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John Hall and his epileptic patients—epilepsy management in early 17th century England

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John Hall, a physician, practised in Stratford in the early 17th century and was the son-in-law of William Shakespeare. During his career he kept records of his patients (in Latin) which he may have been preparing for publication when he died. Despite his instruction for them to be destroyed some were later translated into English and published by another physician. The case records were popular and have recently been reprinted with a commentary¹. We have searched the case records for descriptions of epilepsy and examined the treatments offered (and the attitudes to) this condition in early 17th century England. Treatment consisted of standard remedies ('fumes' of hartshorn and extracts of peony) related to the Galenic system of medicine, plus individual remedies. Interestingly, there is no evidence that the condition was stigmatized.

Key words: Elizabethan medicine; John Hall; epilepsy.

INTRODUCTION

This paper is based on a reading of Joan Lane's seminal book¹: we have concentrated on the description of epilepsy practice within John Hall's records but anyone with an interest in the art of medicine should read the whole book for a unique insight into the mind of a 17th century physician.

John Hall, born about 1575, the son of a country physician, probably trained as a physician abroad (some authorities suggest the University of Montpellier), returned to England and is known to have been in Stratford in 1607 when he married Susanna Shakespeare—Shakespeare's only daughter. He remained in Stratford for the rest of his life, dying fairly suddenly in 1635 (only just having time to make a will).

There were four categories of qualified medical practitioners in the 16th century: physicians (who held the M.D. of a recognized university—a kind of medical consultant of their day); surgeons; apothecaries (who sold medicines in shops and made up prescriptions); and finally practitioners licensed by the diocesan bishop (a power only formally repealed in 1948!). In Stratford in Hall's time there was only one physician (Hall) but nine surgeons and several apothecaries. The nearest other physicians were in Coventry, War-

wick, Sutton Coldfield and Worcester, so Hall travelled widely throughout Warwickshire (and sometimes beyond) to practise his profession.

Hall kept records of the cases he treated and in the last year of his life appears to have been preparing some selected case records for publication, but died before they could be published. His case records were written in Latin—the common European scientific language of the day. In his will, hastily drawn up, possibly on the day of his death, he bequeathed his papers to his son-in-law with an implication that they ought to be destroyed. Some of his records, however, were still extant in 1644 when an English physician, James Cook, obtained two manuscript volumes from Hall's widow which he considered were intended for publication so, having translated them from Latin into English, he published his first volume in 1657 as *Select Observations On English Bodies of Eminent Persons in Desperate Diseases*, adding some of his own comments and observations.

This book appears to have been popular. A second edition was published in 1679 and a third in 1683: the second edition is the one described in Lane's book¹ as it was reworked and is closer to what little of Hall's existing Latin manuscript is left. Of the two original manuscript books only the first now exists, the second having been lost (with Hall's other records).

It would appear that the original book was widely read and there are indications that John Hall was regarded as a very successful physician whose advice

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was widely sought. Many of the patients mentioned in the book were still alive when it was published. It is not recorded how they felt about having sometimes intimate details of their illness published.

To a modern medical reader Hall's ready discussion of named patients' venereal diseases, menstrual cycles, state of virginity (or lack of it) and other intimate details seems unethical and it may be that he would have altered these details before publishing the work himself. One other general point about the work is that although it was published after his death it seems only to contain successful cases and at times, to a modern medical reader, it has a slightly boastful air advertising the fact that his remedies worked where other physicians had failed.

SOME GENERAL POINTS ABOUT ENGLISH 17TH CENTURY MEDICINE

The concept of disease as we know it was little understood in 17th century England and physicians of that age were still largely practising the doctrine of Humours which had its origins in early Greek medicine. The concept was of four cardinal Humours: *Blood* associated with the heart, *Phlegm* associated with the brain, *Yellow Bile* or *Choler* associated with the liver and *Black Bile*, or *Melancholy* the humour of the spleen. Blood, (air) was warm and moist, phlegm (water) cold and moist, yellow bile (fire) warm and dry, black bile (earth) cold and dry.

These concepts were already being challenged (William Harvey, the discoverer of the circulation of the blood, was a contemporary) but regulated how medicines were used: diagnosis was made in terms of determining an excess or imbalance of one of the four humours causing the patient's symptoms and medication (usually derived from plant extracts but also containing mineral extracts and animal products) was used to correct the imbalance.

Before treating a patient the physician had to determine the state of the Humours, which was done by a superficial physical and mental state examination. Having decided which Humour was in excess or in a morbid state he chose remedies opposite in effect to the offending Humour to rebalance it, the medication chosen being seen as having its own humoral property (e.g. a hot, dry drug seemed best to treat a cold, moist or phlegmatic illness).

Although specific diseases were just beginning to be recognized the physician tended to treat episodes of illness rather than treating the underlying illness, which is why on several occasions Hall describes successful treatment of illness episodes in a patient who was dead a few months later from the underlying condition. From our 20th century point of view it is interesting that

he makes no distinction between mental and physical illness and, as with other 16th century physicians assumed that the patient's mental state would have an influence on bodily function and vice versa: something that 20th century physicians are painfully having to relearn.

In his work Hall makes many references to scurvy and it is interesting that this was seen as a disease entity. Scurvy (vitamin C deficiency) was endemic in 17th century England because in the winter months fresh vegetables were not available and any vitamin C was boiled out of those vegetables that were preserved. In his descriptions of patients there are several cases that are easily recognized as scurvy with the characteristic haemorrhagic lesions. For them he used 'Scorbatic Beer' a concoction of ale, in which various green plants, particularly scurvy grass, were steeped: this was possibly an effective remedy. The diagnosis of scurvy was probably overused and attributed to conditions in which vitamin C deficiency played no part. However, it is clear that English physicians, long before the introduction of lime juice in the Royal Navy to prevent scurvy, were aware that there was something in fresh green uncooked vegetables that prevented the condition.

