The "Anne Boleyn" Syndrome

History is not just the result of abstract, political, economic, and social factors. Rather, it is the routine work of men and women and their ordinary day-to-day lives. That is why History and Medicine are so closely entwined, for often it is in the clinical case histories—the best historical documents—of specific individuals that are found the secrets of why certain ships of states are steered to greatness, to disaster, or to mere mediocrity. Anne Boleyn, the second wife of Henry VIII, was just such an individual, and she was one of the primary reasons for the radical changes in the policy, religion, and social structure of England.

Anne Boleyn's life and death contain the elements of a Greek tragedy. A victim of her personal passions and erotic impulses, she strides across the luminous pages of history as a woman who, like Marie Antoinette, could not rise to the height of her destiny and thus destroyed what had cost her so much to obtain—the throne of England. Her pallid countenance evokes pity despite her behavior, because it was her fate not to be able to master her instincts, as well as to be linked to a lustful, tyrannical man. Henry VIII, once his anger was aroused, was uncontrollable and Anne Boleyn was one of the most unfortunate victims of his cruelty. Each time I have seen the site of her execution in the Tower of London, I have uttered a silent prayer for that queen of tragic destiny.

Goiter and Polydactylism in Anne Boleyn

Although my interest in the life of Anne Boleyn, who died under the headsman's axe at the king's command for her marital infidelities, goes back to my readings in history as a youth, my interest in her medical history began while I was a medical student at the University of Madrid. There I had the good fortune to have as my teacher Dr. Gregorio Marañón, the esteemed endocrinologist, physician, historian, and peerless humanist. It was he who named the condition characterized by goiter and polydactylism the "Anne Boleyn" syndrome, the affliction from which the ill-fated queen suffered. In his *Handbook of Etiological Diagnosis,* an admirable work and a standard textbook, Dr. Marañón comments: "As my experience increases, I am more and more convinced that living conditions inherent in isolation (sparse and monotonous food, consanguinity, etc.) are the principal pathogenic factors in endemic goiter. We are now devoting considerable study to the connection between endemic goiter and congenital deformities, which we have called the 'Anne Boleyn' syndrome because that unfortunate Queen suffered from endemic goiter and polydactylism, which is in fact the most frequent malformation." In *Growth and Its Disturbances,* Marañón states: "The association of sporadic or endemic, congenital and juvenile goiter with various embryopathies is quite frequent. The commonest are cases of polydactylia, of which combination I have accumulated 15 separate observations, plus several families with multiple cases of polydactylism."

Polydactylism is a malformation that has existed since ancient times. The oldest recorded case is contained in the Second Book of Samuel, which relates the prowess of David and his valiant soldiers. Chapter 21, verse 20, reads: "And there was yet a battle in Gath, where was a man of *great* stature, that had on every hand six fingers, and on every foot six toes, four and twenty in number; and he also was born to the giant." Also, it is a known fact that polydactylism existed in the famed Scipio family of ancient Rome and that the six-fingered malformation was transmitted through the generations of the family for 700 years.

According to historians, Anne Boleyn suffered from polydactylism of the right hand and from the time she was a child complained of a throat affliction. Paintings of the famous queen reveal a noticeable contour in her long, delicate neck, undoubtedly indicating the existence of an enlarged thyroid. Of course, since it was the custom of the age to disguise any physical defects in a portrait, it can be assumed that the size of the thyroid was even larger than what is actually delineated by the artist.

England in the Time of Henry VIII

It is impossible to examine the clinical case history of Anne Boleyn without first studying, even though only cursorily, the personality of her lover and husband and the social conditions prevalent in the England of her day. The reign of Henry VIII, the king who broke with the papal power in Rome, encompasses the first half of the sixteenth century, making the monarch an exponent of the religious Reformation that, like an unbridled hurricane, whipped the mystic shores of a Europe that until then was pre-

dominantly Roman Catholic. During that period, however, England was a nation besieged by internal political strife and intrigue. The problems that separated and divided the ambitious, vain nobles into their numerous cliques also led to disillusionment, apathy, and confusion among the common people who, besides being poor and oppressed by the feudal laws, were bewildered by the religious conflicts. The result was an atmosphere of stagnation in which little creative or artistic work flourished. Rich and poor alike lived without comfort in dwellings that were dark, damp, and dirty, and most people dined off wooden platters without forks and drank only beer, since tea and coffee were still unknown. Trade was minimal and money very scarce. Since the condition of the roads made it practically impossible to use stagecoaches and carriages, the muddy roads were traveled almost exclusively by men on horseback who frequently fell prey to highwaymen. Rye bread was a luxury and beggars were so numerous that laws had to be promulgated to protect the public against them. The clergy was ignorant and lewd; sports were cruel and dangerous, hunting being the supreme delight of the gentry.

