

ROYAL PAINS: WHAT CAUSED THE DEATHS OF THE TUDOR MONARCHS?

by

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On March 24, 1603, the last day of what was the year of 1602 in 17th-century England, law student John Manningham wrote in his diary: “This morning about three at clocke [H]ir Majestic departed this lyfe, mildly like a lambe, easily like a ripe apple from the tree . . . and I doubt not but shee is amongst the royall saints in Heaven in eternall joyes.” Thus died Queen Elizabeth I, the legendary Gloriana of English history, and with her passing, the reign of the Tudors, one of the strongest and most colorful royal dynasties to ever occupy the English throne, came to an end.

Originating from Wales, the Tudors seized control of England in 1485 when Henry Tudor, 2nd Earl of Richmond—the future Henry VII—defeated the Yorkist king, Richard III, at the Battle of Bosworth Field. What followed was a nearly 118-year period in which five Tudor monarchs—Henry VII, his son Henry VIII, and his grandchildren: Edward VI, Mary I, and Elizabeth I—led an England that was transformed from a medieval to an early modern state. During Tudor rule, the Wars of the Roses ended, the English exploration of the New World began, the English Reformation occurred, and much of the English Renaissance took place. Under the Tudors, Wales was united with England, the Scots were beaten in battle three times, Ireland was subdued (though not truly conquered), and the Spanish Armada was defeated. Moreover, the Tudors strengthened the power of the English Crown, aided the development of Parliament, largely through involving it with the religious changes that affected the country beginning in 1529, and increased the size of the Royal navy.

And as might be expected, because of their fascinating personalities and what happened during their years on the throne, much has been written about the Tudor monarchs, in both scholarly works and novels, and they have certainly received their share of coverage through films and television adaptations, some more historically accurate than others. Their lives and reigns have been scrutinized. Their successes and failures have been analyzed and reanalyzed. However, the causes of their deaths, though dealt with by their biographers and, in at least two of their cases, by authors focusing on their illnesses, still have an air of mystery about them. The reason for this is threefold. First, four of the five Tudors died over 400 years ago, with the remaining one passing away over 500 years ago. Therefore, there is no way to take their temperatures, X-ray their bodies, or run tests on their blood and urine. Second, the symptoms of their illnesses are often not specific enough to make exact diagnoses. And third, the sources reporting the rulers' health issues usually had their own agendas for what they said. For example, if the Imperial ambassador was fond of a certain monarch, he might put a positive spin on an ailment that the French ambassador, who would have preferred seeing the monarch depart this world, would convey in negative terms.

But having said all that, the challenge of discovering what put an end to this remarkable family is too intriguing to casually dismiss. So, with that thought in mind, perhaps the best place to start is with the first of the Tudor rulers, Henry VII. The traditional view is that Henry died of tuberculosis, but a close examination of the primary writings for Henry's reign present a murkier interpretation.

Henry, whose later-in-life description by Polydore Vergil, an Italian humanist, writer, and cleric, shows him to have been “slender but well built and strong[, with] his eyes . . . small and blue, his teeth few, poor[,] and blackish[,] his hair . . . thin and white[, and] his complexion sallow,” had had health issues since at least 1487, but as to determining what they were is another matter.

Part of the problem is that, with a few exceptions, Henry’s contemporaries did not give any specific information as to what was ailing the monarch. Saying that “[t]he sick [k]ing was very ill and his life in danger” or “the [k]ing of England was very ill and utterly without hope of recovery” does nothing to assist the historian in discerning the cause of Henry’s physical demise.

Of the handful of early 16th-century sources that do offer something of substance, only one seen by the authors of this article provides any indication that Henry may have been suffering from tuberculosis: a letter from Ferdinand, king of Spain, to Gutierre Gomez de Fuensalida, knight commander of Membrilla, in July of 1508, stating that “[t]he [k]ing of France [Louis XII] has . . . written to say he has been informed that the [k]ing of England is in the last stage of consumption.” But even this report is not as helpful as it first looks.

To begin, Ferdinand was repeating something that he had heard secondhand. The identity and trustworthiness of Louis’ informant are not known and, thus, what he disclosed to Louis may or may not be true. Just as troublesome is guessing which definition of “consumption” the informant meant. Was he referring to the disease now called “pulmonary tuberculosis” or to a general wasting away of the body that may have

been caused by something else? And then there are other reports which imply that it very well may have been the latter definition.

Foremost among these accounts is a statement found in Polydore Vergil's *Anglica Historia* which says, "For in the following three years of his life [apparently, 1507-1509], thrice about springtime [Henry] fell ill . . . until in his third illness[,] he clearly recognized that he was going to die." Vergil, who spent over half of his life in England and who became a naturalized Englishman in 1510, was well acquainted with Henry from 1502 until the ruler's death in 1509. This made him a good observer of the monarch during the last phase of Henry's life, and his statement indicates that the king had been afflicted with some form of seasonal illness. Well, tuberculosis is many things, but it is not seasonal. It may go into remission only to reappear at a later date, but it is hardly self-choreographed in such a way to pop up in three successive springs and then to disappear as summer arrives.

Vergil's words are supported by three letters: two that Dr. Rodrigo Gonzalez de Puebla, the Spanish ambassador to England from 1488 to 1492 and from 1495 to 1508, sent to King Ferdinand in 1507 and one that Ferdinand's daughter, Catherine of Aragon, sent to him the same year. On April 15, de Puebla wrote that on Wednesday of Holy Week (March 31), "The quinsy [an acute pustular tonsillitis] had prevented [Henry] for six days from eating and drinking. His life was despaired of." But less than five months later, on September 7, Catherine told Ferdinand that "the [k]ing of England goes from one hunting place to another, and remains nowhere time enough to despatch business," implying that Henry was energetic—perhaps manic—and, thus, feeling good. This

report was confirmed and even strengthened with the third letter, which said that de Puebla had stayed with Henry from August 26 through October 5, and during this time:

The [k]ing has been every day to hunt deer and other game in forests and in parks. Besides, he often went out hawking. The [k]ing of England has never enjoyed, during the last twenty years, such perfect health, and never been so strong and robust as now. It is wonderful to see how his long illness has given him twice as good a constitution as he had formerly. He is growing stout.

Does this sound like tuberculosis? Hardly.

Other specific primary writings are not as supportive, though they do supply a few more details about Henry's health. In a letter to his mother in July of 1501, Henry complained about his eyesight getting worse, but this problem had no connection to his respiratory system or his tonsils. Nor did French humanist and historian Bernard Andre's statements about the king suffering an attack of gout from February to March of 1508 have any relation to pulmonary or throat matters.

