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Reports on Greenlandic and Faroese medicine from an eighteenth-century medical book

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ABSTRACT

The authors analyse descriptions of Greenlandic and Faroese medicine found in an Italian medical publication from the 18th century entitled, *Europae Medicina a Sapientibus Illustrata* [...], which was printed in Brescia, in Northern Italy, in 1747. The author of these descriptions, Francesco Roncalli Parolino (1692–1769), was a renowned European physician. Roncalli Parolino focused his study on the treatment of scurvy and he promoted the inclusion of the Greenlandic and Faroese therapy into the broader European context. He was influenced to do this due to the already integrated European perspective of medicine which his book follows.

Like now, medicine in 18th-century Europe was multicentric and characterised by rich intellectual activity, which contributed to the enhancement of clinical practice during this period. At the time, Greenland and Faroe Islands were also integrated into this European context because they contributed for medical-scientific development that would lay the foundations for modern medicine. Francesco Roncalli Parolino obtained just recognition for these regions through the advancement and defence of their valuable medical contributions.

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Introduction

In 1747, in Brescia, a city in northern Italy and then part of the Republic of Venice, the work *Europae Medicina a sapientibus Illustrata* [...] was published [1]. Its aim was to give a European perspective on medicine. The author, Francesco Roncalli Parolino (1692–1769), was in collaboration with the most important European physicians of the time.



The work included a brief discussion dedicated to Greenland, the Faroe Islands and Iceland. This is particularly important as the health and medicine of the circumpolar regions and peoples were also part of the context of European medicine.

The history of health and medicine in the circumpolar regions is of great interest and intrinsically complex [2–5] and data from various kinds of bibliographies are available to us today [6–9]. During the 18th century, one of the most important sources for the history of health in circumpolar regions (mainly for Greenland) was contained in the work of David Cranz (1723–1777) [10–12; 13–17], whose works' significance has already been highlighted by authoritative medical historians [18]. He also completed and updated information proposed by Olav Manson (1490–1557), especially for the

Swedish experience [19], but his description of Greenland is a monumental work and here we cite some data relating to the medical field.

On his descriptions of nature, Cranz emphasises the importance of *Cochlearia* (*Cochlearia officinalis* L., engl. common scurvy grass), not only as an anti-scurvy herb but also in a general sense, because it is described as the best all round remedy available. The author recommends its use in the form of broth: he himself suffered from scurvy-like symptoms and had used a treatment based on *Cochlearia*, with rapid results. Among the diseases, the prominence of scurvy; the presence of leprosy; the presence of diseases of the upper airways (catarrhal diseases from accumulation of phlegm or mucus) and smallpox as an imported disease [10–17].

Regarding the Faroe Islands, the work of Lucas Jacobsøn Debes (1623–1675) [20–22] can be referenced throughout his long text, where he indicates the non-existence of diseases due to the high winds but the presence of smallpox also as an imported disease. He does not, however, mention any connection between leprosy and scurvy. With regard to anti-scurvy herbs: the use of sorrel (*Rumex acetosa* L., engl. sorrel) and *Cochlearia* are confirmed, beccabunga (*Veronica*

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beccabunga L., engl. brooklime) and *nasturtium* (*Nasturtium officinale* R. Br., engl. watercress) are also mentioned. Other herbs are included in food preparations and treatment: *Tormentilla* (*Potentilla recta* L. engl. sulphur cinquefoil), *Angelica* (*Angelica sylvestris*, engl. wild *Angelica*) and *Rhodia* (probably *Rhodiola rosea* L., engl. roseroot). Although the text has a naturalistic and anthropological character, there is a reference to a pathology similar to gangrenous stomatitis (noma).

Reports on the medicine and health of these northern regions were conveyed by some authors to central and southern Europe as early as the end of the 17th century. For example, Theophile Bonet (1620–1689) in his volume entitled *Medicina Septentrionalis* [...] [23] treats Greenland and the Faroe Islands, and dedicates 2 passages where there are also quotations taken from the work of Thomas Bartholin (1616–1680). Greenland is dealt within a text entitled *Scorbuti remedium Gronlandorum* that appeared in the *Acta Medica et Philosophica Hafnensia* [24] as an important reference, while for the Faroe Islands, the text entitled *Rara Naturæ in Insulis Ferröensibus* also appeared in the *Acta Medica et Philosophica Hafnensia* [25] and represents a summary of Debes's work.

