

THE INSANITY OF HENRY VI

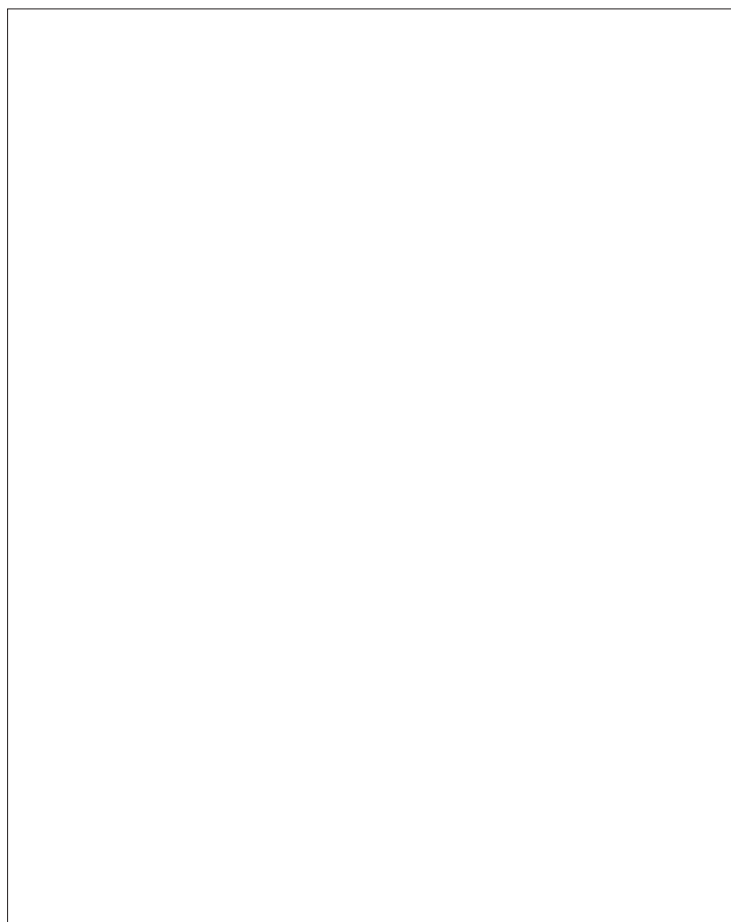
Carole Rawcliffe examines medieval attitudes to madness and the case of Henry VI

Mad kings are all the rage at present. The remarkable success, first of Alan Bennett's stage play, *The Madness of George III*, and then of the widely acclaimed film version, has prompted a spate of newspaper articles and television programmes about the care of the mentally ill in eighteenth century Britain. George was not, however, the first English king to be diagnosed, albeit mistakenly, as insane. Nor was his mental collapse the first to trigger off a major constitutional crisis. Henry VI's long incapacity from late July to December 1454 and his subsequent lapses in the spring and autumn of 1455 had even more dramatic consequences. Indeed, if, as seems likely, he never fully recovered what had at best been a rather tenuous hold on reality, his mental health might reasonably be described as the catalyst which sparked off the Wars of the Roses and enabled Edward IV to take the throne in 1461.

George III's very public and well documented madness provoked a national debate about lunacy, heightened awareness of the problem and, in the long term, probably helped to promote the much-needed asylum reforms of the early-nineteenth century. Few details of his treatment escaped the watchful eye of a parliamentary committee, and the mass of evidence which survives enabled Richard Hunter and Ida Macalpine to 'rediagnose' the king in the 1960s, advancing the theory that he was not mad at all but the victim of a hereditary disease known as porphyria.

