Cavour's death and the political difficulties of Italian medicine

Giuseppe Remuzzi (March 17, p 1068)1 ascribes the death, 150 years ago, of the Italian Prime Minister, Camillo Cavour, to the repeated malpractice of bloodletting by his physician. From this and other episodes, Remuzzi insinuates that the Roman Catholic Church has contributed to Italy’s loss of medical primacy over the past centuries. As confirmation, he reports the role recently played by the Church in the promotion of strict legislation regulating medically assisted reproduction, stem-cell research, and end-of-life rights. Remuzzi’s argument is not supported by historical evidence.

Why, until the 17th century, when the power and diffusion of the Church were much greater than now, was Italy regarded as the “nursery of natural sciences”? That happened not against, but with, the crucial participation of the Catholic Church, which saved Greek and Roman medical heritage, created hospitals for poor and disabled people, and contributed to the foundation of the first medical schools and universities, actively supporting the development of knowledge in medical and other disciplines.

The second issue raised by Remuzzi deserves a deeper debate. Most of the Italian population is not Catholic; however, the elected parliament has voted on some of the above-mentioned laws. Decisions about the fundamental issues of human life cannot be left to scientists only—just as atomic scientists were not permitted to explode the bomb just because they discovered it. In a plural society, moral judgment and democracy combine to establish, as far as is possible, what is compulsory and what is forbidden.

Things are probably more complex than Remuzzi makes out.

We declare that we have no conflicts of interest.

*Giancarlo Cesana, Francesco Agnoli

University of Milano Bicocca, 20125 Monza, Italy (GC); and Il Foglio, Milan, Italy (FA)


The viewpoint by Giuseppe Remuzzi1 draws attention to the last days of one of the iconic figures of the Italian Risorgimento, the diplomat and politician Camillo Cavour, and restates the hypothesis that repeated bloodlettings actively contributed to Cavour’s death.

The more credible hypothesis as to the cause of Cavour’s death is malaria. Malaria plagued Italy during the 19th century,2 and Cavour probably had relapsing attacks, since he periodically stayed in his landed properties (in Leri) containing rice fields infested with mosquitoes. However, this hypothesis is also not completely convincing. Cavour died in June, whereas malignant tertian or Plasmodium falciparum malaria affected Italian victims during the late summer and autumn. Furthermore, Cavour, having had repeated bouts of malaria, should have acquired a level of immunity.

The disease that led to the death of the Count was characterized by an acute course (he gave his last speech in parliament 6 days before his death), with a prodromic episode of fever about 1 month previously, and presented with fever, vomiting, wandering neurological symptoms (alexia, confusion), yellow sclera, and coagulation defects.3 Respiratory symptoms (dyspnoea, cough) were not noted even during the last phases of the disease.

All these signs and symptoms might indeed suggest a diagnosis of severe malaria with cerebral involvement. However, cerebral malaria manifests as diffuse symmetric encephalopathy with a constant downhill course. Furthermore, respiratory discomfort is commonly noted in the last days in cases of severe falciparum malaria. An alternative hypothesis could be acquired thrombotic thrombocytopenic purpura.4 Thrombotic thrombocytopenic purpura is a form of thrombotic microangiopathy in which tissue injury can affect any organ but most often results in neurological defects and fever.5

We declare that we have no conflicts of interest.

*Venerino Poletti, Gilberto Corbellini

Department of Diseases of the Thorax, Gli Morgagni Hospital, 47125 Forlì, Italy (VP); and Section of History of Medicine, Faculty of Pharmacy and Medicine, Sapienza University of Rome, Rome, Italy (GC)


Author’s reply

Medicine in Italy lost its primacy because of a multiplicity of causes, including doctrinal disputes that had divided the scientific community since the 18th century. However, religious and political issues also contributed to keeping Italian medicine lagging behind the mainstream medical thought of the century, as both The Lancet7 and the New England Journal of Medicine8 echoed in 1861.