ENRIQUE IV is commonly acknowledged to be Spain’s worst king; in the frequently picturesque words of Menéndez Pelayo, ‘son, sin duda, los veinte años de aquel reinado . . . uno de los más tristes y calamitosos períodos de nuestra historia.’ We can find favorable points about him, and there are many favorable comments in the early sources. We can point out that the contemporary opinion was much influenced by the comparison with his father, Juan II, whose reign was all show and little substance, and with his successor, Isabel la Católica, who with her husband concluded the reconquest of Granada, seen as the glorious culmination of eight centuries of struggle. Certain hard facts, however, remain. He is the only Spanish king known to have dethroned in effigy, in the ‘farsa de Ávila’, to our knowledge he is the only king to seek to have a marriage annulled; he is apparently the only king to be thought a homosexual, with an adulterous wife, and a

* I would like to thank my father, Louis Eisenberg, M.D., for his assistance with the medical aspects of this paper, which was read at the Twenty-Eighth Annual Kentucky Foreign Language Conference, April 24, 1975.

1 Antología de poetas líricos castellanos, ‘edición nacional,’ II (Madrid: CSIC, 1944), 285.
2 ‘Estas y otras virtudes tenía y cabían en él, aunque los que le erraron y desviaron le ynfamaron de lo contrario,’ concludes Pedro de Escavias in his chapter on Enrique in his Reportorio de príncipes, as edited by Juan Bautista Avalle-Arce, El cronista Pedro de Escavias, University of North Carolina Studies in Romance Languages and Literatures, No. 127 (Chapel Hill: Univ. of North Carolina Press, 1972), p. 231. (Escavias’ Reportorio was published in its entirety for the first time by Michel García [Jaén: CSIC, 1972], an edition which I have not seen.)

With the exceptions of Escavias, Galindez de Carvajal, and the anonymous Crónica castellana de Enrique IV, an edition of which, once promised by Mate Carriazo (see his ed. of Valera’s Memorial de diversas hazañas [Madrid: Espasa-Calpe, 1941], p. lxvii), is long overdue, the early sources for study of Enrique are reviewed by Julio Puyol, ‘Los cronistas de Enrique IV,’ BRAH, 78 (1921), 399-414 and 488-495, and 79 (1921), 11-28 and 118-143; Puyol later discovered and edited the Crónica incompleta de los Reyes Católicos (Madrid: Academia de la Historia, 1946), which also includes extensive comments on Enrique. Little is added by Benito Sánchez Alonso, Historia de la historiografía española, I (Madrid: CSIC, 1947).

3 ‘Nunca una ora sola quiso entender nin trabajar en el regimiento. . . . Tanta fue la negligencia e remisión en la gobernación del reino, dándose a otras obras más pasibles e deleitables que útiles nin onorables, que nunca en ello quiso entender. . . . La original cabisa de los daños de España fue la remisión e negligente condición del rey,’ states Fernán Pérez de Guzmán, Generaciones y semblanzas, ed. R. B. Tate (London: Tamesis, 1965), pp. 39 and 47.
daughter who, rightly or wrongly, was widely believed not to be his.

However, the censure of Enrique IV by his contemporaries, and by more recent historians as well, is and has always been based more on his incapacity as father than on his poor performance as king. If he was little interested in advancing the reconquest, he had ample precedent in many of his royal ancestors. If he was more interested in hunting and amusing himself than in governing, with the increasing chaos a logical result, he has many parallels both before and after; monarchs like Ferdinand and Isabella were more the exception than the rule. His supposed sexual incapacity, and its resulting complications, is the element that cannot be overlooked.

And this brings us to the study of Gregorio Marañón, a classic of forensic or, in his term, archeological medicine. While the question of the paternity of Enrique’s daughter, Juana, which will never be satisfactorily resolved, has been the subject of a debate both long before and after Marañón’s contribution to the subject, Marañón, a well-educated doctor with much interest in cultural matters, attempted the first and only medical discussion of Enrique’s affliction. Published in 1930, and often reprinted, his Ensayo biológico sobre Enrique IV de Castilla y su tiempo has been from its publication the final word on Enrique’s medical problem and has been canonized by the incorporation of his conclusions into such standard histories as those of Menéndez Pidal and Soldevila; despite the revisionist historians such as Torres Fontes who have been progressively more favorable and less censorious of the unfortunate king, the medical issues involved, combined with the

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4 At the ‘farsa de Ávila,’ the cry was not ‘a tierra, árano,’ but ‘a tierra, puto’ (Valera, pp. 97–99).