This short article does not attempt a similar post mortem. What little is known of Henry's condition from contemporary eye-witness accounts and chronicles has been examined by Basil Clarke in his book *Mental Disorder in Earlier Britain: Exploratory Studies* (Cardiff, 1975). Clarke devotes a chapter to Henry's illness, and concludes convincingly that he had a schizoid personality and that between July 1454 and the autumn of 1455 he experienced one or more major psychotic breakdowns with catatonic interludes. What Clarke does not do, however, is explore the wider ramifications of Henry's illness. It was, he remarks, concealed for as long as possible in both 1454 and 1455. Was this simply a matter of short-term political expediency, or did other, weightier considerations, beyond the immediate demands of the moment enter into the equation? And what of the means employed to treat him? Were they more than a conventional medical response to the problem of maladjusted humours? In order to appreciate the full implications of Henry's collapse and their consequences for the Lancastrian dynasty we should try to understand exactly what insanity meant to medieval men and women.

It is instructive to begin by looking at Henry's grandfather, Charles VI of France, who went spectacularly and violently mad in 1392 and deteriorated thereafter, with increasingly short periods of lucidity between bouts of mania. Clarke was anxious to disprove that Henry's madness was hereditary, and thus confined his attention to King Charles's symptoms. But the most instructive feature of the 1392 incident is not so much the erratic behaviour of the King himself (which may have been exacerbated by the physical effects of sunstroke) as the forceful and often contradictory opinions expressed at the time by other public figures. Their reactions are described in some detail



Portrait of Henry VI by anonymous 16th century artist. No contemporary portraits of the monarch are known to survive. *National Portrait Gallery*

by two contemporary writers, Jean Froissart and a monastic chronicler from the abbey of Saint-Denis. Both writers provide telling examples of the complexity and ambivalence of medieval ideas about mental disorder. Like leprosy, which aroused similar feelings, madness inspired a combination of fear, awe, distaste and compassion, depending very much on the standpoint and background of the observer.

On this occasion, the responses fell into two basic categories: what we might call the 'natural' or 'scientific' interpretation espoused by the medical profession and persons sympathetic to the King, and a far more judgemental view, which saw madness as punishment inflicted by God for wrongdoing. To the Roman Curia, for instance, Charles's lunacy was a just punishment sent from on high because he had presumed to support the schismatic Avignon papacy. Others pointed to his depraved lifestyle. We may note, too, that some favoured a conspiracy theory, claiming that he had fallen victim to spells cast by his enemies, presumably of the kind later to be employed by Eleanor Cobham against the young King Henry. To be on the safe side, both physical and spiritual medicine were deployed: on the one hand,

Charles's physicians tried to restore his humours to a reasonable balance through diet, rest, drugs and purgation, while on the other messengers were despatched to various shrines to procure holy relics. Treatment of the body and the soul ('the two medicines') commonly proceeded in tandem. The notion of addressing pathological symptoms alone would have seemed pointless, especially in a case of madness, the most terrible of all afflictions.

Diseases of the soul

The intimate connexion between illness and sin, made throughout the medieval and early modern period, had been clearly established by St Augustine of Hippo (d.430), whose ideas about the Fall of Man had a profound influence on the perception of disease and the human body for well over a millennium. In *Paradise Lost*, for example, John Milton lists the horrors inflicted upon the world because of Eve's 'inabstinence', noting among them 'daemonic phrenzy, moping melancholy and moon struck madness'. According to one source, Charles VI's courtiers were so desperate to cure him that they called upon the owner of a magic book, named the *Smagorad*. This, the sorcerer claimed, had been copied from one given by God to Adam as a means of recovering 'what he had lost through Original Sin'. In other words, it promised health, sanity and eternal life. To the burden of suffering and sin carried by every member of the human race from birth was added an additional, more personal load incurred by the individual and perhaps also inherited from his or her immediate forebears. That physical or mental ills spread from a diseased soul found formal expression in a ruling of the fourth Lateran Council of 1215 which instructed each and every physician

Since bodily infirmity is sometimes caused by sin ... we declare in the present decree and strictly command that when physicians of the body are called to the bedside of the sick, before all else they admonish them to call for the physician of souls, so that after spiritual health has been restored to them, the application of bodily medicine may be of greater benefit, for the cause being removed the effect will pass away.¹