In regard to Greenland, anti-scurvy treatments using the herbs, sorrel and *Cochlearia*, are mentioned:

They were administered as follows, when fresh reindeer or bird meat is cooked with a barley or oat tea, these herbs are added to the broth, in order to make it a medicinal food. This laxative food eliminates the corrupt humors and with the absorption of a cathartic medicine rapidly, almost reborn, they are on the way to recovery. [24, p. 35]

(Modum autem eas assumendi in Grönlandia hunc esse usitatum, ut Rhangiferorum vel avium carnem recentem cum avenacea vel hordeacea ptisana excoqvant, ejusq[ue] brodium his herbis scorbuticis condiant, unde insigne alimentum medicamentosum emergat, cujus esu ita laxisu alvatis alvatis si medicamentum catharticum hausissent, moxq[ue] qvasi renatos convalescere.) [24, p. 35].

Three pathologies were mentioned regarding the Faroe Islands; the first is a catarrhal disease (frequent in spring and autumn):

Due to the cold constitution of the air, almost all the inhabitants in spring and autumn suffer from a more violent catarrhal disease (which they call *Krijm*) than in other places. The phlegm drains from the nose and chest with a very troublesome cough and expectoration, headache, weakness, so that they are debilitated or die. [25, p. 87]

(Propter aëris frigidam constitutionem, incolæ pene omnes vere e autumno catarrho affliguntur, (qvem

vocant Krijm,) longè vehementiori qvàm alibi terrarum. Ad nares defluit & pectus, cum tussi molestissima, & expectoratione, pain capitis & membrorum debilitate, ut vel lecto diu detineantur, vel moriantur.) [25, p. 87]

The second pathology was similar to castrense fever, that is to say a pathology almost in an epidemic form, which was related to the poor sanitary conditions in which soldiers often lived in their camps (therefore not only linked to typhoid fever, as is often believed):

Furthermore, that coldness often produces an acute disease (called *Land-faersoet*, characteristic of the region) not different from the *Castrense* disease of our soldiers who live in damp and cold quarters. The fever is burning; there is severe headache and delirium and some with diarrhoea, nor does it resolve before the worn bone marrow leaves the body. However, many escape. [25, p. 87]

(Deinde eadem frigida humiditas sæpe excitat morbum acutum, (Land - faersoet dictum, eo qvod regionm pervagetur,) non absimilem Castrensi disease militum ex mora in cubilibus humidis frigidisq[ue]. Febris ardens est; cum pain capitis ingenti & delirio, in nonnullis cum diarrhæa, nec ante solvitur qvam medulla ossium consumpta corpus tabescat. Pleriq[ue] tamen evadunt.) [25, p. 87]

The third pathology was similar to scurvy and often associated with leprosy:

The third disease, widespread for the same cause and close to sea scurvy, first of all affects phlegmatics and those who have a sedentary life. Leprosy is often added to this. [25, p. 87]

(Tertius morbus inqvilius ex eadem causa marisq[ue] vicinia scorbutus, phlegmaticos in primis & vitæ sedentariæ addictos invadit. Cui se sæpe jungit Lepra.) [25, p. 87]

Other authors, such as Jean Jacques Manget (1652–1742) in Geneva included these sources in their works [26]; in fact, the works of Bonet and Manget were compendia and reported sources from other authors.

In this way we have therefore defined primary sources (Debes and Bartholin) and others, who spread accounts and reports throughout Europe (Bonet and Manget), and our few introductory words remind us how reports about the medicine of northern and circumpolar regions were disseminated into the European medical milieu.

Methods

The historical method and comparative analysis of the volume by Francesco Roncalli Parolino [1] and of the bibliographic sources cited therein [27, 28, 29] are applied.

Findings

According to Bartholin, anti-scurvy treatments in use in Greenland were based on the use of the anti-scurvy herbs, sorrel and *Cochlearia*. These were cooked with grains (barley or oats), fresh reindeer or bird meat, and the broth was taken as a tea. Bartholin had already described the use of sorrel and *Cochlearia* as anti-scurvy herbs in his *De Medicina Danorum Domestica* (1666) [27]. We now know that sorrel and *Cochlearia* are rich in vitamin C, that fresh meat contains more vitamin C than preserved meat and that cooking at low temperatures leads to less destruction of vitamin C. The Greenlandic therapy was effective and witnessed up to until the 19th century.

In regard to the dominant diseases in the Faroe Islands, the first disease we already mentioned seemed to be mainly catarrhal production from the upper airways, but also from the lungs, and Bartholin points out a possible generalisation, with a quick fatal outcome.

