Hours” belonging to Henry’s grandmother Margaret Beaufort. While Prince Arthur and Princess Margaret’s births were well documented, including the date, time, and location of birth. Henry’s birth date was just briefly noted in Latin in the margin, in which the year was crossed out with ‘1491’ written above.⁵¹ Perhaps Henry’s arrival was less important than those of his elder siblings, as the details of his birth were exiguous.

Other than his royal appointments, little is recorded of Henry prior to Prince Arthur’s death in 1502. While there are numerous documents of the king’s health, appearance, and character later in his life, there are few, if any, sources that remain concerning his health as a youth. The absence of material from this period therefore suggests that Henry was a fairly healthy and robust young boy. However, there is also no evidence that Prince Arthur was ever sickly until his death, leaving one to conclude that both boys were in good health. We must also consider an alternative, which was that any illness the princes incurred was kept secret.⁵²

As a young child, Henry was confined to the royal nursery except for making occasional political appearances. One of the earliest accounts of Henry was when he was knighted by his father in 1494. It was written, “The Duke of York, second son of the king, a child of about four years or thereabouts...sitting alone on a courser, was had unto

⁵¹ *Beaufort Book of Hours*, The British Library, Royal Ms. 2 A xviii, f.30v.

⁵² As the Tudor claim to the English throne was tenuous, it is plausible that Henry VII ordered that his heir’s illnesses be classified. Any leak of sickness in Arthur or even young Henry may have encouraged Henry VII’s enemies to mobilize in the aftermath of the War of the Roses.

Westminster to the king.”⁵³ At just four years of age, Henry was trained to sit atop a large warhorse while being paraded through London and to perform in prominent ceremonial rituals of knighthood and eventually the conferral of a dukedom. Upon meeting the brood of Henry VII in 1499, Erasmus wrote:

In the midst stood Prince Henry, now nine years old, and having already something of royalty in his demeanor in which there was a certain dignity combined with singular courtesy. On his right was Margaret, about eleven years of age, afterwards married to James, King of Scots; and on his left played Mary, a child of four. Edmund was an infant in arms.⁵⁴

The regality of Henry was not missed by his contemporaries as a young boy and may even have overshadowed that of his elder brother Arthur, Prince of Wales.

When Henry assumed the title of Prince of Wales after Arthur’s death, foreign and domestic correspondence was preoccupied with Henry’s appearance and character. In his coronation eulogy, Thomas More stated, “Among a thousand noble companions he stands out taller than any. And he has strength worthy of his regal person. His hand, too, is as skilled as his heart is brave...There is fiery power in his eyes...such color in his cheeks as is typical of twin roses.”⁵⁵ Lord Mountjoy wrote that the newly crowned prince had no desire for “gold or gems or precious metals, but [for] virtue, glory, immorality.”⁵⁶ He was written of as being not “a person of this world, but one who descended from heaven.”⁵⁷

⁵³ Thomas & Thornley, p. 254 as quoted in Hutchinson, *Young Henry*, 11.

⁵⁴ Desiderius Erasmus, *The Epistles of Erasmus from His Earliest Letters to His Fifty-first Year*, ed. Francis Morgan Nichols and Robert Cranston Low (London: Longmans, Green & Co., 1901), 201-02.

⁵⁵ C.H. Miller, L. Bradner, C.A. Lynch, and R.P. Oliver (eds.), *Latin Poems, of The Complete Works of St. Thomas More Volume 3.2, Epigram 19* (New Haven: Yale University Press, 1984), 100-113.

⁵⁶ Pollard, *Henry VIII*, 41.

⁵⁷ *CSP Venetian*, vol. 2, no. 336.



Figure 1: Artist Unknown, “Henry VIII” c. 1513. Oil paint on wood oak. (Denver Art Museum, Berger Collection, TL-17964).

At the dawn of his reign, Henry was described as the embodiment of all the virtues of a Renaissance prince. In 1511, Edward Hall, in *Chronicle, The Union of the Two Noble and Illustre Families of York and Lancaster*, wrote that Henry excelled “in shotyng, singing, dancing, wrastelyng, casting of the barre, plaiyng at the recorders, flute, virginals, and in setting of songes, makynge of baletts, & dyd set [two] godly Masses...”⁵⁸ A contemporary wrote of Henry in 1515 as:

The handsomest potentate I ever set eyes on; above the usual height, with an extremely fine calf to his leg, his complexion very fair and bright, with auburn

⁵⁸ Edward Hall, *Hall's Chronicle; Containing The History of England During the Reign of Henry the Fourth and the Succeeding Monarchs, to the End of the Reign of Henry the Eighth*, (London: G. Woodfall, 1809), 515.

hair combed straight and short...and a round face so very beautiful that it would become a pretty woman, his throat being rather long and thick.⁵⁹

Within that same letter, Henry's talents were also remarked on: "He speaks French, English, and Latin, and a little Italian; plays well on the lute and harpsichord, sings from book at sight, draws the bow with greater strength than any man in England and jousts marvelously."⁶⁰ Thus, even in the early years of his reign, Henry was quite multitalented; his musical compositions suggest that he was artistically inclined and his plethora of books reveals his intellectual pursuits in astronomy, medicine, and Greek philosophy. Emotionally, the young king was cheerful, generous with his courtiers, and was exuberant with life and courtly pleasures. These qualities were to change, but many of his contemporaries remembered the characteristics of young Henry as opposed to old Henry in their written memories of him and his reign.

Despite this relative paucity of sources, there is a plethora of documentation of Henry's ill health as he matured. The first record of any sickness in Henry was after he had been king for nearly five years. In March 1514, in foreign correspondence to Spain, it was written that "Henry of England has had a fever; the physicians were afraid for his life, but it ended in the small-pox. He is now well again, and rises from his bed, fierce against France."⁶¹ Venetian reports confirm Henry's bout with smallpox: "The King of England has had smallpox and is cured. He will certainly invade France."⁶² His illness was most likely met with the standard smallpox treatment during the Tudor period. Andrew Boorde, in his *Breviary of Helthe*, perhaps best documents the standard medical response:

⁵⁹ *L&P*, vol. 2, no. 395, pg. 116.

⁶⁰ *Ibid.*

⁶¹ *L&P*, vol. 1, no. 2697, pg. 1184.

⁶² *L&P*, vol. 1, no. 2703, pg. 1185.

This impediment doth come more of the corruption of bloud then any other humour... A remedy: First let al physitions beware, not onely in this infirmitie but in many other, not to minister medicines exterial, which would reperussion, which is to lay, to drink in the infirmitie to the body, and beware in this matter of ointments and bethes, and of colde and open ayre, or in piking or touching any of the pestes or scabbes, kepe the patient warm & let him or her be of good diet to comfort blood.⁶³

Boorde also mentioned that some experts exalt venesection in this infirmity as well.⁶⁴

In 1521, at age thirty, it was reported that Henry came down with his first case of what seems to have been malaria. He experienced recurrent bouts of the illness throughout his life but its impact on his daily life and royal obligations was minimal compared to other ailments. Three years later, Henry suffered from his first major athletic injury. In March of 1524, Henry was jousting in a tournament against his dear friend Charles Brandon, Duke of Suffolk. Upon charging down the field, Henry had left his visor up and was met with Suffolk's lance above his eye upon contact. According to

Edward Hall in his *Chronicles*:

The kyng had his spere delivered him by the lorde Marques, the viser of his headpiece being up and not down nor fastened, so that his face was clene naked... the people preoccupying the kynges face bare, cryed hold, hold, the duke neither saw nor heard, and whether the kyng remembered that his viser was up or no few could tell: Alas what sorrow was it to the people when the saw the spleters of the dukes spere strike on the kynges headpiece... the duke strake the kynge on the brow right under the [brow]... on the verye... skull.⁶⁵

Henry did not exhibit signs of pain and injury other than a large bruise upon his brow line and continued to joust for six more runs. Furthermore, he did not openly convey any blame or anger towards the Duke of Suffolk. Nonetheless, after this cerebral injury in

⁶³ Andrew Boorde, *A Breviary of Helthe*, 115.

⁶⁴ Andrew Boorde was a physician who authored many foundational medical texts in the Tudor period. His *Breviary of Helthe* is a medical encyclopedia that alphabetically records a complete list of ailments and treatments. He first addresses the form of the word in Latin, English, and when applicable, Greek, and then provides *The cause of this impediment* and offers *A remedy*. While no record of payment exists, Boorde documented that his medical services were requested to serve the king. (For more information on Andrew Boorde, see the *Oxford Dictionary of National Biography*).

⁶⁵ Edward Hall, *Chronicles*, 674.

1524, sources indicate that Henry began suffering from migraine headaches until his death in 1547.

As Henry aged, he began to undergo more injuries from his athletic games and hunts. The following year in 1525, Henry nearly drowned while hawking on summer progress near Hertfordshire. Hall also included this event in his *Chronicles*, stating:

The kynge following of his hauke lept over a diche beside Hycho, with a polle and the polle brake, so that if one Edmund Mody, a foteman, had not lept into the water, & lift up his head, whiche was fast in the clay he had been drouned: but God of his goodness preserved him.⁶⁶

By age thirty-six, Henry also suffered from a wrenched foot in a tennis match causing him to don a black velvet slipper. This slipper, as it were, became a fashion statement throughout the court during 1527, the year of his injury. It is debatable whether the adoption of the slipper in English dress was due to the king's influence on fashion or was an attempt by his courtiers to show their sympathy for their injured king. That same year, Henry was attacked by his first of many varicose ulcers—an interminable pain that would plague his body and attack his mind until his death. While Henry was on royal progress in Canterbury, his sore leg left him bedridden for a period of time. However, Thomas Vicary, a local surgeon, was able to treat the wound with speed and little pain.⁶⁷ The fashionable garters which royal dress prescribed to accentuate his calf muscles may have constricted the blood, thus causing an ulcer to form.⁶⁸ Whatever the cause, Henry experienced immeasurable pain in his left thigh beginning in 1527.

