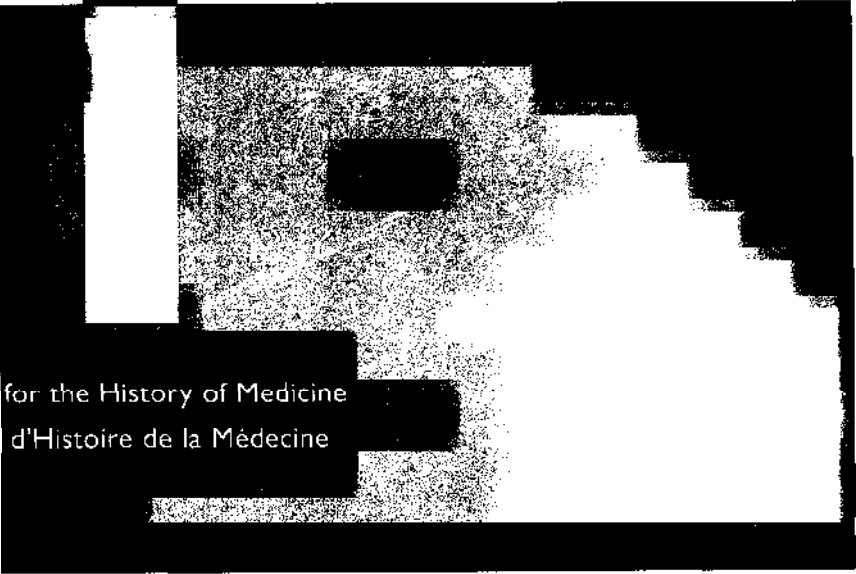




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Tous les manuscrits doivent être soumis au rédacteur adjoint.

A new French Language editor for Vesalius

At a meeting of the Editorial Board of Vesalius in Paris, in June 2003, the appointment of Alain Lellouch as French Language editor was unanimously approved. Alain Lellouch was Associate and then General Secretary of the ISHM from 1996-2002. During his "Secretariat", he instituted a new ISHM multi-lingual (English, French and then Spanish) website (www.bium-univ.paris5.fr/ishm) in January 2001 with BIUM (Inter University Library of Medicine, Paris V), as ISHM's partner.

We are very grateful that he is now giving his experience and knowledge to Vesalius.

One of the distinctive features of the journal has been its bilingual nature and Alain's appointment is important in strengthening this. His responsibilities will also include co-ordinating reports from national delegates (for Vesalius and for the ISHM website) and updating the calendar of international events. His contribution is much appreciated and we look forward to a happy association.

David Wright

Un nouveau rédacteur Vesalius, pour la langue française !

Lors du dernier Comité Vesalius à Paris, en juin 2003, la nomination d'Alain Lellouch comme nouveau rédacteur du journal pour la langue française a été approuvée à l'unanimité. Alain Lellouch a exercé les fonctions de Secrétaire Adjoint puis Général de la SIHM, de 1996 à 2002. Durant cette période, c'est lui qui, à partir de janvier 2001, a mis en place le nouveau site internet (www.bium-univ.paris5.fr/ishm) de la SIHM. Ce site bi puis tri-lingue (Français, Anglais puis Espagnol) a été monté en partenariat avec la BIUM (Bibliothèque Inter-Universitaire de Médecine de Paris V).

Nous sommes très heureux qu'Alain fasse maintenant bénéficier Vesalius de son expérience et de son savoir. L'un des traits les plus caractéristiques de notre journal est son bilinguisme et la nomination d'Alain à ce poste est importante dans la mesure où elle renforce justement le bilinguisme de notre revue. Les responsabilités du nouveau rédacteur inclueront aussi la collection et la coordination des rapports émanant des Délégués Nationaux (pour Vesalius et pour le site internet) ainsi que l'actualisation des manifestations internationales en histoire de la médecine. Cette contribution est très appréciée et nous attendons beaucoup de cette heureuse collaboration.

David Wright

Editorial

Vive la mondialisation de la culture !

Autant la mondialisation de l'économie peut poser légitimement des questions sur les arrière-pensées des uns et des autres, notamment entre les pays riches et les pays pauvres de notre planète, autant l'accès mondialisé à la culture ne se discute pas. Avec l'arrivée et le développement d'Internet, un mouvement vers la diffusion des savoirs est désormais en marche et ceci, de manière forte, continue et incontournable. Depuis leur domicile ou bien, sur leur lieu de travail, ou dans les cyber-cafés qui se développent partout dans le monde, y compris dans les pays à faible développement économique, un nouveau monde est en train de naître sous nos yeux, dont nous n'avons même pas encore une conscience claire.

L'histoire de la médecine est en train de suivre ce mouvement mondial. Il est désormais possible de consulter en ligne un nombre incalculable de documents et, souvent en accès libre, comme en France sur le site de la BIUM (voir l'article dans ce numéro) ou sur le site de la Bibliothèque nationale (<http://gallica.bnf.fr/>). De nombreux documents sont également disponibles en langue anglaise, avec notamment la mise en ligne récente des 240,000 articles parus dans le Lancet depuis 1823 (<http://www.info.sciencedirect.com/backfiles/collections/lancet/index.shtml>).

Notre société se doit de tenir compte de cette nouvelle donne extrêmement positive. Parallèlement à notre revue Vesalius dont la qualité doit, bien entendu, être défendue car il en va de la reconnaissance scientifique de notre société, le développement de notre site Internet (<http://www.bium.univ-paris5.fr/ishm/>) et de notre forum de discussion (inscription sur majordomo@creighton.edu) seront amenés à se développer de plus en plus, dans les mois et les années à venir, dans le sens de ce mouvement mondial, à la fois souhaitable et inéluctable.

Dr Philippe Albou : Secrétaire Général de la SIHM

Cultural globalisation advances

As long as economic globalisation raises serious questions about its hidden motives, particularly in the relationships between the rich and the poor countries of our world, cultural globalisation will not be discussed. With the creation and subsequent development of the internet, a movement fostering diffusion of knowledge has been unleashed which continues with such strong force as to be unstoppable. From the home, the work place or the cyber cafes which have appeared everywhere, even in less well developed countries, a new world is being created before our eyes, though we don't yet see it very clearly.

The History of Medicine is following this global movement. It is now possible to consult on line, often with free access, an enormous number of documents, in France on the BIUM website (see the article in this edition of Vesalius) or on the website of the French Bibliothèque nationale (<http://gallica.bnf.fr/>). Many documents are also obtainable in English, particularly with the recent availability on line of 240,000 articles which have appeared in the Lancet since 1823 (<http://www.info.sciencedirect.com/backfiles/collections/lancet/index.shtml>).

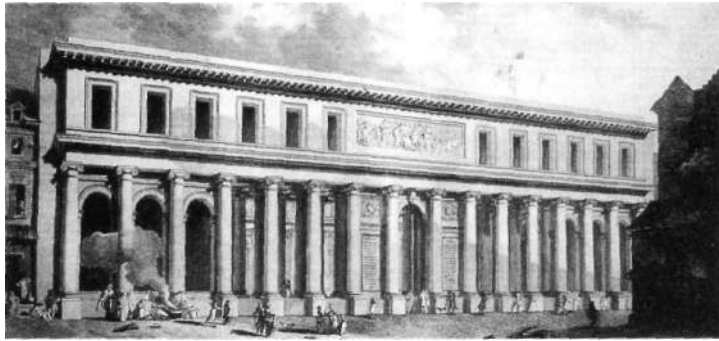
Our Society must take this new medium into account very seriously. Alongside our journal Vesalius, the quality of which must be maintained, as with it goes scientific recognition of the Society, our internet site (<http://www.bium.univ-paris5.fr/ishm/>) and our discussion forum (at majordomo@creighton.edu) will be encouraged to develop more and more in the months and years ahead, towards that globalisation which seems appropriate and irresistible.

Dr Philippe Albou : Secretary General of ISHM

Le site Internet de la Bibliothèque Inter-universitaire de Médecine (BIUM) de Paris

<http://www.bium.univ-paris5.fr/>

Philippe ALBOU et Christian REGNIER



Résumé

L'histoire de la médecine connaît actuellement une très grande diffusion grâce au développement d'Internet, avec une grande ressource d'informations de toutes sortes. Le site de la BIUM de Paris est au coeur de cette évolution pour l'histoire de la médecine. Depuis sa restructuration, en avril 2003, ce site est devenu encore plus convivial et plus performant. Notre société peut être fière d'être hébergée sur ce site depuis 2000. Cet article récapitule brièvement les possibilités offertes par le site de la BIUM en accès libre et gratuit. Celles-ci incluent les catalogues de la BIUM, la collection Medic@ (qui regroupe de nombreux documents et livres médicaux depuis Hippocrate), ainsi que les textes fondateurs des diverses spécialités médicales, des liens avec onze sociétés d'histoire de la médecine (dont notre SIHM et la société française de l'histoire de la médecine) ainsi que de nombreux liens vers d'autres sites d'histoire de la médecine en France et dans le monde.

Summary

History of medicine has received a huge boost from access via the Internet to an enormous collection of information of all varieties. The BIUM site in Paris is at the heart of this revolution for the history of medicine. The new site became active in April 2003 and has since become even easier to use and more comprehensive. Our society can be proud of the fact that it has been on line since 2000.

This article briefly summarises the possibilities that the BIUM site offers, completely without charge. These include the BIUM catalogues, the Medic@ collection of documents and books from Hippocrates onwards, including those which relate to the founding of the various medical specialties, links to 11 history of medicine sites in France, including the ISHM and the French Society of the History of Medicine and many other facilities including links to museums and various history of medicine sites in France and elsewhere.

Introduction

L'Histoire de la Médecine bénéficie actuellement d'une immense bouffée d'oxygène avec l'accès, par Internet, à un nombre phénoménal d'informations de toutes sortes et de toutes provenances. Le site de la BIUM de Paris représente au sein même de cette «révolution» la référence désormais incontournable pour ce qui est de l'histoire de la médecine sur l'Internet francophone. Voici succinctement les possibilités offertes sur ce site aux internautes historiens de la médecine et ceci en accès entièrement libre :

I. Les catalogues de la BIUM en ligne :

- Le fond ancien (fiches manuscrites photographiées) où l'on peut retrouver les références des 338.000 ouvrages disponibles à la BIUM de

1477 à 1952, mais aussi de 3.500 revues paraissant avant 1920, et de 800 manuscrits;

- Références de 150 revues modernes, traitant d'histoire de la médecine;
- Tous les ouvrages traitant d'histoire de la médecine entrés à la BIUM depuis 2001, par trimestre;
- Rappelons que dans la partie «générale» du site beaucoup d'autres ouvrages sont référencés (avec une base de recherche électronique) dont les 100.000 thèses de médecine et 20.000 thèses dentaires soutenues en France depuis 1985.

La collection Medic@

Cette collection se propose de rééditer, sous une forme électronique et accessible gratuitement, des documents anciens appartenant au fonds de la

BIUM : ouvrages, articles, manuscrits. Cette collection, qui se développe depuis octobre 2000, comprenait en mars 2003 près de 1.500 documents correspondant à plus de 140.000 pages. Les documents numérisés sont généralement accompagnés d'une introduction rédigée par un spécialiste de la discipline. Elle comprend trois séries:

- **Corpus des médecins de l'Antiquité**, avec l'ensemble des éditions majeures des auteurs anciens (Hippocrate, Galien, Oribase...) depuis la Renaissance jusqu'au 19e siècle;
- **Histoire des spécialités médicales**, qui rassemble les textes fondateurs de quelques disciplines (ophtalmologie, odontologie, paléopathologie, oto-rhino-laryngologie, alchimie médicale, etc.);
- **Varia**, où sont édités des documents sur des thématiques diverses : les thèses importantes du 19e siècle (plus de 150 thèses sont actuellement en ligne), les manuscrits et publications de Xavier Bichat, un «Dictionnaire des maladies éponymiques et des observations princeps», etc.

3. Hébergement de 11 sites en relation avec l'histoire de la médecine, parmi lesquels :

- Le site de notre **Société Internationale d'Histoire de la Médecine** (trilingue), qui est par ailleurs en pleine évolution avec, durant l'année 2003, la mise en ligne d'une base de données et l'accès aux résumés des articles parus dans Vesalius, ainsi que les résumés des communications publiées dans les actes des congrès de la SIHM, en commençant par ceux de Tunis (1998) et de Galveston (2000), c'est-à-dire au total d'environ 250 résumés dans chaque langue;
- Le site de la **Société Française d'Histoire de la Médecine** (qui est actuellement en phase de réactualisation);
- Le site de la **Société Française d'histoire de l'Art dentaire**, avec notamment une «Petite histoire de l'Art dentaire 1900-1950» et une «Histoire de l'aménagement opératoire du cabinet dentaire 1700-1960» (en 24 chapitres avec 700 documents iconographiques);
- Le site du **Club de l'Histoire de l'Anesthésie Réanimation**, avec de nombreux textes et une banque d'images;
- Le site de la **Société française d'histoire de la Dermatologie**, avec de nombreux textes, une banque d'images et une importante bibliographie;
- Le site de l'**Académie nationale de Chirurgie**:

ce site comprend de nombreux textes et documents sur l'histoire de l'Académie, ainsi que le Catalogue du fonds ancien.

4. Autres éditions électroniques :

- **Collection Asclépiades**: thèses récentes dans le domaine de l'Histoire de la médecine, en texte intégral (actuellement six thèses de ce type sont en ligne);
- **Les actes de la Société Française d'histoire de l'Art dentaire**: intégralité de ces comptes rendus depuis 1996 (avec de très belles illustrations);
- **Bulletin de médecine ancienne (site bilingue)**: annuaire international des chercheurs dans ce domaine, base de données bibliographiques et annonces de congrès concernant la médecine de l'Antiquité et du Moyen-âge;
- **Bulletin de médecine des Temps modernes**: base de données bibliographiques et annonces de congrès concernant la médecine de la Renaissance à la Révolution.

5. Banques d'images, de portraits et de biographies :

- 3.000 portraits et images extraits d'ouvrages anciens et de la collection iconographique de la BIUM;
- 10.000 noms et références bio-bibliographiques concernant des médecins ou des scientifiques anciens, avec le cas échéant un lien avec les portraits.

6. Des expositions virtuelles :

- Quatre expositions fort bien illustrées et commentées sont actuellement en ligne:
- 100 frontispices de livres de médecine du 16e au 19e siècle;
 - L'Herbier de Paolo Boccone;
 - Les Gueules Cassées;
 - Le Voyage en Italie du Docteur Cloquet.

7. Liens Internet en rapport avec l'histoire de la médecine :

- Dans cette partie, un grand nombre de liens, réactualisés et vérifiés régulièrement, sont proposés avec notamment:
- Lien avec les principales bibliothèques françaises ayant un fond important en histoire de la médecine;
 - Liens avec le site Internet de 14 musées français d'histoire de la médecine.

Summary

John Maubray's description of the sooterkin, a strange animal born to human mothers usually along with a normal infant, provoked ridicule when it was published in 1724. It seemed to one commentator that such creatures could only be explained by spontaneous generation. Examination of the seventeenth-century European literature on monstrous births provides many accounts of non-human offspring born to human mothers. These provide an insight into early modern theories of foetal development. Sooterkin births were distinct from other 'false conceptions' such as moles, but like moles they were believed to arise from human semen. This theory arose at the beginning of the seventeenth century, when the natural philosopher Fortunio Liceti proposed that human semen could degenerate and give rise to a foetus that either resembled an animal or truly was animal in nature. This concept was later extended to the human foetus itself, which it was thought could degenerate in response to external stimuli such as maternal impressions. The theory of seminal degeneration offers an explanation for the increased interest in reports of animals born to human mothers that occurred in the seventeenth century. It is also evidence of sophisticated embryological ideas: foetal development in animals and humans was thought to proceed along similar lines, and abnormalities occurred when the conceptus followed an alternative developmental pathway.

Résumé

En 1724, la description de John Maubray donnée du sooterkin fut tournée en ridicule. Le sooterkin était cet étrange animal auquel les mères humaines donnaient naissance en même temps qu'un enfant normal. Selon un commentateur, de telles créatures ne pouvaient s'expliquer par la génération spontanée. La littérature européenne du XVII^e siècle qui traite des naissances monstrueuses mentionne l'existence de plusieurs progénitures non-humaines, nées de mères humaines. Ces naissances non-humaines laissent entrevoir les premières théories modernes du développement foetal. Les naissances de sooterkin étaient différentes de produits de conception tels que les môles hydatidiformes, censés eux provenir de la semence humaine. Cette théorie explicative émergea au début du XVII^e siècle : le philosophe naturaliste, Fortunio Liceti, émit l'idée d'une semence humaine subissant une dégénérescence et pouvant produire un foetus. Ce dernier ressemblait à un animal ou pouvait être de nature animale. Le concept s'étendit ensuite au foetus humain qu'on croyait capable de dégénérer, sous l'effet de stimulations externes telles que les empreintes maternelles. La théorie de la dégénérescence séminale explique l'intérêt des auteurs du XVII^e siècle pour rapporter des cas d'animaux, nés de mères humaines. Le phénomène servit de preuve pour expliquer certaines théories embryologiques complexes. Ces théories postulent un développement foetal animal ou humain censé procéder de façon semblable. Les anomalies surviennent dès que le produit de conception suit une autre voie de développement.

In 1724 John Maubray MD (1700-1732), a then little known London man-midwife and teacher of midwifery published *The Female Physician* (Figure 1), a book on the practice of midwifery, based on the non-instrumental system of the recently deceased Hendrik van Deventer (1651-1724). The aspect of Maubray's work that attracted most attention was a short passage in which he claimed to have delivered a Dutch woman of a strange animal that he called de *suyger*:

That these BIRTHS in those Parts, are often attended and accompany'd with a *Monstrous* little *Animal*, the likest of any thing in Shape and Size to a MOODIWARP; having a *hooked snout*, *fiery sparkling Eyes*, a long *round Neck*, and an acuminated *ShortTail*, of an extraordinary *Agility* of FEET. At first *sight* of the World's Light, it commonly *Yells* and *Shrieks* fearfully; and seeking for a *lurking Hole*, runs up and down like a little *Daemon*, which indeed I took it for, the first time I saw it, and *that* for none of the better sort-

not many Years ago, in coming from Germany over East and West *Friesland*, to *Holland*, I took passage in the ordinary Fare-Vessel, from the City of Harlingen for Amsterdam...

Amongst the better Sort of the Passengers, who posses'd the Cabine, there happen'd to be a Woman *big with Child*, of a very creditable Aspect, who...was taken all at once, aboard the *Ship*, with a sudden and surprising LABOUR: upon which occasion, in short I immediately lent her a helping *Hand*, and upon the *Membran's* giving way, this forementioned ANIMAL made its wonderful *Egress*; filling my Ears with dismal SHRIEKS, and my *Mind* with greater CONSTERNATION...

I heard some of our *Accidental* Company call it de *Suyger*, as they went about to kill it: upon which I immediately laid [delivered] the *Woman* of a pretty *plump* GIRL; who, notwithstanding all this, had no *Deformity* upon it, save only many dark, *livid* SPOTS all over its *Body*...

