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Henry VIII

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Abstract

From a Dissertation to the Royal Medical Society by G. Devonald

This short article could have been aptly subtitled Sex, Syphilis and Sores, because this accurately conveys the impression that most people have of Henry VIII. Mention his name, and a lecherous look comes into a person's eye and he immediately makes some remark about Henry's six wives and his syphilis. So much good and so much evil has been written about him that he must be the most controversial king in British history. Dickens described him as "a blot of blood and grease", yet others have thought him to be the paragon of all the virtues. Religious convictions obviously played their part in colouring the opinions of earlier writers, Henry being Bluff King Hal, the merry, innocent monarch to the Protestant, and a cruel, sadistic ogre to the Catholic. The truth is that both sides were partly right. When Henry came to the throne he was considered to be the most intelligent, most tolerant and most athletic of all European kings. He was kind, considerate and reasonable, even Erasmus thought that his crowning heralded a Golden Age in the English Renaissance. Yet during his early forties a change came over him and he became an irritable, selfish, suspicious tyrant. At that time Castilian, the French ambassador described him as "the most dangerous and cruel man in the world".

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HENRY VIII

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This short article could have been aptly subtitled *Sex, Syphilis and Sores*, because this accurately conveys the impression that most people have of Henry VIII. Mention his name, and a lecherous look comes into a person's eye and he immediately makes some remark about Henry's six wives and his syphilis. So much good and so much evil has been written about him that he must be the most controversial king in British history. Dickens described him as "a blot of blood and grease", yet others have thought him to be the paragon of all the virtues. Religious convictions obviously played their part in colouring the opinions of earlier writers, Henry being Bluff King Hal, the merry, innocent monarch to the Protestant, and a cruel, sadistic ogre to the Catholic. The truth is that both sides were partly right. When Henry came to the throne he was considered to be the most intelligent, most tolerant and most athletic of all European kings. He was kind, considerate and reasonable, even Erasmus thought that his crowning heralded a Golden Age in the English Renaissance. Yet during his early forties a change came over him and he became an irritable, selfish, suspicious tyrant. At that time Castellan, the French ambassador described him as "the most dangerous and cruel man in the world".

But despite all this one thing is certain, Henry VIII was a great king. When he succeeded to the throne England was a second class power in a Europe dominated by France, Spain and the Holy Roman Empire. By the time he died he had by a mixture of skilful and crude statecraft, successful and near calamitous wars and the sudden Reformation of the Church into the Church of England, revived England as a power in international politics.

This then is the man whose health is the subject of this article. Did he have syphilis? To provide the answer to this very controversial subject his personal and family history must be studied closely.

HENRY'S PERSONAL MEDICAL HISTORY

There is little direct evidence of Henry's health, but the reports of foreign ambassadors and the correspondence of men of influence, such as Wolsey provide a very full picture of the king's illnesses.

His first recorded illness occurred in 1514, when he was twenty-two. Badoer, the Venetian ambassador, described it as measles, but another thought it was smallpox. The difficulty in differentiation sometimes occurs today and it is therefore understandable that mistakes in diagnosis were commoner in the fifteenth century, especially since measles was far more virulent. However, Henry soon recovered and showed no after effects. Then in 1521, when twenty-nine, he had an attack of malaria "which grew to two tertians" and there was "a long continuance of cold and heat". But apart from these episodes the reports in his twenties and early thirties refer only to his good health and his great strength and endurance. His life, at first glance, appears to have been just one long round of hunting and jousting. Indeed one of Wolsey's correspondents points out that during a hunt the king "spares no pains to convert the sport into a martyrdom". He did, however, as a result of his pastimes, have several accidents. For instance in 1521 when jousting with the Duke of Suffolk he narrowly missed being killed when he was hit on the helmet with his visor up. But apart from a severe shaking he suffered no ill effects and was able to run another six courses.

