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# DE MILITIS MAGNI CORPORE

BEING AN ACCOUNT OF THE MEDICAL HISTORY, DEATH AND NECROPSY IN THE CASE OF THE VENERABLE IGNATIUS OF LOYOLA (1491-1556), GENERAL OF THE COMPANY OF JESUS

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CIVILIZATION is replete with instances in which disease has so modified the course of history that at times it seems almost the major natural determinant of man's progress. It has scuttled navies, destroyed armies, razed cities, and devastated nations. Even on an individual scale, it is often impossible to assess the far-reaching effects on mankind of the illness, infirmity, injury, or death of an important personage. How would the story of man be written had Alexander the Great not prematurely died of a febrile illness at the height of his power? Had Caesar not been stabbed? Had Napoleon been free of a gastro-intestinal disease?<sup>1</sup> Had Lincoln not been shot? It is against such a background that the medical history of Ignatius of Loyola may be considered, for the army which he commanded has outlived many and out-fought all.

Ignatius, the last of eleven children, was born in 1491 at the fam-

ily castle of Loyola in the Province of Guipuzcoa, Spain. Of his early medical history little is known save the fact that as a member of a noble Basque family he probably enjoyed better nutrition and general health than many of his less privileged fellows. Certainly he had no gross physical disabilities because he freely chose and lustily pursued a military career in a day when victory in combat was still largely the result of individual prowess and conditioning. And so, at age 30, we find him defending the citadel of Pamplona, the capital of Navarre, against the attacking French. But already man's ingenuity for self-destruction had made remarkable progress and the cannon was conquering the cuirass.

On May 20, 1521,<sup>2</sup> in the full vigor of his martial life, Ignatius sustained the battle injury which molded more than any other event the course of his life and that of countless others. Accounts of the precise mode of wounding vary.

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<sup>1</sup>The familiar Napoleonic pose has been attributed to his attempt at assuaging the epigastric distress of a peptic ulcer by manual pressure. Although this may be somewhat apocryphal, no less an authority than Berkeley Moynihan has subscribed to it. On the basis of a painstaking investigation Lord Moynihan has also discredited the theory that the famous exile's death on St. Helena was due to gastric carcinoma.

The soldier himself is said to have stated that a cannon-ball passed between his legs, injuring both.<sup>3</sup> However, a casualty's version of the mechanism of trauma sustained in the heat of battle may often be unreliable. More objective accounts<sup>4</sup> appear to indicate that the left leg was struck by a stone detached from a wall by the cannon-ball, while the ball itself, "by a fatal rebound, struck and shivered the right." The wound of the left lower extremity was by far the less severe and there is reason to believe that it involved only the soft tissue on the medial aspect of the lower thigh. No special surgical attention was rendered it and there is no mention of a persisting disability in Ignatius' later life. It probably healed slowly by secondary intention despite the topical medications favored by surgeons of the day. The injury to the right leg, however, was an extremely grave one which even today would be fraught with danger. Ignatius appears to have sustained a compound comminuted fracture of the proximal third of the right tibia with antero-superior displacement of the distal fragment. "Twenty pieces of bone" are said to have been removed from the wound by

<sup>3</sup>Also stated to be the Monday after Pentecost, 19 May 1521. Cf. Bartoli, D.: *History of the Life and Institute of St. Ignatius de Loyola, Founder of the Society of Jesus*, Edward Dunigan and Brother, Catholic Publishing House, New York, 1855.

<sup>4</sup>Gonzales' account, quoting Ignatius, cited by Rose, S.: *St. Ignatius Loyola and the Early Jesuits*, Burns and Oates, Ltd., London, 1891.

<sup>5</sup>Ribandiera's account, cited by Rose, *op. cit.*

the French surgeons who reduced the fracture and in general accorded the prisoner the best care available under field conditions.