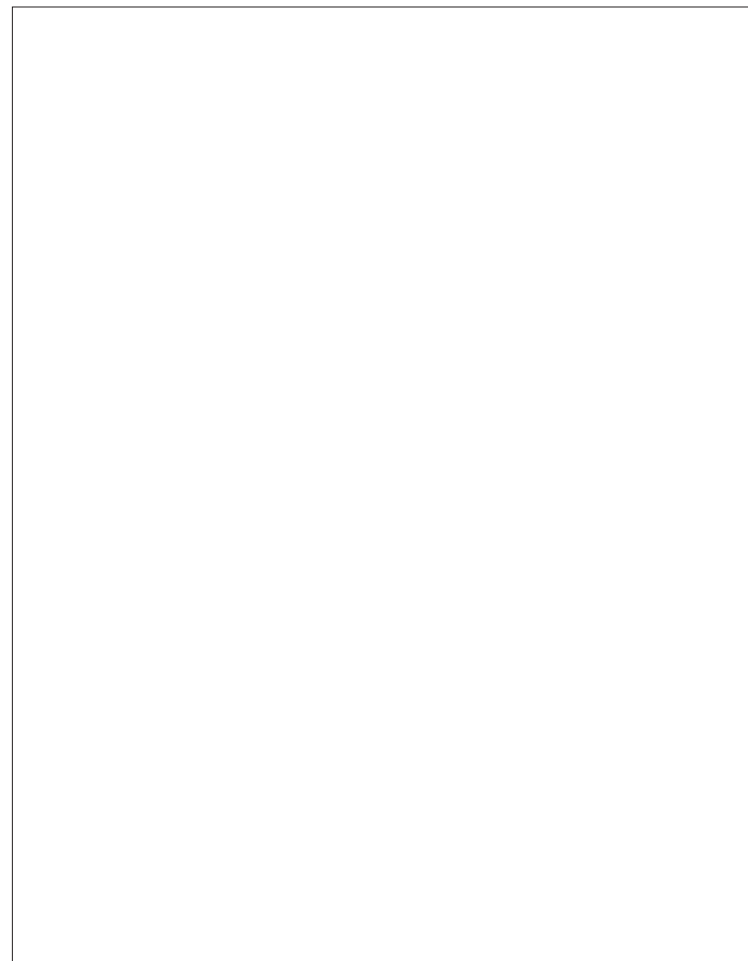
Of all the diseases and infirmities to which man was heir, leprosy and madness incurred by far the greatest stigma. Each in its own particular way defaced the image of God in man: in the case of leprosy the body was disfigured, while insanity sprang from a loss of reason, which distinguished humanity from brute beasts and gave it moral sense. Wantonly to destroy one's reason through evil living was, indeed, a terrible crime.

Leprosy was commonly, but not always, associated with the two sins of lechery and pride. The Old Testament provided moralists with cautionary tales of men and women made leprous because of their arrogance or incontinence: King Uzziah's presumption in taking the place of the priest in the temple had, for example, been promptly and terribly punished by the disease. So too, rumour maintained, had Henry IV, an even more audacious usurper, after ordering the execution of Archbishop Scrope in 1405. Henry was dogged by ill-health for much of his reign, probably because of chronic heart disease, which restricted his movements but did not prevent him from appearing on some state occasions. Even so, reports that he had been hideously deformed by leprosy were already circulating in France when he died, in 1413, and no doubt gained credence among those who remembered the fate of his predecessor, Richard II. Circumstantial details were recorded later. The fullest account of how he was suddenly struck down at the very moment of Scrope's decapitation may be found in the *Loci e Libro Veritatem* of Thomas Gascoigne (d.1458), whom Henry VI's biographer, Ralph Griffiths, has described as a 'disillusioned and soured intellectual', embittered by his failure to secure ecclesiastical preferment.