Around about 1526 Henry became infatuated with Anne Boleyn, and in 1527 began divorce proceedings against Catherine of Aragon. In 1528 he began to complain of headaches and the same complaint revived in July and August of that year. Some authors have tried to relate these to the jousting accident of 1521. This seems rather ambitious and it seems just as likely that the headaches were a physical manifestation of his marital and political conflicts. At this time Henry was still a patient man, for he worked for six long years to engineer a divorce from Catherine of Aragon. It was only after his marriage to Anne Boleyn that the change in his character became noticeable. He married her in 1533 and by 1536, when he married Jane Seymour, he was a different man.

The first reference to Henry's legs occurred in 1537 at the trial of Lord Montague. He said, "I dreamed that the King was dead, but he will die suddenly, his leg will kill him and then we shall have jolly stirring." In April it was reported that "The King goes seldom abroad because his leg is something sore"; and in June Henry himself wrote, "But to be frank with you, which you must keep to yourself a humour has fallen into our legs." A month later, in May, the king "stopped one of the fistulas of his legs, and for ten or twelve days the humours which had no outlet were likely to have stifled him, so that he was sometimes without speaking, black in the face and in great danger." The physicians were so frightened that when a fistula closed again in 1541 they lost no time in opening it.

The king's obesity became noticeable in 1542, when he was "already very stout and growing heavier". This is understandable because since 1535 he had taken no exercise. He had given up jousting after being unhorsed for the first and last time, and as hunting was a comparatively quiet sport began to get fatter and fatter.

The reports of his "sorre leg" appear frequently, and in April 1542 Chapuys, the ambassador of Charles V, urged his master to persuade Henry not to personally lead his army against the French. He reported that the "King's chronic disease and obesity require particular care lest his life be endangered . . . for however stout-hearted he may be with his age, his obesity and weight, he has the worse legs in the world". Henry ignored all advice and 1544-45 was a period of great physical and mental activity for him. But by 1546 he was weakening and the reports record a story of gradually increasing ill-health. The stories that his obesity and disease made it impossible for him to pass

through doors, and impossible for him to climb up stairs without the aid of machinery, are wrong; but occasionally when his legs were troubling him he did travel in a primitive sedan chair.

The nature of his terminal illness is not recorded clearly. He had several attacks "of burning fever" and on January 27th, 1547, was very ill. He went into a stuporose state and died on January 28th, 1547, at 2.00 a.m.

THE OBSTETRIC HISTORY OF HENRY'S WIVES

Catherine of Aragon. The number of her pregnancies is disputed and range from six to nine. Chamberlin in his book gives the most convincing account and states that there were only six definite pregnancies.

January 31st, 1510. Stillborn girl.

January 1st, 1511. Live boy. Lived for fifty-two days.

September 17th, 1513. Stillbirth or very early neonatal death of a boy.

November 1514. Stillbirth of a boy.

November 1516. Mary.

November 10th, 1518. Still born girl.

So in six established pregnancies the outcome was only successful in two. The second pregnancy resulted in a boy who only lived fifty-two days, and the fifth in Mary.

Elizabeth Blount. She was Henry's first mistress and she bore him a son, Henry, Duke of Richmond.

Anne Boleyn. Married 1533.

She had four pregnancies of which only one, the first, was successful.

1533 Elizabeth

1534 Abortion.

1535 Abortion.

1536 Abortion of a male foetus.

Poor Anne, she really did no better than Catherine. The abortion in January 1536, seems to have been the last straw, and on 19th May, 1536, after a farcial trial, she was beheaded. If she did nothing else during her pregnancies, Anne collected some unusual compliments. Tallyour described her as having "a goodly belly", and Kyngston thought that she had "as fair a belly as ever he had seen".

Jane Seymour. Married 1536.

Jane Seymour appears to have been the only wife that Henry really loved. Therefore it is even more unfortunate that she died so soon after their marriage. She died twelve days after the birth of Edward. The labour was long and difficult so "that she was feign to be ripped". This has been interpreted to mean that she was delivered by Caesarian section, but I think that the description could just as well described a perineal tear or episiotomy.