6 I have used the edition in Marañón’s Obras completas, v (Madrid: Espasa-Calpe, 1970); it is also available in Espasa-Calpe’s Colección Austral.


8 See Torres Fontes’ comments in the introduction to his edition of Lorenzo Gallán de Carvajal’s Crónica de Enrique IV (Madrid: CSIC, 1946).

9 Thus Georges Ciot, reviewing Marañón’s book, ‘celle qu’émet D. Gregorio Marañón, en l’appuyant sur des considérances que je ne pouvais songer à mettre en ligne . . .’ (BHI, 13 [1931], 352). Other reviews, both favorable, are those of Erasmo Buceta (RFE, 18 [1931], 404–406) and J. Deleito y Piñuela (RBAM, 7 [1930], 410–412).
great prestige of Marañón, have prevented any re-examination of the central issues he addressed.

A re-examination is, however, what this paper proposes to carry out. Marañón was first and foremost an endocrinologist, then a young medical specialty, and his diagnosis is based on an endocrine disturbance. Like other branches of medicine, endocrinology has made great progress in the last fifty years; in particular, Marañón's theory of a medical or endocrine origin of homosexuality, once so popular, and so intimately related to his conclusions about Enrique, has been completely rejected. But let us first review Marañón's diagnosis.

According to Marañón, in a much-repeated but little-understood phrase, Enrique suffered from a 'displasia eunucoide con reacción acromegálica' (p. 127). These medical terms require some explanation. Acromegaly, not a common disease, is the adult manifestation of the disturbance of the pituitary which in a child causes gigantism. The pituitary is a small gland located underneath the brain which governs the function of the other glands of the endocrine system. This gland secretes, among other things, a hormone which brings about normal growth in the child, and it ceases to secrete this hormone when full adult growth is reached. If for some reason too much of this growth hormone is produced, the child will undergo excessive growth and if not treated become a giant. If an excess of this hormone is produced not in the child but in the adult, when, because of the closing of the epiphyses or growth centers of the major bones, further growth of the arms, legs, and spine is impossible, growth will be restricted to the peripheral (acral) bones, such as the skull, jaw, hands, and feet, and to

10 The question of the etiology or cause of homosexuality is one of the most controversial ones of contemporary psychiatry. The possibility of a physiological explanation has recently been revived; however, all modern authorities agree that neither a genetic nor hormonal disturbance, such as proposed by Marañón in his La evolución de la sexualidad y los estados intersexuales (Obras completas, viii [Madrid: Espasa-Calpe, 1972], 499-716), can be the sole cause. Most homosexuals, like most other people, are genetically normal, and homosexuality cannot be cured by hormonal therapy; see John L. Hampson and Joan G. Hampson, 'The Ontogenesis of Sexual Behavior in Man,' in Sex and Internal Structures, ed. William C. Young, 3rd ed. (Baltimore: Williams and Wilkins, 1961), n., 1426-27; John Money, 'Sexual Dimorphism and Homosexual Gender Identity,' Psychological Bulletin, 74 (1970), 425-440; and John Money and Anke A. Ehrhardt, Man and Woman, Boy and Girl: The Differentiation in Dimorphism of Gender Identity (Baltimore and London: Johns Hopkins, 1972), pp. 227-233.

11 For recent theories concerning the cause of acromegaly, see Philip E. Cryer et al., 'Diagnosis and Therapy of Acromegaly,' Archives of Internal Medicine, 135 (1973), 338-343.
the internal organs. This striking condition, first recognized as such in the late nineteenth century, is acromegaly.

Eunuchoidism is similarly a disturbance of the endocrine system, in which an insufficiency of the male sexual hormones or androgens is produced. It is characterized by a well-known group of changes which remove or modify secondary sexual characteristics: the voice pitch is high, facial hair is absent, body fat is distributed in a more feminine pattern, and there are various metabolic changes, including reduction or loss of libido and potency. This condition was formerly deliberately created through castration of promising boy singers to preserve their high voices.

