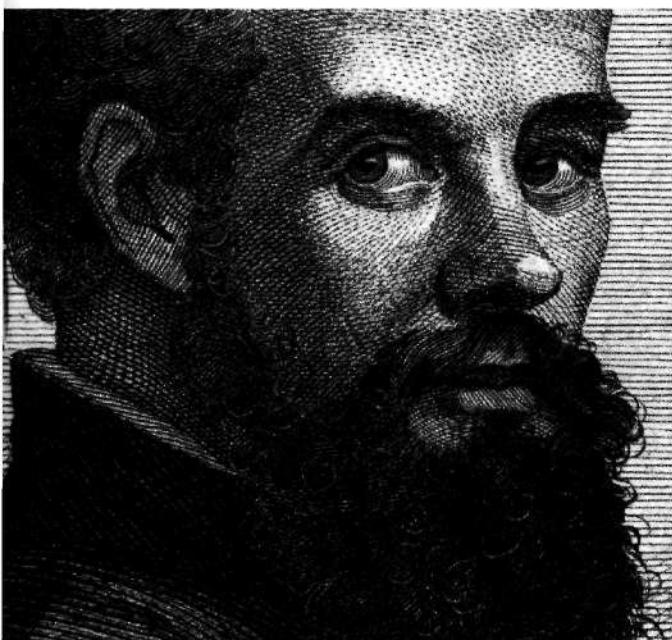




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Secrétariat "Vesalius"
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808 route de Lennik
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Diana Gasparon, Managing Editor Vesalius

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Editorial

The appearance of the third number of *Vesalius* in June 1996 should provide members with enough material evidence for informed discussion of the new journal's value - scientifically and economically - at the General Assembly at Kos in September. Those who have any ideas for its improvement please let us have them beforehand. Its future depends on you.

The international range of contributions submitted to the editors has been both interesting in content and encouraging in amount. Our policy is to maintain a high discipline of scholarship, of a liberal nature, that covers the broad history of medical and surgical practice, doctors and patients, diseases and cures, medical thought and ethics and portrayals of the varied cultural climates of the profession. We invite articles from those interested in any aspect of the history of health care. There is room for short glimpses of personal memory as well as the formal presentations. There is place for humour as well as gravity. The journal forms part of the International Society's purpose to strengthen support for the amateur historian as well as the professional. To this end, national societies may announce notices of meetings that will interest our individual members. Papers given at these meetings may be considered for publication. National delegates may care to offer histories of the societies themselves, when these have not previously been recorded.

We have been grateful for being kindly given some praise for the format and production of the infant journal. In our turn, we record our thanks to the Belgian Society for the History of Medicine for its generous financial and technical help in the launch. Its growth will henceforth depend on your nourishing it. It is your journal and your annual subscription will be needed to pay for it in future. We should welcome an increased membership and a steadily growing circulation as a result.

Despatch, as many of you know, has not been so successful ! However, doctors anticipate parturient problems. It so happens that the third stage of delivery of the infant *Vesalius* has proved the most difficult in the birth process of our new journal. It is to be hoped that delivery will be speedier in the multipara phase.

Ce 3ème numéro de *Vesalius* permet de faire un bilan sur ce qui a été réalisé, tant sur le plan financier que scientifique, avec cette revue qui existe depuis plus d'un an maintenant. Il en sera discuté à Kos en septembre prochain; c'est pourquoi, nous faisons déjà appel à nos lecteurs pour connaître leurs réflexions, critiques, suggestions dans le but toujours d'améliorer ce qui a été fait jusqu'à présent. L'avenir dépend d'eux.

La contribution internationale importante nous rassure déjà; la revue répond à une demande; le point est acquis. Notre souhait est maintenant d'arriver à un niveau d'excellence académique en couvrant, par des articles de qualité, tous les aspects de l'histoire de la médecine ainsi que de la médecine dans l'histoire, de la profession du médecin à sa relation avec le malade, des maladies et de leurs thérapeutiques, de la pensée médicale à travers l'éthique propre à chaque culture, etc. Nous attendons impatiemment des contributions dans le cadre de l'histoire des soins et de la santé publique. Puisque la mémoire d'une civilisation se construit à partir d'anecdotes et d'expériences individuelles, celles-ci sont aussi les bienvenues. Il y a place pour l'humour comme pour la rigueur.

Vesalius fait partie intégrante de la Société Internationale d'Histoire de la Médecine; il s'adresse autant à l'historien professionnel qu'à l'amateur éclairé. C'est un forum de discussions et d'informations (on peut y trouver des résumés de livres, des références de réunions et de congrès à venir, etc.); la contribution des délégués nationaux en est la pierre angulaire; sans eux, pas de nouvelles. Nous faisons donc appel à eux. La revue ne dispose actuellement que de tout petits moyens financiers et d'une logistique réduite. Le fonctionnement repose principalement sur la bonne volonté et le bénévolat. Nous tenons à remercier ici tous ceux qui ont soutenu cette publication à bout de bras.

John Cule, Thierry Appelboom, Editors

Medicine and Law

The Rt. Hon. Lord Ross

Summary

This paper covers the period where medicine and law have come into contact over the past two or three hundred years. From the time of the Scottish Enlightenment, doctors and lawyers met philosophers and scientists in a sharing of intellectual activity.

A later example in the nineteenth century, did not reflect well on an anatomist Dr Knox, who appeared in the criminal trial of Burke and Hare. His misdemeanours resulted in a change of the law on dissection.

The increasing use of medical evidence with the growth of medical science led to the development of forensic medicine. Differences between legal and medical thinking led to the need for definitions of mental illness in relation to criminal responsibility. The law has also needed to protect public interest in distinguishing between medical negligence and misadventure. The history of both professions helps an understanding of the problems.

Résumé

Au cours des deux ou trois siècles écoulés, la médecine s'est frottée bien des fois à la loi. De sorte que, dès le "siècle des Lumières", des médecins et hommes de loi écossais ont rejoint les philosophes et esprits scientifiques de l'époque dans leur cheminement intellectuel.

Au XIXe siècle encore, on relève le cas d'un anatomiste, le Dr Knox, impliqué dans le procès criminel intenté aux dénommés Burke et Hare. L'inconduite du praticien a d'ailleurs entraîné une modification de la loi sur la dissection.

Mais le recours plus fréquent à l'évidence scientifique ainsi que le progrès médical ont favorisé le développement de la médecine légale. Certaines disparités entre la légalité et la pratique médicale ont d'ailleurs abouti à mieux définir les troubles mentaux, surtout en matière de responsabilité criminelle. La législation de l'époque a également servi la cause publique en établissant une nette distinction entre la négligence et l'erreur médicale. L'historique de ces deux professions nous aide à mieux appréhender cette problématique.

Medicine and Law are among the older professions, though neither of them would claim to be the oldest profession. That description is commonly applied to another!

The Scottish Enlightenment was a period which was marked in Scotland by an extraordinary outburst of intellectual activity, and although some historians apply the term to the whole of the 18th century, the better view perhaps is that the years from 1760 to 1790 mark what was truly a Golden Age. The movement was centred in Edinburgh, and an English visitor of the time was said to have declared "Here I stand at what is called the Cross of Edinburgh, and can, in a few

The Right Hon. Lord Ross, The Lord Justice Clerk, Parliament House, Edinburgh EH1 1RQ, Scotland

minutes, take 50 men of genius and learning by the hand".

Included among these men of genius and learning were philosophers, geologists, chemists, and of course medical men and lawyers. Prominent doctors of the period were William Cullen and his famous pupil Joseph Black. They were friends of David Hume the philosopher and Henry Home, Lord Kames the judge and James Burnet, Lord Monboddo another judge. Black is said to have often dined with Lord Monboddo and his circle of friends. Lord Monboddo, was learned but eccentric. Anticipating in a sense the theories of Charles Darwin, he was convinced that everyone was born with a tail, which midwives had all agreed to remove !

This was a period in which there was considerable activity in the fields of both medicine and law. Of course the work was carried out by different men in different disciplines. However Professor Peter Jones has described the Enlightenment (Jones) as a period when men who came from different directions worked in parallel for a time and pursued recognisably similar goals. Lying at the root of the Scottish Enlightenment was the desire for improvement. It has been said "The goals of much scientific work were explicitly practical, and the notion of improvement was everywhere apparent."

David Hume in an essay in 1752 (Hume) declared "The spirit of the age affects all the arts, and the minds of men being once roused from their lethargy, and put into a fermentation, turn themselves on all sides, and carry improvement into every art and science". Thus the period of the Scottish Enlightenment was a time when men from medicine and men from law were seeking to develop and advance medical and legal thinking.

Another area of Scottish life about this period in which one sees an association between

doctors and lawyers is the Royal Society of Edinburgh. That learned Society was founded in 1783. Those present at the first meeting of the Royal Society of Edinburgh included William Cullen, Professor of the Practice of Medicine and Alexander Monro Secundus, Professor of Anatomy. William Cullen was a distinguished doctor whose son was an advocate and later a judge. Those familiar with the history of medicine in Scotland will know that the professorship of Anatomy at Edinburgh University was held by three Alexander Monros - primus, secundus and tertius, and they held the Chair between them for 126 years - surely a record for any family !

Others present at the first meeting of the Royal Society of Edinburgh also included Thomas Miller the then Lord Justice Clerk, the Solicitor General and three advocates. Other Fellows of the time included on the medical side Joseph Black and James Gregory. Again there were two Gregorys - father and son - who held the chair of Medicine at Edinburgh University.

However, somewhat surprisingly it appears that purely medical matters played only a minor role in the society's meetings at that time. In the history of the Royal Society of Edinburgh by Professor Neil Campbell and Professor Martin Smellie it is stated "It might be thought that a Society which included in its early Fellowship men such as William Cullen, Monro Secundus, James Gregory, Andrew Duncan Senior and Benjamin Bell would be an ideal forum for medical discussion and debate. In fact as Christison pointed out in his presidential address on 7 December 1868, medicine makes only a rare, and for the most part insignificant appearance in the business of the Society" (Campbell).

Christison goes on to mention papers read to the Society, including those in which Doctor Hope describes a case of death from an impacted gallstone; Doctor Butter reports hemlock as a sovereign cure for St. Vitus' Dance; and Doctor Duncan claims to have cured an inveterate

hiccup with a single dose of dilute sulphuric acid. Christison comments somewhat bitingly "If this be all that medicine could do in its most palmy days in Edinburgh to hold up its head in the Royal Society, I confess it is not a subject of regret that, by gradual and tacit consent, papers on pure medical practice had been allowed to drop from our proceedings. For assuredly there is nothing at all so remarkable or particularly instructive in death from an impacted gallstone or from any form of hernia as to deserve being recorded in the proceedings of the Royal Society: nor would I advise patient or physician to trust much either to Doctor Butter's cure for St. Vitus' Dance, or to the remedy which seemed to Doctor Duncan to put an end to inveterate hiccup".

Nonetheless from the inception of the Royal Society of Edinburgh a forum has existed for intercourse and an exchange of ideas between, among others, medical men and lawyers, and the Fellowship at present contains among its Fellows a number of prominent doctors and lawyers.

Moving on in time medicine and the law came into conflict in 1828 with the celebrated case of Burke and Hare, whose crimes arose from the fact that the lawful supply of bodies for dissection by anatomists was wholly inadequate, with the result that graves were frequently rifled and dead bodies removed therefrom and sold to anatomists. Having begun by selling to one Doctor Knox the body of an old man who had died from natural causes, Burke and Hare proceeded to murder a number of unfortunate people and then to sell their bodies to Doctor Knox. In all they committed 16 murders for that purpose. Not surprisingly there was a widespread feeling that Doctor Knox, who had over a period of nine months purchased 16 bodies from Burke and Hare must have had some suspicion of what had been going on. Burke was convicted and executed, and by a sort of poetic justice, his body was handed over to the anatomists for dissection.

As the *Edinburgh Weekly Chronicle* of the time said "In purchasing the bodies which had come under the fell gripe of the Burkes and the Hares, there must have been an utter recklessness - a thorough indifference as to causes and consequences, which, in point of criminality, very closely borders upon guilty knowledge" (Roughead). Ultimately an enquiry under the Chairmanship of the Marquis of Queensberry was held, and the Committee, though accepting that the circumstances were calculated to excite suspicion, "found no evidence of there actually having excited it in the mind of Doctor Knox or of any other of the individuals who saw the bodies".

The contemporary view appears to have been that Doctor Knox who was a most popular lecturer on anatomy and who had found it difficult to obtain sufficient materials for dissection, had wilfully shut his eyes to incidents which ought to have excited grave suspicions in a man of his intelligence. After a time there was a falling off in the numbers attending Knox's classes and he failed to obtain appointment to any University Chair for which he applied. He moved to London and ultimately went into practice in obstetrics.

Two stories of Doctor Knox may be told. Once when walking in the Meadows with a companion, he gave a penny to a little girl who was playing there and jokingly said to her "Would she come and live with him if she got a penny every day?". The child, who did not know who he was, shook her head and said "No you'd maybe sell me to Doctor Knox". He was said to be much affected by this reply.

On another occasion a physiologist Doctor Reid had dissected two sharks in which he could discover no sign of a brain. This perplexed him and he asked Knox "How on earth could the animals live without it?". Knox replied "That is not the least extraordinary : if you go over to Parliament House (the seat of the Law Courts) any morning you will see a great number of live

sharks walking about without any brains whatever".

One result of the Burke and Hare case was that the law relating to obtaining bodies for anatomical dissection had to be changed. In the present century medicine and the law came into contact in unusual circumstances. In 1911 the Royal College of Surgeons of Edinburgh raised a petition in the Court of the Lord Lyon King of Arms to have it declared that they were entitled in all time coming to precedence over the Royal College of Physicians of Edinburgh on ceremonial occasions. The Lord Lyon King of Arms was prepared to entertain the petition and the physicians appealed to the Court of Session. Sadly for the parties the court held that the Lyon Court had no jurisdiction to deal with this matter. They did, however, suggest that parties might informally approach the Lord Lyon and invite him to determine the issue of precedence not as a question of law but simply on the basis that parties would abide by his decision on the matter. That course was followed, and the issue of precedence between the two Royal Colleges is no longer in dispute (Lord Lyon).

In present times medicine and law are frequently in contact with one another. In litigations medical men frequently give evidence for the parties, particularly in cases involving damages for injuries. In the criminal field doctors often give evidence of examinations carried out of victims of violence and examinations of accused persons. Psychiatric evidence is frequently given if the mental state of an accused person requires to be considered.

It is in the field of forensic medicine or medical jurisprudence that medicine and law have most connection. Clearly, particularly with modern criminals, the law could not hope to bring the guilty to justice without help from doctors and forensic scientists. In murder cases, the evidence of the pathologist is often vital - he can indicate the cause of death, the time of

death, the type of weapon used, and the nature of the injuries and the violence which caused them. In all cases involving violence, the evidence of doctors who examined the victim is often critical. Of course, the expert medical witnesses on occasions differ in their opinions, and the judge or jury has then to determine which of them to accept, but it is clear that in very many cases justice would not be done but for the fact that the court was able to rely upon skilled medical evidence.

But, of course, the forensic expert does not act solely to assist the prosecution. He is an expert whose position is neutral, and the forensic expert must also act to protect the innocent from unfounded criminal charges. When a sudden death occurs in unexplained circumstances, the law turns to the doctor. The prosecuting authorities want to know whether the death was due to natural or unnatural causes.

If it was due to unnatural causes the prosecutor wants to be told what the cause of death was. For example if a body is recovered from the water, the medical expert will be asked to say whether the person died in the water from the effects of submersion or whether the body had been placed in the water after death, perhaps with a view to suggesting that death had been due to drowning.

In the system of prosecution and investigation in Scotland, the procurator fiscal instructs the investigation and medical evidence is clearly important; the doctor must be part of the investigating team and the doctor and lawyer must work together. This is true of the defence team as well.

Another area in which, in criminal cases, medical evidence is critical is when the mental state of an accused person is in issue. Is an accused sane and fit to plead? Was he sane at the time of the offence? If not, was he insane or was his responsibility diminished at that time?

These are matters for psychiatrists, and their evidence is critical in such cases.

There is a presumption that anyone is sane. As already mentioned, insanity may arise at two stages. There may be a plea of insanity in bar of trial upon the ground that the accused is insane which prevents him from being able rationally to plead and instruct his defence, or it may be claimed that he was insane at the time when he committed the offence. If the latter, in Scotland he cannot be convicted, but must be acquitted with the jury holding that he committed the crime with which he has been charged, but that at the time he was insane. In that event he is acquitted but an order is made for his detention in a State Hospital. In England, the matter is treated differently, and an accused may be found guilty but insane. In Scotland, such a verdict is regarded as illogical.

On occasions psychiatrists may differ as to whether an individual is or is not insane. Space does not allow a discussion of what is meant by insanity in law, but in most cases no difficulty arises. Difficulties arise more often when the suggestion is made that at the material time an accused's responsibility was diminished. Many years ago, when murder was a capital offence, judges in Scotland developed the doctrine of diminished responsibility, which was introduced into England much later by statute. In murder cases where the accused's mental state was not such as to amount to insanity but he nonetheless had some form of mental disorder, the only course which the jury could follow if he committed the crime was to convict him of murder, but recommend him to the Royal Mercy. That was not considered satisfactory and so Scotland developed the doctrine of diminished responsibility. In appropriate cases the jury could convict of culpable homicide instead of murder on the grounds of diminished responsibility. The jury could do this where the accused was not insane in the legal sense and yet laboured under some degree of mental infirmity.

The doctrine was first enunciated in 1867 in the case of *Dingwall*. Lord Deas treated the accused's mental state as a mitigating factor entitling the jury to convict of culpable homicide (manslaughter) instead of murder. Thereafter judges developed strict rules as to when the doctrine of diminished responsibility could be invoked. The theory was that although there was an intention to kill, the fact that intention arose from weakness of mind, deprived the intention of the heinousness which is necessary for murder (*Dingwall*). As Lord Ardmillan put it to the jury in *Tierney* in 1875 "the man's control over his own mind might have been so weak as to deprive the act of that wilfulness which would make it murder" (*Tierney*).

What has produced difficulties is that the 19th century judges defined diminished responsibility in the light of 19th century medical knowledge. Modern psychiatry has identified many abnormal conditions unknown in the 19th century which doctors today consider as creating a state of diminished responsibility, and in recent years problems have arisen because psychiatrists appear to use the term "diminished responsibility" in a different sense from lawyer. Moreover during the last decade there have been a number of cases where evidence has been given by psychiatrists to the effect that an accused was of diminished responsibility although it was accepted by them that the accused was not suffering from mental illness or disease. The result has been that the court has had to emphasise what the law means by diminished responsibility. In a seminal case in 1923 Lord Justice Clerk Alness put the matter thus :

"It is very difficult to put it in a phrase, but it has been put in this way: that there must be aberration or weakness of mind; that there must be some form of mental unsoundness; that there must be a state of mind which was bordering on, though not amounting to, insanity; that there must be a mind so affected that responsibility is diminished from full

responsibility to partial responsibility - in other words, the prisoner in question must be only partially accountable for his actions. And I think one can see running through the cases that there is implied... that there must be some form of mental disease" (Alness).

In a subsequent case Lord Justice Clerk Cooper when charging the jury put it thus :

"You will see, ladies and gentlemen, the stress that has been laid in all these formulations upon weakness of intellect, aberration of mind, mental unsoundness, partial insanity, great peculiarity of mind, and the like" (Cooper).

As mentioned above, the court has recently reasserted that rule and has made it clear that it is not enough for diminished responsibility that an accused has a psychopathic personality or suffers from an extreme personality disorder. There can be no diminished responsibility in law unless there is something in the mental condition of the accused which can properly be described as a mental disorder or a mental illness or disease.

The difficulty which has arisen appears to be because medicine and law do not employ the same terminology but, as a result of a number of decisions in the High Court, psychiatrists now recognise that before there can be diminished responsibility in law the standard defined by the courts must be met. From the point of view of the court, the words "diminished responsibility" have atechnical meaning, and that must be recognised by members of the medical profession giving evidence in support of a suggestion that an accused person suffers from diminished responsibility. The law has insisted on a strict test because lawyers are afraid that if they allow psychiatrists to determine the question of diminished responsibility, the result will be that almost all criminals will be characterised as being of diminished responsibility. Sheriff Gordon, a leading Scottish writer on criminal

law, has pointed out that that would destroy the doctrine entirely because there would then be no norm against which to measure diminution (Gordon).

Another area in which medicine and law come together is when claims are put forward based upon alleged medical negligence. The medical profession is concerned at the number of such claims, and the court too is concerned. It is obvious that from time to time mistakes may be made by doctors or events may show that the course of treatment followed was not the best treatment. It is often possible to say with hindsight that a situation might have been treated in a different way.

The court is well aware that it would be disastrous from the public point of view if doctors were to be held negligent merely because something had apparently gone wrong or because another doctor might have acted differently in the circumstances. The law accordingly provides that in the case of professional men such as doctors a departure from normal and accepted professional practice is not necessarily evidence of negligence. On the other hand such a departure may be negligence if it is proved that there is a normal practice applicable to cases such as the one under consideration and that the doctor in question did not adopt the normal practice, and that the course which he did adopt was one which no professional man of ordinary skill would have adopted if he had been taking ordinary care.

That is the high standard which is on the whole favourable to doctors, and means that it is not easy in Scotland for cases based upon negligence to succeed. Indeed before such cases can succeed the injured party will require to lead evidence from doctors to the effect that what the doctor in question did was something which no doctor of ordinary skill would have done if he had been exercising proper care. We all hope that insistence upon this high standard

will mean that we do not reach the stage which has been reached in countries like the United States of America, where actions based upon professional negligence are numerous.