From the same acid pen comes the tale of John of Gaunt's deathbed interview with King Richard, a tale so shocking that Gaunt's first biographer, Sidney Armitage-Smith, writing in 1904, felt that it must be discussed, as well as reported, in Latin so as to spare the sensibilities of his less erudite readers. Needless to say, he rejected outright the slur that putrefaction had spread throughout the duke's body from his rotting genitals, and that he had shown the offending parts to Richard as a solemn warning of what 'the exercise of carnal intercourse with women (*exercitium copulae carnalis cum mulieribus*)' could do to a man. Anthony Goodman, whose less inhibited biography of the duke appeared in 1992, believed that Gaunt possibly did contract some form of venereal disease; and suggests that his confessor, Thomas Langley (d.1437), may well have known this. He points to a depiction of Gaunt in the St Cuthbert window of York Minster, which Langley commissioned while he was dean of York (below). Not only does he appear drawn and sickly, but more to the point, he is shown reading the first verse of the thirty-eighth Psalm. This continues:

There is no soundness in my flesh because of thine anger; neither is there any rest in my bones because of my sin ... My wounds stink and are corrupt because of my foolishness ... For my loins are filled with loathsome disease; and there is no soundness in my flesh ... My lovers and my friends stand aloof from my sore; and my kinsmen stand afar off.

Stories that the founder of the Lancastrian dynasty had been pierced, as the psalmist might have said, by the divine arrows of retribution for sexual incontinence (and no doubt pride, too), were thus evidently current well before Gascoigne began writing in the 1450s. And rumours about his son's leprosy had already reached a



Above, a repentant John of Gaunt contemplates his sinful past in this stained-glass image from the St Cuthbert window of York Minster. York Minster Library

wide audience on both sides of the Channel. Although no explicit attempt was made by Yorkist propagandists in the 1450s to develop the theme of a dynasty cursed by God, the idea of children suffering for their parents' or grandparents' sins was so fundamental to medieval thought that to do so would have been to state the obvious. It would also, in this instance, have been treason. None of the assembled lords who heard Richard of York's speech to the Parliament of 1460, in which he advanced his own title to the throne, can have missed the significance of his choice of metaphors. One after another, they refer to disease and decay:

I, beyng the partye greved, and complaynaunt, cannot minister to my self the medicine that should helpe me (as expert leches and chyirurgians may) except you be to me both faithful ayders, and also trew counsaylors. Nor yet this noble realme, and our naturall countrey shall never be unbukeled from her quotidian fever, except I, as the principall physician, and you, as trew and trusty appotecaries, consult together, in maykng of the pocion, and trye out the clene and pure stuffe, from the old, corrupt and putrified dregges. For, undoubtedly, the rote and botome of this long festered cankar is not yet extripat.²

As Charles VI of France's enemies gleefully maintained, and theologians repeatedly warned, even the most 'natural' or 'scientific' explanation for madness could usually be traced back to an original act of depravity or self-indulgence, if not by the lunatic himself then by his forebears. 'Natural' in the medieval context almost always meant an excess of one particular humour: too much choler would cause frenzy or dementia, too much black bile resulted in melancholia, and too much phlegm would give rise to stupor or catatonic trances of the kind experienced by Henry VI. Wrath, drunkenness and gluttony produced the fumes and miasmas likely to provoke violence, while undue sorrow, which implicitly questioned the will of God, caused depression.

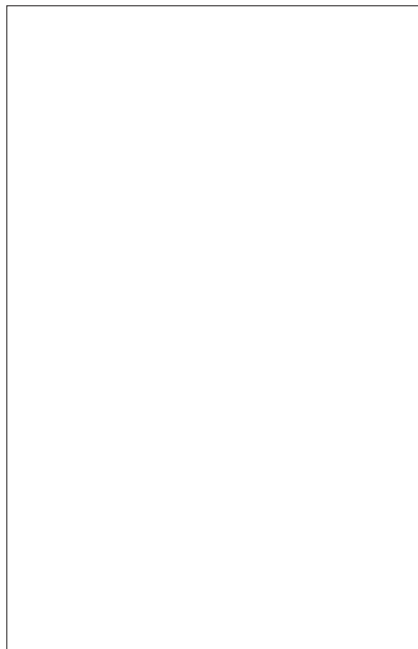
Wayward humours

From the time of Hippocrates onwards, medical authorities urged men and women to keep the balance of their humours in check through careful attention to diet, exercise and other external factors, such as the avoidance of stress. It was generally assumed that each individual would be predisposed by a combination of heredity and circumstances towards a particular temperament. The adjectives 'sanguine', 'choleric', 'phlegmatic' and 'melancholic' were originally a type of popular medical shorthand employed to describe these

