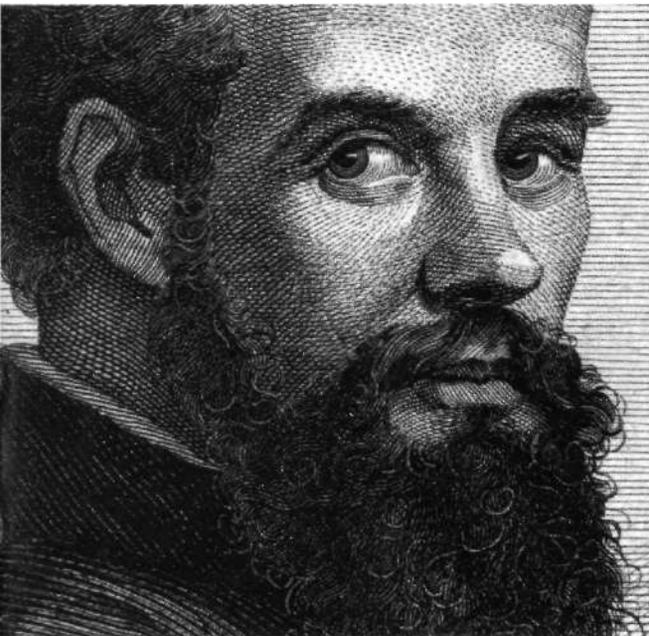




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## Editorial

Older members of the profession are sometimes puzzled by today's apparent changes in the traditional doctor patient relationship. Is it due to an overemphasis on the scientific advances in treatment at the expense of personal patient care? Does it result from a change in the balance between medical ethics and medical commerce? The competition between the respect desired by the doctors and the publicly perceived status of the profession has persisted for centuries. What have patients sought? Joseph Needham FRS, Master of Gonville and Caius College, an eminent scientist and historian of Chinese medicine, had asked in the 1980's why do doctors when patients themselves always choose a kind doctor rather than a clever one?

Each historical epoch produces new problems. Medical practitioners have to adjust to new climates of opinion. This has briefly been discussed in an earlier editorial in relation to the place of 'complementary medicine'. Have the requirements also changed for fitness to practise? The arguments for both can be seen in context by a study of medical history. Medical students need to appreciate the complexity of these dilemmas.

Some students have shown their interest by opting for medical history in the special study modules offered by some British medical schools. Others are today being given the opportunity to enter medical school by a route other than the traditional basic science examinations in chemistry, physics, biology and the like. The University of Wales College of Medicine plans to accept a broader entry qualification via the disciplines of Medical Philosophy and Medical History taught at the University of Wales, Swansea (B.Sc. Medical Sciences and Humanities). The University of Texas is already a leader amongst the medical schools that teach the Humanities.

The problem is world-wide. What is happening elsewhere? The International Society for the History of Medicine encourages appreciation of the educational value of medical history. Might a copy of Vesalius in every medical school library help to attract new medical student members? Please let us know if your own medical school needs one.

*John Cule*  
Editor

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# ***Perturbations of the mynde: some unusual aspects of the care of the mentally disabled in pre-twentieth century times.***

T. G. Davies and A. Dulley

*The Affections, which be the sudden motions, and perturbations of the mynde, ought not to be neglected of the physician: because they be of great might, and make great alteration in all the body... (1)*

## **Summary**

*The system which has evolved in Britain for managing the financial affairs of the psychiatrically disabled is of ancient origin. Largely using examples from Wales, this paper deals with some of the difficulties encountered in the development of this procedure.*

## **Résumé**

*Le système de gestion des affaires financières des malades mentaux, qui s'est développé en Grande Bretagne, est d'origine ancienne. Ce papier, en utilisant largement des exemples du Pays de Galle, traite de plusieurs difficultés rencontrées lors du développement de cette procédure.*

## **Introduction**

It is, perhaps, not surprising that, over the centuries, a variety of attempts should have been made to explain the immense variations that occur in human behaviour. Phrenologists, philosophers, physicians, psychologists, psychiatrists, dramatists, poets and novelists have all laid claim to the right to make pronouncements on the matter. While a full discussion of this topic would be beyond the scope of this paper, it might be pointed out that fashions in this field can change considerably with time. Galen (129-C.199) has been seen by many as a reactionary, the acceptance of whose work greatly impeded progress in medical practice. More recently, it was suggested that his views on personality are worthy of the most serious consideration (2).

Conversely, the theories of Sigmund Freud (1856-1939) and Carl Gustav Jung (1875-1961), and others of the psychodynamic school, were once widely thought to have brought new insights to a field where fresh approaches were badly needed. By now, they are far from being universally accepted by clinicians.

In the case of the abnormalities associated with the severe mental illnesses, the psychoses, other explanations have sometimes been put forward for their existence. From time immemorial, and on a worldwide basis, the concept of demoniacal possession has been in vogue. Already among the most socially disadvantaged of people, those who suffered from these conditions were often further isolated and deprived by this interpretation of the nature of their clinical state. There is no reason to suspect that Johanne Guppie, of the parish of South Perrott, in the county of Dorset, was anything other than a folk

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healer, who provided the community with a valuable and useful service. There are no indications that she suffered from schizophrenia, or any similar condition. However, so marked were the prejudices prevalent at that time that any deviation in conduct might be viewed as a sign of gross abnormality. Had she been accused of sorcery, the penalties might have been severe, as the last law relating to witchcraft in Britain was not repealed until 1736 (3). More fortunate than many, those who lived around her rallied to her defence, and a petition was signed on her behalf sometime in the years 1604-1606, during the reign of James I (4):

*To [all Christian people] all to whom this presente certificate shall come wee the parishioners of [South Perrott] in the countie of [Dorset, where] Johanne Guppie... nowe dwelleth, and of Stoke Abbott... whose names are hereunder writen, send greeting. Knowe ye that wee... dooe by theis presentes [testify, affirm] and declare that the said Johanne Guppie duringe all the tyme of her abode and dwellinge in South Perrott... then hath, did and doth beha ve herself in all things well and honestly and never did to our knowledge or as wee [have] heard [injure], hurte or damage to any person or persons whatsoever by waye of enchantmente, Sorcerye or witchcrafte [?nor is she] reckened to be a woman that ever could use any such thing or to be a woman ofthatsorte, condicion... but contrariwise she hath done [good] to many people aswell in curinge of divers people of woundes and such like thinges, [and curing] of cattell and such like exercion, and always hath lyved of good name and fame without anye Spottor Touch of [enchantment, Sorcery or Witchcrafte. All which wee the parties hereunder named and mencioned shall and wilbe always readye to affirm andmayntayne wheresoever and whensoever wee shalbe called therunto. AND IN WITNESS whereof wee the said... inhabitants have hereunder inscribed our names and sette our signes, markes and seales the two and [twentieth*

*day of] July in the year of the reigne of our Sovreigne Lord James...*

Her eventual fate is not known. It must be remembered, of course, that the borderline between the practice of folk medicine at that time and what might now be seen as witchcraft was often tenuous. The date of the petition may have some significance, as those were dangerous times for anyone accused of occult practices. The Witchcraft Act of 1604 introduced more severe penalties, and James I himself is known to have taken an interest in such matters. This case seems not to have been sufficiently important for him to have intervened. He did sometimes do so, one of the outstanding examples having occurred in the year 1616. He established then that several women had faced death sentences as a result of the false testimony of a thirteen-year-old boy (5).

There are other difficulties that arise in the case of those who suffer from psychiatric abnormalities. It is now well recognised that some of them cannot be held responsible for their own actions. Often, this has implications when such persons commit serious crimes. Under those circumstances, psychiatric evidence produced in a court of law could result in their being given treatment rather than having to face punitive measures.

Others who are wealthier and who are similarly afflicted can sometimes be deemed to be incapable of managing their financial and business affairs. For many centuries, there has been in force in Britain a means by which matters of this kind can be independently managed in a manner that is not prejudicial to the rights of the individual concerned. The remainder of this paper attempts to trace part of the history of that process, using as illustrations some examples from various parts of Wales.

The distinction between "lunatics" (*non compos mentis*) and "idiots" (natural fools) was made early on (6). It was recognised that the one might have "lucid intervals", or recover, whereas those of very low intelligence were incurable.

From at least as early as the fourteenth century, it had been accepted that the Crown had a responsibility to protect those of its wealthy or propertied subjects who were so affected (7). And so, a commission in lunacy (*de idiota/lunatico inquirendo*) would be set up, whereby witnesses known to be familiar with the patient would present evidence concerning his behaviour (8).

### An early inquisition

The Hanmerfamily of Flintshire was of English extraction, having settled in Maelor Saesneg since medieval times (9). Owain Glyn Dwr's wife was the daughter of Sir David Hanmer (10). Later, they provided nine MPs and a larger number of high sheriffs, while Sir Thomas Hanmer (1677-1746), the fourth baronet, became Speaker of the House of Commons in 1714(11).

The commission in lunacy set up in the case of Susannah, the wife of Anthony Hanmer, was established in the year 1615, at a time when another family member, John Hanmer (1575-1629), the future Bishop of St Asaph, was chaplain to James I (12):

*Inquisition by indenture... before [the] officials of the Court of Wards (feodarii) for the county of Flint...for the assessment of the mental health of Susanna Hanmer, widow, by the oath of [twenty-one witnesses were named, a Thomas Hanmer being one] gentlemen... who say on their oath that the said Susanna Hanmer named in the said commission, is a lunatic, on the day of the taking of this commission, and she has been in this state for the twenty whole years preceding this inquisition, and she does enjoy intervals of lucidity, to such an extent that she is not competent to...manage and govern her [property] and... the said Susanna Hanmer... still holds, for the term of her life...the lands and tenements of Anthony Hanmer, gentleman, deceased, formerly her husband...[a detailed description of the extensive property involved follows] all [of which] pass after the death of*

*the said Susanna... to William Hanmer, gentleman, brother of the said Anthony for the term of his natural life, and after his decease to [his heirs]...*

### The late seventeenth century

A list of commissions in lunacy held from March 1627 to 1852 contains two from the seventeenth-century for the county of Glamorgan, three for the eighteenth century, and four from 1800 to 1852 (13). The earliest for that county, written in Latin, concerned a woman, Elizabeth Bowen of Llanrhidian, on the Gower peninsula. It was held in the town of Swansea, Glamorgan, in "the mansion house" of Mary Hudson, on 27 November 1696, which was more than three months after the requisition had been made. By that time, the Court of Wards and Liveries, which was established in 1540 and had been responsible for the care of "idiots and lunatics" had been abolished. From 1672, the Lord Chancellor had taken over this responsibility (14). There were four commissioners, who were named as being gentlemen. In this case, the requisition which led to the setting up of the inquiry has survived. Its members were asked to establish (15) :

*Whether Elizabeth Bowen of Llanrhidian is a lunatic, or whether she enjoys periods of lucidity such that she can administer her own manors, houses, lands, tenements, goods and chattels,*

*If so, since when, to what extent and in what way it is so,*

*If the same Elizabeth, whilst in this state, has disposed of lands or tenements...*

*Which lands and tenements still remain in her hands, and*

*From whom or by whom they are held... and how much is the annual value of each...*

*[They were also] to make inquiries in relation to this matter diligently...and to send the results...to us at Chancery, clearly and openly... without delay...*

*In witness of this matter we have made these*

*our letters patent, with Thomas Archbishop of Canterbury and the other custodians and justices of the king as witnesses. At Westminster, the twelfth day of August in the 8th year of [the reign of King William III].*

The commission's report was similar in form to that for Susannah Hanmer. It was found that for ten years, she had been "insane, and not in her right mind, nor does she enjoy periods of lucidity... but in what manner or how the same Elizabeth contracted her insanity (unless the visitation of God) the said witnesses are totally ignorant". No explanation is given for the exceedingly long interval between the onset of the illness and the setting up of the commission in either case. It might be, of course, that with the advancing age of the subjects, it was thought necessary to obtain a firm ruling on their mental state in the event of the death of either. More importantly, it is not known how their estates were managed during that interim period.

It is noteworthy that none of those connected with the work of either commission mentioned, including the witnesses, were physicians or surgeons. Therefore, no medical evidence, which would have been crucial to the outcome of the case in more modern times, was presented. There were few doctors available at that time, - it has been estimated that in Britain there was only one to every 25,000 of the population in the early fifteenth century (16). In 1665, the Bishop of St Davids knew of only three "practisers of physick" in his diocese, two of whom were clergymen, but none of whom worked in Swansea (17). There were five doctors who lived in the town at various times later during the seventeenth century, but they are not known to have been connected with Elizabeth Bowen's management (18).

### **A comparison with the inquisitio post mortem**

Another part of the failure of commissions in lunacy to provide expert medical evidence, even

where doctors were available, came from the intentions of the commissions themselves. The form of the commissions is closely paralleled by the medieval *inquisitio post mortem*, which was quite different both in form and aim from the modern inquest. Such a commission would be formed on the death of a tenant-in-chief (a manorial lord who held his lands directly from the king), in order to discover precisely what lands he held, and who were his natural heirs. The process was identical, with a sworn jury of good and law-abiding men presenting their evidence to a panel of commissioners, who then reported back to Chancery with their findings. This enabled the king to keep abreast of major changes in land ownership, and provided a safeguard against the kind of lengthy disputes that might arise from the death of a major landowner. The preoccupation of these commissions was, of course, the land rather than the deceased tenant-in-chief. Commissions in lunacy follow the same pattern of evidence presented by a sworn jury to a panel of commissioners appointed by royal warrant. Many of the questions asked are similar too, in Latin until the mid-eighteenth century, then in English :

*Whether... is a Lunatic or enjoys lucid intervals so that he is not sufficient for the government of himself his [property] And if so from what time after what manner and how And if the said... being in the same condition hath alienated any lands or tenements or not And if so what lands and what tenements. ...and after what manner and how... and what lands and tenements goods and chattels as yet remain to him... and how much they are worth by the year in all issues and who is his nearer Heir and of what age.*

Although the commission does at least allow for a detailed discussion of symptoms in the words 'from what time after what manner and how', the majority of the instructions quite clearly relate to the lands rather than the state of mind of their owner. While the royal letters patent by which the commissions in lunacy were formed are identical in wording, the reports sent back by

the commissions vary widely in content according to the information available. However, in the many examples examined, the discussion of the illness is brief. There is a confirmation of the person's state and a statement of the duration of the illness if known, but when it comes to answering the question 'after what manner and how', the commissioners confess that they are unable to say, often adding rather lamely 'unless by the visitation of God'. The bulk of the text of the report consists of a lengthy discussion of the lands. The implication of this is that not only was medical science unable at this time to assess the causes of mental illness, but the government of the day was more interested in the administration of land than in the mental health of its owners. The commissions in lunacy were intended primarily as a legal process with a view to the transfer of title, not a medical examination with a view to effective treatment.

### **The beginnings of a new era**

There were reasons other than a shortage of medical men that were responsible for the failure to produce medical evidence under such circumstances. Only too often, psychiatric symptoms were not viewed as being manifestations of disease. Some new approaches to the causes of illness, including mental disorder, had become apparent as early as the sixteenth century. In the field of psychiatry, Timothy Bright had published his *A treatise of melancholia* in 1586, Thomas Wright's *The passions of the minde in general* appeared in 1604, and Robert Burton published his *The anatomy of melancholy* in 1651. This signalled a definite change of direction in thinking, but these works are unlikely to have made an impact on the day-to-day management of psychiatric illness at that time. (Another indication that this was the beginning of a new era was that in 1604 it became permissible for the first time in Britain to offer medical evidence in court when a charge of criminal behaviour had been made (19)). It was not until considerably later that interventions of this kind would have been thought

of as having any significance in the case of commissions in lunacy. So, these modest beginnings probably had little relevance from the point of view of the vast majority of patients, doctors, or lawyers. The descriptions found by Fessler in his study of practice in English counties adequately confirm that this was so. For example, in 1681, a woman dealt with by the Lancashire court was 'so extraordinary troubled with a Mellancholic Distemper in soo much that shee is in danger to distroy herselfe...' Such statements must have been typical of those presented in courts of law in that age, and were sufficient to satisfy the requirements of the legal system (20).

A parallel might be drawn here with the situation as it affected the holding of inquests into cases of unexplained death in earlier times. Even though important investigations into the causes of physical disease had occurred, a general acceptance of the results of the work already done in pathology was slow to happen. Thus, the vast majority of doctors were unlikely to have been able to apply a knowledge of the subject in their everyday practice. They were incapable of performing autopsies and offering a satisfactory opinion as to causes of death and, by and large, this situation persisted until the nineteenth century. Therefore, it was not to be expected that expert testimony would be provided in courts of law. To mention two examples, in the year 1625, nine inquests were held on the bodies of people who had 'died through disease' in the town of Cardiff, two of them being in the prison there. Again, in 1766, a coroner's inquest was held in the same place, when a man 'being much disguised in Liquor and Overcharged by drinking, was then and thereby suffocated'. In neither case did any medical men testify and, so far as can be told, the courts' conclusions were reached merely on the basis of evidence provided by lay witnesses. In the first case cited, the fact that prisons were regarded as being 'hotbeds of disease' was of itself sufficient evidence that those who were detained there were inevitably at risk of developing mortal illnesses (21). (It was not until 1836 that

provisions were made for registering all causes of death, and even then, it was not necessary for medical evidence concerning the circumstances of the death to be made available unless the 'informant' was a doctor) (22).

### Later developments

At the time that psychiatric evidence first became admissible in courts of law, the making of a diagnosis in that field was still an inexact process. And so, 'the law', it was said in 1855 'has done well in refusing to define lunacy', as 'the medical definition of insanity is far too wide for legal purposes' (23). Indeed, because of the very nature of the symptoms being dealt with, it was difficult to establish what constituted a 'sound disposing mind'. It eventually became accepted, though, that the term 'means a mind of natural capacity, not unduly impaired by old age or enfeebled by illness or tainted by morbid influences ...an individual... should be compared in his acts and thoughts with those whom in general temperament and character he resembles' (24).

So, the exceptional advances made in the understanding of the nature of physical illness during the nineteenth century were not equalled in psychiatric practice. That was clearly reflected in this sphere by the fact that there were still striking resemblances between the form of the statements made when commissions in lunacy were set up in the seventeenth and the nineteenth centuries. However, it was accepted that the presence of severe psychotic symptoms in those being detained compulsorily did not necessarily indicate that others should take control of their estates. The point was forcibly to be reinforced in the twentieth century in the report of the Royal Commission on Mental Illness and Mental Deficiency in 1957. There, it was shown that there were more than 23,500 people whose assets were being handled in this way. This number formed only a small proportion of those in-patients who were being kept in hospital in this way; there were more than 110,000 in that category (25).

### Dr William Price

The most outstanding example in modern Welsh history of a psychotic subject who was more than capable of controlling his own assets must surely have been that of Dr William Price of Llantrisant, Glamorgan. It has been clearly shown by Cule, the authority on Price's life and condition, that he suffered from schizophrenia (26). In spite of showing the most severe symptoms of psychosis, he was able to maintain a busy medical practice for many years. This might indicate that his intellectual capacity was not impaired, although there is virtually no evidence concerning the quality of his clinical work. The management of his monetary affairs must frequently have been complex, because of his tendency to become involved in civil legal actions. His pathological degree of suspicion towards others, which lay behind this, was no more than an expression of his disturbed mental state. In spite of this, there is no evidence that his ability to handle financial transactions was ever called into question.

This was not so in the case of his father, the Reverend William Price, who suffered from the same condition. A commission in lunacy was set up forty-one years after the onset of his illness, when he was seventy-six years of age (27). This strongly suggests that until then, no such difficulties had arisen over the preceding decades, although some aspects of his behaviour were decidedly bizarre. The witnesses called testified that he was 'a lunatic and does not enjoy lucid intervals so that he is not sufficient for the government of himself his Messuages Lands Tenements Goods and Chattels'. Following a formula similar to that in use in 1696, 'the jurors aforesaid know not [how his illness was caused] unless by the visitation of God'. Although the evidence, provided as it was by lay witnesses, was by modern standards, imprecise, they claimed to be able to say with certainty that his symptoms had first manifested themselves on 1 June 1796.

No information is available as to who initiated the proceedings in the commissions already mentioned. Later, one or more of several individuals might do so. Sometimes, the families of psychiatric patients stood to benefit from the fact that their sick relatives could not conduct their own business affairs. Late in the nineteenth century, the vast sum of £2,500 a year had been made available to care for a member of the family of Rheola, in the vale of Neath, Glamorgan, who was so affected. She spent most of her time in London, but an additional £1,000 a year was allocated for the upkeep of Rheola, as she spent some time there during each year (28).

From time to time, individual patients were kept in private houses. They were known as 'single lunatics' and, in such instances, it might be in the interest of the family to ask for a commission in lunacy to be set up. By this means, an impartial assessment of the patient's needs, and ability to pay, would be made. This was the case with Anna Maria Sophia Robinson, of Montgomeryshire, who was being kept in the home of a local surgeon in 1874 (29). The move to bring matters under official control may have stemmed from a mistrust of the carer on the part of the patient's family. Equally, it is possible that they wanted to avoid being accused of having benefited financially from their relative's misfortune. In any event, they were under no obligation to provide a reason for having sought the protection of the authorities concerned.

### **A nineteenth century dilemma**

Sometimes - it is impossible to decide how often or for what reason - commissions in lunacy would not be held when wealthy people developed severe psychiatric disorders. If the necessary steps had not been taken before death, any disputed will cases would be dealt with by the High Court. So far as is known, this occurred only rarely. What is certain is that, under such circumstances, difficulties might arise in attempting to prove 'unsoundness of mind'.