So over the years in this country there has been at various levels close connection between medicine and the law. All present would, I imagine agree that medicine and the law are two important professions which have given valuable service to the community for many hundreds of years. In recent years, however, there has been a significant change regarding government interference with the professions. Judges are not supposed to speak on political matters, but I feel justified in saying that I view with considerable apprehension some of the changes which have recently been proposed in relation to my own profession of the law, and I imagine that many of you must also be unhappy at what is happening within the medical profession.

It seems to me that present day politicians of all parties appear unable to appreciate the importance of professions and indeed to understand what a profession is. Recently, I read a research paper within the legal profession which posed the question of whether law should remain a profession or become in effect a service industry. It seems to me that there is a serious risk that the effect of modern legislation will be that professions are reduced to being no more than service industries. I believe that that would have very serious ill effects for the public. Standards would drop, and the public would not receive from doctors or lawyers the sort of service which it has been traditional for doctors and lawyers to give to the public.

I therefore hope that members of the professions of medicine and law as well as members of other professions will take all necessary steps to resist attempts to reduce their role to that of service industries. It is when such radical proposals are being put forward that it is necessary to know the history of a profession and to be

able to identify what are its strengths and essential characteristics. In so far as your Society is concerned with the history of medicine, it is dealing with something which may be of critical importance when consideration is being given to the proper response for medical men and women to make to proposals for the future.

* *Paper delivered to the meeting of the 16th Congress of the British Society for the History of Medicine, at St. Andrews on Thursday 24 August 1995*

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Biography

The Rt. Hon. Lord Ross is Lord Justice Clerk of Scotland, and as such the second senior judge in Scotland. He practised at the Scottish Bar for 24 years, and became a High Court judge in 1977. He has been Lord Justice Clerk since 1985. He holds honorary degrees from Edinburgh University, Dundee University, Heriot-Watt University and the University of Abertay Dundee. He is a Fellow of the Royal Society of Edinburgh.

La double Croix-Rouge : simple ornement ou emblème prémedité ?

Broeckaert I.

Résumé

Les origines de la Croix à double traverse (en général) sont moins évidentes que celles de la "Double Croix-Rouge", emblème international de la lutte contre la tuberculose, en particulier.

L'importance des proportions de cette dernière est soulignée.

Summary

In general, the origins of the double transverse red cross (Croix a double traverse), such as that of Lorraine, is less evident than that of the "Double Red Cross" ("Double Croix-Rouge"), as exemplified by the international emblem of the battle against tuberculosis.

The importance of the proportions of the latter is emphasised.

Le vingt-trois octobre 1902, à l'occasion de la IV^e Conférence Internationale de la Tuberculose organisée par l'Union Internationale contre la Tuberculose à Berlin, le médecin parisien G. Sersiron proposa à l'assemblée générale de reconnaître dorénavant la croix de Lorraine comme emblème international de la lutte contre la tuberculose (Fäh) :

"A la lutte mondiale entreprise par la Bienfaisance publique et privée contre la tuberculose, il faut un étendard. Il faut un signe de ralliement qui permette aux soldats comme aux chefs de cette croisade pacifique de se reconnaître et de se compter. Il faut que notre insigne, flottant par-dessus les frontières, emblème de la solidarité des peuples vis-à-vis de la maladie et de la mort, vienne porter aide et consolation aux uns, et aux autres l'espérance.

Je vous propose, Messieurs, d'adopter La Double Croix-Rouge. Cet insigne est simple. Il nous servira partout de trait d'union. Comme la Croix de Genève, dont elle a l'avantage de rappeler les inappréciables services, la Double Croix-Rouge, symbole pacifique viendra à son heure répéter aux hommes qu'ils sont frères et que leur intérêt commun, comme aussi leur premier et plus strict devoir, est de se dévouera ceux d'entre eux qui souffrent."

Cette proposition fut immédiatement adoptée d'enthousiasme et à l'unanimité.

La couleur et la forme de ce nouvel emblème furent également précisées par le Dr Sersiron. La couleur, comme celle de la Croix-Rouge, est rouge vif et l'ensemble n'est pas bordé par des contours linéaires plus foncés ou noirs ; la Croix-Rouge était l'emblème des victimes de la guerre, la Double Croix-Rouge, celui de la lutte pour les victimes de la tuberculose. La forme et

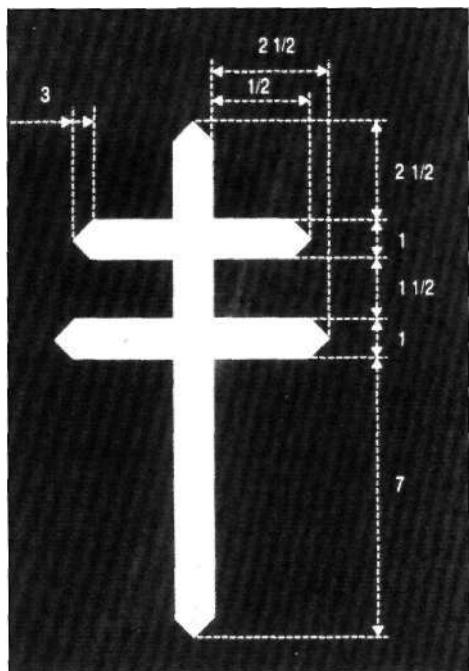


Fig. 1. Rapports entre les divers bras de la double Croix-Rouge, proposés par le Docteur G. Sersiron à Berlin en 1902. Remarque : les valeurs chiffrées des 3 rapports horizontaux sont imprimées erronément: 3 doit se lire 1,5; 1,5 doit se lire 2,5 et 2,5 doit se lire 3.

Un certain Jean II d'Alluye (ou d'Allaye) aurait apporté la Double Croix, sous forme de reliquaire, de la Terre Sainte à Anjou, où il l'aurait vendue aux religieux de l'abbaye de la Boissière (Vendée : croix de la Boissière); en 1359 elle fut transférée temporairement à Angers, dans la chapelle du château du Duc Louis I d'Anjou, pour la mettre à l'abri de la guerre de Cent ans; elle retourna à la Boissière de 1456 à 1790, année où les religieux en furent chassés; depuis cette date, elle repose dans l'Hospice des Invalides à Baugé (Maine-et-Loire : croix de Baugé).

les proportions sont illustrés par la figure 1; la largeur de tous les bras de la croix est partout égale; cette largeur est prise comme unité de mesure. Notons que d'autres formes - ayant la même couleur - furent adoptées par d'autres pays, tels le Lion et le Soleil rouge (Iran, Sri Lanka) ou le Double Croissant rouge (Pays Musulmans) par analogie avec le simple croissant rouge, qui remplace la (simple) Croix-Rouge.

L'usage de cet emblème se répandit rapidement : jusqu'à 35 pays en 1928 (Revue Belge de la Tuberculose) et 114 en 1982 mais son uniformité ne fut jamais entièrement acquise, même pas à l'heure actuelle et ce nonobstant une nouvelle tentative de la part du Docteur Sersiron en 1928 (Vie Conférence Internationale de la Tuberculose, à Rome).

La dénomination la plus répandue de la croix à double traverse est la " Croix de Lorraine"; cette croix a effectivement joué un rôle primordial dans l'historique de la lutte de la Lorraine pour son indépendance, au 15ème siècle (Marot 7-12).

Elle y fut un emblème de combativité adoré et estimé, avant d'être exaltée au rang d'idole dont le culte fut entremêlé d'intrigues politiques.

La maison d'Anjou abusa allègrement de la Double Croix dans ses prétentions au trône de la Hongrie qui arbore une Double Croix dans ses armoiries (la Double Croix de Hongrie est blanche, celle d'Anjou est noire). La légende nous apprend que le Pape Sylvestre II avait offert lui-même la Double Croix au Roi Etienne de Hongrie en l'an 1000, au vu du rôle prépondérant que jouait celui-ci dans la propagation de la chrétienté dans son pays. En fait, le "Saint Etienne" ne reçut que le titre de "roi apostolique" et ce fut le Roi André II de Hongrie qui, à l'issue de la Ve croisade (1219-1221) à laquelle il participa, ramena la Double Croix, également sous forme de croix reliquaire, de la Terre Sainte dans son pays.

René I d'Anjou, de Bar et de Lorraine (1431 - 1453), surnommé le "Bon René", a promu avec ardeur la dévotion pour la Double Croix et sa propagation dans ses territoires (croix d'Anjou). Mais le véritable épanouissement de la Lorraine débuta suite à la bataille de Nancy (5/1/1477, Garçot) où Charles le Téméraire, Duc de Bourgogne, fut battu (et mis à mort) par René II, Duc d'Anjou et petit-fils de René I. La Double Croix devint l'emblème militaire de la Lorraine à partir de 1475 (fig. 2).

L'arrivée de la Maison d'Anjou en Lorraine fut considérée par ses habitants comme un véritable miracle salvateur. Le même René II usa de la Double Croix pour prétendre, cette fois, au

Fig. 2. Croix à double traverse,
type héraudique: René II, Duc de Lorraine
(bataille de Nancy, (5.1.1470).



Royaume de Jérusalem, en déclarant qu'il était le descendant direct et donc l'héritier de Godefroy de Bouillon qui, lui, aurait amené la Double Croix de la Terre Sainte en Lorraine. En réalité, Godefroy de Bouillon aurait planté la Double Croix sur la Tour de la Basilique du Saint Sépulcre après la prise de Jérusalem, lors de la 1ère croisade en 1099; de toute façon, il décéda sur place l'année suivante. (Marot 16-18)

Au 17ième siècle, la Double Croix et son usage furent très répandus dans la région de Lorraine: elle était présente sur les façades d'églises, de châteaux et de maisons (croix de maison), sur certaines statues et sur les toits (croix de la girouette) comme élément protecteur contre tempêtes, foudres et incendies. Elle était aussi utilisée comme remède contre la sorcellerie, la diablerie, la peste et en tant que croix guérissseuse bénéfique (croix de santé) que l'on retrouve e.a. sur les flacons

d'apothicaires. Elle fut appliquée sur des tampons et des monnaies et fit fonction de garant d'authenticité (bouteilles) ou d'origine (instruments de musique, gaufriers, urinaux,...); même Saint Nicolas, patron de la Lorraine, fut représenté avec la Double Croix du 15ième au 18ième siècle (Marot 19-33).

L'origine historique de la Double Croix reste malaisée à établir. Certains la situent en Phrygie (Asie Mineure), au 7ième siècle av. J.C.; d'autres en Assyrie ou en Egypte (où elle fut un des attributs d'Horus, dieu du triomphe de la lumière). Par ailleurs, des pétroglyphes ornés d'une Double Croix, datant du 5ième millénaire av. J.C., furent découverts en de très nombreux endroits (France, Espagne, Caucase, Amérique Centrale et du Sud, Afrique Noire et du Nord, Nimosus 57) et des dolmens en forme de Double Croix, datant du 4ième millénaire av. J.C., furent retrouvés en Bretagne.

* Fig. 3. Boîte reliquaire, musée de l'Hôpital St. Jean, Damme (Flandre Occidentale, Belgique).

Très tôt dans notre ère, la Double Croix figure parmi les insignes de l'ordre chez les patriarches chrétiens (croix patriarchale) en Orient (croix d'Orient, du 2^e au 8^e siècle). Durant le carême, le patriarche de Jérusalem l'exposa afin que le peuple puisse l'adorer pour se distraire (croix de Jérusalem). On lui attribua également certaines guérisons miraculeuses. Partant de Jérusalem, elle fut adoptée par d'autres patriarches et hauts dignitaires chrétiens (croix métropolitaine) au Proche Orient (Byzance : croix byzantine, Antioche), en Grèce (d'où, selon certains auteurs, elle serait originaire : croix grecque), en Europe de l'Est (croix russe) et en Afrique du Nord (Alexandrie). L'Empereur Romain, Constantin I le Grand, aurait vu une telle Double Croix dans ses rêves, la nuit précédant sa victoire sur Maxence près de Rome, en 312. Mais son labarum est habituellement orné du chrisme classique, dit "de Constantin". Notons au passage que la croix grecque classique (4 bras de longueur égale) ou la croix romaine (bras inférieur plus long que les 3 autres) ne figurent sur les monuments chrétiens qu'à partir du 5^e siècle.

La véritable diffusion de la Double Croix fut assurée en grande partie par de nombreux reliquaires ayant sa forme (fig.3). Selon la légende, la vraie Croix du Christ fut découverte en 326 sur le Golgotha par Sainte Hélène, mère de Constantin I. Afin d'éviter que cette croix ne tombe entre les mains païennes, elle fut morcelée et les morceaux furent enfouis ou incorporés dans des boîtes qui, parfois, avaient la forme de cette "vraie croix", à savoir une croix "romaine" avec un titulus (traverse avec inscription, attachée sur le bras supérieur; cf. infra).

Les plus anciennes "croix reliquaires" connues datent du début du 5^e siècle (début de la période mérovingienne : la Double Croix figure sur certaines monnaies mérovingiennes). Un exemple précoce d'une telle croix reliquaire est celle que la Sainte Radegonde, qui la reçut de Justin II de Byzance, la ramena à Tours en



569 et qui est actuellement conservée à Poitiers (croix de Poitiers). Ces croix reliquaires étaient souvent richement parées de joyaux (voir la croix de Saint Eloi, 7^e siècle, basilique de Saint Denis) et la relique elle-même se trouvait habituellement au niveau de l'intersection de l'arbre avec une des traverses.

Néanmoins, la plupart des croix reliquaires datent de l'époque des croisades, où elles furent utilisées comme moyen de transport pour diverses reliques - des "trophées" - par les croisés ou par les membres d'ordres nouvellement institués : au 12^e siècle, Saint Louis en ramena une en France; au 13^e siècle, Jean II de Lay à Anjou et le Roi André II en Hongrie (cf. supra); au 14^e siècle, une telle double croix parvient en Suède (1334) par l'intermédiaire de membres de l'Ordre des Séraphins (ou ordre de Jésus) et au 15^e siècle, en Allemagne (Bavière) via les Templiers et l'Empereur Sigismond de Luxembourg (1418).

Depuis la fondation de leur Ordre (1118), les hauts dignitaires des Templiers ont porté une robe blanche, parée d'une double croix rouge; pour des raisons obscures, cependant, cette croix est progressivement délaissée par l'Ordre et abandonnée complètement vers 1148, pour

Fig. 4. Hypothèses concernant l'origine de la croix à double traverse. Explication : voir texte.

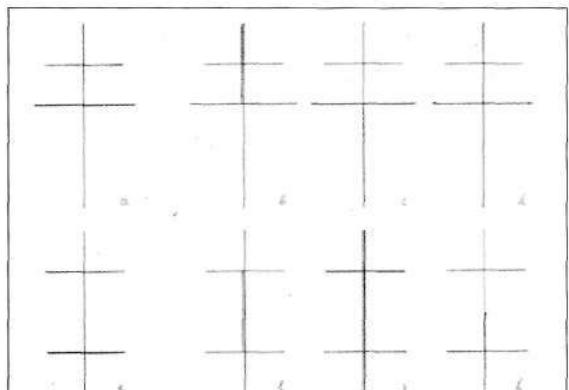
être remplacée par la croix pattée (croix de Malte : Nimosus 58). Il est en fait établi que les croisés ont retrouvé la Double Croix sur des monuments chrétiens à leur arrivée en Terre Sainte.

En Europe Centrale et du Sud, toutes les façades des hôpitaux de l'Ordre du Saint Esprit (fondé aux environs de 1175) sont ornées de la Double Croix. Cet emblème se retrouve également sur certains hôpitaux de Sainte Elisabeth, en tant que croix de la Sainte Elisabeth de Thuringe (1207- 1231), fille du Roi André II de Hongrie et zélatrice dévouée dans les soins aux lépreux.

A partir du 12ième siècle fut introduite, au sein de l'Eglise Catholique Romaine, une hiérarchisation emblématique selon laquelle l'évêque avait droit à une croix à une traverse, le patriarche, le primat, le cardinal et l'archevêque à une croix à deux traverses (croix cardinalice, croix archiépiscopale) et seul le pape, à une croix à trois traverses; cette hiérarchisation fut officialisée vers la fin du 15ième siècle (Nimosus 59).

En Août 1940, la croix de Lorraine - souvent sous forme tréflée - réapparut sur scène sous l'impulsion du général de Gaulle (à partir de l'Angleterre et par l'intermédiaire de l'amiral Muselier; les années 40...), en tant qu'emblème de résistance des F (N) F L (Forces (Navales) Françaises Libres), afin que "tous les Français s'unissent dans l'action, dans le sacrifice et dans l'espoir" (Historama). L'analogie entre la Lorraine (1475 - 1477) et la France (1940-1944), sur le plan de la survie d'une nation courageuse, n'a d'égale que celle, sur le plan du contenu religieux, entre les croisades et ce pendant-ci de la croix gammée anti-chrétienne. En 1959, la "croix de de Gaulle" devint l'emblème officiel du gaullisme.

Mis à part le contexte religieux ou héraldique, le graphisme de la Double Croix - ou des



variations sur ce thème - se retrouve :

- dans le plan de diverses églises, surtout cathédrales (Angleterre et France; la plus renommée étant l'église abbatiale de Cluny; Denis);
- dans l'alchimie, la chimie et la botanique au Moyen Age (Koch 64, 67-71);
- comme marque de tailleurs de pierre (jusqu'à la Renaissance), de commerçants, de peintres et d'imprimeurs (Koch 84, 92; Nataf; Schwarz).

La hiérarchisation, telle qu'elle fut introduite par l'Eglise Catholique Romaine (fin 15ième siècle) sous forme d'un nombre croissant de traverses, fut également exploitée par certaines familles pour indiquer aux générations consécutives sur leur marque familiale (Koch 87-88), de même que par les pneumologues, dans une tentative de reproduction graphique des anomalies de l'auscultation pulmonaire (Chiray).

La signification symbolique et /ou l'origine graphique de la Double Croix sont tout aussi variées que mystérieuses suite à , d'une part, l'abolition de l'élément clé de la symbolique de la simple croix, à savoir le point de croisement ou centre(la croix à bras égaux est une des quatre figures géométriques symboliques de base; comparez point-cercle, carré-croix); d'autre part, il faut tenir compte - moyennant un grand nombre de formes intermédiaires - de l'existence de deux formes fondamentalement différentes de la Double Croix, même dans la littérature ancienne.

La forme héraldique (type : croix de Lorraine, fig. 4e), moins (ou peu) dynamique ,est caracté-

Fig. 5. *Titulus ou superscriptio*,
avec inscription en 3 langues:
"IESUS NAZARENUS REX Iudeorum"



TITULUS CRUCIS

risée par l'égale longueur des deux traverses, qui sont éloignées l'une de l'autre à un point tel qu'elles approchent les extrémités de l'arbre. La forme religieuse (type : croix patriarchale; fig. 4.a) exhibe deux traverses de longueur inégale (la supérieure plus courte), situées fort près l'une de l'autre et toutes deux au niveau de la moitié supérieure de l'arbre. Cette forme s'avère d'une asymétrie totale par rapport à un axe horizontal et, dès lors, apparaît nettement plus dynamique. Il n'est donc point étonnant que le Docteur Sersiron ait choisi la forme religieuse et ait fixé ses proportions de façon rigoureuse afin d'éviter que le graphisme de l'emblème qu'il proposa ne soit déformé.

Les interprétations symboliques, légendaires ou historiques - plus ou moins anecdotiques ou exagérées - concernant la Double Croix sont assez variées.

La Double Croix, emblème de l'ordre de Saint Lazare, représente Lazare lui-même (l'arbre) et ses deux soeurs, Marie et Marthe (les deux traverses : van Dienst). Selon l'ancienne tradition, Lazare, ressuscité par le Christ, aurait émigré en Provence avec ses deux soeurs, où il devint évêque de Marseille. A ne pas confondre avec Lazare, le lépreux de la parabole du Mauvais Riche (Luc. 16,20), qui fut à l'origine du nom (Lazare) et du but (traitement des lépreux) de l'ordre.

La forme héraldique de la Double Croix (fig. 4.e) fut souvent décrite comme étant l'union de deux graphismes distincts (van Dienst):

- le I et le H de Jérusalem, moyennant une rotation de 90° du H (fig. 4f);
- la croix du Christ (croix romaine ou latine) et la croix de Pierre (croix latine inversée), qui toutes

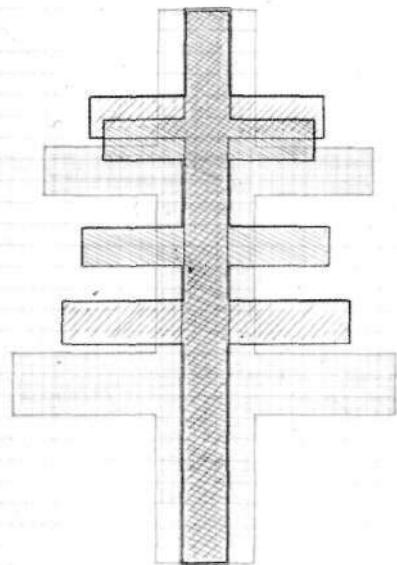


Fig. 6. Superposition schématique d'une croix patriarchale (en noir), de la croix de la Tuberculose (en rouge) et d'une croix typiquement héraldique (en gris); les traverses les plus rapprochées l'une de l'autre sont celles de la croix de la Tuberculose.

étant la combinaison

- des deux croix "chrétiennes" primitives, à savoir la croix grecque (4 bras égaux) et la croix latine (bras inférieur allongé) (fig. 4.b);
- de la croix grecque avec la croix en T (début du 16ième siècle : le "Thau accentué"; Ezéchiel, chap.9), (fig. 4.c).

