

“Prince Hal’s Head Wound at the Battle of Shrewsbury” by Michael

Livingstone:

An Amateur Scholar’s Response

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One of the biggest conundrums surrounding Henry V, and one that has always fascinated me, is the contradictions in aspects of his personality.

For example, he is believed to have transformed from a drinking, womanising young soldier into a serious, virtuous, chaste king who was zealous in his religious beliefs. A number of his personal characteristics and behaviours have been seen as admirable in the past and today: his bravery and courage as a knight; his gift of command, decisiveness in planning and masterminding of strategies and sieges as a military commander; his planning and effectiveness in delivering policy and redistributing of conquered territories as an administrator and manager. In short, a medieval superman, (for further details and sources see Goodman 2010).

In contrast, he is also described as: severe; cold; humourless; aloof; domineering; ruthless; bad tempered, vindictive and inhumane. He was intolerant of dissent and prepared to punish, even remove, those whose loyalty he suspected. Men feared his anger and avoided questioning the wisdom of his judgements or the rightness of his decisions - when his honour was impugned he could suddenly become extremely angry. His religious behaviour was extreme, even for the time: he considered himself to be God’s representative on earth and has been described as messianic; he also went deeply into periods of prayer from which he could not be disturbed, (Goodman 2010).

In 2010, I published my theory as to why Henry V’s personality may have changed and why he displayed such behavioural and personality traits (Goodman 2010).

On Saturday 21 July 1403 at the Battle of Shrewsbury, Henry, then 16 year old Prince Hal, was struck in the face with an arrow. According to John

Bradmore, the surgeon who treated the injury the arrow penetrated Henry's face at an angle on the left side of his nose and the arrow head became embedded in the skull at a depth of 6 inches (Cole and Lang 2003). Bradmore invented a surgical instrument which allowed him to remove the arrow head and Henry went on to make a full recovery, (Cole and Lang 2003).

My theory is that as result of the arrow wound the left temporal lobe of Henry's brain was damaged and his personality and behaviour are indicative of this. According to the clinical literature left temporal lobe damage produces a number of effects (for sources see Goodman 2010):

- Altered sexual behaviour: Increase or decrease in libido
- Extreme, heightened sense of religiosity with augmented sense of personal destiny
- Extreme morality and ethical concerns
- Paranoia and aggressive rages
- Sudden Mood Changes
- Deepened Emotional Responses
- Humourlessness
- Seizures and strange reveries

All of these are prominent in Henry's character and behaviour: the disinterest in sex; the extreme religious and messianic beliefs and behaviours; the deeply held moral and ethical beliefs; the cold, severe humourlessness; the feared aggressive and violent rages which would swiftly appear.

Professor Michael Livingstone, Associate Professor at The Citadel, however, disagrees with my theory on a number of points, in his chapter *"Prince Hal's Head Wound at the Battle of Shrewsbury"* (Tracy and de Vries 2015).

Let's examine his points. Before I do so, Professor Livingstone refers to me as an "amateur" scholar, now I would like to think that the Professor refers to me as an amateur as I am an independent researcher and do not inhabit the

gleaming ivory towers of academe, rather than an attempt to undermine my credibility as a researcher. To a Professor I may be an amateur, but as will be shown, there is a huge difference between being an “amateur” and “amateurish”.

His first (p228) states *“Kevin Goodman ...argues the personality change - if it is real – is akin to that experienced most famously by Phineas Gage the railroad worker, who in 1848 had an iron spike driven through his head and thereafter experienced significant personality and behavioural changes...Goodman suggests that the arrow head passed through or otherwise damaged Hal’s left temporal lobe”*

I never suggest that the arrow passed through Hal’s left temporal lobe, what I do state is: *“[Hal could have] experienced ...damage either from a fragment from the arrow or fragment of bone.”*

Further, comparing the wound to that of Phineas Gage is bit ingenuous, (for a Professor). In Gage’s case, the 3 feet 7 inches long iron spike was driven upwards through his skull and brain destroying the frontal lobes of his brain. A very different injury to the one Henry endured. (For more information on Gage consult The Phineas Gage Information Page at The University of Akron, Ohio, USA, website: <https://www.uakron.edu/gage/>)

Livingstone goes on *“...in addition to immediate personality changes”*. Nowhere do I suggest immediate personality changes. My theory is that the behavioural and personality changes came later as left temporal lobe abscesses can occur after a long period of silent infection, which is consistent with the clinical literature, (see Goodman 2010).

Livingstone’s next point is that my theory doesn’t fit with Bradmore’s description of the wound being “ex transverso” meaning “across”, “diagonally” or “at an angle”. As the arrow’s trajectory, (whether from below, above, or from the right side), is unknown, as is the angle at which it penetrated Henry’s skull (albeit on the left side of his nose). Until the skull is examined, this will always be a matter of conjecture.

For his next point, Livingstone goes on to claim, that the wound was actually on Hal’s right hand side and not his left as Bradmore stated:

“When Bradmore writes of the wound being on the left side of the prince’s nose, everyone has assumed that this has meant Hal’s left – yet far more probably it means Bradmore’s left, , the left side of Hal’s face from the treating doctor’s point of view.

“The best confirmation of this comes from the fifteenth-century portrait of Henry V hanging in the National Portrait Gallery” (p229)

Livingstone does state that myself and “almost every scholar who has discussed the injury” (p229) have got this wrong, (it’s nice to be included with professional scholars at last). However, this is far from being an original theory.