A hearing of this kind was held in the Probate Division of the High Court in 1877. A Swansea solicitor, Charles Norton, as executor of the will of the late Major Sir Courtney Mansel of Muddlescombe, Carmarthenshire, made an application to have that will proved. There had been a 'large catalogue' of previous wills, starting in 1849, but this case was concerned with only two, written in February and March 1875. The matters to be tried were whether the testator was of sound mind when his last will was written in March 1875. Secondly, it was asked if undue influence had been used on him at the time of the writing of the final will.

Of Sir Courtenay and Lady Mansel's children, one, Captain Edward Berkeley Mansel, had been born before the time of their parents' marriage. He and one of his sisters, Mrs Rhodes, claimed that the first of the two wills was valid. A younger brother, Richard Mansel Mansel, who had been born after their parents' marriage, favoured the second will. Towards the end of February 1875, after the preparation of the first of the two wills concerned, Major Mansel revised his ideas concerning the disposal of his property. He was alleged to have said that Edward 'did not want anything...he had ample; he had succeeded to his uncle's property'. He supposed that Richard would inherit the baronetcy, and so he must have the land to support it. Mansel's daughters were to have small legacies, as was Edward, merely 'as a mark of affection'. The remainder of the estate was left to his son, Richard.

Major Mansel was described as having been a chronic bronchial asthma sufferer, who had been dependent on morphia for at least thirteen years. (The possibility might be raised here that the diagnosis was one of left ventricular failure, or 'cardiac asthma'. If that had been the case, the morphia might have brought about an improvement in his condition). While it was denied that he had any 'constitutional unsoundness of mind', the possibility was raised that he might have developed a drug-induced condition of this kind. If that had

been so, it might have been possible to show that an excessive degree of pressure had been put on him that had resulted in his change of mind. In any event, the use of undue influence was thought by the judge to be indistinguishable from that of an abnormal psychiatric state.

Having spent three days listening to complicated legal arguments, it only took the jury ten minutes to reach a verdict. They found that the final will was valid, and that at the time that it had been prepared he was of sound mind, memory and understanding. There had been no undue influence on the part of Richard Mansel, Charles Norton, or any other person. Captain Edward Mansel was ordered to pay the costs.

There can be no doubt that the last will took into account the rights of those who might reasonably have been said to have had a claim on Mansel's assets. It is in many ways surprising that he should ever have written the first of the two wills, by which Edward, rather than Richard, would have been the main benefactor. Certainly, there is evidence that he would have preferred Edward, as the first-born of his sons, to inherit the title. In spite of that, he seems not to have realised before March 1875 that Richard would be his 'official' heir. It was implied that he had suffered from a drug-induced toxic state at that time, which had impaired his ability to make proper decisions. However, much of the evidence suggests that this is more likely to have occurred in February, which would account for the fact that, at first, he intended leaving the estate to Edward.

This lawsuit did not catch the changing mood of the nineteenth century in matters of this kind. These dilemmas would not have arisen had Mansel undergone a psychiatric assessment in order to test his capacity for disposing of his resources. By 1875, this was well-established practice.

Well before that time, even the lower courts had sometimes accepted that psychiatric disability came within the realm of medical practice. As early as 1820, Owen Lloyd was exempted from serving

as High Constable of Ardudwy, Meirionethshire, by the production of a cursory note from a local medical man, saying, 'As a surgeon I have attended him for some time back... for certainly he is insane'. By 1831, at an inquest in Merthyr Tydfil, the 'fatal effects of terror' was the verdict on a fifty-eight-year-old man who had been 'raving mad' since being "so dreadfully shocked" at the time of the riots there. But in the case of Mansel, although medical evidence of some kind was mentioned, it was not thought to be important, as the judge did not refer to it in his summing-up. Indeed, in attempting to assess Major Mansel's mental state, the court relied solely on the testimony of lay witnesses. The absence of psychiatric evidence led to a more prolonged trial. More importantly, it might well have lessened the chances of reaching a fair decision (30).

### **Commissions in lunacy in the case of the poor**

It was probably quite unusual for Overseers of the Poor to ask for commissions in lunacy to be set up. Those for the hamlet of Clytha, Monmouthshire, ever mindful of the financial burden faced by their ratepayers, did so in the case of Philip Charles, in 1857. This happened in spite of the fact that the value of the patient's estate was small. If its management was not to be left in his own hands, it was their wish that his property should be sold 'for the application thereof to the payment of the expenses already incurred by the said hamlet'. By that time, he had been admitted to the county asylum at Abergavenny, so that the poor-law authority was responsible for his maintenance there (31). (Presumably, when the mayor and corporation of Hereford originated similar proceedings in the case of James Taylor, who was also an in-patient at the same asylum, in the same year, this was done for the same reason) (32).

### **More recent advances**

Changes in psychiatric practice were notoriously slow to happen, but some remarkable deve-

lopments did occur in this field during the nineteenth century. To mention only one, the mental state of patients was often more accurately assessed. With the opening of a later generation of county asylums, there were made available the services of a class of better trained asylum doctors, who were more able to act as expert witnesses. Less advantage seems to have been taken of this in the case of commissions in lunacy than happened in the criminal courts. Therefore, it is not surprising that the management of the wealth of the psychiatrically disabled continued to cause problems.

The nature of the laws relating to the subject was criticised in Parliament from time to time. Concern was expressed in the House of Commons in 1830 about the great cost involved in setting up such commissions (33). In the case of Lord Portsmouth, the expense to his estate had been £25,000, although the Solicitor General believed this to be the exception rather than the rule. It was shown in the House of Lords in the same year that the total value of the estates administered on behalf of those subjected to commissions in lunacy was nearly £8,000,000 (34). Three years later, a notice in *The Times* showed that there were 393 people throughout the land under the care of the Chancery Court because of mental disability. The annual sum being spent on their care was £134,999 17s. 2d., while the rents and profits received were £253,443 2s. 3d. (35). By 1852-3, the estates of ninety-nine patients were worth less than £100 per annum, and sixty-five were worth more than £1,000 *per annum* (36). With such vast sums of money being involved, it was, perhaps, inevitable that the view should sometimes be put that the state had 'failed in its duty'. This happened in the House of Commons in 1860, when accusations of a waste of money and the existence of abuses were made (37).

The passing of the Lunacy Regulation Act of 1853 (16 & 17 Vict. C.70) brought about considerable changes, and simplified some of the legal processes involved in providing commissions in lunacy (38). Inquisitions held by a Master in

Lunacy could now take place in the absence of a jury, although both the Masters and patients were entitled to ask for one. The number of commissions subsequently dealt with increased dramatically (39). This did not occur because of a change in the prevalence of psychiatric disability. It was brought about because larger numbers of 'ordinary' people possessed sufficient wealth to come within the scope of the work of this department of the Chancery Court.

The office of the Official Solicitor, whose origin can be traced back to medieval times, seems to have been given more prominence, possibly following the passing of the Lunacy Act of 1890 (40). His role was, and continues to be, that of guardian *ad litem* to the patient, or 'next friend of last resort' (41). Delays in arranging hearings were to be minimized, and if necessary, the Masters were able to appoint the Official Solicitor to act instead of the previously appointed solicitor. The management of the patient's affairs was then usually transferred by the Lord Chancellor 'to some friend, who is then called the committee' (the emphasis is on the last syllable) (42), who was described as 'the bailiff or agent of the Crown' (43). If a patient were to recover, an application for a *supersedeas* could be made whereby 'the Petitioner may be at liberty to attend the Lord Chancellor to be examined as to his/her state of mind, and that the original proceedings may be superseded'. In the case of an incomplete recovery, it was possible to apply for a *partial supersedeas*, which would allow the court to continue to take an interest in the patient's business (44). It was recognised that, in spite of the advances that had been made in the management of the mentally ill, for the foreseeable future, a form of control over some patients' monetary matters would have to continue. This system undoubtedly still bore a strong resemblance to that devised many centuries previously. However, the alterations that had been made heralded the beginning of a new phase in this field of practice. This was in preparation for the more remarkable changes that were to occur in psychiatry during the twentieth century.

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## ***777e commémoration of the birthday of Hendrik Van Deventer, 350 years ago.***

H.L. Houtzager

### **Summary**

*Hendrik van Deventer (1651-1724) was the first man to introduce the idea that good obstetrics was only possible by an adequate understanding of the physiology and pathology of the female reproductive process. In his book Novum Lumen (1701) he described for the first time in obstetric literature the pelvis axis and pelvic assessment. The Van Deventer platypelloid pelvis is still named after him. In short we may consider Van Deventer as the first obstetrician who introduced science in obstetrics. In this respect we honour him.*

### **Résumé**

*Hendrik van Deventer (1651-1724) fut le premier docteur en médecine à avoir compris que, pour être correcte, la pratique de l'obstétrique doit s'appuyer sur des connaissances solides de la physiologie et de la pathologie de l'appareil génital de la femme et sur des notions approfondies des processus de reproduction et de parturition. Hendrik van Deventer fut également le premier à donner, dans son traité «Novum Lumen» (1701), une description correcte du bassin de la femme et à insister sur la nécessité de l'évaluation clinique de celui-ci. Le bassin platipelloïde (pelvis plana Deventeri) a immortalisé le nom de l'auteur. En un mot, nous considérons Van Deventer comme l'initiateur de l'obstétricie scientifique.*

### **Introduction**

The life of Hendrik van Deventer is marked by the years 1651 and 1724 : these dates are rather plain and uninteresting, and only inform us about the period during which he lived, (fig. 1). However, when considering these dates, one will notice that Van Deventer lived during the seventeenth as well as during the eighteenth century, and generally speaking, these two centuries were of great importance to our Dutch history.

There was a particular reason why the seventeenth century was called the Dutch Golden Age: this was also the period during which Van Deventer was raised, educated and spent

the best part of his life. Though the time of expansion and great economic prosperity belonged to the past for the Northern part of the Netherlands after the peace-treaty of Munster in 1648, the Dutch people were still the freight traders of Europe.

There was a lot of money being made by shipping to and from the Baltic by the whalers, and also at the Amsterdam goods and money markets. But this type of business was mainly in the hands of the upper-crust of the population.

This tendency was shown off by the wealth and display of goods of the rich traders. These merchants and manufacturers took pleasure in building beautiful mansions and small palaces along the Amstel and Vecht rivers.



• fig. 1. Hendrik van Deventer. Copper-plate by P. Bouttats after Th. van der Wilt.

Considering cultural life, one could mention many artists who were representative of both the first and second part of the seventeenth century, e.g. the writers Joost van den Vondel and Constantijn Huyghens, or the painters Rembrandt and Jordaens, and even Jacob van Campen and Pieter Post, who are among our best-known architects. Also within the circle of international scientists of the seventeenth century, the so-called 'Low Countries' should not have a sense of inferiority. People like Van Leeuwenhoek (1641 -1723), Jan Swammerdam (1637-1680), and Reinier de Graaf (1641 -1673) were already famous during their life-time, due to their discoveries and their published works.

To the above-mentioned scientists one could add many professors and highly qualified teachers, belonging to the universities of Leiden, Franeker, Utrecht and Groningen, who guaranteed a most interesting intellectual way of life within the Republic. They attracted many students from most European countries.

On the other hand, the spirit of rationalism, favoured by Rene Descartes and other philosophers, had an excellent influence on our

scientific knowledge. Christiaan Huyghens was of the utmost importance in this development. This digression was meant to give a general idea of the circumstances during which Van Deventer spent his life, and to give a more structural background to the previously mentioned dates of 1651 and 1724. All the same, this overview is of some importance, because it does not seem that Van Deventer's way of life was influenced by developments in the Republic: with one exception, however, that of a specific religion rather well-known during that time. We now know that Van Deventer was an active member of the parish of De Labadie, which had been established by the fanatical clergyman Jean de Labadie.

This dogmatist preached a very strong discipline, that brought about his own downfall in the end. Only the chosen few had received the baptism of the spirits. This interpretation of the «real» church, called 'Parish of the Chosen', made De Labadie compile his own sect, and this sect was pursued by all Jesuits in Europe.

I mention this rather outrageous sect with its supporters, because Van Deventer belonged to and worked with the sect from roughly 1672 up to his first trip to the court of King Christian the Fifth in Denmark, in the year 1689.

### His medical profession

By way of his close contact with De Labadie and his followers, Van Deventer became seriously interested in the medical profession. Originally he started off as a goldsmith, which he admitted in his book called *Sickness of the Bones*, published in 1719. «So I went into a Neurenburg shop and bought myself some engraving tools, like the ones used by goldsmiths : some chisels of different shapes, and trusted my abilities of using these instruments as I was capable of doing so during my youth, being quite handy with gold, brass, etc.»

fig. 2. Title page of the first Dutch edition (1701) of Van Deventer's *Manuale Operatien zynde een Nieuw Ligt voor Vroed-Meesters en Vroed-Vrouwen*.

Only after being in touch with the De Labadie community, which was residing in Altona in Holstein during 1672, was Van Deventer put on the right track, namely that of his medical career.

In Holstein he received his first tuition from the physician Walter, who happened to be the medical assistant to the parish. Van Deventer is atypical example of someone who learned his profession by watching others, studying without attending a proper university, and got himself thoroughly acquainted with Hippocrates' theory: not just a closet scholar, but a practical man, who learned his trade, and received his knowledge around the bed of the patient.

The De Labadie community kept moving on and, because Van Deventer stayed with the group, he eventually became private physician to this sect.

The parish was self-supporting and kept apart from the locals. In the case of illness, the members only asked advice from their own doctor. This meant that Van Deventer was able to accumulate a great deal of medical know-how. In this case, one should not forget that the complete parish consisted of more than 500 members. During the year of 1694 he was able to obtain his medical degree at the university of Groningen, which meant he was finally allowed to practise medicine outside the parish as well.

The graduation was a turning point in Van Deventer's career. Till 1694 he had acted as a plain medic in the service of the Labadie community, based at the village of Wiewerd in Friesland since 1675 and had made trips to Denmark where his orthopedic knowledge was highly esteemed.

## MANUALE OPERATIEK

# NI E'U W L I G F VROED-MEESTERS VROED-VROUWEN,

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After his graduation ceremony, Van Deventer could claim the right to settle down as M.D., at any place of his own choice. He left Friesland in 1694, and took up residence in The Hague and near Voorburg, on the estate 'Sionslust'. Unfortunately, this is also the place where he died, on December 12th, 1724.

### His obstetrical career

According to Van Deventer himself, he already was an experienced surgeon when he started his career in 1679 as an obstetrician. As the resident-physician of the parish, he most certainly must have had many experiences as an obstetric surgeon. It must have been his growing interest in gynaecology which in the long run made him choose to specialize in this. Within the framework of this article we want to emphasize the way in which Van Deventer

practised his obstetric career. For this, Van Deventer is still well-known throughout the world.

He also made quite a name for himself as an expert in orthopedic surgery: this is also a direct consequence of his association with the De Labadie community. This group, generally speaking, kept a rather ascetic diet. That meant that many children of the group were suffering from what we now would call vitamin D deficiency, which resulted in malformations of their legs, spines and pelvises. Van Deventer constructed orthopedic aids for these people. These pelvic malfunctions brought on by rickets created severe problems for Van Deventer, particularly with his pregnant patients. Later on we will discuss this matter again.

Van Deventer must have started his work as an obstetrician with the De Labadie group around 1679. As he wrote in 1719 in his book *Further discussions*, etc.: «I have already been delivering babies for roughly forty years». This fact is quite remarkable in itself, and reminds us that Van Deventer must have been the first doctor who actually 'got involved' in natural birth. Traditionally the delivery itself, and everything to go with it, had been a pure female affair, and not a single man had been engaged in it till that time.

Before Van Deventer's time, the mere entrance of a man into the delivery-room had been a bad omen, and only in sheer desperation and after total failure of the midwife to deliver the child normally would an obstetric surgeon be admitted. In these cases, the only thing that the particular doctor could do was to deliver the already dead baby, in order to save the life of the mother.

The first development of practical delivery by men only started in France, at the Hotel-Dieu in Paris, where obstetricians worked side by side with midwives. People like Guillemeau,

Mauriceau, Portal and Peumadetheircareers in this place both practically and scientifically. Van Deventer did not just rely on what other writers had published on the subject. By sheer self-tuition he formed his own opinion about normal and abnormal deliveries. It is absolutely true to state that Van Deventer was the first physician who realized that the profession of obstetrician had to be based on the female body, physiologically and pathologically, and had to be based on the process of procreation as well. We find this general idea returning in all his written records. Though still limited, such knowledge was a real break-through at that time, particularly about the development of the embryo and the actual physiological process of the delivery.

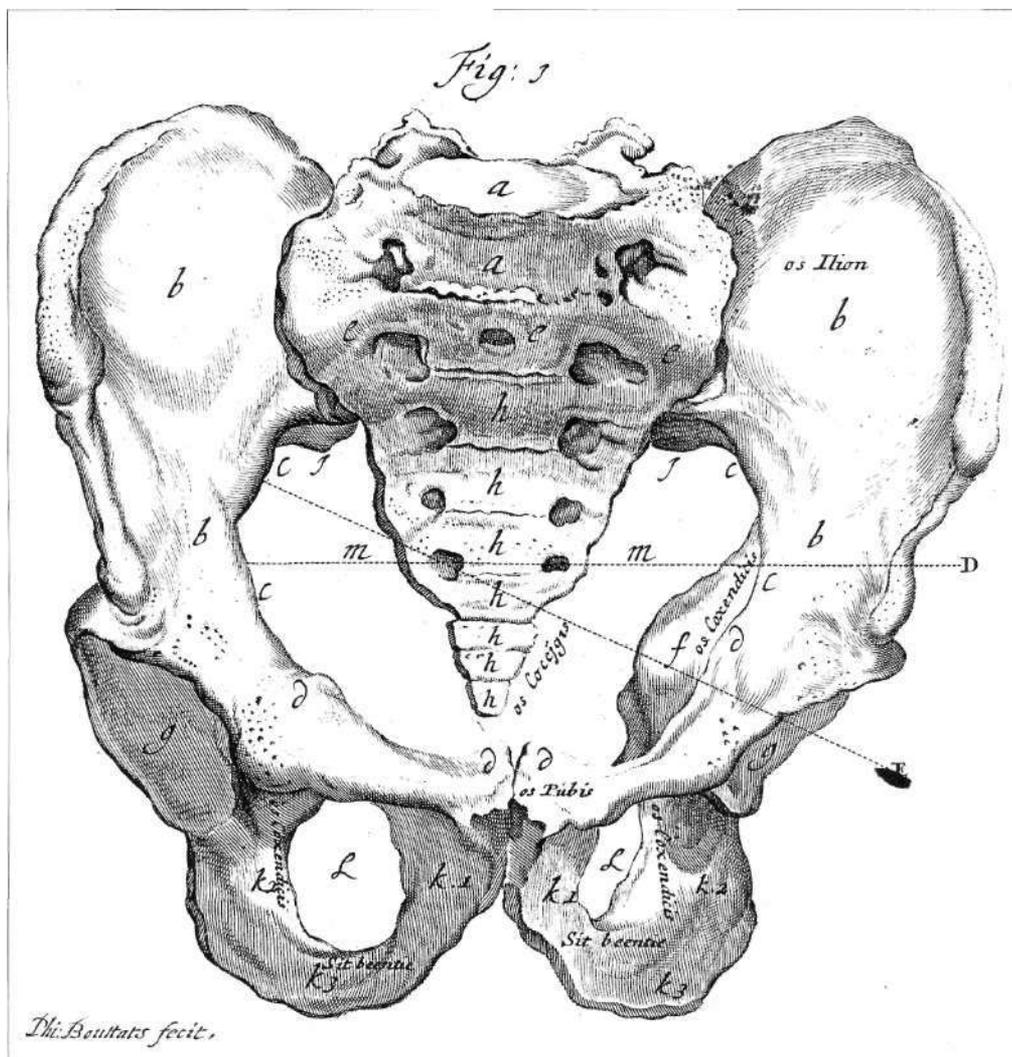
Van Deventer wrote about these experiences in his book, *'The New Light for Obstetricians and Midwives'*, published in 1701, 300 years ago. It was the first scientific publication in the Netherlands linking the items together, (fig. 2).

### **The female pelvis**

In this view, it is obvious that Van Deventer focussed his attention on the female pelvis and its anatomical malfunctions in pregnant women. Together with this, he went deeply into the question as to how much space was needed within the pelvis, in order to enable the foetus to be born in a natural way. There are two explanations why nobody else had gone into this query any further in the past, before the eighteenth century. Both explanations are based on the feeling of sentiment for Hippocrates and this sense of duty was passed on from generation to generation.

The first reason is a confusion between cause and result. There existed a theory which had not yet been proved by observation. The general idea was accepted that the foetus was just born by its own strenuous efforts. However, the question still remained as to why the foetus died in the

fig. 3. The female pelvis, illustration in Van Deventer's 'Nieuw LigV.



case of difficult births, was the birth extremely difficult or even impossible because the child had died? Or, to put it in other words, difficult births were caused by the dead foetus. There seemed no reason whatsoever to blame the bony pelvis for the problem. One can quite easily understand what these sadly mistaken conclusions meant to the prospects for life and the well-being of the child during birth.

The second reason, which was still generally accepted, was Hippocrates' point of view that during delivery the pelvic bones separated from each other automatically; though Andreas Vesalius (1543) had already proved this theory to

be wrong. We have to thank Van Deventer for he really found out what happened to the pelvic bones during delivery. Van Deventer was the first physician who published a manual with accurate drawings, and also gave a description of the normal female pelvis, the «gate of life» which was extremely important to the final outcome, (fig. 3).