Une vue quelque peu plus naïve perçoit la proportion entre les trois branches de cette croix (arbre > traverse inférieure > traverse supérieure) comme un symbole de la Sainte Trinité.

L'explication la plus couramment admise à propos de la forme de la Double Croix, dite religieuse, fait appel à la coutume romaine, à l'époque du Christ, d'écrire ou de graver le nom du condamné et son délit sur un écriteau. Cet écriteau était porté au devant du condamné dans le cortège vers le lieu de sa crucifixion et était cloué sur sa croix en ce lieu (Historama), (fig. 4.d). Cet écriteau ou titulus ou superscriptio fut décrit par les quatre Evangélistes et retrouvé en 1492 dans une boîte en plomb, dans une niche de la Basilique de la Sainte Croix à Rome; il mentionne, en lettres rouges: IESUS NAZARENUS REX IUDAORUM" (I.N.R.I.) dans trois langues (latin, grec et araméen, l'hébreu étant déjà une langue morte); la dimension relativement importante de ce titulus (environ 60 sur 16 cm) s'explique par le fait qu'il devait être lisible à distance (fig. 5).

La signification symbolique des graphismes préhistoriques est (encore) plus obscure et leur interprétation doit se faire sur une base beaucoup plus générale (Historama). Selon M. Baudoin, ils symboliseraient l'écoulement temporel cyclique (au travers des diverses saisons) et, partout, le cycle de la vie (la renaissance), l'arbre représentant le méridien (l'orientation Nord-Sud) et les deux traverses, les équinoxes. D'autres auteurs (tel M. Du Mesnil) estiment que les traverses correspondent mieux aux solstices : la supérieure, la plus courte, au solstice

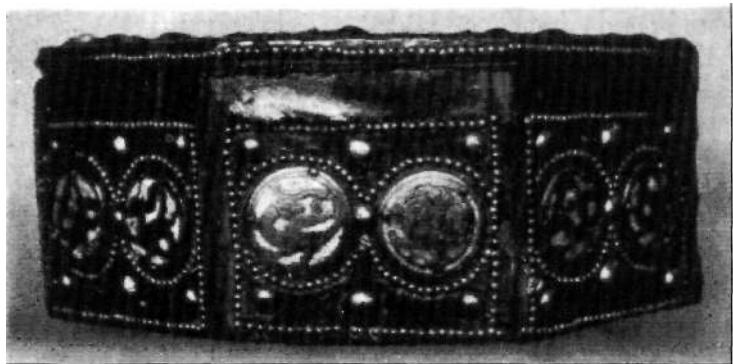
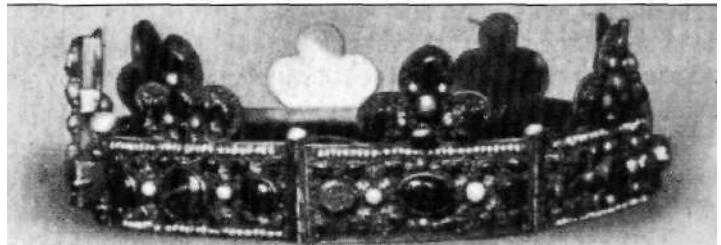
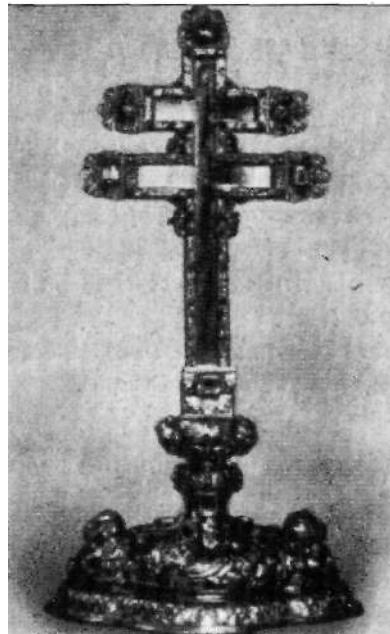
deux auraient été plantées en Terre Sainte par Godefroy de Bouillon (P. Saneur, 1663) (fig. 4.g);

- deux croix grecques, telles qu'elles se présentent sur certaines monnaies médiévales hongroises et allemandes; une des croix est placée en bordure de la monnaie, l'autre en son centre et les extrémités de leurs arbres se touchent fortuitement (?) (Monseigneur Barbier de Montault) (fig. 4.h.).

Dans son oraison funèbre de Claude de Lorraine, premier Duc de Guise et fils de René II, Claude Guillaud, en 1550 (Historama), nous offre une interprétation nettement plus lyrique, voire opportuniste, en affirmant que les Ducs de Lorraine sont doublement chrétiens, comme princes d'un état situé au centre du monde chrétien (de l'Europe) et comme conquérants de Jérusalem, restituant ainsi la Terre Sainte à la chrétienté... "Comme Abraham eut augmentation de lettres en son nom par sa grande foy, ainsi la famille de Lorraine a eu augmentation du signe de croix pour leur fervent zèle à la défension de la Terre sainte".

La forme religieuse, elle non plus, n'échappe à certaines tentatives de la considérer comme

*Fig. 7. Croix reliquaire,
début 13ième siècle
(Cathédrale Saint Aubin,
Namur).*



d'hiver; l'inférieure, la plus longue, au solstice d'été. Ainsi la Double Croix pourrait-elle représenter la transition symbolique de l'espace (la croix simple étant le symbole classique de l'espace bidimensionnel) vers le temps.

Partant d'une symbolique intrinsèquement religieuse (voir existentialiste), la Double Croix évolua vers un emblème, d'abord de puissance religieuse, ensuite de puissance séculière (croix héraldique); cet aboutissement est particulièrement bien illustré par la croix de Lorraine d'autant que la double croix y fut connue bien avant les croisés!

Malgré cela, la Double Croix demande partout une image de lutte pour de nobles idéaux et un monde meilleur, lutte aussi bien patriotique (croix de Lorraine et de Gaulle) que religieuse (croix des Ordres, issus des croisades) ou sociale (croix de la tuberculose, Memoria de

la Primera Cruzada). Il est cependant assez étonnant que les pneumologues ne portèrent guère d'intérêt pour la croix de la tuberculose au début du siècle (Rousset), alors que la lutte contre cette maladie fut une lutte essentiellement sociale et que, partant, le fait de se ranger derrière un emblème international fut ressenti comme une nécessité absolue.

Cet emblème de la lutte contre la tuberculose n'est pas original du point de vue graphique, mais ce graphisme cache un caractère spécifiquement combatif. De surcroît, il fut mis en circulation à un moment où la propagation d'un emblème analogue, la Croix Rouge, ce fit à profusion. Sa forme était simple - et donc facilement reconnaissable (passivement) et reproductible (activement) -, spécifique (tant dans sa couleur que dans ses proportions) et esthétique. A mon avis, le fait que la Double Croix de G. Sersiron ait la forme la plus "religieuse"

(traverses proches l'une de l'autre et de l'extrême supérieure de l'arbre) de tous les graphismes de Double Croix que j'ai pu retrouver, n'est point un pur hasard.

Dans notre pays, la Double Croix-Rouge est encore de nos jours l'emblème de la F.A.R.E.S. (Fondation contre les Affections Respiratoires et pour l'Education à la Santé) et de son homologue néerlandophone, la V.R.G.T., de l'Association Belge de Pneumologie et de l'Oeuvre Belge de la Lutte contre la Tuberculose et des Affections Respiratoires, et ce à juste titre. Car non seulement la tuberculose reflambe, tandis que les structures de dépistage et de suivi médical furent récemment supprimées dans divers pays, le notre inclus, mais de surcroît des bacilles de Koch pharmaco-résistants surgissent, avec comme corollaire le fait qu'une hygiène laborieuse va à nouveau dûment concurrencer la pharmacothérapie (théoriquement) infaillible.

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Professeur Broekaert Ivo: Etudes à la Faculté de Médecine de l'Université Libre de Bruxelles, régime néerlandophone (VUB).

Spécialité Médecine interne. Actuellement professeur de médecine interne à la même Faculté et Chef de clinique Adjoint à l'Hôpital Universitaire Saint Pierre (Bruxelles) et à l'institut G. Brugmann (ancien Sanatorium).

Fondateur du Centre de Médecine Générale à la même Faculté; membre fondateur et ancien Président de la MOVUB (Association des Médecins anciens étudiants de la VUB).

Membre titulaire de la Société Belge de Médecine Interne.

Distinctions: Prix Fleurice Mercier; premier prix Specia; prix national de Médecine Sociale.

Plus de 30 communications et plus de 40 publications.

Second auteur du livre *Potentialpattern recognition in Chemical and médical décision making*, Letchworth, UK, 1986.

Abortions in Byzantine times (325 -1453 AD)

E. Poulakou-Rebelakou (2), J. Lascaratos (1, 2), S.G. Marketos (1, 2)

Résumé

La législation impériale, les écrits des auteurs-médecins et le nombre des canons ecclésiatiques prononçant sur l'avortement, montrent que cet acte était très fréquent dans toute la période de l'Empire Byzantin. Seulement les avortements thérapeutiques sont permis par la loi, l'opinion populaire et l'église, autrement ils sont considérés comme des meurtres.

Dans son attitude devant l'avortement, Byzance représente l'influence de l'esprit de christianisme sur les idées païennes, mais aussi la continuation d'un code éthique reflété dans le serment Hippocratique "je ne donnerai à aucune un pessaire abortif".

Les peines pour les femmes qui avortent sont : l'exil temporaire, la confiscation des biens, le travail forcé dans les mines et, dans certains cas, la mort. Il y a aussi des peines pour les sages-femmes, les docteurs ou les autres personnes qui aident les femmes à avorter, et les fabricants de drogues abortives. L'Eglise condamne les femmes à la censure de l'excommunication.

L'éthique, la religion et la législation à Byzance se positionnent d'une manière négative face au problème de l'avortement, sauf les cas où la santé de la mère se trouve en danger pendant l'accouchement.

Summary

The legislation and the texts of the most important medical writers of Byzantine times have been studied with reference to abortions, the ethical aspect of this social and medico-legal problem, the theological and the scientific approach. The theoretical basis of the permanent and absolute condemnation of all kinds of abortions except those permitted for medical reasons, is greatly influenced by the spirit of Christianity. In fact, religion supported the view that the reception of the seed in the uterus and the conception of the embryo means the beginning of life and accepted that the foetus is already a living creature. All legislation of Byzantium from the earliest times also condemned abortions. Consequently, foeticide was considered equal to murder and infanticide and the result was severe punishments for all persons who participated in an abortive technique reliant on drugs or other methods. The punishments could extend to exile, confiscation of property and death.

The physicians followed the tradition of Ancient Greece, incorporated in the Hippocratic Oath, representative of the ideas of previous philosophers. According to this famous document, it is forbidden them to give a woman "an abortive suppository". The Orthodox faith reinforced this attitude, protective of every human life. On the other hand, the Church and the State accepted selective abortion based on medical data, such as prevention of dangerous conditions in pregnancy or anatomical difficulties involved.

In conclusion, science, church and legislation had a common attitude to matters concerning abortion and this fact reveals an effort to apply a fair policy for the rights of the embryo and the protection of human life in Byzantine society.

Effie Poulakou-Rebelakou (2), J. Lascaratos (1,2) and S.G. Marketos (1, 2)

1. Department of History of Medicine, Athens University School of Medicine

2. International Hippocratic Foundation of Kos, Greece

The Empress Theodora; mosaic from St. Vitale church in Ravenna, Italy.

During the eleven centuries of the Byzantine Empire, abortions and castrations remained the two forbidden medical practices. Imperial legislation and Church Canons both expressed social attitudes towards these medico-legal problems, following the main ideological and political currents of those times. The permanent prohibition is probably explained by the extension, the persistence and the repetition of the practices. The rise of Christianity after Emperor Constantine's conversion (313 AD) was the critical point for changes in social behaviour especially in the matter of protection of infancy and childhood.

At this point a short historical review is considered necessary, so that the most important philosophical opinions may be mentioned. The ancient religions of Greece in the Classical period did not include the dogma of an immortal soul and consequently the threat of any eternal punishment. For Plato, foeticide is one of the regular institutions of the ideal state, against the danger of overpopulation. He accepted the use of abortions in birth control, especially when the age of the mother was over 40 years or the mother herself had decided it, without descriptions about the kind of abortifacients.

Aristotle estimates that abortions constitute the best procedure to keep the population within the limits which he considers essential for a well-ordered community. These ideas co-existed with some contrary opinions and theoretical aspects based on a biological and philosophical question about the time when the embryo attains the form of life, because before that time the destruction of a non-living creature was not considered immoral. It would appear that, in classical times, there were those who did not object to abortion, others who felt it to be justified only in certain circumstances, others who were against it in all cases, and it seems that the Hippocratic Oath reflected this point of view. The Pythagoreans held that the embryo was an animate being from the moment of conception



and therefore they could not but reject abortion unconditionally. It seems very probable, if not coincidental, then, that the most famous ancient ethical document, the Hippocratic Oath in its prohibition against abortifacients and contraceptives echoes Pythagorean doctrines, especially ideas of Philolaus.

In antiquity, it was not generally considered a violation of medical ethics to do what the Oath forbade. Many physicians prescribed and gave abortive remedies and medical writings described the means by which they were to be employed. Law and religion then left the physicians free to decide whatever seemed best to them. The Philosophic School of the Stoics did not recognize the entity of the foetus, considering it as a constituent element of the maternal organism. The same idea is supported by some early Roman legislators like Ulpian - "the foetus before naissance is part of his mother=77u//er/s portio vel viscerum" and Papinianus "the unborn foetus can not be called a human *be/lrg=partus nondum editus homo non recte fuisse dicitur*".

On the other hand Schbonius Largus (1st c.AD) is the first extant ancient author to mention the Oath and he obviously counted on its being well known. According to him "Hippocrates, the founder of our profession placed the Oath at the beginning of medical education, and by prohibiting abortion, he early turned the minds of his pupils toward humaneness=*adhumanitatem*. Taught to consider it wicked to harm a potential human life, a physician would judge injuring a fully developed one to be all the more criminal".

The first law against abortion appears during the reign of the Emperors Septimius Severus and Antoninus Caracalla (195-211) at the beginning of the 3rd c. AD, mainly concerning the final decision not to be left to woman. It did not aim at the protection of the unborn child, but the mother's action was prosecuted because the father's rights to his offspring had been violated. Early Roman law punished both those who provided abortifacient potions and the women who accepted them.

Christianity was early influenced by ancient Greek philosophers who placed the beginning of life at the time of conception. The ethics of the Hippocratic Oath harmonize well with the Judaean-Christian morality and some of its main principles can be traced in the Teaching of the Twelve Apostles. On the other hand, a passage from the Old Testament (Exodus 21.22-23) about the exact age of the animation of the foetus, appeared in the Byzantine Legislation of the 8th c. (*Ecloga* appendix). Apart from the Orthodox Church, some of the most celebrated personalities of Byzantium, supported the view of the immediate animation of the seed in utero, like Gregory of Nyssa (4th c.) Arethas of Caesarea (9th-10th c.) and Michael Psellus (11th c.). All the above theories comprised the Ecclesiastical theological thoughts, which were formulated in the Byzantine canon law. Similar opinions about abortions were expressed by the Imperial Legislation, that whenever practised, meant destruction of a living being.

As in all the previous societies, in Byzantium too, several factors created the need for abortions : adultery, fornication and prostitution continued despite the important change of the New Religion. The consideration of youthful beauty and its preservation, the wish to revenge a husband, and as a method of birth-control although the Empire never faced overpopulation problems. Especially the cases of illegitimate conceptions and those involved with matters of inheritance and fortune of the foetus were more seriously punished. The only completely acceptable reason for abortion was dictated by medical necessity and was concerned with every threat to the mother's life.

The Empress Theodora (fig. 1), wife of Justinian I, a well-known personality of Byzantium, underwent some abortions before her marriage. According to the scurrilous account by the historian Procopius about the years when she lived as a prostitute, the use of abortifacients persisted. Ingredients for these drugs were available and common in the 6th c. She was accustomed to use all the abortive techniques, whenever she had to face such difficulties. Maybe her sterility after marriage can be attributed to her repeated abortions.

The Imperial Legislation never accepted legal abortions except those performed for medical reasons. Justinian's *Digest* included experts on early Roman law. The punishments for the women are usually banishment, divorce when the abortion is practised and the husband ignores it, corporal punishments especially for the unmarried.

With the Isaurian dynasty's *Ecloga* the punishment of death is established for those widows, who kill the embryo for money, favoring other heirs. The Macedonian dynasty's *Proheiron* repeats the previous legal collections insisting on the parallel punishment of the physician or the midwife, corresponding to their social class and to the damage caused. Even in the 14th c.

From Soranus'work "Gynaikēia" illustrating various presentations of the foetus. Manuscript of 19th c. Royal Library, Brussels.



collection *Hexabiblos*, the providers of drugs and herbs for abortion are considered as murderers.

The Ecclesiastic canons of Byzantium, although permanently condemning the voluntary interruption of pregnancy, seem more merciful. The first evidence of condemnation is seen in the canon of the Ankara Council (ca. 314 AD). The next canons are those of Saint Basil (Nr 2 and 8) which emphasize that the embryo is a perfect individual and condemn those who provide and the women who take abortive drugs to ten years excommunication from ecclesiastic life. With the same spirit the Council of Troullos (691-2 AD) equated abortion with murder. A compilation of the above

canons can be found in the *Nomokanon* of Photius and in *Syntagma* of Mathew Blastaris (9th and 14 th).

Another remarkable point is that the Byzantine Church increases its clemency in sentencing the women who underwent an abortion, while the imperial legislation from the 8th c. increases its severity, adding whipping to exile.

A very interesting trial about an abortion case took place in Constantinople in the year 1370. A monk from the monastery of Theotokos Hodigitria, named Iosaph and an anonymous nun from Saint-Andrew-in-Krisi convent were the defendants in this affair. It was a rather unusual trial involving the Patriarch Philotheus Kokkinos and the prosecution of the father of the embryo, because the law exclusively punished the mother. The physician Syropoulos who provided the abortifacient drug was condemned to exile, while the price of the potion seems very high : five gold hyperpyra, a cloak and a glass vase (made from Alexandrian crystal). The monk Iosaph was punished with demotion and expulsion from his monastery.

Medical aspects of abortions

Many medical writers and physicians rejected abortion under all circumstances and most of them supported their decision with a reference to the prohibition in the Hippocratic Oath. However, as on a number of other issues, the writings of the Father of Medicine incorporated apparently contradictory views on abortions, for in the treatise "On the Nature of the Child", a girl thought to be in the sixth day of pregnancy is advised that, in order to expel the "seed", she should leap strenuously enough that on descent her heels touch her buttocks".

The plant *Helleborus niger* (left), from a manuscript of St. Lavra Monastery, Holy Mountain, Athos.



Soranus (fig. 2), the greatest ancient gynaecologist, allowed abortion, only if it was to avert harm to the mother. He also noted that some physicians in his day discerned two stages of conception, namely reception of the seed and conception of the embryo. Having labelled as an "expulsive" the leaping technique which Hippocrates described above and tolerated, and an "abortive" reliant on drugs, which he did not recommend, the majority of the doctors had little compunction over prescribing some means to expel the seed.

One of the ways in which physicians tried to induce an abortion was to reverse the advice they normally gave to pregnant women who wished to avoid a miscarriage. Thus, from the Roman era it was common knowledge that a woman who wanted an abortion should take

violent exercise, should be jolted and shaken in a carriage and should carry heavy things beyond her strength.

These same measures were supported by the Byzantine physicians, who also added the consumption of spicy foods, the use of diuretics and clysters to empty and purge the abdomen. If these were without effect, protracted baths were prescribed or venesection, according to the Hippocratic dictum that "a pregnant woman if bled miscarries". A wide variety of poultices and vaginal suppositories was also used, differentiated by the great personalities in the medical literature. Among the most used herbs are : pennyroyal, artemisia, mandrake root, wormwood, calaminth, peony, garlic, myrrh, ginger, aloe, saffron, cinnamon, violet, iris. These popular to physician and familiar plants were

also related in a number of compound prescriptions.

Oribasius from Pergamum, friend of the Emperor Julian (4th c. AD) recommends a drug made from black helleborus and wine for oral administration, which "kills the embryos". The plant *helleborus niger* (fig. 3) has a vigorous vomiting action. Aetius of Amida, physician to the court of Justinian I , two centuries later, repeats all the methods of "physical" abortive techniques without pharmaceutical remedies, like massage, excessive exercise, jumping, which can bring about the effect with relatively little danger. Although he is Christian, he is realist enough to recognize that there would occasionally be irresistible pressure put on physicians and midwives. His own advice is a vaginal suppository consisting of dried figs and a poultice from the plant *cedrus*, which can also be used as a contraceptive means. Symeon Seth of Antiocheia (11th c.) prescribes another abortive : citrus fruits and/or lemons. It is remarkable that most physicians advocate their selective and responsible use because they consider all these drugs dangerous for the mother's life and health.

Soranus warned against the use of instruments which destroyed the foetus : "separating the embryo by means of something sharp-edged, danger arises that some of the adjacent parts be wounded". This bronze instrument was used in abortions and was known as "foeticide". Maybe a uterine probe could also be used for piercing the amniotic membrane around the embryo. Some examples were found in collections of Byzantine surgical instruments but no descriptions of the performance of the embryo's removal were found in the medical texts. The fact that the survival of the instruments of the Roman Empire is very rich compared with that of the Byzantine era, is the result of a common practice which prevailed then of burying physicians with their instrumentaria, while this custom was not further continued.

