Active Euthanasia in Pre-Modern Society, 1500–1800: Learned Debates and Popular Practices

Michael Stolberg*

Summary. Historians of medical ethics have found that active euthanasia, in the sense of intentionally hastening the death of terminally-ill patients, was considered unacceptable in the Christian West before the 1870s. This paper presents a range of early modern texts on the issue which reflect a learned awareness of practices designed to shorten the lives of dying patients which were widely accepted among the lay public. Depriving the dying abruptly of their head-rest or placing them flat on the cold floor may strike us as merely symbolic today, but early moderns associated such measures with very concrete and immediate effects. In this sense, the intentional hastening of death in agonising patients had an accepted place in pre-modern popular culture. These practices must, however, be put into their proper context. Death was perceived more as a transition to the after-life and contemporary notions of dying could make even outright suffocation appear as an act of compassion which merely helped the soul depart from the body at the divinely ordained hour of death. The paper concludes with a brief comparison of early modern arguments with those of today.

Keywords: history of euthanasia; dying; death; popular customs; Hippocratic Oath

Active euthanasia is one of the most hotly disputed issues in contemporary medical ethics, law and politics. Over the last 20 years, thousands of scholarly articles and books have dealt with the issue, exploring its philosophical and theological dimensions, debating court cases and legal changes and surveying attitudes and actual practices all over the world. Intense media coverage has presented the principal arguments for and against active euthanasia to the general public. To summarise a complex debate, those who consider active euthanasia a legitimate option in certain cases or argue for its legalisation under specific conditions (as in Belgium and the Netherlands) hold it to be a matter of compassion, human autonomy and dignity.¹ In their view, incurable and terminally-ill patients should not be forced to continue a meaningless life of pain, discomfort and despair. They argue that patients should be able to turn to physicians for a quick, painless and dignified departure from this world.

Many opponents to this position, among them large parts of the medical profession and various religious groups, see active euthanasia and physician-assisted suicide as

¹See, for example, Dworkin et al. 1998, with papers by leading representatives of opposing viewpoints. For a useful summary of the major arguments, see Scherer and Simon 1999, pp. 13–26.
incompatible with the sanctity of life and the physician's professional duty to preserve it. They are also concerned about potential abuses of power, as in so-called ‘euthanasia’ in Nazi Germany. Along similar lines, they warn of the dangers of stepping on a ‘slippery slope’. Once active euthanasia is accepted, they fear that it would become impossible to draw a clear line between its justification for use on patients who are not close to death, or on children, or on patients suffering from depression. Finally, critics point out possible wider cultural and social repercussions. The general respect for human life might diminish. The patients’ trust in physicians might suffer when the latter come to be seen as angels of death. And patients who need constant care and nursing might experience a subtle—or sometimes not so subtle—pressure to ask for a quick death rather than be a burden to relatives or nursing staff.2

The controversial debates of the present have also stimulated considerable scholarly interest in the history of active euthanasia.3 From that work, the late nineteenth century has emerged as a watershed moment. It was then, as W. B. Fye has argued, that the ‘introduction of the concept of euthanasia into medical thought’ took place.4 The term ‘euthanasia’ as such was widely used previously but it simply meant a ‘good death’ and the palliative care and spiritual preparation used to assure it.5 Active euthanasia in the modern sense of intentionally promoting the death of dying patients, historians have found, was rejected as unacceptable in the Christian West before 1870 and indeed hardly discussed at all.6

Based on a range of hitherto unknown or ignored sources, this paper seeks to revise the current state of knowledge on several crucial points. In the first part, I will show that active euthanasia was more an issue of learned debate in the pre-modern period than we have so far been led to believe. This debate was stimulated, in particular, by a growing awareness and critique of popular practices which aimed at promoting the death of terminally-ill patients. In the second part, I will take a closer look at these popular practices. I will present learned reports, anecdotes and medical case histories which show that, amongst the lay public, practices designed to end the suffering of the terminally ill were widely known and accepted. As I will argue, these practices were in many ways equivalent to what we would call ‘active euthanasia’ today. However, their meaning within the context of contemporary notions of dying and the hour of death was very different.

### The Learned Debate

A fairly obvious occasion for discussing what we would call ‘active euthanasia’ was offered by commentaries on the Hippocratic Oath. In a well-known passage, the Hippocratic physician pledged that he would not administer deadly drugs or advise anyone on

---

2Aumonier, Beignier and Letellier 2001; Schotsmans and Meulenbergs (eds) 2005.
4Fye 1978.
6Elkeles 1979, pp. 126–35. The index to Schleiner 1995, for example, has just one entry on the subject and the passage in question refers only passim to a very general condemnation of medical killing by G. B. Codronchi. The subject is also virtually absent from Wear et al. (eds) 1993.
such matters. Most early modern editors and commentators on the Oath refrained, however, from any discussion of active euthanasia. Some focused on philological problems or limited their comment to a brief summary of the precepts. Others took the passage on deadly drugs to refer to the therapeutic use of dangerous, potentially lethal medicine. Others discussed only very specific aspects, for instance whether a physician was allowed to poison an enemy.