HALL'S EPILEPTIC PATIENTS

In the second edition of Hall's work 182 case records are given (sometimes of the same patient at different stages of the illness) of whom three had epilepsy.

Case 1

A man of 20 who appears to have had an acute symptomatic epilepsy, probably convulsive, accompanied by sudden loss of sensation and movement of the right hand, which seems to have cleared quite quickly.

Case 2

A child of 6 months with convulsions who apparently recovered after two or three seizures. These do not appear to have been febrile.

Case 3

A woman, whose age is not stated, who appears to have had chronic epilepsy occurring in clusters: Hall seems to have managed one of these clusters.

Elsewhere in his case histories he mentions 'the mother' a condition considered to be of emotional origin in which convulsions also occurred but were recognized as being non-epileptic (it is not clear how he

makes a clinical distinction between epileptic seizures and non-epileptic seizures but he clearly did, as other physicians of the time could). He also distinguishes between recurrent vertigo ('swimming in the head') and epileptic seizures. It has been suggested that epilepsy and vertigo were often confused²: in Hall's case this does not appear to be so. In his writing about epilepsy he uses the term epilepsy once, falling sickness twice and the terms convulsion or convulsions and fit. It is interesting that his father-in-law, William Shakespeare, is attributed to having used the word 'epileptic' for the first time in the English language, although, in fact, the word appeared in English medical writing before Shakespeare used it³.

HALL'S TREATMENTS FOR EPILEPSY

In two of his patients (Case 1 and Case 2) he implies that the aetiology of the epilepsy is 'by consent from the stomach' or 'by a sympathy with the stomach when the cause was some other part with which the part offended hath a fellow feeling'—this is using the Greek 'doctrine of sympathy' not diagnosis. In one patient the aetiology is said to be scorbutic (Case 3) and in his patient he uses his usual remedies for scurvy. He does not state the grounds on which he made his diagnosis of scurvy in this patient.

There are some similarities between the treatment of the three patients with epilepsy.

Immediate first aid, particularly if the onset of the seizure could be predicted, (which seems to have been true in two of his patients) involved a fume or a smoke. This was often hartshorn burnt under the nose and was meant to be unpleasant (similar to the Victorian use of 'sal volatile'—mostly ammonia—for threatened fainting). The treatment was based on the Galenic doctrine that convulsions could be caused by the womb wandering away from its fixed point and having to be driven back by unpleasant odours: however, the treatment was also used in men despite their lack of a peripatetic organ. The juice of rue (quite pungent) was also applied to the nose before a fit (Case 2).

He also used drugs recommended for the treatment of convulsions, Gilly Flower, Mistletoe and Betany, and in all three cases used Paeony Root which was a specific for epilepsy recommended by Galen. In one case this was applied as a powder to the hair and the root was hung around the patient's neck but in the other two appears to have been given internally. One patient received 'man's skull pulverised' another Galenic remedy which was also occasionally used as a fume or sneezing powder.

Patient 1 was recognized as having a co-existing depressive illness for which purging and bleeding was

used. Hall's epilepsy prescriptions are an interesting mixture of the standard remedies given to all three patients, plus remedies designed for the particular individual. Patient 3 was also described as being jaundiced during the seizure but this may not have meant to John Hall what it now means to us and he may have been describing the state of her Humours rather than the fact that she had become yellow in colour.

On reading about his three cases it is clear that the diagnosis is discussed openly without any evidence at all that the people with epilepsy that he was treating were in any way stigmatized. In the same way there appears to be no stigma attached to those patients in his case histories whom we would now regard as being mentally ill.

It is also interesting that he clearly, and probably correctly, distinguished between convulsions occurring as part of epilepsy and convulsions occurring in people with 'hysteria'. What is frustrating is that although he makes this distinction he does not say how he does it clinically. In one of his patients suffering from 'fits of the mother' in addition to, as in epilepsy, treating the actual convulsion with an inhaled unpleasant smoke or fume to the nose, the condition was also treated by applying sweet-smelling substances to the vagina to draw the wandering womb back to its proper place.

This book would be of interest to all doctors as it gives insight, once one has become used to humoral diagnosis and the alarming polytherapy with dubious substances, into the illnesses our ancestors suffered and their reaction to them. The late Elizabethan and early Jacobean age has curious similarities to our own. Sexual behaviour in both was as promiscuous (perhaps more so in the earlier epoch⁴—although descriptions of sexual behaviour in Elizabethan England may have only applied to London and may have been over-exaggerated by foreign observers: English writers were saying the same thing about sexual behaviour on the continent!). Then there was, with reason, fear of syphilis: now, with reason, AIDS. In Elizabeth's time there was prurient public interest in her sexual behaviour⁵, very like our modern interest in the sexual goings on of the Royal Family. In both ages, too, despite (or because of) the presence of physicians, surgeons and apothecaries there was a brisk trade by unlicensed practitioners ('Quacks') who often seemed to have the confidence of the public even though the College of Physicians did its collective best to suppress them. Some of them, though often imprisoned, were extremely popular and much consulted. Reading the case books of one such⁶ Quack calls to mind the present day tensions between allopathic and alternative practitioners. How will our descendants in 300 years time view our present quarrels with our complementary brethren? What contemporary medical ideas, similar

to the Galenical Humours, will our descendants have discarded: what will they think of us for believing them?

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