More frustrating, however, are the misinterpretations, jumps to conclusions, and lack of documentation of secondary writers and editors. For example, in the 1972 edition of Francis Bacon's *The History of the Reign of King Henry the Seventh* edited by F. J. Levy, the author wrote:

[T]he [k]ing, who now in the two and twentieth [year] of his reign [the regnal year of August 22, 1506-August 21, 1507] began to be troubled with the gout[,] but the defluxion [a discharge of fluids from the bronchial area] taking also into his breast, wasted his lungs, so that thrice in a year (in a kind of return, and especially in the spring) he had great fits and labours of the tissick [which Levy calls "consumption"].

But "thrice in a year" appears to be a distortion of Vergil's report that "in the following three years of his life, thrice about springtime [Henry] fell ill"—meaning once a year for

three successive springs; “tissick” is an archaic word which could mean pulmonary tuberculosis but also asthma or just a persistent cough; and historians could have benefitted if Bacon or Levy said where the information came from.

Or James Gairdner wrote in his *Henry the Seventh*, “[Henry] had . . . pains in the chest and difficulty of respiration.” But S. B. Chrimes, the author of arguably the best scholarly biography of Henry, could not find any evidence supporting Gairdner’s assessment and neither could the authors of this article. Of course, even if the evidence could be found, “pains in the chest and difficulty of respiration” can be caused by a host of maladies.

And a number of secondary writers have confused the month of Henry’s “consumption” of 1508, thinking that because Ferdinand of Spain penned his letter to de Fuensalida in July of that year, that was the time when Henry was ill. However, such is not the case. Ferdinand said at the beginning of his correspondence that he “[h]as received [de Fuensalida’s] letters of the 3rd, 11th, and 13th of May. Has had much pleasure in hearing of the convalescence of Henry. The news of his illness had caused him much anxiety.” These words show that Henry’s illness had occurred prior to at least May 13 and that the king was recovering by that date. A more precise date is provided by a dispatch of October 7, 1508, which states that “[t]he marriage between the Archduke Charles [the future Holy Roman Emperor Charles V] and the Princess Mary [Henry VII’s youngest child to survive infancy] was to have been solemnized before the [f]east of Easter [April 23], had not the illness of King Henry prevented it.” Therefore, in all likelihood, de Fuensalida was referring to the second of the three times that Henry was laid low by the springtime ailment that Vergil had written about.

What then caused the death of the first Tudor? Well, from what can be extracted from the various state papers and early 16th-century writers of Henry and his reign, the monarch

- was stricken with unspecified sicknesses in 1487 and sometime between 1502 and 1506—possibly 1503 according to Gairdner, though Chrimes believed that it was probably later;
- had problems with his eyesight at least as early as July of 1501, an attack of tonsillitis in March of 1507, which may have lasted into early April, and a bout of gout from February to March of 1508;
- and was hit with springtime illnesses in 1507 (perhaps the tonsillitis that is mentioned above), in 1508, which the king of France's informant called "consumption," and by March 24, 1509, which ultimately led to his death on April 21 of that year.

Furthermore, Polydore Vergil noticed a mental decline in Henry during the ruler's last three springs.

Also, if Bacon is to be believed, Henry had another bout of gout between August 22, 1506, and August 21, 1507, and the springtime illness affected his lungs and/or throat, causing him to cough up fluids. And if Gairdner was correct, he had chest pains and trouble breathing.

In addition, one 20th-century historian and one or more of several 21st-century historians, either citing from manuscripts that the authors of this article have not yet seen or leaving their statements undocumented, said that Henry's physical problems included:

- Unspecified sicknesses in 1499, probably in November and December of 1503 and much of January of 1504, during the spring and early summer of 1504, in July of 1506, and on February 2, 1508, of which one of the middle three may have been the illness that Henry had sometime between 1502 and 1506.
- Respiratory maladies on January 7, 1502, by early March of 1507, in January of 1508, and in late January of 1509, which the historians who reported them termed “consumption,” “tuberculosis, complicated by asthma,” and twice “tuberculosis,” respectively. However, all but the first diagnosis had to be speculation on the part of the historian doing the reporting because the word “tuberculosis” would not have been used during Henry’s lifetime. Also, what troubled Henry in January of 1508 may have been related to the sickness of February 2 mentioned above.
- Three more attacks of quinsy: the first arriving in February of 1503 and not leaving until March; the second lasting from early February to the middle of March of 1507; and the third striking in late January of 1509.
- And arthritic troubles in early 1508, which may have been the bout of gout that Bernard Andre wrote about.

Thus, based on the evidence that remains, and leaving aside Henry’s declining eyesight and occurrences of gout, the king died of what appears to be a respiratory illness, most likely bronchopneumonia brought about by a seasonal ailment that led to tonsillitis and bronchitis, the latter of which developed into the fatal disease.

Contributing factors very well may have been asthma, which would have been aggravated by England’s greenery and weather as well as by the dust, dirt, and smoke

found in Henry's palaces during the winter, and depression caused by the death of Henry's eldest son, Arthur, in 1502, and to an even greater degree by that of Henry's wife, Elizabeth of York, in 1503. Although Elizabeth died more than six years before her husband did, the king deeply mourned her and was profoundly affected by her passing. This extended period of grief would have worn away at Henry's mental resolve and progressively weakened his resistance to overcoming what physically afflicted him.

If, however, the great challenge to determining what killed the first Tudor ruler is a lack of specificity concerning symptoms, complicated by the mistakes of secondary writers, the great challenge of figuring out what did in his larger and more colorful son is dealing with a plethora of information and theories.

Born in 1491 and dying five months short of his 56th birthday, Henry VIII has a long and rich, if not pleasant, health history. After apparently being blessed with an illness-free childhood and adolescence, "Bluff King Hal" was stricken in late December of 1513 or January of 1514 with a disease that caused a skin eruption which, depending on the source, was either smallpox or measles. But he recovered nicely, with no lasting harmful effects, including no facial scarring. This ailment was followed by seven years of more good health until 1521, when the active monarch suffered the first of several bouts of fever that would plague him throughout the remainder of his life. Because of the tertian nature of those fevers (i.e., recurring every other day), more than one historian has speculated that they may have been a type of malaria. Whatever their cause, though, 1521 marked the beginning of an approximate 26-year period during which Henry was bombarded with a series of maladies and mishaps. In addition to the illness just described:

- Also in 1521, he experienced sinus problems.
- In 1524, while jousting with his visor up, he had his helmet struck by his opponent's lance, which shattered on impact and sent splinters into the king's headpiece.
- In 1525, he tried to pole vault over a ditch, but his pole broke and he fell headlong into wet clay, getting his noggin stuck in the process, and would have drowned if a footman had not rescued him.
- In 1527, he injured his left foot playing tennis.
- In 1528, the first instance of him having chronic headaches was recorded.
- Also 1528 was probably the year that an ulcer that refused to heal appeared on one of his legs. J. J. Scarisbrick, who wrote the best biography of Henry to date, believes that it was "a varicose ulcer resulting from varicose veins" and Drs. Robert Hutchinson, Lucy Worsley, and Catherine Hood suggest that it may have come from the tight garters that Henry wore. As for why it did not heal is a matter that will be addressed later in this article.
- In 1529, he reinjured his left foot.
- In January of 1531, he had difficulty sleeping.
- In 1532, he was hit with an attack of gout.
- In January of 1536, he was unhorsed during a joust and his horse fell on top of him, leaving him unconscious for two hours.
- By June of 1537, each of his legs had an ulcer on it.
- On May 14, 1538, the French ambassador, Louis de Perreau, sieur de Castillon, reported to Anne, duc de Montmorency, the constable of France, that "[Henry]

has had stopped one of the fistulas of his legs [i.e., one of the surgically produced passages to drain his ulcers], and for 10 or 12 days the humours which had no outlet were like to have stifled him, so that he was sometime without speaking, black in the face, and in great danger.” Based on this description, what probably happened was that the closing of the ulcer on one of Henry’s legs caused a clot to detach and produce a pulmonary embolism.

- On September 15, 1539, Sir Francis Bryan, a Gentleman of the Privy Chamber, wrote to Henry’s chief minister, Thomas Cromwell, “Since you left the [c]ourt, the [k]ing has been a little sick of a cold, ‘halffe ferryng a grugge off an ague [half fearing a touch of fever, possibly malarial fever],’ but is now well.”
- On March 3, 1541, the French ambassador at that time, Charles de Marillac, Castillon’s replacement, sent a dispatch to King Francis I of France, stating that Henry had suffered a slight tertian fever, which was followed by one of his ulcers closing, but “[t]his time prompt remedy was applied, and he is now well and the fever gone.”
- On the same day, Marillac sent another dispatch, this time to Montmorency, telling him “that people worth credit say [the king] is often of a different opinion in the morning than after dinner,” which implies that Henry was exhibiting mood swings.
- In March of 1544, one of Henry’s legs flared up again, causing a fever that lasted for two days.
- In addition in 1544, Henry had problems walking. On May 18 of that year, Eustace Chapuys, the imperial ambassador, informed Charles V that “however

stout-hearted [the king] may be, his age, his obesity and weight, and the state of his legs are such that those who have seen him of late wonder how it is that he does not keep his bed.” And on that same day, Chapuys wrote to Mary, the queen dowager of Hungary and Bohemia and the governor of the Netherlands, “for in addition to his age, which is considerable, [the king] is so weak on his legs that he can hardly stand.”

- And finally, in 1546, Henry came down with a fever in February caused by one of the ulcers on his legs, which lasted three weeks, another fever in March, which lasted several days and then affected one of his legs, a third fever in December which lasted 30 hours, and unspecified illnesses in September, November, and December.

Henry’s health concerns were further complicated by three other issues. First, the king was not careful with what he ate and drank. Even though Henry was an energetic man who enjoyed riding, hunting, jousting, wrestling, tennis, and archery, his caloric intake exceeded what he expended. His diet, which consisted of a lot of meat, fish, and bread, large quantities of ale and red wine, and little or no vegetables and fruit, though he was fond of strawberries, was not conducive to his maintaining a healthy weight or blood sugar level. In fact, the Hutchinson-Worsley-Hood trio of researchers estimate that the second Tudor sovereign consumed approximately 5,000 calories daily. And the ingestion-combustion situation only worsened after Henry’s accident of 1536 and the ulcers on his legs limited his physical activities. Thus, over time, the handsome, well-built young monarch turned into an obese, middle-aged royal, whose chest and waist measurements, based on the size of the suit of armor that he wore, went from 42

and 35 inches, respectively, in 1514 to 57 and 54 inches in 1541. As Marillac told Francis I on March 3, 1541, “[the king of England] is very stout.”

Second, starting in the late 1520s and continuing until his death on January 28, 1547, Henry was beset with a series of troubles stemming from his desire to have a legitimate male heir: messy divorce proceedings against his first wife, Catherine of Aragon; a string of five other wives; England breaking with the Roman Catholic Church; competing political-religious factions; and the Lincolnshire Rising and the Pilgrimage of Grace, two economic-religious rebellions; among others. All these matters caused “Great Harry” much mental anguish and, no doubt, contributed to weakening his physical well-being.

And third, throughout his reign—not just after his horrific accident of 1536—Henry was self-centered, egotistical, willful, paranoid, capricious, and ruthless. Were these qualities the effects of one or more psychiatric disorders, or were they caused by one or more diseases plaguing his body?

Henry had been ill during the first third of January of 1547 but “[was] much better” by January 10, according to Odet de Selve, the French ambassador to England since June of 1546, and Antoine Paulin, Baron de la Garde, the captain of the French galleys. Selve and La Garde went further to write, “[The king] seem[ed] to have been very ill and in great danger owing to his legs, which have had to be cauterized,” and which, if the cauterization did indeed take place, was not a wise decision. By January 17, Henry felt well enough to hold meetings with Selve and La Garde jointly and with imperial ambassador Francois van der Delft and Netherlands envoy Adrian van der Burgh separately, but approximately 10 days later, his health declined precipitously. Finally,

in the wee hours of the morning of Friday, January 28, the larger-than-life monarch quietly faded away after lapsing into a state of near unconsciousness where he had lost his ability to speak.

Because of the amount of information available about Henry's health, theories abound as to what was ailing the king and what eventually put him in his vault, but Henry's death appears to be like that of his father's: a combination of a main cause and more than one contributing factor—though the details, with one exception, differ greatly. Ulcers that would not heal, mood swings which were perceived as capriciousness, high caloric intake—especially the large amounts of bread, ale, and wine he ingested—obesity, problems walking—in part because of his leg ulcers and his weight, but perhaps also in part because of neuropathy—strongly suggest that the eighth Henry was suffering from diabetes. The diabetes may not have caused the leg ulcers, but it very well may have been the reason that they did not heal, and if they were cauterized, as Selve and La Garde said they were, this may have produced an embolism similar to the ones that had occurred in 1538 and 1541, which would have killed the king. However, even if Henry's legs were not cauterized, the huge ruler could have been experiencing cardiovascular disease brought about by uncontrolled blood sugar levels.

Coping with diabetes in 16th-century England was a difficult enough task, but by 1547, Henry's health had been further weakened by various other problems:

- Several attacks of what some historians think was malaria.
- The leg ulcers being portals of entry for bacteria that could have lowered Henry's immune system.
- The long-term ramifications of the accidents that the king had had.