Paradoxically, on the continent, the flowering of the Renaissance was in full bloom. It was the age of Christopher Columbus' epic expeditions and the perfection of the mariner's compass, of Copernicus' explorations of the heavens, of the conquest of Mexico by Hernán Cortés who made Spain wealthy and powerful, of Leonardo da Vinci's enigmatic *Mona Lisa*, of the heroic sculptures of Michelangelo and the grandiose paintings of Titian, Holbein, and Botticelli, of the humanist Erasmus of Rotterdam, of Ambroise Paré's humanitarian, compassionate treatment of gunshot wounds, of the physician-humanist Thomas Linacre, who became Henry VIII's personal physician, of Machiavelli, the preceptor of princes, of the years prior to the publication of the finest book in the whole history of medicine, Andreas Vesalius' magnum opus *De humani corporis fabrica*, that prelude to modern science that toppled Galen's simian anatomy by establishing a human anatomy and producing a veritable model for the marriage of science and art. Such were England and Europe in the days of Henry VIII.

Catherine of Aragon

To understand fully the tragedy of Anne Boleyn, one must delve into the sad history of her predecessor, Catherine of Aragon, the first wife of Henry VIII.

Catherine, the youngest daughter of Their Most Catholic Majesties Ferdinand and Isabella of Spain, was a sturdy young damsel with a lively intellect, cheerful disposition, and gracious dignity. She had been betrothed to Arthur, the oldest son of Henry VII and heir to the throne of England, when she was only three years old and was wed in 1501 at the age of fifteen. Even then, Henry, who was only ten years old at the time, made a very deep and pleasant impression upon her. In contrast to Arthur, who was frail, feeble, sickly, and seemingly suffered from tuberculosis like his father, young Henry was athletic, a witty raconteur, a fine dancer, musician, and linguist, a devout Catholic who went to mass twice a day and three times on holidays, a writer of psalms, friend of Erasmus, and a lover of pomp and splendor. It is believed that the marriage between Arthur and Catherine was never actually consummated, despite his statement one morning: "Marriage is a thirsty pastime, last night I was in Spain." But Arthur, because of his frailty and poor health, was not the proper mate for the powerful embrace of such a lioness and he died only four months after the marriage.

A year after the death of Prince Arthur, Elizabeth of York, the wife of Henry VII, died in childbirth. The king, fearing the fate of the Tudor dynasty, which hung on the life of his eleven-year-old son Henry, decided to remarry, his first choice being Arthur's widow. However, for political reasons, Catherine was betrothed to the young Prince Henry and a treaty was signed providing that the marriage be solemnized as soon as he reached his fifteenth year. There was one formidable obstacle: since Catherine had been married to Arthur, a papal dispensation was necessary before she could be united to his brother. Finally, in 1509, after the sudden death of his father, one of the first acts of the new king was to marry Catherine of Aragon.

The royal couple lived happily enough for several years. Shortly after their marriage, Catherine became pregnant but bore a premature stillborn daughter. A year later she produced a son, who lived for only seven weeks. In the following two years she had another son who died shortly after birth and another premature stillborn delivery. Finally, in 1516, she had a daughter who many years later became queen. As time passed and Catherine failed to bear him a son, Henry became consumed with rage and began to turn against her, although he always showed a tender affection for his daughter Mary. Without a male heir, and with Catherine undergoing a premature menopause after another stillborn birth and several miscarriages, Henry completely lost interest in her and began to make her life totally miserable. During these years Henry had grown into a man of athletic physique, over six feet tall, became a great horseman and skillful in the jousts and tournaments that enhanced the pageantry of his reign. In addition he was developing into a youthful yet brilliant statesman and was very popular not only because of his handsome stature and robust nature but also because he had loosened the purse strings of the national treasury that his father had drawn tight for many years, thus allowing money to circulate among the people of England. However, as his disappointment with Catherine became more acute, Henry became increasingly more interested in wine, women, and gluttony, and with mounting dissipation and carousing began to neglect his duties of state. Meanwhile, the French had crossed the Alps and taken Milan, and Francis I had concluded a concordat with the Pope, which made the Pontiff feel safer on his throne vis-à-vis the danger of Henry VIII in England.