According to his beliefs, he wrote the following comments for the obstetricians and midwives: «it is absolutely necessary to have a thorough knowledge of the structure of the pelvis; without this we would just be messing around, either with our brains or with our hands. The final result

would be disastrous, and we would be unable to perform our duties properly». It was still partly accepted by Van Deventer that the pelvic bones separated during birth, and he still could not dismiss the idea entirely. However, he states very clearly: «It does not seem to happen too often, and it is not a necessity; we cannot expect too much from it, and therefore we should not rely on too much help from that side».

Here is the definite proof that Van Deventer is the first to stress the importance of checking the shape and the size of the pelvis of a pregnant woman and estimating the general relationship between the fetus and the pelvic bones before delivery. Today Van Deventer's name is still connected with the tight and narrow pelvis : *pelvis plana Deventeri*. Van Deventer's greatest achievement is that he examined the pelvis carefully and took good notice of any abnormalities concerning the size of the foetal skull and the shape of the pelvis.

On these basic investigations, others have been able to elaborate. Van Deventer gave the great impulse to this newly established science, and others took it from there. Also from his other theories and publications we discover his far advanced ideas to dismiss completely the old notions: «If we are unable to discover new facts, like our predecessors, science definitely will become extinct. Since we do not review our memory by self-study, we tend to forget small items. After a while our art and know-how will deteriorate and become obsolete. We must re-establish our facts and principles, in order to reach a new dimension".

Van Deventer had become world-famous for his critical observations of a typical 17th century problem: the rickety pelvis. He expressed his broad vision of medical science with a statement which remains applicable for us three hundred years later.

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## ***Incision de flanc, incision d'immortalité***

F. Janot

### **Résumé**

*Dans l'Égypte ancienne, l'incision abdominale est pratiquée exclusivement sur le flanc gauche du corps en cours de traitement. Cette position trouve son origine dans la religion même.*

### **Summary**

*In ancient Egypt, the abdominal-incision was made exclusively in the left flank of the body during its treatment. This position had a particular religious signifiacance.*

Accéder à la vie éternelle est un des principaux soucis de l'Égyptien ancien. Aussi est-ce parfaitement apprêté que le corps, muni de toutes ses protections magiques, va aller reposer dans sa dernière demeure. Notre propos est de mettre l'accent sur la phase d'embaumement entièrement réservée à l'acte physique, contact direct avec le cadavre, face à l'ampleur de l'action religieuse élaborée par l'esprit des anciens Égyptiens afin de nier ou tout au moins de tenter de minimiser la rupture au moment de la mort. Les deux aspects sont intimement liés (1).

Tout l'arsenal magique mis en place est inactif, car incomplet, s'il n'est pas renforcé par une réponse appropriée sur le corps même du défunt. Cette phase de préparation à visée thérapeutique, qui touche à l'intégrité du corps, n'est pas une étape accessoire. En effet, le corps « en métamorphose », est en danger, car soumis à une corruption rapide et irréversible. Il est menacé de disparition totale dans un laps de temps plus ou moins bref. Pendant cette période, l'enveloppe mortelle, très vulnérable car dépendante des lois naturelles terrestres, ne bénéficie pas encore de la protection qu'offrent

les pouvoirs prophylactiques des formules magiques et des amulettes (2). Les organes qui se dissolvent sont le signe précis de la négation même d'un être, car son vécu, ses actes, ses humeurs vont disparaître.

La pensée égyptienne ne pouvait se satisfaire d'une telle résignation. Il fallait donc absolument élaborer une solution de continuité, propre à supprimer cette trop brusque rupture. Une transition certes difficile, mais porteuse d'espoirs pour une nouvelle vie dans les champs des *larou*, permet d'assurer un heureux dénouement.

L'embaumement, acte terrible qui consiste à effectuer une série d'actes parfaitement codifiés dans et sur l'enveloppe physique, est une étape incontournable, avant de faire les interventions conservatoires, restituant une forme d'immortalité au corps devenu momie. Il ne pouvait être réalisé que par un groupe de prêtres instruits des mystères de la religion et des opérations sur le corps. Une profession très hiérarchisée qui à l'époque ptolémaïque va devenir pléthorique pour faire face à l'ampleur des nécropoles. Le métier se transmettait-il de père en fils comme le note Diodore de Sicile (2) ? Étaient-ils formés comme les médecins dans la Maison de Vie ? Pour le moment, les études ne peuvent répondre à ces questions.

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## L'incision de côté

L'embaumement, tout au moins l'ouverture de l'abdomen, se pratiquait dès l'Ancien Empire, à partir de la IV<sup>e</sup> dynastie (vers 2625 - 2510 avant J.-C). À Giza, la présence d'un coffre-canope en bois retrouvé parmi les restes du mobilier funéraire de la reine Hétéphères, épouse de Snéfrou, atteste une pratique qui, depuis la Haute Antiquité, visait à éliminer les viscères au moyen d'une incision abdominale.

Après avoir posé le corps sur la table d'embaumement, le prêtre procédait tout d'abord à son nettoyage superficiel, puis il l'épila, ceci afin de lui rendre sans doute l'aspect de la jeunesse (3).

Muni d'un couteau-nécrotome, l'officiant réalisait alors une ligne d'incision dont la position, la longueur et la direction demeurent immuables à toutes les époques. Toujours effectuée du côté gauche, elle se dirigeait en oblique de haut en bas et de dehors en dedans, de l'extrémité distale de la onzième côte au relief de l'épine iliaque antéro-supérieure au relief. Elle mesurait environ une douzaine de centimètres (4).

Il en va de même pour le taureau Apis momifié. Dans le *Rituel de l'embaumement de l'Apis* (5), c'est par « la bouche ouverte » pratiquée au flanc gauche de l'animal que les prêtres vont extraire les viscères. Les millions de corps traités ont ainsi tous reçu une entaille volontairement disposée sur la gauche du défunt.

Il ne semble pas que ce soit la facilité technique qui ait prévalu, mais bien une obligation religieuse, dictée par la valeur symbolique du côté gauche de l'individu.

Le papyrus médical Ebers nous apprend ainsi que le souffle de la mort pénètre dans le corps soit à partir de l'oreille ou de l'épaule gauche (6). D'une manière générale, les éléments vecteurs du déclenchement d'une pathologie entre par l'oeil gauche (7).

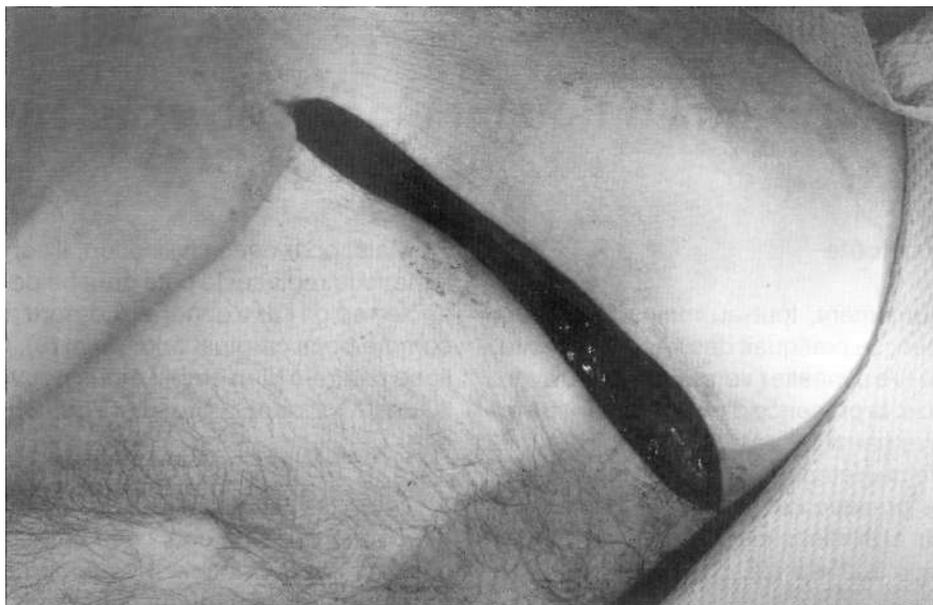
Mais, pour cette civilisation, il convient également de replacer le côté gauche de l'Égyptien ancien selon l'axe général sud-nord avec le sud comme point cardinal primordial (8). Une fois la ligne centrale bien établit, nous pouvons définir l'Ouest/Occident, à droite et l'Est/Orient à gauche.

Dans les textes, la destinée du défunt est directement liée au choix de la direction droite/gauche. Ainsi, l'Occident « espoir de bienheureuse survie » dépend du dieu Osiris, alors que l'Orient est « dangereux » et peut entraîner, sous certaines conditions, la fin même du monde. Dès lors, l'orientation cosmique et l'être physique sont en étroite relation. G. Posener (10) a bien démontré que les mots égyptiens anciens signifiant « tête, face, avant, sud » et « anus, arrière, fin, nord » constituent véritablement l'axe sud-nord immuable transposé à l'être humain. Le côté droit peut donc être situé à l'Ouest tandis que le côté gauche de l'égyptien ancien se situe à l'Est, endroit néfaste par excellence.

C'est donc sur la partie la plus dangereuse du corps du pharaon comme du simple particulier que l'officiant va créer une agression incontournable qui constitue une menace pour l'intégrité de l'individu et également pour l'ordre cosmique.

On comprend alors pourquoi les Égyptiens aient accordé aux signes  $()$ ,  $Q$  et  $rQ$ , la valeur de la forme prise par la plaie juste après l'incision, mieux, *l'incision elle-même* (11). La « bouche ouverte » réalisée dans l'abdomen d'un humain ou d'un Apis a eu, pour elle seule, la valeur d'un déterminatif. Cette brèche au pouvoir magique si terrible se trouve ainsi associée aux termes qui définissent l'embaumeur, l'embaumement en général et certains objets qui lui sont associés (y compris les résines et les onguents).

La recherche d'un lexique relatif à l'embaumement, a permis de mettre en évidence une



liste de soixante-quatorze mots suivis de ce déterminatif. Les termes qualifient des produits et des actes de l'embaumement, l'état de décomposition du corps et les diverses humeurs et liquides qui s'en échappent. Naturellement, ils insistent avec précision sur l'odeur caractéristique dégagée par le cadavre. Enfin, quelques termes nomment l'action accomplie, l'enroulement et l'acte d'embaumer. Plus rares, d'autres définissent le mort, la momie, l'endroit destiné à pratiquer l'embaumement et même, fait très intéressant, une observation anatomique.

Ce lexique précise toutes les humeurs et tous les liquides qui sont visibles à partir du cadavre, et non plus à partir de simples observations superficielles du corps, si classiques dans la médecine égyptienne ancienne. Nous sommes bien dans le mystère du travail du corps.

Une extension de cette liste qui n'est pas exhaustive regroupe les noms des troubles, maladies et pathologies, recensés dans les papyrus médicaux qui sont suivis du signe de l'incision. Il y a là manifestement un fil conducteur qui relie l'embaumement à la médecine.

On comprend pourquoi cette incision même ne se trouve qu'exceptionnellement évoquée dans les textes de sarcophages des deux pharaons Psousennès et Aspalta, ainsi que sur celui du grand dignitaire Pétaménophis (12).

Dans le papyrus Louvre 1.3079 (13), il est fait simplement mention d'une blessure infligée au corps du dieu Osiris.

#### **L'incision « scientifique »**

À Alexandrie, au temps de l'École de Médecine, Hérophile (14) procède aux premières dissections et vivisections sur un corps humain. Avant lui Aristote ne pratiquait que sur l'animal mort (15). L'incision « scientifique » réalisée est médiane et de direction verticale. Elle peut commencer de la face antérieure du cou et se terminer dans la région pubienne. Elle a pour unique but de visualiser les organes en place, d'étudier et de mettre en évidence leurs rapports et leurs fonctions. Elle n'obéit plus à une quelconque règle religieuse sous-jacente. On peut la retrouver sur la gravure du manuscrit Ashmolean 399, daté de l'an 1286 (16).

Sous l'autorité d'un médecin, un chirurgien réalise la large incision médiane classique à l'aide d'un couteau tenu de la main gauche. Elle s'étend du sexe de la défunte jusqu'au diaphragme.

De nos jours, elle se pratique ainsi lors d'une séance d'autopsie.

L'incision réalisée sur le cadavre d'un égyptien ancien est l'étape obligatoire pour acquérir l'immortalité. Elle est soumise à une obligation

religieuse alors que l'incision médiane effectuée sur un corps à autopsier répond à une simple intention technique. Seules les connaissances et le rapport privilégié avec les dieux peuvent permettre aux prêtres-embaumeurs de refermer la terrible blessure. Ce geste réparateur, qui se traduit par l'application de cire chaude dans l'ouverture du flanc, guérit le corps en lui redonnant son intégrité première et sauve ainsi l'ordre même du monde.

Une nouvelle fois, le pouvoir des prêtres-embaumeurs semble déterminant, car lui seul, permet d'accéder à l'immortalité.

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#### Biographie

Francis Janot : égyptologue, ancien membre scientifique de l'Ifao; ancien Chef de Clinique-Assistant; membre de la SIHM.

## ***The discovery of platelets and their function***

V. Gazzaniga, L. Ottini

### **Summary**

*A brief history of the discovery of platelets is presented, starting from the first descriptions of "small blood corpuscles" to their identification as the third morphological element of blood, independent of red and white cells, by Bizzozzero, and the acknowledgment of their role in haemostasis and thrombosis.*

The description of particles in blood smaller than leukocytes and erythrocytes is dated at the end of the eighteenth century. However, it was only between 1865 and 1877 that these corpuscles were clearly described, although without understanding their origin, significance and function.

There is general agreement that Giulio Bizzozzero was the first, in the years 1881 -1882, to establish their central role not only in physiological haemostasis, but also in thrombosis. It is noteworthy that the discovery of blood platelets and their function took place when the knowledge about the mechanisms of blood clotting was still largely incomplete. In fact, of the molecules involved in this process, only thrombin (1) and fibrinogen (2) had already been identified, although not characterized. Prothrombin was discovered by Pekelharing (3) only in 1892, the role of

calcium by Arthus in 1890 (4), and the classical scheme of coagulation was definitively described by Morawitz in 1905 (5).

In this article a brief history of the discovery of blood platelets is presented, with a particular emphasis on the fact that, in this case as well as in many other episodes in the history of science, many saw but only one understood.

### **The «small blood corpuscles» before Bizzozzero**

After the well known communication presented by Leewenhoek at the Royal Society of London (6), Hewson (7) was probably the first to fully describe in 1780 very small undefined particles in blood. Alfred Donne (1801 - 1878) (8), a French histologist, named in 1842 «globulin du chyle» (that is to say small globules derived from plasma) a sort of small globular, pale, opaline corpuscles visible in blood. The same corpuscles were later described by Beale in 1850 as particles of «germinal matter» (*Bioplasma kornchen*) and by Zimmermann in 1860 as «small corpuscles» (*Korperchen*) (9).

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No better description was provided by these authors. The first careful description of those blood components later named «*piasthne*» by Bizzozzero was made by Max Schultze (1825-1874) (10) who, in 1865, wrote: «...clumps of irregular shape and different size, up to 80  $\mu$ , composed by small globules or colourless granules, having a diameter of 1-2  $\mu$ ...These particles are often sharp-cornered or have a granular appearance....lack spontaneous motility... radial extensions may be seen starting from the periphery of these clumps....related to blood clotting.... as filaments of coagulated fibrin». To this merely morphological observation no experiment followed to clarify the nature of the observed vesicles. However, as they showed a granular appearance, Schultze, with the over-simplified attitude typical of his time, inferred they had to be considered degenerate and disintegrated leukocytes.

As Schultze was in high favour with the contemporary haematologists, many investigators, such as Riess in 1872 and Lapschinski in 1874 (11), confirmed leukocytes, mainly during infectious diseases, as the origin of the Schultze's corpuscles. However, in the same years other authors considered them as clots of fibrin (Ranvier in 1873) (12) or as a particular kind of bacteria (Osier and Schafer in the same year) (13).

A clear description of the Schultze's «vesicles» was published by George Hayem (14) between the years 1878 and 1879. He wrote: «Among red and white cells small corpuscles are visible, having at the beginning the appearance of very delicate and pale erythrocytes. They rapidly modify their shape, becoming spinous and adhering to the glass...showing a tendency to stick to other similar corpuscles and to form aggregates.... their diameter is between 1.5 and 4.5  $\mu$ ...their yellowish colour can become more intense and reddish by absorption of haemoglobin»; Hayem was a renowned haematologist of his time and was an expert on haemolytic anaemias, in which the presence of polymorphous, spiny or fragmented

red cells can be often observed. This was probably the reason, together with the observation that these elements were often coloured by haemoglobin, for his erroneous conclusion that these were related to erythrocytes and to be considered as their precursors, justifying the term «haematoblasts». The Hayem's hypothesis was rejected by Riess, who confirmed in 1879 the origin of the particles from leukocytes, and by Neumann who, in 1880, stated they were artifacts derived from red cells following an incorrect technique of venipuncture (15).

#### **The work of Bizzozzero and the discovery of platelet function.**

***The Schultze's and Hayem's corpuscles are the third morphological element of blood, independent of white and red cells.***

Giulio Bizzozzero (1846-1901) was the first, in 1882 (16), to clearly establish the significance of the particles whose nature had excited so many debates. By means of *in vivo* and *in vitro* investigations, he demonstrated they were visible not only in blood extracted from veins, but also in circulating blood observed by use of an Hartnack microscope in the mesentery of living animals, both in veins and in arteries (so excluding that they were artifacts depending on the arrest of circulation). He firmly stated that these corpuscles were the third morphological element of blood, totally unrelated to white and red cells. Of these cells Bizzozzero gave a more precise description than other authors, reporting an oval or round, almost always lenticular shape (and not biconcave as stated by Hayem, leading him to erroneously identify them as precursors of red cells). The diameter was also more precisely reported, as between 2 and 3  $\mu$ . Both in the vessels after the circulation was stopped, and *in vivo* when blood extracted from the vein was observed, these elements underwent rapid morphological change, emitting long protrusions within 2-3 minutes and forming granular aggregates as large as 80-100  $\mu$  with other elements, similar to observations by Schultze and Hayem. Bizzozzero confirmed their

adhesive properties, not only to glass but also to the damaged vasculature. Moreover, he clearly stated they did not contain haemoglobin nor nuclear material, and therefore they could not be considered as precursors of erythrocytes. Bizzozzero named these elements «*piastrine*», i.e. small plates (later platelets) and in 1882 proposed a translation into German as «*blutplattchen*» and into French as «*petites plaques*» (later *plaquettes*) (17). The staining of platelets with a solution containing sodium chloride and methyl violet showed that they were formed of two components, one pale, hyaline, scarcely coloured (later named hyalomere) and another granular, coloured, bright (later named granulomere).

However, the greatest merit of Bizzozzero was the understanding of the platelet role in haemostasis and thrombosis. The mechanism of formation and structure of white thrombus had been extensively studied by several investigators. Long before Bizzozzero, in 1856 Virchow had described the initial thrombus as constituted only of clotted fibrin and leukocytes. This opinion had the agreement of Paolo Mantegazza, professor of General Pathology at the Pavia University and the first mentor of Bizzozzero, who in 1869 had performed a famous experiment demonstrating that a thread introduced in a vein of a living animal, once extracted, appeared to be coated by a whitish material composed of fibrin and leukocytes. In 1871 Rahn had also confirmed that leukocytes were the main component of white thrombi. Moreover, Weiger in 1877 and Cohnheim (who was unacquainted with the Bizzozzero's work) in 1882 had stated that the formation of fibrin clot itself was due to the action of leukocytes (19).

Bizzozzero dealt with this problem by investigating *in vivo*, with a microscope, what happened in small veins or arteries whose internal surface had been damaged by a needle. After a short time platelets adhered to the vessel wall, changed their shape by emitting protrusions of various length, then induced the aggregation of

other elements, including a few red and white cells, until the formation of a network of fibrin fibrils in which platelets lost the appearance of distinct cellular elements. Here are some conclusive sentences derived from his monograph published in 1883 (20): «The thrombus material is constituted by few leukocytes plunged in large masses of platelets»; «This thrombotic material may be of a great value in stopping haemorrhages by closing discontinuities in a vessel wall» (this is the first clear statement in the history of medicine of the physiological role of platelets in haemostasis); «The granular disintegration of platelets is the unique change that one can observe in the morphological elements of blood affected by the preserving action of the vessel wall»; «Fibrin precipitates only where platelets are accumulated»; and finally «The main role in blood clotting is to be ascribed to platelets and not to white cells».

#### After Bizzozzero

German and French papers were published in 1882 and a lively and sometimes violent discussion followed. Some authors, such as Norris and Neale (21), claimed an undemonstrable priority about the observations presented by Bizzozzero, while others, such as Schmidt (22) persisted in maintaining the idea that platelets derived from disgregated leukocytes, and that leukocytes and not platelets were the thrombusforming elements. Moreover, Bizzozzero had a severe dispute with Hayem, who communicated in Paris in 1882 some of Bizzozzero's results as his own observations. It was only ten years later that absolute priority in discovery of platelet function in haemostasis and thrombosis was generally given to Bizzozzero.

Among so many merits, one failure may be ascribed to Bizzozzero. He had extensively investigated the bone marrow histology (23), and had the intuition that platelets also, as erythrocytes and leukocytes, could originate from this tissue, but he was unable to prove his

hypothesis. A justification may be found if one considers that Bizzozzero, in the last ten years of his life, (he died of pneumonia in 1901), became an authoritative personage, president of medical, microbiological and hygienical societies and, from 1895, Senator of the Kingdom of Italy, that allowed him frequent visits to Rome and other political engagements. It was only between 1906 and 1910 that bone marrow megakaryocytes were identified as precursors of blood platelets by Wright (24).

