Fig 2—"The Mountebank at a Fair," by Thomas Rowlandson

Quacks

People on the fringes of society tend to attract and hold the attention of other members of that society. During the 18th century, itinerant quacks belonged to this fringe element. Notoriety and eccentricity added to their "commercial" value—both for themselves and for the many artists and playwrights who used the interest engendered by such characters by including them, or references to their activities, in their own works. In addition to the picturesque qualities that quacks provided, they could be used by graphic artists to illustrate such characteristics as pretentiousness, ignorance, and loquacity (with which they were commonly associated) and to display the extent of human folly, stupidity, and gullibility to which a large proportion of the population was subject. A particular practitioner might also provide a topical element to

a piece of work. The images of quacks could reflect a practice and convey an idea: their presence was well known and recognised and their practices were both reviled and praised.

Thomas Rowlandson, touring round the countryside, saw how itinerant quacks or mountebanks operated. He drew examples of practitioners in market places in different locations—each plying his trade with the aid of a "Merry Andrew," monkey, musicians, or "Black Pudding." No 17th or 18th century mountebank was complete without his zany or "Merry Andrew"—a term originally applied to Dr Andrew Boorde, physician to King Henry VIII, who was noted for his ready wit and humour and was the subject of many broadside ballads. A "Black Pudding" was a little black accomplice. These accessory characters helped to attract the crowd and to dispense nostrums. A drummer boy might even drown the noise of any unfortunate customer who succumbed to the temptation of having a tooth extracted at the invitation of a visiting "dental practitioner."

In Rowlandson's scene the quack is billed as the seventh son of a seventh son. Such individuals were popularly believed to have the ability to heal.

Political caricaturists appropriated the itinerant quack's domain for their own comments. They used him to personify politicians, for example, as arrogant, boastful pretenders who did little good for the country. Samuel Butler wrote in *Hudibras*:

The Quacks of government (who sate
At th'unregarded helm of state) . . .
And therefore met in consultation
To cant and quack upon the nation
Not for the sickly patient's sake,
Nor what to give, but what to take;
To feel the purses of their fees,
More wise than fumbling arteries;
Prolong the snuff of life in pain,
And from the grave recover—gain.

As the century advanced quacks became more sophisticated in their modes of operation. But that is another story.

Gone to the devil: the murals of Ile Royale hospital

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Off the coast of French Guiana lie three small islands, one of which became famous a century ago when Alfred Dreyfus was incarcerated there: Devil's Island has become synonymous with penal servitude. The name encompassed the whole penal colony of Le

Bagne, and to be "sent to the devil" or "go to the devil" has become an everyday phrase.

On the largest island, Ile Royale, are the official residences and the prison hospital, now deserted, though access through the window arch is not difficult.

Left—Convict receiving a preliminary examination. **Right**—Hospital orderly or assistant performing routine preparations; perhaps a self portrait of the artist at work. Official records confirm that trusted and non-violent convicts held minor positions within the colony

Left—From about the turn of the century, official deputations checked on the general standards of patient care and investigated cases of extreme corruption or violent unrest. **Right**—The patient is likely to be an official's wife; the last female convicts arrived around the year 1900.

Left—A house call? **Right**—Only the wife or mistress of a director could obtain the necessary authorisation for the limited resources to be used on a non-emergency case

On the ground floor, in what could have been a small consulting room, six sketched murals can still be seen above the doors. They are unsigned and reputed to be the work of a convict artist. The attention to detail and presentation of the figures makes it likely that the artist drew from first hand experience of operations.

The hospital functioned for almost 60 years, providing the only medical facility on the islands and also serving the jungle labour camps on the mainland. Medical staff looked after prisoners and also the administrative staff. Many convicts seem to have been admitted solely to die, their corpses subsequently being wrapped in cloth, weighed down with bricks, and buried at sea.

Working in the hospital could be a lucrative occupation. Some of the convicts had made a good income collecting butterflies in the jungle nearby and others

had worked as houseboys for their French masters. To keep their money safe they used "plans," small aluminium cylinders which were kept, given the poor nature of the convicts' clothing, "about the body." Many died in hospital, and it was standard practice to remove the suppository and recover any unspent money.

Much depended on the mercy of the doctor in charge. In 1923 the journalist Albert Londres visited the hospital while touring the colony; he reported favourably on the work of Dr Clement, conscientiously performed under arduous conditions, but damned the whole idea of the penal colony.

Though many voices called for the closure of the colony, it was not disbanded finally until 1946; the last of the old convicts died in 1990. Today French Guiana is an overseas department of France—and Europe's spaceport, home of the Ariane rocket.

Early evidence of scleroderma

Jan Dequeker, Ludo Vanopdenbosch, Antonio Castillo Ojugas

The painting of Archangel Raphael and Bishop Francisco Domonte by Murillo (1680) is in the Pushkin Museum of Fine Arts in Moscow (fig 1). The portrait of the bishop in the lower right hand corner shows several characteristic features of scleroderma. The most striking alterations of the skin are the numerous small telangiectases on the face, lips, and hands and the tight skin around the nose, cheeks, and forehead (fig 2). At

the finger the transverse skin plicae of the knuckles are not visible and the fingers are globally swollen; in other words, the distal, proximal, and metacarpophalangeal joint delineations are no longer apparent.

Similar skin alterations on the face can be seen in a patient with systemic sclerosis; in such patients the diagnosis of scleroderma is not based entirely on telangiectases; the features of tight skin and loss of skin

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