Certainly the obstetric history of Catherine of Aragon is dismal: miscarriages, premature stillbirths, and infants dying almost as soon as they were born, with the single exception of Mary who did reach a comparatively advanced age. Although a victim of progeria, and possibly suffering from congenital syphilis, as some authors maintain, Mary died of cirrhosis of the liver and cardiac insufficiency at the age of forty-two, after having several miscarriages during her marriage to King Philip II of Spain.

Numerous indeed are the words that have been written in an attempt to prove that Catherine's unfortunate obstet-

ric record was due to syphilis. Some historians believe that Henry had infected her after contracting the disease either before or during their marriage. Although some authors maintain that Henry had only three mistresses during his marriage to Catherine, let us not forget Henry's vigorous and lustful nature and the thousand opportunities he had for satisfying his erotic cravings with ladies-in-waiting, courtesans, and even serving maids.

A few months after the birth of his first daughter, Henry was already dallying with the married sister of the Duke of Buckingham who hastily forced her, to the great annoyance of the monarch, into a convent to protect her from his libidinous clutches. Eleven years later Henry had the duke beheaded and perhaps the aforementioned irritation played some minor role in the later incident.

In 1514 Henry contracted a skin disease that was treated with lotions, ointments, and poultices; his self-prescriptions against the "French disease," which was then terrorizing Europe, were highly recommended. Disheartened by Catherine's three fruitless pregnancies, Henry embarked on a scandalous liaison with young Elizabeth Blount, which lasted at least five or six years. In 1519, she gave birth to Henry's only illegitimate son, who was called Henry Fitzroy. This made Henry realize that it was possible for him to beget a son.

Other historians believe that Catherine herself contracted the disease from some syphilitic lover before her marriage to Henry. Some even trace the source to the young, dissolute Spanish Franciscan friar Diego Fernández, who was her confessor during her widowhood.

However, there is no extant data to prove that Catherine had cutaneous symptoms of syphilis, nor are there any documents to indicate that she underwent the routine syphilis therapy of those days, namely, intense sweating and mercury treatment. Although the basic argument for her being syphilitic is founded primarily on her obstetric history, if the facts are examined objectively and not through the misty veil of time, it can be realized that Catherine's record, first of all, is not by any means unusual for a woman living in England in the early part of the sixteenth century. Furthermore, her medical record does not agree with that of a known untreated case of syphilis. Also, from available sources it is known that Catherine enjoyed good health during the early years of her marriage and despite her repeated pregnancies was able to join Henry in the exhausting pleasure of feasting, dancing, hunting, which he enjoyed greatly.

Although much information is lacking about Catherine's health, there is a contemporary account of her fatal illness and a report of a postmortem examination made about eight hours after her death by a skilled embalmer who was also a court candlestick maker. The autoptic examination revealed a heart "black and hideous," both externally and internally, with a "round black thing clinging to the outside," which some have attributed to heart cancer. However, if the final years of Catherine's life are examined closely, other conclusions than that she died of conditions precipitated indirectly by acquired syphilis are certainly possible. The divorce, the enforced separation from her daughter, to whom she was deeply attached, and her ill treatment from Henry and his ministers must have caused her untold worry, anxiety, and unhappiness. Considered from this point of view, it is more probable that she suffered a coronary thrombosis, which, with the occlusion of the vessel, the consequent formation of an infarct in the heart wall, and the development of a subpericardial hematoma, produced the "black excrescence" on her heart and explains both her final illness and the autopsy findings.