However, there were exceptions. Petrus Memmius (1531–89) explained that the passage on deadly drugs might, at first sight, seem superfluous since Hippocrates demanded, in general, that the physician must not harm his patients. Hippocrates wanted to make sure, however, that physicians would not cede even to the most passionate pleading. According to Memmius, this firmness would help overcome the suspicion which people held against medicine for various reasons and would make them resort to medical help without hesitation.

In his commentary, some 50 years later, François Ranchin (1565–1641), professor of medicine in Montpellier and one of the most famous French physicians of his time, presented arguments for and against active euthanasia in considerable detail. Ranchin conceded that the Hippocratic prohibition was not generally accepted in the ancient world. According to Valerius Maximus, people in Marseilles could ask for hemlock when they wished to die. The poison was publicly stored for that purpose and given to those who convinced the senators that they had valid reasons for wanting to die. Similarly, Heraclides had reported from the island of Kos that ageing people sometimes preferred to kill themselves with poppy seeds or hemlock rather than endure the troubles and pains of old age. These, Ranchin stressed, were ‘barbarian and pagan’ customs, however, which Christians must not imitate. The Christian physician’s duty was to heal and not to kill.

So far, the most extensive discussion of active euthanasia from an early modern physician’s point of view that I have found appeared in a treatise on deontological, moral and theological issues. In his *Ventilabrum medico-theologicum* (1666), Michael Boudewijns (1601–81), town physician and medical teacher in Antwerp, devoted a section to the question ‘May the physician accelerate death in order to free a despairing patient from his pains?’ Boudewijns knew from his own experience, he claimed, that physicians frequently encountered patients who felt they no longer could bear the pain and begged the physician ‘Take a knife and make an end’, or ‘Shorten this life, which is worse than death’. Boudewijns was sympathetic. He admitted that man’s life on earth undoubtedly was a vale of tears, and sickness and death put the firmest men to a hard test. Nevertheless, it was a mortal sin to shorten the life of even the most desperate and afflicted patients. One might contemplate death but one must not actively bring it about. True, it was commonly accepted that one was permitted to jump down from a burning

---

7 Rütten in Garofano et al. (eds) 1999.
8 Opsopaeus 1587, pp. 33–6, 527–8.
9 Zwinger 1579, pp. 55–9.
10 Heurne 1593, p. 5.
11 Meibom 1643, pp. 123-5.
12 Memmius 1577, [E2v-E4r]; Memmius had worked as a physician in Utrecht but was then forced to flee to Rostock.
tower into the surrounding water, even if one could not swim. But in this case one was not seeking death but hoped to somehow still escape from it.

The physician, in particular, had to obey the fifth commandment. It might seem an exception to this rule that patients with rabies were sometimes suffocated with bedding or cushions. This, Boudewijns explained, was not justified by the wish to free the patient from his pains, however, but only by the need to protect others from him. The physician was not even allowed to simply withhold food, drink or necessary medicines without burdening himself with deadly guilt. Risky procedures needed to be performed with caution. Paracentesis, in particular, the tapping of water from the bellies of dropsical patients, had to be practised with the utmost reservation, because it was dangerous and rarely saved the patient’s life. The only concession which Boudewijns was willing to make—provided there was no more hope and death was not indirectly hastened this way—was administering cheaper drugs to dying patients to avoid financial hardship on the family. In this case, Boudewijns explained, quoting Pliny, one did not have to use every available means to prolong a man’s life.14

There is, at present, no consistent evidence that any pre-modern, non-medical writer was prepared to go further.15 The two possible exceptions which have sometimes been adduced in works on the history of euthanasia remain dubious and contested. Martin Luther has been quoted as having once demanded that a 12 year-old ‘changeling’ be killed. Yet to take Luther’s position in this specific case as an endorsement of active euthanasia would be misleading. To contemporary understanding, a ‘changeling’ was the fruit of sexual intercourse between a woman and the devil. As such it was, by definition, not endowed with a human soul and thus lacked the very essence of a human being. It was nothing but a mass of flesh, as Luther himself explained, which the devil made to look and act like a human being. From this point of view, killing a ‘changeling’ was not only legitimate but an obligation. There is no evidence that Luther supported active euthanasia on any dying or disabled child which he believed to be endowed with a human soul.16 A second, often quoted passage, comes from Thomas More’s Utopia and is somewhat more ambiguous.17 When incurable patients on Utopia suffer from constant great pain and torment, priests and magistrates seek to convince them that it would be better to put an end to their lives by their rejecting all food or by accepting a deadly drug. Their intolerable suffering would cease and they would no longer be a