After the work of Bizzozzero and the discovery of megakaryocytes by Wright, few advances in the knowledge of platelet biochemistry and pathophysiology occurred until the year 1960, when platelet agonists started to be characterized. Hellem and Owen discovered, the aggregating role of ADP (25), Hovig in 1963 that of collagen (26), and in 1966, Ardlie that of epinephrine (27) and Kloeze that of prostaglandins (28). The invention of the aggregometer by Born in 1962 (29) provided a valuable instrument to study platelet function and responsiveness to agonists *in vitro* and *ex vivo*, while two years later David-Ferreira published the first paper concerning platelet ultrastructure analyzed by means of electron microscopy.

The last thirty years have seen the definition and characterization of many platelet receptors, the analysis of molecular mechanisms involved in signal transduction and, above all, the introduction in medicine of anti-platelet treatments aimed at the primary and secondary prevention of atherothrombotic disorders.

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## Biographies

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## **Antonio Ribeiro Sanches** **A Portuguese doctor in 18th century Europe**

José Luis Doria

### **Summary**

*Antonio Ribeiro Sanches was born in Portugal in 1699 and died in Paris in 1783. After his medical studies in Salamanca, he practised for a short while in Portugal. From there, he fled from the Inquisition, never to return. He passed through Italy, England, and France, enrolling afterwards in the University of Leyden to study with Boerhaave. Through this master he was referred to the Russian tsarina to handle important medical functions. He stayed in Russia for more than 16 years, exiled afterwards to Paris, where he lived the last 36 years of his life. He wrote intensely and actively; he kept in contact with the European masters and influenced the cultural environment of his time. In medicine, he is remembered primarily by the studies he developed on venereal diseases (syphilis), and the exchange he established with Chinese medicine; by the reorganization of medical studies in Russia (Moscow and St Petersburg) and at the University of Strasbourg. However his main contribution was his role in the reformation of the Portuguese University. In addition, his interests extended into cultural aspects such as the arts, social and commercial issues, politics and religion. Some of his works were included in The Methodical Encyclopaedia by Diderot and in Natural History by Buffon.*

### **Résumé**

*Antonio Ribeiro Sanches est né en 1699 au Portugal et est mort à Paris en 1783. Après des études médicales à Salamanque, il exerça pendant une courte période dans son pays natal d'où il s'enfuit poursuivi par l'Inquisition et ne revint jamais. Il passa par l'Italie, l'Angleterre et la France puis il fut élève à l'Université de Leyde, pour étudier avec Boerhaave. Ce dernier le recommanda à la tsarine russe afin qu'il occupe d'importantes positions médicales. Il resta en Russie plus de 16 ans et s'exila ensuite à Paris où il passa les 36 dernières années de sa vie. Il eut une bibliographie intense et active, il garda contact avec les maîtres européens et influença l'entourage culturel de son temps. En médecine, il est tout d'abord connu pour ses études sur les maladies vénériennes (syphilis) et pour les échanges qu'il établit avec la médecine chinoise. On se souviendra également de lui pour sa contribution dans l'organisation des études médicales en Russie (Moscou et St. Petersbourg) ainsi qu'à l'Université de Strasbourg; mais principalement pour la réforme de l'université portugaise. Il porta aussi son attention sur des aspects culturels et les arts, sur les aboutissements sociaux et commerciaux, la politique, la religion, etc. Certains de ses manuscrits sont repris dans l'Encyclopédie Méthodique de Diderot et dans l'Histoire Naturelle de Buffon.*

Antonio Nunes Ribeiro Sanches was born in the Portuguese town of Penamacor on 7th of March 1699, and died in Paris at the age of 84, on 14th of October 1783. He was the son of new-Christians (1), his father being Simao Nunes, a civilized and wealthy merchant from the Beira

region, and his mother Ana Nunes Ribeiro. His uncle, Dr Diogo Nunes Ribeiro, was a doctor in Lisbon; another uncle was a well-known jurist. He was also a descendant of the famous philosopher Dr Francisco Sanches (2).

At the age of 13, he left his home for the city of Guarda, to improve his knowledge of music and letters. There, due to the influence of his uncle, he

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Moscow, with honours and profits (8). At the age of 34 he was called by Dr Rieger, president of the Russian Medical Board, to practise in St Petersburg, close to the Russian Court. During 1735 he assumed the post of First Doctor of the Imperial Army, an activity he performed for 6 years. He participated in the Polish campaign, the war between Crimea and Turkey from 1735 to 1737, and afterwards in the Ukrainian struggles. Returning to St Petersburg, he was appointed medical doctor of the Imperial Body of Cadets, next followed by the posts of medical doctor of the Russian Court, in 1740, and afterwards as State Counsellor.

During his residency in Russia (1731-1747), his activity was not limited to clinical practice. His pursuit for new knowledge was a never-ending search; the correspondence he kept with the main cultural institutions and learned persons, gave him a place in the group of the « Enlightened » humanists. Through the commercial caravans that connected St Petersburg to Peking, he maintained contacts with the missionaries to the Chinese Court. From them, he obtained oriental plants and knowledge of their medicinal use, as well as some other Chinese medical practices. He exchanged medicine books for astronomy books. From Cook, a Russian surgeon on a mission to the Persian front, he received diverse plants of medical interest, such as manna and a salt, gathered in Astrakhan, which he thought to be a kind of borax, and sent it to Gmelin for analysis. Contrary to the usual practices, his participation in military campaigns, mainly in the Crimean war, made him propose the ventilation of hospitals and prisons. He gathered, via several notes stolen during the siege of Azof, countless observations on military diseases. To Van Swieten, his former teacher in Leyden, now living in Vienna, he revealed the advantages of the oral administration of mercury chloride for the treatment of syphilis (9). He communicated some of his ethnographic studies to Buffon, who set it forth, referenced, in the 3rd volume of his *Natural History*. He frequently shared letters with Mairan, who assigned him as a « correspondent member » of the French Academy of Sciences. All ranges of

knowledge interested him: from medicine to physics, from history to politics, from ethnography to pedagogy. As a result he kept in contact through correspondence with many of the European learned authorities: Gunz, Schreiber, Amman, Haller, Condoidi, Werlhof, Cruzius, Sinopius, Goldbach and others. In 1737, from Russia and through the Imperial Academy of St Petersburg, he sent a collection of his works, directed to the Royal Academy of History in Portugal.

In 1740 Ribeiro Sanches was asked to assist Tsarina Anna Ivanovna, during the ending days of her life. Against the opinion of the other assistant doctors of the Tsarina, Sanches made the diagnosis of nephrolithiasis with a gloomy prognosis. His arrival was too late to prevent her death. The autopsy confirmed Sanches' opinion and earned him the admiration of his colleagues.

With the death of Anna Ivanovna, Russia entered into a prolonged period of socio-political agitation and dispute over the succession to the Imperial crown (10). Only many years later did some stability return, with the government of Catherine II. Ribeiro Sanches saw himself inevitably involved in palatial conspiracies. For a short time, he was accused of Judaism and imprisoned. He asked for the release from all of his posts in order to abandon Russia, but his request was denied. His reputation as a clinician compelled him to treat the ruler Ana Leopoldovna and the heir Ivan IV. Later, he was asked to help in the care of the Duke of Holstein, which gave Sanches a new personal success following thirty days of constant attendance. He attended also the princess Anhalt-Zerst, who later became Catherine the Great. He was rewarded with the post of State Counsellor. But his desire to leave Russia remained and finally, on 4th. September of 1747, he received the permission to leave the country.

He headed for France (11), and during the trip he caught sight of Frederick II of Prussia, who aspired to meet the Portuguese doctor. Both talked extensively about physics and natural history.



Antonio Ribeiro Sanches' Coat of Arms. Granted by the Empress Catherine II of Russia, 1763.

of arms with the inscription «*Non sibi, sed toti genitum*»-«Not for himself, but born for everyone». By special request of the Empress, the Grand Duke Paul visited him in Paris in the year 1782.

At the age of 48, he arrived in Paris. The period of residency in Paris, the last 36 years of his life, was mainly marked by his literary efforts. His writings covered multifarious issues, such as medicine, social aspects, pedagogical subjects, and even politics. D'Alembert, Buffon, Petit, Falconet, Diderot, Pringle, Fothergill, Mertens and others constituted the list of his most renowned correspondents during this period. He donated the major part of his vast and diverse library, a collection of about 2000 books, to the St Petersburg Imperial Academy of Sciences, who were to nominate him as an «honorary member».

In Paris he did not completely abandon medical practice, neither would his reputation allow it. Notwithstanding, this activity was significantly reduced, practising only for friends and fellow-countrymen, Russians and some of the poor. Consequently he encountered economical difficulties that weighed heavily upon him during this last stage of his life.

The Portuguese government granted him, from 1759 to 1761, an annual pension of 300.000 *reis* (old Portuguese currency). After, knowing of his financial difficulties and in light of his refusal to return to Russia claiming health problems, Catherine II established in 1763 an annual pension of 1000 roubles. Additionally, she granted him a coat

In respect to medicine, syphilis was definitely one of his principal areas of interest. He registered the clinical manifestations of the disease and indicated possible remedies, such as the utilization, already mentioned, of corrosive sublimate. He believed in hereditary syphilis but was wrong to include it in the same diagnostic group as the other transmitted venereal diseases. He collaborated in Diderot's *Encyclopaedia*, where he wrote about «venerable diseases», also the theme of one of his books causing great repercussions : *Dissertation about the Origin of Venereal Disease...* translated to English by Jacob de Castro Sarmiento. Dr Jacob de Castro Sarmiento has also presented to the London Royal Society, an *Observation on the Paralysis of the Intestinal Caecum* made by Ribeiro Sanches.

Ribeiro Sanches was also concerned in diverse aspects of Public Health and Hygiene. As a young physician he wrote a *Memoir about the Waters of Penha Garcia*. He worried about the hygiene of the urban latrines, air pollution and wrote a *Dissertation on Russian Baths*. Following the great earthquake of Lisbon in 1755, by request of the Portuguese first minister Marquis of Pombal, he wrote the *Treaty on Health Conservation of the People*, where he explained his theory about earthquakes and made a demonstration how the Lisbon climate had improved since the catastrophe. His brother Marcelo, a refugee doctor in Sicily, translated the work to Italian.

In Paris, along with Payen, he undertook research on the utilization of clay from Mafra (12), which he thought beneficial for the cure of cancer. In France he introduced the cantharides tincture and the Colombo root, unknown in the west and revealed to him when he lived in Russia. Also by request of the Marquis of Pombal, he wrote a paper entitled the *Speech on Portuguese*

One of Ribeiro Sanches' books on Syphilis  
(Posthumous edition by DrAndry, Paris 1785).

**OBSERVATIONS**  
SUR LES  
MALADIES VÉNÉRIENNES,  
Par feu M. ANTOINE - NUNÈS-  
RIBEIRO SANCHÈS,  
PUBLIÉES PAR M. ANDRY.

Je voudrois que chacun sçevit ce qu'il fait . . . car tel pour avoir quelque particulière science, ou expérience de la nature d'une riviere, ou d'une fontaine, qui ne sçait ses effets, que ce que chacun sçait : Il entreprendra connoître, pour faire courtir ce petit loppin, d'observer toute la Physique, de ce vice fontaine plusieurs grandes incommodités.

*Essai de Médecine, Livre I., Ch. XXX, page 204. Édit. de Londres, par M. COCHRAN.*



A PARIS,  
Chez THÉOPHILE BARROIS le jeune, Libraire  
Quai des Augustins, N<sup>o</sup>. 18.

M. DCC. LXXXV. C<sup>o</sup>.  
Avec Approbation & Permission.

Treaty on People's Health Conservation, by  
Ribeiro Sanches, with an explanation on  
earthquakes mainly the Lisbon one of 1755  
(Reprinted with corrections, from Lisbon, 1757).



America, which most of which has been lost. Few chapters are still remaining: 1 - About the colonies; 2 - The Portuguese Colony in America; 6 - The Agriculture; 7 - The Culture and Commerce of Sugar; 8 - About the Tobacco Plant, its Preparation and Commerce; and also a few paragraphs about clergymen, the government of Paraguay by the Jesuits and the religious Government of Brazil, its bishops and priests.

In the politico-social area he left some other writings, a *Dissertation About the Method to Conserve the Conquests and the Portuguese Colonies*, another *On the Administration of Justice*, some considerations on *The Marriage of the Clergy*, a booklet on *the Origin of the Name of Old Christian and New Christian in Portugal* and another *About the Culture of the Sciences and the Fine Arts in the Russian Empire*.

In the area of Pedagogy and Education his writings include: *Projects for the Establishment of a School of Agriculture*; *Plan for the Education of a Noble Young Man*, and *Letters on The Education of Youth*.

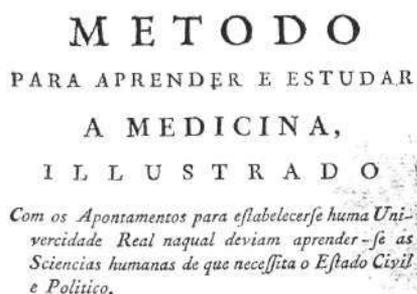
On medicine, he wrote a memoir about the teaching of pathological surgery, requested by the Strasburg School of Medicine; some notes on *Thoughts about the Government of the Medical University and the Physicians*, with statements he communicated to the School of Moscow in 1754. Nevertheless his main work in the area of medical pedagogy is the *Method to Learn and Study Medicine* written in Paris in 1763, where he was a pioneer in extolling the hospital linkage to the schools of medicine, and in the unification of the teaching for medicine and surgery, «in such a way, that would extinguish this separated class of men known as surgeons». He proposed that medical studies should follow Aristotle's *Aphorisms* and Boerhaave's *Medical Institutions*, joining therefore the traditional and the innovative.

In many ways the ideas expressed by Ribeiro Sanches, as pedagogue, influenced the Marquis of Pombal. Based on it, the Royal College of Noblemen was established in Lisbon in 1761, which closely followed the *Plan for the Education of a Noble Young Man* and the *Letters on the Education of Youth* (13), (14). The *Method to*

*Learn and Study Medicine* also inspired, in 1772, the Pombaline reform of the Portuguese University, in particular the teaching of medicine.

In November of 1782 he attended the Portuguese Ambassador in Paris, D. Vicente de Sousa Coutinho. His dedication and knowledge won the following recognition, written in a letter from the ambassador sent to Aires de Sa, one year later, when Ribeiro Sanches was close to death: «The poor Dr Sanches is now on his death bed. I cannot forget the tears that I saw him shed during my two illnesses, neither I can omit he is one of the great men that the republic have ever had...».

Ribeiro Sanches was an Honorary Member of the St Petersburg Impérial Academy, Correspondent Member of the Lisbon Royal Academy of Sciences, member of the Paris Academy of Sciences, and member of the Royal Society of Medicine. When he died, on 14th of October 1783, aged 84, Vicq-d'Azir gave the funeral eulogy.



M. DCC. LXIII

- *Method to Learn and Study Medicine, with some notes to organize a Royal University (1763)*

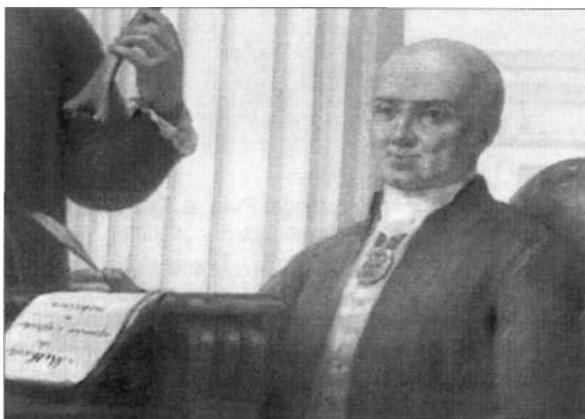
Filinto Elisio translated it to Portuguese (15) :  
*What does it matter, oh Sanches, that you searched  
From the deity, Epidaurus, high secrets  
If you will reach (a little later on)  
The inevitable goal.  
In vain, with the light of a hodiernal Hypocrates  
You entered the sanctuary naturally.  
The reaping scythe does not dull itself  
Like dying grass,  
In vain with high gifts, the gracious Heavens  
Enriched your heart, your skills,  
And you were useful to the cold Tartars,  
And to the very ungrateful Alyssa.*

Dr Sanches left more than 27 volumes of unpublished manuscripts. Andry, a physician in Paris and his personal friend, inherited some of them, and later gave a posthumous printing.

#### Works of Ribeiro Sanches:

##### Published Works:

- «*Dissertation sur l'origine de la maladie vénérienne, dans laquelle on prouve qu'elle n'a point été apportée d'Amérique, mais qu'elle a commencé en Europe par une épidémie*». Paris 1750, in 8°; Paris 1752, Durand et Pinot; Paris 1756, Didot (with a slightly different title)  
«*A Dissertation on the Origin of the Venereal Disease*» is the English translation done by Jacob de Castro Sarmiento, London 1751, Griffiths,
- «*Tratado da Conservação da Saúde dos Povos: obra util, e igualmente necessária aos Magistrados, Capitaes Gênerais, Capitaes de Mar e Guerra, Prelados, Abadessas, Médicos e Pais de Famflia; com um apêndice - Considerações sobre Terramotos, com a notficia dos mais consideráveis de que faz menção a História, e dos últimos que se sentiram na Europa desde 1 de Novembro de 1755*», Paris 1756, selling in Lisbon at Bonardes e du Beux; Lisbon 1757, reprinted and corrected at the office of Joseph Philippe, 1757; and also an Italian translation by Marcelo Sanches.
- «*Cartas Sobre a Educação da Mocidade*», Koln, 1760
- «*Método para Aprender e Estudar a Medicina, ilustrado com os Apontamentos para estabelecerse uma Universidade Realna qualdeviam aprender-*



**Dr Antonio Ribeiro Sanches. Détail from an oil painting by Veloso Salgado, 1906, The Portuguese Physicians, at Sala de Actos of the Faculty of Médical Sciences, Lisbon**

*se as Ciências Humanas de que necessita o Estado Civil e Político*», Paris 1763

- «*Examen historique sur l'apparition de la maladie vénérienne en Europe et sur la nature de cette épidémie*», Lisbon 1774 (16).
- «*Observations sur les maladies vénériennes, par M. Antonio Nunes Ribeiro Sanches, publiées par M. Andry*», post-publication made by Dr. Andry, Paris 1785, Théophile Barrois le jeune
- «*Affections de l'âme*», article of l'Encyclopédie Méthodique; Médecine, 1787, article in 4°, 1, pp. 245-277
- «*Observação da Paralisia do Intestino Cego*», which Dr. Jacob de Castro translated and presented to the Royal Society of London, *Phil. Trans.* n°494, art. XVI
- «*Maladie vénérienne chronique*», article in Dictionnaire Raisonné des Sciences et des Arts

**Of the various manuscripts left to Dr. Andry we mention :**

**On the venereal and infectious disease :**

- «*Pensées sur les effets de l'inoculation faite avec le poison de la petite vérole en différentes maladies et particulièrement dans la maladie vénérienne*»
- «*De cura variolarum Vaporarii ope apud Ruthenos omni memoria antiquioris usu recepta*»
- «*Remarques sur l'ouvrage intitulé Parallèle de différentes méthodes de traiter la maladie vénérienne*»
- «*Réflexions sur les maladies vénériennes*»

**On philosophy, pedagogy, policy and social interest:**

- «*Dissertação sobre as paixoes d'alma*», 1753
- «*Lettre adressée à l'Université de Moscou sur la méthode d'apprendre et d'enseigner la médecine. Instruction pour le Professeur qui enseignera la chirurgie dans les Hôpitaux de S. Petersburg*», 1754
- «*Plan sur la manière de nourrir et d'élever les enfants trouvés dans l'hôpital de Moscou*», 1764
- «*Dissertation sur les beaux-arts, leur utilité, leurs*

*inconvenients, leurs avantages*», 1765

- «*Traité sur le rapport que les sciences doivent avoir avec l'Etat civil et politique, appliqué à l'état présent de l'Empire de Russie*», 1765
- «*Moyens pour conserver le commerce déjà établi en Russie et pour le faire fleurir à perpétuité*», 1766
- «*Moyens pour lier et attacher de plus en plus les Provinces conquises à l'empire de Russie de la même manière que fit Auguste par rapport aux Provinces de son Empire*», 1766
- «*Réflexions sur l'économie politique des Etats, appliquées particulièrement à l'Empire de Russie*»
- «*Réflexions sur l'état désavantageux des Laboureurs de Russie, des Esclaves des Domaines et des seigneurs; lesquels souffrent les plus grands charges de l'Etat, de manière qu'ils diminuent tous les jours....., avec les moyens propres à pouvoir recruter les armées de terre et mer, sans y employer les laboureurs et récompenser les soldats et les officiers qui ont servi pendant 20 ans*»
- «*Traité sur les moyens propres pour augmenter le commerce de Russie*» «*Traité sur le commerce de l'empire de Russie*», 1770
- «*Traité dans lequel on prouve que l'introduction d'une meilleure administration de la justice contribue à l'amélioration de la société*»
- «*Projet pour l'établissement d'une Ecole d'agriculture*»
- «*De l'origine des hôpitaux*», 1772
- «*Du mariage des prêtres*»
- «*Plan pour l'éducation d'un jeune seigneur*»
- «*Lettre sur les moyens de faire entrer un cours de morale dans l'éducation publique*»
- «*Dissertation dans laquelle on examine si la ville, appelée par les Romains Pax Augusta est celle de Beja au Portugal ou celle de Badajoz, en Castella*»
- «*Origem da denominação de cristao velho e de cristao novo no reino de Portugal e das causas destas denominações, assim como da perseguição dos Judeus, com os meios de fazer cessar em pouco tempo esta distinção entre sùbditos dum mesmo estado...*»
- «*Dissertação sobre os meios próprios para governar e conservar as conquistas e colônias de Portugal*»

**Other writings under his authorship :**

- «*Venae rubrae nunquam absorbent*», 1724, Doctorate's dissertation in Salamanca
- «*Memória sobre as águas de Penha Garcia*»
- «*Dissertação sobre os banhos Russos*»
- «*Pecúlio de varias receitas*», about syphilis

- «*Memoria acerca do ensino da cirurgia patologica*», by request of the Strasburg Medical School
- "*Ramal de observacoes sobre todas as partes da Medicina e principalmente sobre a pratica*»
- «*Discurso Sobre a America Portuguesa*»
- "*Fundamentos da Sociedade Crista e Politica*», 1760

Ribeiro Sanches was also the promoter of an edition of «Os Lusfadas» by Luis de Camoes, which came to light in Paris, in 1759. (In 1959 the University Press of Coimbra printed a collection of the writings of Antonio Ribeiro Sanches.)