tendencies and proved so pervasive that we still employ them today (figure 2.) Preachers often used examples from humoral theory to explain points of doctrine in an accessible, interesting way: one French theologian, for instance, described 'spiritual leprosy' in terms of the impurities generated by lust, avarice, pride and simony.

A remarkable degree of self-control, as well as a robust constitution, was therefore required to avoid serious illness. Both medical and spiritual advice would be given to members of royal or aristocratic families by a resident physician whose primary duty was to prevent his patient from falling sick in the first place. If such counsels failed, a course of treatment designed to purge the body of corrupt or evil humours would be devised, often involving the use of laxatives, baths, poultices and phlebotomy, but also relying heavily upon prayer, the invocation of saints and, where possible, recourse to shrines or relics. When Henry VI's grandfather went mad, envoys were dispatched to pilgrimage centres noted for reputed cures of the insane. Prominent among them were the shrines of St Acacius, an early Christian martyr who promised his devotees health of mind and body, and of St Hermes, whose tomb at Renaix in Flanders attracted lunatics and their keepers from all over Europe. Yet some maintained that a life of prayer and abstinence would have served King Charles to even better effect. By the same token, although astrological forces were perceived to exert a powerful influence upon the state of the humours, the good Christian was expected to combat malign planetary agencies through clean living and regular attendance at church.

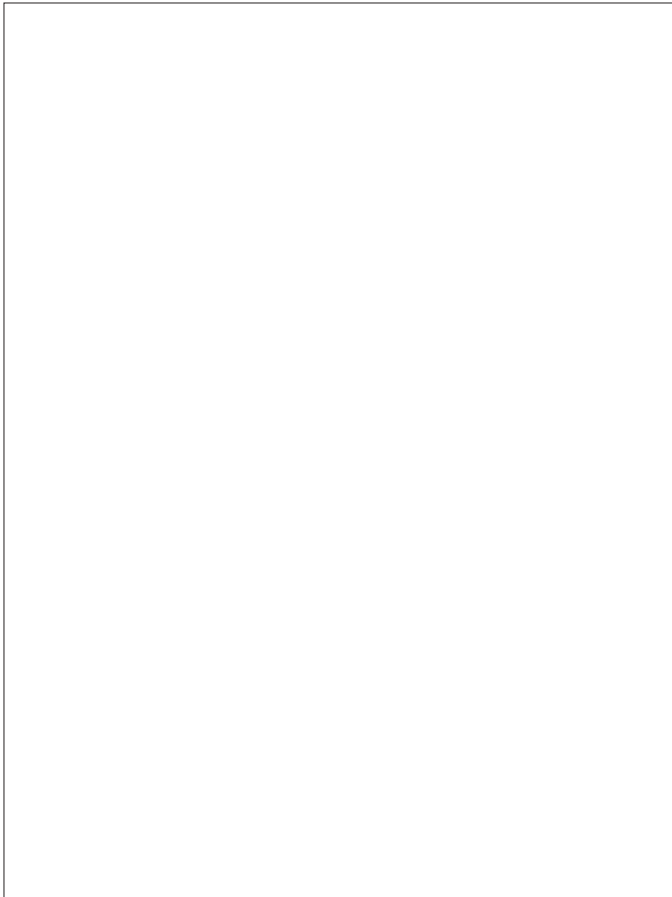
That lunatics were incapable of making a proper confession rendered their predicament all the worse in medieval eyes. Extreme penance, in the form of a starvation diet or even physical violence, could be imposed to atone for sin (and in cases of dementia, which was often attributed to demonic possession, help drive out the demons themselves), but the vital element of free will was clearly absent. From childhood onwards, Henry had displayed a simple but intense piety. Already, by the time of his first collapse, a combination of religious zeal, naiveté and detachment from the ugly world of politics ensured that he would be spared the calumnies which had been heaped upon his grandfather, the profligate King Charles. Yet even if his sins were venal rather than mortal, the intercession of the saints still seemed desirable. Mindful of Henry's especial devotion to the Holy Name of Jesus and his Five Wounds, in 1445 the Franciscan, John of Capistrano, who was himself eventually to be canonised, sent the King a precious consignment of relics. They came from the body of his