---

14Boudewijns 1666, pp. 219–23: ‘An medico liceat mortem accelerare, ut desperatus aeger a doloribus liberetur?’.
15My survey of moral and religious writing, although admittedly much less thorough than that of medical writings, has also remained almost without any tangible results. Conrad Horne, for instance, in his popular book on moral philosophy devoted a single sentence to active euthanasia. Moreover, he mentioned it only as an example of situations in which ignorance of moral or legal precepts might be somewhat excusable. While everyone knew that killing a person was forbidden, not everyone might be aware that this even applied to cases in which a fatally wounded man himself begged to be killed (Horneius 1665, p. 347). Without specific references, Amundsen et al. in Post (ed.) 2004, p. 1576, also mention a passage from Martin de Azpilcueta who cites, in turn, Panormitanus, i.e. presumably Nicolaus de Tudeschis, but so far I have not been able to identify these passages in their works.
16Luther 1919, p. 9. The various eye-witness accounts differ somewhat in the details but they agree on these crucial points and arguments.
burden to their fellow human beings. More describes what we would call active euthanasia or, at least, physician-assisted suicide. It is far from certain and indeed unlikely, however, that he wanted to be understood as endorsing that practice, as indeed many other aspects of life on Utopia. After all, the Utopians were not Christians and they permitted divorce and remarriage and condemned all war.

Caspar Questel and his De pulvinari morientibus non subtrahendo
Neither More’s Utopia nor Boudewijns’ and Ranchin’s fairly detailed discussion sparked a scholarly debate about active euthanasia. That changed profoundly in 1678, when Caspar Questel, a lawyer in Naumburg, in Saxony, published a book with the intriguing title De pulvinari morientibus non subtrahendo, that is, literally, On the pillow of which the dying should not be deprived. Questel wrote his treatise to combat various popular customs which were performed with the explicit intention of causing suffering patients to die more quickly. From 1678 to 1718, it went through at least six editions or reprints, and it offered a major stimulus and a central point of reference to the learned debate on active euthanasia for the next 150 years.

The title of Questel’s work refers, in particular, to the practice of depriving dying patients of their pillow. The practice appears rather odd to modern eyes but many others made similar observations and explained its meaning. Zedler’s widely read Universal-Lexikon, for example, gave a very lively account of the horrible suffering which some people went through before their death, with their limbs twitching, their eyeballs turning, their bodies writhing in agony. Seeing a dying patient in such a miserable state, the author claimed, the ‘common man’ knew a way to ‘ease and accelerate death and put an end to the torments’. They pulled the dying man’s pillow from underneath him and thus brought him abruptly from an upright position into a horizontal one. The intention was clear and explicit: ‘they believe and find that this diminishes the fearsome and frightening unrest and that death follows soon and gently’.

Today, we may doubt whether this had any effect, except maybe in severe cases of cardiac failure. This is true even if we keep in mind that people then generally slept with their head and upper body more elevated than today and thus would have suffered a correspondingly drastic change of position. However, it is important to understand that Questel and many learned authors after him attributed very concrete, physical and often fatal effects to this practice. In ‘asthma’, ‘dropsy’ and other diseases, Questel explained, the lungs were filled with corrupt humours which blocked the airways when the patient was suddenly put flat on his back. Breathing became difficult and the heart was deprived of the necessary constant flow of air. At the same time, accumulating noxious vapours

---

19 Questel was a native of Breslau where he attended the local Magdaleneum Gymnasium. He then studied law in Jena (Questel 1671, with dedicatory poems by his former teachers).
20 Questel 1678.
21 Ibid.; a second, revised edition followed in 1682, with four additional chapters, and was reprinted in 1683; a third edition of 1698 was announced as ‘expanded’; two further editions or reprints appeared in 1715 and 1718.
and fumes could no longer be exhaled. They remained inside the body and extinguished the very source of life.

Other authors proposed a somewhat different theory but they shared Questel’s basic assumption that the deadly effects could be explained in pathophysiological terms. That ‘very evil habit’ of pulling the pillow from underneath the heads of those approaching death, Rudolf Becker explained to his readers, made the blood rush towards the head. As a result, patients died from sudden apoplexy who might otherwise still have recovered. Along similar lines, Zedler’s *Universal-Lexikon* argued that the brain was overburdened with blood when the patient was suddenly put into a horizontal position. The resulting pressure on the brain interfered with the free flow of the nervous fluids from the brain towards the heart. This free flow was necessary, however, to maintain the heart’s action and with it the life-sustaining circulation of the blood.