#### Notes and references

1. New-Christians was the name given to the Jews "converted" to Catholicism, and usually they were asked to testify that they follow the Catholic rules. As it was left written by Ribeiro Sanches himself, Father Domingos Mendes baptized him on March 17th, 1699.
2. Francisco Sanches (Valence? 1550/1551 -Toulouse 1623). He studied in Braga, Bordeaux and Rome, earning his Bachelor's degree in Medicine, at Montpellier, in the year 1574. He taught Medicine and Philosophy in Toulouse. His main philosophical work «*QuodNihil Scitur*», of 1581, influenced Descartes in the area of philosophy and Bacon in experimental knowledge. He also published the «*Opera Medica*» in 1636.
3. Referring to Dr. Lopes de Pinho, Ribeiro Sanches wrote in his article «*Affections de l'ame*», from the *Methodical Encyclopaedia* : «My master, Doctor Pinho, medical doctor in the village of Guarda...».
4. The students of Coimbra at that time were harassed by «The Shrub Gang», led by Francisco Jorge Aires, who was beheaded in 1722, and consisted of D. Manuel Alexandre da Costa, a student of Theology and later on the parish-priest of Santa Cruz do Minho, Jose da Horta and Antonio da Costa e Silva - «the Whiting», who both died in prison.  
Ribeiro Sanches narrated about the time he spent in Coimbra: «If one knows the manner in which the student goes to Coimbra to study, armed with offensive and defensive weapons, with gun powder, bullets and dogs.....if one still remembers the atrocious assaults of Coimbra, the barbarous excesses that «The Shrub Gang» committed in the years 1719 and 1720, one will understand the precautions that were necessary... and that only one infantry battalion, armed with rifles, bayonets and loaded cartridge-belts, will be able to tame the fire of the Portuguese youth».
5. Martinho de Mendonca Pina e Proenca was a member of the Royal Academy of History and was High Usher of the Tombo Tower and the Royal Librarian.  
As Ribeiro Sanches asserted, in every letter written at the age of 61, it was Pina e Proenga who led him «...to get out of Portugal, to know what I never could learn in the Country».
6. «I've seen and treated many sick people from this disease in Lisbon» he affirmed in «*Dissertation sur l'origine de la maladie venerienne...*».  
In this plague outbreak, the Portuguese government resorted to the advice of various renowned European doctors, amongst them Dr. Bertrand, from Marseille, later to have importance in his acquaintance of Boerhaave by Ribeiro Sanches.
7. Dr Diogo Nunes Ribeiro, accused of the practice of Judaism, was imprisoned by order of the Duty Court for twelve years (from 1704 to 1716). Ribeiro Sanches would refer many times, in his letters, to this religious persecution (see note #11).
8. What he earned from this post permitted him to subsidise the surgical studies of his brother Manuel in Italy. His father died before his departure for Russia and his mother lost the whole of her money in a legal dispute.
9. This is the famous liquor of Van Swieten. Ribeiro Sanches obtained this information through a Russian doctor, who learned about it from a Siberian use.
10. The lover of the late Tsarina, Buhren, governed for three weeks. Marshal Munich dismissed him on November 8th, and gave the governmental regency to Anna Leopoldovna, in the name of the heir Ivan IV. After a new palatial blow led by the surgeon Lestocq Anna Leopoldovna was dismissed, and the power given to the Grand Duchess Isabel, daughter of Peter the Great.
11. It would have been fear of the Inquisition that prevented his return to Portugal. In a letter from St Petersburg addressed to Dr Valadares, about his brother, a medical doctor in Italy who aspired to return to Portugal, Ribeiro Sanches expressed his fears in this way: «he tells me that he wants to go to Portugal, asks me to give him my consent... and I tremble to give him my permission... because this boy, knows nothing about the Inquisition... and he thinks Portugal is like France...»
12. Mafra is a small village in the neighbourhood of Lisbon, with an old potter industry. It is also well known for the Royal Palace and a Monastery with an old library, an apothecary and one of the best working carillons of the World.

13. Before Sanches two other Portuguese undertook work concerning this : - Martinho de Mendonca in the «*Apontamentos para a Educacao de um Menino Nobre*», 1734 and Luis Antonio de Verney in the «*Verdadeiro Metodo de Estudar*», 1746
14. Camilo Castelo Branco in «*Noites de Insonia*» wrote about this : «The Marquis of Pombal, did not want it or, in spite of his omnipotence, could not assure a secure rest in the motherland for the grandson of Hebrews... The ungrateful took advantage of it, hiding the origin of his learned oracle and the advices and projects of good administration that he suggested to him from Paris. The foundation of the Nobleman College, by a law dated March 7th, 1761, was recommended by a letter of Ribeiro Sanches, dated in Paris on November 19th, 1759»
15. About Ribeiro Sanches and his drama of the persecution by Judaism, Filinto Elisio would write the following verses :
- «Oh Sanches, running through far away lands / Fugitive of the homeland that persecutes you / That torments the family, and the friends / With fires, with tortures;  
Sitting at the table with more of the outlaws / From the unrighteous court of justice, the shame of Europe / Taken by a heavenly enthusiasm, / Like this it was torn with a cry:  
It still lives, it still reigns, for harming / From the kings, that do not confuse, for the scorning / of the aluminous People, and displeasure / of the Learned, and honest Men,  
That cave of priestly assassins, / that, new Polyphemus, will they tear apart / the innocent flesh of the young ladies? / That knowing this put gags /...  
When will come a Hercules, that with anger, / the ones who burn will burn themselves ? That the serpents / from the most rotten of Lerna, in solid arms, / Vindictively suffocate ?  
May Anastasio have his revenge, and the good Lourenco have his revenge, / And Sanches, and Filinto, and various others, / who to the mother country would illustrate, if that mother country / did not wage these crimes?»
16. This work along with the previous one was reunited into one volume, with a preface by Gaubius, edited in Leyden in 1778, by Henry Hoogenstratten.
- Textos*, Lisboa, Horizonte
- Antonio Ribeiro Sanches (1959), *Obras - Antonio Ribeiro Sanches*; 2 vols, Coimbra, Imprensa da Universidade
  - David Willemse (1966), *Antonio Nunes Ribeiro Sanches Eleve de Boerhaave et son Importance pour la Russie*, Leyden, E.J.Brill
  - Evaristo Franco (1949), *Glorias da Medicina Portuguesa*, pg183 a 217, Lisboa
  - Joaquim Verissimo Serrao (1982), *Historia de Portugal*, vol. VI, Lisboa, Verbo
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## ***Sir John Forbes (1787-1861) and Miss Florence Nightingale (1820-1910): an unlikely association?***

R.A.L. Agnew

### Summary

This year marks the 140th anniversary of the death of Sir John Forbes, a distinguished Victorian doctor, Physician to the Royal Household and medical journalist. Sir John's career is outlined in relation to his lifelong friendship with Sir James Clark. Although there is no record of a meeting between Sir John and Florence Nightingale, they corresponded towards the end of his life: Miss Nightingale's letter as well as their views on patient care, at a time when medicine was emerging into a more scientific era, are discussed.

### Résumé

Cette année marque le 140ème anniversaire de la disparition de Sir John Forbes, le brillant docteur de l'époque victorienne, médecin de la famille royale et journaliste médical. La carrière de Sir John est présentée en rapport avec la relation amicale qu'il entretenait avec Sir James Clark tout au long de sa vie. Bien qu'il ne soit pas fait mention d'une rencontre entre Sir John et Florence Nightingale, ils s'écrivirent vers la fin de sa vie; la lettre de Miss Nightingale ainsi que leurs opinions sur les soins des malades, à une époque où la médecine entrait dans une ère scientifique, sont examinés.

The career of Sir John Forbes has been fully documented in the *Dictionary of National Biography* (1) and also more recently (2,3). Similarly, the life of Florence Nightingale has been described in detail (4). In order to establish a link between these two notable Victorians, the one famous as the translator of Laennec and Auenbrugger into English, the other well-known as the modernizer of the nursing profession, it is necessary to look again at some aspects of their respective careers: let us start by re-considering that of Sir John Forbes.

### **Early years and education :**

John Forbes was born on 17 December 1787 in a village near the northern coast of Banffshire in Scotland (5). In the Scottish tradition, he received a sound primary education at the local parish

school, where he distinguished himself by winning a scholarship to Aberdeen Grammar School. John had been joined at the local school by the young James Clark (1788-1870), who became his lifelong friend: both graduated MD at Edinburgh in 1817. Clark was appointed Physician to the Royal Household of Queen Victoria (1819-1901) and created a baronet within a year of her accession to the throne in 1837 (6). It was James Clark who encouraged Forbes to translate Laennec's *De UAuscultatione Mediate* into English in 1821 (7).

Forbes had left his local school at the age of 15 and, after further grounding in English, French and the Classics at Grammar School, entered the Arts Class at Marischal College of Aberdeen University. He attended this course for two years but left in 1805 without having graduated. He developed a medical interest by being apprenticed to two Banffshire practitioners (8). Possibly from patriotic motives, the war against Napoleon Bonaparte (1769-1821) was then raging, Forbes

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now decided to enlist in the naval medical service. After tuition in Edinburgh, he obtained the Diploma of the Royal Collège of Surgeons there in February, 1806 (9). Owing to a shortage of naval doctors at that time, he was able to enter the Royal Navy as a Temporary Assistant Surgeon in 1807(10.)

### **Naval career and Edinburgh (1807-1817) :**

In January 1809 Forbes was promoted to Full Surgeon: he served in various ships and shore establishments including Haslar Naval Hospital. He also saw action in the Caribbean (11). During spare time at sea, he improved his basic knowledge of French and other European languages and there are anecdotes about how he saved the lives of shipmates from drowning as he was a strong swimmer (12).

In April 1814 he was appointed flag surgeon and secretary to Rear Admiral Philip (later Sir Philip) Durham (1763-1845), who flew his flag in HMS *Vénérable* (74 guns) as Commander-in-Chief of the Leeward Islands station. Forbes was present and played an important part as Admiral's secretary in the capture of Guadeloupe from insurgent French Bonapartists in August, 1815 (13). He left *Vénérable* and the Navy on arrival home in Portsmouth at the end of May, 1816.

Having returned to Edinburgh as a 29-year-old mature student on half-pay from the Navy, Forbes studied hard at the Medical School and University; he graduated M.D. Edin. on the same day, in August 1817, as James Clark. The title of Forbes' MD thesis was *Tentamen Inaugurale de Mentis Exercitatione et Felicitate exinde Derivanda* reflected his philosophy of life in general. Always a diligent student with wide interests, he had attended lectures in geology by Professor Robert Jameson (1773-1853), while studying medicine. By chance, a vacancy had occurred in a practice in Penzance, Cornwall, for which Jameson was asked to recommend an Edinburgh physician with an interest in geology. Dr John Forbes was

appointed and moved to Penzance in September, 1817. The change to the milder climate of the extreme south-west of England may also have been for health reasons (14).

Forbes worked as physician to the Penzance Public Dispensary and also in general medical practice throughout Cornwall and the Isles of Scilly. During his five years there, he became skilled in the use of the newly-invented stethoscope of René Laënnec (1781-1826). Encouraged by Dr James Clark and with only his 'schoolboy knowledge' of French, Forbes set about the task of translating and shortening Laënnec's monumental work *De L'Auscultation Médiate* into English. The first of his four translations appeared in 1821(15) and was a great success; it inspired three further editions in 1827, 1829 and 1834 roughly corresponding to the years when successive editions of Laënnec's classic appeared in Paris following the death of the author in 1826. It was in the 1834 edition that Forbes changed the translation of Laënnec's 'râle' from the English 'rattle' to the Latin 'rhonchus' (16). These translations, however imperfect they appeared at the time, were fundamental in spreading the teachings of Laënnec to the English-speaking medical world. Five hundred copies of Forbes' *Treatise on Diseases of the Chest* (1821) were sold by the end of 1823 (17).

As a physician in Penzance, Dr Forbes took a keen interest in local affairs and helped to found the Public Library in 1818 (18). He also developed his interest in geology, acting as secretary of the Royal Geological Society of Cornwall (19). He published several papers on local geology, climate and working conditions in the local tin and copper mines; in particular, he described the stethoscopic signs of pulmonary tuberculosis in Cornish underground miners, a group in which that disease was then prevalent (20).

Later, when working as a physician in Chichester, West Sussex, he published further pioneer studies on the diseases of miners (21).

Fig. 1. John Forbes MD as a physician in Chichester. (Portrait by a local artist, James Andrews). With acknowledgements : Editor, <<Journal of Medical Biography^

While at Penzance, he married Eliza Mary Burgh: one son was born in Chichester on 18 April 1824, who was named Alexander Clark Forbes (22).

### Chichester (1822-1840):

In 1822, Dr Forbes and his bride moved to Chichester, then a small cathedral city noted for the numbers of genteel retired army and naval officers, and which the poet John Keats (1795-1821) had visited in early 1820. Forbes' activities - and there were many - have been described previously (23,24). Within two years of his arrival he had written a seminal work on the diagnostic use of the stethoscope, which was published in London in 1824 (25). In addition, it contains the first translation into English of the *Inventum Novum* of Leopold Auenbrugger(1722-1809)

There are descriptions of the case histories and physical signs of 39 patients seen at Chichester by Forbes personally; these vital signs were verified at post-mortem in those whose disease proved fatal. The book was well received as there was a need, at the time, for a reliable work of reference on the practice of auscultation in a medical world still sceptical of the value of stethoscopy - a view initially held by Forbes himself! (26)

### Medical journalism(1832-1847) :

Dr. John Conolly (1794-1866) had been a friend and colleague of Forbes in Chichester but, in 1823, he had left to seek his medical fortune elsewhere. They had kept in touch and, together with another Edinburgh graduate, Alexander Tweedie (1794-1884), they combined to produce the *Cyclopaedia of Practical Medicine*.

John Forbes was its main editor - his first venture into medical journalism. Published monthly, both in the United Kingdom and in America, it appeared between 1832 and 1835. When it was sold off, Forbes compiled an excellent bibliography of its contents, which was



regarded by many as a yardstick of excellence in medical literature (27). In 1836, Forbes and Conolly embarked on a new and more ambitious publication entitled the *British and Foreign Medical Review, or a Quarterly Journal of Practical Medicine*. After three years, Conolly returned to full-time work in psychiatry leaving Forbes as sole editor. They remained good friends and were granted the Fellowship of the Royal College of Physicians of London on the same day in 1844 (28). It has been suggested that Forbes' *Review* did more to enhance the reputation of British medicine, both at home and abroad, than any other journal (29). It became accepted and read all over Europe and America as the articles it contained helped to promote more rational methods of treatment than the bleeding and purging still prevalent.

By the end of the 1830s, Forbes was deeply involved in his single editorship of the 'Review'. He made the big decision to exchange the tranquil surroundings of a cathedral city for the hazards of medical journalism and private practice in the Capital. Before leaving, he was persuaded by friends to sit for his portrait by a local artist, James Andrews, who has succeeded in depicting his intelligent bespectacled features precisely. (Fig 1)

The move from Chichester to London was to prove a turning-point in Forbes' career. It was also an anxious time for his wife, Eliza, and 18-year-old son. At this critical stage, they were helped by John's old friend and schoolmate James, now Sir James Clark, whose own medical career had barely survived the 'Lady Flora Hastings scandal' at Court in 1839 (30). Clark, as Royal Physician and a baronet since 1837, was able to use his influence with the young Queen Victoria to have John Forbes appointed as "Physician to the Household - in ordinary to Her Majesty in the room of Sir James Clark Baronet M.D. resigned» (31). This timely honour took effect from 15 February, 1841.

Forbes now concentrated on the editorship of the *Review* and established his high reputation in medical journalism. Sadly, his success was marred by the chronic ill-health of his wife: Eliza died in 1851, aged 64. He continued to write for his publisher, John Churchill; publications include '*Illustrations of Modern Mesmerism, from Personal Investigation*' (1845) and an article on '*Somnambulism and Magnetism*' in collaboration with the Austrian author von A. Hummel in Vienna in 1846 (32). In the previous year, the Scottish physician was conferred with the honorary Fellowship of the Imperial Society of Physicians of Vienna (33).

Forbes published, not only his sceptical views on Mesmerism but he also ridiculed clairvoyance (34). Then, as now (35), the medical world was intrigued by 'complementary/alternative medicine'. As editor, Forbes felt it his duty to report current fads. All might have been well had not an article - unsigned, but almost certainly written by the editor - appeared in the *Review* on 'Homeopathy, Allopathy and «Young Physic»' (36). In twenty sections, nine articles by various British and Continental authors are reviewed and the editor sets out the case for the «*vis medicatrix naturae*» and the avoidance of polypharmacy, especially by young inexperienced doctors. To quote from page 255 :

*«For Nature has room to work her way;  
And doing nothing often has prevailed,  
When ten physicians have prescribed and failed.»*

These opinions were not shared by the medical establishment in London, who asserted that Forbes' views favoured the system of Samuel Hahnemann (1755-1843), although this was not the author's intention. Indeed, he appears to have kept an open mind on the principle that 'like cures like' but certainly he had no time for quackery.

In spite of unfavourable reviews, his reputation as an unbiased editor and his integrity as a physician were not impugned as, in the same year 1846, Forbes was appointed as one of the first two consulting physicians to the Brompton Hospital for Consumption and Diseases of the Chest (37). Nevertheless, his polemical article on 'Homeopathy', which was much more than a review, may have led to Forbes' resignation as editor of the *Review* in the 61<sup>st</sup> year of his life. As a token of their affection, he was presented, on leaving, in the names of the 264 physicians and surgeons of Great Britain and America, many of whom had been past contributors and remained his friends with a splendid candelabra, as well as with his portrait painted by John Partridge (38).

#### **Retirement years (1848-1861):**

In the summer of 1848, Forbes was able to relax on holiday in Switzerland. He published an account of this in the following year (39). It was so successful that he was encouraged to describe two other visits, one to Ireland in August 1852(40) and a second to Germany and the Austrian Tyrol in the autumn of 1855 (41). His visit to Ireland in the aftermath of the famine years has been described elsewhere (42). Forbes had returned to Chichester in 1850 to lecture at the local Literary and Philosophical Society, which he had founded in 1831. His subject was the theme of his Edinburgh MD



• Fig. 2. Florence Nightingale (1820-1910). Photograph of portrait of Florence Nightingale; taken by the London Stereoscopic Company at the request of Queen Victoria in 1856. Credit: Wellcome Library, London.

thesis (1817) : 'Of Happiness in its relation to work and knowledge'. In 1852, was conferred to him the honorary degree of Doctor of Civil Law by the University of Oxford and, in 1853, he was knighted by Queen Victoria (43).

Sir John's final publication was a philosophical work, a "little book" *Of Nature and Art...* (44) based on the author's favourite theme of the *Vis medicatrix naturae*. This was well received, not only at home but also in the United States of America. First published in 1857, it ran to a second English edition in 1858 and a Swedish translation was published in the same year. Although long-winded in the Victorian fashion, the book could be read with advantage by modern doctors as well as by the general public.

Forbes was a prolific letter writer to his contemporaries: the more famous, the better! Correspondence with such celebrities as Sir Walter Scott (1771 -1832), Charles Dickens (1812-1870) and Sir Robert Peel (1788-1850) is among his papers. Although apparently fit enough to undertake an extensive walking tour of Germany and the Tyrol for over eight weeks in July/September, 1855, he was unable, for health reasons,

to go out to Smyrna (Izmir) in Turkey to set up a military hospital towards the end of 1854 (45). He made some initial plans to do so in order to help to stem the egregious mortality resulting from the campaign in the Crimea (1854-1856) but finally backed out. This anomaly may be explained by speculating that his true reason was that he did not wish to involve himself in the squabbles surrounding the selection of medical and surgical staff for Smyrna (46).

This Scottish physician did not work there, nor at the Civil Hospital at Renkioi, which was opened in October, 1855, so did not share duties with its medical superintendent, Dr Edmund Parkes (1819-1876). Parkes had been editor of the *British & Foreign Medico-Chirurgical Review* from 1852 to 1855. [Formed by the amalgamation in 1848 of the *British and Foreign Medical Review* with the *Medico-Chirurgical Review*, edited by Dr James Johnson]. Parkes was later an outstanding and innovative army professor of military hygiene (47). He was author in the *Review* of the posthumous tribute to Sir John in 1862.