⁶⁶ Ibid., 697.

⁶⁷ Vicary later was a member of the king's staff of surgeons and became a pivotal player in revolutionizing the company of barber-surgeons.

⁶⁸ Because most sources refer to this wound as a 'lesion on the left thigh' or 'sore leg,' there is significant room for interpretation. However, by looking at the course of the wound throughout Henry's reign and the various treatments applied to it by his apothecaries and surgeons, most historians agree that the lesion on Henry's left thigh was an ulcer. Some have suggested it was a deep-vein thrombosis that may have led to chronic osteitis of the femur, in which the bone is continuously inflamed. If Henry were to have chronic

By the time Henry suffered from his first ulcer, he was thirty-six years of age. He had no male heirs, his wife was no longer of childbearing age, and he had begotten a male child on his mistress, Elizabeth Blount. Henry's frustration began to mount as he advanced in age, and his various athletic injuries in the late 1520s reminded him of his impending mortality and the need for a male heir to safeguard the Tudor throne. His fears of succumbing to plague or disease without a secured throne were highly pronounced in his behaviors when plague or sickness would penetrate to the court and its peripheries. Plague and the sweating sickness scoured England a handful of times in Henry's reign. The sweating sickness in particular would drive Henry many miles away from its grip, leaving behind all his loved ones, courtiers, staff, and entourage, bringing only a doctor and groomsman on certain occasions. The sweating sickness broke out in England first in 1485 at the dawn of Henry VII's reign. Many feared that this sickness was God condemning the country for Henry VII's victory in the Battle of Bosworth, in which he claimed the throne of England. Nonetheless, it returned in 1502, 1507, 1517, 1528, and 1551.⁶⁹ The sweat was near epidemic status in 1528, beginning in London and sweeping across the country throughout late spring and into the summer months. Henry fled his court, and relocated frequently, bidding his courtiers to behave likewise. In a French

osteitis, then the skin lesion would have healed but the bone inflammation would have continued and would eventually re-open the wound. Without application of twenty-first century medicine (which still has difficulty treating chronic osteitis), it would repeat in a vicious cycle of wound closure, met with severe agony and fever, and would then re-open, emitting a horrible stench. Sources later in Henry's life allude to all of these symptoms—particularly emphasizing the unendurable pain the king succumbed to when the wound would close. Blood clots may also have flooded the area and may have further antagonized the ulceration if the ulcer detached from the vein that was serving as its blood supply. For further information on chronic osteitis, see E. V. Benenson, *Rheumatology: Symptoms and Syndromes*, (New York: Springer, 2011).

⁶⁹ For a descriptive, primary analysis of the epidemiology of the sweating sickness according to sixteenth century medical understandings, refer to physician, John Caius's, *A Boke or Counseill Against the Disease Commonly Called the Sweate, or the Sweatyng Sickness*, written in 1551 after the last epidemic. As the 1528 epidemic reached continental Europe, there are a multitude of renditions and understandings of the sweating sickness.

foreign correspondence, it was noted, “The king has gone further off than he was, uses great precautions, confesses himself every day, and receives Our Lord at every Feast.”⁷⁰

Edward Hall’s description of the 1528 outbreak of the sweat was particularly revealing:

Sodeinly there came a plague of sickenes, called the Swetyng sickenes, that turned all [the King’s] purpose. This malady was so cruell that it killed some within three houres, some within twoo houres, some mery at diner and dedde at supper. Many died in the kynges court, the Lorde Clinton, the Lorde Grey of Wilton, and many knightes, Gentlemen and officers...this malady continued from July to the middes of December, the kyng kept hymself ever with a small compaignie, and kept no... Christmas... to have no resort for feare of infecccion: but muche lamented the number of his people, for in some one towne halfe the people died, and in some other towne the thirde part, the Sweate was so fervent and infeccious.⁷¹

When the sweat approached Pontefract where the Duke of Richmond, Henry’s illegitimate son, resided, the king commanded his son be relocated to a safer location.

Among those to fall ill was Anne Boleyn, who had at this point caught Henry’s eye. Henry VIII wrote to Anne, “There came to me suddenly in the night the most afflicting news that could have arrived. The first, to hear of the sickness of my mistress, whom I esteem more than all the world, and whose health I desire as I do my own, so that I would gladly bear half your illness to make you well.”⁷² Henry sent his physician and dear friend, Sir William Butts, to attend Anne throughout her sickness. On June 23rd, Wolsey received a letter saying “Laud be Jesu, the King’s grace is very merry since he came to this house, for there was none fell sick of the sweat... This morning is told me that Mistress Ann and my lord of Roxfort had the sweat, and was past the danger thereof.”⁷³

⁷⁰ *L&P*, vol 4, no. 4542, pg. 1983.

⁷¹ Hall, *Chronicle*, 602.

⁷² “Letter Ninth To Anne Boleyn,” *The Love Letters of Henry VIII to Anne Boleyn (With Notes)*, (London: John W. Luce & Company, 1906), xxii.

⁷³ *L&P*, vol. 4, no. 4408, pg. 1931.

As his interests turned to Anne Boleyn and his battle with Rome over the legality of his marriage to Katherine of Aragon began to consume all of England and Christendom, Henry's body began to exhibit signs of physical decline and his personality was reportedly more volatile and merciless. Notably the greatest marked physical change Henry underwent during his late thirties and forties was a drastic increase in size. His change in size is best documented in his portraits throughout his reign and his armor. Tudor costume historian, Maria Hayward, has done extensive research on Henry's dress in terms of his build and personality, and has looked into how his dress was used as a vehicle for conveying his magnificence in the political, social, and religious spaces of early modern England. According to Hayward's measurements, Henry's armor in 1515 indicated that he was broad in the shoulders and his height was 6 ft. 1 in.⁷⁴ By comparing his stature to his contemporaries early in his reign, Henry certainly would have been a magnificent presence in any crowd.

Through examining the armor that remains from this king, the manifestations of his size are well documented as armor was designed to fit the body precisely.⁷⁵ Maria Hayward noted that by "taking one measurement, it is possible to trace his increasing waistline: 35½ in. (0.9 m) in 1515...37¾ in. (0.95 m) in 1520...41¾ in. (1.06 m) in 1527...increasing to 52½ in. (1.33 m) in 1539-1540."⁷⁶ Because Henry's mobility was severely restricted as he aged and the ulceration in his left thigh pained him greatly, his

⁷⁴ Maria Hayward, *Dress at the Court of Henry VIII* (London: Maney Publishing, 2007), 1.

⁷⁵ The one exception was the codpiece, which was purposefully enlarged to be a symbol of the king's potency/virility.

⁷⁶ The first measurement is taken from his silver engraved armor, the second from the Greenwich armor, the third from the Genouilhac armor and the fourth from the Windsor armor. For images and further detail, see Hayward, *Dress at the Court of Henry VIII*, 6.

waistline only increased in size.⁷⁷ Certain physiological factors are guaranteed when one exceeds a healthy weight. It is certain that Henry's joints were severely burdened with his excessive weight and, as his diet was lacking sources abundant in calcium, his bones were probably brittle and weakened. He also would have had an enlarged heart that would have been required to grow in order to circulate the blood throughout his body. His virility may also have been an issue. In 1536, Chapuys reported, "according to the account given him by the concubine, he has neither vigour nor virtue."⁷⁸ Portraits in the latter part of his reign also indicate that he had edema of his face and neck, which ascertains that Henry's circulatory system was insufficient for his size.⁷⁹

⁷⁷ We know his mobility was further restricted due to his reliance on staffs. Dr. Lucy Worsley, medical doctor Catherine Hood, and Robert Hutchinson for the *National Geographic* special, "Inside the Body of Henry VIII," predicted that Henry weighed 28 stone at death, which equates 392 pounds. This size in the sixteenth century was inconceivably enormous, and was a product of his royal access to an abundant amount of food—food that was largely limited to meats, breads, wines and ales.

⁷⁸ The "concubine," as referred to by Chapuys and many other courtiers and foreign ambassadors, was Anne Boleyn, Henry's second wife. As Chapuys was a Spanish ambassador and highly biased towards his late Queen Katherine of Aragon, Henry's first wife, this statement surely was loaded with political propaganda. Nonetheless, the context in which it is set concerns whether or not the king will be able to beget a male heir on his next prospect for marriage, Jane Seymour. *L&P*, vol. 10, no. 901, pg. 374.

⁷⁹ The most current research in the biomedical field suggests that a Sagittal abdominal diameter (SAD) is one of the best predictors of type II diabetes. This measurement is taken from the height of an individual's abdomen in supine position, thus giving a measurement of visceral fat. While this technique cannot be applied to Henry VIII to give an accurate prediction as to whether or not he had diabetes, as some historians and medical doctors have proposed, sources such as paintings and letters acknowledging his wide girth and enormous size allow for speculation. For further inquiry into predicting diabetes based on physical traits, see Emma Hitt and Charles Vega, "Best Measurements to Predict Diabetes Risk," *Medscape Education* (2012). Accessed February 1, 2013 at <http://www.medscape.org/viewarticle/770204>.