The Marriage to Anne Boleyn

During the very stormy period of Henry's marriage to Catherine of Aragon, there penetrated into his life a brilliant ray of sunshine in the form of the Boleyn sisters. Mary Boleyn, daughter of Thomas Boleyn, a royal councilor and diplomat, who for many years was an envoy between England and France, where his children were educated, was one of the first of Henry's mistresses. But it was Mary's sister Anne with whom Henry fell madly in love. From the moment he set eyes on this bewitching sixteen-year-old girl with beautiful black eyes and long flowing hair at one of the court revels, his only wish was to possess her. Henry wrote her impassioned love letters, but Anne astutely rejected his promises and blandishments, calculating that if she resisted long enough, the monarch would eventually marry her and make her queen; to that end she used her chastity as bait to lure the impetuous monarch onto the hook of his own lechery.

Finally, Henry resolved to divorce Catherine and petitioned Pope Clement VII to authorize the divorce and his marriage to Anne Boleyn. For six years the Pope withstood Henry VIII's demands and pleas, for he was supported by the mighty Charles I of Spain who was also Charles V, Holy Roman Emperor. In the meantime, since Henry had formally promised to marry Anne Boleyn, she at last consented to abandon her vow of chastity and became Henry's mistress. Shortly afterward, Anne became pregnant. At this time it was also rumored that Henry had had sexual intercourse not only with Anne Boleyn's sister Mary but also with her mother, and it was even whispered, although there is no documentary proof, that Anne was Henry's own illegitimate daughter!

The opposition of the Pope and of a Europe not only subject to the verdicts of the Supreme Pontiff but also scandalized at the conduct of Henry VIII only served to increase Henry's irritation. With that came the fall of Cardinal Wolsey, who had advised the Pope not to annul the union of Henry and Catherine, followed by the break with the Pope, Parliament's naming Henry VIII as Supreme Head of the Church of England, the rise of Thomas Cromwell, and the appointment of Thomas Cranmer as Archbishop of Canterbury. England continued to be Catholic but not Roman Catholic, at the same time that Luther's Reformation was rearing its powerful head in Germany. Encouraged by the astrologers and seers, who were saying that Anne would have a male child, Henry had Archbishop Cranmer declare his "incestuous" marriage with Catherine null and void so that he could wed his beloved Anne. Another law decreed that Anne's children, and not Mary, were to be the legitimate heirs to the throne.

But Anne Boleyn was an ambitious and arrogant woman, greedy for power, and she had never truly loved Henry. Unfortunately for her, it was a daughter that she bore, Elizabeth, under whom England would later enter a golden

age of unparalleled greatness. Henry's disappointment at the birth of a daughter instead of a son was immeasurable and soon he began to turn against Anne with the same fury and violence that he had leashed against Catherine. The people, like the court, detested her as much as they loved the tragic figure of Catherine, then leading a solitary, lonely life. For the first time Anne began to realize the tragedy and terror of her position.

After the birth of Elizabeth the tragedy began to move with tremendous impetus toward its climax. Henry, who was aging rapidly, was turning into an ill-tempered, obese, middle-aged man plagued with hypertension and an unmanageable leg ulcer that periodically caused him violent pain. Anne, young and hungry for male companionship, began to devote herself to a search for lovers, beginning with Sir Henry Norris, one of the king's closest friends, whom she persuaded to become her paramour. During the next two years, Anne Boleyn in a swirling orgy of nymphomania indulged in erotic liaisons with several prominent courtiers, and it was whispered at court that she had even committed incest with her brother, Lord Rochford. Overbearing and outspoken, she estranged everyone at court, treated the greatest peers of the realm despicably, and behaved presumptuously toward her lawful husband whom she had cuckolded so many times. After Anne had had several miscarriages, with no foreseeable hope of producing another heir, Henry became totally enraged with her, perhaps realizing finally the folly of his actions. For her he had forsaken a good and devoted wife and broken relations with the Pope and many of his subjects. Tired and bored with Anne, Henry next entered into a short amorous affair with Margaret Shelton, one of Anne's cousins.

When news of Anne's flagrant infidelities reached Henry's ears through the agency of Thomas Cromwell, the king, in a fury, ordered a private inquiry with the result that the majority of those accused of being her lovers and Anne herself were committed to the Tower of London. During the subsequent trial, in which it was even bruited that Elizabeth was not Henry's daughter but the child of one of Anne's many lovers, five men, including Anne's brother, were convicted and sentenced to death. Only the musician Mark Smeaton confessed under torture to adultery with the queen. On May 17, 1536, the same day that Archbishop Cranmer pronounced Anne and Henry's marriage null, those five men were executed before Anne's eyes, a refinement of cruelty contrived by the tyrannical monarch. Two days later Anne Boleyn was taken to a straw-covered platform in the Tower, where a single sweep of the headsman's broadsword severed the head of the woman who had lost everything, including her life, because she had not known how to be either queen or wife.