The British Civil Hospitals at Smyrna and Renkioi were staffed by female nurses independent of Florence Nightingale at Scutari (Fig 2). Unlike his friend, Sir James Clark, Sir John was never closely linked with her reforms in the living conditions of the British Army and her nursing standards (48). Nor is there any hint of personal correspondence between them amongst the numerous letters that she wrote home in relation to her Crimean War experience (49). (Fig 3) On her return home, in November 1856, (50) Miss Nightingale lived in rooms on the upstairs floor of a house next door to the Burlington Hotel in Old Burlington Street in the West End of London (51). This Burlington Hotel Annexe, (at number 30) was her headquarters in efforts to improve standards of hygiene in the British Army. She drew up a list of names of distinguished lay persons and doctors, including Sir James Clark, to help in a Commission of Enquiry (52). About this time, Florence Nightingale's life was being despaired

of due her tendency to lie all day stretched out on her sofa, but she recovered and, in 1861, moved house several times before taking up residence at No 35, South Street nearby (53).

In the meantime, Sir John Forbes' own health had been steadily deteriorating. In 1859, he decided to retire from public life and to live at the home of his only son, Alexander Clark Forbes, who was in the legal profession and who resided in rural Oxfordshire. Sir John had suffered from atherosclerosis of the brain causing gradually increasing attacks of giddiness and falls from 1857 onwards. He was also said to have suffered from a chronic breathing complaint and enlargement of the heart (54).

By May, 1860, he was unable to walk and was forced to resign from the *Comitia* of the Royal College of Physicians in London. His brain was sufficiently clear to write to her from his new home at Whitchurch-on-Thames, Oxon. congratulating her on her famous *Notes on Nursing*, which had been first published in December, 1859 (55). It is unclear from the letter whether Sir John had received a complimentary copy or had purchased one !

Letter from Florence Nightingale  
to Sir John Forbes  
30 Old Burlington St., London W  
Feb 23/60

*My dear Sir*

*Nothing has given me half so much pleasure as a note from you about my little Nursing book. That you, to whom the world is so much indebted in the matter of its health, should endorse it with your imprimatur is a very great satisfaction to me. All I can say for the book is that there is not one word of theory in it. Every sentence otitis the fruit of bitter experience. That your experience as a Physician should coincide with mine as a nurse gives it value.*

*The great object I had in view was to recall the art of observation which has, I think, deteriorated, even in my day, under the load of supposed science. People have eyes «and they see not».*

*My conclusions were arrived at by looking at disease simply from the practical side. If people who have Science too, (which I wish I had,) would do the same, how much might not be done for the World's health!*

*I know your book «Nature & Art in the cure of Disease» well. But should it not be a trouble to you to send me a copy, as you so kindly offer, I should consider it a great honor (sic) to have one from you.*

*I should have answered your kind note before, had it not been for illness. Believe me I remain, dear Sir John  
faithfully & gratefully yours*

*Florence Nightingale*

*P. S. You encourage me by your kindness to send you another little book of my Hospital experience.*

It is noteworthy that, in her letter (56), she requested from Sir John a copy of *Of Nature and Art in the Cure of Disease*. As she remarks, his book had reinforced her own views on the value of bedside observation of patients.

The second "little book" probably refers to Florence Nightingale's *Notes on Hospitals*, which was also published in 1859. This book drew attention to the unhygienic and overcrowded conditions in hospital wards of large cities, which gave rise to a higher mortality than in equivalent populations in the community (57). In her letter Miss Nightingale appears sanguine about the future of universal health by an alliance forged between clinical observation and «Science». It is interesting to note that, in spite of the dramatic improvements in health over the past 140 years, there are still those who are sceptical whether a medical Utopia has yet been achieved (58).

Forbes' career as medical journalist may have ended prematurely in 1847 but he will always be remembered for his translations of Laennec and Auenbrugger. He despised polypharmacy and «the nonentities of homeopathy and the too strong realities of heroic medication»; his views on the *vis medicatrix naturae* were respected (59).

**Fig. 3. Florence Nightingale (1820-1910). Florence Nightingale in one of the wards at Scutari Hospital. From *Illustrated London News*, 24th February, 1855. CREDIT: Wellcome Library, London.**



MISS NIGHTINGALE, IN THE HOSPITAL AT SCUTARI.—(from *Illustrated London News*.)

Sir John Forbes, MD Edin., FRCP Lond., FRS, DCL Oxon., died peacefully at Swanston House, Whitchurch-on-Thames on 13 November, 1861, just before his 74th birthday.

#### Conclusion :

Although there is no record of a meeting between Miss Nightingale and Sir John, it is clear from their brief correspondence that she was much impressed by his medical expertise and by his philosophy of life. They might well have shared the sentiments of another Scottish physician, Sir Robert Hutchison (1871 -1960), who wrote in *The Physician's Prayer*:  
 «... from putting knowledge before wisdom, science before art and cleverness before common sense, from treating patients as cases and from making the cure of the disease more grievous than the endurance of the same, good Lord deliver us.»(60)

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### Biography

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## Lettre a l'éditeur

### Additif à l'article de Roger Mayer (Vesalius, VI, 1, 42-50, 2000)

Concernant le remarquable article de Roger Mayer, solidement étayé et documenté en précieuses références sur son sujet de *L'enseignement de l'Histoire de la Médecine en Suisse. Historique et état actuel*, nous devons faire remarquer au lecteur de notre revue qu'il existe un oubli gênant qui est celui du Privat-Docteur interniste et auteur de l'article, car Roger Mayer mérite amplement d'être inscrit avec ceux qui enseignent actuellement l'histoire de la médecine

en Suisse. A l'Université de Genève, son rôle est éminemment certain mais il faut ajouter ses nombreuses contributions et articles dans les diverses revues volontiers francophones. Il convenait donc d'ajouter son nom à cette actualité, même si sa modestie doit en souffrir. Sa grande sagesse et sa fidélité lors de toutes les réunions du conseil d'administration de la S.I.H.M. en font un membre actif fort apprécié de tous.

*Alain Ségal, Vice Président*

## Information

### Un site internet sur l'homéopathie et son histoire

M. XXXXXXXXXXXX, xxxxxxxxxxxx@xxxxxxxxxx  
Webmaster d'*Homéopathe International*, site bilingue (français et anglais) consacré à l'homéopathie, nous informe de l'existence sur son site d'un grand nombre de textes sur l'Histoire de l'Homéopathie :

- Site en version française : <http://homeoint.org>

- site en version anglaise :

<http://homeoint.org/english/index.htm>

Les membres intéressés par l'histoire de l'homéopathie, peuvent donc consulter ce site et/ou contacter XXXXXXXXXXXX pour tout renseignement complémentaire.

## **News from member countries** **Nouvelles des pays membres**

### **Algérie**

Pour fêter le Millénaire de la ville d'Alger, le Gouvernorat du Grand Alger a organisé, parmi les nombreuses manifestations prévues, une journée sur «l'Histoire de la Faculté de Médecine d'Alger» ainsi qu'une exposition du musée d'anatomie d'Alger fondé par le Pr Deribet. Nous avons pu redécouvrir les anciens ouvrages d'anatomie et les photos de cette Ecole de Médecine créée en 1857. Le Pr Jacques Battin a présenté une conférence sur «Les grandes Heures de la Médecine Arabe».

La Revue Médico-Pharmaceutique a consacré un numéro spécial sur «l'Histoire de l'Algérie Médicale» (*RMP*, n° 11, Décembre 1999) dont voici un aperçu des articles traitant du sujet: «Les débuts de la chirurgie algérienne» par B. Meradji; «Histoire du paludisme : une histoire ancienne encore d'actualité» par S. Haireche et M. Belkaid; « Histoire de la dermatologie» par M. Benredouane; «Histoire de la médecine du travail» par A. Semid; ainsi que «La chirurgie dentaire:ses origines, son présent, son avenir» par S. Hafiz.

*Mahmoud A roua*

### **Austria**

The Chair for the History of Medicine in Vienna will become vacant on the 30 September 2001 and Professor Dr Karl Holubar, who has held this post since 1 October 1989, will retire. He will be succeeded on October 1 of this year by Professor Dr Michael Hubenstorf, a native of Vienna, presently as professor at the University of Toronto.

*Karl Holubar*

### **Belgique**

La Société Belge d'Histoire de la Médecine s'est réunie le 17 mars pour une journée d'étude. Trois communications originales et des objets médicaux anciens ont été présentés.

Le 29 mai une visite de l'exposition "*Herba Medicinalis*, les plantes médicinales utilisées du Moyen Age jusqu'à nos jours" était organisée.

Cette exposition qui se tient à Villers-la-Ville jusqu'au 30 septembre offre un parcours interactif autour d'une centaine de plantes médicinales. Le visiteur peut sentir, toucher et même goûter certaines d'entre elles. Les plantes sont présentées sous leurs formes sèche, fraîche et leurs dérivés. Des objets sont associés à des commentaires sur les jardins et les plantes au Moyen Age.

Le Musée de la Médecine de Bruxelles a créé son site web : <http://medicmuseum.org>. Un forum interactif y est organisé. Nous invitons les membres de la SIHM à le visiter.

*Diana Gasparon*

### **Chile**

The National Museum of Chilean Medicine (Museo Nacional de Medicina), University of Chile, Santiago, has recently published a selected catalog of old medical books and colonial manuscripts, collected in the XIX century by Chilean medical doctors returning from their studies in Europe and *The Survey of Archives of Colonial Hospitals of the XVI and XVII centuries...* (*Anales de la Universidad de Chile*, Sexta Série N12, October 2000, pages 19-78). The collection includes books of Hippocrates, éditions by Gardeil (1806), Adams (1849), Littré (1840) and Jones (1923). *The Works of Galen* edited by Daremberg (1856) *The Canon of Avicenna*, Latin version of Gerardo de Cremona, Venetiis (1608). *The Works of Ambroise Paré*, éditions of 1628 and 1848. *The Works of William Harvey*, London, 1737. *The opéra medica omnia of Boerhaave*, Venetiis, 1790. And a hundred other medical books of authors from the XVIII and XIX century in Latin, French, English and German.

The library of this Museum contains also the leading European medical journals of the XIX century, and all the Chilean medical books and medical journals founded and edited in Chile in the XIX and XX centuries. The library contains an archive of two hundred manuscript documents of the colonial hospitals since the XVI century : the archives of the Hospital del Socorro in Santiago (1605-1776), the Hospital San Juan de Dios (1<sup>r</sup>

1899) and the Hospital San Broja (1772-1899). The archive contains also documents of the *Tribunal del Protomedicato* (1826-1888), and the *Adas de la Facultad de Medicina de la Universidad de Chile*, 1833-1906. (Source : Gardeta, Pilar, *Catalogo de Manuscritos del Museo Nacional de Medicina*. Universidad de Chile, Santiago, 1993).

Ricardo Cruz-Coke

## Finland

The Department and Museum of Medical History at the University of Helsinki celebrated its 30th anniversary during the year 2000 with some new small exhibitions : "Glimpses from the earliest activities of the Museum of Medical History"; "What a doctor's bag tells us"; "Glimpses from the history of teaching medical history at the University of Helsinki".

A new *docent* in the history of medicine in Finland, Heikki S. Vuorinen, MD, was appointed at the end of 2000 at the University of Tampere in Finland. The first *docent* in the history of medicine in our country was Gunnar Soininen, MD (1904-1973) who was appointed in 1933. Once a year the department arranges a course on the history of medicine for the medical students, and during the spring of 2001 the largest number of students ever since 1975 was attending this course. William Harvey's *Exercitatio anatomica de motu cordis...* 1628 has been translated from Latin into Finnish by Professor Anto Leikola and published at the end of 2000.

The annual meeting of the Finnish Medico-Historical Society was held on the 6th of February with a lecture by Jaakko Ignatius, MD, on the development of medicine in Finland during the 20th century. This Society, founded in 1961, commenced in 2001 to celebrate its 40th anniversary. In connection with this anniversary the Society published its home-pages on the Internet. The 40th anniversary of the Society was celebrated at the main building of the University of Helsinki with the X Gunnar Soininen-lecture given by Arno Forsius, MD, who spoke on "The connection between the soul and the body in the history of medicine". After this lecture there was a seminar on the history of

medicine during Antiquity and the Renaissance with lectures on: "Dentistry 2000 years ago" by Anneli Kela; "Longing for an eternal life, theory and practice in medicine for prolonging of life during the Renaissance" by Timo Joutsivuo; "Professional instructions for the physicians and medical ethics in Italy during the Renaissance" by Heikki Mikkeli and finally "The medical library of a Finnish nobleman Henrik Matinpöika (ca 1540-1617)"; "Authors from Antiquity to the Renaissance" by Terhi Kùskinen. At the end of May the Society also arranged an excursion to Riga, the capital of Latvia, with visits to the Paul Stradins History of Medicine Muséum, the Anatomical Muséum and the Pharmacy Muséum on the programme.

The Society for the History of Medicine in Turkey concentrated on the history of vaccination against smallpox, the general history of vaccination in Finland, the history of odontology and Professor Matti Àyrápâ the father of dentistry in Finland, during the year 2000. Furthermore the history of ancient medicine and the medicine of today were included in the scientific program during the spring of 2001. The activities, during 2000, of the recently by founded Medico-Historical Society of Eastern Finland were concentrated on the history of nursing with a special exhibition of old nurses' dresses. Furthermore the history of tuberculosis in the eastern part of Finland has also received attention.

Hindrik Strandberg

## France

Les Prix de la Société Française d'Histoire de la Médecine pour l'année 2001 ont été remis, lors de la séance du samedi 24 mars 2001 :

- Prix du meilleur ouvrage à Marc Reneville pour *Le langage des crânes. Une histoire de la phrénologie*, Collection Les Empêcheurs de tourner en rond, Paris, 2000.
- Prix de thèse à Florent Palluault pour sa thèse sur: *Etudiants et praticiens au service de la Médecine : la Société anatomique de Paris, de 1803 à 1873*.
- Prix spécial à l'éditeur Louis Pariente, 44 rue du Colisée, 75008 Paris, pour la qualité de son action, au travers de sa maison d'édition, en faveur de l'Histoire de la Médecine.

Une séance conjointe de la Société Française d'Histoire de la Médecine et de la SIHM a eu lieu le samedi 30 juin 2001 à Paris, avec notamment l'éloge du Pr. Jean-Charles Sournia

*Philippe Albou*

## Hungary

The new président of the Hungarian Society (since September 2000), Professor Dr E. Sylvester Vizi, MD, PhD, DSc, Vice-Président of the Hungarian Academy of Sciences, has invited Professor J-P. Tricot, président of ISHM and Dr A. Lellouch, général secretary of ISHM to visit Hungary at the end of May. Prof. Tricot spoken on *The memory of today in the history of medicine*.

*József Honti*

## Ireland

About four meetings are held each académie year, in the milder months, avoiding December and January. There are usually two invited papers per session of about forty minutes duration each, followed by discussion. The section meets at the Royal Collège of Physicians, 6 Kildare Street, Dublin 2 of a Wednesday evening at 7.30 for 8pm. Tea and coffee are provided and the meetings commence at 8pm. The attendance is usually between twenty and thirty. Members may invite guests.

Over the last year the président, Professor Alan DH Browne and council invited the following papers : Dr E. A. Martin : *Sir Gordon Homes - the Irish connection* and Sir P. Froggatt : *Arthur McMurrough Kavanagh* (25th October 2000). Mr T. Kinsella on *Lord Iveagh's Field Hospital in South Africa : 1900* and Dr H.S. O'Connor : *Napoléon, his Women, and his Doctor* (22nd November 2000). Professor P.B. Gatenby : *John Mallet Purser 1839-1929, Regius Professor of Physic* and Mr W.P. Hederman : *Some further observations on Sylvester O'Halloran* (7th March 2001). Professor J.V. Luce : *Hippocrates and the development of ancient Greek medicine* (25th April 2001).

The président of the section for the 2001-2 session is Professor P.B. Gatenby. On the programme for this session so far are Mrs Patricia Moorhead : *Tom Crean V Canó* Dr Muriel McCarthy : *Dr Elias Bourhéreau* (24th October 2001). On 12th December 2001 the meeting will be devoted to papers from Dr A. McCarthy, Professor J. Horgan and Dr HE Counihan on the *1947-53 Health Acts*, and the associated controversy regarding Dr Noël Browne and the Mother and Child Bill.

*Mary O'Doherty*

## Israël

A spécial meeting of the Israël Society for the History of Medicine and Science took place at the University of Béer Sheva on October 23, 2000, in honour of Professor Samuel Kottek, the former Président of the Society, now Emeritus. In the new Health Sciences Building, people could admire an exhibition of selected items belonging to the Rosenberg Collection of the History of Medicine. The exposition includes four wings: History of Medicine in Ancient Times, Médical Oaths in History, History of Medicine and Science in Modern Times and History of Medicine in Modern Israël. The next meetings of the Society will be on May 3, 2001 at Tel Aviv and on September 4, 2001, as part of the Israeli Physicians' Week.

In Tel Aviv University, a discussion group was recently created on Medicine, Society and Culture, under the coordination of N. Davidovitch. Among the first lectures : N. Davidovitch : *Ethics, Identity and Heterodoxy: The Discussion about the Ethical Code of the American Médical Association*. H. Abramovitz : *Good Death and Bad Death*. J. Ziegler : *The Body as Mirror of the Soul : The Arising of Physiognomy as a Science, 1200-1500*. O. Dror : *The Brain as Technology and the Paradox of Emotions, 1880-1930*. Etienne Lepicard : *The Future Progress of Medicine: A Nobel Prize winner Addresses the Board of Trustees of Mount Sinai Hospital, New York 1925*. D. Filk : *The Social Subtext of Médical Texts: An Analysis of Israeli Médical Journals*.

Toward the Remembrance Day of the Holocaust a study-day on Medical Values and the Holocaust was organized by Y. M. Barilan and the department of Behavioral Sciences at Tel Aviv University - the Sackler Faculty of Medicine. On the program : three lectures, two Ravel's songs performed by the soprano, Ms. E. Zingarevich, and an exposition of artistic works made by physicians at Teresienstadt and by Irsai in the months following his release from Bergen Belsen camp. The lectures were : E. Lepicard : *Nazi Medical Trials and the Development of Ethics in Modern Medicine*. Y. M. Barilan : *Memory of the Holocaust in Contemporary Art*. S. Sahn : *The Public Debate on Euthanasia in Contemporary Germany in the Mirror of the Past*.

Finally, it is worthwhile to note that Otniel E. Dror, MD, Ph D, is the new Head of the History of Medicine Section at the Faculty of Medicine of the Hebrew University of Jerusalem, Israel.

*Etienne Lepicard*

## Japan

The 100th Assembly of the Japanese Dermatological Association (JDA) was held in Tokyo from 6th to 8th of April 2001. The historical development of dermatology, especially its founders were discussed among some researchers, including medical historians. The late Prof. Keizo Dohi was one of the Wiener Scholars. He studied dermatology at Vienna University and introduced modern dermatology to our country. His study on the history of syphilis, is well known. The historically, authoritative, and educational materials, represented by «Moulage» of skin disease, are kept in several school of medicine, without any maintenance. Prof. T. Ono stressed the importance of conservation of these «Moulage».

*Junichi Haniu*

## Latvia

On February 23, 2001 (former Soviet Army Day) an educational, controversial and provocative exhibition was opened at the Paul Stradin Museum of the

History of Medicine in Riga. The exhibition is named XY (All about Man). The organisers of this exhibition have touched upon problems connected with the male - his anatomy and physiology, the stage of maturation, problems which are not openly discussed by men - questions of sexology, non-traditional sexual orientation, sexually transmissible diseases and AIDS, disturbances of potency and their treatment, surgical manipulations, which men had been undergoing for centuries and last but not least: the male body as an object of art and source of inspiration in the ancient as well as the modern world.

The core of the exhibition is made up from objects from the Paul Stradin Museum of the History of Medicine as well as from materials obtained from other Latvian museums. The concept of the exhibition has been worked out on the latest researches in the field of medicine, pharmacy and cultural history. There are campaigns - every Thursday at the exhibition, where the interested visitors may obtain answers to their questions given by medicos.

This year, the 800th anniversary of Riga is being widely celebrated. The name «Riga» was found in old chronicles for the first time in 1201. Although archaeological excavations testify that this place had existed and was lived in long before, this year is regarded as the year of foundation of Riga. In the programme of this anniversary are international music festivals, scientific conferences, and the 21 international days of Hansa cities. The singing and dancing festival and numerous exhibitions in Riga museums and art galleries have been included. An exhibition «Medicine in Riga in the course of 800 years» will be organised. The exhibition will demonstrate the development of medicine in Riga - its connection with the processes in Europe and world medicine; the activities of various countries and their medical representatives in Riga.

The most ancient evidence about medicine in Riga is a document dating back to 1220 AD, which records the foundation of a hospital. 14th century Riga boasts of 3 hospitals, one drug shop as well as the position of a "Stadtphysicus". The doctors who held this post had been studying in Padua, Leyden, Halle, Jena and other European universities. Jan

Cornarius from Zwickaw (1509-1558) after working in Riga for a few years, was later professor in Jena. Riga citizens had been treated by the doctor of the Russian Tsar Boris Godunov Caspar Fiedler (1555-?) from Königsberg; the doctor of Courlands Duke Ketter Zaharius Stopy (1535-1594) from Breslau; Vitevon Ilienaus (1618-1688) who was chief doctor of the Swedish King; the Swedish doctor, chemist, writer and public worker Urban Hiarme (1641 -1724) and other famous doctors of that time.

Rigadoctors had been writers, natural scientists and astronomers; they made up calendars and they have also donated their most precious books to the town. They also amassed collections, some of which have become the basic foundation of several Riga museums.