- Decreased physical activity from Henry's mid-40s onward because of the long-term ramifications of the accidents that the king had had and the limitations brought about by Henry's leg ulcers.
- And, as with the ruler's father, stress. But stress created by different matters. In Henry VII's case, it was the loss of his son and wife; in Henry VIII's case, it was the political-religious turmoil of the second half of his reign and his inability later in life to participate in the activities that he had enjoyed during his younger days.

Even if malaria, a compromised immune system, and stress are removed from the equation, the remaining issues over time would have been enough to strike down the hardest monarch. Or as David Loades, the esteemed historian of the Tudors, wrote:

In all probability[,] [Henry's] condition was due to . . . the cumulative effects of years of overindulgence in a rich, ill-balanced diet, and the consequences of too much exercise of the wrong kind in youth, followed by insufficient exercise in middle age, all of which would have placed an undue strain upon his heart and ruined his general constitution.

Unlike the deaths of his grandfather and father, Edward VI's passing reads like a murder mystery, complete with three leading suspects, one of which is probably a red herring, and various detectives putting forth their theories as to who or, more accurately, what done it.

But before attempting to solve this intriguing case, a brief look at Edward's medical history is helpful. Born on the 12th day of October in 1537, the third Tudor monarch's short life was a remarkably healthy one for approximately 14 and a half years. As one of his biographers, W. K. Jordan, wrote, "Edward enjoyed normal health throughout his childhood and boyhood, save for a slight disposition towards upper

respiratory infections.” However, on April 2, 1552, the young king claimed that he had come down with a combined bout of measles and smallpox, an assertion that sounds implausible. Such a devastating duo would have killed most humans, and since there was a certain amount of confusion at that time over the rashes caused by the two diseases, it is likely that the precocious boy ruler suffered from one or the other ailments but not both.

The next recorded instance of Edward’s physical woes begins the mystery, and like every mystery, there are clues:

- On February 17, 1553, the Imperial ambassador to England, Jehan Scheyfve, probably referring to what happened a few days earlier, reported that the king had been “attacked by a fever caused by a chill he had caught.”
- By March 17, 1553, Edward was still struggling to get over what had been afflicting him during the previous month, and according to Scheyfve, “it appear[ed] that he [was] very weak and thin.”
- On April 10, 1553, Scheyfve believed that Edward was recovering.
- But on April 28, 1553, the same Scheyfve wrote:

I hear from a trustworthy source that the [k]ing is undoubtedly becoming weaker as time passes, and wasting away. The matter he ejects from his mouth is sometimes coloured a greenish yellow and black, sometimes pink, like the colour of blood. His doctors and physicians are perplexed and do not know what to make of it. They feel sure that the [k]ing has no chance of recovery unless his health improves during the next month.

Scheyfve’s trustworthy source was John Banister, who would later make such a name for himself as a surgeon and an anatomist that renowned engraver and illustrator John Buckland Wright called him, “the turnkey who released anatomy

[in England] from its mediaeval bondage into the daylight of the Renaissance.”

But at that time, Banister was a young medical student who became privy to the king's health because his father was an official in the royal household.

- Scheyfve's report on May 12, 1553, was equally descriptive and just as pessimistic:

The [k]ing is still indisposed, and it is held for certain that he cannot escape. The physicians are now all agreed that he is suffering from a suppurating tumor on the lung, or that at least his lung is attacked. He is beginning to break out in ulcers; he is vexed by a harsh, continuous cough, his body is dry and burning, his belly is swollen, he has a slow fever upon him that never leaves him.

- Nor did Scheyfve's tone change on May 20, 1553, when he told Charles V, “[The king] sinks very low from time to time and his condition becomes desperate; such is the current rumor, and it is becoming more persistent.”
- On May 28, 1553, Banister issued the following account of what he saw firsthand:

[His Majesty] does not sleep except he be stuffed with drugs, which doctors call opiates . . . first one thing then another are given him, but the doctors do not exceed 12 grains at a time, for these drugs are never given by doctors (so they say) unless the patient is in great pain, or tormented by constant sleeplessness, or racked by violent coughing.

Banister continued:

The sputum which he brings up is livid, black, fetid[,] and full of carbon; it smells beyond measure; if it is put in a basin full of water[,] it sinks to the bottom. His feet are swollen all over. To the doctors[,] all these things portend death, and that within three months, except God of His great mercy spare him.

- And two days later, Scheyfve began his dispatch to Charles V with:

The [k]ing of England is wasting away daily, and there is no sign or likelihood of any improvement. . . . He cannot rest except by means of medicines and external applications; and his body has begun to swell, especially his head and feet. His hair is to be shaved off and plasters are going to be put on his head. The illness is judged to be the same as that which killed the late Earl of Richmond.

The late “Earl of Richmond” referred to here was actually Henry VIII’s illegitimate son by Elizabeth Blount, Henry Fitzroy, 1st Duke of Richmond and Somerset, who died in 1536 from an unknown cause, though tuberculosis is commonly believed to have been the killer. But more on this matter later.

- On June 10, 1553, John Dudley, 1st Duke of Northumberland and, at that time, the virtual ruler of England, probably frustrated that the royal doctors, George Owen and Thomas Wendy, had run out of ideas on how to save Edward, brought in several other individuals to help them. These visitors included Northumberland’s personal physician, a doctor from London, and a woman “healer” who claimed that she could cure the king by giving him certain restringents, which may have contained arsenic.
- On June 12, 1553, Scheyfve wrote to Antoine Perrenot de Granvelle, the Bishop of Arras:

Up to the present[,] there seems to be no sign of improvement, so the general conviction is that [Edward] cannot escape, and has been poisoned. . . . The [k]ing has been very feeble for the last two days, and as time passes[,] his danger becomes more imminent. He will not last long.

- On June 15, 1553, Scheyfve reported to Charles V:

The [k]ing is never quite free from fever, but on the 11th of this month[,] he was attacked by a violent hot fever, which lasted over 24 hours, and left him weak and still feverish, though not as much so as at first. On the 14th, the fever

returned more violent than before. . . . [H]e is at present without the strength necessary to rid him of certain humours which, when he does succeed in ejecting them, give forth a stench. Since the 11th, he has been unable to keep anything in his stomach, so he lives entirely on restoratives and obtains hardly any repose. His legs are swelling, and he has to lie flat on his back, whereas he was up a good deal of the time. They say it is hardly to be believed how much the [k]ing has changed since the 11th.

- Scheyfve's letter of the 15th was followed by another on the 24th in which the ambassador said:

I have this very instant been informed that the [k]ing of England's present condition is such that he cannot possibly live more than three days. It is firmly believed that he will die tomorrow, for he has not the strength to stir, and can hardly breathe. His body no longer performs its functions, his nails and hair are dropping off, and all his person is scabby.

- On July 4, 1553, Scheyfve told Charles V that Edward was "so thin and wasted that all men said he was doomed and that . . . [i]t seems there is at present about the [k]ing a certain woman who professes to understand medicine and is administering certain restoratives, though not independently of the physicians."
- Between 8:00 and 9:00 P.M. on July 6, 1553, Edward died.