AFTERWARDS I had occasion to talk with some of the most learned Men, of the several famous Universities in these *Provinces* upon this Head; who ingenuously told me, that it was so common a Thing, among the *sea-faring*, and *meaner* sort of *People*, that scarce ONE of these *Women* in *Three* escaped this kind of strange BIRTH; which my own small Practice among them afterwards also confirmed: Insomuch, that I always as much expected the *Thing de Suyger*, as the CHILD it self: And besides the *Women* in like manner, make a respective suitable *Preparation*, to receive it warmly, and throw it into the Fire; holding Sheets before the *Chimney*, that it may not get off; as it always endeavours to save it self, by getting into some dark *Hole* or *Corner*. They properly call it *de Suyger*, which is (in our Language) the SUCKER, because, like a *Leech*, it sucks up the INFANT'S *Blood* and *Aliment*'

Although Maubray did not use the word *sooterkin* in his account of *de suyger*, he was describing something that was already part of the English language. In 1654, John Cleveland (1613-1658) had written, 'There goes a report of the *Holland Women*, that together with their Children, they are delivered of a *Sooterkin*, not unlike to a *Rat*, which some imagine to be the Offspring of the *Stoves*.'² In her *Midwives Book*, published in 1671, Jane Sharp included sooterkins along with other animals generated in the womb:

[a]s for monsters of all sorts to be formed in the womb all nations can bring some examples; Worms, Toades, Mice, Serpents, *Gordonius* saith, are common in *Lumbardy*, and so are those they call *Soole kints* in the *Low Countries*, which are certainly caused by the heat of their stoves and menstrual blood to work upon in women that have had company with men; and there are sometimes alive with the infant, and when the Child is brought forth these stay behind, and the woman is sometimes thought to be with Child again; as I knew one there my self, which was after her child-birth delivered of two like Serpents, and both run away into the *Burg wall* as the woman supposed, but it was at least three months after she was delivered of a Child, and they came forth without any loss of blood, for there was no after burden.'³

Shortly after it was published, Maubray's claim to have delivered sooterkins was ridiculed by the surgeon James Douglas (1675-1742) in a pamphlet entitled *The Sooterkin Dissected*,⁴ written under the pseudonym of Philalethes or 'a lover of truth and learning.' Dutch mothers, Douglas observed, called their children

'sooterkints,' or sweet children, but there was no creature called *de Suyger*, and he offered readers a guinea for every sooterkin brought from *Holland*. This sort of satire made an impression, and Maubray became popularly known as 'the sooterkin doctor.'⁵ Maubray's account of the sooterkin may have been an intentional, and indeed successful, attempt to obtain publicity for *The Female Physician* by including some remarkable material (he also mentioned the story of Countess Margaret of Henneberg's 365 children and later attended the birth chamber of the most celebrated of eighteenth-century England's producers of non-human offspring, the 'rabbit-breeder' Mary Toft, Figure 2).⁶ Whatever Maubray's motives were, Douglas's response to his account links reports of non-human animals produced in the womb with the spontaneous generation controversy. Examination of the literature on animals born to human mothers in the seventeenth century shows that they were usually considered to be types of false conceptions rather than spontaneous generations. This suggests a more complex view of foetal development than has sometimes been supposed.

The extensive literature on monstrous births in books, journals and broadsides of the sixteenth and seventeenth centuries, which was larger than that dealing with 'conventional' childbirth, was prompted not only by the hunger for curiosities shown by both medical and lay readers, but also by the relevance of monstrous births to *ongoing* debates on natural philosophical problems such as foetal development and heredity, as well as to theological concepts such as divine intervention. Sooterkins were not, strictly speaking, monstrous births because, as Douglas wrote, the sooterkin was a prodigy, 'contrary to the whole Course of Nature,' rather than a monster as Maubray had perhaps carelessly termed it. This seemingly pedantic distinction was a crucial one in the early modern literature:

A monster is anything that appears outside the usual course and order of nature, such as a child with two heads, or which has three or more arms or other superfluous members, mutilated or maimed.

A prodigy is that which goes totally against nature, such as if a woman gives birth to a beast, whether four-footed, aquatic, flying, reptilian, or of some other kind.⁷

One difference was that monsters were malformed human offspring remarkable principally for their rarity whereas prodigies, which were not necessarily malformed, were not human. Unlike monstrous births,

sooterkins were regarded as non-human and midwives were expected to kill them.⁸

Douglas's argument against the existence of sooterkins had two main strands. The first was that no one had ever seen one. In itself this was a weak argument not only because absence of evidence is not evidence of absence but also because, despite his having 'lately seen a Book of Ruyschius, called, *Tractatio Anatomica de Musculo in fundo uteri*, page 16 where he confesses, that after sixty two Years Practice in dissecting diverse Bodies of Women in *Holland*, he never saw this *Animal*,' Douglas had to admit that there were many published descriptions of sooterkins, some of which he quoted, with the suggestion that they were intended to be understood only in a 'moral' rather than a 'natural' sense. His second argument was that spontaneous (or equivocal) generation did not occur: 'If there is any such thing as equivocal generation; Why not a *Bird* or a *Man* produced this way sometimes? Why no new species now and then? There must certainly be a pre-existent *Animalcule*.... No *Animal* is bred of *Corruption* whatever its *Nidus*!⁹

Spontaneous generation

The early modern period saw a restriction in the kinds of animals thought to be produced by spontaneous generation. Almost no-one supposed that Men were still formed in this way, though spontaneous human generation was invoked by some to explain the origin of mankind after the Biblical flood:

Avicenna [Ibn Sina 981-1037], in that work of his which he made of deluges and floods; holds, that after the great floods that drowned the Earth, there was no mans seed; but then, man, and all living Creatures else, were generated of rotten carcasses, only by the vertue of the Sun: and therefore he supposeth, that the womb, and such needful places framed by nature, for the better fashioning of the infant, are not needful to the procreation of man. He proves his assertion by this, that mice, which arise of putrefaction, do couple together, and beget store of young; yea, and serpents are generated chiefly [*i.e.*, most commonly] of womans hair...¹⁰

Although Douglas represented the idea of a man or a bird being produced spontaneously as being self evidently absurd, some quite complex animals such as mice were thought to arise either from seed of their own kind or from putrefaction. It is noticeable that the animals most often put forward as arising by spontaneous generation were either vermin or dangerous and unpleasant pests such as flies, snakes, mice and worms: creatures perhaps thought fit to be

generated from corruption. The rodent-like sooterkin was certainly the type of creature that might arise in this way: 'It commeth also to passe, that by the corruption, that some hurtfull living creatures, or shapes of living creatures are ingendered in the Matrix with children...'¹¹

Since the classical period, menstrual blood had been commonly regarded as deleterious to life (the presence of a menstruating woman was enough to make seeds and fruit trees sterile and wine turn sour)¹² and menstruation was thought to be beneficial to women as it rid their blood of impurities. It followed that 'suppression of the flowers' was harmful, and measures such as cupping, bleeding and purging were employed if menstruation failed to occur.¹³ In terms of humoral theory women menstruated because they were cold and humid whereas men were warm and dry. Moisture and heat were both necessary for generation,¹⁴ and therefore the best time to conceive was just before or after menstruation. On the other hand, conception during menstruation was fraught with problems.¹¹ Moisture when combined with the heat of the male semen was the basis of putrefaction, because moist humours were:

...excrementations and also alimentations, by which the least defect of Heat is easily turned into putrefaction...whence it is that foul Bodies, Trees cut down at Full Moon, being full of their sap, and Fruits gather'd before their maturity, very easily corrupt ..."

Sooterkins or other animals were produced during pregnancy along with the foetus because at this time menstruation ceased and menstrual blood accumulated in the womb: as Ortolff von Bayerland's *Frauenbuchlein* (little book of women) put it, 'filth may gather in the lying in woman.'¹⁷ The womb could thus prove fertile in an undesired way:

Neither is it hard to generate Toades of womens putrified flowers; for women do breed this kind of cattel, together with their children, as Celius Aurelianus and Platearius call them, frogs, toads, lizards, and such like: and the women of Salerium, in times past, were wont to use the juice of Parsley and Leeks, at the beginning of their conception, and especially about the time of their quickening, thereby to destroy this kind of vermin with them.¹⁸

The theory that sooterkins were generated from corruption in the womb could explain why they were unique to humans - other animals produced monstrous births but never sooterkins - as humans were the only animal that enjoyed the 'advantage' of menstruation: 'as

beneficial to them as it is extraordinary.⁹ However, unlike creatures produced by spontaneous generation, sooterkins were formed from human semen, and in this respect they resembled other so-called 'false' conceptions.

False Conceptions

Several historians have likened sooterkins to hydatidiform moles. Marland for example states that the *vlyger* (an alternative form of *suyger*): 'has been defined as a lump of meat that was driven from the body of the mother in the same way as a miscarriage. It would appear to be similar to the "mole" described in *Aristotle's Works...*²⁰ Gelis considered sooterkins to be a misinterpretation of hydatidiform moles: '[the mole's] irregular shape gave rise to the weirdest interpretations on behalf of the women who had witnessed the event. Some would have "seen" the woman give birth to a dead animal, rat, mole, or tortoise; others saw a living four-footed animal, armed with claws and hooked nails...'²¹ In my view there are several problems with this theory. Firstly, hydatidiform mole, known simply as *mola*, a mass, was well known in the seventeenth century. The midwife Guillaume Mauquest de la Motte (1655-1737) described it as 'a false Conception' and 'a Shapeless mass' and one of his patients, two months pregnant, diagnosed her own molar pregnancy, a diagnosis subsequently confirmed at delivery.²² Secondly, the interpretations proposed by Gelis are improbable - a mole looks nothing like any of them. When molar pregnancies were interpreted as living things it was as a 'palpitating marine zoophyte'²³ or Countess Margaret's 365 children, each, presumably, in its own gestational sac. Thirdly, the sooterkin was often said to emerge after the birth of a baby, a kind of monstrous afterbirth, whereas one of the characteristics of a complete hydatidiform mole is that there is no associated foetus.²⁴

Moles and other 'false conceptions' were never known to be produced without copulation: the strange bodies ('corps estranges') passed on occasion by virgins turned out on close inspection to be merely 'Clods of Blood coagulated'.²⁵

Moles are ordinarily engendered, when either the Man's or Woman's Seed or both together, are weak or corrupted, the Womb not labouring for a true Conception, but by the help of the Spirits by which the Seed ought to be replenished: but so much the easier, as the small quantity found in it is extinguished, as it were choaked or drowned by abundance of the gross and corrupted menstruous blood, which sometimes flows thither soon after Conception, and gives not leisure to Nature to

perfect what she hath with great Pains begun, and so troubling its work, bringing thither Confusion and Disorder, there is made of the Seeds and Blood a meer *Chaos*, call'd a *Mole*, not usually ingendered but in the Womb of a Woman, and never or very rarely found in the other Animals, because they have no menstrous [*sic*] Blood as she hath.²⁶

Such false conceptions were not examples of spontaneous generation - they did not arise from corruption alone but required semen, however defective:

'Averrois and Paulus Aegineta doe declare that this deformed lump of flesh is ingendered of the weaknesse and debility of both the seedes, that is to say, of the mans and womans, or else of the corruption of good seedes, which happeneth about the first time of conception. But others doe say, that it is engendered of the abundance of the flowers or Terms, because through the great heat of the Matrix they are sometimes congealed and clotted together, and brought into a misshapen masse or lump of flesh; but they which doe more narrowly pry and search into the Natures of things, doe attribute this to the more copious and abundant seed of the woman, especially in those women who are somewhat more lascivious than others are, which conceiving little seed from their husbands, dry by nature, by the desire of the Matrix [one function of which was to 'attract' the seed], doe stirre up copious seed of their owne, which augmented with the flowers, by the heat of the Matrix, is congealed together, and by the defect and want of mans seed, the proper worke-man and contriver of it, doth grow together in such a lump: For nothing can be ingendered without the seed of man; as neither any can be ingendered of the seed of women only...'²⁷

False conceptions occurred when human seed was 'corrupted' either of itself or through its environment: 'Moles always proceed from some false Conceptions, which continuing in the Womb, increase gradually by the Blood that flows to them... Women expel these false-conceptions sooner or later...'²⁸ Unlike sooterkins, moles had no definite shape: The Mole is nothing but a fleshy substance, without Bones, Joints, or Distinction of Members; without Form or Figure, regulated and determined; engendered against Nature in the Womb, after Copulation, out of the corrupted seed of both Man and Woman.²⁹ They also had no 'true life'.³⁰ The sooterkin was neither shapeless nor lifeless, but an animal with a distinct, if unusual, form, as Maubray described.

Degeneration of the seed

Menstrual blood, though inimical to most living things, was a substrate in which, through corruption, spontaneous generation might occur - Jan Baptista van Helmont used menstrual blood in one of his recipes for spontaneous generation of mice³¹ - but not all creatures thought to be produced from corruption were formed spontaneously. According to *Aristotle's Problems*:

anything else which is produced from the semen, as for instance, a worm, or the so-called monstrosities, when there is corruption in the womb, are not to be reckoned as offspring. In a word, anything which is produced from corruption is no longer produced from that which is our own but from that which is alien to us, like that which is generated from excretions such as ordure.³²

There is an assumption here that creatures that arose 'from corruption' were nevertheless produced from semen. The admixture of the 'semen' (male and female) with menstrual blood exerted a corrupting influence on the foetus:

Because a child conceived during the menstrual flow takes its nourishment and growth - being in its mother's womb - from blood that is contaminated, dirty, and corrupt, which having established its infection in the course of time, manifests itself and causes its malignancy to appear³³

In his book *De Monstrorum*, first published in 1616 (Figure 3), Fortunio Liceti (1577-1647)³⁴ proposed that degeneration of the semen was a cause for failure of proper foetal development. Liceti advanced an Aristotelian view that monsters were slips of nature rather than part of a divinely-ordered plan and so re-established the classical concept of monstrous births as mistakes rather than acts of God. A large part of the literature on monstrous births concerned human offspring that resembled animals and Liceti discussed several theories to account for these. Many he attributed to accidental resemblance: the features of abnormal children reminded observers of animals.³⁵ In other cases, he proposed that the semen could degenerate (*degenerare*) and that this resulted in the foetus developing as if it were an animal: 'In this way, at any time, a woman, without committing adultery or other lewdness, can give birth to a monster whose limbs resemble those of animals of various kinds.'³⁶

'[i]f, therefore, the male semen in the female uterus were to degenerate from its original nature through whatever cause, its vital principle becomes

transformed to another kind; if the whole of the semen were fully changed in this way, whole creatures of diverse kinds are formed; not monsters, but like monsters...'³⁷

In the early modern period there was no concept of the passage of the foetus through progressive developmental stages. The foetus was 'concocted' from the mixed semen and the time taken for this to occur was in practice even less well defined than Aristotle's forty days for the male and four months for the female (after which time maternal impressions could no longer occur).³⁸ Even at six months gestation, it was supposed that a baby could still degenerate (*degenere*) into a monkey.³⁹ This degeneration was caused not only by the influence of menstrual blood; other stimuli such as maternal impressions could radically change not only the shape of a foetus but also its nature: '[m]any apprehensions seize on the pregnant woman and the foetus changes its whole shape, indeed, it changes its nature, from human to that of a beast...'⁴⁰ The concept of seminal and foetal degeneration assumed that human development was based on that of other animals. Implicitly, the human foetus was thought to contain within it the nature of 'lower' animals.

Accounts of women who gave birth to animal offspring did not originate in the seventeenth century but appear to have come to greater prominence. At the same time, erosion of the once absolute theologically based distinction between humans and animals led to increasing ambiguity about the status of humankind.⁴¹ The sooterkin's unpleasant and verminous appearance may have reflected 'a new fear about the status of humanity',⁴² that found expression in anxieties over the possibility that human semen and perhaps even the human foetus had the potential to degenerate into a non-human animal. The work of Liceti led to a return to prominence of the Aristotelian view that birth defects were errors of nature, formed when nature does not reach its goal. False conceptions such as moles and sooterkins were conceptually similar in this respect - both arose if the normal process of development failed. The formless mole was, as Aristotle had proposed, the result of failure of the semen to 'concoct'. The concepts of seminal and foetal degeneration reflected an increasingly sophisticated view of developmental processes as hierarchical. In this light the theory that humans could give birth to animals represents not simple credulity but theoretical recognition that the conceptus can follow alternative developmental pathways that are in part environmentally determined.⁴³

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Title page of Fortunio Liceti's *De Monstris*



Man-midwives examine Mary Toft in Hogarth's *Cunicularii*. Maubray, fourth from the right, is exclaiming 'a sooterkin'

Stuttering in antiquity - Moses and Demosthenes

Assi Cicurel and Shifra Shvarts

Summary

Two famous stutterers from history are considered, Moses and Demosthenes, from historical accounts. Different ways of dealing with the problem and various etiological theories are discussed. The modern relevance of these examples is reviewed.

Résumé

L'histoire de deux célèbres bégues, Moïse et Demosthenes, encore présente dans toutes les mémoires, est ici rapportée. La façon différente dont ces deux bégues utilisèrent leur infirmité pour mieux la surmonter et les théories étiologiques variées mises en avant pour expliquer leur symptôme sont discutées. La pertinence que représente, de nos jours, ces deux cas historiques de bégaiement fait également l'objet d'une discussion.

Introduction

The word stuttering, (also stammering or logospasm) comes from the gothic *stautan* - to strike,⁽¹⁾ Stuttering is a disturbance in the fluency and time patterning of speech that is inappropriate for the person's age. Stuttering consists either of repetitions, prolongations, pauses within words, observable word substitutions to avoid blocking, or audible or silent blocking, all of which disrupt the rhythmic flow of speech.^(2,3) The individual knows precisely what he or she wishes to say, but at the same time may have difficulty saying it.⁽⁴⁾

The prevalence of stuttering in the general population has been estimated to be between 1 and 5 %.^(4,5,6) It is likely that the condition of stuttering has been known since humans first began to speak. Indeed, evidence of stuttering can be inferred from ancient written records in Egypt, Mesopotamia and China.^{*7,8)}

There are many theories as to the reasons for stuttering, in fact, the disorder has been called 'the disorder of many theories', (Jonas Gerald 1978). But to this day, no theory has been indisputably proven,^{*6,9)} and more importantly, no treatment for the disorder has been fully effective.^{*9,10)} These facts emphasize the relevancy of a discussion of the problem from the historical point of view. Perhaps some insights might be gained by re-examining historical accounts of the disorder. In addition, historical examples of coping with stuttering might have therapeutic value as bibliotherapy.^{**12)}

This article will present two cases of famous stutterers from antiquity - Moses and Demosthenes. In each case a description of the person and his stuttering will be given. Then the different ways of coping with the problem and the various etiological theories that can be derived from the text will be considered and finally modern relevancy will be discussed.

Moses

Moses - the leader and liberator of the Hebrews from slavery, suffered probably, from stuttering. This can be inferred from the first time stuttering is mentioned in the Bible, in the following verses.

As Moses stands in front of the burning bush, the Lord commands him to lead his people to freedom and Moses responds:

'And Moses said unto the LORD, I am not eloquent, neither heretofore, nor since thou has spoken to thy servant: but I am slow of speech, and of a slow tongue. And the LORD said unto him, who hath made man's mouth?

Or who maketh the dumb, or deaf, or the seeing, or the blind? have not I the LORD?

Now therefore go, and I will be with thy mouth and teach thee what thou shalt say.

And he said, O my Lord, send I pray thee, by the hand of him who thou wilt send.

And the anger of the LORD was kindled against Moses and he said is not Aaron the Levite thy brother? I know that he can speak well And also behold, he cometh forth to meet thee: and when he seeth thee, he will be glad in his heart.

And thou shall speak unto him, and put words in his mouth: and I will be with thy mouth, and with his mouth, and will teach you what ye shall do.