Henry's Other Queens

The day following Anne Boleyn's execution, Henry, who was soon to turn forty-six-years old but was already in a state of complete physical and mental decline, became betrothed to Jane Seymour, a former lady-in-waiting to both Catherine and Anne. Two days later they were married and from that union was born a male heir, who would eventually succeed Henry on the throne as Edward VI. Jane Seymour died of puerperal septicemia twelve days after giving birth.

Once again Henry began looking for a wife, impelled as much by concupiscence as by the desire to have more sons. For political as well as matrimonial reasons, he decided to establish an alliance with the Protestant countries, despite the fact that his reformation was still Catholic. Henry thus put aside his disdain for Luther and his doctrines and listened to Cromwell, a rabid antipapist, who advised him to marry Anne of Cleves, sister of the Duke of Cleves who had unified some of the frontier states of Savoy, Flanders, Luxembourg, Burgundy, and Lorraine. Also, it was necessary to silence the increasingly persistent court rumors that he was impotent. Not wishing to wed a woman he had never seen, Henry had the great artist Hans Holbein paint her portrait. Although not totally convinced, Henry nonetheless assented to the marriage.

By that time, however, Henry had changed drastically both physically and mentally. His leg ulcer continually caused him lacerating pains and fevers; he had become sedentary and no longer participated in any of the sports or activities he enjoyed as a young man; he ate voraciously and drank with an inextinguishable thirst so that his weight increased enormously (some say he reached 400 pounds!); he was constantly tortured with headaches, due perhaps to arterial hypertension; yet at the same time his megalomania kept increasing. But when Henry saw Anne of Cleves in person, he felt the world sink under his feet. Anne, then thirty-five, was ugly, with a pockmarked face and skewed jaws, bovine and sickly pale. Although the wedding could not be canceled, a few months after the ceremony Henry had the marriage annulled on the pretext that Anne had previously cohabitated with other men and had formerly been officially engaged to some other prince. For political reasons and possibly because of subconscious rancor at his having contrived the ill-fated marriage, Henry almost simultaneously had Cromwell beheaded.

On the day that Cromwell was executed, just seven months after Henry's marriage to Anne of Cleves, he married a young twenty-year-old girl, Catherine Howard, who had been a lady-in-waiting to Anne of Cleves and with whom he had already had sexual relations. Catherine had had lovers by the time she was twelve and had contracted gonorrhea at thirteen, which prevented her from having any children by Henry. Very young, flighty, and a nymphomaniac, her youthfulness and lusty stamina contrasted with Henry's obese, bloated figure. But when the adulterous affairs of this young wife reached his ears, Henry once again went into a rage of fury, particularly when he learned he had been cuckolded by Thomas Culpepper, a gentleman-in-waiting and one of the favorites at court, and he had them both beheaded.

In the meantime, to combat the rumors of his impotence and his inability to rule England, Henry had embarked on a needless war against France, which greatly impoverished the nation, partly because of the lavish expenditures in outfitting his men and fleet. Also, the religious persecutions at home became fiercer and Catholics, Protestants, and Anabaptists were burned at the stake, and nobles and commoners were beheaded by royal decree.

Henry, who was then fifty years old, was monstrously corpulent and worn out by his diseases, his excessive sexual activities, and his conjugal problems. We may assume that he had, in addition, a terrible feeling of guilt. But

Henry could not live unmarried, for he desperately wanted to have another male heir. Therefore, a year and a half after the execution of his fifth wife, Henry married Catherine Parr, a thirty-one-year-old widow, a beautiful, sweet, and gentle woman gifted with great understanding. In her Henry found a loyal wife, a companion, and a nurse who tended his relentless ulcer until he died. The relationship between them was excellent even as Henry's health continued to deteriorate. His appearance was deplorable, his belly dropsical, possibly because of cirrhosis of the liver, his face the color of papier mâché, his skin edematous, and his tongue swollen. Such was the price the monarch was paying for his dissipated life, his erotic adventures, and his endless greed for the pleasures of the table. Finally, after months of veritable agony, in which his attacks mounted in intensity, compelling him to keep to his bed, Henry VIII died in 1547.

