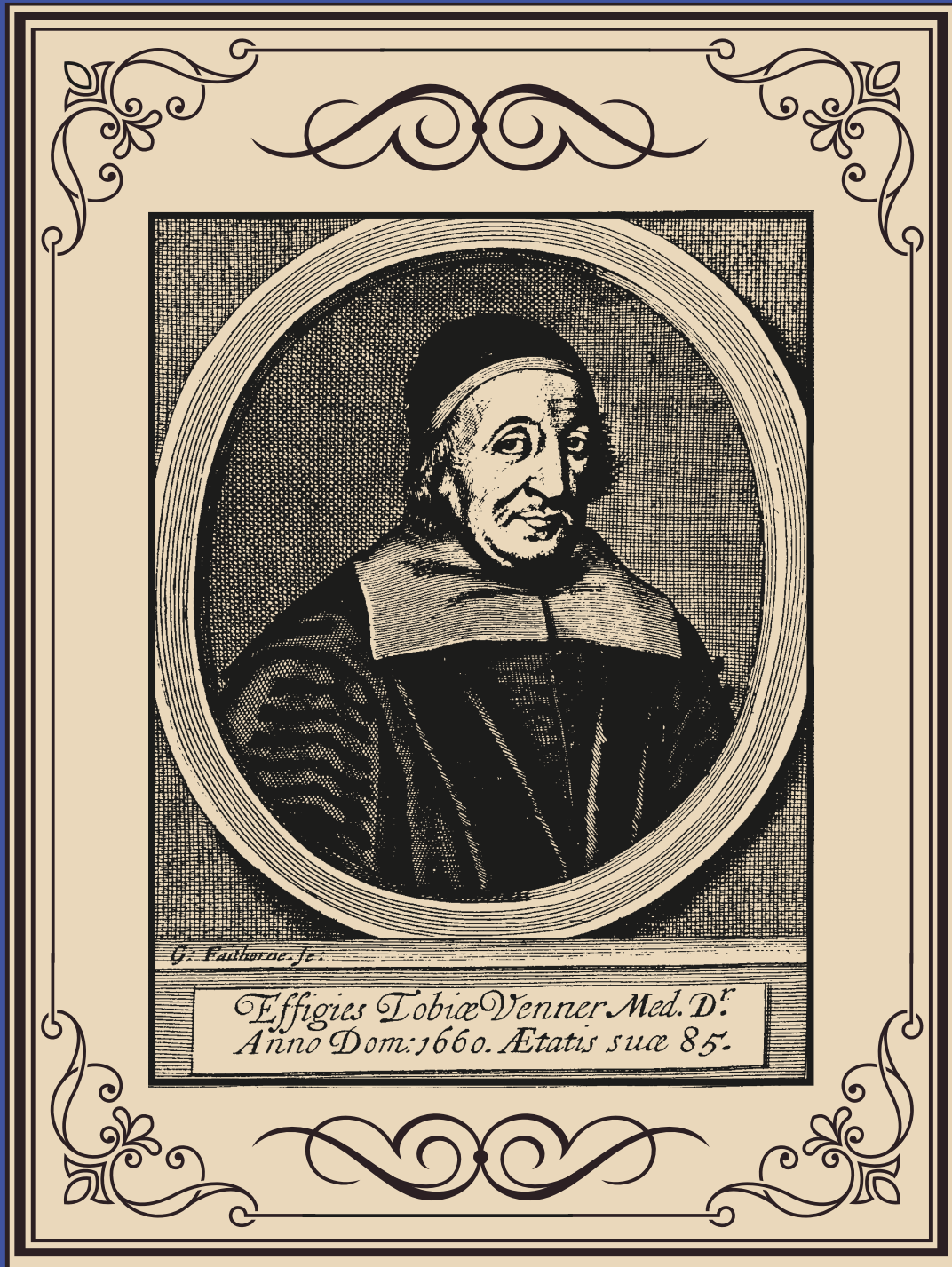


Tobias Venner:

A 17th century Oslerian prototype



Tobias Venner, age 85, in academic regalia. Engraving from Wm Richardson, London 1801. Courtesy of The New York Academy of Medicine Library

*“The good physician treats the disease;
the great physician treats the patient
who has the disease.”*

—William Osler

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Most of the seminal figures in medicine over the centuries have been celebrated for formulations of disease causation, introduction of therapeutic systems, or measures directed to disease prevention. Others have been included primarily as teachers, a few as practitioners. William Osler has been venerated for more than 100 years, particularly in the English-speaking world, as an academic leader and clinical model, and for his recurrent reminders that medicine is a noble profession with rich traditions to be respected and maintained. Although hardly a practitioner in the usual sense, Osler was deeply respectful of practicing physicians, who were characterized by him as unsung heroes, diligent and steady in their work, bringing help and comfort to the sick with little recognition and modest reward.

Tobias Venner was a keen and articulate practitioner whose magnum opus, *Via Recta ad Vitam Longam*, was in Osler's library. Venner was an Oslerian prototype—an energetic, scholarly, and revered physician who practiced in and around the valley of the river Avon early in the 17th century.

Venner's schooling

Venner was born in 1577 “of honest parents”¹ near Bath, in the southwest of England. At 18 years of age he matriculated in St. Albans Hall at the University of Oxford, from which he received a baccalaureate degree in 1598 or 1599.

He was studious and ambitious, and went on to receive a Master's degree in 1603, after which he set up a practice in Petherton, near Bath. Persisting in his studies, in 1613 he was awarded bachelor's and doctoral degrees in medicine, also at Oxford, having received certification from the Regius Professor of Medicine, Thomas Clayton Sr., that he was fit for those degrees. In addition, he received a dispensation for non-attendance at the professor's lectures and a grace in convocation, which relieved him of the need to wait over four convocations for the degrees, an unusual circumstance of uncertain origin that may have reflected his practice experience.

Venner married Agnes Jeffrye, with whom he had four children including a daughter who died in childhood, and three sons, all of whom studied medicine at Oxford. All predeceased him, as did his second wife, Mary Parker.

Individual accomplishment

The social and intellectual environments of Venner's time were conducive to individual accomplishment. He was an industrious and inquiring physician and his era was an extraordinary one, the culmination of the English Renaissance. Literature was flowering, and high ideals, experimentalism, and a factual basis for medicine were emerging alongside the continuing influence of Hippocratic and Galenic formulations of disease causation and therapy.

Venner's life overlapped those of Harvey, Bacon and Sydenham, Spenser, Shakespeare, Thomas Browne (Osler's great hero), Pare, Fabricius, and Galileo.

Osler's era, if not a renaissance, was likewise one of explosive ferment, especially in the medical sciences and technology, and included Pasteur, Koch, Ehrlich, the Curies, Roentgen, and Lister. Clinical advances ranged

from emergence of the germ theory of disease to antiseptis, introduction of the roentgenogram and anesthesia. There were also contrasting formulations of the forces driving physicians as demonstrated in George Bernard Shaw's *The Doctor's Dilemma*, and Sinclair Lewis' *Arrowsmith*.

The intellectual stirrings of their times must have shaped and energized Venner and Osler. They were part of their times and their times were part of them.

Venner practiced in an adaptable manner, moving the few miles from Petherton to Bath in the spring and fall each year when influxes of the ailing arrived for the waters. The prevailing view was that extremes of weather were not propitious for therapeutic bathing. The arrangement was a lucrative one for physicians as well as quacks, sellers of nostrums, and other hangers-on.

Together with his books his practice afforded Venner a comfortable life, a circumstance paralleled in Osler's experience. His writings suggest he was an able, sound, and conservative practitioner, "just the kind to attract and hold the highest class of patients,"² not unlike Osler 300 years later.