In conclusion : civil and canon law, as well as the lay opinion in Byzantine times equated abortion with murder and consequently condemned it. However, both Imperial Legislation and the Orthodox Church accepted selective abortion for medical reasons. This common attitude reflects not only the scientific theories relevant to the starting point of life but also the theological ideas about the mother's health and the embryo's value. This latter seemed to be the object of special care by the legislator, who considered the unborn child as a perfect individual.

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Effie Poulakou-Rebelakou, M.C., trained in Pediatrics, has practised medicine in university clinics and hospitals : Philologist specialized in Medieval and Neohellenic Literature. Scientific works in the field of the History of Medicine include "Pediatrics in Byzantium" and several published papers focused on traditional medicine of Greek Antiquity and Byzantine times.

J. Lascaratos, M.C., is Assistant Professor of the Department of History and Philosophy of Medicine, School of Medicine, National University of Athens. He specialises in Ophthalmology. Member of the International Hippocratic Foundation of Kos (IHFK).

SpyrosG. Marketos, M.C., is Professor and Chairman of the Department of History and Philosophy of Medicine, School of Medicine, National University of Athens. Honorary President of the International Society of the Humanistic- Neo- Hippocratic Medicine. President of the International Hippocratic Foundation of Kos (IHFK). Vice-President of the International Society for the History of Medicine. President-elect (1996-198) of the Executive Committee of the European Society for Philosophy of Medicine and Health Care (ESPMH).

Alphonse LeRoy et la Protopédiatrie du début du 19e siècle

S. Kottek

Résumé

Bien que la pédiatrie n'ait été établie comme spécialité que vers le fin du 19e siècle, l'intérêt pour les enfants, sains ou malades, s'éveilla environ un siècle plus tôt. Parmi les obstétriciens qui écrivirent sur les maladies des petits enfants, Alphonse LeRoy (1742-1816) est parmi ceux dont on a relativement peu parlé, du moins dans ce contexte. Nous avons entrepris de montrer dans cet essai que son ouvrage intitulé "La Médecine Maternelle" (1803) n'est pas moins caractéristique de cette période que ceux beaucoup plus connus d'Underwood ou de Buchan en Angleterre, et de Hecker ou de Hufeland en Allemagne.

Summary

Although pediatrics as a specialty was not founded before the end of the 19th century, physicians showed a growing interest in childhood about a century earlier. Alphonse LeRoy (1742-1816), an obstetrician in Paris, was one of them, and little has been written on him in this context. We have endeavored to show that his work entitled "La Medecine Maternelle" (1803) is in no way less representative of this period than the much more celebrated works of the English authors Underwood or Buchan, and those of the German scholars Hecker or Hufeland

Alphonse LeRoy (ou Leroy, 1742-1816) est né à Rouen où il a commencé ses études de médecine. Il les a poursuivies à Paris où il a passé son doctorat. Il fut le collègue de Sigault à la Maternité et le suivit dans sa campagne en faveur de la symphysiotomie. En fait, LeRoy et Sigault entrèrent par la suite en compétition, chacun décrivant la méthode comme s'il l'avait inventée.

LeRoy a laissé un traité sur *la pratique des accouchements* (Paris 1778) qui fut traduit en allemand (1779), un autre ouvrage sur *les habillements des femmes et des enfans* (Paris 1772) et une plaquette sur l'opération de la symphyse (1778). Il a malheureusement aussi une réputation de "personnage arrogant et en-

vieux" (Witkowski, p. 147). En tant qu'obstétricien il a certes laissé une réputation inférieure à celle de ses contemporains Levret, Sigault et Baudelocque.

Mais c'est à Alphonse LeRoy le "protopédiatre" que nous nous proposons de consacrer cette étude.

LeRoy fut sans doute le plus bel exemple en France de l'évolution d'un accoucheur vers la "pédiatrie" sur le modèle d'Underwood en Angleterre. Nous allons donc consacrer quelques pages à une analyse sommaire de son traité intitulé *Médecine maternelle*, ou *L'art d'élever et de conserver les enfans* publié à Paris chez Méquignon l'Aîné en 1803 (an XI).

Avant de considérer plus en détail la longue introduction (25 pages) de son ouvrage, voyons-en rapidement la table des matières. Les 7

Portrait d'Alphonse LeRoy, peint par David (1783), (Musée Fabre, Montpellier)



premiers chapitres (pp. 1 -32) traitent de la physiologie de l'embryon et du nouveau-né. Les chapitres 8-12 traitent de l'environnement (le lit, la lumière, le froid, la chaleur...), du caractère de la nourrice, et de l'allaitement. Le reste de l'ouvrage traite de la pathologie du nourrisson, mais on y trouve également des développements sur la "transpiration insensible" (ch. 18), sur l'alimentation non lactée (ch. 19), sur les effets de l'air pur (ch. 21), sur l'exercice (ch. 22), le sommeil (ch. 23), le sevrage (ch. 25), le marasmus (ch. 26). Puis de nouveaux chapitres sur la pathologie (ch. 28 à 44). Le dernier chapitre donne des vues générales sur les remèdes applicables aux enfants. Le chapitre 40 traite de l'inoculation. LeRoy s'y montre opposé à la pratique (toute neuve) de la vaccination : "on va chercher chez les animaux un virus dont on ne connaît pas la nature..." Il ajoute cependant : "je laisse au temps et là l'expérience à éclairer les gens sages, ils jugeront si c'est à tort que j'ai blâmé cette pratique adoptée avec une extrême vivacité par les jeunes médecins" (p. 356). C'était assurément à tort...

LeRoy n'adopte donc pas facilement les idées nouvelles : il laisse cela aux "jeunes médecins".

Pourtant, c'est à ces mêmes "jeunes médecins" qu'il adresse son ouvrage (p. VI). C'est que déjà à cette époque, et de tous temps, les jeunes acceptent les idées nouvelles qui paraissent avoir été expérimentées correctement, alors que les praticiens plus âgés attendent, paradoxalement, l'épreuve du temps.

LeRoy fait preuve d'érudition, en bon émule du siècle des Lumières, et cite souvent les auteurs anciens, tels Aristote ou Pythagore. Lorsqu'il parle des troubles du sommeil, par exemple, LeRoy condamne les médications soporifiques, ainsi que le berçement. Il remarque : C'est par de douces chansons... que les Grecs faisaient endormir leurs enfants; on sait qu'à leur imitation le père de Montaigne faisait réveiller son fils au son des instruments... Il faudrait endormir le soir les enfants par une mélodie douce... et les réveiller le matin par une harmonie plus ou moins vive. Les pythagoriciens commençaient et finissaient leurs journées par de semblables exercices musicaux (pp. 156-157).

LeRoy propose même que des musiciens composent des mélodies spécialement adap-

tées à ces effets. Il avait même projeté de préparer, en collaboration avec son fils, un ouvrage sur "l'éducation des sens, des sensations et des passions" (p. 158), ouvrage qui apparemment n'a jamais vu le jour.

L'introduction

De même que LeRoy intitule son ouvrage "Médecine Maternelle", il commence par affirmer que seules les mères, ou à défaut, "les femmes", sont capables de soigner les enfants. Ecouteons-le :

Un ancien proverbe dit : "Le médecin d'un enfant est une femme".

(L'auteur concède le fait que l'instinct de tendresse rend les femmes "seules capables de donner des soins à la première enfance")

Mais veut-on dire par là que la médecine est inutile aux enfants? Ce serait une grande erreur; car il n'est pas de temps dans la vie où la médecine soit plus puissante, et souvent plus nécessaire, surtout pour diriger les soins maternels.

"Quelle science importe-t-il plus d'apprendre aux femmes, que celle de conserver et de bien élever leurs enfants ? C'est ce qui m'a fait donner à cet ouvrage le titre de Médecine maternelle; ouvrage que j'adresse aux jeunes médecins, afin qu'ils expliquent aux mères les motifs de leurs conseils; et aux mères afin qu'elles puissent juger si ces conseils sont fondés sur la connaissance de la nature (pp. v-vi)."

Dans un premier temps , LeRoy évoque "la médecine" en tant que "directrice" des soins maternels. Ce qui est quelque peu en deçà de ce que le titre "Médecine Maternelle" semble impliquer. Il s'agit de la médecine pour les mères et non de la médecine des mères. LeRoy voudrait que l'art de conserver et d'améliorer les enfants devienne une science, propagée "par un enseignement analytique" (p. vi).

La plupart des enfants, écrit LeRoy, périssent peu après la naissance :

"Parmi le petit nombre d'enfants qui survagent sur le fleuve de la vie, combien peu arrivent à une virilité robuste? Les mères, les nourrices, transmettent aux enfants des principes de dégradation de toute espèce. Tant et tant sont détériorés, qu'à peine sur vingt individus qui survivent, en trouve-t-on un dont la constitution physique soit parfaitement saine. Cette dégénérescence et ces vices vont toujours croissants avec la civilisation" (pp. vi-vii).

Après avoir évoqué la dégénérescence de l'espèce humaine liée à la civilisation, LeRoy s'en prend à la passivité des gouvernements, qui pourtant devraient être sensibles aux avantages d'une démographie saine et progressive.

Puis il s'adresse aux jeunes médecins: *"J'ai conseillé aux jeunes médecins de commencer l'étude et la pratique de la médecine par les enfants: il est beaucoup plus facile de remédier à leurs maladies qu'à celles des adultes, parce que les causes en sont moins nombreuses; les sensations sont moins multipliées : il est plus facile de connaître, de réparer, de modifier, de changer les principes qui les constituent : ils se rapprochent plus de l'état élémentaire, ils sont plus homogènes; les combinaisons sont moins multipliées, les atmosphères qui circulent autour de chacun de leurs systèmes, sont plus étendues: en sorte que si leur réseau est plus frêle, le mouvement, la vie qui circule autour de chaque système et même de chaque molécule, s'étend plus loin et se meut plus rapidement; de là vient que chez eux on peut mieux étudier et connaître ce que c'est que la vie" (pp. ix-x).*

On sent que ce livre fut publié du vivant de Bichat - que LeRoy évoque d'ailleurs plus loin dans cette Introduction (1) sans le nommer - quand l'auteur déclare que la médecine doit être

MEDECINE

MATERNELLE,

O V

L'ART D'ÉLEVER ET DE CONSERVER
LES ENFANS;

PAR ALPHONSE LEROY,

i . v c r £-V Docteur - Régent, Professeur à l'Ecole spéciale de Médecine de Paris; Membre de plusieurs Sociétés savantes.

*Sinite paivulot venire ad m»,
Évang. S. MATH.*

A P A R I S ,

Okti MiQCioxo s l'afiné, Libraire , rue de l'Ecoie ds Jitdetjne.. a⁰. 3, vis-a-vis la rue Haute-Feuille.

AX xi. —M. DCCC. m.

plus qu'une observation :

"...Aujourd'hui, elle peut s'appuyer sur la théorie. La théorie de la médecine peut et doit se perfectionner, parce que les sciences ont acquis un grand degré de certitude physique. La médecine est le résultat de toutes les autres sciences; elle doit être fondée sur l'encyclopédie de ce que l'homme connaît dans la nature" (p. x).

LeRoy se lance alors dans de longues considérations quelque peu fumeuses sur la nutrition, l'accroissement, l'anatomie - bref, la théorie médicale (pp. xi-xviii).

Tout cela n'est évidemment pas adressé aux mères, mais bien aux jeunes médecins, le but étant de montrer la différence entre les enfants et les adultes. Puis il fait référence à Rousseau (2):

"Un philosophe éloquent a excité l'enthousiasme maternel, mais j'ai cru qu'un philosophe médecin le devait diriger. Rousseau fut

Médecine Maternelle. Page de titre du livre d'Alphonse LeRoy

le grand apôtre de la maternité: on a mal entendu ses principes, qui sont politiques plutôt que médicinaux. Ce grand homme, plein de sensibilité et d'indignation contre les maux de la société, créa un être idéal qu'il en fit le plus indépendant possible, et qu'il ne soumit qu'aux nécessités de la nature; il fallait au contraire, indiquer l'art de rendre l'homme plus attaché à l'ordre social: il fallait l'améliorer, le perfectionner au physique et au moral par un art physique, et fondé sur son organisation: mais, pour cet effet, il fallait des connaissances médicales, et surtout celles de l'organisation de l'enfant, et celles des besoins qui en dérivent. Mais Rousseau, tout entier à l'amour de la nature sauvage, ne voulut devoir à la nature cultivée aucun de ses avantages immenses. Il voulut des générations plus robustes, mais il connut mal l'art de réaliser les bienfaits qu'il avait conçus. En attachant les mères à leurs enfans, en débarrassant ceux-ci de leurs liens, il fit un très grand bien sans doute, mais les âmes ardentes ont adopté trop avidement tous les autres principes et toutes les autres conséquences d'un ouvrage politique..."(pp. xviii-xix).

Le médecin, au contraire, doit indiquer les moyens de renforcer la nature pour "conserver et même améliorer l'enfant".

L'un des obstacles essentiels à la pratique pédiatrique était pour les médecins le fait que le petit enfant ne parle pas. Il n'y a donc pas d'anamnèse directe possible. LeRoy ne peut esquerir le problème. Ecouteons-le :

"Les enfans n'ont point, dit-on, de langage pour exprimer leurs besoins; mais quand une mère sensible et un philosophe attentif les écoutent et les observent, alors ils se font entendre facilement : leur signes sont pour ceux qui leur donnent des soins, tout aussi expressifs que les nôtres. Je me plais à étudier chez eux ce langage, et leur sagacité m'a parue toujours plus profonde qu'on

- Illustration du livre de LeRoy
(à la fin de l'Introduction)

ne la jugeait. Ils distinguent parfaitement la nature des affections qu'on leur porte : ils obéissent facilement, avec joie même, à ceux dont la sensibilité non obligée est dirigée par la raison; mais ils sont rebelles, ingrats même quelquefois envers leurs parens, parce qu'ils distinguent et la nature physique, et l'aveuglement, et l'égoïsme, de leurs affections. L'enfant a une foule immense de passions qui dérivent d'un petit nombre de besoins; pour les satisfaire il raisonne bien plus qu'on ne pense: ce sont de petits hommes qui discernent trop bien que nous ne sommes trop souvent auprès d'eux que de grands enfans. Voilà ce qui a nui à leur éducation, qui devrait être basée sur les affections les plus tendres, mais en même temps les mieux dirigées par la raison. Aussi des parens qui sont aussi tendres que raisonnables ont des enfans bien élevés" (p. xxi).

Pour l'auteur, les enfants sont plus raisonnables qu'on ne le pense, bien qu'il faille savoir les comprendre. Pour cela il faut également savoir les approcher. LeRoy en vient ensuite à rationaliser son propre amour des enfants: "C'est donc l'enfant qui apprend à l'homme à se connaître" écrit-il, et voilà qu'il devient lyrique :

"Ah! me dis-je à moi-même, comment ne pas aimer ces petits êtres qui nous révèlent, lorsqu'on les observe, les grands mystères et de notre économie et de notre entendement ?" (p. xxii).

Et il ajoute:

"C'est donc chez eux (chez les enfants) qu'il faut étudier de l'homme et le moral et le physique".

En conclusion, avant de citer un souhait d'Anaxagore - qui n'a sans doute pour but que de souligner son érudition - l'auteur s'écrie :

"Puisquent ainsi les bienfaits de la vraie médecine se répandre de plus en plus sur ce premier âge! C'est là le bien que je désire-



rais laisser après moi, c'est mon voeu principal."

Que conclure de la lecture de cette introduction? LeRoy adresse son ouvrage, comme beaucoup d'auteurs contemporains ou antérieurs, à la fois aux mères et aux jeunes praticiens. Contrairement à d'autres auteurs, LeRoy évite cependant de fustiger les femmes (mères, nourrices, sage-femmes incultes et leurs traditions surannées). Il veut que les mères prennent en mains-propres l'éducation physique (ainsi que l'on disait à cette époque) de leurs enfants, mais sous contrôle médical (3). LeRoy insiste sur l'alimentation des petits enfants, à laquelle il consacre plusieurs chapitres de son livre (4). Même lorsque la mère ne peut allaiter, il déconseille le recours aux nourrices. Il conseille une nourriture demi-solide précoce, dès le 3e mois, et y ajoute volontiers un peu de bouillon de veau, ou de volaille.

"Tous ces accessoires au lait permettront à une mère délicate et faible de nourrir parfaite-

tement son enfant. Quelles autres que les mères peuvent donner aux enfans cette gradation de soins propres à améliorer et fortifier notre espèce ?" (p. 113).

Et là, LeRoy condamne les "femmes mercenaires" dont l'indigence, l'ignorance et la grossièreté ne permettent pas qu'on les éduque. Il se montre là plus éclectique que d'autres auteurs qui tentent de réformer tout le groupe des "soignantes", et probablement aussi plus réaliste.

Par contre, il est quelque peu utopiste lorsqu'il invite les jeunes médecins à commencer par l'étude de la médecine des enfants.

"En effet", écrit-il, "les maladies des enfants sont moins nombreuses et il est plus facile de les traiter" (p. x).

De nombreux auteurs se plaignent en effet de la réticence de la plupart des médecins de se charger du traitement des enfants. Ainsi que l'exprime le pionnier anglais George Armstrong (1767) : *"Je me suis laissé dire qu'il y a ici des médecins de renom qui ne se font aucun scrupule d'affirmer que lorsqu'un enfant est malade, il n'y a rien à faire"* (p. 3). Un autre Anglais, l'auteur-vénette William Buchan, déclare dans l'édition de 1795 de sa *Médecine Domestique* que, contrairement à ce que l'on croit couramment, les maladies des enfants ne sont pas plus difficiles, ni à diagnostiquer, ni à traiter, que celles des adultes (p. 31, en note). Christian Wilhelm Hufeland, auteur allemand à succès, veut lui aussi encourager les jeunes médecins à se lancer dans la pratique pédiatrique, ce qui, dit-il, peut être une façon fort efficace pour se créer une clientèle (1793, pp. 289-290). Hufeland voit essentiellement trois raisons pour le retard pris dans cette branche de la médecine: la formation insuffisante des médecins, le manque d'hôpitaux pour enfants et le manque de connaissance de la nature de l'enfant (*ibid*) (5).

August Friedrich Hecker, Professeur de Pathologie et de Sémiotique à Berlin, déclare que la plupart des praticiens considèrent les maladies des enfants comme des balivernes (*Kleinigkeiten*) qui ne méritent pas leur attention. D'autres, faisant peur aux enfants par leur contenance et leur solennité, sont eux-mêmes les instruments de leur répugnance à traiter les enfants (1805, p. 81). "Pour cette branche de la médecine", écrit Hecker, "il faudrait des médecins capables (*geschickte Aerzte*) que l'on devrait appeler dès le début de la maladie." En spécialiste de la sémiologie, Hecker sait bien que ce n'est qu'ainsi que peut se construire une spécialité, ou du moins une expertise.

LeRoy voulait (en 1803) établir la médecine des enfants sur des bases scientifiques : "cette science doit être réduite à un petit nombre de principes qu'on doit propager par un enseignement analytique" (p. vi). Quatre ans plus tôt paraissait à Paris la traduction française d'un petit livre du pionnier de la santé publique, Johann Peter Frank, intitulé *Traité sur la Manière d'Elever Sainement les Enfans*. Ce traité était "destiné aux parens, particulièrement aux mères qui ont à cœur leur santé et celle de leurs enfans". L'auteur (6) déclare, quelque peu emphatiquement :

"Il est humiliant pour l'art que tant d'enfans, victimes de notre inépuisable apathie et de notre insouciance sur les recherches, augmentent annuellement la liste des morts, et que ces derniers deviennent le cachet de notre négligente et pitoyable méthode curative" (pp. ix-x).

Et il poursuit :

"Nos médecins né se couvriraient-ils pas d'une gloire immortelle en se dévouant avec un zèle digne de l'entreprise à la recherche de la nature et de l'origine, des causes et des dangers de ces maladies ? (p. x)."

Pour Michel Boehrer,
"cette partie de l'art (médical)... est bien faite

Médaille frappée en l'honneur de Sigault et LeRoy (1778)

AFNO 1708

SECFLONIM SYMPHYSEOS OSSIUM PUBIS LNVENIT; PROPOSUIT
ANNO 1777

FEOIT FELICITER M. SIGAULT, D. M. P.
JUVIT M. ALPHONSIUS LE ROI, D. M. P.



pour provoquer les recherches les plus sérieuses et les plus scrupuleuses de ceux qui se dévouent à consoler l'humanité souffrante..." (p. ix).

Nous avons quelque peu insisté sur ce point particulier qui était la condition primordiale de l'éclosion d'une médecine spécialisée pour les enfants. Il fallait lutter contre l'apathie, l'insouciance, la maladresse, l'incompétence, le parti pris des médecins. Il y avait peu à espérer auprès des médecins chevronnés. C'est pourquoi ce sont les jeunes médecins qui sont la cible des efforts des novateurs. Sensibilisés par les écrits des philosophes éducateurs tels Rousseau qui, bien que récusé par LeRoy, a eu le mérite de bien décrire la nature de l'enfant, stimulés par les enseignements glanés dans les nouveaux hôpitaux pour enfants, les "jeunes médecins" répondent à l'appel. Le livre de Charles Michel Billard (1828), qui applique aux enfants la méthode anatomo-clinique prônée par Morgagni puis par Corvisart et Laënnec annonce le traité de Rilliet et Barthez (1838-1843) et celui de Charles West en 1848. A ce moment, les "jeunes médecins" sont devenus des spécialistes expérimentés, même si la spécialité ne sera vraiment fondée que vers la fin du siècle.