Figure 2: Unknown Artist, “King Henry VIII,” (c. 1542). Oil on panel. (The National Portrait Gallery, NPG 496)

His size was frequently referenced in letters. In 1540, a letter asked if the king “were not waxen fat...it appeared that his Majesty, since my being in England, was become much more corpulent.”⁸⁰ By 1542, the king was written of as “already very stout and daily growing heavier, already resembling his maternal grandfather King Edward, being about his age...He seems very old and grey...”⁸¹ According to Boorde:

[Corpulence] doth come either by nature or els by grose feding or els by great drinking & doth make a great bellie. A remedie: It doth come by nature there is no remedy, if it come by grosse feding, or great drinking,

⁸⁰ *L&P*, vol. 16, no. 121, pg. 121-122.

⁸¹ *L&P*, vol. 17, no. 178, pg. 80-81.

use mache peper both in drinking and use plurgacions and laratide meates,
and use labour & exercise the bodie...”⁸²

Abstinence from alcohol was a cure to corpulence, according to Boorde. He noted that “All sweet wines and grass wines doth make a man fat” and “whosoever he be that breth not temperance in eating and drinking, liveth a helthe life. And man having wit and reason to governe himselfe, would keepe a due order in eating & drinking, for sauegard of his soule and bodie.”⁸³ While lowering one’s intake of sweet wines and restricting impulses to eat may have been prescribed to the king by his physicians, his household records indicate that Henry’s personal food expenditure only increased as he aged.⁸⁴

The king’s poor diet also plagued him with constipation. Andrew Boorde wrote “This impediment doeth come of to little drinking of ale,” and consequently was treated with water-down ale and painful enemas.⁸⁵ Sir Thomas Hennege, the king’s Groom of the Stool, reported to Thomas Cromwell:

By reason of a cold which the King took yesterday after dinner his Grace, late in the evening, felt himself “grugging” with a cold. His physicians gave him a pill, and, towards morning, there came a burning heat; so they gave him a glister, and he has ever since been very well and in no danger, “for the physicians cannot perceive anything more that should remain in his said Highness.”⁸⁶

The following day it was recorded again by Hennege, “his Grace rose to go to the stool which, by working of the pills and glister that his Highness had taken before, had a very

⁸² Boorde, *Breviary of Helthe*, 36.

⁸³ Ibid., 7.

⁸⁴ The “Ordinances Made At Eltham” offers an exact menu that served as the king’s diet. Henry’s suppers and dinners consisted of bread, ale, wine, beef, mutton, veal, lamb, chicken, rabbit, cock, and small servings of tarte or fruit, if available. For further inquiry, see *The Eltham Ordinances*, 174-5.

⁸⁵ Boorde, *Breviary of Helthe*, no. 341.

⁸⁶ Glister is the equivalent to an enema. *L&P*, vol. 14, pt. ii, no. 149, pg. 44.

fair siege...his Grace findeth himself well, saving his Highness saith he hath a little soreness in his body.”⁸⁷



Figure 3 Cornelis Metsys (Massys), “King Henry VIII,” (c. 1548). Line engraving. (The National Portrait Gallery, NPG D24928).

One of Henry’s last, and greatest, injuries sustained from sport was a near deadly fall while jousting at age forty-four. On January 24th, 1536, a jousting tournament was held on the eve of the Conversion of St. Paul. The Spanish ambassador Chapuys recorded “the king being mounted on a great horse to run at the lists, both fell so heavily that every one thought it a miracle he was not killed, but he sustained no injury.”⁸⁸ It was reported that Henry was unconscious for two hours, causing frenzy among his courtiers, and

⁸⁷ *L&P*, vol. 14, pt. ii, no. 153, pg. 45.

⁸⁸ *L&P*, vol. 10, no. 200, pg. 71.

particularly Anne Boleyn, who was now his wife and pregnant with a child.⁸⁹ Upon hearing the news of Henry's accident, Anne went into pre-term labor and miscarried.

The lesion in his leg continued to plague him with pain and irritation. In June of 1537, Henry wrote to the Duke of Norfolk to excuse his absence in taking a progress to the north of England. "To be frank with you, which you must keep to yourself, a humour has fallen into our legs and our physicians advise us not to go so far in the heat of the year."⁹⁰ This is one of the only mentions of Henry suffering with both legs as opposed to just his left. While Henry accounted for other reasons for not going on progress, including his third wife's pregnancy, he demonstrated vulnerability in having his infirmity leaked outside the confidences of Norfolk.⁹¹ In May of 1538, the king suffered one of his greatest bouts with his leg ulcer. "This King has had stopped one of the fistulas of his legs, and for 10 or 12 days the humours which had no outlet were like to have stifled him, so that he was sometime without speaking, black in the face, and in great danger."⁹² It has been speculated that the king also suffered from another malady in this episode aside from the closure. One popular belief is that a blood clot formed in the king's lung, causing the blackening in his face, which would not have resulted solely from the agonizing pain. From this moment hence forward, Henry's physicians fought desperately to ensure the ulcer never closed again.

At the end of 1538, Henry continued to battle with the pain of his ulcer. In October, Lord Montague wrote, "the King is full of flesh and unwieldly, and that he

⁸⁹ A number of historians have linked this fall to a character change that brought about a tragic decline in personality in the king. The injury he sustained certainly had negative repercussions on his brain function and cognition during those two hours, and thereafter, if he incurred bleeding into the cerebral hemisphere (concussion).

⁹⁰ *L&P*, vol. 12, pt. ii, no. 77, pg. 27.

⁹¹ Henry's third wife, Jane Seymour, gave him the son he so desperately sought and died in childbed. This son was the future Edward VI, who reigned as England's first Protestant monarch from 1547-1553.

⁹² *L&P*, vol. 13, pt. i, no. 995, pg. 368-369.

cannot long continue with his sore leg.”⁹³ George Constantine wrote in correspondence with the dean of Westby in 1539, “His Grace was lusty, but it grieved me at the heart to see his Grace halt so much upon his sore leg.”⁹⁴ The number of sources pertaining to Henry’s pain in his leg became more prevalent as he aged, indicating that his bouts with his leg were more frequent. Foreign ambassadors from France, Venice, and Spain all recorded the king being temporarily unavailable as he was laid up with his sore leg. Despite attempts by his physicians to keep the lesion open, it again closed in February 1541. It was written the king was plagued with “a slight tertian fever...one of his legs, formerly opened and kept open to maintain his health, suddenly closed, to his great alarm, for, five or six years ago, in like case, he thought to have died.”⁹⁵ Interestingly, a letter written on that same day by Marillac, the French ambassador, attributed Henry’s leg problems to the king being “very stout and marvelously excessive in eating and drinking.”⁹⁶ Following the second known closure of his ulcer, Henry began using a staff, which became an important accessory to his royal appearance and dress, and quickly manifested into a fashionable piece used by male courtiers.

In 1540, Henry married his fifth wife, the young Katherine Howard, who brought zest and youthfulness back into the forty-nine year old king. To keep up with his young bride, Henry reportedly was more willing to heed his doctor’s orders in taming his overeating. The French envoy, Marillac, wrote, “This King has taken a new rule of living; to rise between 5 and 6 a.m., hear mass at 7 a.m., and then ride until dinner time, which is

⁹³ *L&P*, vol. 13, pt. ii, no. 702, pg. 268.

⁹⁴ *L&P*, vol. 14, pt. ii, no. 400, pg. 142.

⁹⁵ This commentary poses a particularly intriguing reflection on contemporary opinions of medicine, as it suggests that medical knowledge and technology had advanced to a point where Henry’s surgeons could keep him alive. We can further imply that advancements had been made because Henry would have aged and his health most likely would have declined in the stated “five or six [year]” timeframe. *L&P*, vol. 16, no. 589, pg. 284.

⁹⁶ *L&P*, vol. 16, no. 590, pg. 285.

10 a.m. He says he feels much better thus in the country than when he resided all winter at his houses at the gates of [London].”⁹⁷ His healthy regime was short lived as Katherine was quickly found to not be a nurturing wife to her aging husband, and eventually was convicted and beheaded for adultery. To console his feelings, Henry reportedly turned to food to comfort his damaged ego and heart.

By 1542 Henry was fifty-one years of age in a century when men averaged death at age forty-five. As William Shakespeare wrote:

When forty winters shall besiege thy brow
And dig deep trenches in thy beauty's field,
Thy youth's proud livery, gaz'd on now,
Will be a tatter'd weed of small worth held:
Then being ask'd where all thy beauty lies,
Where all the treasure of thy lusty days,
To say, within thine own deep-sunken eyes,
Were an all-eating shame and thriftless praise.⁹⁸

No longer was he the embodiment of the most handsome, athletic prince in Christendom. He was now the king that broke from the Church of Rome, divorced his fifth wife, and was looking for his sixth. The king was now exorbitantly overweight, as he turned to food to settle his emotions over Katherine Howard's betrayal. Marillac wrote to Francis I that the king is “very old and grey since the mishap (*malheur*) of his last Queen.”⁹⁹ Henry now leaned heavily on his staff, and relied greatly on spectacles to read. In 1547, it was recorded Henry had ordered “10 pair of spectacles at 4d. the pair.”¹⁰⁰

The king's health continued to deteriorate but he fought vehemently to not be tied up long with his pained legs. The summer seasons were particularly difficult on him as the heat greatly aggravated his leg. His spirits were however lifted when he married the

⁹⁷ *L&P*, vol. 16, no. 311, pg. 148.