Regarding the second disease, the abdominal symptoms are related to castrense fever. As already seen, this fever was associated with the conditions of military quarters and their characteristics were those of cold and humidity also typical of the northern environment. This disease had also been correlated with typhoid fever; however, this association should not be considered as absolute since other pathologies could be involved (such as epidemic hepatitis). Even the characteristics of the sick were correlated, according to classical humoral theories: they were phlegmatic, that is, originally carriers of an increase in mucus mood (characterised by cold and humidity).

From northern to southern Europe

Following this introduction, we can now go to the southern Alps in 18th-century Italy, and in particular to the States of the Po Valley. Knowledge of northern European medicine and people spread to southern (Mediterranean) Europe via French or German mother-tongue authors, for example, the *Acta Medica et Philosophica Hafniensia*, was a principal and widespread source of reference for the time. Another significant and relevant source was Roncalli Parolino's publication, *Europae Medicina a sapientibus Illustrata*, of 1747. This was 50 years after Bartholin's works and 20 years prior to Crazz's publication. In Roncalli Parolino's book, up-to-date reports on the medicine and people of the northern regions in relation to a European perspective. Further below, we will highlight some paragraphs devoted mainly to Greenland and the Faroe Islands.

A European perspective of medicine in the 18th century

Today, Brescia, located in the centre of the Po Valley, is one of the main cities in the Lombardy Region and home to 2 universities. Being an important city at the time of the Republic of Venice, it boasted 2 hospitals (dating from the 15th century) and a significant medical milieu. Among the city's principal and renowned physicians was Roncalli Parolino, who completed his medical degree in Padua University as a student of Antonio Vallisnieri (1661–1730). Nowadays, he is only mentioned in scholarly biographies; however, Roncalli Parolino's biographers [30,31] provide him with a description of his relations, both collaborative and opposing, with his neighbouring medical milieu. He is recorded as having controversies with physicians in 2 other important cities, Cremona and Crema, regarding what today would be considered psychosomatic illnesses. He was also opposed to human variolisation.



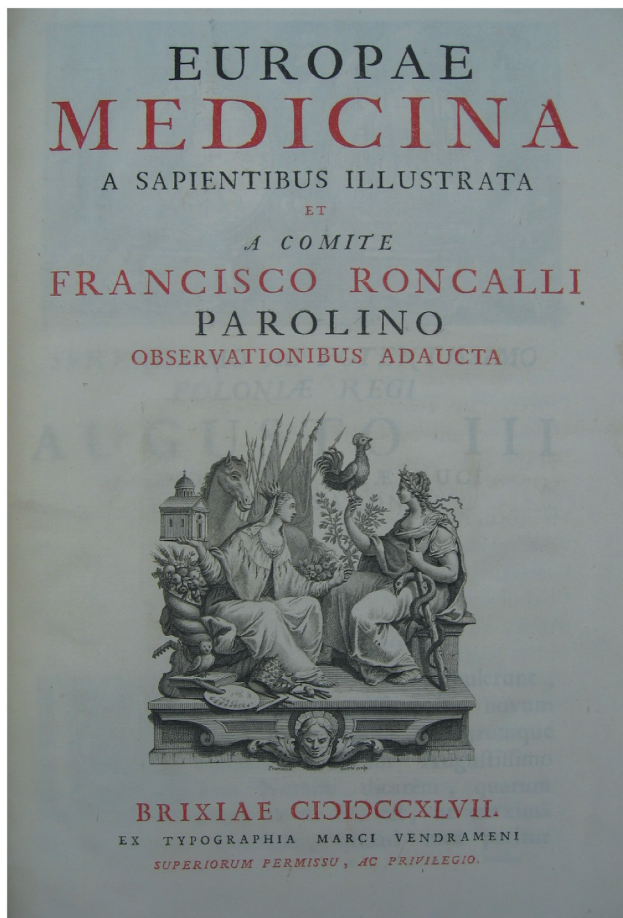
Portrait of Francesco Roncalli Parolino (1692–1769) [1]

Roncalli Parolino was a member of various scientific academies: the *Istituto delle Scienze* of Bologna, the *Accademia dei Lincei* and president of the

Medical Collegium in Brescia, and he also had a large number of associations with his renowned European peers and contemporaries. It is important to stress that his European medical perspective [32] saw the circumpolar region and peoples as being equally worthy of inclusion.