Appendices

1. Quelques remarques sur l'illustration qui se trouve à la fin de l'Introduction au livre de LeRoy.

Au premier plan, une mère selon son coeur est assise, son bébé dans les bras, près de la cheminée où brûle un feu de bois. Le bébé est habillé très légèrement : il n'a pas de langes serrés comme c'était alors largement la coutume. Un jeune enfant, lui aussi peu vêtu, est debout auprès du feu, suçant un os. Le berceau est posé sur le sol (l'auteur est opposé au bercement). Sur la cheminée, quelques fioles de médicaments et un bocal contenant des sangsues dont l'auteur faisait grand usage (cf. pp. 417-420). Au dehors, une maman éplorée est assise aux pieds d'une effigie de Jean Jacques Rousseau. Sur ses conseils, elle a, semble-t-il, plongé son enfant dans l'eau froide de la fontaine et l'enfant en est mort.

Cette gravure a très vraisemblablement été créée pour le livre de LeRoy et elle est très signifiante dans son opposition à l'éducation des enfants prônée par Rousseau.

2. La médaille frappée en l'honneur de Sigault et de LeRoy

La Faculté de Médecine de Paris décida en 1778 de graver sur le revers du jeton d'argent du doyen Jean-Charles Desessartz (7) l'inscription suivante commémorant le succès de la symphysiotomie pratiquée en 1777 sur la femme Souchot avec plein succès :

*SECTIOSYMPHYSIS OSSIUM PUBIS, LUCINA
NOVA
1768 INVENIT, PROPOSUIT
1777 FECIT FELICITER
J.R. SIGAULT D.M.P.
JUVITALPH. LE ROI D.M.P.*

Sigault reçut 100 de ces jetons et LeRoy 50. La symphysiotomie était censée éviter l'opération césarienne, terriblement crainte (non sans de bonnes raisons) par les femmes.

Notes

- 1) pp. xvi-xviii. Il cite le *Traité des Membranes*. LeRoy applaudit à la "méthode analytique" de Bichat, tout en observant qu'il a lui-même utilisé et pratiqué cette méthode depuis de nombreuses années.
- 2) Il est à ce propos instructif de jeter un coup d'œil sur la gravure incluse à la fin de l'introduction, seule et unique illustration de ce livre. (Voir appendice 1)
- 3) Il faut rappeler que LeRoy s'adresse également aux mères qui pourront ainsi exercer un contrôle sur l'avis des médecins, du moins en théorie.
- 4) Ch. 6, sur l'alimentation du foetus; ch. 10 : sur les différentes qualités du lait; ch. 12 : sur l'allaitement; ch. 19 : sur l'alimentation non-lactée; ch. 25 : sur le sevrage et la nourriture proposée alors.
- 5) A propos des hôpitaux, on rappellera que c'est précisément à cette époque que fut ouvert le premier hôpital pour enfants à Paris, l'Hôpital des Enfants Malades (1802).
- 6) En fait, l'introduction est de la plume de l'éditeur et traducteur de Frank ; Michel Boehrer.
- 7) J.C. Desessartz fut lui-même un pionnier de la protopédiatrie française. Son traité, intitulé *Traité de l'Education Corporelle des Enfants en bas âge*, date de 1760 et a été consulté par J.J. Rousseau dont l'*Emile* a paru en 1762.

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Samuel Kottek, Professeur d'Histoire de la Médecine à l'Université Hébraïque de Jérusalem.
Auteur de "Medicine and Hygiene in the works of Flavius Josephus" (1994).
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Classical Greek Attitudes to Illness

K. Dover

Summary

The history of Greek attitudes to illness is characterised throughout by two oppositions. One concerns aetiology (divine intervention or the operation of fully explicable natural forces) and treatment (by science or by magic). The other opposition concerns the role of the sick or disabled individual in the community : a liability, to be rejected as such, or a fellow-human deserving compassion.

Résumé

L'attitude des anciens grecs face à la maladie était paradoxale. Ils attribuaient l'étiologie à l'intervention du divin comme à des éléments naturels tout à fait explicables et, en outre, avaient recours à la magie comme à la science pour la thérapeutique. L'autre paradoxe concerne le malade et l'handicapé et leur place dans la société. Ces derniers étaient soit rejetés, soit acceptés par compassion.

I use "classical" in its narrow sense, to mean 500-300 B.C., as opposed to "archaic" (before 500 B.C.) and "Hellenistic" (after 300 .C.); remember that the Greeks of the classical period were not a nation but a thousand nominally sovereign city-states. I speak of "attitudes" rather than "beliefs", because any large city-state was heterodox, lacking creeds, dogmas and sacred texts.

One Greek text exhibits with particularly striking force a conflict between "science" and "magic", between the "intellectual" and the "popular" approach to illness. This text is *On the Sacred Disease*, and it is one of the many works which by the third century B.C. had been put together under the name of "Hippocrates". It is clear from the details given that the author's concern is with epilepsy, and he calls it "the sacred disease" because it was popularly believed to be a spectacular intervention in our

physical state by some kind of superhuman power. He asserts vigorously that every disease whatsoever has an aetiology which is in principle discoverable by rational scientific procedure, and he rejects all treatments which entail spells, charms and incantations. Those who profess to treat illness by such means he lumps together with sorcerers and rainmakers as fraudulent charlatans (Lloyd 1979 19-29, 37-40). It would seem that in a case of epilepsy the doctor and the patient's own circle might not simply disagree over the efficacy of alternative treatments but fundamentally, in their views of the world.

When we hear about doctors in Greek non-medical literature of the Classical period, it is most commonly in connection with wounds and injuries, and that is not surprising in a society so addicted to warfare. What has survived of the medical literature itself is traditionally ascribed to Hippocrates, about whom, as an individual, remarkably little is known. It cannot be shown that even a single one of the numerous works transmitted under his name was actually composed by him (Lloyd 1975). The ascription

- All the Greek texts cited in this paper are available in English translation in the Loeb Classical Library (Harvard University Press).

of this mass of works to a single author is a phenomenon which has analogies; it profited ancient booksellers to ascribe as much as they could to famous names (Dover 1968 23-26).

The "Hippocratic" treatises include much that is practical and down-to-earth; strong on regimen, they are disappointingly uninformative on pharmacology, and a few of them are (to our way of thinking) dismally philosophical. They agree, however, in one important negative respect: they never suggest that amulets, charms, spells and incantations have anything to contribute to the treatment of illness. Which side were most intelligent laymen on? It is not surprising that tragedy takes spells for granted, because the tragic poets tended in many respects to work on assumptions which were already going out of date in their own time. But there is a more telling contrast between one of the Hippocratic *Aphorisms* (vii.87) and certain passages of Plato. The aphorism says:

*"What drugs do not cure, surgery cures.
What surgery does not cure, cautery cures.
What cautery does not cure must be
considered incurable."*

Plato, speaking (*Republic* 426B) of the sick person who will not take advice on his life-style, says

*"Neither drugs nor cautery nor surgery, nor
again spells or amulets, will benefit him."*

And in *Charmides* 155E he represents Socrates as divulging a cure for headaches, thus:

*"I told him that there was a certain herb, and
a spell such that if he recited it at the same
time as using the drug would restore his
health completely; but without the spell the
drug was of no use."*

The passage is actually a device for introducing a philosophical discussion, and headaches are soon forgotten; its importance lies in the fact that Plato represents the advice as taken seriously in a realistic conversation (cf.

Theaetetus 149CD on the "medicines and incantations" used by midwives).

Of course, in ancient societies the distinction between science and magic, however readily we nowadays may classify a practice as one or the other, is resistant to precise definition. That is notably so when a process regarded as "purification" is simultaneously physical and ritual (Parker 207, 213-8). Compare, however, the ingestion of a substance and the utterance of magical words. Both appear to set in motion a sequence of events, none of them detectable by unaided vision, which sometimes culminate in the patient's recovery. When the treatment is pharmacological, we expect every instant of the process to exemplify laws of biochemistry which we either understand already or expect to understand next week or next century. When the treatment is magical, we do not have that expectation, because there is a gap between one kind of event, the singing of charms, and another kind, the cessation of a pathological condition. But the possibility of drawing this distinction depends on biochemical knowledge which the ancient world did not possess. Did Greek medical writers grasp the distinction intuitively? Or was their view a reflex not just of scientific curiosity but also of a critical attitude towards religion from the standpoint of morality, criticism which had already begun by 500 B.C.?

The notions that epidemics are "acts of God" - in the literal sense, not the insurance-policy sense - was widespread and deep-seated in Greek society, and the notion that individual illness, particularly mental illness, was god-sent was also widespread. The earliest Greek text we have from the archaic period, Book I of the *Iliad*, describes how Apollo came down from Olympos and "fired his arrows" at the Greek host, so that "the funeral pyres blazed in abundance". That is Homer's way of describing a plague. In the second year (430 B.C.) of the Peloponnesian War, Athens was struck by a devastating plague which killed a third of the population. Thucydides,

writing in the 390s, says that this brought to mind the promise made to the Peloponnesians a couple of years earlier by the oracle of Apollo, assuring them that if they fought with all their might against Athens he would lend a hand on their side.

Apollo was a major god. In Homer he creates the plague in response to a prayer - a prayer which he could have declined to answer. After all, unanswered prayers are an ingredient of life to which all cultures have to reconcile themselves. Here we may glimpse something of a difference between magic and religion, spells being proper to the former and prayers to the latter. A prayer is an interpersonal transaction. The god to whom it is addressed may decide that you do not deserve a favourable answer; you may not be a good enough person, or what you are asking for may be sinful. It might be easier to predict success or failure in prayer if the gods were invariably good and just; but in the Classical period the idea that they were, strongly held by some philosophers and destined to prevail in theology, was by no means universal. Persons, whether human or superhuman, have prejudices and predilections, and may act in the interests of their friend's friends and their enemies' enemies. Even if the gods are good, the point of the suffering which they inflict as part of a means to a good end may be unintelligible to us (a problem which besets the faithful in all religions). Furthermore, the gods act on an extravagant scale; they may sink a ship and drown all those aboard in order to punish one sinful passenger; or, of course, they may send a plague, which respects neither sex nor age, as a mark of their displeasure at the conduct of the ruling element within a community. And notoriously, (though this idea was waning in the Classical period) they may punish an offence by visiting its consequences upon descendants of the offender, who may not even know of their ancestor's guilt.

All this means that if we accept the idea that some illnesses (and other forms of suffering) are

divinely caused, we don't know which ones; and even if we do persuade ourselves that we know that, we don't necessarily know the reason. Perhaps there is no reason. Greek religion has no Devil, but it accommodates a host of sub-divine beings, often the ghosts of ancestral heroes, with whom it is always unwise to tangle, because they may react viciously (Parker 243-6). In this area spells and magic become important. As opposed to the interpersonal transaction of prayer, magic is an operation of machinery. If we follow the right procedure in starting a lawnmower, we expect to hear the reassuring roar of the motor; and if we get the words of a spell right and accompany it by the right ritual objects and actions, we expect our suffering to abate. Magic thus offers us a way of mastering minor superhuman beings. If in the process we also offend them, that does not matter so much, because if our spells are efficient enough we can afford offence. But we cannot afford to offend major superhuman powers.

If it had been a systematic belief among the Greeks that all illness was caused by superhuman intervention, and if it had also been an article of faith that all superhuman powers were unfailingly good and just, it could be expected that the Greek attitude to illness would be peculiarly lacking in compassion, since the logical assessment of any affliction would have been "it serves you right", and no one would have been anxious to appear sympathetic to a sinner. Fortunately the Greeks were very rarely willing to agree on one explanation of an event when a range of alternative explanations was available, and when compassion for the sick and readiness to alleviate their suffering are portrayed or described in Greek literature we find ourselves on familiar ground.

Not, however, familiar in all circumstances. Illness within the household, the family, the clan, the city-state, mattered, but beyond those limits suffering, did not necessarily elicit a compassionate response; the charitable relief of suffering

abroad is a very modern phenomenon. A civilised person would normally be expected to evince compassion when directly and inescapably confronted by suffering, but not even then if the sufferer was a personal or political adversary. It is clear from allusions in comedy that it was quite acceptable in forensic and political conflict to ridicule people for skin disease, defects or diseases of the eyes, lameness, chronic diarrhoea, and the like.

Generations which have revered the Socrates depicted by Plato and Xenophon as a kind of honorary post-Enlightenment Christian have usually failed to notice that he was an absolute stranger to compassion. The Socratic-Platonic tradition in philosophy was preoccupied with justice, which after all, is constantly in conflict with compassion. This conflict created a problem for Aristotle, because the society in which he lived and worked at Athens attached importance, as we see from forensic oratory and fourth-century comedy, to the virtues *philanthropia* and *epeikeia*, which together comprised magnanimity, compassion, generosity and helpfulness. How he resolved that problem is a matter too remote from the subject of this paper to pursue, but the importance of justice and desert is nicely brought out in a passage of his *Nicomachean Ethos* (1114 a 20-29):

"No one reproaches those who are ugly by nature, but those who are ugly through lack of exercise and neglect of themselves, yes. It is the same with illness and impairment. No one would blame a man who is blind congenially or from a disease or an injury, but would pity him; but the man who is blind from alcoholism or some other indulgence everyone would reproach."

Stern words, and thoroughly Greek. It is hard to believe that any Greek would have comprehended the contemporary notion that affecting one's own health by smoking or drugs is one's own business, in which the State has no right to interfere. In Greek eyes, anything that

makes one less useful than one might have been is everyone's business.

Forensic oratory illustrates the extent to which the interests of the community could be treated in the Athenian democracy (which, incidentally, prided itself on its humanity) as overriding the rights of the individual. We find a prosecutor arguing (*Lysias* xiii 52) that a defendant's plea of action under duress should be ignored if the offence is serious enough; the notion that condemnation of the innocent is worse than acquittal of the guilty, although a notion naturally favoured by defendants, was not unchallengeable. We hear also (*Aeschines* i 86-88) of the execution of two jurors who yielded, through poverty in old age, to the temptation to accept a bribe. Maintenance of the integrity of the jury system mattered more than individual lives (Dover 1974 288-292). None of that sounds good news for the congenitally handicapped or for the insane.

The life of a Greek was regarded as beginning not when s/he first drew breath into the lungs, but when the head of the household (within ten days) acknowledged the child. After that, to kill the child would have been homicide; but before it, the head of the household - or, in the case of illegitimate children where there was no household, the mother - was entitled to expose the baby: that is, to put it out in a lonely place to die of cold and hunger or to be eaten by animals. It might, of course, be picked up by someone who wanted a baby; but whatever happened, exposure, involving no shedding of blood by human hand, was legally acceptable (Garland 13-16). Aristotle (*Politics* 1335 b 19-26) firmly expresses the opinion that parents should be compelled by law to expose congenitally deformed or disabled infants. To recommend a law for an ideal state implies that it does not hold good for existing states, and certainly there was no such legal compulsion at Athens. But passing references in comedy take exposure for granted, and in a passage of Plato (*Theaetetus* 161 A)

Socrates says to a young man :

"When *a hypothesis* has been born... we must look very carefully to ensure that if it's not worth rearing, that doesn't escape our notice... Or do you think that, come what may, it's right for you to rear your offspring instead of discarding it ?"

At Sparta the head of the household has less latitude. Not he, but the elders of his clan, had the right to decide whether a newborn child should be reared, and they could normally be expected to judge that a handicapped or sickly-looking child would be of no value to the community. The idea that one's children belong to the State, not to the parents, is not unique to Sparta; we encounter it again in Athenian tragedies in contexts which have to do with the sacrifice of a princess.

The elevation of communal over individual interests is especially conspicuous in the treatment of mental illness. References in comedy indicate that a common way of "treating" menacing or troublesome schizophrenics was to throw stones at them until they ran away. Provision for a plea of diminished responsibility when such people committed violent crimes is made in the ideal state envisaged in Plato's *Laws* (864DE), but in the surviving forensic speeches which concern real cases it is clear that such a plea was not possible. In fact, it could be argued that a crime committed in expression of a vicious nature and not from rational criminal intent "cannot on any pretext claim forgiveness" (Demosthenes xx 40). It is the prosecutor who imputes insanity to the defendant, and not out of any desire for scrupulous fairness but to heighten the jury's revulsion.

This is the point at which the notion of surperhuman intervention reappears. Although the Greeks were well aware that injury to the brain could affect behaviour profoundly, and medical writers readily include insanity among symptoms generated by a defective regimen, a

prosecutor could argue (e.g. Lysias vi 19 f., 31) that a deity intervened in the mind of the defendant to direct him into a course of action which no rational person would have taken; and it is inferred that an acquittal, being contrary to the wishes of the deity in question, would be disadvantageous to the community (Dover 1974149f.).

No culture taken as a whole has a logically coherent system of attitudes, and Greek intolerance of social uselessness coexisted with a strict sense of obligation to one's parents, however useless they may have been rendered by senility. In the diagnosis and treatment of illness our own culture has given the victory to science, but the problem of reconciling communal with individual advantage remains with us.

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Biography

Sir Kenneth Dover is Chancellor of the University of St Andrews, which hosted the 16th Congress of the British Society for the History of Medicine in August 1995. He had been professor of Greek at St Andrews University from 1955 to 1976 and then President of Corpus Christi College, Oxford between 1976 and 1986. He was president of the Society for the Promotion of Hellenic Studies 1971-74, of the Classical Association in 1975 and of the British Academy 1978-81 and has contributed greatly to the understanding of Greek literature and morals.

The Ripley Scroll of the Royal College of Physicians of Edinburgh

R.I. McCallum

Summary

Alchemical scrolls associated with George Ripley are unusual documents which illustrate the pursuit of the Philosophers Stone. Scrolls vary from about 5 feet in length by 5 inches wide to over 20 feet long and about 3 feet wide. There are 16 scrolls in libraries in the UK and 4 in the USA.

Ripley whose name is attached to the scrolls was a Canon of Bridlington in Yorkshire and lived from about 1415 to 1495. He is renowned as an alchemist and author of alchemical works in rhyme, and his verses are used on the scrolls. Some of the scrolls were produced in the 16th century, in Lubeck, probably at the request of John Dee the Elizabethan polymath.

A Ripley Scroll is in the library of the Royal College of Physicians of Edinburgh to which it was presented in 1707. The only published description of this scroll appeared in 1876, and it has not apparently been studied since.

Interest in Ripley scrolls has grown in recent years and there have been a number of publications describing them since 1990. The Edinburgh scroll is described and is compared with the other scrolls which have been seen personally or for which detailed descriptions have been published. The origin, significance and use of Ripley Scrolls are discussed in an attempt to define their contemporary role.

Résumé

Les rouleaux alchimiques qu'on attribue à George Ripley illustrent la quête de la pierre philosophale. Ils mesurent entre 5 pieds de long sur 3 pouces de large et 20 pieds de long sur 3 pieds de large. Ils sont particulièrement rares; il en existe 16 au Royaume-Uni et 3 aux Etats-Unis.

Ripley (1415-1495) était "Canon" à Bridlington dans le Yorkshire. Alchimiste réputé, il rédigea une série de travaux écrits en versets, dont certains à Lübeck, à la demande de John Dee.

Un de ces rouleaux appartient à la bibliothèque du Collège Royal des Médecins à Edinbourg où il fut présenté en 1707 puis publié en 1876.

Depuis les années 90, ce document fait l'objet d'un regain d'intérêt et notamment de comparaison avec d'autres rouleaux pour mieux saisir son intérêt potentiel.

Introduction

While studying the medicinal use of antimony from early times up to the present, it became clear that not only was Isaac Newton a keen

student of alchemy and of antimony in particular, but that he was familiar with the alchemical poetry of George Ripley. A reference in a book on Newton's alchemy (Dobbs, 1975) referred to a Ripley Scroll in the Fitzwilliam Museum in Cambridge. At the same time I was looking at accounts of alchemy in Scotland and came across a description of a Ripley Scroll in the Royal College of Physicians of Edinburgh.

This has prompted me to try to place the Edinburgh scroll in the context of other scrolls in the UK, all of which I have examined, and those in the USA for which descriptions and illustrations are available.

A scroll is a roll of paper, vellum or parchment on which there may be writing or other symbols or drawings, paintings etc. The use of scrolls for written material preceded that of the codex or bound book, and scrolls were largely replaced by the codex from the 3rd century on. However massive use was made of scrolls in the middle ages and later particularly for state records e.g. Patent Rolls (Roberts and Skeat, 1983). Scrolls can be very long; in the Fitzwilliam Museum for example there is a 15th Century French *Chronicle of the World* in scroll form which is over 56 feet in length and covered with writing, with small painted illustrations.

The name of Ripley is associated with alchemical scrolls of which 20 are known (Linden, S J, personal communication) 16 of them in the UK and three in the USA. Most of them follow a set or conventional form. The written content of these scrolls is usually taken, at least in part, from the poetic alchemical writings of George Ripley but there is no evidence that he himself initiated or used such scrolls. The scrolls purport to describe howto make the Philosophers'Stone.

George Ripley, (1415-1490), "Chanon of Bridlington".

Ripley was probably born in Yorkshire at Ripley which is to the west of Knaresborough and south of Ripon and Harrogate. Some details about him are given in Ashmole's *Theatrum Chemicum Britannicum* (1652) where he is described as the son of a Yorkshire gentleman. Ashmole quotes a comment that he was a man of a quick and curious wit "who wasted almost his whole life in searching out the occult and abstruse causes of and effects of natural things". Ripley joined the Canons Regular of the Order of

St Augustine of the Congregation of St Genevieve, Bridlington in the diocese of York as a youth. When he took up the study of alchemy he was unable to understand it and decided to travel in order to learn more. He went to Italy in 1477 where he studied "The Hermetic Science" (alchemy), and obtained benefits from Pope Innocent VIII who made him domestic prelate of the palace and Master of Ceremonies.