And he shall be thy spokesman unto the people; and he shall be, even he shall be to thee instead of a mouth, and thou shall be to him instead of GOD. (Exodus 4,10-16).

Moses gives a different description of his speech difficulty in another verse :

'And Moses said before the LORD, Behold, I am of uncircumcised lips, and how shall Pharaoh hearken unto me?' (Exodus 6,30).

These verses contain a large amount of information about the proposed etiology of Moses' stuttering, its duration and his ways of contending with the problem.

In the first text Moses states that he is '*not eloquent*', and, '*slow of speech and of a slow tongue*', (the Hebrew original uses the expression *heavy mouth [kevad-pe]* instead of slow of speech). In the second text Moses describes his stuttering as '*uncircumcised lips*'.

'Neither heretofore, nor since thou hast spoken to thy

servant - Moses testifies that he suffered from the disorder for a long time. Stuttering usually appears in childhood; therefore it is possible to view this description as a reliable portrait of a continuing long-term chronic problem rather than an acute problem caused by temporary excitement.

The descriptions 'slow tongue', 'heavy mouth', 'uncircumcised lips' suggest a perception of stuttering as an organic disorder of the upper, (and most visible), speech organs - the mouth, tongue and lips. Similar theories recur throughout history until the turn of the nineteenth century, with surgery on the tongue being performed by respectable surgeons. Today, stuttering is also perceived, (by some researchers), as a biological, organic, and partially genetic disorder.

God himself declares that he is the cause of stuttering as well as other disabilities. It is interesting that stuttering is mentioned here by God, together or in comparison with dumbness, deafness and blindness.

It is notable that God's promise to be '*with the mouth of Moses*,' does not satisfy Moses. Moses' reaction shows the degree of his fear, his view of the severity of the problem and his lack of confidence, caused by years of speech difficulties. Moses' claims to be '*not eloquent*' may be seen as a strategy for avoiding speaking. Avoidance, the use of another person for speaking, is a common strategy for stutterers dealing with the disorder⁶, and interestingly enough this is the only solution that satisfies Moses.

Another account of the cause of Moses' stuttering is the interpretation of the text of Exodus [*Midrash of Shmot Rabah*]. Moses was raised by the daughter of Pharaoh in the Palace. One day, when Pharaoh had the little child in his lap, little Moses took Pharaoh's crown and put it on his head. The King's counsellors were shocked and feared that the foreign boy wanted to steal the kingdom, and so they constructed a test: two bowls were put in front of the boy. One with pure gold and the other with sizzling coals. If Moses was to take the gold, the greedy boy would be killed. If he touched the coal then only the sparkle attracted him and he would be pronounced innocent. When the bowls were set, Moses reached for the gold, but the angel Gabriel directed him to the coal. The little boy put the coal in his mouth and thereupon became a stutterer.⁽¹³⁾ Again we find a theory that suggests a physical (organic) origin of stuttering. Certain researchers suggest that, if the story really happened, the stuttering of Moses could have developed from the trauma of such a test.⁽¹⁴⁾ Some modern researchers think that Moses did *not* suffer from stuttering but from a more apparent physical defect - cleft palate for example, owing to the use of the expressions '*heavy mouth*' and '*uncircumcised lips*' that may describe a physical flaw and not a problem with

speech itself. To our mind, this disposition seems untenable. A cleft palate is a physical imperfection, a defect. A cleft palate would be evident from birth and would cause the child to appear deformed, contradicting the fact that the Pharaoh's daughter saw a perfect baby and adopted him. It would have been unlikely for her to adopt an imperfect child. In fact, Moses was considered by many authorities to be a beautiful perfect child, so beautiful that everyone that saw him was astounded.⁵ Moreover, a cleft palate is a 'lack' of tissue, a gap in the whole, while the expression uncircumcised, suggests that something is added, or untouched, and not missing.

Demosthenes

Demosthenes (384-322 B.C.), the Athenian recognized as the greatest Greek orator of ancient times, and perhaps one of the greatest orators ever, also stuttered.¹⁶ His life was described by Plutarch. He was born to an honourable and rich family near Athens - 'Demosthenes the father of Demosthenes, belonged to the better class of citizens... He had a large factory and slaves...' ¹⁷ His father died when he was seven years old and left a considerable inheritance. However, the inheritance was stolen by his guardians, and Demosthenes was forced to live in poverty, pampered by his mother, deprived of the education usual for his class, and lacking physical activity and discipline.¹⁸ He was feeble and unhealthy and children mocked him for his stuttering and called him Battalus or Argas.¹⁸ The term Battalus was used as a nickname for stutterers, and was used as a scientific term describing stuttering for many years. The name Argas was given to him either because of his manners, which were harsh and savage, (Argas being one of the poetical names for a snake), or because of his way of speaking, which was distressing to his hearers, (Argas being the name of a composer of vile and disagreeable songs).¹⁷

As Demosthenes grew up, he left his studies, abandoned youthful games and devoted himself to the study of oratory. He stuttered badly when beginning his oratorical career, as Cicero humorously describes - 'at first stuttering so badly as to be unable to pronounce the initial R of the name of the art of his devotion (Rhetorica).'⁹

The first time he addressed the people was a total failure. Demosthenes was interrupted by their clamours and laugh... he had a weakness of voice and indistinctness of speech and shortness of breath which disturbed the sense of what he said by disjoining his sentences.⁷ Later, he met Eunomus, the Thracian, then an old man, who praised his speech, comparing it to that of Pericles. Eunomus claimed that Demosthenes' troubles as a speaker arose from cowardliness, weakness of spirit and neglect of the body.

On another occasion, following a further disgrace in the assembly, Demosthenes met an acquaintance- the actor Satyrus. Demosthenes complained that despite the tremendous effort he had invested in preparing and delivering the speeches -even fools and sailors received more attention when talking. Satyrus convinced Demosthenes to practise by reciting with him using proper expressions, pronunciation, mimicry, and emotion. Under Satyrus' encouragement Demosthenes started a relentless program to defeat stuttering. Every day he practised his voice in the basement of his house. Sometimes he stayed there for months, shaving half of his head to prevent himself from going out. Even small-talk became an exercise. Every speech he heard was dismantled into tiny fractions and repeated over and over, pronounced differently each time. It was said that: 'For his bodily deficiencies he adopted the exercises... taking pebbles in his mouth and then reciting speeches. His voice he used to exercise by discoursing while running or going up steep places, and by reciting speeches or verses at a single breath... He had in his house a large looking glass, and in front of this he used to stand and go through his exercises.'²⁰¹

Demosthenes succeeded in his endeavour and transformed himself into a great and famous orator. His adversary Iscines called him 'the greatest in his speeches,' saying, when he had recited one of Demosthenes' speeches in Rhodes and received applause 'what can you say if you heard the beast itself?'²⁰²

In spite of his tremendous success, he was probably not cured from stuttering. He avoided speaking spontaneously, all his speeches being meticulously prepared and rehearsed well in advance. Those who opposed him mocked him for that, while even those who supported him complained, Dimades his ally, complaining that Demosthenes never spontaneously defended him in a debate. Demosthenes responded by saying 'He who rehearsed his speeches was a true man of the people.'²⁰³

The story of Demosthenes raises a number of points for consideration. There is the connection between physical flaws or weaknesses of the body and stuttering - Demosthenes grew up as a feeble and sickly child. There is the view of Eunomus, citing fear of an audience, lack of courage, and lack of preparing the body for the speech. This suggests a more complex theory of stuttering - a connection with fears and mental weakness, and a relationship of body and speech). From the way Demosthenes confronted his stuttering, and from the way Satyrus practised with him, it appears that Demosthenes and Satyrus believed that stuttering, (and fluency), was a learned behaviour.

There is the duration of the disorder to consider,

Demosthenes is clearly described as stuttering from childhood. There is the use by Demosthenes of a speech pathologist / therapist - Satyrus, perhaps one of the first speech therapists in all history,²²¹ with a method of therapy that could be implemented today. Demosthenes recited from Euripides and Sophocles, and Satyrus recited after him, in a different (correct) manner. An example of a similar valid method of treatment today is the Shadow method, where 'the stutterer follows/repeats the words spoken by a speech therapist.'⁴¹

There is the fact that Satyrus was an actor and not a man of medicine. Although Greek philosophers and doctors, like Aristotle and Hippocrates, did discuss the problem at length, it seems that stuttering and speech pathology throughout history has been treated by non-medical therapists.⁸¹ To this day, treatment is generally given by speech pathologists and not by medical doctors, an interesting and puzzling fact.

Demosthenes developed a 'self help' extensive therapy plan, which focused on relentless practice to try to make the rebellious organs of speech work properly. He also meticulously prepared his speeches, and avoided speaking spontaneously, an anxiety decreasing technique. His methods are surprisingly similar to current speech therapy, which essentially views stuttering as a learned behaviour.⁶¹ Therapy changes the maladaptive behaviour by reconstructing the respiratory, phonatory and articulatory gestures which generate speech. Some therapies strive to reshape completely the speech of the stutterer, making it sound fluent. Rate reduction, easy onset of voice, and smooth transition between sounds are all achieved by repetitive pronunciation, and practice.¹⁰¹

Plutarch compares the efforts and success of Demosthenes to Laomedon the Orchomenian, who 'practised long distance running by the advice of his physicians, to ward off some disease of the spleen, and then after restoring his health, entered the great games and became one of the best runners.'²⁰¹ This comparison raises the interesting question- to what degree did victory in the relentless battle with stuttering, contribute to the making of the orator? Demosthenes probably believed that fluency was a learned behaviour, and that through exercise he would achieve fluency. This interesting theory of speech and stuttering as a learned behaviour, and therapy with reciting and practice, remains popular today.⁷¹

Conclusions

We have presented two case studies of stutters, Moses and Demosthenes. They both grew up in respectable families and stuttered from a very early age. In both stories there is reference to the mother's role.

Moses was raised by the Pharaoh's daughter with no mention of a father figure, Demosthenes' father died in his childhood and his mother pampered him. The two suffered from a severe stutter (Moses declared that he refrained from speaking, Demosthenes was mocked and called by names because of his stuttering). Whatever the inspiration, and despite the severity of their stuttering, they assumed a position in society that required an exceptional ability to speak and communicate - an ability unexpected from a stutterer. In discussing the two cases, we can see etiological theories that are still relevant to the theoretical debate concerning stuttering, (organicity in stuttering in the case of Moses and stuttering as a psychological or neurotic problem in the case of Demosthenes). Ancient therapies are largely still relevant today.

Discussing the history of stuttering is, as Van Riper eloquently wrote, a humbling experience for the contemporary scholar. 'We see concepts born, revised, and reborn...we also see that most of our present beliefs were formulated, at least in germinal form, and even discarded long ago...'⁽⁷⁾ All this serves to emphasize the relevancy of the historical view of medicine in general and of the riddle of stuttering in particular. Finally, the cases discussed are examples of success in the face of mockery, lack of belief, and insecurity. The stuttering of Moses and Demosthenes did not limit their advancement to power and to careers in which the use of speech was so important. In our view, both cases are as relevant today as they were 2000 years ago, and just as inspiring. Therefore there is great potential in these stories as a bibliotherapeutic aid in the treatment of stuttering.

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Langerhans in the Middle East: More about the discoverer of the pancreatic islets

Efraim Lev, Karin Ohry-Kossoy and Avi Ohry

Summary

Paul Langerhans is forever associated with the discovery of the pancreatic islets which bear his name. His numerous other contributions to anatomy, pathology, anthropology, and clinical medicine (particularly leprosy and tuberculosis) are less known. In 1870 he joined the Kiepert, father and son, two noted German geographers, on an expedition to the Middle East. His clinical and anthropological findings from this journey appeared in the journal published by his famous mentor, Rudolf Virchow. Langerhans later fell ill with tuberculosis and spent his last years on the island of Madeira, where he continued to investigate, practise medicine, and write.

Résumé

Le nom de Paul Langerhans est à jamais associé à la découverte des îlots du pancréas qui portent son nom. Ses nombreuses autres contributions dans les champs de l'anatomie, de la pathologie et de la médecine (en particulier, la lèpre et la tuberculose) sont moins bien connues. En 1870, Langerhans participa, avec les Kiepert, père et fils, deux géographes allemands très connus, à une expédition au Proche-Orient. Les résultats des recherches cliniques et anthropologiques entreprises au cours de ce voyage furent publiés dans le journal de son célèbre mentor, Rudolf Virchow. Plus tard, Langerhans développa une tuberculose; les dernières années de sa vie se passèrent dans l'île de Madère, où il continua ses activités de recherche, de pratique clinique et d'écriture.

Life and Work

Paul Langerhans was born in Berlin in 1847. His father was a well known physician and local politician, and two of his brothers were also physicians. He studied medicine first in Jena, then in Berlin. He was fortunate to have several famous teachers such as Langenbeck and Haeckel, but in particular Rudolf Virchow, the founder of modern pathology, and Julius Cohnheim. Both influenced young Langerhans, Virchow also becoming a close personal friend.¹²¹

While still an undergraduate student, Langerhans worked in Virchow's laboratory and made his first major histological discovery. He used the gold chloride staining technique of his teacher Cohnheim to describe new skin cells, their function however remaining unknown to him.¹³⁵ Since then called Langerhans cells, they were shown only in 1973 to play a role in the immune system. Langerhans published his findings in 1868 in an article in Virchow's *Archiv*, in which he also described the stratum granulosum known as the layer of Langerhans.¹⁶¹

He achieved his most famous discovery, the pancreatic islets, also as a student, between 1867 and 1869 during his research for his MD thesis, again without knowing the function of these cells.¹⁷ It was E. Laguesse of Lille (France) who first wrote in 1893 that these 'islets of Langerhans' could be the source of an internal secretion; because he named them "islets", the hormone they produced would be called *insulin* 30 years later.

In 1870 Langerhans went to the Middle East on a scientific journey, about which more will be said later. He served as medical officer in the Prussian army during the 1870-1871 war against France. He then became professor of pathology at Freiburg im Breisgau, a promising career which he had to renounce very soon

after when he became ill with pulmonary tuberculosis. This was also the reason for his decision to go to the Portuguese island of Madeira, the climate of which was then believed to be good for his condition. He did improve there and started practicing medicine, as well as studying the local marine fauna. Sending his papers to the Berlin Academy of Sciences, he described over 50 new varieties of marine worms. Some of them were named after him, while he called one *Virchowia* in honour of his mentor and friend. In 1885 he published a guide to Madeira.¹⁸⁹¹ He died there in 1888, aged only 41.¹¹⁰¹

Langerhans in the Middle East

It was Virchow who suggested to Langerhans that he should join a scientific expedition to the Middle East led by the geographers Heinrich Kiepert and his son Richard (1846-1915). Paul would be the team physician and could conduct his own research in his spare time.

The original idea was to attend the Suez Canal opening celebrations before exploring the region, but this did not come about. The team left Germany in March 1870 for Egypt, where they visited Alexandria and Cairo, continuing to Jaffa, from where they headed for Jerusalem, the departure point for their trips in the area. In early April the team undertook a three-week expedition to eastern Jordan. In May Heinrich Kiepert went alone to western Jordan because Richard came down with typhoid fever. Paul remained with Richard in Jerusalem, concentrating on the two subjects which particularly interested him in the Holy Land: anthropological study of the local population, and leprosy. In early June Langerhans and the Kiepersts sailed from the port of Jaffa, stopping in Beirut, visiting Damascus, then continuing to Cyprus, Rhodes, and

Istanbul. From there they went to Vienna and returned to Berlin in July 1870.

Anthropology

Langerhans conducted his research by systematically measuring the skulls of the natives, mainly Bedouins, in Jerusalem, Jericho, and the East Bank of the river Jordan. He also photographed and sketched them. Thanks to information he obtained from the locals he was able to collect skeletons at various sites. The biggest contribution to his project was made by the Beni Aduan and the Beni Sacher tribes. Apart from the similarity he found between some of the local faces and the pictures of the first Christian saints, he concluded that from an anthropological point of view there were three main groups in the population of the Holy Land:

1. The Bedouin or nomads
2. The fellahin or Arab farmers
3. The town dwellers, including Europeans.

He reported his findings to Virchow, who published them in his *Archiv*.^[1]

Leprosy

When Langerhans visited the two leper colonies existing in Jerusalem in 1870, the medical world was still in the dark about this ancient scourge of mankind. Three years later (1873) A. Hansen of Norway described mycobacterium leprae, but effective long-term treatment only came in 1941 with the introduction of Promin injections. Langerhans wrote to Virchow that the medical standard in Jerusalem was very low, even worse than in Cairo, because religion, instead of science, controlled the situation. There were neither postmortem examinations nor a medical library. Patients with leprosy were not admitted to any of the general hospitals in the city. The first leprosarium he saw consisted of 15 miserable, dirty barracks located near Zion Gate, home to 25 people who subsisted on begging. Their children were raised outside the colony by other family members living in the city.

Since no children had been born to them after the lepers came to live on the site, Langerhans concluded that reproductive ability is lost once the disease is contracted. No treatment, medical or other, was given to these people. There were leper colonies in Nablus, Hebron, and Ramleh to which Langerhans did not go, but he did visit the other one in Jerusalem, established in 1867 by Baron and Baroness Keffenbrinck-Ascheraden from Germany. This couple had toured the Holy Land in 1865 and after having been shown around by Dr. Chaplin, an English physician who investigated the

disease, they decided to alleviate the terrible conditions the lepers lived in by building an asylum in Jerusalem. They appointed Chaplin as one of the directors of the institution. It opened under the name *Jesus Hilfe* and Chaplin became its chief physician, a post he held until 1886 when he left Jerusalem. His successor was Dr. Wheeler, who wrote that Chaplin 'made a careful and systematic examination of each leper in Jerusalem and Ramleh, and was at that time one of the authorities on leprosy.'^[2] In 1870 *Jesus Hilfe* had 12 patients and was a better place than the leprosarium at Zion Gate. Chaplin was the physician in charge.^[3] The staff consisted of a German missionary, Mr. Tappert, his wife, and another lady. Financial support came from Germany while the patients were Arabs. This brought Langerhans and Chaplin to the conclusion that leprosy does not affect Europeans. At least three of the patients Langerhans examined there were not lepers. One suffered from psoriasis, one from elephantiasis, and one from some form of arthritis. He was curious about the etiology of the disease, wondering if it was inherited, due to contaminated food, etc., but he returned to Berlin without any new answers.^[4] Upon his return home his scientific career was put on hold because of the Franco-Prussian War (1870-71), in which he served as medical officer, but immediately after it he was appointed to his first academic post.^[5]

The papers that resulted from his short time in the Middle East in 1870 show the range of his interests, his enquiring mind and his ability to make the most of his time.

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Summary

In 1629, the *Batavia*, the flagship of the Dutch East India Company, was wrecked on the coast of what is now Western Australia. One of the many survivors was Jeronimus Cornelisz, a Dutch apothecary. He took command on shore, when the captain of the ship sailed on to get help. He led a bloody mutiny in which most of those shipwrecked were massacred, before help could arrive. He was eventually caught and hanged. The old wreck was found in 1963 and many artefacts recovered. Though Cornelisz had little time for practice, he can be seen as Australia's first doctor.