Far left, humoral types portrayed in the late fifteenth-century book of the Barber Surgeons of York. Phlegmatic man stands in the bottom right-hand corner.

Left, the surgical treatment of humoral problems often required cauterization or cupping, as depicted in this fifteenth-century medical compilation.

British Library Department of Manuscripts



Above, Diana shoots arrows of madness from the moon, striking men and women who fall under her sway. Taken from *L'Epistre d'Othea* of Christine de Pisan. *British Library Department of Manuscripts*

teacher, St Bernardino (d.1444), a votary of the new cult, who had been prominent in the denunciation of witchcraft.

Careful attention was also paid to the royal body. The principal task of the physicians and surgeons appointed to treat King Henry in 1454 and 1455 was to restore his humoral balance (figure 3). In accordance with the best medical teaching of the day, they were to administer:

Electuaries. potions, distilled waters, syrups, confections, laxative medicines in whatever form seems effective, clysters [enemas], suppositories, medicines for clearing the head, gargles, baths, either complete or partial, poultices, fomentations, embrocations, shaving of the head, ointments, plasters, waxes, cupping, with or without cutting the skin and inducements to bleeding, in whatever way may best be arranged.³

Diet, 'the first instrument of medicine', would have assumed particular importance, the principal aim being to eliminate the cold, wet humours associated with 'stupor', while at the same time soothing the patient with temperate, fortifying dishes such as chicken broth.

A careful examination of the known facts of Henry's earlier life, before he first went mad, suggests incipient schizophrenia to modern medical historians. To his contemporaries he may already have displayed signs of a potentially dangerous humoral imbalance. Was this further evidence that the Lancastrian dynasty had, indeed, been cursed for its presumption? In looking at Henry's medical record as a young man, historians tend to assess his health by twentieth-century rather than medieval standards, and assert that he gave no real cause for concern until 1454. Yet Henry presents a classic example, almost a caricature, of 'phlegmatic man', and this in itself must have posed a problem to his advisors. Born (on 6 December 1421) at a 'phlegmatic' time of the year, and vulnerable to the influence of the moon, Henry seemed doomed from birth to a completely different temperament from that of his warrior father. Such a nature was essentially feminine:

watery, changeable, cold and unstable, like the moon, the planet so closely associated with madness that *she* gave her name to lunacy (back page). When Charles VI's physician, Guillaume de Harsley, began treating the king, in 1392, his first step was to 'dry out' the royal complexion, which he considered to be excessively moist.

Medical authorities, philosophers and poets were at one in their description of the phlegmatic man. He lacked passion, hated violence, was withdrawn and forgetful, and had a pallid, often childlike face. Significantly, childhood was held to be a phlegmatic stage in the life-cycle, which involved a gradual process of desiccation from the watery environment of the womb to the dust of the grave. To be born with such an imbalanced humoral complexion was a cross for any man to bear: for a king it was tantamount to disaster. Treason trials held in 1442, 1444 and 1447 hinged in part upon disparaging references to Henry's simplicity and childlike appearance (figure 5). These cannot necessarily be taken at face value, but it would be hard to deny that his character and demeanour came uncannily close to the contemporary medical stereotype.