On his return to England, Ripley found that his papal honours did not endear him to his colleagues as they thought that he would feel superior to them. Ripley resented this and joined the Carmelites in 1488 but was not happy and asked to become an anchorite without leaving the order. He was still a Regular Canon when he wrote the *Compound of Alchemy (The Twelve Gates)* in 1471. It was first printed in 1591 and again by Ashmole in *Theatrum Chemicum*. Ashmole gives a list of 25 works by Ripley.

Biebel in his introduction to Ripley's *Twelve Gates* (*Les douze Portes d'Alchimie*, 1979) comments that he is unaware where Ripley acquired his title of knighthood as neither of the two professions which he followed would lead to this; however Biebel also refers to him as "Chevalier d'Heliopolis". Ripley however had visited Rhodes and stayed with the Knights of the Order of St John to whom he is reputed to have given money lavishly to help in their war against the Turks, and it seems likely that his title derived from this. After his death, in 1490, he was regarded as a magician.

Elias Ashmole (1617-1692)

Ashmole was an English antiquary and lawyer who studied mathematics, astronomy, astrology and alchemy. In 1652 he published *Theatrum Chemicum Britannicum* which contains several of Ripley's writings including the text of his "The Compound of Alchymie" (1471), described as "A most excellent, learned, and worthy work, written by Sir George Ripley, Chanon of Bridlington in

Yorkshire, containing twelve gates", as well as "The Vision of George Ripley", and "Verses belonging to an Emblematicall Scrowle : supposed to be invented by George Ripley". The latter are included, in one form or another, in most of the scrolls especially in the predominant type (see Table).

Also included in *Theatrum Chemicum Britannicum* are Ripley's "The Mistery of Alchymists"; "The Preface prefxit to Sir George Ripley's MEDULLA" (1476); "A Short Worke That beareth the Name of the aforesaid Author, Sir George Ripley"; and a fragment from his Cantalena. Ripley, Ashmole says, is generally thought to have been the Master of the 15th century alchemist Thomas Norton of Bristol, whose long "The Ordinall of Alchimy" forms the first 106 pages of *Theatrum Chemicum Britannicum*.

Ashmole also gives biographical details of Dr John Dee the Elizabethan mathematician, astrologer and alchemist, one of whose books he edited in 1650.

John Dee (1527-1608).

In "Annotations and Discourses upon Some part of the preceding Worke" at the end of *Theatrum Chemicum Britannicum*, Ashmole devotes several pages to John Dee in addition to printing his "Testamentum" of 1568.

Dee, an Elizabethan polymath, has been associated with Ripley Scrolls. Two scrolls in the Wellcome Institute Library have written on them: "This long rolle was drawne in colours for me in Lubeck in Germany. 1588", and a similar inscription is on one of the small scrolls in the British Library (5025 (2)). It is known that Dee was in Germany at about this time, and he may have commissioned a scroll or scrolls. A letter from Sir Thomas Browne to Elias Ashmole in 1658 refers to a Ripley scroll in a list of Dee's hermetic works from his library (Linden, in press). This scroll

Browne describes as being in parchment about 7 yards long which is approximately the length of the specimen now in the Fitzwilliam Museum, Cambridge. There is also other evidence of Dee's interest in Ripley (Roberts and Watson, 1990).

The Ripley Scrolls

The Edinburgh Ripley Scroll has been in the Royal College of Physicians for over 280 years and belonged to Sir George Erskine who died in 1646. His birth date is unknown.

Sir George Erskine of Innertiel

Information about Erskine (or Areskine) is sparse. He was the third son of Sir Alexander Erskine of Gogar, a grandson of the Earl of Mar and brother of the first Earl of Kellie. He was tutored by the reformer George Buchanan (1506-1582) together with the son of King James V, Prince James, later James VI (Mackenzie, 1708). Erskine was the most important follower of hermetic philosophy or alchemy in the time of King James VI (Small, 1876) and according to the Earl of Cromarty who was his grandson, he had studied alchemy and corresponded with other alchemists abroad. A Dr Politius of the Society of Rosicrucians in Hess, with whom Erskine had probably corresponded, came from Poland or Silesia to Scotland to see him.

Erskine who was admitted a Senator of the College of Justice in 1617 (Brunton and Haig, 1836) was known as Lord Innertiel. Innertiel or Invertiel is part of the Linktown area in the south of Kirkcaldy in Fife, in the *quoad sacra* parishes of Kinghorn and Abbotshall (Groome, 1906). It may be significant that a short distance to the west, is Balwearie, also in Abbotshall parish, which is associated with the scholar, mathematician and astrologer Sir Michael Scott (d 175 - c1232), Scotland's most famous alchemist.

In June 1707 the Earl of Cromarty who in 1685 had been involved in an official capacity in

the ratification of the 1681 charter of the Royal College of Physicians of Edinburgh, presented it with six manuscript volumes which had belonged to Erskine, and a Ripley Scroll.

The manuscript volumes contain material on Rosicrucianism as well as alchemical subjects copied from a wide range of authors. Poems by Ripley, and a version of the "Hunting of the Green Lion by the Vicar of Walden" (sic) are included, all of which appear also in Ashmole's *Theatrum Chemicum Britannicum*.

The manuscripts which are listed by Small include :

Arbatel, or the magick of the auncient Philosophers the cheefstudie of wisdom. Anno Virginei partus saluberrimi 1602 Febii xiii. G.A.

Norton's Ordinal/; Bloomfield's Blossoms; The vicar of Walden, his hunting of the Green Lyon; Ane book named the Breviarie of Philosophie, be the unlettered Scholler, Tho. Charnock; John Bristoll his Alchymie. (All but the last of these are contained in Ashmole's *Theatrum Chemicum Britannicum*).

Notes by Areskine; Out of George Ripley his wheill; out of Ripley's xii gates; Ex libro de mercurio Geo Riplaei; Ex arcano Hermeticae Philosophiae;

Directions for alchemical processes : The preparation of mercury fro the workes; the work be sal armonique; the work of common salt; the work of sulphur; from M.N. which a Ducheman gau to the B. Bristow.

The Ripley Scroll of The Royal College of Physicians of Edinburgh.

The scroll forms an appropriate and relevant part of this material. It was shown to the Scottish Society of Antiquaries in 1827 by Dr William Moncrieff the College librarian, and the only published description (Moncrieff and Small, 1876) is based on Moncrieff's detailed descrip-

tion of it, and it has not apparently been studied since.

The scroll is over 18 feet (5.5 m) long and 23 inches (57.5 cms) wide. It is fixed to wooden rollers at top and bottom. The top shows evidence of wear, and perhaps damp at some time. In style it is a version of the most common pattern and consists of a series of figures which are well and skilfully drawn, accompanied by English verses and some Latin phrases relating to alchemical processes.

It was copied for Moncrieff and Small's paper by a photolithographic process, much used from the early 1860s on, which gives a very clear illustration of the drawings. The text is impossible to read from this, but is contained in Moncrieff's account in great detail.

The scroll is made up of sheets of parchment mounted on a linen backing. Although the series of images is a continuous one and each leads into the next, it can be divided arbitrarily for descriptive purposes into four or five sections. Here it is not appropriate to go into great detail such as is given by Moncrieff, but sufficient to give an outline of its contents.

(1) It begins with a large bearded figure clutching an egg-shaped vase. The figure, in cap/headdress and robe, is almost certainly that of Hermes Trismegistus (thrice-greatest), the legendary founder of alchemy who is identified with the Egyptian god of healing Thoth. The appearance is consistent with other portraits of him over a long period : for example, Stefano's mosaic on the floor of Siena Cathedral (1488); an engraving in Barlet (1657) of Hermes in his laboratory; and in a painting of 1700 in the Basel Apotheke Museum.

The vessel which he holds is an Hermetic Vase (Vase of the Philosophers; Philosophers' Egg). The egg shape was highly significant and was symbolic of creation and in it the Great Work of making the Philosopher's



Fig. 1. Part of *The Edinburgh Ripley Scroll* showing Red and Green Lyons, and the Hermes Bird eating its wing. The bird is shown as a male figure crowned, but in some scrolls it is clearly female. The feather motif is evident. (Courtesy of Royal College of Physicians of Edinburgh)

has two seated figures holding a book; one of the figures appears to be Hermes again. In the top of the vase is a toad, and below it there are the words "The black sea, the black lune, the black soil", below this between two sets of verses is a furnace.

(2) The furnace is set on leaves at the top of a tree below which a curious female figure with a dragon's tail and webbed feet but a human trunk and head set between sun and moon, hangs downwards holding a male child. Below is a vine with grapes emerging from a seven sided pool or cistern bounded by 7 pillars on each of which stands a monkish figure clutching an hermetic vase. In the pool stand naked male and female figures. The whole rests on an angular pillar which itself is set in a second four sided pool. Embracing the pillar is a large male figure like Samson, with one foot in the water having on his left a winged angel, and on his right another human figure with an indeterminate spiky structure behind it. The front of the pool is decorated with a winged dragon spewing a toad from its mouth. A number of lines of verse come below this. These are in Ashmole.

At each of the four corners of the structure is a pillar with an hermetic vase. Each side of this section of the scroll is decorated with feathers.

The pool rests on a base at the front of which are a red lion (left) and a green lion (right) on either side of a furnace with the words "The mounthe of Cholerick beware".(fig. 1).

Stone was carried out (Read, 1939). Needless to say the vessel was hermetically sealed by a stopper.

The vase contains a series of eight roundels linked by chains to a larger central roundel. Each small roundel has an hermetic vase containing one or two homunculi, male or female, flanked by monk-like figures. The larger central roundel

(3) A large sun with eyes and mouth follows then the striking figure of the crowned Bird of Hermes biting its left wing and standing on an orb into which seven feathers are stuck,(Fig. 1). More feather-like objects are apparently falling from the sun's rays. Some more verses are set below the orb, after which there is another orb of a different kind containing linked white, black, and green balls within it, and with rays emanating from it.

(4) This orb is set in a lunar structure below which is a dragon whose wings do not seem to be attached to its body but to the orb on which it stands. The dragon is bleeding from its belly, the drops flowing into the orb which has three black balls in it. Three paragraphs of poetry follow.

(5) Finally two figures grasp either side of a column of poetry (fig. 2).

The figure on the left is either a mendicant or perhaps a philosopher (Ripley himself?) carrying a curious staff which, at its lower end, is a shod hoof and has its upper end clothed in a scroll. On the right is a figure in ecclesiastical robes with a crown and long staff, possibly Hermes again.

Interspersed throughout the scroll are phrases in English and Latin, some of the latter in abbreviated form. Most of the verse is in Ash moles' *Theatrum Chemicum Britannicum*.

Comparisons with other Ripley Scrolls in the UK

These are summarised in the Table; they fall into three broad categories :

A : conventional, of which the Edinburgh scroll is one. They are all very similar in content and style and layout but with marked differences in execution of the drawings and some divergences in the wording of the poems. The spelling is fascinating in its diversity both between and within scrolls.

B : Two reclining monks replace the Hermes figure and flask at the top in three of the scrolls, and there are other variations in the emblems.

C: One scroll is quite different in content and features a rose motif; this presumably exemplifies the Rosicrucian element in the history of the scrolls. This scroll is discussed and details of it are reproduced by Jung (1953).

Most scrolls are drawn on sheets of paper which are mounted on a backing of paper, linen, or vellum. A scroll in the British Library (Sloan 2523B; Roll 45) appears to be drawn on vellum sections of a map of part of east Germany and what is now part of Poland. The map is by Moses Pitt (d. 1696) and dedicated to Ralph Macro. MD Pitt was a map publisher at St Paul's Churchyard London, and produced three volumes of maps, the third being of Germany.

The Purpose of Ripley Scrolls and Their Use.

Almost nothing is known about the use of these scrolls, and there is no contemporary description of them even by John Dee. There is no evidence that Ripley himself designed or was involved in making scrolls, and although his verses in one form or another are commonly used in them, they are absent from some of the scrolls; some of these can only be described as Ripley scrolls because of similarities in form and style.

It has been suggested that scrolls were used as a "hocus-pocus advertisement" in alchemists shops (Robbins, 1966) but there is no evidence to support this, and indeed it seems most unlikely for a number of reasons. They would be very difficult to display because of their length and, with that sort of use, would either not have survived at all, or would be in much worse condition than most of them are. Furthermore they must have been expensive to produce and sell, so that they are likely to have been the property of the well-to-do. Indeed some of them are known to have had aristocratic associations. This was the case in the provenance of one of the Wellcome scrolls (693); the Fitzwilliam scroll was the property of Archbishop Sancroft (1617-93) who became Archbishop of Canterbury in 1678, and has his name on it; and the Edinburgh scroll was owned by Sir George Erskine, grandfather of the Earl of Cromarty.

Fig. 2. Dragon with unattached wings, bleeding from its belly and standing on an orb. Below are on the left the figure of a mendicant or perhaps an alchemist holding a staff which has a shod hoof on its lower end; and an ecclesiastical figure or Hermes Trismegistus on the right. (Courtesy of Royal College of Physicians of Edinburgh).

Some of the scrolls appear to have been designed so that they could be hung up but this would demand a large room for the very long ones. If not, a long table might be required if the whole sequence of the scroll was to be seen at a glance. The scrolls must have been unwieldy compared with even a folio edition of a book which could have been put on a lectern. However many of the scrolls are on rollers, so that it is possible to study them section by section on a small table and this seems to me to be the most likely way in which they were used.

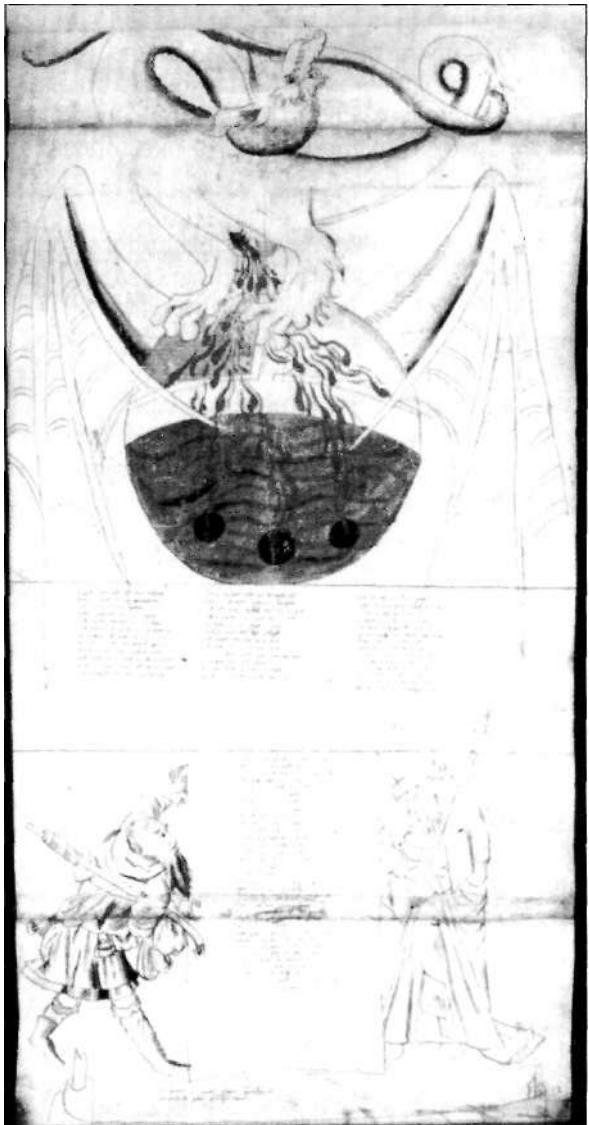
Many of the scrolls which I have examined show wear and tear and soiling at the upper end which suggests that they were studied from the top downwards. However some are also damaged or have parts missing at the bottom. Where there is a title (e. g. Wellcome 692; British Library 5025 (4)), it is at the top.

While the predominant patterns of the scrolls are remarkably similar in style and layout, they differ in minor details of the drawings, verses and inscriptions. Some of them are clearly incomplete versions of an earlier one, being without text. A robed figure, which appears opposite the Philosopher or mendicant at the bottom of some scrolls but not in others, could be Hermes Trismegistus but in some cases looks more like an ecclesiastical dignitary. Scrolls also vary in the quality of the drawings and the calligraphy.

Finally it is unknown whether there were original scrolls from which the others were copied at a later date, and if so which ones are original, or whether the scrolls available now are all copies.

The Symbolism of the Scrolls

Some of the symbols are familiar alchemical ones: the hermetic vases, the toad, dragon, Bird of Hermes and the lions.



In general the toad often represents earthy matter, or "sophic sulphur" (sophic here implies that the grosser physical properties are absent); the Bird of Hermes is Mercury, and eating its wing has been interpreted as a stabilising act; the red lion is sulphur and the green lion mercury or vitriol or antimony (Read, 1939).

Mercury does not always represent quicksilver but may also refer to "sophic mercury"

or the philosopher's stone. The sun represents gold, maleness or sophic sulphur; the moon, silver or sophic mercury; the dragon is a solar or phallic emblem; if winged it represents the volatile principle, and without wings the fixed principle (Read, 1939).

Jung (1953) uses several illustrations from the four small scrolls in the British Library (see Table). In interpreting them he remarks on the major role in alchemy and in Ripley's works of feathers of the phoenix and other birds; the bird of Hermes eating his wing is described as "the plumed king who plucks out his feathers for food". "The sphere of water is represented with dragon's wings". The *spiritus mercurii* that lives in the tree is represented in the Ripley Scrolls as a Melusina, half woman half lizard celebrating the *coniunctio* (marriage) with the *filius philosophorum*. The Melusina, Litith is also *sapientia*. The three figures standing in the pool of water he interprets as the three manifestations of the Anthropos, body, soul and spirit, and the dragon and toad placed below, as preliminary forms. The red and white rose in BL 5025 (3) (see Table) is the golden flower of alchemy, birthplace of the *filius philosophorum*. The seven stages of the alchemical process are shown as a unity (BL Add MS 5025 (1)); that everything proceeds from the one is a fundamental tenet of alchemy. Finally the two dragons eating each others tail in BL 5025 (3) shows the alchemical process in the zodiac.

Dobbs (1990) in a study of a scroll in the Huntington Library, San Marino, California, emphasises the pervasive Christian symbolism in the scrolls, especially of death and resurrection. She comments on the obscurity of alchemical symbolism for the present day and suggests that rather than dismissing alchemy as irrational and incomprehensible, one may attempt to recover its meaning by historical methods, decoding it by analysis of premodern suppositions about life, death and resurrection. She makes a beginning by describing some of the

imagery, as does Linden, but there is so much detail in the scrolls' emblems that there is still a long way to go in explaining what lies behind them.

Other Scrolls

There are two other known scrolls (Adam McLean, personal communication); one in the USA which is now in The Resource Collections of the Getty Center for the History of Art and the Humanities, and one (formerly in the Dyson Perrins collection) in Egypt.

Acknowledgements

I am grateful to the Douglas Guthrie Trust of The Scottish Society of the History of Medicine for help in studying the scrolls. Also to the staff of the libraries of the Royal College of Physicians of Edinburgh, The Fitzwilliam Museum, The Bodleian Library, The British Library, and the Wellcome Library. I am indebted to Professor Stanton J. Linden of Washington State University for information on the scrolls and their locations in the UK and USA, and to Adam McLean and John Reddington..

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Biography

R. Ian McCallum CBE MD DSc FRCP (Lond) FRCP (Ed) FFOM
Emeritus Professor of Occupational Health and Hygiene, University of Newcastle upon Tyne. Former Dean of the Faculty of Occupational Medicine, Royal College of Physicians of London.
Honorary Consultant in Occupational Medicine, Institute of Occupational Medicine, Edinburgh
For many years a university teacher and research worker in occupational medicine, concerned mainly with pneumoconiosis, chemical toxicology, and the health problems of compressed air workers in tunnels and caissons, and of divers.

Table : SUMMARY OF RIPLEY SCROLLS

There are three types, according to content:
 A Hermes Trismegistus
 B Monks reeling
 C Rosicrucian

E=English; L=Latin

Scrol i	Date	Provenance	Approximate Size	Material	Type
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EDINBURGH. ROYAL COLLEGE OF PHYSICIANS

?16th C Sir George 18'5"x23"
 (Moncrieff & Areskine (552. 5x57. 5cm) Paper on A
 Smalt, 1876) (d. 1646) Linen Ripley and
 Gifted 1707, Carpenter
 Earl of Cromarty

WELLCOME INSTITUTE. LONDON

692	c. 1600	Sotheby 1911	10' 11"x16. " (327. 5x40cm)	Paper on linen	A Floral borders
693	c. 1600	Wm Paston, 2nd Earl of Yarmouth (1652-1732). John Ives. (1751-1776). Earl Ashburnham, 1897. Sotheby 1934	11'.5"x15ti" (34.2. 5x38. 6cm)	Paper on linen	A Floral borders

BODLEIAN LIBRARY. OXFORD

1018:	MSI. Mid 15th C.	17'7"x22" (527. 5x55cm>	Vellum	A; Part of top missing; E & L.
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1209:	Ash 40. Early 17th C	16' b6"x13b" (496. 25x34cm)	Paper on paper; vellum top	A; incomplete colouring E & L.
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1213:	Ash 52 16th C	17' 1 1H>"x21!4" (538. 75x53. 75cm>	Paper on linen; vellum top	A; part of bottom missing; E & L
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1216:	Ash 53 17th C	18' x2lte" (540x53. 75cm)	Paper on linen	B; no poems; Latin phrases. Copied by Simon Forman
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1222:

Ash 54 16/17th C	16'5"x2lfe" (492. 5x53. 75cm)	Paper on linen; vellum top	A part top missing; no colour or text; bottom panel damaged and incomplete. E & L
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The Ripley Scroll of the Royal College of Physicians of Edinburgh, Vesalius, II, 1, 39 - 49, 1996

FITZWILLIAM MUSEUM. CAMBRIDGE

MS 276	16th C.	Archbishop W Sancroft (1617-93) Gifted 190	22'5" x 22H" <672.5 x 57cm)	Paper on linen	A; E & L
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BRITISH LIBRARY. LONDON

Sloane 2524A	16th C	Roll 46	13' x 18" (390 x 45cm)	Vellum on linen	B; Incomplete, no verse. Latin phrases.
Sloane 2523B	16th C	Roll 45	19'fc" x 20" (570. 6 x 50cm)	Vellum map sections on linen.	A; L & E
MS 32621	16th C	Bought from G Smith, 1865	14'2" x 1'6"'' (424. 7 x 46. 9cm)	Vellum	A Floral borders. Incomplete E & L Drawn by James Standish

The following are framed, with glass front and back:

MS 5025(1)	16th C	(Burland, 1967; Roberts, 1994)	5' x 6Jt" (150 x 15. 6cm)	Paper	B E & L at top; No verses. Unfinished.
MS 5025(2)	16th C		4'2" x 5>i'' (125 x 13. 8cm)	Paper	A; Ripley verses.