However, as Questel explained, the massive effects of pulling the pillow did not achieve the declared aim of easing the agony of dying. On the contrary, it intensified the patient’s suffering. The dyspnoeic patient (‘asthmaticus’), for example, whose vital forces where otherwise still intact and ready to fight with death would suffer the most horrendous, unspeakable torments in his struggle to fight off suffocation, when he was put flat on his back. The practice was similarly ‘inhumane’ in the case of consumptive patients who could no longer expel the morbid matter which collected in their airways and fell victim to cruel suffocation. Later authors argued along similar lines. Undoubtedly, according to J. E. Collner in 1799, the agony of dying was exacerbated by such ‘cruel charity’, due to the dyspnoea and the flow of blood towards the head. When a physician wanted to ensure that a patient died a mild death, Schriever concluded in 1836, it was important to ensure that death was not rendered more difficult ‘by the perverse and inveterate customs of the vulgar sort’. Especially in patients suffering from dyspnoea, consumption or dropsy, taking the pillow away might lead to a quicker death but never to an easier one.

Even the critics did not doubt, however, that ‘pulling the pillow’ worked and that death could indeed be hastened by this practice. The same applied to other techniques, which Questel described more briefly, such as transferring poorly clothed patients to the cold ground or turning them with their face downwards. Following Questel’s publication, learned physicians and theologians had to face the fact that many less learned contemporaries were prepared to shorten the lives of dying patients once they seemed doomed. The ‘right to shorten life and hasten death’ (‘*de jure abbreviandae vitae et accelerandae mortis*’), as J. Schilter termed it in 1678, became a real issue.

---

23 The notion that a sudden rush of blood towards the head could have fatal consequences—especially apoplexy—was then also widely accepted among ordinary people (Stolberg 2003, pp. 125–9).

24 Zedler 1744.


26 Questel 1678, p. 16.

27 Collner 1799, p. 16.

28 Schriever 1836, p. 20.

29 J. Schilter dedicatory letter to Questel 1678.
Questel himself made his position clear from the start. Shortening the lives of dying patients was against the laws of God and Nature.\textsuperscript{30} Depriving dying patients of their pillow was therefore a ‘morally bad act’. Indeed, it bore the ‘marks of murder’.\textsuperscript{31} Even when the patient explicitly asked for a quicker death, his wish or consent could not make a wrongful act right.\textsuperscript{32} Other authors largely shared his view. The founder of German pietism, Philipp Jakob Spener, argued that not even the greatest pain could justify shortening one’s life or letting others shorten it.\textsuperscript{33} Veit Riedlin, a physician in Ulm, asserted that life and the hour of death lay in God’s hands alone.\textsuperscript{34} The sinfulness of the act was not made any better by its being performed out of pity or charity, Johann Georg Palm explained. Many people thought they were doing the dying a favour when they took their pillow or headrest away ‘to make them die sooner’. They committed a serious sin, however, for ‘one must not presume any power whatsoever over the life of another person’.\textsuperscript{35} ‘This kind of love goes too far’, Karl Christian Hennig proclaimed bluntly in a medical dissertation of 1735.\textsuperscript{36} Or, as Kru¨ nitz’s popular encyclopaedia put it in 1798, those ‘compassionate bystanders from the lowest ranks of the people’ who in certain areas, pulled ‘the head cushion away from the dying, thinking to provide them with a faster and milder death’ might be ‘moved by pity’, but ‘woe betide you!’; he warned them, ‘you are murderers!’\textsuperscript{37}

‘Popular’ Practices

We do not know exactly how widely accepted and employed were the practices of ‘pulling the pillow’ and similar ‘popular’ means of promoting the death of terminally-ill patients. The broad and ongoing learned critique of these practices as well as anecdotes, medical case reports and later ethnographic surveys leave little doubt, however, that substantial parts of pre-modern society did not share the learned rejection of such practices.

Thus, in his Apologie, the famous sixteenth-century surgeon Ambroise Paré told the story of a remarkable case of mercy killing. On entering a conquered city, he encountered three fatally wounded soldiers next to four others who were already dead. An old soldier approached and asked Paré whether there was any cure for the three who were still alive. Following Paré’s negative response, the old soldier proceeded to cut their throat with a knife, ‘gently and without wrath’, as Paré described it.\textsuperscript{38} Paré characterised the old soldier as an ‘evil man’ but his account shows that some contemporaries considered even such violent mercy killing acceptable in certain cases.