The patient's condition remained precarious for a period of twelve to fifteen days, at the end of which time it was decided to evacuate the casualty to Loyola for more definitive treatment, since "the gravity of his wounds rendered it necessary to obtain more skillful advice than could be procured in the army." But on arrival at Loyola reduction of the fracture was found to have been lost. It was speculated that the patient had been moved too soon or that the limb had been poorly immobilized.<sup>5</sup> Open reduction was performed without anesthesia. Post-operatively the patient deteriorated, with fever, anorexia, and weakness, undoubtedly due to sepsis. Nevertheless, osteomyelitis either did not supervene or was extremely benign since the wound finally healed without sinus formation. The initial removal of the devitalized bone fragments appears to have been well-considered. After a long period of convalescence, constitutional symptoms regressed and the patient's general condition stabilized. There was considerable shortening of the right lower extremity, with anterior and proximal displacement of the distal tibia, a portion of which was exposed and protruded anteriorly to the level of the knee. Bony union was good and the extremity was serviceable.

<sup>5</sup>Genelli: *Life of St. Ignatius of Loyola*, Benziger Brothers, New York, 1917.

But to the young soldier the prospect of limping and of being unable to wear the fashionable tight hose of the era was a glum one. And so began what he later mocked as his "martyrdom of vanity." At his urgent request, the understandably reluctant surgeon rongereed the exposed bone and performed an osteotomy at the fracture site, again without anesthesia. "During the whole operation he supported his sufferings with such perfect equanimity and so impassive a countenance, that one might have supposed him to be a dead body given up to the dissecting-knife, rather than a living being undergoing the most acute torture." Following the surgery, increasing traction was applied daily by means of an "iron machine" in order to secure lengthening. The precise nature of the apparatus is not known but apparently such instructions were in general use at the time. Ambroise Paré, writing in the same period, was acquainted with their application. His observations, reflecting the fracture doctrine of the time, are of interest: "But if the bone be dislocated or forth of joynt, then presently after the extension thereof, it will be requisite to bend it somewhat about, and so to draw it in. The Surgeon is sometimes forced to use engines for this worke, especially if the luxation be inveterate, if the broken or luxated bones be great; and that in strong and rustick bodies, and such as have large joynts: for that then there is need of greater strength, than is in the hand of the Surgeon alone. For, by how much the

muscles of the Patient are the stronger, by so much will they be contracted more powerfully upwards towards their originals."<sup>6</sup> But the end result of the "martyrdom of vanity" was not ideal. Although the gross deformity was largely corrected, Ignatius was left with permanent shortening of the right lower extremity and limped noticeably for the remainder of his life. It was only during his convalescence from the elective surgery that he seriously undertook the soul-searching which was to bear such fruit for himself and others. Perhaps the inept surgeons were more important instruments of God's grace than were the skilled French cannoners.

The subsequent life of Ignatius was marked by generally poor health, with recurring episodes of abdominal pain and fever. Despite what has been variously described as his "habitual indisposition" and "usual debility," he pushed forward relentlessly with his education, travel, and austerities. From April, 1522 to January, 1523 he remained at Manresa, at times working as a menial in the local hospital. He was in close attendance on patients ill of plague and other communicable diseases and, although there is no evidence that he contracted any illness by such contact, fever and abdominal pain were especially severe during this interval. In addition, he experienced a brief reactive depression

<sup>6</sup>Keynes, G. (ed.): *The Apologie and Treatise of Ambroise Paré, Containing the Voyages Made into Divers Places with Many of his Writtings upon Surgery*, The University of Chicago Press, Chicago, 1952.