MS 5025(3)	16th C	(Jung, 1953; Szulakowska, 1993)	5' 7" x 5" (167. 5 x 125cm)	Paper on paper	C; L & E Rosicrucian
MS 5025(4)	16th C		4' 2" x 5"'' (126. 9 x 14. 4cm)	Paper on paper	A; 'Invented by Bacon ¹ . E & L

PRINCETON UNIVERSITY LIBRARY. NEW JERSEY. USA

MS 93.	16th C.	Bought London (Hanford, 1958) Gifted 1957	18. 1' x 22" (542. 5 x 55cm)	Vellum	A; Ripley & Carpenter.
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YALE UNIVERSITY LIBRARY. CONNECTICUT. USA

Mellon MS 41. c 1570		Christie 1904	19'6" x 2114" (585 x 54cm)	Paper on linen	A; Ripley, Carpenter, Arnold. E & L
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HUNTINGTON LIBRARY. SAN MARINO. CALIFORNIA. USA

HM 30313.	16th C.	Sotheby 1958 (Dobbs, 1990; Linden, 1984)	10' 10" x 15li" (325 x 39cm)	Parchment framed in glass	A; Ripley & Carpenter
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Places the medical historian should visit Endroits à visiter par les historiens de la médecine

When you visit a strange city it is not always easy to find the way to sites of medical historical interest, or even to learn whether there are any. How often has one regretted not knowing where to go, and learned about what you have missed after your return home. To help minimise this risk we have asked a number of members to contribute urban itineraries to cover short visits of one or two days in towns throughout the world.

If you would like to offer a short medical historical itinerary for your own town we should be happy to consider it for publication in the series.

Lorsque l'on visite une ville qui n'est pas la sienne, il n'est pas toujours facile de repérer ce qui est susceptible d'intéresser l'historien de la médecine. Combien de fois ne l'a-t-on pas regretté et surtout d'apprendre, à son retour, ce qu'on a manqué. Afin de pallier cette difficulté, nous avons demandé à plusieurs membres de notre Société de proposer un itinéraire médico-historique d'un ou deux jours, chacun dans sa ville.

Si vous disposez d'un itinéraire d'une ville - la vôtre ou une autre - susceptible d'intéresser nos lecteurs, n'hésitez pas à nous l'envoyer, nous serons heureux de le publier dans cette série.

ANVERS MEDICAL

L'Ancien Hôpital Ste-Elisabeth

La première ceinture de remparts de la ville d'Anvers date du XIe siècle. Deux siècles plus tard, l'enceinte de la ville, placée alors sous l'autorité des ducs de Brabant, dut être agrandie.

C'est au cours du même siècle que le premier "*hospitale infirmorum*", édifié près de la cathédrale vers 1220, fut transféré moins de vingt ans plus tard, en 1238, vers un terrain extra-muros. L'hôpital prit pour nom "Ste-Elisabeth".

Les parties les plus anciennes, qui existent encore aujourd'hui, sont : la chapelle et la salle des malades, en style gothique, datant du 15e siècle; une grande salle des malades, charpentée, datant du 16e siècle; le couvent des religieuses du 17e siècle.

Ce dernier édifice a été aménagé en hostellerie avec confort moderne, où les méde-

cins de passage à Anvers peuvent loger.

L'ancien hôpital a été transformé en centre culturel "Elzenveld" dans lequel se tint d'ailleurs, en 1990, le 32ème Congrès International d'Histoire de la Médecine.

Lange Gasthuisstraat 45, 2000 Antwerpen

L'Hôpital Stuivenberg

Au cours du 19e siècle, les hôpitaux européens se transformèrent d'institutions de bienfaisance en institutions de soins.

A Anvers, la population connut une expansion extraordinaire et, en 1884, fut inauguré le nouvel hôpital Stuivenberg sur un plan pavillonnaire entouré de jardins, suivant en cela les préceptes de Florence Nightingale.

Les salles de malades furent construites en cercle avec, au centre, le bureau des infirmières.

res, qui pouvaient ainsi, d'un coup d'oeil, observer les 24 malades de leur salle. Quelques-unes de ces salles sont encore conservées.

Lange Beeldekensstraat 267, 2060 Antwerpen

La Maison Médicale

Anvers fut le berceau du premier collège médical du pays : le "*Collegium Medicum Antverpiense*", fondé en 1620.

Jusqu'à nos jours, cette institution est restée très active et regroupe pratiquement tous les praticiens de la ville. Actuellement le siège du Cercle Médical est situé dans une majestueuse maison de maître construite vers 1860 : la "Maison Médicale" (*Geneesherenhuis*).

La cage d'escalier, imposante, est elle-même dominée par un immense tableau : "La leçon d'Anatomie d'Anvers", peinte en 1660 par Hubert Sporckmans (Ecole Flamande). D'autres tableaux, d'intérêt médical, ornent les diverses salles de cette maison.

La bibliothèque (*Alberteum*), en style art nouveau (1935), abrite non seulement une collection inestimable de revues médicales du 19e siècle, mais également un des plus importants musées d'anesthésie du monde conçu et géré par les anesthésiologues Anversois (*Verantare*).

Louizalaanstraat 8, 2000 Antwerpen

Le Musée Plantin-Moretus

Le plus beau musée Anversois est sans nul doute la Maison Plantin-Moretus.

Le célèbre imprimeur Christophe Plantin s'établit à Anvers en 1549 et s'installera dans cette maison en 1576.

Lui-même et ses successeurs, les Moretus, parviendraient à faire fonctionner l'imprimerie jusqu'en 1876. La maison est encore restée dans l'état d'origine.

L'Officina Plantiniana, humaniste par essence, imprima également de nombreux traités botaniques (Dodoens, Clusius, Lobelius) et

médicaux (Sylvius, Valverde, Grévin, etc.).

Les bois botaniques de Dodoens et les cuivres anatomiques de Valverde y sont exposés. Quelques presses plantiniennes sont encore conservées en état de marche.

Vrijdagmarkt 22, 2000 Antwerpen

Le Musée Van Heurck

Rattaché au Jardin Zoologique, il abrite une importante collection de microscopes historiques ainsi que de préparations microscopiques.

Astridplein, 2018 Antwerpen

Le Musée du Folklore

Il conserve non seulement des objets de vertus thérapeutiques (statues et images de saints, etc.) mais également la reconstitution d'une ancienne pharmacie et d'une boutique de droguiste.

Gildenkamerstraat 2-6, 2000 Antwerpen

Le Musée Maagdenhuis

Il est aménagé dans un ancien orphelinat pour filles du XVII^e siècle. La collection d'écuelles en faïence et d'insignes attachés par les mères au linge des bébés abandonnés est unique.

"Maison des Vierges", Lange Gasthuisstraat 33, 2000 Antwerpen

Les Eglises historiques de la ville (Cathédrale Notre Dame, St. Jacques, St. Paul, St. André, St. Charles) et le Musée Royal des Beaux-Arts contiennent de nombreuses œuvres d'art se rapportant directement ou indirectement à l'histoire de la Médecine.

Jean-Pierre Tricot
Secrétaire Général SIHM
Vrijheidstraat 19, 2000 Antwerpen

Book Review

De la Syphilis au Sida Cinq siècles des mémoires littéraires de Vénus. par Jean Goens

Mémoires d'Europe - n°3

Bruxelles, Presses Interuniversitaires Européennes, 1995, 230 p.

Depuis la publication des passionnantes *Enquêtes médicales et littéraires* sur les «Loups-garous, vampires et autres monstres», paru chez CNRS Editions en 1993, le Docteur Jean Goens nous a habitué à ce ton à la fois juste, caustique et profondément humain avec lequel il traite des phénomènes de société.

Il s'attaque aujourd'hui à un autre tabou et nous livre, dans une étude sans doute moins «exotique» mais tout aussi délicate, *cinq siècles d'histoire des maladies vénériennes*.

Dans cette approche socio-culturelle et résolument littéraire des mémoires de Vénus, la syphilis tient la vedette. Grande dame de petite vertu, elle cède aujourd'hui la place au Sida et la confrontation des deux maux permet de mieux comprendre la genèse de leur affligeante célébrité.

Entre un prologue qui traite de l'histoire des maladies vénériennes en général et un épilogue consacré au Sida, le Professeur Goens nous entraîne sur les traces de la syphilis, et ce, depuis la fin du Moyen Age jusqu'à nos jours.

A l'image du Sida, la *French disease* fut présente dans le théâtre, la peinture, la littérature et même la publicité. Elle inspira les artistes de tout temps, déchaîna des passions morbides et déclencha des phobies tristement célèbres. Comme nous le rapporte l'auteur, elle est et demeure «la plus grande maladie littéraire».

L'intérêt de l'ouvrage réside non seulement dans l'originalité de la forme mais aussi dans la multiplicité des thèmes abordés, lesquels sont remarquablement documentés et illustrés. Des grandes épidémies du Moyen Age à la révolution bactériologique du XXème siècle, des siècles puritains aux siècles courtisans, le discours passe tour à tour du drame à la comédie. Ce n'est pas l'oeil du clinicien mais bien celui de l'historien qui dresse ici un portrait sans complaisance de la société occidentale et de son évolution.

Médaillé de l'Académie royale de Médecine de Belgique, Jean Goens, dermatologue, chef de clinique adjoint aux Hôpitaux universitaires de la ville de Bruxelles, se passionne pour l'histoire des maladies dermatologiques et vénériennes à travers les sources littéraires.

Christine Bluard
FACEM

L'origine de la syphilis en Europe : avant ou après 1493

Sous la direction de Olivier Dutour, György Pálfi, Jacques Berato, Jean-Pierre Brun,
Centre Archéologique du Var, Editions Errance.

Ce livre est le recueil d'une soixantaine de communications (320 pages) présentées au Centre Archéologique du Var en novembre 1993. Il aborde une série de thèmes : 1. Les théories,

2. Les tréponématoses du présent au passé, 3. La syphilis avant 1493 en Europe, 4. La syphilis dans le Nouveau Monde avant 1493, 5. L'après 1493 dans l'Ancien Monde. Il rapporte aussi les

discussions qui se sont déroulées sur ces différents sujets au cours de 4 tables rondes.

Son intérêt est évident. Les conclusions peuvent être résumées comme suit :

1. La syphilis aurait pu ou non exister au Nouveau Monde avant d'être introduite par les marins de C. Colomb en Europe. Néanmoins, l'Afrique pourrait être le berceau de la tréponématose et la maladie aurait évolué en suivant les déplacements des hommes des zones humides (pian) vers les zones sèches (bejel), puis vers les villes (syphilis vénérienne). Pour certains auteurs, la forme vénérienne de la syphilis serait apparue en Amérique après Christophe Colomb!;

2. De nouveaux critères permettraient de faire le

diagnostic différentiel entre les 3 tréponématoses;

3. Des cas de plus en plus nombreux de tréponématoses, voire de syphilis sont détectés en Europe avant 1493.

4. L'hypothèse selon laquelle le foyer originel serait africain est nuancée par l'absence de trace de la maladie en Egypte ou au Proche Orient;

5. L'épidémie de 1493 était-elle bien la syphilis ou bien s'agissait-il d'une immunodéficience virale ?

Pour de plus amples informations, le lecteur peut s'adresser au Centre Archéologique du Var (O. Dutour) 14, boulevard Bazeilles, 83000 Toulon, France.

*Thierry Appelboom
Bruxelles*

La médecine Indienne

PUF (Que sais-je ? n° 2962), Paris, juin 1995

Dans ce récent ouvrage, M. Mazars, après un premier chapitre introductif consacré à "la médecine indienne à travers les âges", aborde ses bases conceptuelles, mettant en évidence les relations de son plus illustre représentant, l'Ayurveda ("savoir sur la longévité", auquel la médecine indienne est essentiellement consacrée), avec les systèmes philosophiques (darsana) du Samkhya, du Nyaya et du Vaisesika. C'est ainsi que les trois propriétés de la Nature originelle (prakrti) reconnues par le Samkhya correspondent aux trois tempéraments décrits par l'Ayurveda. De plus, la bonne santé est identifiée à l'équilibre de trois principes fondamentaux : le prana (beaucoup étudié par le Yoga) "souffle vital", le pitta "bile" et le kapha ou slesman "phlegme pituite" (M. Mazars met cependant en garde contre ces traductions trop littérales).

L'aspect psychologique n'est pas oublié par l'Ayurveda : "le corps se règle sur le psychisme et le psychisme sur le corps" dit la Carakasamhita, l'un des deux traités (l'autre est la Susrutasamhita) les plus anciens (début de l'ère chrétienne) de l'Ayurveda. Le diagnostic du médecin ayurvédiste repose d'ailleurs sur un examen minutieux à la fois du corps du malade (allant jusqu'à la prise en compte des odeurs qu'il dégage) et de son psychisme.

Le troisième chapitre "la médecine préventive" insiste sur les recommandations d'hygiène, d'exercice physique (en relation avec le yoga bien entendu) et d'alimentation. Ce dernier aspect est particulièrement commenté par les traités médicaux qui recensent tous les produits comestibles et leurs propriétés selon le tempérament et l'état de santé du consommateur, la

saison, le moment de la journée, la quantité de nourriture absorbée et sa qualité, etc.

Le chapitre suivant, "les méthodes thérapeutiques", atteste aussi de la richesse de la médecine indienne en matière de méthodes de guérison et, particulièrement dans le cas de l'Ayurveda, de préparations médicamenteuses. Remarquons encore que cette richesse de la pharmacopée indienne a amené les grandes industries pharmaceutiques à rechercher (et à trouver) parmi ses ingrédients et à l'aide des indications des textes anciens de nouveaux principes actifs pour soigner telle ou telle maladie.

Notons aussi que la chirurgie ayurvedique fut probablement la plus remarquable de l'Antiquité eurasiatique. Nous mentionnerons seulement l'abaissement de la cataracte à l'aiguille (qui a peut-être été importée dans le monde hellénistique), l'extraction des calculs vésicaux et l'utilisation de têtes de grosses fourmis noires pour les sutures intestinales.

Mais ces aspects positifs n'ont pas empêché, comme le décrit le chapitre cinquième "la profession médicale", les mauvais médecins et les charlatans de proliférer malgré la longue durée des études médicales (sous la direction d'un guru comme pour les études brahmaïques) et le serment, comportant les mêmes engagements que celui d'Hippocrate, que devait prêter le futur médecin.

Aujourd'hui, la situation est meilleure puisque l'Inde a fait de grands efforts pour donner aux futurs médecins ayurvédistes une formation en collège d'une durée de cinq ans et demi, dont une année de pratique dans un hôpital rattaché au collège. Cette formation comprend, outre des enseignements de médecine traditionnelle, des enseignements de médecine moderne (dont l'anatomie, la physiologie, la pathologie et les méthodes modernes d'investigation) ainsi que des éléments de chirur-

gie ayurvedique. Ces études sanctionnées par des examens, sans lesquelles nul ne peut pratiquer la médecine ayurvedique dans le secteur public ni préparer des médicaments destinés à la vente, peuvent être complétées par un doctorat universitaire.

Enfin, le dernier chapitre "la médecine indienne et la recherche scientifique" ajoute qu'en plus de cette réglementation des études médicales, l'Inde a donné le jour à de nombreuses et sérieuses institutions médicales, éditrices d'une presse spécialisée, et mis sur pied, avec l'aide de l'URSS surtout, une industrie pharmaceutique moderne et traditionnelle qui exporte des produits préparés sous licence à partir des 600 plantes dont l'emploi est autorisé par une liste officielle.

Pour conclure ce petit livre passionnant, M. Mazars insiste sur la grande utilité de la pratique de la médecine ayurvedique en Inde, pays de plus de 900 millions d'habitants (844 millions au recensement de 1991), villageois pour la plupart, où peu de praticiens de la médecine moderne travaillent en dehors des grandes villes. Il reprend aussi quelques-uns des avantages, décrits ci-dessus, de la médecine ayurvedique qui expliquent l'intérêt du public occidental, intérêt qui "a au moins le mérite d'inciter les praticiens de la médecine moderne à réfléchir sur leur propres attitudes face aux demandes ou aux attentes de patients de plus en plus déçus par des sciences biomédicales qui n'apportent pas de réponse à leur mal de vivre". Précisons, avec M. Mazars, que cet intérêt procède souvent d'un engouement global pour les médecines "douces" (non allopathiques), alors que la médecine ayurvedique est bien une allopathie qui traite les malades avec des remèdes d'une nature contraire à leur mal.

Nous terminerons en précisant que La médecine indienne n'envisage pas que l'Ayurveda, mais aborde aussi les deux autres médecines traditionnelles de l'Inde : la médecine des Siddha,

dont les textes sont de langue tamoule et qui est pratiquée surtout dans le sud (Tamilnadu) et la médecine yunani, dont les textes sont de langue arabe et qui provient de traditions diverses.

Jean-Michel Délire
Université Libre de Bruxelles

Dictionary of Anatomical Eponyms
by Prof. Dr. Regis Olry
1994, ± 200 pp., 17 x 24 cm, ISBN 3-437-11611-8

Though officially excluded from the anatomical nomenclature, eponyms are still essential compounds of medical information transfer and communication. Eponyms are often more simple and easier to use than terms of the official nomenclature. And still 80 % of these eponyms do not have any translation in the official international terminology.

This dictionary gives a survey on most of the eponyms occurring in anatomical literature and represents a true thesaurus of anatomical and medical nomenclature. Additionally, an

introductory chapter focuses on the genesis of the eponyms. A final chapter comprises a brief introduction into the biography of some of the more prominent scientists, who lend their names to several structures.

Fields of interest: Anatomy, Pathology, Medical history, Libraries.

GustavFischer Verlag, P.O.B. 720143, D-70577 Stuttgart. (For the United Staes and Canada : VCH Publishers Inc., 2120 East 23rd Street, Suite 909, New York, NY 10010-460, USA).

Sémantique anatomique
Un langage pour une science
par Régis Olry, Préface de Marc Braun
1995, 139 pp., 12,5 x 21 cm,\$CDN 12, FF 40, DM 15, ISBN 2-9804710-0-3

La terminologie anatomique a été totalement restructurée il y a exactement un siècle par la création d'une nomenclature internationale : la *Nomina anatomica*. Ratifiée par la majorité des pays de par le monde, cette nomenclature rencontre toutefois encore bien des résistances dans le milieu anatomique francophone. Cet essai a pour objet d'analyser le "pourquoi" et le "comment" de cette révolution terminologique, et de permettre ainsi une meilleure compréhension des indispensables changements que cha-

cun d'entre nous doit assimiler afin de participer activement à l'internationalisation de cette science, aussi riche par son passé qu'enthousiasmante par son avenir.

Champs d'intérêt : Anatomie, Histoire, Terminologie, Bibliothèques

Prof. Régis Olry, Université du Québec à Trois-Rivières, Département de Chimie-biologie, CP. 500, Trois-Rivières, Québec, Canada G9A 5H7.

Nature and Spirit
A Contribution to the Medico-philosophical Thought
by Aristotelis C. Eftychiadis
1995, 331pp., ISBN 960-90084-0-2

Medicine and philosophy have a common goal of research, the mystery of life. Both determine the conditions about the health of body and soul, and its recovery.

The two terms, "nature" and "spirit", have a variety of medico-philosophical meanings.

"Nature" means creation, beginning and evolution of beings, existence of intention or fortune.

"Spirit" means air and its influence on the body and soul.

This book deals with the vision of these concepts by physicians and philosophers.

It also refer to early medicophilosophical concepts

Nature and spirit together form the human personality and differentiate man from other beings. The harmonious composition of these essences in the human being is succeeded by the voluntary subjection of nature to the guidance of spirit.

The consideration of nature and spirit in common by the medical and philosophical thought gives the complete sense and truth about their substance.

This book is written in Greek but French and English summaries are also enclosed.

Thierry Appelboom
Universite Libre de Bruxelles

Letters to the editors

"I was disappointed to find the Museum of the Royal Pharmaceutical Society omitted from Mrs Sue Weir's otherwise useful article on London's museums of health and medicine in the excellent first issue of Vesalius.

Although only open by appointment, the Museum is centrally positioned, very near the Florence Nightingale Museum, and readily accessible to visitors able to give us a day or two's notice. We have been pleased to offer guided tours to a number of overseas visitors during the recent summer. Perhaps in a later edition your readers might like to hear of our existence and have a little information about our collections."