⁹⁸ William Shakespeare, *Sonnet 2* (London: Thomas Thorpe, 1609).

⁹⁹ *L&P*, vol. 17, no. 178, pg. 81.

¹⁰⁰ *L&P*, vol. 21, pt. ii, no. 768, pg. 403.

kind Katherine Parr, a widow who nursed and cared for her aging husband and king. Wriothesley in a letter to the Duke of Suffolk wrote that Katherine was “a woman in my judgement, for vertewe, wisdomme, and gentilnesse, most meite for his Highnesse...had never a wif more agreeable to his harte then she is.”¹⁰¹ The couple was apparently active and happy in their marriage together. Despite his happiness with Katherine, Henry was preoccupied with his preparations to invade France. As he was making preparations in February of 1544, Henry once again was confined to his bed with a swollen leg and fever. He was able to again stand in March but his legs were weakened from their immobility. Chapuys remarked in April of that year:

The reason why many of those who are about the King’s person do not wish him to cross the Channel on this occasion is, among others, that they are afraid of his suddenly falling in ill health, and also that, if they have to take care of his person, all military operations will necessarily be delayed and the march of their army slackened through it; besides which the Kings chronic disease and great obesity (gravité) require particular care lest his life should be endangered.¹⁰²

Despite protests from his councilors and wife, Henry sailed to Calais and was at the siege of Boulogne. The prospect of leading an invasion of France brought the king unexpected energy, strength, and stamina. His good health continued throughout the invasion but his armor had to be cut away from his leg to relieve swelling on more than one occasion. Boulogne fell in September, allowing Henry to return to England victorious.

In the winter of 1544-1545, Henry gave in to his intellectual curiosities, as he no longer could pursue physical activities. His household books indicate he purchased a large number of books, globes, almanacs, and writing paper in that winter. Yet Henry was only to fall ill again in March of 1545 with a “burning fever for several consecutive days,

¹⁰¹ *L&P*, vol. 18, pt. i, no. 894, pg. 490.

¹⁰² *CSP Spain*, vol. 7, no. 68.

and subsequently the malady had attacked his leg, which was still somewhat affected; but his strong and robust constitution enabled him to stand illness.”¹⁰³ Henry’s continuous pain and illness began to take over his spirit. Chapuys recorded that Henry stated he had felt “ten times better” in France than he did since he returned home and furthered ventured to say to Charles V:

Besides his age and weight, he has the worst legs in the world, such that those who have seen them are astonished that he does not stay continually in bed and judge that he will not be able to endure the very least exertion without danger of his life, yet no one dare tell him so.”¹⁰⁴

Because Henry’s mobility was restricted to a chair and his leg was constantly in pain, sources are more alert to Henry’s distemper and volatile moods.¹⁰⁵ John Foxe later wrote that Henry was “often of one mind in the morning and of quite another after dinner.”¹⁰⁶ Henry became closer to his physicians, in whom he confided and bestowed great trust in, as his subjects and ambassadors from foreign courts became more demanding of this aging, ailing king.

Henry again fell ill in July of 1546, this time with colic. Selve, a foreign envoy for Francis I, wrote, “the King had been ill with colic the night before and had taken medicine.”¹⁰⁷ In the winter of that year, Nicholas Wotton was informed by the Privy Council the king had a fever “upon some grief upon his leg” but was now “well rid of it.”¹⁰⁸ To complement this incident, Van der Delft, the imperial ambassador, wrote to

¹⁰³ *CSP Spain*, vol. 8, no. 216.

¹⁰⁴ *CSP Spain*, vol. 8, no. 2; L&P, vol. 19 pt. i, no. 529, pg. 326.

¹⁰⁵ Inventories indicate that Henry had “trams,” or chairs in which he would be carried.

¹⁰⁶ John Foxe, *Acts and Monuments* (London: Day, 1563), 555.

¹⁰⁷ L&P, vol. 21, pt. 1, no. 1237, pg. 612.

¹⁰⁸ L&P, vol. 21, pt. ii, no. 619, pg. 315.

Mary of Hungary that “the king is so unwell that, considering his age and corpulence, he may not survive another attack such as he recently had at Windsor.”¹⁰⁹

By 1546, the documentation charting Henry’s physical decline suggested that his death was forthcoming. Henry’s health was increasingly a greater discussion point in diplomatic letters and his apothecary bills suggest a drastic increase in cost at the end of 1546. Thomas Alsop, the king’s master apothecary, wrote bills that summarized the products and totaled the cost of all the materials required to care for the king in August, September, and December of 1546, and January of 1547—the month of the king’s death. According to an analysis of these documents by Howard Bayles, the increased length in bills between the four months tracked the king’s demise: “the August items occupy...thirty-eight lines, those for September extend to eighty-seven lines, those for December to 165, and those for January 1547, the last month of the illness, to 125.”¹¹⁰ Henry’s bill drastically increased from 4*l.* 17*s.* 6*d.* in August, to 13*l.* 11*s.* 2*d.* in September, and 25*l.* 0*s.* 4*d.* by December.¹¹¹

Henry’s death was imminent in January of 1547. The French ambassador wrote to Francis I there was “great reason to conjecture that, whatever his health, it can only be bad and will not last long.”¹¹² While Henry’s impending death was circulated through all European courts, the Privy Council was diligent in controlling what was said about their king abroad. During Christmastide in 1546, Henry again fell desperately ill but recovered to the amazement of his physicians. The Privy Council framed this illness in a milder

¹⁰⁹ *L&P*, vol. 21, pt. ii, no. 606, pg. 306.

¹¹⁰ Only partial original copies of these bills were available for this particular research. Therefore, information supplied pertaining to all four months is supported by Bayles. Howard Bayles, “Notes on the Accounts Paid to the Royal Apothecaries in 1546 and 1547,” *The Chemist and Druggist* 114 (1931): 796.

¹¹¹ *L&P*, vol. 21, pt. ii, no. 768, pg. 394.

¹¹² *L&P*, vol. 21, pt. ii, no. 684, pg. 359.

format, stating the king “upon some grief of his leg, was entered into a fever; but he is now well rid of it and we trust that he will be the ‘better for it a great while.’”¹¹³ Henry was however, only to live one more month.

Edward Hall, the chronicler, wrote, “Now approached to thys noble kyng, that which is by God decreed, and appointed to all menne, for at thys ceason in the monethe of January, [Henry] yielded hys spirite to almighty God, and departed thys worlde, and lyeth buried at Wyndsore.”¹¹⁴ Henry’s death was largely met with sorrow, angst, and fear in wake of the religious and political consequences of his passing. His funeral was just as grandiose as he was in life—with rich colors, fabrics, and a large horse-drawn carriage passing through the streets of London to his final resting place in Windsor. While Henry had meticulously planned his funeral and ensured his legacy would be magnificent, his cares for his body were of a lesser extent. According to his will, Henry wrote, “And for my body which when the soul is departed, shall then remains but as a cadaver, and so return to the vile matter is was made of, were it not for the crown and dignity which God hath called us unto.”¹¹⁵

Because of the secrecy and protection surrounding Henry’s last days, one can only speculate as to the cause of his death. His physical and mental strength had apparently waned, as a dry stamp was used to sign his last official documents and he made certain political moves that may have been greatly influenced. Nonetheless, he certainly was aware of his impending death and was harshly confronted with his mortality. In keeping with his lifelong rivalry with Francis I, Henry’s final words to his “brother” were “to the effect that he (King Francis) ought to bear in mind that he, too,

¹¹³ *L&P*, vol. 21, pt. ii, no. 619, pg. 315.

¹¹⁴ Hall, *Chronicle*, 857.

¹¹⁵ Pollard, *Henry VIII*, 340.

was mortal. This admonition amazed and distressed the king to such an extent that he fell ill from that moment.”¹¹⁶ While Henry’s physical self did not live past fifty-five years of age, his legacy certainly lives on in memoriam.

¹¹⁶ *CSP Spain*, vol. 9, no. 1487.

Chapter Three: Henry as Patron of Medical Reform in England

Time was when from a sort of passion for literature and the delights of learned ease I felt some repugnance to the courts of kings. But now, when I contemplate what a prince and governor rules the English court, its queen, its nobles, counsellors, officials, I am eager in spirit to betake myself to a court like that.¹¹⁷

Prior to Henry VIII's reign, English medicine was primitive and unorganized. While the Continent had experienced cultural and educational growth from the Italian Renaissance, England was still entrenched in paradigms that dominated the medieval period. Medical theory and practice, in particular, was still embedded in medieval folklore and astronomy. Chaucer's description of a contemporary physician in *The Canterbury Tales* perhaps best delineates the English medieval medical theory that existed prior to the sixteenth century:

In al this world ne was ther noon him like
To speke of physik and of surgerye,
For he was grounded in astronomye.
He kept his pacient a ful greet deel
In houres by his magik natureel.
Wel koude he fortunen the ascendent
Of hisse images for his pacient.
He knew the cause of every maladye,
Were it of hoot or coold or moiste or drye...¹¹⁸

This medieval medical paradigm reigned unchallenged in England until the early sixteenth century when the works of Galen were popularized due to the translation from Greek to Latin—the dominant language of the medical field.

¹¹⁷ Erasmus to Henry VIII on 15 May 1519. Quoted in James P. Carley, *The Books of King Henry VIII and His Wives* (London: The British Library, 2004), 13.

¹¹⁸ Geoffrey Chaucer, *The Canterbury Tales*, ed. Jill Mann (London: Penguin Group, 2005), pg. 18-19, lines 412-419.

