

Editorial

Did Henry VIII Suffer From Land-Based Scurvy?

Everyone knows that King Henry VIII had eight wives, and that he loved to eat chicken so that he could throw the bones over his shoulder (Charles Laughton's interpretation in the movie). Everyone knows he was athletic as a young man, but for years before he died he became a caricature of a man: sick, obese, degenerated, irascible and out of control. But what everyone does not know, is that Henry suffered from scurvy, called land-based because it did not occur at sea and therefore expressed itself in a more chronic way. This is the claim made by Susan Maclean Kybett in her article in "History Today", pages 19 to 25, 1992. For some time physicians had believed that Henry suffered from syphilis. But there is no evidence that he was ever treated with mercury, the standard treatment for that affliction in Henry's day, and there is no evidence he had passed it on to his children, nor does it explain many other facets of his disease.

The author presented the following lines of evidence to support her contention he really suffered from chronic scurvy.

1) Scurvy was very common during Henry's time and for many years after and afflicted almost the entire population especially in the spring after a prolonged winter. The Nobility in England lived on a huge variety of meats, game, fish, etc., and despised fruit and vegetables, rich in vitamin C, even if they were able to get them in the winter. No fresh vegetables or fruits were available from fall to late spring, when at last some vitamin C got into the diet. Scurvy was thus seasonal and it recurred every spring. The poor who could not afford meat were somewhat better off, since they had to depend upon plant foods. They either starved or survived, but they did not have the same degree of malnutrition.

2) Henry VIII became ill over and over in the spring and recovered during the summer until a few years before he died. This is documented by Miss Kybett.

3) His history and symptomatology almost perfectly describes chronic scurvy. Sir James Lind, the first physician to prove that scurvy

was caused by a deficiency of citrus fruits and greens, described similar cases of chronic scurvy.

4) The changes in personality are also typically found in chronic scorbutics. The author provides an excellent description of this condition.

But Henry was not the only person so ill. Many members of the nobility suffered the same fate. This includes Cardinal Woolsey and also Sir William Petre who was ill between 1548 to 1572. Anne of Denmark suffered severely ulcerated legs which were described as scorbutic by Dr. T. T. de Mayerne. This good doctor believed in the ancient causes of this disease. He was firmly convinced that plant foods such as roots, fruits, berries, grains and legumes must not be consumed, and he banned them from the palace when one of the King James' had a craving for some when he had scurvy.

The argument is certainly persuasive, but the syndrome suffered by Henry may have been worsened by an over consumption of sugar causing the saccharine disease. Queen Elizabeth I, Henry's daughter, was a sweets junkie. Sugar was so expensive that the average consumption in England was five pounds per person per year. Only the nobility could afford to consume large quantities. Queen Elizabeth ate so much she rotted her teeth, probably complicated by some scurvy as well, and eventually had to survive with artificial plates. They were very uncomfortable and this may have accounted for some of her outbursts of temper and irritability. It is likely Henry also had an inordinate love for sweets, and this would have made the scurvy so much worse. They should have had Orthomolecular physicians at the court in England.

This type of chronic scurvy is probably rare in North America. It will probably be very common in the parts of Africa now suffering from mass starvation. But a milder form of scurvy is the lot of every person alive since none of us can make any vitamin C in our bodies, and we must depend upon external sources. If we could make our own we would make about 14 grams per day, more under stress. It is therefore prudent to provide doses

of vitamin C which are many times greater than those meaningless RDAs so beloved by governments and their nutritional advisors. If every person were to take at least 1500 mg daily and probably more, there would be a major decrease in the incidence of vascular disease, i.e. in heart disease and in cerebrovascular disease. I wonder how many centuries it will take before we recognize this is important, and make this vitamin available to everyone, either in prepared foods or in other dosages, accompanied by the same type of pervasive advertising as is now used to sell junk foods and alcohol.

A. Hoffer, M.D., Ph.D.
#3A - 2727 Quadra Street
Victoria, B.C. V8T 4E5