Based on these clues, there are three leading theories as to what killed Edward.

The oldest and the one put forth by the king's contemporaries who were brave enough to record their thoughts was that the teenage ruler had been poisoned, with Northumberland being the usual suspect. Supporters of this view include such diverse people as Jehan Scheyfve; the merchant-tailor and diarist Henry Machyn; Robert Parkyn, a Yorkshire priest; John Burcher, a cloth merchant living in Strasbourg, who said that "[a] writer worthy of credit" had told him; and the Portuguese bishop Jeronimo Osorio da Fonseca, among others.

And this way of thinking did not die with the Tudors. Sir John Hayward, the lawyer and historian who penned *The Life and Raigne of King Edward the Sixth*, which was first published in 1630, kept the rumors alive by writing “whether any tokens of poyson did appeare, reports are various,” and when discussing the woman who was brought in to help Edward:

[S]ome deeply to suspect that shee was but an instrument of mischief; this surmise was strongly confirmed within a very short time ensuing when the [k]ing did fall into desperate extremities, his vitall parts were mortally stuffed, which brought him to a difficultie of speech and of breath, his legs swelled, his pulse failed, his skin changed colour, and many other horrid symptomes appeared.

Nor is this theory totally absurd. Northumberland may not have been intentionally poisoning Edward—he had too much to lose with the monarch’s death—but the treatments of the royal physicians and the restoratives given by the mysterious female quack may have inadvertently caused some of the misery that Edward had experienced. This is especially true of his nails and hair falling out and his body becoming ulcerous and scabby. However, as the major cause of death, it is a contributing factor at best and a red herring at worst.

The second theory, one that has been around for almost as long as the first and one that is held by the majority of historians, is tuberculosis. This view was initially proposed by the Venetian ambassador Giacomo Soranzo when he reported on August 18, 1554, that “[Edward] was seized with a malady, which the physicians soon knew to be consumption” and is best argued by Chris Skidmore who wrote in his *Edward VI: The Lost King of England*:

To understand the nature of Edward’s illness, we must look back to April 1552. Then, Edward described in his journal

how he fell ill with what he [called] “the measles and the smallpox.” Edward made a quick recovery, but this brief illness was significant, and probably responsible for his eventual demise. Modern research has shown that measles can suppress natural immunity to tuberculosis, reactivating the bacteria that can survive intracellularly within healthy lung tissue. The large cavities described by surgeons opening Edward’s lungs after his death, “which had in them two great ulcers, and were putrified,” are typical of such a reactivation, and may be still seen in adolescents today. Edward was probably in close contact with at least one person who had tuberculosis, most likely before his contraction of measles than after. Epidemiologic studies have shown that exposure to tuberculosis would only need to be brief, perhaps even fleeting. If this was the case, it was only a matter of time after Edward had contracted measles that he would succumb to the disease. His swelling legs, failing pulse, the loosening of his finger and toenails and changed skin colour, signs that contemporaries took to be the work of poison, were secondary symptoms of the disease, resulting both from septicaemia and cyanosis, the blueish purple discolouration of the skin and mucous membranes resulting from a deficiency of oxygen in the blood.

Jehan Scheyfve may have unwittingly implied that Edward had tuberculosis when he told Charles V that the English king was afflicted with the same ailment that killed Henry Fitzroy. But no one knows what ended the short life of the bastard duke. Most later historians would label the culprit tuberculosis, though one of Fitzroy’s biographers, Beverley Murphy, raises doubts when she shows that the first written report of Fitzroy’s illness was not until July 8, 1536, which, depending on the source, was 15 to 17 days before he died. Prior to that time, there is no written indication that Fitzroy had been suffering from any malady, and he had participated in the opening session of Parliament on June 8 without anyone recording that he was sick. Nor was this just an act of politeness because of his status as Henry VIII’s offspring. If he had been under the weather, the various foreign ambassadors—especially Eustace Chapuys, who saw

Fitzroy as a threat to Princess Mary inheriting the throne—would have noticed and commented about it.

Now, Murphy notes that after the opening ceremony, Fitzroy did not stay to attend any of the Parliamentary sessions, as was his habit. She also notes that he was not present at a marriage celebration held on July 3, 1536, though his father and the dukes of Norfolk and Suffolk were in attendance. But even if he had become ill shortly after the opening of Parliament, his death would have been only less than two months later. Thus, he apparently died from a disease that progresses at a much faster pace than tuberculosis.

So, where did the diagnosis of tuberculosis come from? In all likelihood it originated with Chapuys, who in his letter of July 8, 1536, informed Charles V that “the [k]ing’s bastard son—I mean the duke of Richmond—cannot, according to the prognostication of his physicians, live many months, having been pronounced to be in a state of rapid consumption.” Added to this observation, Charles Wriothesley, an officer of heraldic arms during the reigns of the last four Tudors, wrote in his chronicle, “[the duke] pined inwardlie in his bodie long before he died,” meaning that whatever Fitzroy had been suffering from had been ailing him for an extended period prior to it being reported. But, as with the death of Henry VII, the definition of “consumption” is not clear, and Wriothesley introduced his comment with “It was thought that he was privelye poysoned,” which suggests that Scheyfve may have been saying that both Fitzroy and Edward had been poisoned.

But no matter what sent Fitzroy to the next life, the third and final theory about Edward’s death was proposed by Jennifer Loach before her own untimely death in

1995. In a brilliant piece of detective work that she published in her biography of Edward, Loach argues against the poison and the tuberculosis adherents and instead maintains that the king died of acute bilateral bronchopneumonia. Using the clues that were listed earlier in this article, Loach dismisses the poison theory as the type of nonsense that was usually rumored in the 16th century when a member of the royalty passed away and shows for a couple of reasons that the killer could not have been tuberculosis. As Loach explains, the ailment that put an end to Edward did so in a relatively short amount of time—five months at most. But with the exception of the miliary form, the symptoms for which Edward did not have, tuberculosis moves at a slower speed. Also, Loach points out that in the accounts of the king coughing, “there is hardly any mention of the copious blood that would undoubtedly have been coughed up by a consumptive”—the one exception being Scheyfve’s report on April 28.

Loach then presents the case for her theory, emphasizing the reports that include fever and the foul odor of what Edward was coughing up. For Loach, the adolescent monarch’s problems began with his February “feverish cold,” which then developed into acute bilateral bronchopneumonia. In Loach’s words:

The weakened bronchi dilate and fill with pus and secretions, giving rise to bronchiectasis. As the inflammation spreads into the lungs, abscesses develop, and from these, foul purulent sputum is coughed up. Extension into the pleural cavity causes empyaemia, producing a fluctuating fever, loss of weight[,] and yet more thick and purulent sputum. . . . General septicaemia is the fatal complication of such infections: the bacteria, and the toxins they produce, attack other vital organs.