Résumé

En 1629, la "*Batavia*", le vaisseau amiral de la Compagnie des Indes Orientales, s'échouait sur une côte qui est maintenant celle de l'Australie occidentale. Parmi les survivants du naufrage, se trouvait un pharmacien hollandais, du nom de Jérôme Cornélius. A bord, ce dernier prit la commande du bateau quand le capitaine était occupé à naviguer pour rejoindre le port et demander de l'aide. Cornélius se trouva ainsi à la tête d'une sanglante mutinerie au cours de laquelle la plupart des naufragés furent massacrés, avant même l'arrivée des secours. Le chef mutin fut finalement attrapé et pendu. En 1963, l'épave du vaisseau échoué a été retrouvée et de nombreux objets y ont été récupérés. Bien que Cornélius eût bien peu de temps pour pratiquer, il est considéré aujourd'hui comme le premier docteur d'Australie.

Almost certainly the very first doctor to dwell, if not actually practise, on Australian soil was a Dutchman, Jeronimus Cornelisz. He arrived on June 4th 1629, in less than auspicious circumstances, having been shipwrecked on the Abrolhos Islands, 70 kms off the coast of Western Australia, due west of Geraldton and about 500 kms north of the state capital Perth.

The Abrolhos had been first charted and titled in 1619. The name itself means 'open your eyes' or 'look out' in Old Dutch,⁽¹⁾ which is just what Cornelisz and his mates on the *Batavia* did not do. But it is what happened after the shipwreck that gave Cornelisz his infamous place in history.

Jeronimus Cornelisz was an apothecary by training and plied his pills and potions in Haarlem in Holland.⁽²⁾ For reasons best known to himself, at the age of thirty, he abandoned his profession and joined the Dutch East India Company (or VOC as they knew it) as an undermerchant. This was a rank on the Company's ships, a kind of second mate. For the rest of his life he does not seem to have used his medical skills, until as we shall see, his very last day. In passing, the motto of the VOC was Jesus is good but Trade is better.

Jeronimus joined the new flagship and pride of the VOC, the *Batavia*, on her maiden voyage. At 600 gross tonnage and 43 metres in length, the ship was among the largest vessels of her time. She was three times the length of any of Columbus's caravels and twice as big as the *Bounty*. As wooden ships go, she was a considerable craft.⁽³⁾

She carried 332 souls, including many women and children, a company of soldiers in case of pirates, and a rich cargo of coins, jewels and ivory contained in 12

chests. Two hundred and ten of the ship's complement were to die before reaching *Batavia* or Java, as it is now called. In command of the small fleet of three ships, but ensconced on the *Batavia*, was Francisco Pelsaert. The skipper of the *Batavia* was Adriaan Jacobsz.

Despite having an engaging personality and refined manners, undermerchant Cornelisz was at heart an evil man and on the journey to the East Indies resolved with others, probably including Captain Jacobsz, to take over the ship and use it as a pirate vessel. However, before the plans could be put into operation, the navigator made such a monumental miscalculation that they found themselves 960 kms off course in a group of uncharted and treacherous reefs off the Australian coast. Inevitably, they went aground on what was then known as Southland, or Terra Australis Incognita, specifically on the Mornington Reef.

That was June 4th 1629. Forty people were drowned, struggling to try to reach shore. They bypassed the low-lying, so called Traitor's Island, and reached an elevated piece of land, which they promptly called *Batavia's* Graveyard. It is now called Beacon Island.

On June 6th Pelsaert, having found no water on the adjacent low reef islands and not able to land on the precipitous coast of the mainland, elected to sail for help. In doing so he made an unbelievably cavalier decision, he omitted the tiresome chore of briefly returning to the wreck site and telling his plans to those left behind. During the eventual enquiry, his insouciance was never questioned.

Pelsaert, using the only intact long boat, set off for *Batavia* Island in what is now Indonesia. With him went all the senior officers, including Jacobsz, all the Company

officials, and two women and a baby, 47 in all. Leaving no senior people behind seemed a gung-ho decision and was to have fatal consequences.

At least, in common with a number of other well known navigational feats of the days of sail, they made a dead reckoning and covered the 2500 kilometres in 29 days with no loss of life. On reaching his destination, Pelsaert gathered a rescue crew and several soldiers and set sail back again in the *Zaardam* on July 15th. By coincidence, this ship had been in the original fleet, but had become separated in a storm and had made it safely to Batavia.

Meanwhile back at the Beacon Island there were about 250 people, who had initially enough water for two days. Luckily it rained heavily the next day and they were never short of water throughout the ensuing four-month ordeal. Even so 20 died from illness or drinking seawater.

As the most senior man left behind by the trusting Pelsaert, former apothecary Cornelisz took command and rallying his old conspirators, planned to take any rescue ship which might appear and use it for piracy. To facilitate this he further resolved to put into effect the scheme which was to propel him into history - to kill all those he considered useless or uncooperative, which meant of course most of the women and children. He persuaded Corporal Wiebbe Hayes and 46 of the soldiers not privy to his dastardly plan to go to look for water on an outlying island. In their absence, Cornelisz's villains, joyously and incredibly, slaughtered 125 of the remaining passengers and crew.

At first it was done by stealth at night with a sword, followed by a hurried burial in a shallow grave. Some were drowned, but soon any pretence of secrecy was abandoned and people were cut down as they fled in broad daylight. Their terror scarcely bears thinking of, for in truth they had nowhere to flee.

One young man, Andries deVries, pleaded for his life, so to earn this he was allocated the task of cutting the throats of twenty people in the sick tent. He complied, but it was to no avail as later he was chased across the beach and hacked to death. His skeletal body, cutlass wounds, dislocated jaw and all, has since been identified and is preserved in the *Batavia* exhibition of the Maritime Museum in Fremantle.

Cornelisz himself was careful to avoid actually bloodying his hands. For one thing he was of a cowardly nature, and second, just in case things went wrong, he wanted to appear in at least a reasonable light. Lastly, at least I like to think so, he was a medical man.

Several did manage to escape to join the soldiers and Hayes to help build a small fortress on what became

known as Wiebbe Hayes Island, now West Wallabi, the largest of the Abrolhos group. The ruined walls of this unique structure still stand as the oldest building of European origin, possibly of any origin, in Australia. Nearby, they assembled a fireplace to be used to signal to those on the main island if water was found. It was, but the smoke plumes were never answered, a negative response which aroused Hayes's suspicions.

Their fears were well founded and they came under attack. They twice beat off the mutineers and Cornelisz was actually captured during the second raid. If Hayes had despatched Cornelisz then, things would have worked out differently.

Meanwhile back on the *Zaardem*, after several lamentable navigational errors led to wandering among the reefs for over a month, after 63 days the rescue craft at last arrived, just in time to thwart a third attack by the rebels. They quickly saw the game was up and surrendered without a shot being fired.

Jeronimus Cornelisz was bound and brought aboard to face Commander Pelsaert. He tried to blame others for the mutiny, but was taken away to a specially built cell at the tip of the wreck island, Batavia's Graveyard.

Under contemporary Dutch Law if guilt was presumed then a prisoner could be tortured until he confessed. Jeronimus was duly tortured five times, each time retracting his confession when the agony ceased. When eventually the commander thought enough was enough, he was found guilty and condemned to have both hands cut off and then hanged. Other conspirators were more fortunate - they were to have only one hand cut off before hanging. The degree of degradation is moot, but apparently death alone was considered to be too good.

Cornelisz made several attempts to cheat the rope, including, at the very end use of his apothecary skills, an art he had sadly neglected over the recent past. It seems that he had secreted some poison about his person which he now took by mouth. We do not know what it was, but unfortunately for him it was ineffective. All it caused was severe abdominal pain.

With the acute symptoms, Cornelisz must have thought that hanging was the lesser evil, for he asked for some theriac or Venetian treacle, a treatment originally devised in classical times as a universal antidote and which by the 17th century was a compound of many drugs. Doubtless it was a therapy with which the victim was familiar. It worked, but not before he was recorded as having been up twenty times in the night with diarrhoea and vomiting. As Pelsaert noted in his report 'his so called miracle was working from below as well as above.'⁽²⁾

And so on October 2 1629, seven mutineers were hanged on the adjacent Seal Island, Cornelisz going first, minus both hands and shouting 'Revenge! Revenge!' as the noose tightened. As a chilling warning to the like minded, the bodies were left to hang until the weather and time did their stuff.

Two others had their death sentence commuted, but were abandoned on the mainland where Port Gregory is today. They disappeared without trace, which is a pity as they would have been the first Europeans to have dwelt on the Australian continent itself.

Six weeks later the *Zaardem* sailed for home, carrying most of the *Batavia's* treasure and a gig full of prisoners. Ten of the twelve treasure chests were recovered, one was split open and the contents scattered and one was jammed fast. These and many spilled artefacts such as ceramics, silverware and cannons were left as well as of course the wreck itself.

The curtain on the drama finally came down over 300 years later. Following a tip off by a resident fisherman on Beacon Island, the site of the wreck was found in 1962 by Max Cramer of Geraldton, the mainland community opposite the Abrolhos Islands. Cramer who was looking for the wreck anyway, was told that if all that he and his team wanted was the odd skeleton, there was one under the clothes line of another local fisherman, David Johnson.

Cramer and his companions sought Johnson out, and while looking at this amazing exhibit, he casually mentioned to the searchers that there were at least 10 more sets of bones under his hut. Having shown these to the incredulous Cramer, the fisherman also led the search party to where he thought the *Batavia* wreck was situated. It was, and Max Cramer retrieved a few artefacts which clinched the identity. He and others returned to salvage more, as well as what was left of the old wooden boat itself. The rest, as they say, is history.

If you go today to the Fremantle Maritime Museum, you will see many of these artefacts, including the now preserved wooden side of the retrieved *Batavia*, plus the skeleton of the terrified deVries, the trusting young man who had been mutilated and hacked to death. In the latter 1990s, a replica of the Dutch boat was constructed in Fremantle and sailed to Holland and several European ports to remind us of the mutiny and the part played by the infamous apothecary, Jeronimus Cornelisz, Australia's first doctor.

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Louis XIV et le quinquina

Stanis Ferez

Résumé

On dispose de renseignements précis sur l'usage du quinquina par Louis XIV à l'occasion de plusieurs fièvres survenues dans les années 1680-1700. La « querelle du quinquina » oppose Robert Talbot, médecin anglais, à Nicolas de Blégnny, empirique proche de Daquin, premier médecin du roi. L'utilisation du quinquina par Louis XIV, vérifiable notamment grâce au Journal de Santé, est aussi mentionnée dans plusieurs publications médicales. L'exemple royal, référence pour bien des courtisans, offre l'occasion d'analyser le processus de diffusion du remède dans la haute société. Dès que Louis XIV utilise le quinquina, le remède se banalise et entre, alors définitivement, dans les pharmacopées.

Summary

A detailed account is given of the use of quinine by Louis XIV, while suffering from fevers during the period from **1680-1700**. On opposing sides in the 'Quinine feud' (querelle du quinquina) were Robert Talbot, an English physician, and Nicolas de Blegny, a famous quack who was a friend of Daquin, the king's senior physician. The use of quinine by Louis XIV was reported in the 'Journal de Sante' and was also noted in many other medical publications. The royal use set an example for many of the court, and offers a chance to examine the spread of the use of quinine into the aristocracy. Once quinine had been used by the king, the remedy became accepted and was specified in **the** pharmacopoeias.

L'histoire de la santé du roi a été peu étudiée malgré la richesse et la diversité des témoignages.¹ Parmi la pléthore des anecdotes médicales le concernant, on peut discerner l'apparition de l'usage du quinquina à la Cour. Sans réécrire l'histoire du quinquina, surnommé longtemps « poudre des Jésuites », on insistera sur quelques épisodes retraçant sa diffusion à la Cour de Versailles, à la fin du Grand Siècle. Il s'agira de voir comment et dans quel contexte s'est déroulée l'utilisation du remède par un roi dont la santé exigeait l'emploi de remèdes fiables.

Ramenée du Pérou, à l'extrême fin du XVI^e siècle, par des Jésuites ayant soigné avec succès la comtesse Chinchon, l'écorce trouve sa place dans la liste des remèdes végétaux, réputés efficaces. Circulant d'Espagne en Angleterre, via l'Italie et les Flandres, le quinquina acquiert, peu à peu, bonne presse chez les médecins et leurs patients.² Très vite, les puissants y ont recours, à l'exemple de la vice-reine du Pérou. Dans la France de la première moitié XVII^e siècle, Gui Patin y fait plusieurs fois allusion, de manière critique, dans ses Lettres.³ On reproche alors à la poudre des Jésuites d'être fort onéreuse, quarante livres la prise, dit le même Patin,⁴ et de n'avoir pas d'effet vraiment satisfaisant. Dès lors, seule une utilisation à la Cour donnerait une nouvelle réputation au remède.

Malgré ses détracteurs, nombreux sont les médecins français de la seconde moitié du XVII^e siècle qui considèrent que le quinquina assure la guérison des redoutables fièvres intermittentes. Ces pathologies étaient occasionnées par les eaux stagnantes des marais omniprésents dans les campagnes d'alors, les courtisans de Versailles n'étant pas plus épargnés. Néanmoins, des doutes persistent, comme de coutume, avec les

nouveautés.⁵ Chaque innovation est l'occasion de débats voire de polémiques virulentes au sein de la profession médicale, se prolongeant des décennies. Il en fut ainsi de la querelle de l'antimoine, finalement tranchée par un vote du Parlement de Paris. L'exemple du roi, guéri *in extremis* en 1658 par le vin émétique, garantit la victoire des partisans du remède « chymique ».⁶

Si le roi consent, en personne, à employer un nouveau remède, en cas d'effet salutaire, celui-ci a toutes les chances de devenir à la mode, au moins à la Cour, dans un premier temps. Pour le reste de la population, les choses sont plus difficiles à quantifier et les sources concernant la diffusion des remèdes manquent, à l'exclusion toutefois des pharmacopées et autres ouvrages spécialisés. L'histoire de la circulation des produits pharmaceutiques dans les sociétés de l'Ancien Régime en est encore à ses débuts.

C'est en 1680 que le très controversé Nicolas de Blégnny⁷ rend compte de l'usage du quinquina à la Cour, même si, à cette date, le roi n'en a pas encore pris lui-même.⁸ On parle alors du « remède du médecin anglais » qui n'est autre qu'une préparation du quinquina, en particulier dans du vin, comme on va le voir, plus loin, en détail. Le fait que Louvois, la duchesse de Bourbon et le duc du Maine aient eu recours à ce remède garantit sa renommée et sa diffusion dans l'aristocratie, au moins en tant que sujet de conversation.⁹ Toujours en 1680, Madame de Sévigné signale que « l'inventeur » du remède miracle contre les fièvres, Robert Talbot, a fait sa démonstration en présence du roi, lors de la maladie du Dauphin. Privilège de taille qui s'explique par l'heureux succès de la potion sur la Dauphine elle-même et sur le roi Charles II d'Angleterre, aux dires de Talbot. Elle rapporte l'événement avec l'ironie qu'on lui connaît :

«C'est dommage que Molière soit mort ; il ferait une scène merveilleuse de Daquin, qui est enragé de n'avoir pas le bon remède, et de tous les autres médecins, qui sont accablés par les expériences, par les succès, et par les prophéties comme divines de ce petit homme. Le Roi lui a fait composer son remède devant lui, et lui confie la santé de Mgr. Pour Mme la Dauphine, elle est déjà mieux, et le comte de Gramont disait hier au nez de Daquin :

«Talbot est vainqueur du trépas ;
Daquin ne lui résiste pas ;
La dauphine est convalescente :
Que chacun chante, etc..."»

Talbot communique plus tard le détail de sa prétendue découverte au premier médecin du roi, Antoine Daquin, et à Fagon, alors médecin du duc de Bourgogne et des Enfants de France, en présence de Colbert. Le remède fait bénéficier son « inventeur » d'une gratification conséquente.¹² En quoi consistait l'innovation du médecin anglais ? En une préparation assez rudimentaire précisant la quantité de quinquina par pinte de vin et des prises espacées de deux heures, plusieurs fois par jour. Talbot estime que huit onces pourraient venir à bout de toute fièvre.

Une autre publication, due à Monginot, parue en 1680 encore, avance le chiffre d'une once ou d'une once et demie par prise, pour vaincre la fièvre, soit quatre à six onces au total, dans quatre fois plus de vin. Ceci correspond, plus ou moins, au dosage conseillé par Talbot, la petite différence dissuadant, par la même occasion, de crier immédiatement au plagiat pur et simple.

Le « nouveau » remède fait parler de lui et passionne l'élite cultivée. On aborde le sujet dans les salons, d'où le célèbre *Poème sur le quinquina* de La Fontaine, ami de Monginot, dédié à la duchesse de Bouillon :

«... Ce dieu (Apollon), dis-je, touché de l'humaine misère,
Produisit un remède au plus grand de nos maux :
C'est l'écorce du kin, seconde panacée
(...)
Nulle liqueur au quina n'est contraire :
L'onde insipide et la cervoise amère,
Tout s'en imbibe ; il nous permet d'usé
D'une boisson en ptisanne apprêtée.»¹³

La même année, en 1682, Blégné prolonge son attaque contre Talbot dans *Le Remède anglois pour la guérison des fièvres avec les observations de M. le premier Médecin de S. M.*¹⁴ Daquin est un allié de poids. Il sert autant de garant scientifique que de témoin de moralité à celui qui est conquis par la Faculté. Il est intéressant de noter ce qu'en dit le *Journal des sçavans*: « Enfin grâce à la bonté

du Roy et aux soins de M. Daquin, son premier Médecin, nous ne devons plus craindre d'estre vainement flatez de la nouvelle Découverte du remède Anglois ».¹⁵

La publication de Blégné rejette l'idée selon laquelle le remède serait nouveau. Au passage, elle en modifie la préparation : il faut laisser le quinquina infuser plus longtemps et on ne saurait le prescrire en cas de fièvre causée par des « dévoyemens excitez par l'intempérie des viscères et l'irritation d'une bile répandue ». Il ne faut pas non plus nourrir le patient immédiatement après le traitement.