Although intended to provide evidence of Henry's saintliness, and thus, implicitly, to counteract far less flattering interpretations of his mental collapse, the short memoir compiled by his confessor, John Blacman, describes a pattern of behaviour to be found in any contemporary encyclopaedia or medical reference work under the general heading of 'superflyte of flueme'. Even allowing for the author's hagiographical approach, King Henry emerges as a man of few words and long silences, sometimes careless about his appearance, slow of speech, monkishly naive and as terrified of women as he was of physical violence. If, as seems possible, he appeared to teeter on the edge of a humoral precipice well before 1454, concern lest an unfavourable conjunction of the planets or other occult force might push him over the brink must have been considerable. Attempts by Elanor Cobham, the wife of Henry's uncle and next heir, and her medical advisors to cast horoscopes forecasting the young King's illness and death, in 1441, may well have occurred at a time when fears about his health were already growing: certainly, his own physician, John Somerset, moved quickly to commission an alternative and more optimistic reading of Henry's stars.

By 1456, the royal medical staff needed more than a new set of astrological tables to convince the court and the country that all was well. The exigences of the political situation were, however, such that no stone could be left unturned. The more assertive Henry's wife, Margaret of Anjou, became, the more effeminate and feeble Henry appeared, especially as he now slept for increasingly long periods. Slowness and a desire for sleep were seen as quintessentially 'phlegmatic' characteristics, dangerously close to the sin of sloth. ('For a verry fleumatik man is in the body lustles, hevy and slow; dul of wit and of thought, forgetful ... whitliche in face, ferdeful of herte ... ful of slouthe and of slepinge.') Although Henry's advisers attributed his tiredness to the wound inflicted upon him in 1455 at the Battle of St Albans, their diagnosis grew less tenable with the passage of time.

The resort to alchemy

Faced with the very real prospect that Henry might once again fall into a catatonic stupor, the government turned to alchemy as a possible solution both to his humoral imbalance and the equally precarious state of its own finances. The grant of licences to practise alchemy (which had been made illegal in the reign of Henry IV) to three of Henry's medical advisors has either been dismissed by medical historians as a strange aberration or seen as an instance of mistaken identity. It was nothing of the sort. The belief that health and longevity could somehow be assured 'bi power of astronomye, alkamye and prospectief and of scinces experimental' had been current in academic

circles since the days of Roger Bacon (d.1294), and understandably continued to fire the imagination of those who followed in his footsteps. Among the many remarkable attributes of the magic book used to treat Charles VI when he went mad was the power it gave its owner over the four elements and all the heavens: here, too, alchemy seemed to offer the hope of a cure. The draft letters patent awarded to Henry's physicians likewise outlined the many direct medical benefits expected to accrue from their researches. Clearly, fears for the King's sanity and apprehension that another crisis might be on the way had inspired the quest for:

A most precious medicine which some have called the mother of philosophers and Empress of medicines; others have named it the inestimable glory; others, indeed, have named it the quintessence, the philosophers' stone, and the elixir of life; a medicine whose virtue would be so efficacious and admirable that all curable infirmities would be easily cured by it; human life would be prolonged to its natural term, and man would be marvellously sustained unto the same term in *health and natural virility of body and mind, in strength of limb, clearness of memory and keenness of intellect...*⁴

The search proved futile. Henry remained feeble-minded and the government's economic problems continued to grow worse. But all was not lost. Just as leprosy might sometimes be seen as a mark of divine election – an act of grace which permitted certain chosen individuals to suffer purgatory on earth and thus ascend directly to heaven – so too madness was occasionally equated with sanctity. Attempts to portray Henry in his lifetime as a 'holy fool' and to promote his canonisation once he was dead cannot simply be dismissed as a cynical ploy by supporters of the House of Lancaster to counter insidious rumours about disease and decay. Yet the cult of King Henry, which was zealously promoted by Henry VII and enjoyed widespread popular support, constituted an important weapon in the armoury of Lancastrian, as well as Tudor, propaganda (figure 6).