Bath

The hot springs had made Bath a spa from Roman times and before. They were known as *Aquae Sulis* as early as 60 BCE, named for *Sul*, a Celtic goddess of waters and fertility. By Venner's time they were immensely popular, reputed to be therapeutic for a range of disorders from skin lesions and paralysis to rheumatics. This was in some degree state-of-the-art therapeutics, as was exposure to cold mountain air for tuberculosis in Osler's time. One is reminded of Pearl's "note on the inconstancy of therapeutic (and other) dogma," to the effect that "man's explanations of enduring realities have always been singularly ephemeral."²

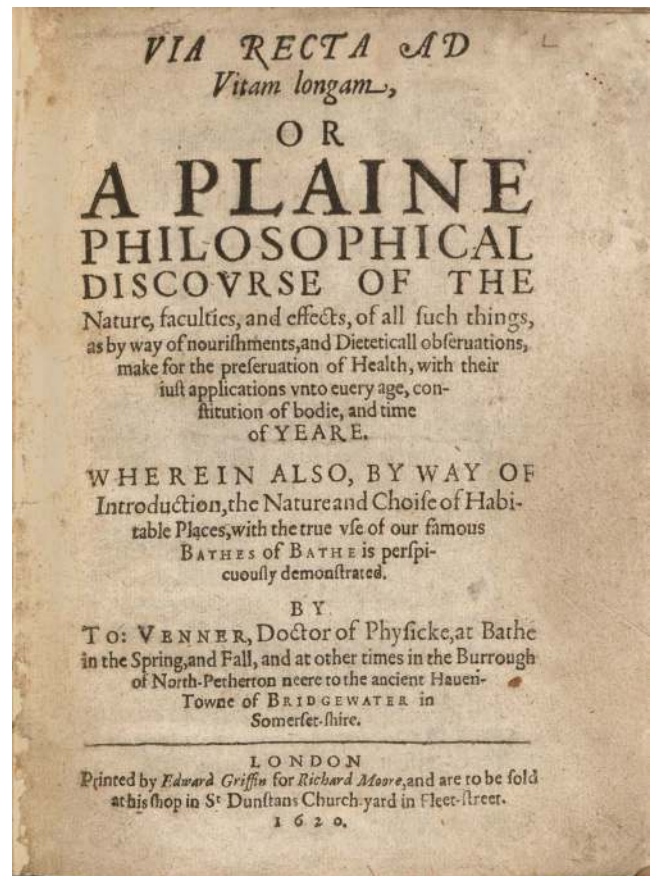
Venner contributed substantially to the popularity of the spa through his writings, especially a tract titled *The Bathes of Bath* (1628), which bolstered his image as a balneological specialist.

Via Recta ad Vitam Longam

His first major work, *Via Recta ad Vitam Longam* (1621) was an extensive consideration of general rules for achieving longevity through the preservation of health. It ranged from the proper siting of houses so as to maximize the health effects of air and sunlight to detailed expositions on a wide variety of foods, wines, beers, and waters, all with an eye to their advantages or disadvantages for individuals of the various humor-derived temperaments formulated by the Hippocratic School and enshrined by Galen.

Venner articulated one of the earliest warnings concerning the health effects of obesity, "A fat and grosse habit of body is worse than a leane, for besides that it is more subject to sicknesse, it is for all corporate actions far more unapt."³

He discussed the six non-naturals, health determinants other than the intrinsic humors: environment, sleep, diet, exercise, excretion, and passions of the mind. He described how these interacted with the four humors, a precursor perhaps of modern ideas of gene-environment interactions.



Title page of Venner's *Via Recta*. Courtesy of The New York Academy of Medicine Library

He advocated bran for the bowels and regular cleaning of the teeth, and cautioned against drinking waters transported through lead pipes, "even so wholesome as they are supposed to be because they are thought to acquire an unwholesome quality from the lead."³

The *Via Recta* provided a sense of family diets of the time and general hygienic advice "little different from modern recommendations."² Intended for the physician

and the laity, it was, like Osler's *Principles and Practice of Medicine* of 1892, authoritative, wide-ranging, well-written, and popular.