Anne of Cleves, Catherine Howard and Catherine Parr bore no children. Catherine Howard was the victim of the conflict between Protestants and Romanists and was beheaded. It was suggested, just as in the case of Anne Boleyn, that she, despairing of Henry's ability to sire a child, sought the help of a younger more attractive man. She failed to give Henry what he wanted most, a child, and she died.

RELEVANT MEDICAL HISTORY OF HENRY'S CHILDREN

Mary. She was never a strong girl and the strain of her life with the divorced Catherine of Aragon must have had severe repercussions on her outlook and on her health. She seems to have had a series of illnesses from ammenorrhoea to hysteria, and had the classical pseudocyesis when married to Philip of Spain. However, she did exhibit one sign which is relevant to

whether or not Henry VIII was syphilitic, namely that she had very poor eye-sight.

Elizabeth. There are very few references to her health, but she died of what has been called by some a tuberculous laryngitis. She had difficulty in swallowing and speaking and complained of a swelling of the throat.

Edward. Edward was always very weak and died when only fifteen. He was troubled throughout his life by cough and sputum and died in 1533 after a particularly fierce attack of these symptoms. His terminal illness was described as follows: "The matter he ejects from his mouth is sometimes coloured a greenish yellow and black, sometimes pink like the colour of blood. He is vexed by a harsh continuous cough, his body is dry and burning, his belly is swollen, he has a slow fever upon him that never leaves him." Everyone seems to agree that this describes tuberculosis.

Henry, Duke of Richmond. Henry's bastard son was also weak and consumptive and died when aged eighteen.

This then is the medical history of Henry VIII, the obstetric history of his wives, and the medical history of his children. Upon what facts do the people who accuse Henry of being a syphilitic base their evidence?

(1) Henry had ample opportunity of contracting the disease.

Compared with most kings of that period Henry's opportunities were limited. He was a comparatively faithful husband and throughout his life only had three mistresses, Elizabeth Blount, Mary Boleyn and Anne Boleyn. Elizabeth Blount has never been accused of transmitting syphilis to Henry. Her obstetric history appears to have been free from any syphilitic stigmata, for she had one pregnancy which terminated successfully in the birth of a normal child. Mary and Anne Boleyn are not, however, above suspicion. They lived for some time at the French court "which even in those days of licentiousness enjoyed an undesirable pre-eminence in profligacy." In fact, Mary Boleyn, because of her shameful behaviour became known as the English Mare.

There has been some suggestions that portraits of Anne show an ulcer beneath her chin. Professor Shrewsbury thinks that this may account for Henry's dreadful treatment of her. He was not satisfied with divorcing her, but had also to bastardise her daughter, tear her character apart in her farcical trial then execute her. Disease had always frightened him and if he had been in contact with the dreaded disease, it would have made him, to say the least, angry.

Catherine of Aragon may have infected Henry. Admittedly, she claimed that her first marriage to Henry's brother had never been consummated, but Arthur was heard to boast that he had been "six miles into Spain". He may have infected Catherine and she in her turn Henry.

However there seems to be little point in listing all the possible sources of infection. There is no doubt that even if his consorts were not syphilitic, he may have contacted the disease by non-venereal means, which was a commoner mode of spread than nowadays. Therefore it must be agreed that Henry had ample opportunity of catching the disease.

(2) Henry exhibited signs and symptoms of syphilis.

There is no reference in any of the Tudor documents that Henry had syphilis. The disease at that time was even more virulent than it is today and the Tudor physicians recognised it and treated it. Foreign ambassadors, who lived at the court, who missed nothing, who were willing to bribe anyone for any information were hardly likely not to mention an illness which took six weeks of mercurial treatment to cure. Catholics anxious to discredit him were hardly likely to miss such an ideal opportunity. Yet despite this Henry was accused of having syphilitic leg ulcers and involvement of the central nervous system.