English medicine was particularly deficient before Henry VIII assumed the throne due to the lack of organization amongst medical practitioners. Compared to the Continent, England's physicians were not organized into a company or trade group and consequently lacked regulations. Thus, educational requirements, experience, and licenses were not required to practice in England as there was no governing system regulating the field. The Continent was far more accelerated in organization than England. For example, in 1221 the Holy Roman Emperor Frederick II decreed that medical practice was limited only to those who spent nine years studying at the Salerno school of medicine and those who were able to pass an examination given by the school's masters.¹¹⁹ Soon after Frederick implemented these regulations, medical schools in Paris and Bologna adopted similar models for controlling medical practice. England, however, would not see these organizational implementations until Henry VIII's reign.

The primitive state of English medical practice before 1509 is further reflected in the absence of medical texts before the sixteenth century. The scant quantity of medical books produced in England, compared to the Continent, suggests that the Continent was paramount in medical education and practice. While many English physicians sought their educations abroad, they failed to produce medical literature in English, and only rarely translated domestic medicinal works from the Continent.¹²⁰ As C.D. O'Malley stated:

The doctor of medicine, graduate of Oxford, Cambridge, or a Continental university, had no need of such vernacular works, borne out by our knowledge of

¹¹⁹ The Salerno school of medicine was the first medical school in Europe, located in southern Italy. Paul Strathern, *A Brief History of Medicine: From Hippocrates to Gene Therapy* (New York: Carroll and Graf Publishers, 2005), 66.

¹²⁰ Continental works that were translated in English were largely from medieval paradigms of medical understandings and were subsequently published before the sixteenth century. Some of these works included *A Governayle of Helthe* (1490) by William Caxton and *A Litil Boke the Which Traytied Many Gode Thinges for the Pestilence* (1486) by the Bishop of Arusiens.

the libraries of several English physicians of the period, their shelves almost devoid of books in English, a language which they considered as beneath their dignity of the profession and one which they felt was incapable of expressing scientific medical terms accurately.¹²¹

Thus, O’Malley observed that physicians had no incentive to publish medical texts in English as non-Latin texts were considered inferior and inadequate to Latin texts. Consequently, the first medical text originally written in English was not until Andrew Boorde’s publication, *A Compendyous Regyment of a Dytetary of Helthe* (1542). Contained within this text was *The Boke for to Lerne a Man to Be Wyse in Buylding of His Howse for the Helthe of Body*.¹²² Five years later, Boorde published *A Breviary of Helthe* (1547), which served for medical and non-medical personnel as an encyclopedia for health ‘impediments’ and ‘remedies.’ The scarcity of English medical literature prior to Henry’s reign, compared to the abundance of medical texts produced in the first half of the sixteenth century, suggests that the medical field underwent drastic changes.

Three basic medical professions existed prior to 1509: physicians, apothecaries, and surgeons.¹²³ Compared to medical education on the Continent, the two English universities, Oxford and Cambridge, did not have medical programs that were as prestigious as those found on the Continent. As a consequence, many English physicians lacked training that was comparable to the rest of Europe. As there were no credentials or requirements necessary to practice ‘physick’ in England, the profession lacked organization and prestige. Physicians on the Continent, by contrast, had strict regulations for practice and were able to access distinguished medical educations at prestigious universities, particularly in Italy. Because Continental universities were far superior in

¹²¹ C.D. O’Malley, “Tudor Medicine and Biology,” *Huntington Library Quarterly* 32:1 (1968): 4.

¹²² *Ibid.* 8.

¹²³ Sir George Clark, *A History of the Royal College of Physicians of London, Vol. One* (Oxford: Oxford University Press, 1964), 4.

medical training, English physicians frequently traveled abroad to acquire reputable educations.

At the time of Henry's reign, apothecaries were a part of the Company of Grocers and were regulated within this company. Along with supplying pharmaceuticals, apothecaries offered rudimentary medical advice. While the profession was considered inferior to physicians, apothecaries were regularly employed by kings and were handsomely rewarded. Similarly, surgeons were also considered inferior physicians, yet they were required to seek the most advanced education out of all the medical professions in England prior to the sixteenth century. A surgeon's education took the form of a seven-to nine-year apprenticeship, beginning at boyhood, and was coupled with lectures, dissections, and experience.¹²⁴ Due to the demands of warfare, surgeons were required to advance their understanding of human anatomy and medical theories. Manuscripts dating from as early as the twelfth century indicate that English surgeons practiced the methods of the Salerno school.¹²⁵ Salernitan teachings particularly emphasized the role of diet and hygiene in surgical practice.

When Henry VIII assumed the throne, the medical field was hindered by the lack of structure and regulations imposed on the field, the absence of credible medical programs in England, and the paucity of incentive to publish medical texts in English. However, through the efforts of Thomas Linacre and other influential physicians, coupled

¹²⁴ Antonia McLean, *Humanism & the Rise of Science in Tudor England* (New York: Neale Watson Academic Publications, 1972), 176.

¹²⁵ The Salerno school of teaching, better known as the *Schola Medica Salernitana*, focused on Hippocratic and Galenic theories of medicine. The school's numerous publications on human anatomy and health served as the predominant medical literature well into the sixteenth century. The majority of medical literature found in England between the tenth and sixteenth centuries largely originated from this school. For further inquiry, see Paul Oskar Kristeller, *The School of Salerno, Its Development and Its Contribution to the History of Learning*, *Bulletin of the History of Medicine* 17 (1945): 138-194; Henry E. Sigerrist, "The Latin Medical Literature of the Early Middle Ages," *Journal of the History of Medicine and Allied Sciences* 13 (1958): 127-146.

with the King's interests in medicine and political impetus, the status of the medical field became an issue deserving of political attention. While this thesis does not attempt to suggest that Henry was the impetus behind the passing of medical acts, it seeks to explore the extent of the king's role in the medical reformation that took place during the first half of the sixteenth century in England.

The final chapter of this thesis is comprised of two parts: the first part documents the king's personal interest in medicine; the second part examines the political changes the medical field underwent during Henry VIII's reign.

I.

Henry VIII devoted significant intellectual curiosity toward the medical and apothecary sciences. While many historians have concluded the king's interest in medicine was symbolic of his obsession with his health, sources from his reign provide convincing evidence that his attentions were also intellectually inclined. Furthermore, it is apparent that Henry desired the company of the leading humanist scholars and thinkers of his time, including Sir Thomas More, Desiderius Erasmus, and Thomas Linacre. This chapter will first consider the king's relationships to, and appointments of, his humanist friends and royal medical staff. It will then examine the books in Henry's personal collection, his attempts at offering medical advice to courtiers, and his experimentation with his own potions.

When Henry VIII assumed the throne of England, he appointed Thomas Linacre as his primary royal physician. Linacre, one of England's most illustrious physicians, was

a preeminent humanist scholar noted for his translations of the Roman physician and philosopher, Galen. He is further credited for the augmentation of English medical education and the imposition of a structured regulatory system on English practitioners. Little is known of Linacre's youth, but sources place him in Italy in 1487; by 1496 he received his medical degree at the University of Padua.¹²⁶ His time spent in Italy spurred his studies in Greek translations, particularly those of Galen, which gave him a renowned international reputation as a premier Greek scholar. Linacre returned to England in 1499 where he lectured on Greek medicine at Oxford University.¹²⁷ In 1501, he became Prince Arthur's tutor and assumed the role as the royal household physician to Henry VII and his children.¹²⁸ Upon Henry VIII's accession in 1509, Linacre maintained his role as royal physician and was considered Henry's chief physician, serving him in political, medical, and personal matters.¹²⁹ Linacre also cared for Cardinal Wolsey and fellow humanist scholars Sir Thomas More and Erasmus when he was in England.¹³⁰

Dr. John Chambre was also a royal physician appointed by both Henry and his father, Henry VII. Chambre was born in 1470 near Northumberland and, like the majority of English physicians, obtained his early education at Oxford. Chambre traveled to Italy following his undergraduate education and obtained a medical degree from the University of Padua in 1506.¹³¹ Soon after completing his studies, Chambre became a royal physician to Henry VII. Aside from his career in medicine, Dr. Chambre pursued an

¹²⁶ Vivian Nutton, 'Linacre, Thomas (c.1460–1524)', *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, Oct 2008 [<http://www.oxforddnb.com/view/article/16667>, accessed 20 Feb 2013], para 1.

¹²⁷ Furdell, *The Royal Doctors*, 20.

¹²⁸ Ethel King, *Dr. Linacre* (Brooklyn: Theo. Gaus' Sons, Inc., 1968), 17.

¹²⁹ Furdell, *The Royal Doctors*, 26.

¹³⁰ King, *Dr. Linacre*, 11.

¹³¹ Norman Moore, 'Chambre, John (1470–1549)', rev. Sarah Bakewell, *Oxford Dictionary of National Biography*, Oxford University Press, 2004; online edn, Oct 2006 [<http://www.oxforddnb.com/view/article/5087>, accessed 21 Feb 2013].

ecclesiastical career. Because of his profession, Chambre was tormented with the devastating break from Rome in 1533, which ultimately challenged his role as a subject to his king and to God. Despite his clerical pursuits and devout faith, Chambre eventually submitted to the Articles of Faith and was heavily rewarded by the king for his support of a national church under one supreme head—Henry himself.¹³²

Sir William Butts was Henry's favorite physician and close friend. The king trusted Butts with the birth of his only male heir and revealed very personal information pertaining to his inability to consummate his marriage to Anne Cleves.¹³³ Butts was born c.1485 to a family of meager means in Norwich. He received a degree from Cambridge in 1507 and by 1518 he had received his medical degree. In 1524, Butts became principal at St. Mary's Hostel in Cambridge and was a physician to members of the nobility.¹³⁴ By 1528, when the king's "Great Matter" erupted, Butts was employed as a court physician and remained so until his death in 1545.¹³⁵ The king knighted Butts in reward for his services and friendship, thus making Butts the second English physician to be so honored.