If Paré described what was possibly an exceptional war-time situation, a story conveyed by Rosinus Lentilius in 1711 referred to an ordinary medical practitioner. Lentilius, who

\textsuperscript{30}Questel was a doctor of both canonical and secular law, and his publications include theological works such as Menzer 1693.
\textsuperscript{31}Questel 1678, p. 54.
\textsuperscript{32}Questel 1678, pp. 11–13.
\textsuperscript{33}Spener 1709, p. 777.
\textsuperscript{34}Riedlin 1709, p. 335, observatio DXLV, ‘Mors non est promovenda’.
\textsuperscript{35}Palm 1733, quoted by Hennig 1735, p. 39.
\textsuperscript{36}Hennig 1735, p. 40.
\textsuperscript{37}‘Leiche’ in Kru¨ nitz 1798, pp. 119–394, here p. 175; Questel 1678, p. 17.
\textsuperscript{38}Paré 1840, p. 690.
worked as a town physician in Nördlingen, in southern Germany, was asked to see an infant girl in a nearby village. The girl had developed a hard, reddish-blue tumour at the right side of her nose. Within a couple of weeks, the tumour had grown to the size of the rest of her head, hanging down over her chin to the neck. The tumour itself caused no pain but the skin came off where the tumour rubbed against the shoulder. When Lentilius saw her, the pale and emaciated girl offered a horrible sight. The tumour was too big to permit safe removal and Lentilius could only use symptomatic treatment. Four weeks later, a woman from the girl’s village told him how the child had fared in the meantime. The child was still alive, he heard, but the local surgeon had made a remarkable proposal. Since there was no more help, he had recommended not subjecting the girl to the daily growing misery she faced. The best way to spare her this misery, he had suggested, was to cut her veins and thus make her fall asleep forever. This, the surgeon had allegedly claimed, was perfectly in accordance with the fifth commandment.  

Unfortunately, from the historian’s point of view, eye-witness accounts or even second-hand evidence on specific cases such as these are rare. Learned contemporary observers like Questel and numerous nineteenth and early twentieth-century ethnographic studies from many different areas of Europe report a whole range of practices, however, which aimed explicitly at making patients in agony die more quickly. The occasion arose quite frequently. Those who believe that ‘active euthanasia’ could become a pressing issue only with the introduction of modern life-sustaining technology would do well to consult early modern medical case histories and the personal accounts of patients and relatives. They also show that the sufferings of dying patients were sometimes truly horrendous and hard to bear even for the bystanders.  

One straightforward and rather violent way of putting an end to the suffering of dying patients was to suffocate them. This was reported as a very old custom but continued to be mentioned and condemned far into the nineteenth century.  

In 1560, Giulio Raviglio Rosso’s Successi d’Inghilterra offered a detailed account. Having reported how, in England, relatives pulled the legs of convicted criminals hanging from the gallows in order to help them die more quickly, he described ‘a different kind of mercy which they use on the sick’. ‘The closest relatives take a cushion and put it on the patient’s face and then get seated on it and in this manner they suffocate him’. This practice was passed on from generation to generation, although, as he added, it was only found among the lower classes and in remote areas. The relatives did not feel that they were doing anything wrong, Raviglio claimed, but considered this act as pleasing to God. The practice was not limited to England either. In the 1720s, according to C. C. Salzmann, a man was convicted in Germany for pulling his dying wife from her bed and pressing her face to the ground until she stopped breathing. Interestingly, the judges accepted his claim that he intended no evil and sentenced him to the prison time he had already served.
This German court case also alludes to another much more widely reported practice. In many areas of Europe, dying patients were reportedly taken out of their beds and placed on the soil, a blanket or straw. ‘They say, they believe, they claim’, Johann Georg Krünitz’s *Enzyklopädie* explained in 1798, ‘that a sick person sometimes, indeed very frequently, cannot die in his bed; in this case they also exercise their murderous pity on him and take the defenceless out of his bed, into the cold, and place him on straw, covered only with his shirt’. As John Ferriar reported around the same time, this manner of accelerating death had also been ‘very common’ in Britain for the last 200 years.