In addition, renal failure could have caused the swelling of certain parts of Edward's body, while the septicemia that Skidmore and Loach wrote about could have been responsible for the bizarre happenings to other parts.

What then is the verdict? Well, based on all the evidence examined and the cases presented for each of the suspects, the most likely culprit is acute bilateral bronchopneumonia that led to septicemia and renal failure, though the restoratives given Edward by his physicians and/or the woman who Northumberland brought in may have exacerbated matters.

The death of Edward's half-sister Mary is a different kind of mystery. Like Edward, Mary, who was born on February 18, 1516, had a relatively healthy childhood and early adolescence with one serious illness: in her case, a bout of smallpox in 1528, from which she recovered without any scarring. However, beginning in 1531 and continuing until her death on November 17, 1558, Henry VIII and Catherine of Aragon's only surviving child was barraged with a number of ailments. Among these were stomachaches, headaches, catarrh—which, along with severe nearsightedness, may have caused Mary's headaches—heart palpitations, fevers, depression, and troubles with her reproductive system, as well as a variety of unspecified maladies. Some of these afflictions may have been caused by pathogens, genes, or bodily defects, but others may have been induced by stress or created by Mary herself to avoid unpleasant encounters, and discerning the source of many of them is difficult if not impossible. The confusion here stems from the fact that Mary's health problems started as her parents' marriage disintegrated and continued through the political and religious turmoil that followed her father's obsession for a legitimate male heir.

During the years from 1531 until her ascending the throne in mid-1553, Mary was subjected to one humiliation after another:

- Being separated from her mother.
- Being declared a bastard once Henry's second wife, Anne Boleyn, had given birth to the future Queen Elizabeth and, thus, losing her title of Princess of Wales, her court, and her right to succeed to the throne.
- Being ordered to serve her half-sister as a lady-in-waiting.
- Receiving pressure from Edward VI's Privy Council and Edward himself to conform to the religious changes that occurred during the boy king's reign, something which Mary, as a devout Roman Catholic, refused to do.
- And on and on.

As might be expected, Mary suffered a lot of mental anguish and was not reluctant to use illness as an excuse to prevent suffering more of it.

But even after succeeding Edward—Mary had been relegitimized in 1544—the fourth Tudor monarch had her share of disappointments and frustrations, not least of which was the French capture of Calais, the last English foothold on the continent of Europe, and her inability to produce an heir to maintain and build upon what she had established.

Mary's health history is further complicated by three additional factors. First, besides the specific sicknesses that she was said to have had and the vague statements regarding her physical and/or mental condition, such as "The [p]rincess has been very ill" or "The [p]rincess has been a little unwell," there are references to "it is only [Mary's] usual illness," "her ordinary complaint," and "her customary ailments." But

what was this recurring malady? Theories by historians have differed from menstrual difficulties to allergies to depression. However, Eustace Chapuys and Mary herself shed some light on the subject, though with a slight variation. On September 6, 1535, Chapuys reported to Charles V that he had “[s]ent lately a servant to [c]ourt to request the [k]ing to send his physician to the [p]rincess, both on account of a certain rheum [i.e., a cold], and to provide against a return of her ordinary complaint, which she dreads, in the coming winter.” At a later date, believed to have been November 23, 1550, Mary wrote a letter in which she described the cause of a recent ailment by explaining, “the truth is, that neither the house nor air is herein to be suspected, but the time of the year being the fall of the leaf, at which time I have seldom escaped the same disease these many years.” Both sources strongly suggest seasonal affective disorder (SAD), but each source singles out a different season: obviously winter for Chapuys; apparently autumn for Mary. Of course, the symptoms for most SAD sufferers arrive in September and October and continue through the winter, causing the victim to feel depressed, so the two sources are compatible. And the lengthiness of the disorder fits Catherine of Aragon’s words in a letter she sent to Chapuys on February 12, 1535: “I know [my daughter’s] infirmity lasts so long.” Furthermore, people between 15 and 55, especially women, are more likely to have the disorder. Well, Mary turned 15 in February of 1531 and lived until the age of 42, fitting those statistical trends nicely.

There is, on the other hand, a letter penned by Gómez Suárez de Figueroa y Córdoba, 5th Count of Feria, on June 23, 1558, which muddies the water by stating: “The [q]ueen is better than she has been recently. She had suffered from some of her customary ailments.” “June 23”? “Some of her customary ailments”? Could Mary have

been a victim of spring-summer seasonal affective disorder as well as the fall-winter version? Or was her recurring malady something else? And did “customary ailments” mean multiple SAD ailments, SAD ailments in combination with other ailments, or ailments that had nothing to do with SAD? For example, Giovanni Michiel, the former Venetian ambassador to England, observed that Mary was troubled with “menstruous retention and suffocation of the matrix [i.e., the uterus], to which for many years she has been often subject.” But he also observed that the queen’s “thoughts and passions . . . often subject her to a very deep melancholy [i.e., depression].” Therefore, a mixture of physical and mental difficulties is a possibility.

The second factor is the two false pregnancies that Mary went through. Mary had wed Charles V’s son Philip, the future King Philip II of Spain, on July 25, 1554, and believed that she had become pregnant by him later that year, with the baby due in 1555, and then pregnant by him again in 1557, with the baby due in 1558. But in both cases, no child was born, causing speculation that ranged from the sublime—ovarian dropsy, fibroid tumors, or prolactinoma—to the ridiculous—gas or the deliverance of a mole. In all likelihood, though, what Mary experienced were two instances of pseudocyesis: a true phantom pregnancy.

Pseudocyesis has been documented since at least the time of Hippocrates, who recorded a dozen cases of it, and according to the online *Encyclopedia of Mental Disorders*, “Cultures that place high value on pregnancy, or that make close associations between fertility and a person’s worth, still have high rates of the disorder.” Such a culture was Tudor England. Linda Porter in her *The First Queen of England: The Myth of “Bloody Mary”* reports that false pregnancies “were not uncommon in

Mary's time." And Judith Richards in discussing in her *Mary Tudor* a famous case that Porter also discussed—that of Honor Grenville, Viscountess Lisle—adds, "A surprising number of [Lady Lisle's] female friends at court had apparently undergone or knew of similar experiences."