George Owen was one of the physicians who tended to the ageing king and was present at his death. Born in 1499 in Worcester, Owen was educated at Oxford, earning his medical degree in 1527. Soon after graduating, he was appointed as a royal physician to Henry VIII and the royal family. Owen's involvement at the Henrician court does not become conspicuous until the birth of Prince Edward, whereupon he attended the birth

¹³² Furdell, *The Royal Doctors*, 24.

¹³³ Hutchinson, *The Last Days of Henry VIII*, 135.

¹³⁴ Weir, *Henry VIII: The King and His Court* (New York: Ballantine Books, 2008), 251.

¹³⁵ Records indicate Butts cared for Cardinal Wolsey, Anne Boleyn and her brother George, Jane Seymour, Prince Edward, Princess Mary, Henry Fitzroy, Thomas Boleyn, and the king himself.

with fellow royal doctors Sir William Butts and Dr. John Chambre.¹³⁶ Owen assumed the role of prescribing for Prince Edward and was greatly compensated by the king for his diligence with Henry's only male heir. As the king's health began to decline, Owen edged closer to the royal bedside and was a witness to Henry's final will.

Henry's surgeons were also renowned in their profession. In particular, Thomas Vicary, a native of Kent, was hired as a royal surgeon in 1527 after healing the king's leg for a short time while he was on progress. His diligence in attending to Henry's ailments earned him the position of the Office of Sergeant-Surgeon to the King in 1536. He later became governor of St. Bartholomew's Hospital after the King's death. One of Vicary's greatest achievements was the unification of barbers and surgeons into one company in 1540 (discussed in detail in part II).¹³⁷

One of Henry's most famous friends and counselors was Sir Thomas More (1478-1535), the humanist and martyr. Among his many contributions to the state, More brought notions of public health to England under Henry's reign. In his *Utopia*, More described an idyllic city in which there were public hospitals and a public water supply available to both rich and poor. He further envisioned a city in which women were provided with proper maternal care to ensure infant well-being. As Sir Arthur Salusbury MacNalty stated, More's *Utopia* was:

A comprehensive programme of social medicine which, written in the sixteenth century, expresses many of the aspirations of today. If Sir Thomas More had had a wise and discerning master, if that master had given him due authority and powers in administration, England would not have had to wait three hundred

¹³⁶ Sidney Lee, Patrick Wallis, 'Owen, George (c.1499–1558)', rev. Patrick Wallis, *Oxford Dictionary of National Biography*, Oxford University Press, 2004 [<http://www.oxforddnb.com/view/article/20998>, accessed 21 Feb 2013], para 1.

¹³⁷ After Henry's death, Vicary maintained his title as sergeant-surgeon to Edward VI and Princess Elizabeth. Vicary's legacy emerged in the annual Thomas Vicary lectures at the Royal College of Surgeons and was said to have compiled *A Profitable Treatise of the Anatomie of Man's Body*. Furdell, *The Royal Doctors*, 33.

years for the initiation of national public health. Instead Henry VIII sent Sir Thomas More to the scaffold.¹³⁸

More's interest in public health, however, was not limited to the pages of *Utopia*. In 1514, Henry appointed him as a Commissioner of Sewers "for the district extending along the Thames between East Greenwich and Lambeth."¹³⁹ In 1518, when plague broke out in England, More ordered the Mayor of Oxford to issue a statement directing infected individuals to contain themselves within their homes, burn waste and potentially infected materials, label their homes with "wisps and bear white rods," and keep away from domestic animals.¹⁴⁰ More's charges were later adopted into the "London plague bills of mortality in 1532, parish registers of deaths (1539), and the plague orders of 1543."¹⁴¹

Along with surrounding himself with the greatest minds in England, Henry's inventories suggest that he was also an avid book collector. According to Richard Pace, author of *De fructu qui ex doctrina percipitur (The Benefits of a Liberal Education)* (1517):

Englishmen have been given a great opportunity in our own time to apply themselves entirely to the finest studies. Obviously, since we have a most noble King who far surpasses all other Christian princes in learning as well as in power. He's so disposed to all learned men that he hears nothing more willingly than conversations about learned men and books.¹⁴²

Among his collection, Henry possessed many medical texts, including Johannes de Vigo's surgical text, the *Practica in arte chirurgica compendiosa*, which remained the

¹³⁸ Sir Arthur Salusbury MacNalty, "The Renaissance and Its Influence on English Medicine, Surgery, and Public Health," *British Medical Journal* 2 (1945): 757.

¹³⁹ *L&P* vol. 1, no. 2684, pg. 1171.

¹⁴⁰ MacNalty, *The Renaissance and Its Influence*, 756.

¹⁴¹ *Ibid.*

¹⁴² While we should not take quotes about Henry at face value, Pace's acknowledgment of the king's interest in intellectual pursuits cannot be classified as purely propagandistic when one examines the king's library, letters, friends, and staff. Richard Pace, *De fructu qui ex doctrina percipitur*, ed./trans. by Franck Manley and Richard Sylvester (New York: Frederick Ungar Publishing Co, 1967), 139.

standard surgical reference for nearly a century after its original publication in 1514.¹⁴³

Henry was also in possession of a French version of Roger Frugard of Parma's (a twelfth-century surgeon) *Practica chirurgia*.¹⁴⁴ The manuscript contains illustrations of apothecary and surgical procedures. It is difficult to discern whether Henry studied these books or whether they were references for his physicians. Nonetheless, as Vigo and Roger Frugard of Parma were noteworthy surgeons, the texts were equally prestigious in the surgical field and would have required a trained mind to interpret their illustrations.



Figure 4: Roger Frugard of Parma, *Practica chirurgia*, “Life of Christ; Surgical Procedures.” (The British Library, Sloane MS 1977, f. 2).¹⁴⁵

¹⁴³ This text was found in one of Henry's many book coffers—coffer F. The text in Henry's possession was an English version titled *The most excellent workes of chirurgerye*, translated by Bartholomew Traheron. David Starkey, ed. *The Inventory of King Henry VIII: The Transcript*, (London: Harvey Miller Publishers, 1998), p. 72, no. 2369; (From Society of Antiquaries MS 129 and BL Harleian MS 1,419).

¹⁴⁴ Roger Frugard of Parma was also known as Roger of Salerno. Carley, *The Books Of King Henry VIII and His Wives*, 23.

¹⁴⁵ The illustration, depicting nine registers, occupied a full page in Frugard's *Practica chirurgia*. The first register of Figure 4 depicts the Annunciation, Visitation, and Nativity of Christ, and the subsequent six registers illustrate the surgical procedure for a skull fracture. Frugard's first three registers in illustrations with nine registers typically depicted the “Life of Christ” throughout the text.

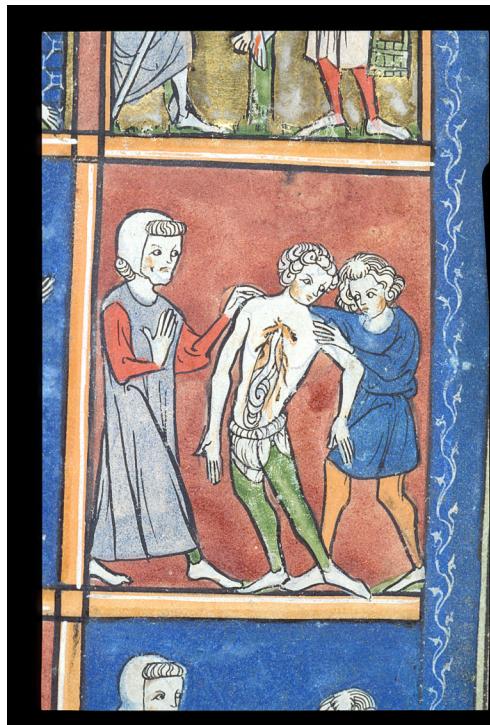


Figure 5: Roger Frugard of Parma, *Practica chirurgia*, "Treating a wounded patient." (The British Library, Sloane MS 1977, f. 7).

Further illustration of Henry's interest in medicine was captured in the 'receipts' (prescriptions) that Henry and his doctors compiled. Listed in his inventory included in coffer H was an "Item a box Vnicons horne bounde with Siluer gilte with Oyntementes or Salves."¹⁴⁶ The volume contained within this coffer included "'receipts' for plasters, spasmadraps (dipped plasters), ointments, waters, lotions, decoctions and poultices, some devised by Henry himself and others by his physicians."¹⁴⁷ One remedy crafted by the King was for "An oyntement devised by the kinges Majestie made at Westm[inister] and devised at Grenewich to take awaye inflammations and to cease payne, and heale ulcers, called the gray plaster." The recipe called for "plantaigne, violet, honeysuckle leaves,

¹⁴⁶ Starkey, *Inventory*, p. 73, no. 2412.