Caroline M. Reed, Museum Curator
Royal Pharmaceutical Society of Great Britain
1 Lambeth High Street, London SE1 7JN, Great Britain

"...Dans le numero de juin de votre journal, à la page 43, à côté de mon nom, on a imprimé par erreur "Slovakia", au lieu du nom de ma patrie "Slovenia - Slovenie". Est-il possible de corriger cela dans le prochain numéro ?"

Mario Kocijancic
Slovenian Scientific Society for the History of Health Culture
Gospovska 10, 64000 Kranj, Slovenia

**Compte-rendu
du Conseil d'Administration
de la Société Internationale
d'Histoire de la Médecine,
Paris,
24 juin 1995**

Président : J. Cule

Présents :

Dr J. Cule, Président
Prof. H. Schadewaldt, Past-Président
Dr J.P. Tricot, Secrétaire-Général
Mrs S. Weir, Secrétaire-Général adjoint
Prof. C. Burns, Trésorier
Prof. R. Van Hee, Trésorier
Prof. R. Mabrouk, Vice-Président
Prof. Y. Violé O'Neill, Vice-Président
Prof. S. Marketos, Vice-Président

Prof. J.C. Sournia, Conseiller

Dr. R.M. Price, Conseiller

Dr R.A. Macbeth, délégué Canada
Prof. G. Ferngren, délégué Etats-Unis
Dr A. Segal, délégué France
Dr J.M. Ford, délégué Grande-Bretagne
Prof. A. Musajo-Somma, délégué Italie
Dr R. Mayer, délégué Suisse
Prof. S. Ammar, délégué Tunisie

Mme D. Gasparon, loco Prof. T. Appelboom,
délégué Belgique

**1. Approbation du procès-verbal
du Conseil d'Administration précédent.
(Glasgow, septembre 1994)**

Le procès-verbal, tel que repris de la p.43 à la p.46 de Vesalius, n°I, 1, 1995 est approuvé à l'unanimité.

**2. Rapport de la commission
de vérification de la validité
des mandats des délégués nationaux.**

La commission ne formule aucune remarque

**Minutes of
the Administrative Council
of the International Society
for the History of Medicine,
Paris,
June 24th, 1995**

President: J. Cule

Present:

Dr J. Cule, President
Prof. H. Schadewaldt, Past-President
Dr J.P. Tricot, General Secretary
Mrs. S. Weir, Assistant Secretary
Prof. C. Burns, Treasurer
Prof. R. Van Hee, Treasurer
Prof. R. Mabrouk, Vice-President
Prof. Y. Viole O'Neill, Vice-President
Prof. S. Marketos, Vice-President

Prof. J.C. Sournia, Councillor

Dr. R.M. Price, Councillor

Dr R.A. Macbeth, delegate Canada
Prof. G. Ferngren, delegate United States
Dr A. Segal, delegate France
Dr J.M. Ford, delegate Great-Britain
Prof. A. Musajo-Somma, delegate Italy
Dr R. Mayer, delegate Switzerland
Prof. S. Ammar, delegate Tunisia

Mme D. Gasparon, loco Prof. T. Appelboom,
delegate Belgium

**1. Approval of the minutes
of the preceding Administrative Council
(Glasgow, September 1994)**

The minutes as recorded on pages 43 to 46 of Vesalius nr 1,1, 1995 were unanimously approved.

**2. Report of the commission
for the verification of the validity
of the national delegates' mandates.**

The commission verified the validity

3. Nouveaux délégués nationaux :

Afrique du Sud : Prof. Mogotlane
Danemark : Dr Brade A.E.
Grèce : Prof. Diamandopoulos A.
Maroc : Prof. Moussai

3. New national delegates :

South Africa : Prof. Mogotlane
Denmark: DrBradeA.E.
Greece : Prof. Diamandopoulos A.
Marocco : Prof. Moussai

4. Discours du Président

4. Presidential address

It is with great pleasure that I offer the congratulations of the International Society to the National Delegate of the British Society for the History of Medicine, Dr. John Ford, and through him to the Scottish Society of the History of Medicine, which acted on behalf of the British Society in hosting the 34th International Congress on the History of Medicine at Glasgow. It was a congress noted not only for the quality of its papers, but for the pleasure expressed by many of participants in the happiness and friendliness that pervaded the whole meeting. It was felt immediately on arrival, and openly demonstrated in the dancing during the evening *ceilidh*. It was evidently going to be an occasion of *bonhomie* and *camaraderie* as well as an exchange of knowledge and furtherance of medical history, as indeed it should be. During my long membership of the ISHM I have always felt that the congresses have been a means of fellow members expressing their international friendships as well as providing a vehicle for papers.

C'est avec grand plaisir que la SIHM présente ses félicitations au délégué national britannique, le Dr. John Ford, et par lui, à la Société Ecossaise d'Histoire de la Médecine, laquelle agit pour le compte de la Société Britannique en tant que hôte du Congrès de Glasgow en 1994. Ce fut un congrès de grand intérêt, emprunt de joie de vivre écossaise, mêlant à la fois bonhomie, camaraderie et érudition. Nous sommes la seule Société Internationale dans le domaine d'histoire de la médecine et maintenant nous pouvons compter parmi nos nouveaux membres des membres de la nouvelle République d'Afrique du Sud.

We are a world society for the History of Medicine, in fact the only one, and it has been particularly encouraging to have seen the growth of our membership continuing in the past three years. I have been in correspondence with colleagues in the new South Africa and I have asked that Professor Mogotlane of the Medical University of Southern Africa should be recognised as the provisional national delegate until a proper election can be made by themselves. I have also had an encouraging correspondence with Dr P. Knobel, the Surgeon General. Our Vice president, Professor Spyros Marketos, has taken the important step of inviting them to the 35th Congress and he is to be congratulated on the work he has done in preparing the meeting in conjunction with Professor Samuel Kottek in Jerusalem. This promises to be an excellent double act. It is unfortunate that the European Association for the History of Medicine intends to hold its meeting at the same time, although I understand that arrangements have not been finalised and very strong representations have been made on our behalf. The society now has offers for the 36th Congress in Tunisia in 1988 and the 37th in Galveston Texas in the year 2000.

Nous entendrons bientôt les nouvelles du Professeur Spyros Marketos sur le Congrès de Kos ainsi que le rapport du Professeur Kottek. Malheureusement, l'Association Européenne d'Histoire de la Médecine a l'intention d'organiser son congrès aux mêmes dates. Nous avons fait part de notre

consternation étant donné sa promesse d'entière coopération. Il faut attendre sa réponse. Nous avons reçu des offres d'organisation de congrès à Tunis pour 1998 et à Galveston au Texas pour l'an 2000.

With the generous help of our Belgian colleagues, and particularly of the Belgian National Delegate, Professor Thierry Appelboom of the Erasmus University Hospital, we have produced the first number of our journal *Vesalius*. This enables us to present it to you today for your comments. There are some important items on which we should like to learn your views: a) Do you approve its cover, size, format and contents ? b) Do you agree that we limit the number of issues to two per year ? c) Do you approve the decision to limit the size of articles in order to balance economy with opportunity for more members to publish? d) We apologise for the omission of bilingual summaries in this issue, which will be remedied in future, e) Last, but not least, we should like your views in determining the legal and financial relationship of the journal and the society. The joint editors have been appointed by the society ? The assistant editors have been chosen for their promise of work rather than for their own honour and glory, and the same applies to the editorial board. I ask the treasurers and secretaries to address the problem of the financial and legal problems urgently. However remote the prospect may seem, legal actions for copyright infringement and libel can be both expensive and unexpected.

Avec l'aide généreuse de nos collègues belges, en particulier du délégué national belge, le Professeur Thierry Appelboom, de l'Université Libre de Bruxelles - Hôpital Erasme, nous avons édité le premier numéro de notre revue *Vesalius*. Nous voudrions connaître votre avis sur les dimensions, la couverture et le contenu. Nous proposons deux numéros par an. Nous nous excusons de n'avoir pas fait les résumés dans les deux langues, nous y remédierons à l'avenir. Finalement, nous vous demandons, aux secrétaires et trésoriers en particulier, de penser aux relations légales et financières entre la Société et la revue, à la question de la cotisation annuelle ainsi qu'au mode de distribution de la revue.

5. Rapport du Secrétaire Général

Les annonces officielles de la SIHM et les comptes-rendus des assemblées générales continueront à être publiés dans *Vesalius*.

Le nouvel annuaire sera publié sur le même format que *Vesaliusen* 1996 au congrès de Kos. Un appel est fait aux délégués nationaux pour fournir une liste actualisée des membres.

6. Rapport des Trésoriers

Rapport du trésorier C. Burns :
Solde positif au 15 juin 1995:

2.696,91 US\$

C. Burns a enregistré le paiement des cotisations de 84 membres US, 19 Canadiens, 5 Australiens, 1 Guatémataque et 1 Haïtien

5. Report of the General Secretary

The official announcements of the ISHM and the minutes of the General Assembly will continue to be published in *Vesalius*.

The new Index Membrorum will be published in the same format as *Vesalius* at the congress in Kos in 1996. National delegates are requested to furnish an up-to-date list of members.

6. Report of the Treasurers

Report of the treasurer C. Burns :
Positive balance of 15 June 1995 :

2,696.91 US \$

C. Burns recorded the payment of the subscriptions of 84 members US, 19 Canadiens, 5 Australiens, 1 Guatelmateque and 1 HaTtien

Rapport du trésorier R. Van Hee :

Solde positif au 1 juin 1995

Compte courant :	58.456 BEF
	18.002 FF
	5.576 US \$
Capital :	50.000 FF
Principales dépenses :	
- impression de l'annuaire :	143.544 BEF
- impression du bulletin :	60.477 BEF

Le rapport des trésoriers est approuvé à l'unanimité

Le Prof. Van Hee fait remarquer que la moitié des membres mentionnés dans le bulletin ne paie pas de cotisation.

L'annuaire suivant ne mentionnera que les membres qui paient, excepté les pays pour lesquels un moratoire est prévu (anciens pays de l'Europe de l'Est, Pays en voie de développement). Certains pays ne peuvent faire des virements vers l'étranger (p.ex. Irak, Brésil). Il leur sera demander de payer les cotisations collectées lorsqu'ils assistent aux congrès

Report of the treasurer R. Van Hee :

Positive balance of 1 June 1995 :

Current account:	58,456 BEF
	18,002 FF
	5,576 US \$
Capital :	50,000 FF
Main expenses :	
- printing of the index :	143,544 BEF
- printing of the bulletin :	60,477 BEF

The report of the treasurers was unanimously approved

Prof. Van Hee reported that half of the members whose names appeared in the Index Membrorum had not paid their subscriptions. Future Indices will publish only the names of those who have paid, with the exception of members from countries granted a moratorium (countries previously known as Eastern Europe and those known as the developing countries). Certain countries are unable to pay because of the difficulties in transfer of funds abroad, for example Irak and Brazil. These members are asked to pay collectively when attending congresses

7. Election d'un nouveau vice-président

Le Dr Alain Ségal, délégué national de France, est élu à l'unanimité (35 votes sur 35 exprimés) Le Conseil d'Administration demandera au Prof. Imbault-Huartde représenter l'Association Européenne pour l'Histoire de la Médecine et de la Santé. On lui propose le titre de Conseiller.

8. Ratification des candidatures des nouveaux membres.

Afrique du Sud

Cameron N., Green-Thompson R., Henneberg M., Liebenberg S., Marivate M., Meiring J.H., Mohlala M.H., Morris A., Naidu E., Naidu J.S., Reid C, Van Der Merwe CF., Van Heerden L., VawdeG.H., VorsterW.

Albanie

Pepi G.

7. Election of a new vice-president

Dr. Alain Segal, the National Delegate of France, was unanimously elected by 35 votes. The Administrative Council invited Professor Imbault-Huartto represent The European Association for the History of Medicine and Health as a Councillor.

8 . Confirmation of new members' applications.

South Africa

Cameron N., Green-Thompson R., Henneberg M., Liebenberg S., Marivate M., Meiring J.H., Mohlala M.H., Morris A., Naidu E., Naidu J.S., Reid C, Van Der Merwe C.F., Van Heerden L., VawdeG.H., VorsterW.

Albania

Pepi G.

Canada

Gosselin C, Malonay G.

France

Boucher M., Chapuis J., Chapuis M.

Grèce

Emmanouil P., Vladimirois L.

Inde

Ansar A.

Luxembourg

Massard J.

Slovénie

Kocijancic M., Stolfa F., Vulikic V., Zupanic-Slavec Z.

Les délégués nationaux sont priés de faire envoyer un *curriculum vitae* des nouveaux candidats-membres au secrétaire-général

Canada

Gosselin C, Malonay G.

France

Boucher M., Chapuis J., Chapuis M.

Greece

Emmanouil P., Vladimirois L.

India

Ansar A.

Luxembourg

Massard J.

Slovenia

Kocijancic M., Stolfa F., Vulikic V., Zupanic-Slavec Z.

National Delegates are requested to send a short *curriculum vitae* with the proposal for each new candidate to the General Secretary.

9. Les Congrès

Kos- 1996:

Le Professeur Marketos expose son programme préliminaire.

A ce jour 300 personnes sont pré-inscrites. Le Prof. Marketos attend plus de 800 participants. Différents montants de frais d'inscription sont prévus : pour les membres, pour les non-membres et des tarifs réduits (étudiants, chercheurs, etc.)

Les membres du Conseil d'Administration insistent de maintenir les frais raisonnables et d'inclure dans le montant d'inscription le livre des Actes du Congrès. Il est également proposé de décomposer les Frais et de ne pas obliger tout le monde à participer à tous les événements sociaux organisés à l'occasion du congrès.

Tunisie- 1998 :

le congrès de 1998 en Tunisie est présenté par le Prof. Mabrouk. Les thèmes en seront : La pharmacopée, L'ophtalmologie, La neuro-psychiatrie

9. The Congresses

Kos - 1996 :

Professor Marketos outlined his preliminary programme.

At present 300 have responded. Prof. Marketos expects 800 delegates. Differing scales of registration fees are being prepared : for members, non-members and concessionary rates for such groups as students and research workers. The members of the Administrative council expressed the wish to ensure a moderate cost for registration, which would include the cost of the congress Proceedings. It was also proposed that in composing the registration costs the organisers should be asked to separate the costs of the social events, in which not everyone wished to take part.

Tunis 1998 :

The Congress in Tunis in 1998 was announced by Prof. Mabrouk on the themes : Pharmacopoeia, Ophthalmology, Neuro-psychiatry, The

chiatrie, La médecine d'accidents et de catastrophes, La médecine judéo-arabe et gréco-arabe

Texas - 2000 :

Le Prof. Burns fait une courte introduction au congrès de Galveston (Texas, US) de l'an 2000. Le Conseil d'Administration marque son accord pour l'organisation de ce congrès

9. *Vesalius*

Longueur idéale des articles : 3.000 mots.
Des résumés doivent être prévus (en Français et en Anglais)
La SIHM paie ses factures. La maison d'édition doit gérer ses problèmes spécifiques. Un contrat devrait être rédigé entre l'éditeur et la SIHM en ce qui concerne les coûts, et ceci pour une période de 3 ans. La revue reste autonome, sous l'égide de la Société
Prix pour les non-membres et pour les institutionnels : 350 FF

10. Cotisation

Celle-ci passe à 250 FF à partir de 1996
Ceci permettra d'envoyer la revue *Vesalius* à tous les membres

Jean-Pierre Tricot
Secrétaire Général

Jean-Pierre Tricot
General Secretary

Obituaries

The Society records, with regret, the deaths of the following members :

Dr Ivolino de Vasconcellos of Rio de Janeiro,
Dr. Alvaro Badra of São Paulo
Dr. Betty Summerhayes of Camberley, Surrey

Medical Care of Accident and Disaster, Judeo-arabic and Greco-arabic Medicine

Texas - 2000 :

Professor Burns gave a short introduction to the congress being organised at Galveston (Texas, USA) in the year 2000. The Administrative Council gave its approval.

9. *Vesalius*

Desired length of article : 3,000 words
Summaries must be provided in French and English
The ISHM is responsible for the costs of editing and production. The Editors manage the production. An agreement with the editors and the ISHM in matters relating to costs and production should be made for periods of three years. The journal is independent under the aegis of the Society
Price for non-members and institutions: 350FF.

10. Subscriptions

These remain at 250 FF for 1996
This includes the delivery of *Vesalius* to all members.

Scientific Events

31st August - 8th September 1996

XXXVth International Congress on the History of Medicine and 1st International Medical Olympiad in Kos, Greece

The island of Kos in Greece, the birthplace of Hippocrates will be the location of the next International congress on the History of Medicine, September 2nd to 8th, 1996.

The congress coincides with the celebration of the 75th Anniversary of the International Society for the History of Medicine.

Topics include Medicine in Ancient Civilizations, Origins and Influence of Hippocratic Medicine, the Alexandrian (Hellenistic) School, Women and Health Sciences, History of Hospitals and other subjects.

The Congress will be preceded by the 1 st International Medical Olympiad, August 31st to September 2nd, an international meeting, organized by the International Hippocratic Foundation of Kos. The purpose of the International "Olympiad" Meetings will be to provide a forum, in an historically stimulating environment, for the study, exploration and discussion of aspects of History, Culture, Philosophy, Ethics, Trends and Policies of Medicine in a continuously changing social climate.

Information : Prof. Spyros G. Marketos

Patr. Ioakeim Str. 20

10675 Athens

Greece

Fax:+ 301.3642197

9-11 September 1996

Satellite International Congress of the ISHM in Jerusalem, Israel :

From Athens to Jerusalem. Medicine in Hellenized Jewish Lore and in Early Christian Literature

The Israel Society of The History of Medicine and Science

The topics include Hellenistic influences and/or correlations toward ancient Jewish and early Christian healing narratives, studies on Jesephus and Philo and intercultural aspects of medical ethics.

Information : Prof. S. Kottek

The Hebrew University of Jerusalem
Conference Unit, Div. for Public Relations
Mount Scopus, 91905 Jerusalem
Israel

25 - 29 Septembre1996

IXeme Colloque International Hippocratique Pise

Theme: "Aspetti dellaterapia nel Corpus Hippocraticum"

Informations : Prof. Daniela Manetti

IXeme Co. International Hippocratique
Universita degli studi-Filologia greca
Via Galvani 1
56126 Pisa
Italie
Fax : 050/20054

28, 29 et 30 novembre 1996

Colloque "Caelius Aurelianus"

Lausanne

Colloque international consacré à Caelius Aurelianus, médecin de l'Antiquité tardive, qui réunira des spécialistes de la médecine antique.
Organisation : Faculté des Lettres et Institut d'histoire de la médecine, Université de Lausanne.

Informations : # - 21 - 314.70.50

Mars 1997

9èmes Rencontres Scientifiques du Luxembourg

Séminaire d'Etudes Anciennes du Centre Universitaire du Luxembourg (SEMANT)

Thème : "La thérapeutique dans l'Antiquité. Justifications, limites, performances"

Informations : Prof. Charles M. Ternes,

162A avenue de la Faïencerie

1511 Luxembourg

Grand Duché du Luxembourg

The International Society for the History of Medicine

The Society was founded under French Law and held its first Congress in Antwerp in 1920. Its purpose is *to assist and support the historical study of all questions relating to the medical and allied sciences, and, more generally to all fields of the healing arts*".

Vesalius is the journal of the International Society for the History of Medicine. It is published twice a year.

The International Society for the History of Medicine now consists of members from some 55 nations, most of which are represented by their own National Delegates on the Administrative Council, and holds biennial congresses hosted by one of its member states. In September 1996, the host countries are Greece for the meeting in Kos, and Israel for the satellite meeting in Jerusalem. The venue for 1998 will be Tunisia and the United States of America in the year 2000.

An application for membership should, whenever possible, be supported by sponsorship from two existing members and give a brief account of the applicant's interest in the history of medicine or one of its allied sciences. This should be submitted via the National Delegate. Otherwise application may be made to one of the secretaries, addressed to the office of the journal.

Advertisements

The editors of *Vesalius* invite members to draw the attention of their business colleagues to the advantages of advertising in the journal, which has an international distribution of 1.000 copies. Current rates may be obtained from the Managing Editor.

La Société Internationale d'Histoire de la Médecine est régie par la loi Française. Elle organisa son premier congrès à Anvers en 1920. Elle a pour but *d'aider et de développer l'étude historique de toutes les questions relatives aux sciences médicales et connexes, et plus généralement à tous les domaines de l'art de guérir*.

Vesalius est la revue officielle de la Société et est publiée deux fois par an.

Cette S.I.H.M. regroupe actuellement des membres de 55 nations différentes, dont la plupart sont représentées par leur propre délégué national au Conseil d'Administration. Elle organise des congrès biennaux qui sont accueillis par les états membres. En Septembre 1996, les pays d'accueil sont la Grèce pour le symposium à Kos, et Israël pour le symposium satellite à Jérusalem. Les prochains congrès auront lieu en Tunisie en 1998 et aux Etats-Unis d'Amérique en 2000.

Les formulaires d'adhésion seront obtenus sur simple demande. Toute demande d'adhésion doit être parrainée par deux membres effectifs de la Société. Les candidatures doivent être accompagnées d'un *curriculum vitae* succinct. Elles devront être remises au délégué national ou envoyé directement à un des secrétaires-généraux de la Société ou au secrétariat de la revue.

Publicité

Les éditeurs de *Vesalius* invitent les membres de la Société à attirer l'attention de leur collègues sur les avantages de faire de la publicité dans une revue internationale distribuée à plus de 1.000 exemplaires. Les tarifs peuvent être obtenus auprès du Managing Editor.

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