Medical History of Henry VIII

When Henry VIII died, he took to his grave the riddle of a personality that has puzzled historians for more than four hundred years. In all of English history there is no monarch whose character has been more strenuously debated and more variously depicted. Henry VIII has received the entire gamut of human testimony, from absolute praise to total condemnation. Charles Dickens called him "a most intolerable ruffian, a disgrace to human nature, and a blot of blood and grease upon the History of England." On the other hand, the famed British historian James Anthony Froude averred that if Henry "had died previous to the first agitation of the divorce, his loss would have been deplored as one of the heaviest misfortunes which has ever befallen the country. . . . He had lived for thirty-six years almost without blame, and bore through England the reputation of an upright and virtuous King." William Thomas, a contemporary of Henry who knew him well, has acknowledged that the monarch was "one of the godliest men that lived in his time . . . courteous and benign in gesture unto all persons and specially unto strangers." From various other sources we know that Henry was prudent in council, liberal in rewarding his faithful servants and even his enemies, a learned scholar, a gifted musician and linguist, an informed theologian, a good philosopher, and a strong athlete.

There must be some explanation for such diametrically opposed opinions, for no human being can be simultaneously so evil and so good as Henry has been portrayed. There is one fact about Henry's life, however, that is generally accepted by all, namely, that a distinct alteration in his personality occurred during the middle part of his life. Historical evidence suggests that the change began about the time Henry became infatuated with Anne Boleyn and that the years of their association fashioned it and made it permanent. In any event, the obese, ill-tempered, disease-plagued husband of Catherine Howard was certainly a different individual from the charming, spirited, good-natured bridegroom of Catherine of Aragon. As G. K. Chesterton has written: "Henry was popular in his first days, and even foreign contemporaries give us quite a glorious picture of a young prince of the Renascence, radiant with all the new accomplishments. In the last days he was something very like a maniac; he no longer inspired love, and even when he inspired fear, it was rather the fear of a mad dog than of a watch-dog."

A change as profound and permanent as that which affected the personality of Henry had to have been caused by some organic disease, either mental or physical. Since there is no evidence that Henry became insane or that he suffered from a primary disease of the brain, his medical history must be examined in depth to find the answer to the riddle. Throughout the years numerous papers and even entire books have been devoted to the subject. Basically, the salient features of his clinical history are his relative failure to sire healthy children, the ulcer on his leg, the headaches that afflicted him in later life, and the gross corpulence that occurred after the age of forty. Essentially, there are two distinct schools of thought: those who believe that the medical facts indicate Henry suffered from syphilis and those who think he suffered from some other malady.

Syphilis Controversy

One of the most detailed of these studies was that of Frederick Chamberlin who in his book *The Private Character of Henry the Eighth* compiled the complete medical record of Henry and his family, collected from every available testimony of statesmen, ambassadors, and courtiers of the age, and had those documents examined by such eminent physicians as Sir D'Arcy Power and Sir Eardley Holland of London, Dr. John Whitridge Williams of Johns Hopkins, and Dr. Phillip F. Williams of Philadelphia. Among all there was general agreement that the medical evidence is insufficient to demonstrate that Henry ever had syphilis. Two major facts, however, emerged from this comprehensive study: Henry's leg problem, whatever its nature, did not disable him until the last year or so of his life; and Henry never exhibited any physical or mental disorder at all suggestive of any of the late lesions of cerebrospinal syphilis.

Other significant arguments against syphilis that have appeared through the years are that the ulcer was due to varicose veins followed by subacute or chronic osteomyelitis of the tibia; that the miscarriages of both Catherine of Aragon and Anne Boleyn were not the result of syphilis but of toxemia or renal insufficiency; that none of Henry's children, with the possible doubtful exception of Mary, was a congenital syphilitic; and that Henry was an eminently suitable subject for gout. According to one distinguished author, Dr. J. F. D. Shrewsbury of Birmingham, gout, a frequent disease in those days when meat was the food most consumed by the rich and the men at court, not only explains Henry's leg trouble but also the change that came over him in mid life, his excessive corpulence, and indirectly, through its derangement of his renal functions, was responsible for his headaches and, ultimately, his death.