The theory was originated by Ian Mortimer. In his *“Fears of Henry IV”* (2007) Mortimer states that Prince Hal was struck by the arrow beneath his left eye, (which is in accordance with what Bradmore tells us). However, in *“1415: Henry V’s year of Glory”* (2009) he states that Hal was struck below his right eye. Curious about this change I questioned him about this. His response appeared in the *Reenactor e.magazine*, Issue 23, November 2010:

“Originally when writing the Fears of Henry IV in 2006 I followed Bradmore: left eye. In this I was following Prof Carole Rawcliffe, who on page 76 of Medicine and Society says the arrow entered his face on the left side of his nose. [but] looking at all the portraits of Henry V when researching 1415: Henry V’s Year of Glory in 2008, I noticed that all the portraits of Henry were showing the same profile, with his left shoulder to the viewer, as if he did not want the right-hand side to appear... and the fact that no portrait images on charters or documents show a scar, I figured that it was most probable that the wound was on the hidden right-hand side of the face. This squares with John Bradmore’s account if the wound was on the left hand side of the face as you looked at the wounded prince. We would normally call this the right hand side...Hence I changed the description of the wound.”

Livingstone has merely parroted Mortimer’s theory, (but gives no credit to him), also claiming that the portrait was designed to hide Henry’s scar, citing this as evidence that Henry was self conscious about it.

Unfortunately, on both their parts, their reasoning is dubious. The portrait of Henry V in the National Portrait Gallery they both refer to, (and

which Livingstone claims to have been painted in the fifteenth century), was painted by an unknown artist in the late sixteenth or early seventeenth century (for the portrait and its details consult the National Portrait Gallery website: <http://www.npg.org.uk/collections/search/portrait/mw03074/King-Henry-V>)

Dear me! A professional scholar like Professor Livingstone making a boo-boo like that! Who would have thought it!

Any images of Henry which do appear in manuscripts are too small to make out any such detail.

As for the accuracy of medieval depictions of Henry, medieval portraits were not photographs, as the J.Paul Getty Museum observes of medieval portraits:

“In contrast to modern portraiture, which strives to capture the accurate likeness of a specific person, medieval portraiture was primarily valued for its ability to express an individual's social status, religious convictions, or political position. Medieval portrait painters, rather than reproducing the precise facial features of their subjects, often identified individuals by depicting their clothing, heraldry, or other objects related to them. The goal of medieval portraiture was to present a subject not at a particular moment in time, but as the person wished to be remembered through the ages.”

Further, an artist commissioned to paint a portrait of a monarch, especially one who could be as bad tempered and vindictive as Henry would be more likely to produce a flattering portrait omitting any blemishes rather than a “warts and all” portrait, fearing the consequences otherwise.

And as I state in my article *“The Strange Case of Henry V’S Wandering Wound”* (Goodman 2015) as for the side Bradmore perceived the wound to be on, no doubt a talented and innovative surgeon like John Bradmore could tell left from right.

Livingstone then goes on to suggest, on the assumption drawn from the portrait and that people who suffer facial scarring may experience psychological trauma, (although he does admit *“gauging the contemporary cultural response is difficult if not impossible”*), that Henry may have found the wound and treatment traumatic and was suffering from *“a kind of”* life-long

Post Traumatic Stress Disorder. However, he fails to demonstrate how Henry's personality or behaviours support this. I find this odd as few of Henry's personality or behavioural characteristics, (apart from angry outbursts and irritability), are indicative of PTSD. For reader's benefit, the symptoms of Post Traumatic Stress Disorder are (Ozer et al 2003; Tyler 2008; Yerhuda 2002):

Recurrent, intrusive reminders of the traumatic event, including distressing thoughts, nightmares, and flashbacks where the person feels like it's happening again. Experiencing extreme emotional and physical reactions to reminders of the trauma (panic attacks, uncontrollable shaking, heart palpitations, etc.).

Extreme avoidance of things that remind of the traumatic event, including people, places, people, thoughts, or situations you associate with the bad memories. Withdrawing from friends and family and losing interest in everyday activities.

Negative changes in thoughts and mood, such as exaggerated negative beliefs about oneself or the world and persistent feelings of fear, guilt, or shame. Diminished ability to experience positive emotions and feeling detached from others.

Being on guard all the time, jumpy, and emotionally reactive, as indicated by irritability, angry outbursts, reckless behavior, difficulty sleeping, trouble concentrating, hypervigilance, and an exaggerated startle response

Livingstone's chapter contains a good summary of the treatment Prince Hal received from Bradmore. And we concur on the fact that until Henry's skull is examined, our theories will remain theories.

However, I find his refuting of my theory has a whiff of "*The [Professor] doth protest too much, methinks*" (apologies to William Shakespeare there). In my view, he fails to demonstrate why my theory is invalid, especially as he fails to explain why Henry's personality and behaviours are consistent with left temporal lobe damage, (supported by clinical evidence), yet claims on the basis of a portrait and the slimmest of supporting evidence that Henry suffered from

PTSD. Perhaps it is because he is a Professor, and I am an amateur, that he feels he does not have to provide evidence and we have to take his word for it.

As a graduate of the universities of Cardiff, Birmingham and Staffordshire, I was taught, with regard to research and writing of academic reports and articles, some important points:

- 1) Never distort someone else's research to support your own.
- 2) When citing someone else's theory cite the source.
- 3) Always ensure your facts are correct.
- 4) When forwarding a theory provide supporting evidence for that theory.

Then again, what would I know, being a mere amateur scholar?

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Biography

Kevin Goodman is a graduate of the universities of Cardiff, Birmingham and Staffordshire. He is an Independent researcher and Historical Interpreter specialising in the history of medicine and surgery and is the author of "Ouch: A history of arrow wound treatment from prehistory" (Bows, Blades and Battles Press 2012).

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