A book on European medicine

In 1747, Roncalli Parolino published the imposing *in-folio*, *Europae Medicina a sapientibus Illustrata* [...] [1] as a detailed description of European medicine in the middle of the 18th century. It is a complex, precious work, suitable for identifying and describing medical practices throughout Europe during this time, wherein each contributor and correspondent sent reports on practices within their own territory.



Frontispiece of *Europae Medicina* [...] [1]

Albrecht von Haller (1708–1777) also emphasised the relevance of Roncalli Parolino's work [33]. Roncalli Parolino [1], in a more general chapter devoted to

Dania, devotes 2 paragraphs to Greenland and to the Faroe Islands and Iceland, respectively.

Roncalli Parolino's *Dania*

Europae Medicina was dedicated to August the Third (1696–1763), King of Poland, Grand Duke of Lithuania, Saxony Elector, and as mentioned, included the chapter entitled "Dania", which was one of the main areas of Europe. The chapter index read as follows: *Britannia, Dania, Francia, Germania, Graecia, Hispania & Portugallia, Hungaria, Italia, Moschovia, Polonia, Prussia, Svecia*.

Within "Dania", the following paragraphs are as follows: *Dania, Groenlandia, Islandia et Insulae Faroenses, Lalandia, Lapponia et Norvegia, Finlandia, Seelandia*.

The chapter contains general and particular descriptions of medicine [1, pp. 33–45] and transcriptions of correspondence between Roncalli Parolino and his peers [1, pp. 45–50].

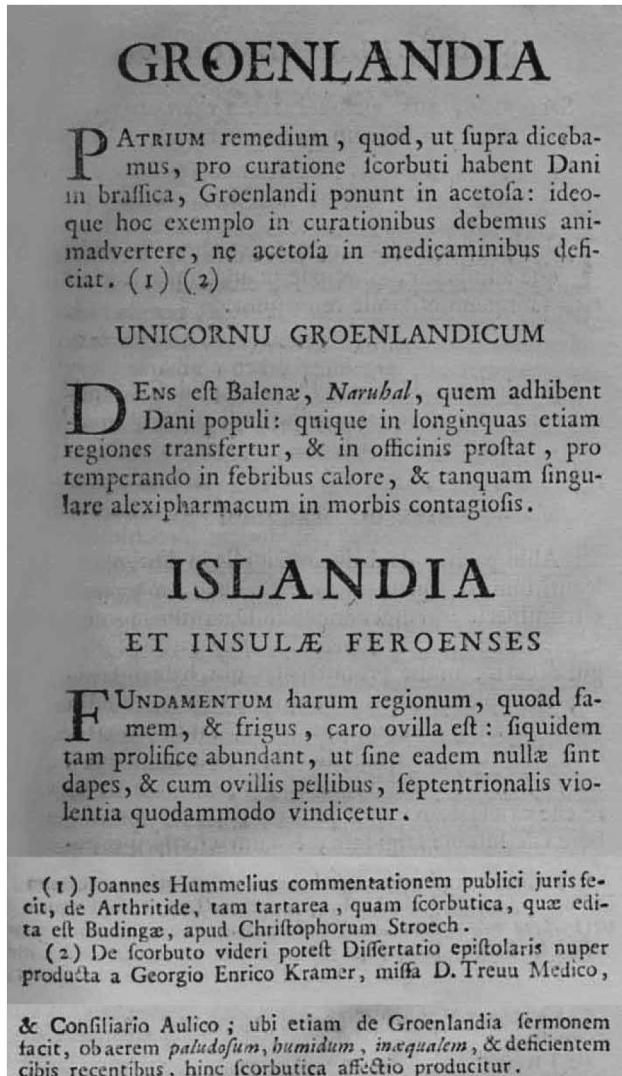
Here we can read the letters from Roncalli Parolino to Johann Samuel Carl (1677?–1757), physician of King of Denmark (16 March 1745); to Johann Gottlieb Boetticher (1677–1762) (10 September 1745); to Johann Christoph Rieger (1696–1774) (24 November 1745); an answer from Johann Christoph Rieger to Roncalli Parolino with bibliographical remarks (16 December 1745); a letter from Roncalli Parolino to Antonio Formica (1 October 1745) and 2 letters from him to Heinrich August Gerlach (6 December 1745 and 1 January 1746).