¹⁴⁷ David Starkey, *Henry VIII: Man and Monarch* (London: British Library, 2009), 264.

rosebuds, the suet of capons or hens, litharge of silver, red, coral, margarite, a mucilage of quinseed and linseed, rose water and white wine.”¹⁴⁸

Henry’s letters also indicate he offered medical advice to his courtiers. In a letter from Sir Brian Tuke (secretary to Cardinal Wolsey and Henry VIII), to Wolsey, Tuke wrote:

When I came to that part of your letter expressing sorrow for my complaint, [the king] began to tell me a medicine *pro tumore testiculorum*. I told him my complaint was in the bladder, and proceeded *ex calore in renibus*. By and by he showed me the remedies, “as any most cunning physician in England could do.”¹⁴⁹

According to a letter from Thomas Hennege (a gentleman of the privy chamber) to Cardinal Wolsey, “The King wishes for the bill (prescription) that Mr. Fynche made for such as fell sick in your house, as he is informed it has been very successful.”¹⁵⁰ As a function of his own medical well-being, historians have attributed Henry’s interest in medicine as a consequence of his ill health later in his life. However, these letters dating to June and July of 1528 suggest that Henry was interested in medical remedies well before he had succumbed to the great pains and illnesses that would plague him until death. Furthermore, as the next part of this chapter will exhibit, a large number of Henry’s medical acts were passed early in his reign.

¹⁴⁸ Ibid.; British Library, Sloane MS 1047, fols 43v-44.

¹⁴⁹ *L&P*, vol. 4, no. 4409, pg. 1932.

¹⁵⁰ Although not a royal doctor, Mr. Fynche was a well-regarded physician in London. *L&P*, vol. 4, no. 4449, pg. 1951.

II.

The status of medicine and medical professions underwent drastic political and organizational changes during Henry VIII's reign. As the Continent was far superior to England in the medical field, the king surely saw this deficiency as a challenge to modernize, particularly in light of the revival of humanism and the Renaissance. Elizabeth Lane Furdell argues that “[the] fractured state of medicine in early modern England [was] superimposed on a fractitious nation-state.”¹⁵¹ Henry not only had the power and intellectual staff to reform medicine, but also the desire, as has been previously explored. The final component to this chapter will discuss the political developments the medical field underwent between 1509-1547.

Developments in medical theory and practice in the early sixteenth century created the necessity to politicize medicine in England. With Thomas Linacre's revival of Galen's classical school of medical theory, the medieval paradigm of English medicine shifted from its “superstition, miraculous elements, and accretions of folklore” to the “unadulterated wisdom of the classical physicians.”¹⁵² His translations of Galen from Greek to Latin included: *De sanitate tuenda* (1517); *Methodus medendi* (1519); *De temperamentis* (1521); *De inaequali intemperie* (1521); *De naturalibus facultatibus* (1523); *De usu pulsuum* (1523-4); *De symptomatum differentiis* (1524); and *De symptomatum causis* (1524).¹⁵³ Galenic translations encouraged physicians to shift from

¹⁵¹ Furdell, *Royal Doctors*, 1

¹⁵² O'Malley, “Tudor Medicine and Biology,” 2.

¹⁵³ Vivian Nutton, ‘Linacre, Thomas (c.1460–1524)’, para 4.

obsolete medieval medicine to the Galenic humoral theory.¹⁵⁴ Thus, during Henry VIII's reign, English medical philosophy and practice underwent a dramatic shift that drove physicians to publish medical texts for physicians and commoners, and impose more structure in the medical field.

The Medical Act of 1511, or the Physicians and Surgeons Act, was the first of many political acts that attempted to give the physician greater authority to practice.¹⁵⁵ The Act addressed the issue of unaccredited medical practitioners selling false medicinal advice within England. It required that practitioners who did not graduate from Oxford or Cambridge would have to obtain approval to practice by the Bishop of London. The bishop would then be supported and advised by a prestigious medical staff of four physicians or surgeons.¹⁵⁶ Outside of London, those who wished to practice without the degree requirements would have to be examined by a bishop in their diocese. Thomas Linacre, Henry's chief royal physician, drafted and proposed the bill to his king, who saw to pushing it through Parliament. While the Act sought to promote physicians over other practitioners, (including midwives and herbalists), it also added significant weight to medical degrees obtained from the prestigious English Universities, Oxford and Cambridge. This Act laid the groundwork for Linacre's creation of the Royal College of Physicians in 1518.

The prevalence of quacks attempting to heal the ill and taking patients away from university-trained doctors had long been a source of frustration for physicians. In

¹⁵⁴ The humoral theory was the predominant medical paradigm until the introduction of germ theory in the mid-nineteenth century. According to Galen's humoral theory, the body was governed by four humors (bodily fluids): yellow bile, black bile, blood, and phlegm. If a person was ill, the humors were said to be off-balance. For example, a melancholic person would have an excess of black bile.

¹⁵⁵ Furdell, *The Royal Doctors*, 22.

¹⁵⁶ *Ibid*, 23.

response to an outbreak of plague in London causing a rise in quacks, Linacre persuaded the King to grant a Charter that regulated medical education and controlled those that practiced in and around London.¹⁵⁷ Thus, the Charter served to “curb the audacity of those wicked men who shall profess medicine more for the sake of their avarice than from the assurance of any good conscience, whereby many inconveniences may ensue to the rude and credulous populace.”¹⁵⁸

Linacre envisioned that physicians would be incorporated into a college that mimicked those found in Italy, rather than a trade, (like surgeons and apothecaries), because it would increase their prestige and control in the field. By politically organizing physicians into a college, they would gain credibility and authority over other medical professionals. Seven men signed the Charter, three of which were royal physicians to Henry: John Chambre, Thomas Linacre and Ferdinand de Victoria.¹⁵⁹ The Charter proposed to extend its control in London and a seven-mile radius surrounding the city. However, the Act of Parliament of 1523 in which the Charter was ratified, included a clause that served as a ‘recommendation’ to extend the prerogative of the Royal College of Physicians to all of England.¹⁶⁰ As this was only a ‘recommendation,’ the College’s power was nebulous, and thus legally restricted to London and its seven-mile radius.¹⁶¹

As Elizabeth Lane Furdell observes, the royal physician was “intimately involved with the fundamental well-being of the nation: responsible for the fitness of its dynasts

¹⁵⁷ Sir George Clark, *A History of the Royal College of Physicians of London, Vol. One* (Oxford University Press, 1964), 27.

¹⁵⁸ Geoffrey Davenport, Ian McDonald, and Caroline Moss-Gibbons, eds. *The Royal College of Physicians and Its Collections: An Illustrated History* (London: Royal College of Physicians, 2001), 11.

¹⁵⁹ Clark, *A History of the Royal College of Physicians of London*, 59.

¹⁶⁰ *Ibid.*

¹⁶¹ Linacre became the first president of the College (1518-1524), and dedicated his home and library to the College upon his death. The College library, which held numerous medical texts dating from earlier than the birth of the College, burned in the London Fire of 1666.

and through the government prompting changes within the profession of medicine.¹⁶² Linacre's advantageous relationship with the King and his efforts to politically organize the medical field allowed for reform and modernization in England. The Royal College of Physicians is still the governing body of medical practitioners today, and its prerogatives are the same as those defined by Linacre and given royal approved by Henry VIII in 1518.

During Henry's reign, a number of parliamentary acts were directed towards improving public health within the City of London and its peripheries. The years 1532-1533 saw a particular increase in public health regulations. The Bills of Mortality, implemented during 1532 in London, served as a register for all burials and causes of deaths. By 1538, all parishes were required to keep weekly registers that documented baptisms, marriages, and deaths within their communities.¹⁶³ While the statistics provided by these weekly registers were not translated into public health measures, they set the foundation for public health regulations beginning in the seventeenth century.¹⁶⁴ Parliament passed two acts that directly impacted sanitation in all of England. The first act served to appoint Commissioners of Sewers (1532) and granted them the authority to construct, inspect, tax, and seize sewer systems throughout the country. While this act did not result in clean water for all Englishmen, it did attempt to regulate areas of wastewater and rubbish from fresh water sources in urban areas.¹⁶⁵ A second act authorized the

¹⁶² Furdell, *Royal Doctors*, 1.

¹⁶³ Thomas Cromwell pushed through the new requirements for the Bills of Mortality implemented in 1538.

¹⁶⁴ Michael D. Warren, *A Chronology of State Medicine, Public Health, Welfare, and Related Services in Britain 1066-1999* (London: Faculty of Public Health Medicine, 2000), 1530-1536.

¹⁶⁵ Water in the early sixteenth century was considered an element, and was thus considered drinkable based on taste rather than purity. Notions of bacteria and waterborne diseases would not emerge until the nineteenth century. MacNalty, *The Renaissance and Its Influence*, 756.

destruction of vermin, which included birds, reptiles, insects and rodents.¹⁶⁶ Concerning the destruction caused by birds, the act was “made and ordeyned to destroye Choughes, Crowes, and Rokes” as they “do yerely destroye devoure and consume a wonderfull and meruelous greate quantite of Corne and Greyne of all kyndes.”¹⁶⁷ This act, however, was indirectly medical as it aimed at eliminating ‘vermin’ who were depleting food sources rather than those acting as vectors of zoonotic diseases.¹⁶⁸

The Act of the Barbers Company and the Guild of Surgeons in 1540 united both groups into one company, the Company of Barbers and Surgeons of London. Detailed within the Act was the clear separation between both professions, as the statutes banned barbers from any surgical act other than barbering, shaving, or pulling teeth and bleeding and cutting into bodies was the prerogative of surgeons. Thomas Vicary, Henry’s sergeant-surgeon, spearheaded the amalgamation and implemented educational opportunities for members of the company, which included the granting of four bodies of executed criminals for dissection purposes.¹⁶⁹

¹⁶⁶ Statute of 24 Henry VIII. Cap. 10 (1533).