from which he made an uneventful recovery. In July, 1523, having reached Venice, Ignatius booked passage for Jerusalem, sailing despite a prostrating bout with fever. Returned from his disappointing venture in the Holy Land, he worked in Barcelona during 1524. Here his activities so disturbed certain elements that he sustained two beatings intended, no doubt, to serve as a warning. However, the ex-soldier was not readily deterred by physical violence. As a direct result of his role in the affair of the Convent of the Angels, he was again attacked, this time by two Moorish slaves. The pawns served their master well and Ignatius, bruised and battered, was left with a cerebral concussion. His companion is said by some to have died as a result of the assault. But Ignatius, after a stormy convalescence, resumed his labors. Never entirely well, episodes of abdominal pain and fever dogged him at Alcalá, Salamanca, and Paris. With ill-health probably the least of his obstacles, Ignatius finally achieved his goal, a goal which, paradoxically, was far different from the one he had visualized in the cave at Manresa. In April, 1541, he became the first commander of the Company of Jesus, with headquarters in Rome and lieutenants from Germany to Japan.

Victory assured, the scarred body of the old soldier finally began to crumble. In early July, 1556, Ignatius became more feeble. Rome at the time was at war with Naples and her carousing troops made rest impossible. Ignatius de-

sired to retire to a house belonging to the Society, situated between Santa Balbina and the baths of Antoninus. His fellow-Jesuits, however, felt that the air of that uninhabited quarter of the city might prove injurious to his health. Ignatius consulted his friend and physician, Alexander Petronius, who inspected the area and expressed the opinion that the air was by no means unhealthy. It is evident that malaria ("bad-air") was the disease which was feared for the Roman marshes had bred infected mosquitoes since the time of Caesar. On his physician's advice, Ignatius accordingly departed for the retreat but soon returned to the infirmary at Rome. His condition had somewhat declined but his medical attendants felt that additional rest was all that was required. Because of a low-grade fever, "some trifling remedies" were prescribed. The fever persisted for four to five days but the patient's status occasioned no undue concern. Petronius was more optimistic than Ignatius, who knew that his earthly exile was nearly over. Early in the morning of July 31, 1556, he quietly expired. Little reliable evidence is at hand regarding the nature of the final illness but it has generally been considered to have been *perniciosa* (malaria).

Autopsy was performed in the presence of Ignatius' companions. Father Polanco, his secretary, described the findings in a general letter to members of the Society notifying them of their leader's death. "It was necessary to have recourse to autopsy, in order to

LINACRE QUARTERLY

embalm the body; and this examination afforded us fresh cause for edification and astonishment. The intestines were found to be completely dried up; the result, according to the opinion of the physicians, of his long abstinences. . . . His liver, already hard and dried up, also contained several stones, another effect of his constant fasting." Among those present at the necropsy was Matteo Realdo Colombo (1516-1559), the eminent anatomist who had succeeded Vesalius as professor of anatomy at Padua in 1544 and who was currently physician to Pope Paul IV. He has described the gross pathologic findings.<sup>7</sup> "Furthermore, I have had occasion to remove with my own hands virtually countless multi-hued calculi from the kidneys, lungs, liver, and portal vein, as in the case of the Venerable Ignatius, General of the Company of Jesus, whose autopsy you and Jacob Bonus witnessed personally. For I encountered small stones in

<sup>7</sup>Colombo, M. R.: *De Re Anatomica. Liber XV: De his quae Raro in Anatomia Reperiuntur, ex Typographia Nicolai Beuilacuae Tridentini, 1559.*

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August, 1957

ureters, bladder, colon, hemorrhoid veins, and umbilicus. And in the gall bladder, which was removed, there were numerous calculi of various colors and shapes."

In the light of present knowledge it would seem feasible that the urinary tract lithiasis may have followed the prolonged immobilization to which Ignatius had been subjected following his compound fracture at Pamplona. There seems little doubt that the episodes of abdominal pain and fever were related to the calculous cholecystitis and the appearance of the liver at necropsy suggests that biliary cirrhosis may have been the end result of repeated bouts with obstructive cholangitis and cholangiolitis. It is perhaps not remarkable that Ignatius was unable to withstand the terminal onslaught of malaria. What is remarkable is that a severely wounded war veteran, chronically ill, frequently febrile, and poorly nourished, should have been able to perform such enduring work for his God and for his fellowmen.