Peut-on vraiment parler d'innovation ? Non, si l'on se plonge dans les documents conservés par le docteur Vallant, médecin de Madame de Sablé puis de Mademoiselle de Guise.¹⁶ Le praticien note, dans ses papiers, la guérison d'une fièvre au moyen d'une infusion de quinquina dans du vin blanc. Or, cette mention nous ramène au mois de juin 1669, bien avant l'expérience du médecin anglais.¹⁷

Tout le mérite de la mise en évidence de la petite supercherie de Talbot rejaillit sur le premier médecin.¹⁸ On constate que la « querelle du quinquina », si l'expression n'est pas exagérée, concerne essentiellement des courtisans ambitieux, souhaitant avoir la primeur d'une découverte déjà ancienne ! Si nouveauté il y a, elle consiste surtout dans l'ampleur de sa diffusion à la Cour : elle atteint le roi en personne. Contrairement à certains de leurs confrères, ni Blégné, ni Daquin, ne songent vraiment aux malades les plus modestes. C'est l'une des étrangetés de la médecine du Grand Siècle que de fermer les yeux sur l'exécrable santé de la population, avec une indifférence toute aristocratique et ce, malgré les ponctuelles *Médecine des pauvres* et les quarantaines en cas d'épidémie. La poudre fébrifuge est, par ailleurs, extrêmement onéreuse et la seule renommée scientifique importe moins aux médecins qu'une belle pension et, pourquoi pas, un privilège royal pour sa préparation.¹⁹

En 1686, un opuscule intitulé *Manière de se servir du kinkina*, et, sans doute, de la main de Fagon, conseille la prise avec du vin de Bourgogne : c'est l'un des premiers avatars de la célèbre querelle Bourgogne-Champagne dans laquelle le roi aura prise, du fait du régime imposé par celui qui sera bientôt son premier médecin.²⁰ Cette même année, celle de la fistule anale, Louis XIV est pris de fièvres liées à son infirmité et doit recourir au quinquina, de manière ponctuelle.²¹

Daquin précise, dans le *Journal de la santé du roi*, que le monarque mange deux heures après la prise du remède. L'âpreté du mélange laisse une sensation désagréable dans la royale bouche mais l'absorption de pâte de groseille et d'écorce d'oranges du Portugal viennent

chasser cette amertume.²² Le texte anonyme, attribuable à Fagon, signalait un problème identique et conseillait, pour sa part, l'usage de sirop d'abricot et de framboise.²³

On pouvait aussi prendre le quinquina en bol, c'est-à-dire en poudre non diluée et tamisée à travers un tissu de soie, accommodée ensuite sous forme de pâte. Curieusement, Daquin le déconseille dans son ouvrage intitulé *Secrets concernant la beauté*, publication qui tire à boulets rouges sur Talbot, comme l'indique le témoignage de Madame de Sévigné.²⁴

Au début du mois de septembre 1687, le roi est contraint à des prises toutes les quatre heures et ce, même la nuit, - on le réveille à cet effet ! — en raison de fièvre, d'un refroidissement et de sueurs consécutives à une saignée.²⁵ Le nombre des prises s'élève à six au début, puis leur nombre décroît. En 1688, Blégné, citant Daquin, indique la valeur d'une livre d'écorce dans quinze pintes de vin (une pinte équivaut environ à 0,93 litres) pour la première infusion, à raison d'un demi setier (un setier équivaut à environ 7 litres) pour quatre personnes. La quantité doit être décroissante, au fur et à mesure du traitement.

Au mois d'avril 1688, Louis XIV reprend du quinquina en pilules d'une drachme chacune (une drachme équivaut à environ 3,8 grammes). Elles s'accompagnent, amertume oblige, de marmelade d'abricots. On a déjà souligné le fait que le monarque souffre beaucoup du goût repoussant du quinquina, d'autant que le piètre état de sa dentition en accroît sans doute la sensation.²⁶

Le rapport établi entre fébrifuge et saignée est éclairant, à plus d'un titre, quant au traitement reçu par le roi. En septembre 1687 et durant les fièvres intermittentes de juin 1688, l'écorce est employée à l'issue de saignées. Or, le lien entre les deux n'est pas aussi évident qu'il y paraît de prime abord. On ne donnait pas le fébrifuge systématiquement après les saignées. Aucun texte ne le stipule, de manière explicite. La faiblesse consécutive à l'opération explique peut-être l'usage du quinquina. Par contre, l'usage de lavements et de purgations préalables aux prises n'est pas exclu, à l'exemple des indications contenues dans une publication de 1687.²⁷ Plus loin, ce texte parle à nouveau du roi, livrant au lecteur une description aussi instructive qu'étonnante de précision :

«La plupart des Seigneurs de la Cour, et de ceux qui ont été malades à Paris, n'avoient voulu suivre d'autre méthode jusques à présent, que celle de l'Anglois, comme la plus assurée mais comme dans les derniers accès de fièvre que le Roy eut à Versailles au mois de Juin 1688 Sa Majesté prit du Kinkina en substance dans du vin, et s'en trouva parfaitement bien, puisque la fièvre quitta à l'instant (...).

Le Roy a pris le kinkina en substance dans du vin, c'est-à-dire une dragme de poudre réduite en Alkôol sur le porphire dans un verre d'environ six onces d'infusion ordinaire du Kinkina, le soir et le matin pendant huit jours, ensuite une fois le matin pendant quinze jours, et enfin la même dose pendant trois semaines partagées par autant de semaines de repos, sans y prendre aucun remède. Il en a été parfaitement guéri, sans être incommodé de la moindre chaleur».²⁸

L'auteur a-t-il connu le premier médecin d'alors ou ceux servant le roi « par quartier »? En tout cas, la santé du roi n'est pas, le moins du monde, un secret d'Etat. Bien au contraire, on utilise son exemple pour garantir l'efficacité du remède et fixer sa posologie. L'usage du remède par Louis XIV aurait-il servi d'argument publicitaire? Ce n'est pas impossible. En tout cas, les informations sur la préparation du « kinkina » du roi pallient les silences du *Journal de Santé*. Daquin n'a pas jugé bon de consigner les détails de sa préparation, peut-être parce que la formule était connue de tout le monde par le biais des publications qui se multipliaient, au sujet de la précieuse écorce péruvienne. Inutile de signaler dans le *Journal* une information connue de tous. Ce détail aurait pourtant garanti la véracité des indications livrées au public.

Tous les auteurs considèrent que le quinquina est en soi un purgatif qui ne tolère pas l'encombrement des intestins. Dangeau note d'ailleurs que le quinquina purge le roi et Daquin souligne, à nouveau, les appréhensions du roi, le médecin chassant, cette fois-ci, l'amertume par l'adjonction d'eau de fleur d'oranger.²⁹ Les médecins changent leur formule pour atténuer le goût du médicament mais le patient demeure insatisfait. Il est fort possible que le dégoût quasiment définitif du roi pour le quinquina le contraigne à recourir aux saignées qu'il a longtemps abhorrées.³⁰

On a retrouvé un témoignage assez laconique, émanant du roi lui-même sur l'emploi du quinquina. Dans une lettre adressée au Dauphin, en juin 1694, Louis XIV confie : « La fièvre m'a pris hier sur les trois heures après midi ; l'accès m'a duré neuf heures. Je suis sans fièvre présentement, et j'ai pris du quinquina, que j'espère qui l'empêchera de revenir ».³¹ Le roi fut exaucé mais il semble, au regard des sources, que ce fut sa dernière prise de quinquina. Certes, le journal est demeuré inachevé, subitement interrompu en 1711 mais, même au cours de la décennie 1700-1710, les mentions de l'écorce se font rares dans la pharmacopée du premier médecin. Ni Dangeau, ni Sourches n'en parlent plus à cette époque, sans doute en raison de la consommation croissante du remède, donc d'une certaine banalisation.

Les courtisans ont vulgarisé le médicament, au moins par mimétisme à l'égard du roi. Racine ne dit pas autre chose, écrivant à Boileau en août 1687 qu'on ne voit à la Cour que des gens qui ont le ventre plein de quinquina.³² Chacun singe un peu le roi, l'usage du fébrifuge instaurant une sorte d'égalité de façade avec le roi, au niveau des soins. On peut ainsi se vanter d'être soigné comme Louis XIV, lui-même, l'avait été. Il n'en faut pas davantage à certains. D'autres enfin, restent impassibles, à l'exemple d'un Saint-Simon, d'ailleurs peu enthousiasmé par le quinquina.³³ Mais la conjugaison des deux facteurs est indéniable, les courtisans veulent tout simplement profiter de remèdes vraiment efficaces contre les fièvres paludéennes qui empestent les environs marécageux de Versailles.³⁴

Curieusement, pourtant, les pharmacopées officielles n'accorderont pas au quinquina la place qu'on croirait devoir lui être attribuée. Le remède figure effectivement dans la *Pharmacopée universelle* de Nicolas Lemery mais, de manière plutôt discrète. Pas de trace du « kinkina » dans l'index, oublié aussi par Moysse Charas. Il faut aller chercher à l'article « *Vinum febrifugum* » pour rencontrer une allusion à l'écorce.³⁵ Cette place toute modeste renvoie sans doute aux réticences de ce défenseur de la médecine chimique qu'est Lemery. Aux yeux de bien des lecteurs, le quinquina ne constituerait qu'un remède parmi des milliers d'autres si le nom de Louis XIV n'y était implicitement associé.

L'étude de l'usage d'une substance médicamenteuse par un souverain peut être d'un intérêt majeur pour l'histoire de la consommation, de la prescription et de la diffusion d'un nouveau traitement. Il est certain que le quinquina a permis à Louis XIV d'atténuer l'intensité, sinon la durée, de ses fièvres. C'est, à n'en pas douter, l'un des meilleurs remèdes qu'on lui ait prescrit. Et pourtant, son amertume l'a fait rejeter. Cet effet indésirable incommode le roi, comme bien d'autres,³⁶ jusqu'à lui faire préférer, par défaut, la traditionnelle saignée. Le rôle du premier médecin est difficile à évaluer mais, défenseur de sa recette, il ne put logiquement dissuader le roi d'y recourir. La volonté royale aura tranché en sa défaveur.

Le quinquina est utilisé, dès le début du XVII^e siècle, donc bien avant Talbot, dans des préparations plus ou moins hasardeuses, destinées aux patients de médecins préférant recourir à la « poudre des Jésuites » plutôt qu'à la purge ou à la saignée systématique. Il faudra attendre un peu, avant qu'il n'atteigne la famille royale. Il convient, au préalable, de connaître plusieurs cas indiscutables de guérisons attribuées au remède pour que le roi consente enfin à l'expérimenter sur lui-même. C'est la première phase, disons ascendante. Une fois que

le roi en use en personne, il y a retour de balancier : l'écorce infusée devient à la mode, surtout à la cour et, son efficacité avérée confère à sa diffusion un second souffle. On entre alors dans la phase descendante qui aboutit, quelques années après, à une diffusion encore plus large. Celle-ci s'effectue par l'intermédiaire des ouvrages médicaux vantant l'exemple royal et des officines d'apothicaires, augmentant leurs ventes. Le roi occupe, par conséquent, une place charnière dans cette diffusion puisqu'il a lui-même expérimenté l'effet salutaire du remède. Sa santé a servi de référence, comme dans le cas de l'antimoine, à l'issue de sa maladie de 1658.

Des études complémentaires permettraient d'augmenter et de clarifier notre connaissance de la diffusion sociale des substances et des pratiques de santé, au XVII^e siècle. La place du roi dans ces processus complexes gagnerait, elle aussi, à être précisée, à partir d'autres problématiques tant médicales que bio-historiques.

Notes

- 1 Signalons deux études synthétiques, celles de E. Deguéret, *Histoire médicale du Grand Roi* (Paris, M. Vigne, 1924), et celle, plus récente, de C. D. O'Malley, « The Medical History of Louis XIV : Intimations of Mortality » dans *Louis XIV and the Craft of Kingship* (J. C. Rule (dir.), Ohio University Press, 1969).
- 2 Sur la diffusion du quinquina : P. Delaveau, *Histoire et renouveau des plantes médicinales*, Paris, Albin Michel, 1982 ; G. Penso, *Les Plantes médicinales dans l'art et l'histoire* (1904), rééd., Paris, R. Dacosta, 1986 ; M. Albou « L'histoire du quinquina », *Gazette médicale*, 18, 98, 17-23 mai 1991.
- 3 Le problème du quinquina, à cette époque, est qu'il s'évente en perdant une partie de ses qualités. Patin y voit de quoi le discréditer : *Lettres*, J. H. Reveillé-Parise (éd.), Paris, J.-B. Baillière, 1846, lettres du 30 décembre 1653 (III, p. 19), 30 janvier 1654 (II, p. 107), 13 novembre 1654 (II, p. 112).
- 4 Somme considérable puisque, en 1648, un apothicaire du Grand Condé reçoit, annuellement, 50 livres de gages !
- 5 Un dénommé Lheritier soutient, en 1667, une thèse sur le sujet suivant : *An febrî quartanae cortex cynoe cynoe specificum*. Voir O. Guelliot, *Les Thèses de l'ancienne Faculté de Médecine de Reims*, Reims, F. Michaud, 1889, n° 116.
- 6 Sur cette querelle autour d'un remède longtemps considéré comme un poison, voir : Etienne Krieger, *Une Grande querelle médicale. Histoire thérapeutique de l'antimoine*, Paris, Carré et Naud, 1898 et Pascal Pilpoul, *La Querelle de l'antimoine*, Paris, L. Arnette, 1929.

- 7 Nicolas de Blégny, né à Paris vers 1652, s'illustre par la création, chez lui, d'une Académie des nouvelles découvertes dont les résultats des expériences sont publiés à Amsterdam. Bientôt décriée par les membres de la Faculté à laquelle il n'appartient pas, malgré l'appui du premier médecin, Daquin, Blégny est envoyé à la Bastille, de manière brève, en 1686, pour contrefaçon de remède. Il doit, plus tard, s'exiler après un autre séjour en prison, en 1693, lié à l'ouverture d'un hospice sans autorisation. La date de sa mort est inconnue.
- 8 N. de Blégny, *La Découverte de l'admirable remède anglois pour la guérison des fièvres*, Paris, Blageart/D'Houry, 1680. Contemporain de cette publication, un autre texte, consacré au même sujet, a pu l'inspirer. Il s'agit du traité de Monginot, *De la guérison des fièvres par le Quinquina*, Lyon/Paris, R. Guignard, 1679 (édition supplémentaire en 1680).
- 9 « Les Remèdes que donne le Médecin Anglois pour les Fièvres intermittentes, se sont trouvez merveilleux. Mademoiselle, Mr. L'Evesque de Condon, Monsieur le Premier Président, et beaucoup d'autres Personnes de marque, s'en sont servis très utilement et on ne sçauroit trop vanter après des cures si considérables » : *Mercure galant*, septembre 1678, p. 243-244.
- 10 Sur ce médecin d'origine anglaise dont le vrai nom serait « Tabor », on dispose de peu d'informations. Arrivé en France à une date inconnue, on sait qu'il est à Paris au milieu de l'année 1678. On lui connaît un traité intitulé : *Pyretologia, or a Rational Account of the Cause and Cure of Agues, with their Signs*, Londres, 1672. Malgré le titre de « chevalier » que lui attribue Mme de Sévigné, son anoblissement n'est pas certain.
- 11 Mme de Sévigné, *Correspondance*, Paris, Gallimard, La Pléiade, lettre du 8 novembre 1680 à Mme de Grignan, p. 56. Bizarrement, la marquise ne dit mot de sa propre expérimentation du quinquina dans cette lettre.
- 12 Archives nationales (désormais AN), O⁹ 24. Le 13 novembre 1680, est signalée une rente de 2.000 livres au profit de Talbot. A titre de comparaison, la même pension est attribuée à Corneille, en 1665. C'est une somme considérable. Voir : les *Comptes des Bâtimens du roi sous le règne de Louis XIV*, J. Guiffrey (publ.), Paris, Imprimerie nationale, 1881,1, p. 112.
- 13 Chant I et II.
- 14 Publié à Paris chez l'auteur, sans privilège, en 1682.
- 15 *Journal des sçavans*, XV, lundi 8 juin 1682, p. 171.
- 16 Sur cet intéressant médecin, voir l'étude de Joseph Georges André Crussaie, *Un Médecin du XVIIe siècle, le docteur Vallant. Une malade imaginaire. Mme de Sablé*, Paris, Vigot frères, 1910.
- 17 BnF : Ms Fr. 17053, Portefeuille de Vallant, fol. 104.
- 18 « M. d'Aquin pour reparer toutes ces fautes prescrit la véritable manière dont on se doit servir de ce remède, et qui en rend les effets infaillibles » : *op. cit.*, p. 175.
- 19 C'est ainsi qu'Adrien Helvétius en obtient un pour le remède à base d'ipécacuana qui portera son nom et qui sera expédié à toutes les généralités du royaume, dans la première moitié du XVIIIe siècle (AN, Z^B 95, ff. 949-950). Au sujet du quinquina, le médecin hollandais publie sa *Manière de donner le quinquina aux pauvres pour les guérir de toutes sortes de fièvres intermittentes*, opuscule de quatre pages, montrant sa volonté d'en populariser l'usage (Versailles, Fr. Muguet, 1682).
- 20 Versailles, Fr. Muguet, sans date. Sur la querelle opposant les partisans des deux vins pour des raisons médicales, voir : Jean-Baptiste Salins, *Défense du vin de Bourgogne contre le vin de Champagne (...)*, Paris, 1702 (autre édition : Luxembourg, A. Chevalier, 1704) ; *Eloges des vins de Bourgogne et de Champagne, ou Deux odes latines (...)*, Paris, J. Estienne, 1712.
- 21 « Le Roy a eu un accez de seize heures ; il prendra ce soir du quinquina. Priés Dieu qu'il bénisse les remèdes », lettre de Mme de Maintenon à Mme de Brinon, vers le 21 août 1686, dans Mme de Maintenon, *Lettres*, M. Langlois (éd.), Paris, Letouzey, 1935, II, lettre 461. Utilisation du quinquina par le roi de France qui est connue à l'étranger par le biais de *l'Histoire abrégée de l'Europe*, gazette paraissant à Leyde (chez Cl. Jordan, 1686, septembre, p. 256).
- 22 A. Vallot, A. Daquin, G.-C. Fagon, *Journal de la santé du roi Louis XIV*, Le Roi (publ.), Paris, Durand, 1862, p. 173 (désormais JS). Réédition à paraître, en 2004, aux éditions Jérôme Millon, Grenoble.
- 23 *Op. cit.*, p. 3.
- 24 (N. de Blégny), *Secrets concernant la beauté et la santé, recueillis et publiez par ordre de Monsieur Daquin, Cr du Roy en ses Conseils, et premier médecin de S. M.*, Paris, L. d'Houry/Veuve D. Nion, 1688, p. 28. Notons que l'auteur précise que les informations concernant le quinquina sont tirées des « règles tirées des Mémoires de Mr le Pr. Médecin du roy, touchant l'usage de cette premier infusion » (p. 18). « Le plus grand secret de la plupart des Empirics ne consiste que dans le déguisement des Drogues qu'ils mettent en usage ; car comme ce sont toujours celles mêmes dont les Médecins connoissoient la nature et les propriétés, ils ne pourraient les faire passer pour des Remèdes secrets, s'ils n'affectoient de leur

- donner un air de nouveauté, c'est ainsi qu'en a usé le Sr Talbot dans la préparation du Quinquina (...) » (p. 26).
- 25 JS, p. 182. Dangeau mentionne l'usage du quinquina par le roi seulement à partir du 17 novembre: « Le roi prit médecine, et le soir il reprit du quinquina ; il en prendra encore trois jours, comme il le fait toujours après avoir s'être purgé », *Journal du marquis de Dangeau*, Soulié, Dussieux (publ.), Paris, F. Didot, 1855 (I), III, p. 67.
- 26 JS, p. 192. C'est sans doute ce qui le pousse à n'en pas vouloir prendre le 30 mai 1688, comme le suggère Mme de Maintenon: *Lettres, op. cit.*, lettre 558.
- 27 *Les Admirables qualités du kinkina (...)*, Paris, M. J., 1689, p. 5-6 : « C'a esté de ces raisons qui obligea de faire saigner Sa majesté pour la fièvre qu'elle eut en l'année 1687, de luy donner des lavemens, et de ne luy faire prendre le Kinkina qu'après le 3e accès expiré ». L'ouvrage reçoit les approbations de Le Bel et Fagon.
- 28 *Op. cit.*, p. 26-28. L'approbation de Fagon est datée de janvier 1689, celle de Le Bel, premier médecin de Monsieur et de Madame, est datée de février. Dangeau note dans son *Journal*, à la date du 14 juin : « Le roi a eu à Marly un (sic) accès de fièvre de 26 heures chacun (sic) ; on a eu peur que les accès ne se joignissent. On lui a donné du quinquina ; la fièvre n'est pas revenue, mais il lui reste de la foiblesse et des vapeurs ». Le 4 juillet, l'auteur signale des prises de quinquina une fois par jour seulement. Respectivement, p. 147 et 151.
- 29 Au début du mois d'août 1693, les fièvres intermittentes reviennent et le quinquina avec elles : « Le quinquina le purge fort, et on regarde cela comme un bon effet du remède ». Dangeau, *op. cit.*, 10 août 1693, p. 340 ; voir aussi : JS, p. 207.
- 30 Ainsi, au printemps 1696 : JS, p. 226 sq.
- 31 Louis XIV, *Œuvres*, Grouvelle (publ.), Paris, Treuttel et Wurtz, 1806, IV, lettre du 8 juin 1694, p. 420. C'est le marquis de Sourches qui nous confirme la guérison du roi deux jours après : « le 10, qui étoit le jour de la fête du Saint-sacrement, le Roi n'alla pas à la procession, quoiqu'il n'eût plus de fièvre (...) » : *Mémoires du marquis de Sourches*, Cosnac (éd.), Paris, Hachette, IV, p. 344. En avril, le roi avait déjà pris du quinquina pour sa fièvre (*op. cit.*, p. 322 sq.).
- 32 « Quantité de gens de mes amis sont malades, entre autres M. le duc de Chevreuse et M. de Chamblai : tous deux ont la fièvre double-tierce, M. de Chamblai a déjà pris le quinquina ; M. de Chevreuse le prendra au premier jour. On ne voit à la cour que des gens qui ont le ventre plein de quinquina. Si cela ne vous excite pas à y venir, je ne sais plus ce qui peut vous en donner envie » : lettre du 17 août 1687, *Œuvres de Jean Racine*, Paris, Lefèvre, 1833, lettre XII, p. 465.
- 33 Saint-Simon, *Mémoires*, G. Truc (éd.), Paris, Gallimard, La Pléiade, 1953, II, p. 914.
- 34 Voir : J.-A. Le Roi, *Des Eaux de Versailles, considérées dans leurs rapports historique et hygiénique*, Versailles, Despart, 1847.
- 35 N. Lemery, *Pharmacopée universelle*, Paris, L. D'Houry, 1698, p. 139. A cette époque, on suggère comme posologie des prises toutes les quatre heures, durant quinze jours. L'auteur conseille aussi d'être purgé, voire saigné, avant la prise parce que le quinquina « fixe les humeurs » (p. 140).
- 36 Voir la *Méthode pour guérir toute sorte de fièvres sans rien faire prendre par la bouche. Découverte et donnée au Roy par le Sr Helvetius*, Paris, Veuve N. Oudot, 1694, notamment p. 5-6

Notice biographique

Stanis Ferez. Professeur d'histoire au lycée Charles de Gaulle de Longperrier (France), doctorant à l'Ecole des Hautes Etudes en Sciences Sociales (EHESS) (Paris) préparant une thèse sur la santé de Louis XIV, sous la direction de Jacques Revel. Assure la réédition du *Journal de la santé de Louis XIV* aux éditions Jérôme Millon (Grenoble).