Medieval attitudes to disease were complicated and often contradictory, with the result that one man's sinner might be another's saint. For Henry's biographer, John Blacman, the King's withdrawn, introspective behaviour was a manifest proof of divine election rather than punishment. He notes, for instance, that Henry 'was wont almost at every moment to raise his eyes heavenward like a denizen of heaven or one rapt, being for the time not conscious of himself or of those about him, as if he were a man in a trance, or on the verge of heaven'. The visions and voices, often experienced by schizophrenics, grew more insistent during the traumatic period before Henry's death, in 1471, while a prisoner in the Tower of London; and they, too, could be turned to political advantage. Already, the King's devoted supporter, Sir John Fortescue, who had gone into exile with him after Edward IV's seizure of the throne, had taken the offensive with propaganda about Henry's personal sanctity and the sacerdotal powers bestowed upon him at his coronation. Only he, as lawful King of England, could cure others by touching for scrofula; and only he served as a conduit for God's healing grace:

At the touch of his most pure hands you can see even today sufferers from the King's Evil, including those despaired of by physicians,

Above, pewter badge worn by a devotee of the cult of Henry VI. During the late-fifteenth and early-sixteenth centuries, Henry was credited with many posthumous miracles of healing, and (largely for political reasons) came near to being canonized. *Museum of London*

recovering their longed-for health by divine intervention; and this redounds to the praise of the Almighty. For it is from divine grace that the grace of health proceeds. Those who witness these deeds are strengthened in their loyalty to the King, and this monarch's undoubted title to the throne is thus confirmed by divine approval.⁵

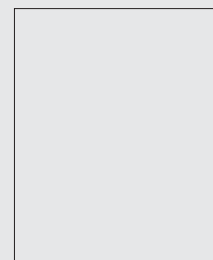
The question of Henry's spiritual and physical wellbeing, and that of his immediate forebears, too, provoked theological as well as political debate. Opponents of the House of Lancaster found valuable ammunition to use against their enemies, while the King's supporters did their best to make insanity seem like holiness. One thing is certain: if we wish to understand what illness meant to medieval men and women, we should look at it through their eyes rather than our own.

Notes

- ¹ D.W. Amundsen, 'The Medieval Catholic Tradition', in *Caring and Curing, Health and Medicine in the Western Religious Traditions*, ed. R.L. Numbers and D.W. Amundsen (London, 1986), pp. 88-89, and generally for the religious background.
- ² Edward Hall, *Hall's Chronicle Containing the History of England during the Reign of Henry the Fourth and the Succeeding Monarchs* (London, 1809), p.245.
- ³ *Foedera, Conventiones, Litterae et cuiuscunque Generis Acta Publica*, ed. T. Rymer (20 vols, The Hague, 1704-35), vol. V, part 2, p.55.
- ⁴ D. Geoghegan, 'A Licence of Henry VI to Practise Alchemy', *Ambix*, VI (1957-58), pp.15-16.
- ⁵ M. Bloch, *The Royal Touch: Sacred Monarchy and Scrofula in England and France*, trans. J.E. Anderson (London,1973), pp. 65, 313.

Further reading

- B. Clarke, *Mental Disorder in Earlier Britain: Exploratory Studies* (Cardiff, 1975)
 P.B.R. Doob, *Nebuchadnezzar's Children: Conventions of Madness in Middle English Literature* (Yale, 1974)
 V. Green, *The Madness of Kings: Personal Trauma and the Fate of Nations* (Stroud, 1993)
 R.A. Griffiths, *The Reign of King Henry VI* (London, 1981)
 M.R. James (ed.), *Henry the Sixth: A Reprint of John Blacman's Memoir* (Cambridge,1919)
 P. McNiven, 'The Problem of Henry IV's Health, 1405-1413', *English Historical Review*, C (1985), pp. 747-72.
 R. Porter, *A Social History of Madness* (London, 1987)
 C. Rawcliffe, *Medicine and Society in Later Medieval England* (Stroud, 1995)
 B.P. Wolffe, *Henry VI* (London, 1981)



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