Through the centuries the inhabitants of Riga have suffered from the plague, smallpox, leprosy, syphilis, tuberculosis, cholera, dysentery and other diseases. An epidemic of the plague in Riga was mentioned for the first time in 1351, though the most devastating was the "Great plague" of 1710, when about 2000 Riga inhabitants died. An exhibition will show how these diseases were treated in Riga.

The Museum can boast of much source material on the work of Riga apothecaries during the 18th and 19th centuries. In 1803 an apothecary of Latvian origin David Hieronimus Grundel founded the Riga Chemist and pharmaceutical Society and published the first pharmaceutical journal in Russia. The first inoculation against smallpox had also been performed in Riga, as early as 1800. The members of the Practising Doctors' Society in Riga were the first in the Russian Empire to use ether narcosis in January 1847. While forming this exhibition we have investigated the materials of the history of medicine in Riga not only in our museum, but also in the Latvian State Historical Archive, in the Academic library of Latvia and in the Museum of History and Navigation of Riga, which was founded in 1773. These materials also supplement the exhibition. The exhibition will open on the July 27th.

*Juris Salak*

## Roumanie

La Société Roumaine d'Histoire de la Médecine (SRIM), fondée en 1929, organise annuellement une réunion nationale ainsi que des symposiums, tables rondes et séances périodiques de communications scientifiques. Un séminaire spécial (le Séminaire Gomoïu - Samaritan - Vatamanu) présente des comptes-rendus sur les publications médico-historiques récentes, roumaines et étrangères.

La Société englobe actuellement plus de 250 membres de Bucarest et d'autres villes de Roumanie : Iasi, Craiova, Cluj-Napoca, Roman, Suceava, Sibiu, Brasov, etc. Elle édite depuis 1990 un Annuaire et, dans peu de temps, sortira le premier numéro de la Revue Roumaine d'Histoire de la Médecine.

La XXXIII<sup>e</sup> réunion nationale d'Histoire de la Médecine (Craiova, 14-15 octobre 2000) a été dédiée à Victor Gomoïu, fondateur de la Société Roumaine, pour le 40<sup>e</sup> anniversaire de sa mort. V. Gomoïu a été le président de la SIHM de 1936 à 1946 (le troisième président, après J.J. Tricot-Royer et D. Giordano), il a organisé à Bucarest, en 1932, le IX<sup>e</sup> Congrès International d'Histoire de la Médecine et a publié la première revue parue sous l'égide de la SIHM : *Archives de la Société Internationale d'Histoire de la Médecine* (1936-1939). La réunion a été complétée d'un symposium satellite "La contribution d'Oltenia au développement de la médecine roumaine et universelle ainsi que d'une table ronde: "La médecine naturiste: passé, présent et futur", modérée par le Prof. M. Shiau et le Prof. N. Marcu. La XXXI<sup>e</sup> Ve réunion nationale (Bucarest, 15-16 juin 2001), avait pour thème "Les commencements et révolution de la médecine générée en Roumanie", en collaboration avec l'Université de Médecine et de Pharmacie "Carol Davila" et la Société Roumaine de Médecine Générée. Le 7 mai a eu lieu, à Bucarest le symposium national hippocratique avec comme thème "Hippocrate et la synthèse galénique (1800 ans après la mort de Galien)". Pendant l'année académique 2000/2001, la SRIM a organisé plusieurs symposiums anniversaires: "75 ans d'enseignement universitaire d'histoire de la médecine"; "100 ans de la mort de Kretzulescu" (le fondateur,

avec le français Carol Davila, de l'enseignement médical moderne en Roumanie).

L'année 2000 a été décrétée "l'An Eminescu" - dédié à celui qui est le plus grand poète roumain. La SRIM lui a consacré (de même qu'à son exégète, le médecin Ion Nica) plusieurs communications et un symposium (16 décembre 2000) en collaboration avec la Société des médecins écrivains et publicistes de Roumanie. Le Prof. N. Marcu, président de la SRIM, a présenté la conférence "La pathographie de Eminescu - l'histoire des hypothèses; la controverse médicale sur la maladie et la mort de Eminescu".

L'an 2001 est déclaré "l'An Brâncusi" - l'anniversaire des 125 ans de la naissance de ce grand sculpteur roumain qui adéveloppé son activité à Paris. La SRIM a organisé un symposium intitulé "Brâncusi et la médecine". Les Prof. B. Dutesco, I. Nastoiu et F. Uliu-Zebrec ont été fêtés à l'occasion de leur 75e anniversaire. Une séance spéciale a été consacré au Prof. Samuel Izsak, l'élève et le continuateur de V.L. Boioga à la Chaire d'Histoire de la Médecine de Cluj-Napoca, pour son 85e anniversaire.

*N. Marcu*

## Slovenia

On May 6th, the exhibition "The Counts of Celje" in the National Muséum of Ljubljana (est. 1821) was closed. On 1500 square mètres objects, maps and books had been exhibited. The exhibition was accompanied by many performances lectures and work-shops. It attracted 13.500 visitors. The Slovenians are much interested in the first really important noble family of the Counts of Celje. They were, in their own estimation of equal importance as their rivals of the Habsbourg family. The legendary family had more than one hundred castles and more than two thousand mercenaries. Also their marriage éonomies was very clever for three ladies from the family became queens.

Visitors to the exhibition were impressed by the skulls from the family vault of the Counts of Celje. Interdisciplinary scientific research on the skulls of the Counts of Celje attracted the most attention. This work represents the results of five years study by our

colleague Zvonka Z. Slavec, Director of the Institute for the History of Medicine at the Médical Faculty of Ljubljana and member of ISHM. Eighteen skulls were identified by différent methods, historiography and genealogy. The exhibition "The Count of Celje" was crowned with success in Slovenia. Zvonka Z. Slavec's lecture on "Identification and Identity of the Counts of Celje Skulls" attracted a large appréciative audience in the monumental atrium of the National Muséum.

*Mario Kocijancic*

## Spain

Spain has celebrated the «XI Symposium of the Spanish Society of History of Medicine» in Jaraiz de la Vera, Câceres from 22nd to 23rd September 2000. After our International Congress in Galveston about : «Points of view and perspectives in historiographies», there were topics on the History of Medicine, Anthropology, Research, Social Studies, History of Anatomy, and Feminism at médical discussion groups.

The XII National Congress of History of Medicine will take place in Albacete from 7th to 9th February 2002, organized by Prof. José Martinez Pérez with the collaboration of the Society for the History of Science and of Castilla - La Mancah University. The topics are on «The History of Medicine at the change of the Millenium», «Médical Practice», «Médical Knowledge in XXI century» and free communications. For more information : prof. José Martinez Pérez, Historia de la Ciencia, Facultad de Medicina, Campus Universitario s/n 02071, Albacete, Spain; or <http://www.med-ab.uclm.es/eventos/HistoriaMed/>

*Francisco Javier Gonzalez Echeverria*

## Suisse

Durant tout le printemps 2001, une série de conférences sur l'histoire de la dépression a été organisée à Genève - à l'occasion du Centenaire de la Clinique universitaire de psychiatrie - par Jacques Gasser, de l'Institut romand d'histoire de

la médecine et de la santé. Parmi les orateurs, on relèvera ici les noms de Jackie Pigeaud (Nantes) et de Jean Starobinski (Genève).

Le 3 mai 2001 a eu lieu, à Berne, le vernissage d'une exposition mise sur pied à l'occasion de la publication des 17.000 lettres d'Albert de Haller répertoriées par l'Institut d'histoire de la médecine de Berne, et en voie de publication sous la direction du Professeur Urs Boschung. Ces lettres recouvrent toute l'activité du savant universel que fut Haller, botaniste, médecin, poète, ainsi que la correspondance qui touche à sa famille. L'exposition, qui se tient au Musée de la Communication, aura lieu du 4 mai 2001 au 24 février 2002.

Les 11 et 12 mai 2001 s'est tenu, à Zurich, un symposium pour commémorer le 50e anniversaire de la création de l'Institut et du Musée d'histoire de la médecine de l'Université de Zurich. Le premier jour fut consacré au vernissage d'une exposition et à une conférence donnée par le Professeur Werner Kùmmel, de Mainz, et le deuxième à une série d'exposés sur des sujets touchant à l'histoire de la médecine à Zurich. Enfin, cet automne, l'Association Européenne d'Histoire de la Médecine et de la Santé tiendra ses assises à Genève - du 13 au 16 septembre - avec un colloque sur le thème «Health and the Child : Care and Culture in History». La Société suisse d'histoire de la médecine se réunira avec elle, sur le même sujet, pour sa réunion annuelle.

*Roger Mayer*

## **Book Review**

### ***Stones Unturned***

#### ***Memorials of medical significance in Exeter Cathedral***

Christopher Gardner-Thorpe

Edinburgh, 2000, McKinstrie Wilde Millhouse, vi + 88 pp

For information on availability, contact the author :

C. Gardner-Thorpe, The Coach House, 1a Collège Road, Exeter EX1 1TE Devon, England.

This slim volume is based on a presidential address to the Devon and Exeter Medical Society and covers over 900 years of history associated with Exeter Cathedral. It takes the form of a chronological tour of memorials, monuments and inscriptions of medical interest.

There are 17 short chapters, the first concerning Clarembald, physician to Henry I and his wife Queen Mathilda in the first half of the twelfth century and the last on Michael Dykes Bower, an Ophthalmic Surgeon in Exeter who died in 1978. Dr Peter Hennis, an Exeter doctor who died in 1833 as a result of gunshot wounds sustained in a duel, is mentioned and there is a sad and moving reference to a monument remembering two young women, who died in their 20's from smallpox, within 5 years of each other, both having been married, at different times, to the same man.

Exeter Cathedral dates from Norman times. Building on it was started in 1112 by William Warelwast, a Norman by birth and it was consecrated in 1133 in the reign of Henry I, the third surviving son of William the Conqueror. Its early history therefore has both French and English connections.

The book is unusual in histories of medicine in that many of the people it describes were not famous in their own right. While this limits the amount of detail that is available, the book gains in value by containing some 16 pages of notes and references.

It will be of interest to those, whether British or from the continent of Europe, intending to visit the South West of England.

*David Wright.*

## ***Places the medical historian should visit*** ***Endroits à visiter par les historiens de la médecine***

### ***Du Tage à Santana ; Parcours de la Médecine à Lisbonne***

Le tremblement de terre de Lisbonne en 1755, a détruit ou sérieusement endommagé, les bâtiments et la structure de la vieille ville. Ensuite, sur les décombres d'une ville médiévale qui était déjà parsemée de temples, de couvents et de palais un peu plus modernes, une nouvelle ville fut édifée.

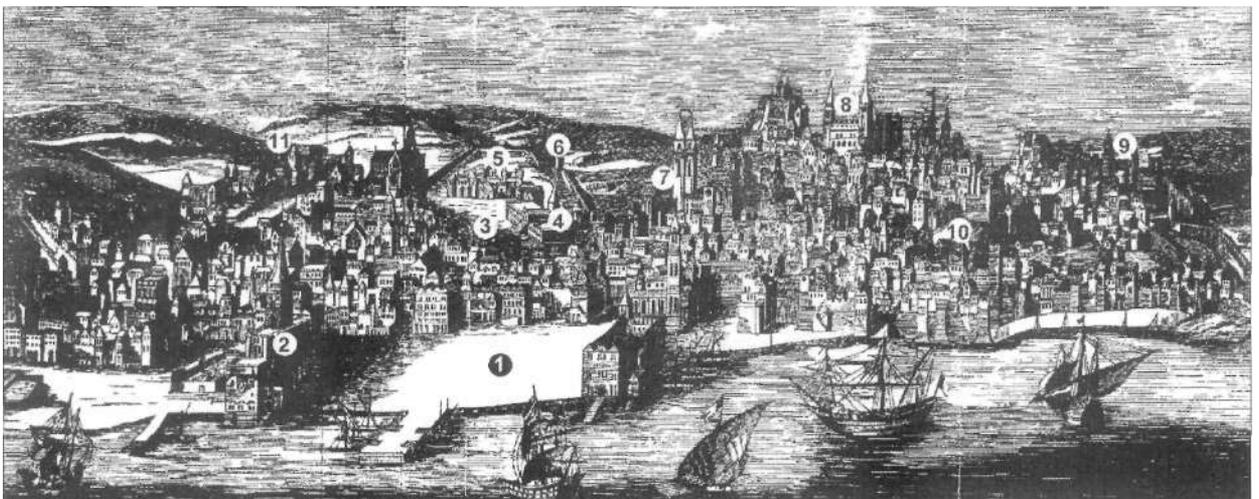
Dans la zone la plus noble, le coeur du bourg tourné vers le Tage à *Baixa* (centre ville), allait naître un quadrillage de rues partant de l'ancien *Paço Real*(2) (Palais Royal), vers l'actuelle *Praça do Comércio* (Place du Commerce), que les Portugais appellent toujours le *Terreiro do Paço* (1) (Champ du Palais). Passant sous l'arc de la *Rua Augusta* (Rue Auguste), et prenant la direction de la colline de Santana, on arrive à la *Praça D. Pedro IV*, une vaste place médiévale encore connue sous le nom de *Rossio* (3) (grand place), de l'ancien *Rossio de Valverde*.

On monte alors la *Rua Augusta* : sous nos pieds coule le cours d'eau qui reliait le Tage au petit ruisseau de *Valverde*. A côté, avec pour accès la

*Rua da Prata* (Rue de l'Argent), sont ensevelis les anciens Thermes des Augustales, romaines du temps de Tibère, que l'on peut encore visiter de temps en temps, et où ont été trouvées des pierres qui invoquaient Esculape. Un peu plus loin, juste à côté de l'église de la Madeleine existaient aussi les Thermes monumentaux des *Cássiosou des Pedras Negras* (Pierres Noires), qui datent de 49 a.C. Pas très loin, dans le bâtiment de la Banque Commerciale Portugaise, d'autres structures archéologiques romaines peuvent être observées sous le sol en verre.

Dans toute cette zone, qui se prolonge à l'est, on retrouvait des eaux thermales en abondance, et c'est pour cela qu'elle a conservé le nom arabe de *Alfama* (al hamma = thermes). A la fin du XIXe siècle, près du *Terreiro do Trigo* (Terreau du Blé) fonctionnaient encore les *Banhos do Duque* (Bains du Duc) avec ses eaux médicinales.

A propos de *Rossio*, Francisco Manuel de Melo (XVI le siècle) a écrit «*Le meilleur endroit de l'Europe*



*Lisbonne au XVIe siècle :*

1. *Terreiro do Paço*; 2. *Paço Real da Ribeira*; 3. *Rossio*; 4. *Hospital de Todos-os-Santos*; 5. *Convento de Santana*; 6. *Torre da Muralha Fernandina*; 7. *Se*; 8. *Castelo de São Jorge*; 9. *São Vicente de Fora*; 10. *Senado*; 11. *São Roque*.

*c'est Lisbonne, le meilleur endroit de Lisbonne c'est le Rossio, le meilleur endroit de Rossio c'est la maison de mes parents d'où, à l'ombre, on peut voir les «touradas» et les marchés».* C'était le noeud vital de la ville, le champ de foire, le lieu des divertissements et des courses de *taureaux*, mais aussi celui des jugements et des échafauds de l'Inquisition. Tourné vers le Rossio, sur l'emplacement de l'actuelle *Praça da Figueira* (Place du Figuier) se trouvait le magnifique Hôpital Royal de *Todos-os-Santos* (4) (tous les saints), fondé le 15 mai 492 par le roi João II; sa construction s'est terminée en 1501, sous le règne de son successeur, le roi Manuel I. Par sa grandeur, sa structure et son fonctionnement innovateur, l'Hôpital était, à son époque, un des plus importants d'Europe. Ce fut aussi à l'Hôpital Royal que l'enseignement médical allait renaître à Lisbonne, avec l'ouverture de la Chaire d'Anatomie et de Chirurgie en 1556, après le transfert de l'Université portugaise à Coimbra en 1537. Endommagé par le tremblement de terre et par un incendie, l'Hôpital de *Todos os Santos* déplacé sur un des versants de la colline de *Santana*.

Du *Rossio* deux voies principales, se dirigent vers le nord correspondant à deux cours d'eau qui y existaient au Moyen Age.

- La première est l'actuelle *Avenida da Liberdade* (Avenue de la Liberté), le *Passeio Público* (Promenade Publique) du XIXe siècle, ou la féconde Valverde (Vallée Verte) et le potager de l'ancienne ville. A côté de *l'Avenida* se trouve la *Rua das Portas de Santo Antão* (Rue des Portes de Saint Anton) là où était située une des portes de la ville, c'est pour ça qu'on la nommait de *Corredoura* (Champ de Courses) ou de la *Carreira dos Cavalos* (Sentier des Chevaux). De là on peut monter aujourd'hui vers la colline de *Santana* et prendre le funiculaire du *Lavra*, qui sort de la *Praça de l'Anunciada* (Placé de l'Annonciade). La *Sociedade de Geografia de Lisboa*, une des plus prestigieuses institutions culturelles du pays, se trouve dans la rue *das Portas de Santo Antao*; elle a été fondée il y a 125 ans. C'est là qu'à eu lieu, en 1906, l'ouverture du Congrès International de Médecine.

- L'autre voie se trouve à la *Praça de Martim Moniz* (Place Martim Moniz), au nord-est de l'ancien en-

clos de l'Hôpital de *Todos-os-Santos*. Elle donne aujourd'hui accès à la *Rua da Palma* (Rue de la Palme), où se trouvait le *Reguengo de Arroios* (ruisseau d'Arroios). En haut de cette Place et à l'ouest, se situe l'entrée principale de l'Hôpital de S. José, celui qui a accueilli les malades, les médecins et l'école de l'ancien Hôpital de *Todos-os-Santos*. En 1759, les Jésuites ont été chassés du Portugal et leur couvent de *Santo Antão-o-Novo* (saint Anton le neuve) a été confisqué et transformé en Hôpital qui porte le nom du Saint patron du Roi José. Ayant été profondément modifié au cours des siècles, l'Hôpital S. José conserve toutefois encore la sacristie originale du couvent, quelques *azulejos* (carreaux de faïence) de l'époque et un petit centre muséologique avec des pièces qui méritent notre attention, qu'elles soient de la collection de l'Hôpital Royale ou plus récentes, elles sont toutes indicatives de révolution de la Médecine et des Hôpitaux jusqu'à nos jours.

Sur la porte latérale (est) de l'Hôpital de S. José, la «*porta do carro*» (porte du chariot), on peut voir un panneau d'*azulejos* du XVIIIe siècle. A 200 mètres cette porte, située à côté d'une des anciennes tours (6) de la muraille de Lisbonne du XIVe siècle, aujourd'hui transformée en maison d'habitation, on peut visiter l'Hôpital de S. *Lázaro* (Saint-Lazare), nommé ainsi en mémoire d'un lazaret existant à Lisbonne à l'époque du premier roi. L'endroit s'appelait alors le «*Poio de São Lázaro*» (la petite colline de Saint-Lazare). Un peu plus vers le nord, on trouve un autre ancien couvent qui abrite de nos jours l'Hôpital *do Desterro* (de la Solitude). A Desterro on peut visiter le petit Musée de Dermatologie *Sa Penela*.

A l'Hôpital de S. José et dans d'autres petits bâtiments annexes fut transférée l'ancienne Chaire d'Anatomie de l'Hôpital de *Todos-os-Santos*, devenue, en 1825, la Régia Escola de Cirurgia (Ecole Royale de Chirurgie) et transformée en 1836 en Ecole Médico - Chirurgicale. Etant proche de l'Hôpital de S. José, l'école connut un enseignement pratique et efficace. Ses élèves devinrent ainsi plus compétents et célèbres que ceux de la vieille Université de Coimbra, devenue démodée.

Par la porte Nord de l'Hôpital de S. José, située à côté de l'Institut de Médecine Légale, créé en 1899 et installé aujourd'hui dans un bâtiment de 1933, on accède au sommet de la colline de Santana, où se trouve le jardin du *Campo dos Mártires da Pátria* (Champ des Martyres de la Patrie). Ici, à nouveau, l'ancien nom le *Campo de Santana* (Champ de Sainte-Anne) a été conservé, puisqu'il appartenait au Couvent de *Santana* (5) édifié auparavant, où se trouve actuellement l'Institut Bactériologique. Le Champ fut aussi le lieu de rassemblement du bétail qui approvisionnait Lisbonne aux XVIIe et XIXe siècles. Les animaux étaient abattus dans le *Largo do Mastro* (Place du Mât) tout proche. Il a servi aussi de Marché aux Puces et de lieu pour la première *praça de touros* (arène à courses de taureaux) de Lisbonne, qui avait été édiflée en bois. A la fin du XIXe siècle et au début du XXe, le Champ a pu s'enorgueillir avec l'arrivée d'un ensemble d'écoles supérieures et d'instituts. La première fut la *Escola Médico-Cirurgica* (Ecole Médico Chirurgicale) de Lisbonne, son bâtiment ayant été terminé en 1906. C'est là que, dès sa création en 1911 et ce jusqu'à son transfert en 1955 à l'Hôpital de *Santa-Maria*, a siégé la Faculté de Médecine de Lisbonne. L'Institut Bactériologique *Câmara Pestana* fut construit à côté de l'école, sous les auspices de la reine Amélie d'Orléans et Bragança. En 1913-14, la Faculté de Droit s'est installée dans un bâtiment contigu à l'Ambassade d'Allemagne. Un peu plus tard fut construit le nouveau bâtiment de l'Institut de Médecine Légale ainsi qu'au nord du jardin, l'Institut d'Ophtalmologie Docteur Gama Pinto, qui se trouve maintenant à la *Travessa Larga* (Traverse Large). L'Institut d'Hygiène Docteur *Ricardo Jorge* et l'Institut de Médecine Sanitaire s'y sont également installés, ils étaient situés auparavant dans la *Rua Gomes Freire*, à la limite sud-ouest du Palais de *Bempostade* la Reine Catarina de Bragança (XVIe siècle) qui abrite maintenant *VAcademia Militar* (Ecole Militaire). Sur la Place *du Mastro*, au Palais Mitelo, se trouvait l'Institut d'Assistance Sociale.