For the faction who maintain that Henry suffered from syphilis, besides the historical fact that the disease was rampant in Europe during the age and the primitive hygiene and casual relations made the danger of infection very great, the most important clinical symptoms were his leg ulcer and his nasal deformity. The ulcer could have begun as a syphilitic gumma, which penetrated to the bone marrow and started a secondary streptococcal osteomyelitis giving the monarch violent pains

when the fistula closed. Also, Henry's difficulties in walking during the latter years of his life might have resulted from tabes dorsalis causing ataxic legs, which perhaps explains the paintings showing the king standing with straddled legs.

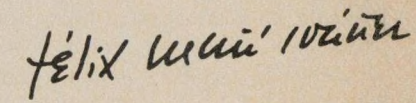
The nasal deformity, which can be observed in full-face portraits of the king, especially those painted by Holbein, show a slight circumscript swelling about the form and size of an almond, reaching from the lower part of the nasal bone to the wing of the nose. The deformity cannot be ascribed to a traumatic lesion, which would have deformed the nasal bone, but may be characteristic of a syphilitic gumma. Also, the deformity appeared in 1536, simultaneously with the leg ulcer, offering strong support for the theory of the syphilitic origin of both lesions. Moreover, if it is true, as some contemporary reports suggest, that the lesion was present on both legs, that would give still stronger support for the diagnosis of *gummata multipla*. Henry's psychological make-up during the last half of his reign, when he had become a burly and obese tyrant, vengeful and cruel, a slave to his carnal appetites, grudges, and uncontrollable furies, shows an increasing egotism, self-glorification, and absence of inhibition in his personal affairs, all characteristics of patients suffering from cerebral syphilis.

However, as many historians have pointed out, each of these indisputable medical facts of Henry VIII's life, when taken individually, neither prove nor disprove a syphilitic infection. In the complex of symptoms there are no extant clinical or laboratory examinations available. As one noted physician, Dr. Ove Brinch of Copenhagen, has summarized the situation: "Obviously it is impossible to diagnose syphilis with absolute certainty on the symptoms and descriptions available. It would, however, be possible to prove or disprove the correctness of this diagnosis by means of examination of the skeleton of the King. A scientific study of his bones would reveal the truth without any possible doubt. In the name of science I appeal to the British authorities, historians and pathologists that the sepulchre of Henry VIII be opened and the bones of the King be subjected to a scientific examination by the relevant specialists. May no prejudice prevent this effort to seek the truth."

This passionate appeal to exhume the remains of Henry VIII and subject them to a rigorous medical examination deserves our fullest approval. Unfortunately, the appeal has fallen on empty ears and no attempt has been made to convert it into a reality, which would enable one of the most important medical secrets to be unraveled. The knowledge of whether Henry VIII was syphilitic would help throw a vivid light not only on his own life but also on that of many others, as well as on his decisions that changed the whole image of a nation and determined its religious future. The archeological and autoptic clinical record of Henry VIII would thus become a delicate instrument for the use of present and future historians of his tragic reign. A precedent for such an examination has already been set. I refer to the exhumation of the skeleton of King Henry IV of Navarre in 1940 by Dr. Marañón. During that dramatic moment History and Medicine totally meshed, explaining through his morphology and pathologic history the living deeds of a monarch who exercised so great an influence on the history of Spain. Why not, therefore, perform a similar examination on the remains of Henry VIII of England and so contribute a scientific solution to the clinical question of his diseases?

L'Envoi

History has not been able to deliver a verdict on this controversial monarch. The important thing is to study the larger history determined by Henry VIII in the light of the smaller clinical history of his private life. Placed next to each other, they yield an eerie but enlightening picture of the tormented life of a man who could have been a great ruler had there not come between his character and the pedestal of historic glory the frailty of his human clay. However, part of Henry VIII's greatness was destined to live after him. His daughter Elizabeth who, fortunately, did not inherit either the "Anne Boleyn" syndrome or the physical defects of her father, became one of the most brilliant rulers the world has ever known.



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