Cartésianisme et circulation sanguine

Jean Jacques Peumery

Résumé

C'est au médecin anglais, William Harvey, que revient le mérite de la découverte de la circulation du sang, qu'il expliqua dans son "De motu cordis", en 1628.

Cette innovation dans l'art de la médecine suscita une campagne d'opposition acharnée. Il se forma deux clans opposés : les circulateurs et les anti-circulateurs. Cinquante années furent nécessaires pour assurer le triomphe des circulateurs.

René Descartes (1596-1650) fit cependant exception ; il admettait certes la circulation sanguine telle que l'avait démontrée Harvey mais il réfutait la systole et la diastole, génératrices du mouvement circulatoire du sang. Selon sa doctrine, c'était la chaleur du coeur qui était la cause des battements cardiaques.

La doctrine de Descartes -le "cartésianisme" -fit école. Près de cent ans plus tard, des médecins de renom soutenaient encore la doctrine cartésienne.

Il faudra attendre la seconde moitié du XIXe siècle pour que la vérité sur le mouvement du coeur et la circulation du sang, telle que nous la concevons aujourd'hui soit, une fois pour toutes, définitivement établie.

Summary

The English physician William Harvey (1578-1657) was the first to discover the mechanics of the circulation. In 1628, Harvey's greatest work 'Exercitatio anatomica de motu cordis et sanguinis in animalibus' was published in Frankfurt. In this work, the author explained, with admirable clarity, observations he had made on the heart and blood movement and the theory he had elaborated about the circulation of the blood.

Harvey's theory was so revolutionary that it induced bitter opposition. However, before he died, Harvey's findings were completely acknowledged.

The French philosopher, mathematician and scientist, Rene Descartes (1596-1650), considered the circulation of the blood in his 'Discourse on Method'. He played a large part in encouraging acceptance of William Harvey's theory of circulation, but he mistakenly thought that the heat of the heart was responsible for the generation of the heartbeat.

Descartes' philosophy 'Cartesianism' had many adherents for a long time, almost a century later renowned physicians such as Pierre Chirac and Raymond Vieussens still accepted the Cartesian doctrine.

It was not until the second half of the nineteenth century that the exact nature of heart action and blood circulation were clearly and definitely established.

Philosophe, mathématicien et homme de science français, René Descartes fut l'initiateur des idées et des méthodes qui ont nettement différencié les temps modernes de la période médiévale.

Né à La Haye en Touraine, le 31 mars 1596, il mourut à Stockholm, le 11 février 1650.

Sa doctrine philosophique, appelée depuis le "cartésianisme", était fondée sur un rationalisme et un matérialisme mécaniste et même métaphysique.

Son " Discours de la Méthode " a pu être divisé en six parties. C'est en la cinquième qu'il donne l'explication du mouvement du coeur - conformément à sa doctrine et de quelques autres questions qui appartiennent à la médecine. Il en déduit la différence qui semble exister entre notre âme et celle des bêtes. Cet ouvrage fut publié à Leyde, en 1637, sans nom d'auteur, sous le titre:

Discours de la méthode pour bien conduire sa raison et chercher la vérité dans les sciences ".⁽¹⁾

Beaucoup plus tard, René Descartes écrivait un autre traité, le "De Homine", qui parut posthume, et dans lequel il s'élève contre la conception des mouvements du coeur décrits par William Harvey. Pour lui, le coeur

est le siège du feu et, ce feu ne sert qu'à dilater, échauffer et subtiliser le sang qui tombe, goutte à goutte, par la veine cave dans la concavité du coeur droit. Il est probable que Descartes a écrit cet ouvrage vers la fin de sa vie. On reste, en effet, confondu devant les errements d'un si génial penseur; aussi, ne prendrons-nous en considération que son "Discours de la méthode."⁽²⁾

Exposé :

Descartes a décrit les "chambres ou concavités" du coeur. Dans la concavité droite s'abouchent "deux tuyaux fort larges", la "veine cave", qui amène tout le sang au coeur, et la "veine artérielle" (artère pulmonaire), qui a été mal nommée, parce que c'est en réalité une artère qui, provenant du coeur, se divise en deux branches qui distribuent le sang dans chaque poumon.

A la cavité gauche répondent, de la même manière, deux "tuyaux qui sont autant ou plus larges que les précédents": " l'artère veineuse " (veine pulmonaire), qui a aussi été mal nommée, car c'est en réalité une veine, qui ramène au coeur le sang des poumons, où elle était

divisée en plusieurs rameaux ; et la " grande artère (l'aorte) qui, sortant du coeur, envoie, par de nombreuses artères, le sang dans tout le corps.

Les Anciens, explique Descartes, "ont cru que toutes les veines venaient de la cavité droite du coeur, et toutes les artères de la gauche".

Les branches de l "artère veineuse" sont entrelacées avec celles "de ce conduit qu'on nommé le sifflet, par où entre l'air de la respiration". C'est-à-dire le système trachéo-bronchique.

Descartes parle aussi des " onze petites peaux (valvules), annexées à l'orifice des quatre gros vaisseaux, formant autant de "petites portes" qui s'ouvrent ou se ferment au passage du sang. Elles sont au nombre de "trois" aux entrées de la "veine cave", de la "veine artérielle" et de la "grande artère" ; mais deux seulement à celle de l "artère veineuse", qui est ovale.

Ces " petites peaux " s'opposent au reflux du sang après sa lancée, sans que soit en aucune manière entravée sa direction normale.

Il est à noter, dit Descartes, que la "grande artère" et la "veine artérielle" sont d'une composition "beaucoup plus dure et plus ferme que ne sont l'artère veineuse et la veine cave" ; aussi, ces deux dernières s'élargissent-elles à l'entrée au coeur et y font-elles "comme deux bourses, nommées les oreilles du coeur, qui sont composées chacune d'une chair semblable à la sienne ".

Telles sont les oreillettes du coeur; chaque oreillette communique avec le ventricule correspondant par un orifice auriculo-ventriculaire.

On est en droit de se demander comment le sang des veines ne s'épuise pas en coulant ainsi continuellement dans le coeur et comment les artères ne sont pas trop remplies, puisque tout le sang qui passe par le coeur va s'y rendre. La réponse a été apportée par "un médecin d'Angleterre, auquel il faut donner la louange d'avoir rompu la glace en cet endroit, et d'être le premier qui a enseigné qu'il y a plusieurs petits passages aux extrémités des artères, par où le sang qu'elles reçoivent du coeur entrent dans les petites branches des veines, d'où il va se rendre derechef vers le coeur, en sorte que son cours n'est autre chose qu'une circulation perpétuelle".

C'est, en effet, au médecin anglais William Harvey (1578-1657) que revient le mérite de la découverte de la circulation du sang; il exposa les arguments probants en faveur de cette théorie, dans son célèbre ouvrage "Exercitatio anatomica de motu cordis et sanguinis in animalibus", édité à Francfort en 1628.

Selon Descartes, il y a plus de chaleur dans le coeur qu'en aucun autre endroit du corps, et c'est cette chaleur qui fait que la plus petite quantité de sang, qui

entre dans une de ses "concavités", s'enfle immédiatement et se dilate, comme le font généralement toutes les liqueurs lorsqu'elles tombent dans un vaisseau qui est fort chaud. La moindre " goutte de sang " apportée à la cavité droite du coeur par la "veine cave" et à la cavité gauche par l "artère veineuse" se dilate en raison de la chaleur qu'elle y trouve, et cette dilatation "faisant enfler" tout le coeur fait que le sang apporté pousse et ferme les "cinq petites portes qui sont aux entrées des deux vaisseaux".

Autrement dit, d'après la théorie de Descartes, ce serait la diastole qui serait le temps moteur de la circulation du sang. Mais Descartes n'explique pas d'où provient cette prétendue chaleur du coeur.

La théorie cartésienne de la circulation du sang fut reprise des années plus tard, bien après la mort de Descartes, par d'autres théoriciens, et notamment par Pierre Chirac (1650-1732) qui fut le Premier médecin de Louis XV et, de plus, le quasi-créateur de l'Académie nationale de médecine.

Selon Pierre Chirac, le sang véhiculerait une substance acide et cette substance, au contact du coeur, déclencherait une réaction chimique, laquelle dégagerait de la chaleur et cette chaleur, en dilatant la masse sanguine, ferait avancer le sang dans les artères.

Cette théorie fondée sur l'acidité du sang est complètement caduque aujourd'hui, maintenant que l'on sait que le sang a un pH légèrement alcalin.

Elle fut cependant revendiquée par Raymond Vieussens (1641 -1715), qui fut professeur de médecine à l'Université de Montpellier; il y eut, entre Chirac et Vieussens, une querelle épistolaire qui fut longue et acrimonieuse, chacun des deux protagonistes revendiquant, avec force, la paternité de cette idée fautive:

"Je n'eus pas plutôt fait part de mon travail sur cette liqueur (l'acide du sang) aux savants, qu'il plut à un jeune professeur de cette ville (Pierre Chirac), de prendre de là l'occasion de marquer sa mauvaise humeur contre moi; il a écrit et fait imprimer trois lettres contre moi, les plus outrageantes qu'on puisse écrire contre un homme qui est auteur, comme on sait que je le suis...", écrivait Vieussens.

"Pourquoi avez-vous fait rouler clandestinement dans toute l'Europe une lettre manuscrite, dans laquelle vous vous donniez l'honneur de ma découverte ?... Ai-je pu moins faire que de réclamer un bien injustement usurpé ? ... Si j'ai parlé naturellement de votre invasion, si je vous ai traité de plagiaire et de plagiaire d'habitude, ne m'en avez-vous pas donné le sujet ?", répondait Chirac.^{<3>}

Pourtant, William Harvey avait admirablement décrit

le rôle et le fonctionnement du cœur, en s'appuyant sur de longues et patientes recherches, et même sur des démonstrations mathématiques, qui durèrent vingt ans et lui permirent finalement de rédiger son "De motu Cordis", qui devait révolutionner la science médicale.

Pour William Harvey, le cœur, muni de son système valvulaire est, à juste titre, une pompe musculaire à effet hydraulique. La systole est cette contraction du muscle cardiaque qui chasse le sang dans les artères et la diastole, ce relâchement du muscle cardiaque qui permet le retour du sang au cœur.

Il faut cependant reconnaître, à l'avantage de René Descartes, que celui-ci avait bien observé la différence d'aspect et de consistance entre le sang artériel et le sang veineux. René Descartes écrivait :

".. la différence qu'on remarque entre celui (le sang) qui sort des veines et celui qui sort des artères ne peut procéder que de ce qu'étant raréfié et comme distillé en passant par le cœur, il est plus subtil et vif, et plus chaud incontinent après qu'il en est sorti, c'est-à-dire étant dans les artères, qu'il n'est un peu plus devant que d'y entrer, c'est-à-dire étant dans les veines ; et si on y prend garde, on trouve que cette différence ne paraît bien que vers le cœur et non point tant aux lieux qui en sont plus éloignés ".

William Harvey ne décrit pas la différence de couleur du sang (rouge vif pour le sang artériel, rouge foncé pour le sang veineux); sans doute estimait-il que ce changement d'aspect "après le passage dans le cœur" sortait du cadre de son exposé : "ce mouvement du cœur est, en somme, une contraction musculaire", écrit-il ; et la contraction intéresse d'abord les oreillettes, assurant ainsi le passage du sang des cavités auriculaires aux cavités ventriculaires, puis elle se transmet aux ventricules.

Discussion

Dès le XIIIe siècle, le médecin et philosophe arabe, Ibn an-Nafis (1210-1288), avait décrit la petite circulation (1260). Pour lui, le sang ne passait pas de la cavité droite du cœur à la cavité gauche à travers le septum ventriculaire, mais bien par le poumon pour s'y mélanger avec l'air. Malheureusement, la découverte d'Ibn an-Nafis n'eut aucun écho et ne fut connue qu'au début du XXe siècle.^{<4>}

Harvey a été, certes, le premier à bien comprendre et à décrire la circulation du sang ; mais il faut reconnaître que le "médecin anglais" a fait ses recherches en s'appuyant sur de solides bases préexistantes.

C'est au médecin espagnol Michel Servet (1509-1553) que revient le mérite d'avoir aboli, d'une manière définitive, l'antique théorie galénique, selon laquelle la circulation sanguine se limite au passage du sang de la

cavité droite du cœur à la cavité gauche, à travers les pores imaginaires du septum ventriculaire.

Michel Servet a, en effet, montré l'existence d'une circulation pulmonaire, dans son ouvrage "Christianismi Restitutio"^{<5>} Il a conclu que le sang pénétrant dans les poumons par la "veine artérielle", en quantité supérieure à ce que nécessite la nutrition du poumon, revient au cœur par les "artères veineuses", après s'être mélangé avec le "pneuma", à l'intérieur même des poumons.

Il fut le découvreur de la petite circulation mais sa découverte passa inaperçue, car elle se perdait dans un ouvrage de théologie, dont les volumes furent brûlés sur le bûcher, en même temps que l'auteur comme hérétique.

En 1558, l'italien Realdo Colombo (1516-1559), dans son "De Re anatomica",^{<6>} confirmait les idées de Michel Servet sur la petite circulation.

Elève de Realdo Colombo, André Césalpin (1519-1603) affirmait que dire que le foie était l'organe de sanguinification et le point de départ des grosses artères - tel que le concevait le système galénique - était une erreur fondamentale.^{<7>}

Aussi claire et précise que fût la vision de William Harvey du mouvement circulatoire, sa découverte fut complétée par le médecin italien Marcello Malpighi (1628-1694) qui, en 1661, découvrait les capillaires sanguins et les substituait aux anastomoses artério-veineuses de Harvey.^{<8>} La découverte harveyenne fut parachevée par les recherches de Gaspard Aselli (1581-1626), de Crémone, qui aboutirent à la reconnaissance de la circulation du chyle dans les vaisseaux lymphatiques, corollaire de la circulation sanguine.^{<9>}

L'invention de William Harvey déclencha une véritable guerre "de plume" ; il se forma deux clans : les circulateurs et les anti-circulateurs.

Parmi ces derniers, le plus docte et le plus violent fut, sans conteste, Jean Riolan (1577-1657), dit "le prince des anatomistes", médecin de la reine mère et de Louis XIII, qui à la seule idée que Galien pût avoir affirmé des erreurs. Quant au verbeux Gui Patin (1600-1672), futur doyen de la Faculté de médecine de Paris (1650), il ne manqua pas d'exercer sa verve caustique contre la circulation sanguine.

Au nombre des partisans de la doctrine harveyenne, on doit citer le Danois Niels Stensen (1636-1686), dit Nicolas Stenon (le découvreur du canal excréteur de la parotide), l'Anglais Richard Lower (1631-1691), auteur du "Tractatus de corde", et Raymond Vieussens, bien que celui-ci restât fidèle à la doctrine cartésienne.

La conception de William Harvey allait être adoptée à l'unanimité par le corps des savants, lorsque survint l'obstacle qui brisa l'élan.

Ce ne fut pas René Descartes qui " mit des bâtons dans les roues ", mais bien sa doctrine, le "cartésianisme".

Il fallut attendre cinquante ans pour que fût adoptée officiellement la vérité.⁽¹⁰⁾

En 1672, en effet, Louis XIV, excédé par la querelle de la circulation, décida la réouverture des cours d'anatomie au Jardin du Roy, pour y enseigner la nouvelle doctrine, celle de Harvey. Ce fut Pierre Dionis qui fut chargé de cette mission ; il l'entreprit à partir de 1673.

Mais le cartésianisme faisait toujours des adeptes ; la conception cartésienne du mécanisme cardiaque et circulatoire a paru longtemps claire et satisfaisante, sans doute parce qu'elle conciliait une conception acceptable par la religion et le sens commun.

Le dernier mot revenait au naturaliste et religieux Lazzaro Spallanzani (1729-1799) qui démontra à nouveau, en 1771, que la poussée donnée par le coeur entretenait la circulation de tout le tronc artériel, jusqu'aux derniers capillaires, sans qu'il y ait d'interruption. Ceci revient à dire que le coeur se vide entièrement pendant la systole.⁽¹¹⁾⁽¹²⁾

Conclusion

Pourquoi a-t-il fallu tant d'années pour que la réalité des choses soit, une fois pour toutes, solidement établie?

Avant d'atteindre son niveau actuel, la connaissance de la physiologie cardiaque et circulatoire, née de la découverte de Harvey, devait encore s'enrichir de données nouvelles qui ne s'achevèrent que dans la seconde moitié du XIXe siècle.