¹⁶⁷ “Report and Transactions,” *Devonshire Association for the Advancement of Science, Literature, and Art* vol. 29 (Devon: Devon & Exeter Club, 1897), 292.

¹⁶⁸ Animals were not discovered as vectors of disease until the nineteenth century. Nonetheless, the observance of the proliferation of certain species within cities and villages and the attempt to diminish their impact would have decreased zoonotic diseases.

¹⁶⁹ Furdell, *Royal Doctors*, 33.



Figure 6: Hans Holbein the Younger, “Henry VIII and the Barber Surgeons” (c. 1540). Oil on oak. (London: Royal College of Surgeons of England).

The power of this Act, and the King’s pivotal role in securing this union, was immortalized in Hans Holbein the Younger’s painting of Henry VIII granting the Charter to Vicary and his fellow professionals. In this image, Henry’s royal physicians Sir William Butts and John Chambre are shown kneeling on the king’s right hand side while Vicary and the Company of Barbers and Surgeons are kneeling to the king’s left. As all men in the king’s presence have removed their caps and are gazing up at the king, Holbein visually demonstrated the king’s magnificence and power, and furthermore created a gulf between the divinely appointed king and his mere mortal subjects. Because the physicians are seated at the right hand of the king, the image suggests that physicians

were of greater professional importance than barbers and surgeons.¹⁷⁰ Moreover, Henry is the focal point and is significantly larger in proportion than other individuals, suggesting that the king was the driving force behind the Act. Furthermore, Holbein's painting was politically significant particularly because the king shared a canvas space with non-royal men. Bertram Cohen argued that painting the king with non-royal company compromised the king's absolute authority. While this may be the first image that portrays a king with middle-class professionals, Henry is nonetheless represented as an iconic figure.

A discussion of Henry VIII's impact on medicine is not complete without identifying the negative repercussions of the dissolution of the monasteries (1536-1541) on medicine and health care. MacNalty stated, "One of the most evil results of the dissolution of the monasteries was the abolition of the hospitals maintained by the monks for the care and treatment of the sick poor."¹⁷¹ While this act resulted in an influx of the poor and decrepit begging on the streets, it also gave rise to major hospitals in London.¹⁷² St. Bartholomew's Hospital, founded in 1123 to address the needs of the sick poor, was one such hospital affected by dissolution. In response to the king taking the hospital's revenues into his own purse, London citizens successfully petitioned for the hospital to remain open. In light of these petitions, Henry granted three separate charters to reestablish St. Bartholomew's Hospital in 1544, 1546, and 1547. It is under Henry's Charter of 1546 that St. Bartholomew's currently operates under today.¹⁷³ Although Henry's dissolution of the monasteries was catastrophic for the sick and indigent, it

¹⁷⁰ The superiority of physicians in the medical field was further emphasized by the fact that this painting served to commemorate the unification of the barbers and surgeons into one company, and yet barbers and surgeons were placed to the left of the king.

¹⁷¹ MacNalty, *The Renaissance and Its Influence*, 757.

¹⁷² E. Ashworth Underwood, "Medicine and the Crown," *British Medical Journal* 1 (1953): 1186.

¹⁷³ *Ibid.*

propelled the concept of the major hospital within England. History has not reflected kindly on Henry's actions for and against hospitals. For example, MacNalty noted:

Henry's physicians said the only way of getting the King to listen to reason was to have him fall ill. This was exemplified on his death-bed in 1547, when he made the comprehensive agreement with the citizens which led to his posthumous, if unmerited, distinction as the first founder of the five "Royal Hospitals"—St. Bartholomew's, St. Thomas's, Christ's Hospitals, Bethlem Hospital, and Bridewell.¹⁷⁴

While there is no evidence that Henry's royal physicians stated these words against their king, MacNalty's accusation is compelling, as the king was of ill health when these charters, and his will, were formulated.

The acts implemented during Henry's reign left a strong legacy for the future of English medicine. Many of these acts were sufficient enough to last England hundreds of years after their introduction. While the barbers and surgeons eventually split into their own companies in 1745, the Royal College of Physicians still dictates medical practice in Britain. Efforts to better public health laid the foundation for future sanitation projects and acts addressing the regulation of medical practitioners prioritized education and continued learning. Furthermore, there is evidence that the king desired for English medical schools to be prestigious as Henry endowed the first medical chairs in the country—the Regius Professorships at Cambridge and Oxford.¹⁷⁵ Although Linacre, Vicary, and More were the forces behind many of these medical acts, the King's personal interest in medicine coupled with his desire to be a Renaissance prince, allowed for English medicine to emerge out of medieval period and into an era that propounded the importance organization, regulation, and primacy of education in English medical practice.

¹⁷⁴ MacNalty, *The Renaissance and Its Influence*, 757.

¹⁷⁵ Furdell, *Royal Doctors*, 9.

Conclusion

*A book is never finished; it's abandoned.*¹⁷⁶

The purpose of this thesis was to examine the relationship between medicine and power through a case study of King Henry VIII of England. In order to establish the context in which this relationship emerged, this paper has discussed the king's health as well as his personal interest in medicine. Through examining the king's health and curiosities pertaining to the medical world, it has suggested that Henry played a pivotal role in the advancement of English medicine in the first half of the sixteenth century. As historians have yet to explore the relationship between medicine and this king, this thesis seeks to spark the debate over the role of the power of kingship and medical advancement.

The first chapter of this thesis analyzed previous medical assessments of Henry VIII. It demonstrated that the many and wildly variable conclusions which historians have drawn pertaining to Henry's health have often deviated from the available primary sources, and as a consequence, these past accounts have been largely speculative. As Henry's health has been widely diagnosed by historians, medical doctors, playwrights, and novelists, our modern understanding of this king is tainted from the diversity of disciplines engaging in these debates and the biases of past accounts. Despite the wealth of secondary opinions concerning this king's health, we know very little about Henry and his medical history compared to other monarchs of his time. Thus, by acknowledging the various diagnoses assigned to this king, this chapter attempts to highlight the myths

¹⁷⁶ Quote by American writer Gene Fowler. (www.goodreads.com/quotes/192509).

surrounding Henry before engaging in a more factually grounded discussion of his medical history based upon the available sources.

The second chapter outlines a medical history of Henry VIII based on the primary documents that I was able to access. According to these sources, there is evidence that Henry suffered from many athletic injuries, a bout with smallpox, obesity, migraines, and a leg ulcer on his left (and possibly right) leg. Beyond these recorded illnesses, injuries, and ailments, other conclusions are muddled by speculation unless otherwise supported by primary evidence that I was unable to access. *Letters and Papers* and contemporary medical literature and histories concerning English monarchs largely provide the basic information underlying this medical history of Henry. The few secondary sources referenced in this chapter were those trusted for their accuracy in providing primary information on material that was otherwise unavailable to me.¹⁷⁷ By constructing a medical history that was based on primary sources, this chapter attempted to demystify Henry as a patient prior to discussing his role as a facilitator for medical reform.

The final chapter analyzed the political developments that the medical field underwent in the context of Henry's personal interest in medicine. While this chapter did not attempt to suggest that Henry was the driving force behind the political institutionalization of medical reform in England, it did explore the relationship between the king's power and intellectual pursuits, and how his interest may have encouraged professional advancements in the medical field. This chapter first explored the state of medicine prior to 1509 when Henry assumed the throne. Before Henry's reign, medical theory and practice was largely embedded in folklore and astrology, and professional

¹⁷⁷ In particular, I referenced Maria Hayward for measurements on Henry VIII's armor as the sets are located in different areas including the Metropolitan Museum of Art in New York City and Greenwich Palace and the Tower of London in the U.K.

organization was non-existent. By the end of his reign, regulations had been placed on medical practitioners, the Royal College of Physicians had been established, various public sanitation projects were implemented, and physicians began publishing medical texts in English—an ‘unprofessional’ language. While the question of whether Henry actively participated in creating the Royal College of Physicians with Thomas Linacre or simply signed off on the bill is undocumented, the king’s curiosity and intellectual pursuits in medicine poses a compelling debate for the extent of the king’s role in medical reform.

Historians have discounted the advancements the medical field underwent during Henry’s reign. As MacNalty pointed out,

several papers have been written...with the object of emphasizing the low standard of medical practice in these times...It has also been remarked that the physicians of the Tudor made few contributions to the advancement of medical knowledge. Such a stricture is too severe when the writings of John Caius on the Sweating Sickness and those of Sir John Elyot and Andrew Boorde are remembered.¹⁷⁸

Thus, historians have overlooked, and even degraded, this significant period of medical advancement during Henry VIII’s reign, and as a consequence, many questions remain unanswered.

In concluding this thesis, there is certainly more research that needs to be pursued concerning the information posed in this paper. Because the content explored in this thesis was limited to sources available to me, greater access to primary sources would be required to create further questions about the relationship between Henry’s health and the medical acts passed during his reign. Access to the archives in Britain, particularly those

¹⁷⁸ MacNalty, *Influence of the Renaissance*, 757.

in the British Library and British Museum, may provide further references to the king's health and his role in medical reform.

Henry VIII was a salient figure to the modernization of medicine in England. As historians, we cannot gaze upon the medical advancements during Henry VIII's reign without acknowledging the role of power and, in particular, kingship, in reforming medicine. As a king, Henry played a critical role in these advancements. Coupled with his sincere interest in the science and theories of medicine, and the power of his office, Henry impacted early medical reforms that laid the foundation for the future structure of the medicine.

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