Among the symptoms of pseudocyesis are abdominal distension, menstrual irregularity, fetal movements, and breast secretions, and some eyewitnesses claimed that Mary exhibited one or more of these symptoms during one or the other of her phantom pregnancies. For example:

- Simon Renard, the Imperial ambassador to England, told Charles V on November 6, 1554: "There is no doubt that the [q]ueen is with child, for her stomach clearly shows it and her dresses no longer fit her."
- Renard followed the above message with one to Charles on November 23, 1554, in which he put in a postscript: "The [q]ueen is veritably with child, for she has felt the babe, and there are other likely and customary symptoms, such as the state of the breasts."
- Seven days later, Renard wrote to Ferdinand, Charles V's brother and the future Holy Roman Emperor Ferdinand I, that "[The queen] has felt the babe and presents all the usual signs on her breasts and elsewhere."
- And on May 13, 1557, Giovanni Michiel reported to the Venetian Senate: "as besides all the other manifest signs of pregnancy[,] there was that of the swelling of the paps [i.e., the breasts or nipples] and their emission of milk, although as known by the result, that likewise proceeded from the stoppage of her courses [i.e., the retention of her menstrual fluids]."

The third and final factor is the epidemic that was raging throughout Mary's realm in 1557 and 1558. Believed now to have been a form of influenza and perhaps part of what was possibly an influenza pandemic that had swept across Eurasia during that time, this devastating disease wreaked havoc with the English people, as was attested to by contemporary observers. The chronicler Charles Wriothesley recorded that the summer of 1557 saw "strange agues and fevers, whereof manye died." Similarly, his fellow chronicler John Stow wrote:

[In 1558, at] harvest time, the quartaine agues continued in like manner or more vehemently, than they had done the last yeere passed, wherethrough died many olde people, and specially priests, so that a great number of parishes were unserved, and no curates to be gotten, and much corne was lost in the field for lacke of workemen and laborers.

To these accounts, the continuer of Robert Fabyan's *The New Chronicles of England and France* added that "In the beginnyng of this maiors [Thomas Leigh's] yere [fall 1558] died many of the wealthiest [men], al[!] England through, of a straunge feuer," indicating that even the rich could not escape this scourge.

As for the queen, she was healthy for the first third of 1558, was afflicted with an unknown malady in late April—possibly the ramifications of her second phantom pregnancy—which left her weak, depressed, and not sleeping well at least as late as May 1, and was reported on May 18 to be bothered by her usual ailments, from which she recovered by June 23. But the worst was yet to come.

In late August, Mary was stricken with a fever, and though she was over "all feverish symptoms" on September 2, she still was not completely well by September 6 and either continued to be sick or rallied and became sick again by September 25. Then, on October 10, Christophe d'Assonleville, at that time an envoy for Philip II, sent

a message to Mary's husband telling him that "[t]he [q]ueen is better at present than she has been since she fell ill," apparently referring to the August-September illness or illnesses. This period of convalescence was followed by Mary's body imitating a rollercoaster: relapsing by October 22 to the point where it was feared that the monarch would die, but improving before October 29. After that, D'Assonleville, the eternal optimist, wrote to Philip on November 7, "Since the [q]ueen's illness reached its climax, she has had some good intervals, and there have been days when she was free of the paroxysms from which she had suffered." However, even he cautiously added that "the outcome of her illness is not yet certain." That certainty came five days later and was best expressed by Michiel Surian, the Venetian ambassador with Philip in Brussels: "[The queen] is at the point of death . . . the truth is that her malady is evidently incurable, and will end with her life." Another five days later, Mary was dead.

So, what terminated this Tudor ruler's life? One theory is ovarian cancer, but the supporters of this belief appear to be confusing the signs of Mary's phantom pregnancies with those of the disease. And though it is true that both pseudocyesis and ovarian cancer can cause abdominal distension and menstrual irregularity, women with ovarian cancer are not known to lactate and perceived fetal kicks are different from abdominal pain.

A more likely scenario is that Mary, who, according to Giacomo Soranzo, did not have "a strong constitution," was physically and mentally worn down by her usual ailments, two false pregnancies and the embarrassment that accompanied them, the knowledge that, once she died, the throne of England would pass to her hated half-

sister Elizabeth, the loss of Calais, and other matters. As Giovanni Michiel, wrote on May 13, 1557:

Amongst her afflictions, what she chiefly laments is the fruitlessness of her marriage, and consequently the dangers which threaten the restoration of the Catholic religion and of the obedience of the English Church, both of which she sought with so much zeal and ardour. These now doubtlessly prevail because they are sustained by her authority and presence, but were she to die, their utter failure is apprehended. . . . Besides, she is also greatly grieved by the insurrections, conspiracies, and plots formed against her daily, both at home and abroad.

Furthermore, as both Soranzo and Michiel attested to, the former in 1554 and the latter in 1557, Mary was in the habit of being blooded, to which Michiel commented, “keeps her always pale and emaciated.” She then contracted the alleged influenza virus that was ravaging her country, and because her body was in a weakened state, she was unable to fight off the infection. Of course, it is not known for sure if the fever Mary had come down with in late August of 1558 and her subsequent illness were influenza, but considering the heightened intensity of the disease during the fall of 1558 and its extent to include all social classes, the odds are good that it was.

With Mary’s death, Elizabeth came to the throne, and like her half-sister, she suffered from a variety of ailments throughout much of her life. In her case, these maladies included, among others, some catarrhs and colds; occasional digestive and breathing problems; headaches—possibly migraines and/or ones brought on by catarrhs or colds and/or nearsightedness—toothaches; whooping cough; probably a bout of chicken pox in 1572; and similar to her father, a sore on her leg; as well as a number of unspecified illnesses. But her two most serious afflictions were:

- A swelling in her face and other parts of her body that may have begun in December of 1553 but was certainly evident by February 21, 1554, and that continued at least into the middle of July of that same year. Later historians have speculated that its cause may have been acute nephritis, scarlet fever, or extreme stress, with the stress coming from events in 1554 that were related to Wyatt's Rebellion, a revolt against Mary's proposed marriage to Philip of Spain, which attempted to depose Mary and put Elizabeth on the throne. Elizabeth was suspected of being involved with the rebels, interrogated, imprisoned in the Tower of London, and subsequently placed under house arrest at Woodstock.
- And a severe attack of smallpox in October of 1562. The queen was also struck with a rash in 1572 that most of her contemporaries who wrote about it believed was smallpox, but they had to have been mistaken because people who have had smallpox and survived develop an immunity to the disease. In all likelihood, what Elizabeth became infected with in 1572 was chicken pox, something suggested by Bertrand de Salignac Fénelon, seigneur de la Mothe, the French ambassador to England at that time, though he, too, thought that it might be smallpox.

However, none of these ailments directly brought about the queen's death.

In addition, Elizabeth, again like her half-sister, was not above feigning or exaggerating illnesses to avoid unpleasant encounters. So, let the reader beware.