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Docteur en médecine (Paris), docteur en histoire-philosophie des sciences (Paris-Sorbonne), trois fois lauréat et médaille d'argent de l'Académie nationale de médecine, Jean-Jacques Peumery est l'auteur de plusieurs ouvrages et de nombreuses publications sur la pneumologie et sur l'histoire de la médecine.

Reports of Congresses

The USSR (1959-1986)

In May 2003, the second Congress of Confederation of Historians of Medicine took place in Moscow. It is too early to speak about its merits and demerits now; but some historical explanation is necessary. However, it is already completely clear that this Congress was a final event in the activity of the All-Union Scientific Historical and Medical Society which united us for almost half a century. The All-Union Society of Historians of Medicine itself became history and it is time to engage in its historiography.

The first step in this direction should be the account of the All-Union Conferences and Congresses of the Historico-Medical Society. There were major landmarks on the way of building a Historico-Medical community in the USSR. As each next Conference was awaited, the members prepared for it and it then became a milestone in the biography of its participants.

The first cells of the Society of the Soviet Historians of Medicine arose on the wave of national patriotic enthusiasm which involved all layers of our society after the Second World War. The demand to study the history of our multinational Motherland, its culture and science, arose, as well as the history of Medicine and Public Health services, was the basis for creation of historical societies at the time. The first societies of historians of Medicine began in Moscow (M. I. Barsukov, D. I. Rossiysky, I. D. Strashun), then in St Petersburg (A. S. Georgievsky), and then in Ukraine (S.A. Verhratsky, K. F. Duplenko), in Belarus (G. R. Kryuchok), in Latvia (P. I. Stradyn), and other Republics and cities of the Soviet Union. However these were all isolated organizations and to co-ordinate their work in 1958 the first All-Union Historico-Medical Conference was held. All the organization of the Conference was undertaken by a small group of Moscow and Petersburg (Leningrad) scientists, headed by one of the most outstanding organizers of the Soviet public health services, Michael Ivanovich Barsukov (1890-1974). Leningrad (St Petersburg) was chosen as the location for the first All-Union Conference.

The role of Leningrad's (St Petersburg) Medical-historical organization, now based in the Military medical museum, is particularly important. Without the help of the management and employees of the museum, the Conference would not have taken place. The Chairman of the Leningrad branch of the society was a military General of the Medical Service, Professor Anatoly Sergeevich Georgievsky (1908-1998). The Military medical museum provided all the technical support for the convocations, and organized and supported the first three All-Union Medical History Conferences.

Sessions of the 1st All-Union Conference of History

of Medicine were held in the Military medical museum from 3rd - 9th February 1959. There were more than 200 delegates from the majority of the Republics of the Soviet Union, and visitors from Bulgaria, Hungary, GDR, Poland and Czechoslovakia also attended.

At the Conference 80 papers, on questions of history in general, private medicine, methodology and the technique of its study, with the development of Soviet medicine within the Union Republics, and of history of Military Medicine, were given. At the Conference the charter of the All-Union Medical Historical Society was approved and its office-bearers were elected - M. I. Barsukov as chairman of the society, and A. S. Georgievsky as his assistant. The general secretary was A. R. Zhuk, later followed by A. G. Lushnikov.

The Conference also showed that all of us who are engaged in History of Medicine could be easily subdivided into two unequally sized groups. The first were members of faculties and departments, few in number, devoted entirely to the study of medical history, as well as those teachers conducting a formal course in History of Medicine. These made history of medicine their basic specialty and they can be considered professionals in this area.

Secondly, there is the rather large group of amateurs engaged in the study of medical history. These are doctors, scientific employees, and teachers, engaged in the history of Medicine, while simultaneously working in other areas of medical science. For them, study of medical history is one of the ways of enhancing and perfecting the depth and knowledge of the scientific development of their own chosen specialty. They are therefore usually engaged only in the history of the disciplines and problems of their own clinical or scientific specialty, and work actively in its Republican, regional and territorial branches.

In October, 1963, the 2nd All-Union Scientific Conference of historians of Medicine was held in Petersburg, again in the Military medical museum. It coincided very closely in time with the unprecedented earlier public enthusiasm of the sixties, and this was reflected both in the contents of the papers and in the Conference programme. At this Conference, discussions about the mutual relationship of history of medicine with social studies and the philosophical education of a doctor, were first made. Russian native doctors, who had played a prominent part especially in the social development of Russia (N. I. Pirogov, S. P. Botkin, I. M. Setchenov) were honoured.

In its formal resolutions, the Conference recommended improvement in the teaching of History of Medicine, and also stressed the necessity of creating

museums of medicine as bases for educational and scientific work. Conference also demanded that special attention be paid to the history of the Soviet public health services ('History of Medicine of the Soviet period') and it also resolved: 'to show the successes and achievements of the Soviet Public Health Services and Medical Science.'

The 3d All-Union Conference held in December, 1967 in Petersburg was, in essence, devoted to this aim. It was held in commemoration of the 50th anniversary of the October Revolution. Among 41 papers included in its programme, 30 covered the history of the Soviet public health services and medicine.

The 4th All-Union Conference was held in June 1970 in Minsk and was dedicated to the hundredth anniversary of Lenin's birth. It appreciably differed from the previous ones. It was tightly thematic and solemn. The names of the basic sections of its programme testify to the contents of the Conference reports. The first section: 'V. I. Lenin and problems of public health services;' the second section: 'V. I. Lenin and national policy in public health services;' the third section: 'V.I. Lenin and problems of historicism in medicine' and the fourth section: 'Medical intelligences in the socialist society and problem of deontology in the light of Marxist - Leninist theory.' How enthusiastically one of the speakers said at the Conference: 'We are agitprop (agitation propagandists) of Soviet health protection.' And it has to be said that the Conference coped successfully with its aim, although its scientific content suffered. Confining medical history conferences to only one problem is impossible. It at once excludes the large number of members whose scientific interests are extremely various. And so it was necessary to find a new form of scientific dialogue, where discussion of two or three main issues would be combined with discussion of other questions (perhaps at first sight of only minor interest). The Congresses where plenary sessions were alternated with sectional ones, devoted to separate, more particular directions of researches, produced such a forum.

The next Congress (called 1st once more) was held in October, 1973 in Moldova, in Kishinev. Its themes, except for discussion on 'Problems in the light of the resolutions of the 24th Congress of the CPSU,' were historiography and study of sources of home history and of medicine, and questions concerning teaching. There were plenary and sectional sessions (12 sections). At the end of the Congress re-elections of the board and the chairman were carried out - the chairman of the board, M. I. Barsukov (he was 83 years at that time) was replaced by Jury Pavlovich Lisitsin. He was one of the

management leaders of Soviet social hygiene, and by using his appreciable influence in the allied Ministry of Health, he raised the authority of the All-Union Society of Historians of Medicine immediately.

The experience of the first Congress was used during the organization of the 2nd All-Union Congress of Historians of Medicine, held in September 1980 in Tashkent. This was the biggest assembly of historians of medicine in the entire history of the All-Union Society. Delegations from all allied Republics and from some foreign countries were present. The plenary meetings were alternated with sectional ones. 14 sections worked simultaneously.

The themes of the convention were: 'A prominent scientific encyclopaedist Ibn-Sina (Avicenna) and influence of his works on development of world medicine' and 'Methodology of study of History of Medicine.' The Congress in Tashkent was the last major event in the life of the All-Union Scientific organization of Historians of Medicine.

The 3rd Congress was considerably lesser in scale compared to the two previous ones. It was held in November 1986, in a small resort, Kobuleti in Adgaria. Programme themes at the Congress were: 'Development of theoretical bases of medicine and public health services' and 'History of prophylactic direction of Medicine.'

This was the last Congress of the All-Union Scientific organization of Historians of Medicine. In 1992, at the session of the next plenum of the board, it was transformed into the Confederation of the Societies of medical historians working in the territory of all Republics of the former Soviet Union, which now became the sovereign states.

Reorganization of the All-Union Society of Historians of Medicine into the Confederation was indisputably a correct step. It allowed the retention with the least losses to the community of historians of medicine, which had existed for 50 years in the territory of the USSR, the coordination of the activity of numerous republican, regional and city historico-medical organizations, and allowed joint historico-medical Conferences and symposia to continue, while also retaining communications with international medical history organizations.

Conferences and Congresses are an important parameter of the state of a historico-medical society and studying their history in the former Soviet Union testifies to direct correlation between general social and economic situation in the country and practical activities of this society. The peak in the activities of the society of

historians of medicine in the USSR fell in the eighties when the first crises in the life of the Soviet society came to light. Then a sharp recession in the activity of the Society of Historians of Medicine, which reached its maximum in the middle of the nineties, followed.

The Congress of Confederation of Historians of Medicine of the Republics of the former USSR held in May, 2003 in Moscow testifies to the upsurge in the activity of the societies of historians of medicine in the post-Soviet period.

Vasylyev G. Kostyantyn (Odessa, Ukraine)

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Reading 2003

The 20th British Congress for the History of Medicine was held at the University of Reading, from Thursday 4th to Sunday 7th September. The Congress organisers were Mr Dermott O'Rourke, Jill Seagers, Dr Denis Gibbs, President, Dr Helen King, Reader in Classics at the University of Reading, and Dr Marshall Barr, Honorary Consulting Librarian, Reading Pathological Society.

Registration started on Thursday, and participants then were able to view exhibitions in the Cole Library, the Typography department, the Centre for Ephemera Studies, the Museum of Rural Life, a Veterinary exhibition, and poster displays. A dinner was held in Whiteknights Hall.

The first day of the Congress was opened by Dr Denis Gibbs, followed by a welcome from Vice Chancellor of the University, Professor Gordon Marshall CBE, DPhil, FBA. The opening address was given by Professor Vivian Nutton on *Greek Medicine in Rome, Sir Clifford Allbutt and after*. This was followed by eight papers on ancient and medieval medicine, and varia. After tea a coach took everyone to the Royal Berkshire Hospital for visits to the Pathological Society Library, the Old Laundry Medical Museum, the Wall Tiles, and the Chapel.

This was followed by a very interesting private visit to Mapledurham House, during which Concorde flew over, and then a dinner at Caversham Heath Golf Club, where the eightieth birthday of the incoming president, Dr Aileen Adams CBE, was celebrated with a big birthday cake.

On Saturday 6th September, seventeen short papers were presented. In the morning the subjects were Medicine in the Thames Valley, and in the afternoon on veterinary medicine, and varia.

At the evening reception at Whiteknights Hall, Annette Howarth, Director of Information Services for the University, welcomed the participants. The Congress Dinner followed, with the BSHM being toasted by Dr Hugh Simpson, and the response by Dr Denis Gibbs.

There were four papers on Sunday morning, followed by a business session. Dr Aileen Adams was inaugurated as the incoming president, Dr Ann Ferguson, elected as secretary, and Dr John Ward as President elect. The congress finished with grateful thanks to the organisers.

The next Congress will be in Exeter, from 1st to 4th September 2005.

Ann Ferguson FRCA DHMSA Secretary BSHM

Rapport de congrès

11° réunion de la Société Internationale d'Histoire de la Médecine

Mexico, 17-20 septembre 2003

Du 17 au 20 septembre 2003, a eu lieu, à Mexico, la deuxième réunion de la Société Internationale d'Histoire de la Médecine. Cette réunion a pu être organisée grâce au soutien de la Société Mexicaine d'Histoire et de Philosophie de la médecine, du Département d'Histoire et Philosophie de la Médecine de la Faculté de Médecine de l'Université Autonome de Mexico et de la SIHM.

Le thème principal de cette réunion était l'enseignement de l'histoire de la médecine ; cinq sessions ont été consacrées uniquement à ce sujet durant les matinées des 17, 18 et 19 septembre. Ici a été soulevée la problématique actuelle d'inclure ce cours dans le curriculum universitaire, tout en ne négligeant pas les aspirations estudiantines particulières. Les autres thèmes portaient sur les échanges scientifiques entre le vieux et le nouveau monde, les musées d'histoire de la médecine et des sciences, l'histoire de la psychiatrie, l'éthique médicale et l'anthropologie médicale ; plusieurs sessions " varia " étaient également prévues.

Une session a été consacrée à la présentation de livres tels que " *Comprender y curar Philippe Pinel y la medicina de la mente* " de DoraWeiner et " *Henry Ey y el pensamiento psiquiátrico contemporáneo* " de Jean Garrabé. La cérémonie de clôture quant à elle a permis la présentation des travaux de recherches de François Delaporte, Gary Ferngren et DoraWeiner.

Les langues officielles de la Réunion étaient l'espagnol, l'anglais et le français. La cérémonie d'ouverture, présidée par Carlos Viesca chef du Département d'Histoire et de Philosophie de la Médecine, Jean Pierre Tricot Président de la Société Internationale d'Histoire de la Médecine, Gary Ferngren secrétaire général adjoint de la même Société et Rolando NeriVela président de la Société Mexicaine d'Histoire et de Philosophie de la Médecine. Les professeurs Vescia et Tricot se sont exprimés tous deux dans les trois langues officielles et Jean-Pierre Tricot a insisté sur l'importance de l'espagnol au sein de la Société Internationale d'Histoire de la Médecine. A noter que certains sujets très originaux furent abordés sous l'impulsion du Professeur Vescia qui fit lui-même une intervention sur " *L'inclusion de modèles non occidentaux dans l'enseignement de l'histoire de la médecine : ses conséquences épistémologiques* ". L'orateur insista sur le fait que lorsqu'on étudie les systèmes médicaux non occidentaux, beaucoup trop peu d'importance est accordée aux traditions séculaires médicales indigènes. Celles-ci valent cependant tout autant la peine d'être analysées que la tradition hippocratique et galénique.

Etant lui-même auteur de plusieurs ouvrages de référence sur la médecine précolombienne, le Pr.Viesca conclut que lorsqu'on tient compte de plusieurs autres modèles que ceux sur lesquels on se base actuellement, on élargit l'horizon à une « méta-histoire » de la

médecine. On réalise aussi que nos connaissances médicales d'aujourd'hui ne sont ni définitives, ni absolues. Ce point de vue mexicain - en fait latino-américain - s'applique aussi aux médecines traditionnelles des autres continents tels que l'Afrique, l'Asie et les pays arabes. Cette réflexion rejoint l'esprit du nouveau projet de la SIHM : «Thésaurus Metablicus Historiae Medicinae » : la récolte et la diffusion la plus large d'information médico-historiques au-delà de toutes les disciplines, toutes les époques et toutes les populations.

Bien que la Réunion fut très chargée en activités académiques, le programme social a été extrêmement enrichissant avec, entre autres, l'inauguration d'une exposition de livres anciens appartenant au Fond de la Bibliothèque Nicolas León du Département d'Histoire et de Philosophie de la Médecine et la visite du musée d'histoire de la médecine de Mexico. La journée du 20 septembre fut consacrée à la visite de la ville archéologique de Teotihuacan ; le groupe a été guidé et imprégné de l'histoire de cette ville grâce à la sœur de Carlos Vescia qui fut un guide exceptionnel par son enthousiasme et son savoir.

L'excellente organisation de cette réunion, due au Prof.Vescia et à sa famille, permit aux participants de se retrouver ou de faire connaissance dans une ambiance chaleureuse typiquement mexicaine.

Malgré certains difficultés d'obtention du visa qui empêchèrent certains membres de rejoindre le centre de congrès, la deuxième réunion de la S.I.H.M. réunit un total de 15 participants et leurs accompagnants ; 100 résumés ont été acceptés et 72 travaux originaux ont été présentés. De nombreux pays étaient représentés et les conférenciers étaient issus des pays suivants : Argentine (2), Belgique (2), Brésil (1), Chili (1), Cuba (2), Etats-Unis d'Amérique (2), France (3), Italie (1), Mexique (48), Pérou (1), Philippines (1), Roumanie (1), Royaume Uni (1),Turquie (4), Uruguay (1) et Venezuela (1).

Le bilan de ce congrès est donc des plus positifs. Il permet à la Société Internationale de se conforter dans l'idée que l'organisation de ces réunions intermédiaires aux congrès bisannuels, lancée par le Président Jean-Pierre Tricot, joue un rôle considérable dans les relations professionnelles et humaines de cette Société.

Nous ne pouvons conclure ici qu'en remerciant le Prof. Carlos Vescia, délégué national du Mexique et sa famille qui, malgré le terrible deuil qui les a touchés, ont pu mener à bien cette deuxième réunion internationale si réussie.

*Andrés Aranda (Mexico)
Diana Gasparon (Belgique)*

Italy

The 1st Italian National Convention on the History of Military Medicine took place in Florence on 8-9th November, 2003.

This Congress, the first of its kind, was organised by the Italian Army Medical Services and the International Red Cross. It was held in the imposing College of Army Health, Chiostro del Maglio, 5, Via Venezia, whose centenary was in 1982.

The Honorary presidents were Ten. General Michele Donvito and Prof. Augusto Marinelli. and the Convention presidents were Brig. General Frederico Marmo and Prof. Paulo Vanni. Brig. General Antonio Santorno, Prof. Giuseppe Armocida and Dr Francesco Caponi ran the organising committee, and the scientific committee included the distinguished historian Prof. Donatella Lippi.

Subjects ranged from ancient times to the present, and included policies and planning, treatment of surgical and medical disease, epidemiology and army health, and the contributions of notable figures in both the Armed

Forces and the International Red Cross. The opening talk was by Dr Gregory R. Ciottone, who described the planning and immediate action of his Division of Emergency Medicine at Harvard Medical School following the events of 9th September in New York.

Dr J. Cule, past president, ISHM, and J. Blair (Colonel, retd, British Army Medical Services TA) were invited guests of Professor Vanni. Prof. A. Musajo-Somma and Mrs D. Gasparon of ISHM also read papers.

The congress was primarily a military one. The major evening event and dinner had as background a parade of the Italian Army, with their band, and included a wreath-laying ceremony.

Our Italian hosts could not have been kinder or more welcoming, and all those taking part enjoyed the event greatly.

JSG Blair, vice-president, ISHM

News from Finland

The Department and Museum of Medical History at the University of Helsinki has been closed down since November 2002. All the items and the library were packed up in order to be moved to the new Museum building in downtown Helsinki. The Museum of Medical History will become a part of the Helsinki University Museum together with the other small museums at the University. In the new Museum there will be, besides the University museum of course, separate departments for geology, medical history, odontological history, veterinary medicine, pharmacy and handicraft and the world of students.

The course on the history of medicine arranged during the winter by the Department and Museum of Medical History at the University of Helsinki was attended by about 60 active participants.

The annual meeting of the Finnish Medico-Historical Society was held on the 24th of February, with a lecture by professor Bror-Axel Lamberg on the history of goitre in Finland in the 19th century.

At the end of February 2003 the 19th volume of the yearbook 'Hippokrates' of the Finnish Medico-Historical Society was published, with articles such as: 'An old

teaching collection in the Pharmacy Museum in Turku and features of botany in early 19th century Finland;' 'Simmelweis and Finland;' 'Yrjö V Paatero - the discoverer of panoramic radiography' and 'Mondino de Luzzi and his Anatomia Mundini'.

At the end of March the 11th Gunnar Soininen lecture, named after the founder of the Society, was given to a large audience by professor Matti Haltia who had entitled his lecture 'The Early Stages in Neuroscience in Finland from the 17th to the 20th Centuries.'

The main activities of the Medico-Historical Society of Eastern Finland in spring 2003.

The annual meeting of the Medico-Historical Society of Eastern Finland was held on the 26th of February at the Department of Pharmacy of Kuopio University. The apothecary, Docent Jukka Gynther presented a paper 'The University Pharmacy in Kuopio, yesterday, today and tomorrow.' The vice-rector of the University, Professor Katri Vehviläinen-Julkunen presented the second paper 'The University of Kuopio today and tomorrow' The University of Kuopio has become wide-

ranging in its subject areas relating to Health Care.