The original tobacco detractor

In the same year the *Via Recta* appeared, Venner published his chef-d'oeuvre on smoking, *A Brief Treatise Concerning the Taking of the Fume of Tobacco, Which Very Many in These Days do Too Too (sic) Licentiously Use*. In it he expressed his concerns over tobacco's adverse health effects:

As touching the...faculties of it, it is hot and dry in the third degree [a Galenic reference] and hath a deleterial or venomous quality, for it being taken into the body it tortureth and disturbeth the same with violent ejections both upward and downward, astonisheth the spirits, stupefieth and benumbeth the senses and all the members...and as touching the taking of the fume down into the stomach and lungs I utterly disclaim as pernicious. This noisome

faculty of tobacco proceedeth...from the very essence of its substance.⁴

Not everyone agreed. His cautions annoyed the tobacco sellers and frictions arose. Venner felt strongly and wasn't shy about saying so:

I must clear an objection of our vulgar tobacconists... saying they find no tortures and violent ejections or stupefying of their members and senses. To whom I answer that the immoderate use of tobacco hath made them insensible, without sense.⁴

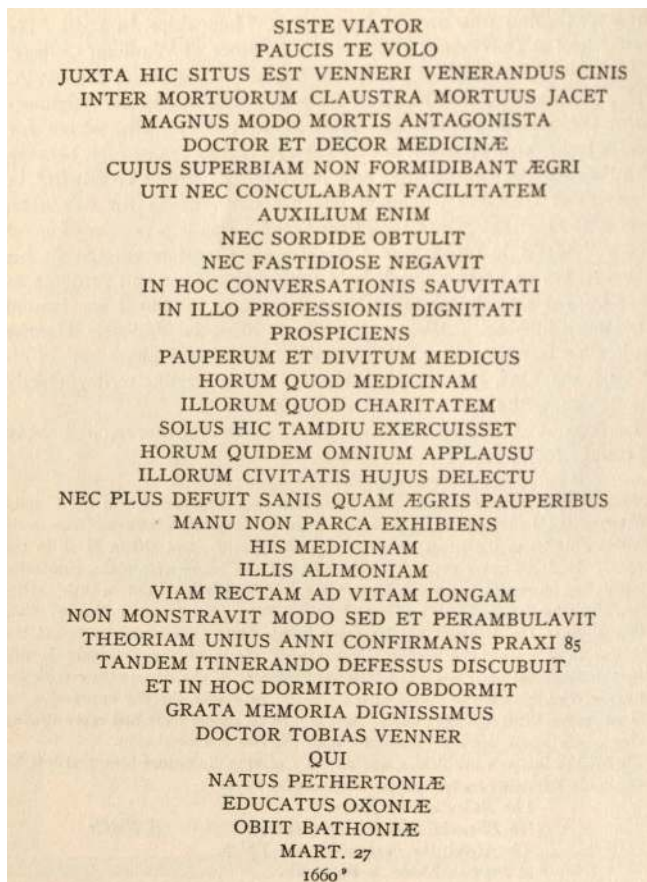
And to those who sought to contravene his warnings by impugning the source, he said:

As for these cynical detractors...I must tell them that... their absurdities proceed from their ignorance of the great and admirable mysteries of the noble art of physicke...or that they are slaves to their purses and therefore seek not in their necessities physicke's help and comfort from such as are learned in that faculty. And so I leave these to their physicke and the common tobacconists to their sleeping between the pot and the pipe...⁴

Adoption of the tobacco habit in England and Europe was a gift from the Americas, where the plant was indigenous. The American colonists took it up quickly from the native tribes, and some grasped its commercial potential. John Rolfe, husband of Pocahontas, established a tobacco plantation and became wealthy by shipping the leaves to England, where the use of tobacco was so widespread that in 1620 (14 years after the establishment of the first settlement at Jamestown) some 40,000 pounds were exported to England, and there were said to be 7,000 tobacco shops in London.⁵ Doggerel was written about it.³ It was smoked or chewed for pleasure (a practice Venner, who in this respect shared the views of the Puritans, decried), and the smoke was administered by enema as a stimulant thought to be useful for constipation, convulsions, and resuscitating the near-drowned.^{6,7}