Le bâtiment de l'école Médico-Chirurgicale abrite aujourd'hui la Faculté des Sciences Médicales de Lisbonne, fondée en 1977. La visite de la partie

noble est incontournable, avec les panneaux de la Salle des Actes représentant le parcours de la Médecine, d'Esculape à Pasteur, peints en neuf grands tableaux, par Veloso Salgado. A voir aussi les *azulejos* à thèmes médicaux de *Jorge Colaço*, les plafonds dûs au peintre *João Vaz*, les tableaux de *Malhõa*, les statues de *Costa Mota* (oncle), de *Teixeira Lopes* et de *Soares dos Reis*, les peintures de l'escalier noble, de *Alves Cardoso* et *Antonio Ramalho*, le tout vivement recommandé. Devant la Faculté se trouve la statue du Docteur *Sousa Martins*, contemporaine du bâtiment, devenue aujourd'hui objet de culte et de manifestations d'une médecine mystique / religieuse.

Du *Campo de Santana*, et principalement de l'endroit où est situé la Faculté des Sciences Médicales on peut jouir d'un panorama magnifique :

- Au sud, le centre ville, qu'on a parcouru en montant vers cette colline.
- Côté oriental, la *Mouraria* et *VAlfama*, le château de S. Jorge (8), conquis aux Maures en 1147, par le roi Afonso. Dans ce château s'est installée la première Université portugaise, *o Estudo Gérai* (l'Etude Générale), que la toponymie de la Ville conserve par le nom d'une petite place à côté du château, la Place *das Escolas Gérais* (des Ecoles Générales).
- Côté sud-est se situe la Se (7) (Cathédrale de Lisbonne), qui était auparavant une mosquée arabe. Dans cette cathédrale, le médecin Pedro Julião (t1277), futur pape Jean XXI, né à Lisbonne, fut le Doyen et le maître de l'Ecole du Chapitre. Tout près de la croisée de la Cathédrale fut fondé, en 1348, le petit Hôpital de *Dona Tareja et D. Pedro*, un des plus anciens de Lisbonne et qui, plus tard, avec d'autres petits hôpitaux fut incorporé dans l'Hôpital de *Todos-os-Santos*.
- A l'est, mais non visible de la colline de *Santanacar*, caché par le château, se trouve le Monastère de *São Vicente de Fora* (9) (Saint-Vincent), situé à la place du campement du premier roi portugais lors de la conquête de Lisbonne aux arabes. Le roi décida d'y construire un grand temple, le premier de la Lisbonne chrétienne; et c'est là que fut aussi installé un autre ancien hôpital préservé pour la postérité dans la Chapelle de *N<sup>o</sup> Sr. - da Conceição da Enfermaria* (Notre Dame de la Conception de L'Infirmierie),

placée à côté du maître-autel. Le vieux temple et monastère de *São Vicente de Fora* a été plusieurs fois transformé et démolit au XVI<sup>e</sup> siècle, pour être ensuite reconstruit. Depuis longtemps le Monastère gardait des reliques de *S. Sebastião* (Saint-Sébastien), avocat de la peste. Il possédait aussi une des plus importantes pharmacies de Lisbonne, sous la direction des frères de Saint-Augustin.

- À l'ouest de la Faculté se trouvait *Valverde* et au-delà une autre colline historique, celle de Saint-Roch, ainsi nommée d'après une ancienne chapelle du même patron, construite sur ordonnance du Roi Manuel I, pour y loger les reliques du Saint, quand celles-ci furent envoyées à Lisbonne par la Seigneurie de Venise, pendant l'épidémie de Peste du XV<sup>e</sup> siècle. La ville restait de cette façon protégée de la maladie : d'un côté Saint-Roch, de l'autre Saint-Sébastien. Pendant les siècles suivants la colline a été parsemée de maisons nobles et de couvents; elle fut baptisée de «*Bairro Alto*» (quartier haut); la chapelle a donné place à l'église de *São Roque* (11) (Saint-Roch), église appartenant dans le passé aux jésuites, actuellement administrée par la Miséricorde de Lisbonne. La *Misericórdia* est une institution unique, fondée en 1498 par la Reine Leonor, accordant sa protection aux pauvres, aux malades, aux délaissés et aux condamnés. Fondée dans la chapelle de *N<sup>ra</sup> S<sup>ra</sup> da Terra Solta a la Se* de Lisbonne, ses premières installations furent transférées ensuite au vieux champ du Sénat (10) jusqu'à ce qu'elle y ait une maison spécifique, dans l'église de la *Conceição Velha* (Notre Dame de la Conception-la-Vieille), terminée en 1534 et totalement endommagée par le tremblement de terre, sauf le magnifique portique qu'on peut encore voir à côté du *Terreiro do Paço*. La Miséricorde s'est ensuite installée, en 1768, au Couvent de l'église de Saint-Roch. Au sud et à l'ouest de *São Roque* se trouve la colline de *Santa Catarina*, penchée sur le Tage. C'est ici qu'est installé actuellement le Musée de la Pharmacie, exemple de la muséologie moderne abritant une riche collection qui mérite une visite prolongée.

De Saint-Roch, si on remonte vers le nord, traverse le Jardin de *São Pedro de Alcântara* (jardin de Saint-Pierre de Alcântara) et on arrive au som-

met de la colline pour y trouver un vaste plateau qui s'étend jusqu'au «*Rato*» (Souris), où se situait l'ancien Patriarcat - ne pouvant plus être vu de *Santana* - qui abritait, depuis 1856, un dépôt appartenant au système de l'*Aqueduto das Aguas Livres* (Aqueduc des Eaux Libres). À côté se trouvait le *Real Colégio dos Nobres* (l'École Royale des Nobles) ouvert en 1766, sous le gouvernement du Marquis du Pombal, inspiré par le médecin Ribeiro Sanches. C'est là que la Faculté des Sciences est installée à présent et c'est par là que l'on accède au *Jardim Botânico* (Jardin Botanique), riche en variétés d'espèces et de beautés. Plus loin, à la fin du XVIII<sup>e</sup> siècle, se suivaient l'usine de peignes, l'usine de cire à cacheter, l'usine de vaisselle, etc.

La ville s'étant agrandie, sa population devenant plus prospère, il s'avérait indispensable de lui fournir de l'eau. En 1731, le roi João V ordonna la construction d'un grand aqueduc pour transporter l'eau depuis la source de *Água Santa* (l'Eau Sainte) située à *Carenque*, à une trentaine de kilomètres de Lisbonne. Ce magnifique aqueduc aux arcs majestueux sur la rivière *d'Alcantara*, et dont la construction a été dirigée par l'ingénieur Manuel da Maia, a été terminé sous le règne du Roi José. Le tremblement de terre l'a épargné et une partie est toujours accessible aux visiteurs. À côté de *Alcantara* se trouve un grand réservoir, entre le quartier de «*Campolide*» et celui de «*Campo de Ourique*», et d'ici l'eau coule vers le Jardin des Amoreiras où se situe la «*Mãe de Água*» (mère de l'eau) (qui peut aussi être visitée). Celle-ci assurait la distribution jusqu'à la vallée de *São Bento* (Saint-Benoît), et arrivait au couvent des Bénédictins, où se trouve actuellement l'Assemblée de la République. D'un autre canal partait l'eau qui approvisionnait le «*Bairro Alto*», pour le dépôt du Patriarcat (aussi visitable) sous le Jardin du *Príncipe Real* (Jardin du Prince Royal). D'autres ramifications se sont ajoutées ensuite, comme celle qui allait vers «*São Sebastião da Pedreira*» pour partir ensuite vers le sud, en direction de l'Hôpital de S. José, dont les ruines ont été récemment mises à jour par le chantier en face de la Faculté des Sciences Médicales.

*José Luis Doria*

## Scientific Events

**28 September -1 October 2001**  
**84th Annual Meeting of the German Society for the History of Medicine, Science and Technology**  
*Hamburg*

The German Society for the History of Medicine, Science and Technology (DGGMNT) will celebrate its 100th birthday at its 84th Annual Meeting. The theme of the meeting is: Trends and Perspectives in the History of Medicine, Science and Technology.

The meeting is concerned with the history, present and future of the historiography of medicine, science and technology in Germany and world-wide. It will focus on the intellectual development of the discipline as well as on its institutional situation. The objective of the meeting is a critical assessment of the historical development of the profession and its present state, a reflection of own choices of action and the development of future perspectives.

Information :

Peter Barker <[BarkerP@ou.edu](mailto:BarkerP@ou.edu)>  
Department of the History of Science  
University of Oklahoma  
Norman OK 73019 USA  
Fax : (US) 405-325-2363  
<http://www.mpiwg-berlin.mpg.de/dggmnt/tagungen/hamburg2001.html>

**4-6 October 2001**  
**Le 19e siècle «renaissant»**  
**Renaissance in the 19th Century**  
*University of Toronto*

An international and interdisciplinary conference jointly organized by The Centre for Reformation and Renaissance Studies (U. of T.) The Joseph Sable Centre for 19th Century French Studies (U. of T.) The conference seeks to examine the renewed interest in the Renaissance evident in the works of scholars, artists, writers, and thinkers of the 19th Century all over Western Europe (in France, England, Italy, Spain, Germany...). We welcome in particular proposals that examine 19th Century scholarship on the Renaissance, the imitation and emulation of Renaissance works or styles, the

renewed interest in humanism, neoplatonism, or in major figures of 15th and 16th Century Europe.

Information

Prof. Yannick Portebois  
Centre for 19th Century French Studies  
John M. Kelly Library / U.S.M.C.  
Univ. of Toronto, 113 St. Joseph Street,  
Toronto, Ontario, CANADA, M5S 1J4  
[yannick.portebois@utoronto.ca](mailto:yannick.portebois@utoronto.ca)

**11-13 October 2001**  
**International Meeting on History of Medicine**  
*Lisbon*

Meeting organized by the "Faculdade de Ciências Médicas", the "Sociedade de Geografia de Lisboa" and the "International Society for the History of Medicine". The main topics are : - Construction the History of Medicine : Archaeology, Bibliography, Anthropology, Media and Informatics - Routes in the History of the Sciences and the Arts of Healing : Medicine, Pharmacy, Nursing, Dentistry, Veterinary- Medicine, Sciences and Humanities : Philosophy, Theology, Medicine, Mathematics, Physics, Chemistry, Arts - Teaching History of Medicine to Medical Students - Medicine and Cultural Interchanges - Miscellaneous Issues - Free Papers and Posters.

Information :

Departamento universitário  
de Historia da Medicina  
Faculdade de Ciências Médicas  
Campo dos Mártires da Pátria, 130  
1169-56 Lisboa, Portugal  
[info.histmed@fcm.unl.pt](mailto:info.histmed@fcm.unl.pt)

**1 - 3 November 2001**  
**International Workshop**  
**Science and Power during the Cold War in the European Periphery.**  
*Universitat Pompeu Fabra, Barcelona*

The Program in History of Science (Humanities Department) of the Universitat Pompeu Fabra (Barcelona) organizes an International Workshop on science in the European periphery during the

Cold War. This workshop wants to analyze the ways in which social and political contexts shaped the life of science in Europe during the Cold War. It will pay particular attention to countries in the European periphery and to the consequences of Cold War alignments. Countries with non-democratic regimes, such as the former German DDR or Francoist Spain, are of particular interest, both for studying the interaction of science and non-democratic power and for comparing the life of science under capitalist and socialist dictatorships. Issues to be discussed include, but are not limited to :

- (i) Mechanisms for coping with politically incorrect pasts and for confronting unwanted traditions for instance, Nazi science and scientists in the DDR, republican liberal institutions in Francoist Spain,
- (ii) The changing images of science and scientists within new social and political environments,
- (iii) The institutionalization of new disciplines and technologies (for instance, nuclear physics and technology, molecular genetics),
- (iv) The influence of Cold War superpowers in shaping the development of scientific and technological research in peripheral European countries.

Historians and sociologists of science and science studies analysts, but also general historians and sociologists are encouraged to participate. The language of the workshop is English.

Information

[huma@huma.upf.es](mailto:huma@huma.upf.es)

[www.upf.es/huma/hciencia/activitats/workshop.htm](http://www.upf.es/huma/hciencia/activitats/workshop.htm)

### **7 November 2001**

**«The Conscript Doctors: memories of National Service, 1947-1961»**

*London*

This day conference has been arranged by Dr John Blair, vice-president ISHM and by the Royal Society of Medicine. The conference begins at 10.00 hrs. Any ISHM member who wishes to attend is invited to write to Miss Ruth Cloves who will send further details.

Information :

Miss Ruth Cloves  
Academic Department,  
Royal Society of Medicine  
1, Wimpole Street, London W1G OAE  
Great Britain

### **22 - 23 February 2002**

**Annual meeting of the Southern Association for the History of Medicine and Science**

*Ochsner Institute, New Orleans*

The Association welcomes papers on history of medicine and science, broadly construed to include historical, literary, anthropological, philosophical, and sociological approaches as well as internal studies. Participants may propose individual papers or complete sessions of several papers devoted to a particular topic or theme.

Please submit a brief abstract of each paper and a one-page c.v. with phone/fax and e-mail addresses. Prospective participants should not submit papers already published, already presented, or scheduled for presentation at another meeting. Deadline for submitting proposals: September 1, 2001. Final program will be announced by October 1, 2001. Send proposals to:

Michael Flannery  
Reynolds Historical Library  
Lister Hill Library of the Health Sciences  
Birmingham, AL 35294-0013  
Tel. 205-934-4475, Fax 205-975-8476  
e-mail: [flannery@uab.edu](mailto:flannery@uab.edu)

### **7-10 March 2002**

**First Annual Graduate Student conference on the Middle Ages**

*Harvard University*

The graduate medievalists of Harvard University and the University of Toronto are pleased to announce *Vagantes*, a new conference organized by and for graduate students pursuing research on any medieval topic. We welcome submissions from all disciplines including those dealing with topics outside the Latin West.

*Vagantes* will offer a forum in which graduate

students can freely share ongoing research, discuss recent trends or future directions in their fields, and engage with a community of their peers. The University of Toronto will host the second conference in 2003; the location will rotate in subsequent years.

250 word abstracts are due by October 1, 2001.

Information :

Danielle Joyner  
Dpt of the History of Art and Architecture  
Harvard University, 485 Broadway  
Cambridge, Massachusetts 02138, U.S.A.  
[vangantibus@hotmail.com](mailto:vangantibus@hotmail.com)

#### 11-13 April 2002

##### «Sexually Transmitted Diseases in the Renaissance»

*A special session at the annual meeting of the Renaissance Society of America, in Tempe, Arizona.*

Proposals are invited for presentations on sexually transmitted diseases during the Renaissance (c.1350-c.1650). Presentations may cover medical, literary, artistic, religious, or cultural descriptions or analysis or beliefs about the sexual transmission of diseases.

From the Black Death to Fracastoro's «Syphilis» and beyond, the Late Middle Ages and the Renaissance were often forced to deal with the possibility that the current pox had something to do with sex. This session (or sessions) will explore these beliefs and consider how early modern Europe dealt with the conundrum of sexual pleasure and disease.

Information :

Konrad Eisenbichler  
[konrad.eisenbichler@utoronto.ca](mailto:konrad.eisenbichler@utoronto.ca)

Topics might include, but are not limited to :

Forms of inference in the probable arts and sciences, especially medicine; the function of rhetoric in early modern medicine, popular or learned; the presence of medical thought or medical semiotics in European literatures; Medical thought as a paradigm for intellectual history (in the manner of Ginzburg, Allers, Curtius, or Mandelbaum); the rhetoric of healing, healing rhetoric; medicine and scripture, medicine and

theology, *«Christus medicus» redivivus*; the role of rhetoric in the profession of medicine; medicine and genre (the anatomy, for example); symptoms, signs, and medical semiotics; rhetoric and the passions

Information :

Stephen Pender, English,  
University of Windsor, Windsor,  
Ontario, Canada N9B 3P4  
[spender@uwindsor.ca](mailto:spender@uwindsor.ca)

#### 10-11 July 2002

##### «The Normal and the Abnormal: historical and cultural perspectives on norms and deviations" Two-day Research Symposium, Manchester, UK,

How are norms established and defined? To what extent do historical and cultural contexts play a part in the construction of norms and deviance? This conference will address questions about the definition and the demarcation of norms and deviance in relation to social, historical and cultural factors.

Information :

Dr Chandak Sengoopta  
Wellcome Unit for the History of Medicine  
Centre for the History of Science,  
Technology and Medicine  
University of Manchester - Mathematics Tower  
Manchester M13 9PL, UK  
E-mail: «[c.sengoopta@man.ac.uk](mailto:c.sengoopta@man.ac.uk)»

#### 1 - 6 September 2002

##### 38th International Congress on the History of Medicine

*Istanbul*

Istanbul: a gateway between the East and West; a city that has attracted many people for centuries. Those who came and settled there, left behind a wealth of the treasures of their civilizations that you can explore and enjoy.

The Istanbul meeting will bring together leading medical and social scientists, as well as clinicians interested in medical history, providing an international forum for discussion future develop-

ment. Panels and workshops in the Congress will further provide an opportunity for discussing the main topics.

Our main aim is to trace the line of development in the health sciences through the addition of new historical information, and search for their roots in the near and distant history of medical theories and practices - conventional and alternative. The organisers expect to provide an opportunity for discussion of the role of social values, activities and relations in the development of the medical sciences, as well as, the reflection of medical sciences on social development. Experiences in history will perhaps assist us to formulate a sound and better health policy. The congressists are also going to discuss the collection and exchange of medical knowledge in the Near East, an area considered the cradle of civilization.

Main topics are: «Reappraisal of Medieval Medicine» «History of Medical Philosophy, Health Politics, Legislation and Institutionalization», "Medicine in the Near East through History, with Emphasis on Famous Anatolian Physicians, Surgeons and Pharmacists», «The relation between Turkish medicine and the medicine of the Eastern and Western Worlds», «Historical Sources of Complementary Medicine».

Information:

- President: Prof. Dr. Nil SARI  
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A session will be organized on the following topic: "Medicine and inter-cultural exchanges: Byzantium, the Arabic World, the Ottoman Empire. This panel will be devoted to the circulation of medical knowledge in the Eastern Mediterranean during the Late Middle Ages, especially during the 15th and 16th centuries in the Balkans and Asia minor, with particular attention to Constantinople. The focus will be on the channels of interchange, with places and actors, showing the impact on knowledge, in the transformation of medicine resulting from its passage from one culture to

another. Contributions based on the analysis of primary sources (including the reports of Western diplomats and explorers) are most welcome. Comparative work would be particularly appreciated. Papers may deal with topics such as texts and translations, books and libraries, teaching, sanitary structures, patronage or treatment of diseases.

Two important deadlines: November 15, 2001: abstract submission. May 1, 2002: early registration Information :

[atouwaide@hotmail.com](mailto:atouwaide@hotmail.com)

**17-19 October 2002**

**«The Body in Early Modern Italy»**

*Johns Hopkins University, Baltimore, Maryland, USA.*

This conference will bring together scholars from numerous disciplines to consider the multifaceted representations of the body in early modern Italy, ca. 1300-1700. Configurations of the body in the visual arts, literature, and theory (philosophy, theology, medicine, and other disciplines) suggest numerous intersections of gender studies with investigations of early modernity. Consideration of the body as either metaphor or physical presence can ground discussion of such topics as political theory, poetics, the physiology of real and imagined or speculative bodies (the maternal, the embryonic, the impaired, distressed, or possessed, the confined or banished, the monstrous, the demonic, the sacramental), the body as part or whole, identity or otherness, as matter in its relation to senses, spirit, soul, or mind, the body as vehicle or obstacle to knowledge, the history of the imagination and the emotions, the aesthetics of beauty and grotesquerie. Researchers from a variety of disciplines such as history, art history, literature, history of science, religion, or medicine, or political theory are invited to submit abstracts of 250 words and a one-page cv by 30 March 2002.

Information :

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## ***Application for membership Formulaire de candidature***

Titres :                    Mr.            Mme.            Dr.    Prof.  
Style and titles :        Mr.            Mrs.            Dr.    Prof.  
Nom/Surname : .....  
Prénoms/Forenames : .....  
Adresse/Address : .....

Tél./Phone: ..... /.  
Fax : ..... /.  
E-mail : .....  
Nationalité/Nationality : .....  
Date de naissance / Birth date :  
Points d'intérêt historique :  
Historical Field of Interest :

Epoques étudiées :  
Period studied :

Recherche actuelle :  
Current research :

Travaux publiés dans ce secteur :  
Published work in this field :

Signature :

Date :

***Application form to be sent in duplicate to the General Secretary :  
Formulaire à renvoyer en double exemplaire au Secrétaire Général :  
Dr Alain LELLOUCH, Hôpital de Poissy, Saint-Germain-en-Laye  
20 Rue Armagis, 78105 Saint-Germain-en-Laye, France  
Tel. : # 33-1-39 27 42 97 / Fax : # 33-1-39 27 42 98 / e-mail : [aaJet@noos.fr](mailto:aaJet@noos.fr)***

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