The Mannerheim League for Children's Welfare founded fifty years ago a very famous hospital for children in the City of Kuopio, named Savon Lastenlinna, (Children's Castle), with very fine architectural features. The hospital has now closed and the Medico-Historical Society took, at its annual meeting, the first step towards preserving the architecture of the hospital buildings.

The Society took part in the meeting of the Society of the Senior Apothecaries when the chairman Professor Juhani Karja spoke on the old garden for medicinal herbs founded in 1777 in connection with the first pharmacy in Eastern Finland.

The Society for the History of Medicine in Turku

The Society for the History of Medicine in Turku held its annual meeting on the 11th of March at which there was given a lecture on the death of Wolfgang Amadeus Mozart. An excursion was planned in the beginning of September to the Psychiatric Hospital Mayryniemi in Halikko. In October, the theme of the meeting was 'Memories of the early years (1940-1958) of the Medical Faculty and the Central Hospital of Turku.'

Hindrik Strandberg and Juhani Karja

News from Chile

The first Chilean society of History of Medicine was founded in 1955 by Professor Enrique Laval, MD and the Dean Alejandro Garreton, MD. The society encompasses some 30 members and edited a journal 'Anales Chilenos de Historia de la Medicina,' which was published between 1959 and 1973 and discontinued after the death of both founders. Also a museum and historic library were founded in a building of the National Health Service in Macul Avenue in Santiago. In 1988 the Museum was closed, and was transferred to the University of Chile School of Medicine and merged with historic artifacts of the Faculty of Medicine and the ancient Hospital San Vicente. Consequently the University of Chile founded a united 'Museo Nacional de Medicina' in the new building of Independence Avenue. A full description of the new Museum by R.Cruz-Cole MD, was published in *Revista Medica de Chile*, Vol 17; 1073-1078, 1989.

Today, the Chilean medical historians are grouped in the historic commission of the Academia Chilena de Medicina, founded in 1964 with some 40 active members. Papers are published currently in the *Revista Medica de Chile*. Every three years a national conference is held, the 'Jornadas de Historia de la Medicina.' The fifth Jornadas was held in October 2002 and attended by 30 participants, with 18 papers dealing with classical and national subjects on History of Medicine. The Editors of these Proceedings were Professors Aleksandar Goic MD and Ricardo Cruz-Coke MD.

Only a few medical academicians have been members of the I.S.H.M. The late Professor Claudio Costa Casaretto M.D (1914-1998) studied in Rome in 1954 with Professor Alberto Pazzini and attended a Congress of ISHM. The late Ramon Campbell Batista (1911-1999) attended the Congress in Kos in 1996.

The remaining members are academicians Professors Camilo Larrain, Benedicto Chuaqui, Sergio Puente and Ricardo Cruz-Coke who have attended the last Congresses.

*Ricardo Cruz-Coke MD
Director Museo Nacional de Medicina*

Notices

NOTICE 1

Le Docteur Alain Ségal, vice président de la SIHM et à l'époque, co-rédacteur pour la langue française, dégage toute responsabilité pour les erreurs typographiques et les fautes de français contenues dans le volume VIII no. 2 de Vesalius. Il n'a en effet jamais été sollicité pour la relecture des épreuves si bien que les corrections nécessaires n'ont pu être introduites.

NOTICE 2

THE WORSHIPFUL SOCIETY OF APOTHECARIES OF LONDON THE ROYAL COLLEGE OF GENERAL PRACTITIONERS THE ROSE PRIZE

This prize commemorates William Rose, Apothecary of London, whose court case of 1701-04 established the legal foundation of General Practice in England and Fraser Rose, a co-founder of the Royal College of General Practitioners. The Worshipful Society of Apothecaries of London and the Royal College of General Practitioners are pleased to announce that the Rose Prize for original work in the History of British General Practice will be awarded for the first time in Spring 2005.

Submissions are invited from all non-professional historians either as individuals or as a group who are, or who have been, involved in primary health care. The work should be original and previously unpublished, with demonstrable emphasis on primary source material, and it should have been undertaken in the previous two years. It should also be appropriately illustrated. Any topic on the History of British General practice may be

chosen. Typescript entries should not exceed 8000 words, but submissions in other media will be accepted provided they are of comparable intellectual rigour. Publication will be encouraged.

The winner(s) will have their name(s) engraved on the plinth of the Rose Bowl, which they will keep for two years, and they will also receive a suitably inscribed certificate.

The award will be presented at either Apothecaries' Hall or The College and the winner(s) will be expected to give a short presentation of their work.

For further details and entry forms contact:

Ms Kate Messent

Awards Administrator

The Royal College of General Practitioners

14 Princes gate

London SW7 1PU

Tel: 020 7581 3232 email: cmessent@rcgp.org.uk

NOTICE 3

We have received and are glad to publish this notice of an award from the Washington Academy of Science to Alain Touwaide who has recently been elected as a Councillor of the ISHM.

"In order to recognise scientific work of merit and distinction, the Washington Academy of Science gives awards annually to scientists who work in the greater Washington DC area. The history of the awards program, begun in 1940 is literally a catalog of over 60 years of scientific achievement. While we have honoured these scientists over the decades, we have equally been honored by our association with them.

Alain Touwaide received the award for Behavioural and Social Science for his contribution in the history of medicine, particularly pharmacology. A PhD in Classics of the University of Louvain (Belgium 1981) with an Habilitation in History of the University of Toulouse (France 1997), he has been doing inter-disciplinary

research on the history of botany and the therapeutic use of plants in ancient and medieval Mediterranean culture for more than 25 years. Currently a Research Associate at the Smithsonian Institution (National Museum of Natural History), he has published and lectured as extensively as he has travelled in Europe and the Americas in search of ancient material documenting the history of botany. He has been awarded many grants and prizes, and is widely recognised as an expert of ancient therapeutics, especially medicinal plants. He is currently preparing a major reference work on plants in ancient Greece and Rome (A Flora of Classical Antiquity)

Elected a Fellow of the International Academy of the History of Pharmacy (1991) and a Fellow of the Linnaean Society of London (1997), Touwaide becomes ipso facto a Fellow of the Washington Academy of Sciences."

Book Reviews

History of Medicine in Alexandria

by Dr MA Shehata (2000, in Arabic)

This book was written with the support of the Egyptian Medical Syndicate (Alexandria branch). The author is a Professor of ENT at the College of Medicine - University of Alexandria; he has extensive experience in teaching and interest in the History of Medicine. The 232-page book encompasses 3 parts: history of Alexandria city, history of Medicine in Alexandria, and current Medical practice in Alexandria.

The first part provides a fascinating account of Alexandria, after being transformed from a village called Rachotis prior to Alexander's invasion in 332 BC. The Greek engineer Dinocrates designed and built the city on the order of Alexander the Great, to be his capital of Egypt and a main nerve centre of his Greek Empire.

The second part on the history of Medicine in Alexandria documents the names of Greek doctors followed by Roman doctors practising in Alexandria prior to the Islamic conquest. It then describes Arab doctors and their achievements throughout the Islamic periods of Egypt from Abbasids to Fatimis, Ayyobis, Mamlukis, Ottomans (including the intervening French campaign) and during the Mohammad Ali Pasha family period, as well as the period of President Naser.

The last part on current medical practice lists various colleges of Medicine, Dentistry, Nursing, as well as hospitals, health institutes, medical libraries, drug companies and medical syndicates and associations. The book finishes on an interesting note with a comparison of the Arabic medical services of Alexandria to those of its French counter-city of Marseilles. The former has 1771 hospital beds and 13376 doctors, serving a population of nearly 4 millions, providing one bed per 250 citizens; while the latter has 4139 hospital beds and 4430 doctors, serving a population of nearly 2 millions, thus providing many fewer beds for its citizens.

By and large, Dr Shehata's book is a nice piece of research in medical history; it certainly makes an interesting account of medical progress in the city of Alexandria throughout history. However, the book can be improved along a few lines. An index of content must be added; a geographical map of Alexandria illustrating its administrative territories inserted; and a more emphatic emphasis on Arabo-Islamic history - there was for example no mention of the famous doctor Abdul Latif Al-Baghdadi who wrote extensively and examined dead bodies during the famine in Egypt. In current Medical Practice, why was there only a photograph of Naser included without further photographs to document Sadat's and Mubarak's periods? In the comparative statistics with Marseilles, perhaps the quality of medical and nursing services need to be emphasised in terms of clinical outcome and patient satisfaction. The book may better be supplemented by an English translation. It is unfortunate that such a book has no ISBN coding, so that it can be standardised and shared by other doctors.

*MA RAI-Fallouji, PhD (London), FRCS
Consultant and Professor of Surgery (retired)*

'Events, Wonders and Anecdotes in History of Medicine throughout various periods'⁹

by Dr MA Shehata (1997, in Arabic)

This 201-page book, also by Dr Shehata, encompasses 15 chapters detailing interesting events retrieved from Egyptian, Babylonian, Chinese, Roman, Greek, Pre-Islamic and Islamic Arabic, European and current Egyptian periods. It also includes anecdotes from divine monotheistic religions: Judaism, Christianity, and Islam.

The book provides a fascinating account of light-hearted anecdotes and uplifting stories collated from a mishmash of sources with selective photos and line-diagrams welded together to entertain the reader about the wonderful aspects in the history of Medicine. The book may even serve as interesting reading for non-medical readers too, and as a nice companion for holidaymakers visiting historical sites.

The book can be improved. The long title can be reduced to a better informative title: 'Anecdotes in History of Medicine.' The book's contents can further be revised and reduced in number without reducing its size. The religious events can easily be incorporated within the appropriate historical periods e.g. Prophetic Medicine and events within Islamic Arabic Medicine. The book, in its current style, is targeted to Arabic readers. Again, it is unfortunate that such a good book has no ISBN coding, so that it can be standardised and shared by other doctors.

*MAR AI-Fallouji, PhD (London), FRCS
Consultant and Professor of Surgery (retired)*

The Life of Sir John Forbes (1787-1861)

by Dr RAL Agnew

*Published 2002 by Bernard Durnford Publishing, Tudor Cottage, 457 Upper Shoreham Road,
Shoreham-By-Sea, West Sussex, BN43 5WG England, UK
(81 pp. Available from the publisher £4.99 inc. p and p)*

This little book describes the life and career of John Forbes, a Scot who studied Medicine in Edinburgh and worked for most of his professional life in England.

After service in the Napoleonic wars, he received an Edinburgh MD, written on the subject of the happiness to be gained from mental pursuits.

In 1821, he translated Laennec's work on Auscultation into English. Although he made a number of changes to the original French text, including re-arranging and shortening it and altering the terminology of Laennec's description of the sounds heard, his version ran to four editions and undoubtedly helped to make the work more widely available.

In 1832, with John Conolly and Alexander Tweedie, he produced the 'Cyclopaedia of Practical Medicine' which appeared monthly until 1835 and he followed this in 1836 with the 'British and Foreign Medical Review or Quarterly Journal of Practical Medicine and Surgery'. This quickly built a reputation on the quality of the articles selected and it was read throughout Europe and America, helping to spread news of modern medicine.

Dr Agnew's book covers these achievements and other aspects of Forbes' life. Although modest in size, the book is comprehensively referenced and gives a picture of a nineteenth century physician with broad interests.

David Wright

SCOTLAND'S HEALTH 1919-1948

Jacqueline Jenkinson

Peter Laing, Bern, 2002

506 pages ; 5 plates ; 1124 references ; ISBN 3-906768-34-1 ; price £42

In 1919, a Ministry of Health was established in London to 'co-ordinate and develop measures for the health of the people throughout England and Wales.¹ The new Ministry was formed on the model long established in Whitehall in which the responsible Minister is supported by a hierarchical structure of civil servants, headed by a powerful and influential Permanent Secretary. In the years between the wars, this single Ministry maintained a uniform supervision of the health of all the disparate people from the relatively prosperous south-east to the remote rural south west, from the deprived South Wales to the depressed industrial northeast — some thirty five million people living in very different social circumstances.

No such Ministry was created for Scotland. By 1919, Scotland already had the Highlands and Islands Medical Board, successfully administering a comprehensive state medical service in the remote rural north-west. In 1919 a Board of Health was set up, not of civil servants but of members of the public, to oversee and develop services for a Scottish population of less than five million, that - the Highlands and Islands apart - was overwhelmingly industrialised, urban, badly housed and poor. From 1919, Scotland had an effective degree of autonomy in the management of its state medical services and an administration organised to cater for two distinct populations, each with its own characteristic and clearly recognised set of needs. Whether or not this autonomy and more focused administration acted to Scotland's advantage is a question that has not attracted the attention of medical historians.

Now, Jacqueline Jenkinson makes a welcome beginning — although her title, *Scotland's Health*, is somewhat misleading. Her very careful study focuses only on the Scottish administration of the new 'personal' health services introduced in Britain between the wars and the impact of these services on the health trends of the Scottish population. The services studied are those concerned with infant and child welfare, the treatment of tuberculosis, school health provision and the health of the insured population.

The author presents a full account of all the legislation relating to these services in a degree of detail that will satisfy the most demanding but may well prove forbidding to the more general reader. Similarly, the author supports her conclusions on the effectiveness of these new services with a wealth of excellent statistics, but then goes on to include evidence that many will find of very uncertain value. The author's exposition is further complicated by fact that there

Book Reviews, Vesalius, IX, 2, 42-44, 2003

is no simple direct causal relationship between the introduction of these new services and subsequent changes in the health of the target population. Here, the influence of other variables such as housing standards, overcrowding, unemployment patterns and poverty are all very properly taken into account. The result is a very complicated story; unfortunately the author's style does not make for an easy read and her conclusions are not as decisive as we might hope.

This is an earnest, erudite and valuable contribution to a subject that has not attracted the attention that it deserves. The work has now begun and Jacqueline Jenkinson is to be congratulated.

I *The Times*, 10 January 1918.

Morrice McCrae

Letter to the Editor

Ass Prof. A. Diamandopoulos,
Romanaou Vilage, Patras,
Greece 26 500
e-mail tdiamandopoulos@yahoo.com

Dear Editor,

I received the last issue of Vesalius, and appreciated the work put in it, both in content and in editing and printing. However, believing that a lively correspondence via your pages will only make the Journal more interesting, I submit a few comments on an excellent article published in this last issue. It is titled Poetical Allusions to the Circulation of Blood up to the end of the Seventeenth Century, by Dr J.R. Young. I enjoyed the well-presented material and the personal style. My contribution aims only to enrich the supplied information.

The article, although rightly stating that the examination of poetry gives a measure of the diffusion of medical knowledge into the laity, then proceeds to present many examples of English poetry on medical themes, mainly on Harvey's theory of circulation. Thus, while entirely covering its subject as described in the title, it doesn't delineate its importance in time and space. Medical poetry had started many centuries before Harvey and continues today. The most ancient example is allegedly The Book of Instructions, written by Pharaoh Althoth circa 3,000 BC, containing verses on all then known medical knowledge. Circa 1,500 BC the huge Indian medical poems Charaka Samhita pertaining to internal medicine, and Sushruta Samhita pertaining to surgery, were written.

Trying to keep this letter brief, I skip the numerous examples from Classic Antiquity and present a few medieval poetical works from the Latin West or the Greek and Islamic East. From the former we have the poetical form of the Questions of Salerno as written in Latin hexameters by Urso in the 13th century. From the same region and roughly the same period, comes the medical poem of Aegidius Corboliensis (Gill de Corbeil) Carmina de judiciis urinarum. From the Greek East let us recall only two Byzantine poems. The first is the excellent Medical Work in iambic metres (Λλοινυα ΙcupiKov apicrTov 8i' Ια|XP(ov) by the prominent Constantinopolitan politician, philosopher, courtier, monk, and medical doctor Michael Psellus in the 11th century.

The second is the 13th or 14th century medical work « On urines by the wisest Blemmydes » (Ιλεπι Chipcov ITTTO TOU 2oilja)TaTou BXeu uiiScw) which was written in verse and was accompanied by ecclesiastical music. As a token gesture to the vast Islamic literature, Avicenna's

« Poem on Medicine » (al'Arzurraṭ fi-t tibb) of the 11th century, is mentioned. Literary descendants of the medieval medical poems abound and a good collection is housed in the Library of the Wellcome Institute in London. Closer to Harvey's era we find the musical and poetical work by Martin Marais composed in 1720 under the title The Scene of Lithotomy (Le tableau de l'operation de la taile) and still later a 20th century poem by an anonymous writer published in St Bartholomew's Hospital Journal, relating to the recognition of proteinuria as the cause of the nephrotic syndrome by Richard Bright.

All the above-cited works form just a negligible percentage of the documented medical poems. But even so, it becomes evident that the Poetical Allusions to the circulation of Blood up to the end of the Seventeenth Century are but a small link to a huge chain of this literary genre that can be traced in any historical period and in every part of the world. I hope that the aforementioned comments by the writer of the present article, who comes from 'Foreign Coasts' will be welcome, in spite of his place of origin. After all, his ancestral home is in the Heleia Province of Greece, just three kilometres away from the legendary Augean Filths.

Yours sincerely,

A.A. Diamandopoulos,
Nephrologist- Archeologist

Medical History Conferences and Meetings 2004-2005

<i>Conference</i>	<i>Date</i>	<i>Contact/web site</i>
Italy - Bari. 39th ISHM Congress	5-10th September, 2004.	Professor Alfredo Musajo-Somma www.39ishmcongress2004.it
Greece — Delphi Symposium on the History of Diabetes	7-9 September, 2005.	Congress@cne.gr cbartsok@cc.uoa.gr

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E-mail: philippe.albou@wanadoo.fr Fax : 00 33 2 48 96 27 98

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Table of Contents

Editorial

David Wright

Philippe Albou

Le site Internet de la Bibliotheque Inter-universitaire de Medecine (BIUM) de Paris

Philippe Albou and Christian Regnier

The sooterkin dissected: the theoretical basis of animal births to human mothers in early modern Europe

A. W. Bates

Stuttering in antiquity - Moses and Demosthenes

Assi Cicurel and Shifra Shvarts

19 *Langerhans in the Middle East: More about the discoverer of the pancreatic islets*

Efraim Lev, Karin Ohry-Kossoy and Avi Ohry

22 *The 'Batavia,' an apothecary, his mutiny and its vengeance*

James H. Leavesley

25 *Louis XIV et le quinquina*

Stanis Perez

31 *Cartesianisme et circulation sanguine*

Jean Jacques Peumery

35 *Reports of Congresses and News from Member Countries:*

The USSR (1959-1986)

Vasylyev G. Kostyantyn

Reading 2003

Ann Ferguson

Italy 2003

J. S.G. Blair

Mexico, 17-20 septembre 2003

Andres Aranda and Diana Gasparon

News from Chile

Ricardo Cruz-Coke

News from Finland

Hindrik Strandberg and Juhani Karja

41 *Notices*

42 *Book Reviews*

History of Medicine in Alexandria

Dr M.A. Shehata

Events, Wonders and Anecdotes in History of Medicine throughout various periods

Dr M. Shehata

The Life of Sir John Forbes (1787-1861)

Dr R.A. L. Agnew

Scotland's Health 1919-1948

Jacqueline Jenkinson

45 *Letter to the Editor*

46 *Medical History Conferences and Meetings*

47 *Applications for membership*