But turning to what did take the life of the last Tudor monarch, it appears that Elizabeth, as with her family predecessors, was the victim of a combination of factors, with one serving as the coup de grace. Worn down by over 44 years of ruling and

depressed by the loss of those close to her—especially the passing of her cousin and dear friend Catherine Howard, Countess of Nottingham—the queen caught a cold on February 28, 1603, only three days after Catherine’s death, and her condition worsened in early March. As for symptoms, on March 9, Robert Cecil wrote in a letter to George Nicholson, an English agent at the Scottish court, that the queen “hath good appetite, and neither cough nor fever, yet she is troubled with a heat in her breasts and dryness in her mouth and tongue, which keeps her from sleep.” And that same day, Christophe II de Harlay, comte de Beaumont, the French ambassador to England, sent a dispatch which, with the exception of Elizabeth’s eating habits and implying that the monarch did indeed have a fever and a cough, supported and added more details to Cecil’s letter:

The queen has not had any sleep during this time, and eats much less than usual. Though she has no actual fears, she suffers much from incessant restlessness, and from so great a heat of the mouth and stomach that she is obliged to cool herself every instant, in order that the burning phlegm, with which she is often oppressed, may not stifle her.

De Beaumont followed his report with one on March 14 in which he stated:

The queen was given up three days ago; she had lain long in a cold sweat, and had not spoken. A short time previously[,] she said, “I wish not to live any longer, but desire to die.” Yesterday and the day before[,] she began to rest and found herself better, after having been greatly relieved by the bursting of a small swelling in the throat. She takes no medicine whatever, and has only kept her bed two days; before this[,] she would on no account suffer it, for fear (as some suppose) of a prophecy that she should die in her bed.

The “swelling in the throat” description was later elaborated on by Marin Cavalli, the Venetian ambassador to France, when he wrote:

The [q]ueen of England’s illness is inflammation and a swelling in the throat, contracted by sitting late at council. On retiring[,] she felt the beginnings of the mischief, which at

once caused the entire loss of appetite the first day, and the second deprived her of sleep; and for two days[,] she went without nourishment, nor would she ever submit to take medicine. She saw some rose water on her table and some currants, and she took a fancy for some. After her forehead was bathed[,] she fell asleep. When she woke[,] the gathering in her throat burst, and the attendants were alarmed lest the blood should suffocate her, or cause her to break a blood vessel.

Cavalli obviously learned these vivid details directly or indirectly from someone close to the monarch, but Elizabeth's recovery was also attested to by Sir Noel de Caron, the Dutch ambassador to England, and an anonymous source believed to have been Robert Cecil's secretary. This period of relief gave Anne Boleyn's daughter a sense of false hope; however, it was short-lived.

By March 18, Elizabeth had relapsed, as de Beaumont explained in the message that he dispatched that day:

The queen is already quite exhausted, and sometimes, for two or three hours together, does not speak a word. For the last two days[,] she has her finger almost always in her mouth, and sits upon cushions, without rising or lying down, her eyes open and fixed on the ground. Her long wakefulness and want of food have exhausted her already weak and emaciated frame, and have produced heat at the stomach, and also the drying up of all the juices, for the last ten or twelve days.

The end was near, and both Cavalli and the Venetian secretary in England, Giovanni Carlo Scaramelli, knew it. Upon learning about de Beaumont's news of the 18th, Cavalli told the Venetian doge and senate, "[The queen of England] cannot live long, for during the last six months[,] she has been suffering from a catarrh in her chest, and this[,] in addition to her great weakness and her advanced age[,] will not allow her to linger for any length of time." The Venetian ambassador may have been misinformed

about the length of time that Elizabeth had been ill, but he provided another piece to the diagnosis puzzle: a catarrh in her chest.

Scaramelli, who may have seen the handwriting on the wall as early as seven days before Elizabeth expired, supplied some more pieces in the summary of the monarch's condition that he penned on March 17:

The [q]ueen's illness is want of sleep, want of appetite, labour of the lungs and heart, cessation of the natural motions, [and] irresponsiveness to remedies. There is but little fever but also little strength; nor are there any good symptoms except that a slight swelling of the glands under the jaw burst of itself, with a discharge of a small amount of matter.

From these accounts and the previous ones cited above, the clues for the death of the last Tudor ruler can be found. The swelling in Elizabeth's throat suggests some form of tonsillitis, quite possibly streptococcal pharyngitis, better known as strep throat, which, in turn, prevented the monarch from eating much food and, thus, deprived her of the nourishment that she needed to fight off the illness. But the heat in her breasts, the catarrh in her chest, the laboring of her heart and lungs, and the burning phlegm that she coughed up are all symptoms of a serious respiratory ailment, in this case, probably pneumonia. Two other factors that point to pneumonia are the monarch's state of confusion as exhibited by her sitting with her finger in her mouth and her eyes opened and fixed on the ground and that her problems began with a cold. According to the Mayo Clinic, adults 65 years of age or older who have become infected with pneumonia may show signs of "changes in mental awareness," and *Streptococcus pneumoniae*, a form of bacterial pneumonia, can occur after a person has had a cold. And, of course, the heat in Elizabeth's mouth, the fever that was causing her to frequently cool herself,

and the lack of sleep, which led to her being exhausted, may have come from the tonsillitis or the respiratory ailment or both.

However, it is interesting to note that Cecil on March 9 and Scaramelli on March 17 wrote that the queen had no or little fever, respectively. For that matter, Cecil reported on the 9th that Elizabeth had a good appetite and no cough, matters that de Beaumont, who was also reporting on the 9th, contradicted. But in Cecil's defense, he may have been referring to a time before Elizabeth's condition worsened on the 9th or he and de Beaumont may have seen the ruler at different times on the 9th or he may have been minimizing the seriousness of Elizabeth's condition to prevent overreaction by others. Scaramelli's comment is more puzzling, though it, too, may have been based on a day or a time of a day when the queen's fever had lessened.

So, if the pieces are put together, the picture that emerges is one of a world-weary, downhearted monarch who had been struck by the one-two punch of tonsillitis and a severe respiratory malady. In all probability, the respiratory malady pounded the final nail into Elizabeth's coffin, but the world-weariness, downheartedness, and tonsillitis were contributing factors, with the first two debilitating the queen mentally and taking away her will to live and the last one enervating her physically by making it difficult for her to eat and drink.

Nothing lasts forever, and the Tudor monarchs were no exception to the rule, though unlike certain other English sovereigns, none of the Tudors was overthrown by a foreign enemy or deposed by a rival English family or ousted by a revolution. No, what put an end to each Tudor king or queen was disease, with respiratory illnesses being the major culprits in four out of five cases. However, with the possible exception of

Edward VI, no one ailment single-handedly removed a Tudor from the throne. For Henry VII, Henry VIII, Mary I, and Elizabeth I, other physical maladies and mental wear and tear adversely affected their health and left them vulnerable to more serious afflictions. And even Edward's death may have been hastened by the restoratives that he had been given. But ultimately, it was disease, not power or prestige, that triumphed.