Nineteenth-century writers continued to describe this custom of transferring patients on to straw or the earth, especially among the lower classes. By 1925, Klapper found it had disappeared from Upper Silesia, but, according to Hastings’ *Encyclopaedia* of 1930, it was still a ‘very wide-spread custom’, performed ‘in the belief that it abridges the sufferings of the dying and is therefore an act of kindness’. By far the most widely reported means of shortening the agony of dying patients was the one to which Questel’s treatise owed its title: depriving dying people of their pillows or bolsters. Throughout the eighteenth and early nineteenth centuries, numerous authors described and denounced these practices in medical treatises, enlightened advice books, devotional writing, and general encyclopaedias. Only gradually, in the course of the nineteenth century, does the practice disappear from popular culture. In 1907, the French orientalist Auguste Barth (1834–1916) recalled from his Alsatian childhood that people then were convinced that it was sufficient to pull away the cushion, in order to shorten a long and painful agony. In early nineteenth-century Germany, J. L. Choulant and J. D. L. Jahn reported that the practice was no longer as widespread as before and associated it, above all, with the lower classes. And Dietrich Georg Kieser and Johann Christian Reil warned against the ‘punishable habit, in some areas, to hasten death by depriving the sick of their pillow’. Late nineteenth-century German

were referring to a set of funeral regulations issued that year. Reflecting widespread contemporary fears that patients might be prematurely declared dead and inadvertently killed, these regulations prohibited stuffing the mouth or nose of the corpse, not of the dying patient. (Archives départementales, Metz, Série B, 998 (Collection des arrêts imprimés), ‘Règlement pour les Inhumations’, 14 June 1777).

---

44Krünitz 1798, vol. 73, p. 176.
45Ferriar 1798, p. 199.
47Klapper 1925, p. 300.
49Scheidhauer 1831, p. 17.
50Becker 1790, p. 19.
51Spener 1709, p. 777.
52An early (and possibly fictional) account of this practice can be found in Wickram 1557, n.p., ‘*Von einem,‘ *den sein eygener Vatter in seiner kranckheit nit wolt zwo jm lassen*’. It tells the story of an Alsatian priest who lay dying and whose agony ended within an hour after a passer-by had pulled the pillow from underneath his head.
53Personal letter from Barth, quoted in Zacharias 1907.
54Choulant 1836, p. 189; Jahn 1839, p. 19.
ethnographers found it was, by then, observed only occasionally. Yet, in England in 1887, William Munk still complained about the nurses who withdrew the pillows and bolsters from underneath the heads of those they believed to be ‘nearly in a dying state’, avowedly driven by ‘a desire to put the patient out of pain—that is, to put him to death’. The practice was not limited to the illiterate lower classes either. When, in 1886, Frank Rogers lay dying from a ‘softening of the brain’, Sabina Rogers, according to her nephew’s report, discussed whether she should ‘pull the pillow from under his head’; interestingly, the nephew was apparently not familiar with that custom and believed that she meant to ‘hasten his end by suffocation, after the manner of Othello or otherwise’.

In hindsight it is difficult to assess the precise importance of these practices in the lives of ordinary people. Keen on denouncing the ‘superstition’ and ‘ignorance’ of the vulgar sorts, enlightened critics may have exaggerated the extent to which they were accepted and performed. On the other hand, they may have downplayed the degree to which these practices were also part of middle- and upper-class culture, at least in some regions. In the early modern period, as Peter Burke has convincingly argued, the upper classes withdrew from the popular culture which they once had shared in a gradual process which ‘did not take place in any one generation, but at different times in different parts of Europe’. As to the nineteenth-century ethnographers, they were often driven by a desire to recover and preserve as many ‘folk’ traditions and strange, curious practices as possible, and may have exaggerated their importance for everyday life. On the other hand, their local informers may well have been reticent about customs which they knew might be considered as superstitious or indeed sinful. Some uncertainty thus remains as to the degree to which the various practices were known, accepted and practised among different parts of pre-modern society. The sheer number of anecdotes, case histories and reports from across Europe leaves no doubt, however, that practices which aimed at hastening the death of patients in agony had a prominent place in pre-industrial Europe.

A Popular Culture of Active Euthanasia?

What can we conclude from all this? Was there a popular culture of active euthanasia in pre-industrial Europe? Can those who advocate active euthanasia, under certain conditions, today draw on arguments from history and claim that active euthanasia always had a place in the Christian West? The answer will largely depend on what we mean by ‘active euthanasia’.

To begin with, the means which were employed to make dying patients die faster seem awkwardly inefficient to the modern eye, except for the outright, violent suffocation described by Raviglio Rosso. We might thus be tempted to see these practices as mere symbolic acts, as ‘rites of passage’ in Arnold van Gennep’s famous...
Transferring the dying from their beds to the floor, for example, suggests humility and a symbolic anticipation of the body’s post-mortem return to the soil. Medieval accounts bear witness to such symbolic meanings. The dying Caesar von Heisterbach, for example, asked to be put on the ground and for the bells to be rung for prayer. Queen Mathilde, in 968, is said to have requested a coarse cloth to be spread on the ground for that purpose and, in addition, covered her head with ashes. The possible symbolic meaning of ‘pulling the pillow’ is far less obvious, however, even though there are similar—and presumably related—customs in which such symbolic elements are more conspicuous. Thus German and Irish ethnographers found a fairly widespread belief that people could not die on feather pillows, and in some areas of France feathers were removed from pillows in order to facilitate the transition to the after-life.