Henry's leg ulcers were associated with swollen legs, they were chronic, frequently extremely painful, and were present on both legs. Syphilitic ulcers do not conform to this pattern of symptoms. They may appear on both legs, especially at sites of trauma and around the joints, but are always painless. Ulcers due to subcutaneous gummata heal themselves with or without treatment, and those due to the breakdown of an underlying osteitis would be associated with pathological fractures. Chronic syphilitic ulceration is not unknown, but again is painless.

Probably the most attractive theory as to the causation of the ulcers is that which suggests that they were due to varicose veins and stasis. This would account for the painful nature of the ulcers and also for the swollen legs. Rest is essential for the treatment of these varicose ulcers, but Henry was a difficult, active patient. Therefore they became chronic. An extension of the inflammatory process to involve the deep veins with thrombosis, with the subsequent throwing off of a thrombus, pulmonary embolus and infarction would lead to the symptoms of 1538, when he became black in the face, dyspnoeic and distressed.

Professor Shrewsbury has put forward the theory that Henry inherited gout from his father. The breakdown of tophi near the ankle, knee and hip would account for the multiplicity of lesions; the crystals working their way up through old or new fistulae for the severe pain; and the nature of the disease for the intermittency of symptoms. This is an extremely interesting theory, but Henry, although given to surfeits, never complained of joint disease.

Some people have suggested that Henry's change in character was due to syphilis of the central nervous system. Admittedly in the latter part of his life he became cruel and easily roused to anger and was subject to headaches, but he showed no other signs or symptoms. He was never forgetful, never unable to concentrate, never subject to mental aberration, and never lost control of his country's affairs.

From the available evidence it seems unfair to brand Henry as a syphilitic just because he had ulcers and just because he had a change in character.

(3) The obstetric history of his wives, especially of Catherine of Aragon, suggests that they were infected with syphilis by Henry.

Catherine of Aragon's pregnancies form the trump card of those who say that she was infected by Henry. Until Chamberlin wrote his book, the accusers stated that she had had nine pregnancies of which two only ended successfully. They then pointed out the number of stillbirths and quoted the textbooks and experts as saying that syphilis causes premature labour and stillbirth. Nowadays the figure of six is accepted as correct for the number of pregnancies and the textbooks have been read a little more carefully. Syphilitic infection of the mother does result in premature labour and stillbirth, but the sequence of pregnancies is characteristic. In an untreated syphilitic woman the first pregnancy ends in early labour and stillbirth and subsequent pregnancies terminate in the same way, but each one later until, at last, a living, but syphilitic child, is born. This sequence of events did not occur in Catherine's case, the first live child occurring too early, and the last stillbirth too late. There is also no evidence that either the living boy or Mary showed any evidence of congenital syphilis. Therefore, there is no evidence that Catherine's pregnancies were affected by syphilis.

Anne Boleyn's pregnancies also do not fit in to the syphilitic pattern. She had three abortions, but syphilis does not characteristically cause termination of pregnancy before the twenty-eighth week. Therefore, there is little evidence that her pregnancies were affected by syphilis.

The accusations that Henry infected Anne Boleyn and Catherine of Aragon

with syphilis, and that this affected their pregnancies appears to be based on very poor evidence.

(4) Henry's children showed signs of congenital syphilis.

Elizabeth, Edward and Henry, Duke of Richmond had no signs of congenital syphilis. Their portraits show none of the stigmata of the congenital disease and their medical history has no reference to it.

Mary had one complaint which is emphasised by Henry's accusers. She had very bad eye-sight. This is characteristic of syphilis when it forms part of Hutchinson's Triad, i.e. interstitial keratitis leading to blindness, Labyrinthitis leading to deafness and the characteristic deformity of the teeth of the second dentition. Mary showed neither of the latter two signs and it is therefore unfair to label her as a congenital syphilitic just because she had bad eye-sight. Her portraits do not support any idea of congenital syphilis.

CONCLUSION

Henry VIII had ample opportunity to contract syphilis, but the evidence for him having done so is flimsy. There is no reference to him having any of the signs and symptoms, his wives appear to have been unaffected and his children were not congenital syphilitics. Therefore, it must be concluded that he did not have syphilis.

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