"Dania" opens with a general, geographic, climatic description, followed by a detailed text related to medical training, organisation and academic activity (including a list of notable physicians and scientists). This is followed by an analysis of Bartholin's thoughts regarding food and some diseases (scurvy, dysentery). The core of Roncalli Parolino's analysis deals with a series of various treatments, namely the use of a decoction of barley, and his comments in relation to pathological observations on pleurisy are remarkable. Some other diseases are more widely described: the spina ventosa (a form of tuberculosis) and scurvy. Spina ventosa is not considered native to those regions, but scurvy is; therefore, one must carefully consider both what physicians from "Dania" proposed, as well as popular customs.

Roncalli Parolino transcribed a long list of local and imported anti-scurvy remedies (phytotherapeutic or not),

and he highlights the use of a cabbage (*Brassica* L.) infusion.

Roncalli Parolino's Greenland and the Faroe Islands



Chapters devoted to Greenland, and the Faroe Islands and Iceland in Roncalli Parolino's [1, p. 43].

Greenland

While the national remedy Danes used for the treating scurvy was cabbage, the Greenlanders used sorrel; therefore, on the basis of this example, we must observe that sorrel was rarely missing from the various medicines. (1)(2)

Greenlandic unicorn

This is whale tooth, Naruhal [narwhal], which the Danes used, and it was also transported to remote regions and

administered to reduce high fevers or as a singular antidote in contagious diseases.

Iceland and Faroe Islands

The abundance of sheep formed the basis for warding off hunger and cold in these regions. Mutton was the mainstay in provision of food and sheepskin provided protection against the harshness of the climate.

- (1) Johann [Christian?] Hummel published a dissertation on gout and scurvy-related arthritis, published in Budingen by Cristoforo Stroeck.
- (2) On scurvy, one can consult a dissertation written by Johann Georg Heinrich Kramer, addressed to Dr Trew, physician and court consultant, where Greenland is also mentioned for its boggy, humid, uneven air and its lack of fresh food, which resulted in scurvy infections [1, p. 43].

The Greenland paragraphs focus on very relevant therapeutic information: in "Dania", as already mentioned, the main anti-scurvy remedy at the time was cabbage (*Brassica*), in Greenland the remedy was acetosa; hence, Roncalli Parolino proposes the introduction of acetosa as an anti-scurvy treatment in the European context. He also cites 2 dissertations on scurvy: the first, by Johann [Christian?] Hummel, published in 1738 in Budingen [28]; the second, by Johann Georg Heinrich Kramer, published in 1737 in Nurnberg [29], both of which confirm the spread of scurvy in northern regions and the use of *Cochlearia* in its treatment. Another reference to the uses of acetosa and *Cochlearia* can also be found in these texts, where they testify to the role of German-speaking physicians in the spreading of knowledge regarding northern and circumpolar medicine in Europe.

The second part of Greenlandic paragraph is devoted to narwhal and its use as an antidote. Roncalli Parolino includes the Faroe Islands with Iceland and again emphasises the abundance of sheep and their importance to the local diet and the use of their pelt.

Greenland and the Faroe Islands in the Brescia area

The value of Roncalli Parolino's work regarding Greenland and the Faroe Islands resides in his positive consideration of therapies proper to those regions and peoples, so much so, he advised that some of these Nordic herbs be adopted in the treatment of scurvy in his home region. But how would this have been

possible? By importing such anti-scurvy herbs directly from Greenland and the Faroe Islands?

In his book, he gives us a detailed list of herbs growing in the Brescia area (34, pp. 268–280), and he discovered that many anti-scurvy herbs could be sourced locally. *Rhodia* stam could be found near Colle in Valtrompia, north of the city of Brescia; *Tormentilla* grew on the mountains over Rezzato, east of the city; *Angelica* grew on the mountains over Mompiano, in the north; acetosa, *Brassica*, beccabunga, nasturtium were common in grassland, vegetable gardens and ditches. *Cochlearia* grew farther away to the north, on Guglielmo Mount, near Iseo Lake, in a colder climatic area.

As a result, Roncalli Parolino's encouragement to include the Greenlandic and Faroese experience in anti-scurvy treatment, moved from the academic field into daily medical practice.

Conclusion

Medicine in the 18th century, like today, was multi-centric and was characterised by intellectual, and real, paths, so that the description of Greenlandic and Faroese medicine was not just an erudite exercise. Therefore, at the time, northern and circumpolar medicine could also be integrated into medical practice throughout Europe, including in southern regions. We believe Francesco Roncalli Parolino's perspective is still very much relevant and is deserving of acknowledgement and consideration among our colleagues today.

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