For other reasons, too, regarding these practices as ‘merely’ symbolic would lead to anachronistic misunderstandings. As we have seen, contemporary learned physicians and other enlightened observers connected them with very distinct, physical effects which could be explained in pathophysiological terms. More importantly, the very distinction between ‘merely’ symbolic, magical or ritual practices on the one hand and practices which had ‘real’, ‘physical’ effects on the other does not do justice to pre-modern perceptions. In most contemporary eyes, performing a sympathetic healing ritual or eating a little piece of paper with a pious phrase written on it, could be as efficient a remedy against many diseases as the physician’s most powerful drugs. Conversely, a woman who was thought to have used witchcraft to make her neighbour fatally ill was as culpable of his death as if she had given him a deadly poison.

In the same manner, the practice of placing dying patients on the floor, which to us might seem pre-eminently symbolic, could be taken to shorten the life of the patient in a very straightforward manner. Thus, when in 1618 a dying prioress in Riga had become very weak, the women who nursed her began talking about the hard and bitter end she would have to endure and wanted to take her out of her bed. The patient objected, however, saying: ‘Leave me lying. Do you want me to die before it pleases God, our Lord?’ A report of a case which Veit Riedlin of Ulm published in the early eighteenth century provides another example. A butcher’s wife came to see him about her dying sister who could no longer swallow and was extremely weak and senseless. Since she seemed at the brink of death but could not die, the sister asked the physician what he thought of taking her out of bed and putting her in a different place. Clearly she was suggesting that this would finally bring things to an end, and it is remarkable that she asked a physician and not a priest.

63Cruel 1879, p. 239; Bächtold-Stäubli (ed.) 1937, col. 446, on St Benno.
64Mooney 1888, quoted by Dieterich 1905, p. 27; Wuttke 1900, pp. 457–8; Bächtold-Stäubli (ed.) 1937, col. 447.
65Kselman 1993, p. 50.
67Vetter (ed.) 1614, p. 78.
68Riedlin 1709, p. 335.
Once we accept that practices which, to us, seem to belong to the realm of the symbolic or magical were widely believed to be as effective as those involving a violent impact on the body, our story takes a remarkable twist. Following the writings of pre-modern physicians and other learned critics, I have thus far focused on practices to which they themselves attributed the effect of making patients in agony die more quickly, on the basis of contemporary pathophysiological models. Ordinary people knew and practised many other means of making dying ‘easier’, however, which often did not involve touching the body at all. Indeed, some of these seem to have been even more widespread than any of the customs I have mentioned. In many places, for example, dying patients were made to hold a blessed, burning candle in their hands, or had candles lit around their beds, or a special necklace was placed around their neck or a hat upon their head. The room was sprinkled with blessed water, or bystanders lifted tiles from the roof or opened the window.

As different as they may seem at first sight, these practices were, in terms of their underlying intention, not fundamentally different from, for example, bleeding a patient to death. They only used other means to the same end: making dying easier by facilitating the transition to the after-life. In this sense, practices which aimed at making dying patients die more quickly were even more widespread than is suggested by the writings of Questel and other learned contemporary observers.

Yet these practices clearly did not mean the same to contemporaries as performing ‘active euthanasia’ does to us today. Over the last decades, scholars have analysed pre-modern theological and philosophical views on death as well as beliefs and practices surrounding corpses, funerals and ghosts, but they have very little to say about the ways in which ordinary people perceived the actual process of dying and the hour of death. What we know from early modern accounts and later, nineteenth-century ethnographic surveys suggests, however, that, in the eyes of relatives or other bystanders, helping patients die faster did not necessarily mean making them die ‘before their time’. It was believed that the soul was sometimes reluctant to leave the body at the ‘right’ time—at the hour of death, that is, which God or Nature had assigned. It was bound so tightly to the body that it needed help to part with the body—sometimes in a very literal sense, when its exit was facilitated by providing an opening through a window. As the case of the protesting prioress of Riga shows, this justification could seem problematic to the learned eye. She feared that putting her on the ground might interfere with God’s plans. Many ordinary people, however, seem to have felt that it was perfectly legitimate and indeed an act of mercy to help the soul depart when it was time to go. Whether this aim was achieved by making the dying hold a candle, by depriving them of their headrest or by outright suffocating them was, from this perspective, a matter of secondary concern.