Venner was a keen clinical observer and appears to have identified chronic lung disease and cor pulmonale as consequences of smoking:

The lungs, which are the stable of the heart, being by nature...of a soft and spongy substance, are by the immoderate heat and scircity [an archaic term possibly indicating acidity] of this fume quickly dried and coarctated and



Epitaph plaque in the great church in Bath. Courtesy of The New York Academy of Medicine Library

consequently become inapt for motion, to the great offence of the heart and ruin at length of the whole body.⁴

Nevertheless, he thought tobacco had some therapeutic value because “it doth for the time expel melancholy, helpeth pains of the teeth and aches of the joints...and preventeth putrefaction of the humors.”⁴ Overall, he urged moderation and the primacy of therapeutic use.

A preservationist of health

Venner lived a busy, productive life as a thoughtful practitioner, an exemplar of the best traditions of his profession, and articulate advocate of the preservation of health.

When he died in 1660 he was a prominent and widely respected figure in Bath and Petherton. He is celebrated in a marble monument set in the great church at Bath, which was commented on by Pepys, who made mention of his visit on June 14, 1668:

Pause wayfarer. I want you for a few moments. Near this spot Venner's ashes are to be venerated. Amid the tombs of the dead he who was lately a great fighter of death himself lies dead. A doctor of medicine and an ornament of the profession before whose lofty spirit the sick were unabashed and yet did not abuse his affability. For he did not proffer his aid stingily or deny it scornfully. Suave in discourse he nonetheless maintained the dignity of his profession. Far-seeing physician to the poor and the rich alike, no one has dispensed charity on the one hand and healing on the other for so long a time in this place as he has. Applauded by all, he was our chosen leading citizen. He was not found wanting by either the well or the sick poor; with no unsparing hand he dispensed sustenance to the one and medicine to the other. He has not only set forth in one year the theory of the right way to attain great longevity but has established its soundness in practice by living 85 years himself.⁸

Venner was an early expression of the Oslerian model—clinically accomplished, astute, scholarly, energetic and communicative, deeply concerned with the rationality of medicine and with its dignity—and widely admired.

Today, internal medicine is under severe pressure from the combined effects of unconstrained subspecialization, constriction of its ambit under the primary care rubric (including posited equivalents such as obstetrics/gynecology, family practice and advanced practice nursing), and distortions of the care system by the enormous amounts of money in it. The internist of consultant

capacity is a vanishing species, and a valid alternative is not yet apparent.

We may say for Venner and Osler, *Requiescat in Pace*; we may hope (against hope) that we do not have to recite it for their model.

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References

1. Oxford Dictionary of National Biography. Vol 20: 212–3.
2. Pearl R. Tobias Venner and his Via Recta. *Human Biol* 1932; 4: 558–83.
3. Venner T. *Via recta ad vitam longam*. London: R. Bishop. 1637.
4. Venner T. A briefe [sic] and accurate treatise concerning the taking of the fume of tobacco, which very many in these dayes do too too licenciously use: In which, the immoderate, irregular, and unseasonable use thereof is reprehended, and the true nature and best manner of using it, perspicuously demonstrated. London: R. Bishop. 1637.
5. Borio G. The Tobacco Timeline. http://www.tobacco.org/History/Tobacco_History.html.
6. Hughes TJ. Miraculous Deliverance of Anne Green: An Oxford case of Resuscitation in the Seventeenth Century. *Brit Med J*. 1982; 285(6357): 1792–3.
7. Haynes TJ. Tobacco smoke enemas. *BCM J*. 2012; 54: 496–7.
8. Pepys S. 1668, June 14 diary entry. <https://www.pepys-diary.com/diary/1668/06/14/>.

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