In this respect, confessional differences seem to have had only a very limited impact. Many Lutherans perceived death as the moment when the salvation of the soul was

69 Lentz 1907, p. 99.
70 A second major aim was to keep evil powers or the devil away.
72 Vetter (ed.) 1614, p. 78.
decided upon once and for all. In contrast to Catholic belief and practice, prayers, masses and saintly intercessions could no longer save a damned soul once the person was dead. When it came to shortening the agony of dying, the new Lutheran view, like the traditional ideal of a good, Christian death, called, above all, for a lucid mind and unflinching trust in God. Thus Catholics and Protestants alike expected the sick to go bravely and serenely through the agony of dying, before they met their Creator. Shortening their agony could therefore be seen both ways. It deprived the dying of the possibility of enduring this final test of faith. However, the physical process of dying was also known to affect the mental faculties indispensable in this situation—which a quicker death could help avoid. Only in the special case of Catharism, a different idea of death and salvation had a clear and decisive influence on attitudes to active euthanasia. Regarding the body as a mere evil envelope, some late Cathars considered it legitimate to bleed patients to death once they had received the Cathar ‘consolamentum’. Since the ‘consolamentum’ was thought to assure their salvation, the patients only risked being polluted again if they did not die at once.

The principal difference between the major denominations is to be found only in the preferred means to promote the passage to the after-life. Catholics were more likely than Protestants to resort to blessed candles, blessed water or relics or the help of a saint. This may explain, in turn, why the custom of ‘pulling the pillow’ was reported primarily from Protestant areas which lacked this wealth of Catholic alternatives.

**Conclusion**

As I have shown in this paper, practices which aimed at shortening the agony of dying patients by promoting their death were widely known and accepted in pre-modern society. They also were a decisive point of reference for the learned analysis of the philosophical and theological issues involved. Many of the major arguments which dominate the discussions today were already present then, explicitly expressed or implied by practices considered as legitimate. Those who accepted or indeed practised shortening the agony of dying patients seem to have been moved above all by compassion. The need to respect the patient’s autonomy on which medical ethics places such great value today was put forward only by those who opposed these practices. The learned critics worried, just like today, that patients might secretly be promoted to the after-life or even against their expressed will. The elderly women or paid nurses who took care of the dying, Questel claimed, frequently deprived them of their pillows without asking the patients or their relatives. This was sometimes done in secret and under some pretext. According to Questel, even women and people from the lower classes—to whom he seems to have attributed a weaker will—asked their children or heirs not to withdraw their pillows when the hour of their death should approach. Reminiscent of modern ‘slippery slope’ arguments, Questel also complained that, at times, patients with chronic diseases were treated in this manner when not even close to death and some vehemently resisted these attempts. Furthermore, in the sixteenth century,
Memmius articulated a related fear shared by many physicians today, namely that physicians risked losing the trust of their patients if they were known to sometimes intentionally shorten the lives of dying patients.\(^{76}\)

The principal argument against hastening death was a religious one. Along the lines of modern ‘sanctity of life’ doctrines, the critics underscored again and again that man had no right to dispose of his own life or of that of others. Neither compassion nor the patient’s explicit wish could justify interfering with God’s plans. There might be exceptions like war or criminal justice but the sick must patiently wait until God called them. Questel, who was trained as a lawyer, also suggested a more secular argument. He declared that withdrawing the pillow was also against the ‘\textit{ius naturale}’ but he did not elaborate on this point.\(^{77}\)

Although most of today’s principal arguments for and against active euthanasia can already be identified in the early modern period, there are also striking differences. They do not only refer to the relative weight attributed to the various arguments and to the degree to which these were accepted in scholarly writing and among the general public. The social and cultural context was different. The belief in God and a blissful after-life gave dying and death a meaning foreign to many people today. Similarly, the belief in immaterial agents and contemporary popular notions of dying and the hour of death made practices like praying and burning candles, which nobody today would consider as active euthanasia, appear as different only by degrees from suffocating dying patients or bleeding them to death. The story of popular practices of ‘euthanasia’ thus provides a particularly good illustration of a fundamental principle which should govern research on the history of medical ethics in general. Not only the responses to ethically problematic situations but their very definition must be considered to be framed by culture, by historically contingent notions of identity, personhood, dying and the after-life. In my view, it is above all this lesson—and not timeless norms of ethical conduct—which modern medical ethics can fruitfully take from history.

\textbf{Acknowledgements}

I am grateful to Karen Nolte, Peer Otte and various participants of the 2006 conference of the Society for the Social History of Medicine in Warwick, for their helpful comments on previous versions of this paper. My special thanks go to the editors of this journal for their generous help and support.

\textbf{Bibliography}


\(^{76}\)Memmius 1577, [E3v].

\(^{77}\)Questel 1678, p. 11.


Wickram J. 1557, *Das Rollwagenbuechlin*, sine loco.