Enrique’s illness, according to Maraño, was a combination of these two. Basing himself on an obscure Italian article, Maraño points out that if an insufficiency of androgens is produced, the pituitary will, in its chemical way, ‘notice’ this fact and increase its secretion of gonadotropic hormone, in an attempt to stimulate the corresponding glands to produce the missing male hormones. At the same time, Maraño conjectures, the pituitary may produce an excess of its growth hormone, bringing the changes characteristic of acromegaly. This condition Maraño calls acromegalic eunuchoidism (‘eunucoidismo acromegálico’).

This rare condition, of which only one or two cases are known in the history of medicine, is, according to Maraño, the disease which Enrique had. What objections are there to this amazingly precise diagnosis? First of all, in an alarming admission, Maraño states that Enrique did not suffer from eunuchoidism, but from a ‘displasia eunucoide,’ or rather certain eunuchoid symptoms rather than eunuchoidism, ‘esto es, de una modalidad no francamente patológica, sino más bien de un estado constitucional y hereditario, calcado sobre el estado eunucoide, pero más próximo a la normalidad’ (p. 127, n. 4). That is to say, Enrique did not have a disease (acromegaly), nor an approximation of

12 Abel Furno, ‘Studio di genetica e di clinica sopra cinque casi di eunucoidismo heredofamiliare,’ Rivista di Patologia Nervosa e Mentale, 26 (1922), 245–284.
13 In a standard reference work, Louis Soffer’s Diseases of the Endocrine System, 2nd ed. (Philadelphia: Lea and Febiger, 1956), I find no mention of eunuchoidism as a cause of acromegaly. Eunuchoidism can cause giganstism, but this is primary eunuchoidism, ‘due to atrophy, destruction, or surgical removal of the gonads before puberty’ (p. 127), commonly caused by cryptorchidism (undescended testicles) with atrophy of the testes; certainly it could not be caused by such a mild disturbance as would leave the subject with an abundant beard.
a disease (‘acromegalic eunuchoidism’), but an approximation of an approximation of a disease, and even in this he was more normal than pathological. Yet this is what, according to Marañón, ‘nos explica todas las modalidades de su carácter’ (p. 133).

Unfortunately for Marañón’s diagnosis, no source denies that Enrique had an abundant beard: ‘la barba luenga e pocas veces afeytada,’ says Enríquez del Castillo;14 ‘la barba, larga y saliente,’ states his enemy Palencia.15 And with this the whole theory of eunuchoidism comes tumbling down, because loss of facial hair is one of the first and most definite symptoms of androgen insufficiency, and vice-versa; the beard has for this reason always been associated with masculinity.

If we ignore for the moment Enrique’s controversial marriages, Marañón’s evidence that Enrique suffered from a ‘displasia eunucoidé,’ which he relates to Enrique’s apparent homosexual inclinations, is of the most curious sort. That Enrique enjoyed music, like Alfonso el Sabio, and was an accomplished lute player, is for Marañón evidence of hypogenitalism (p. 134); that he was, like his father, Juan II, easily influenced by those around him, usually for the worse, is characteristic of someone with an ‘instinto vacilante del sexo’ (pp. 133–134). That he liked solitude, and preferred that his hand not be kissed, which some attributed to humility,16 that he had dwarfs and other unusual men in his court, even his interest in women other than his wife—all of these are for Marañón evidence that Enrique was a ‘deficiente sexual.’ In short, Marañón’s attempt to make Enrique into one of the seriously pathological individuals described in his earlier book, La evolución de la sexualidad y los estados intersexuales, is ludicrous when looked at in an impartial way.

No source denies that Enrique was sexually potent before his unhappy first marriage with Blanca of Navarre; in the famous phrase of Hernando del Pulgar, ‘en . . . su menor bedad . . . se dio a algunos

16 ‘Fue tan cortés, tan mesurado e gracioso, que a ninguno hablando jamás decía de tú, ni consintió que le besasen la mano. Hacía poca estima de sí mismo’ (Enríquez del Castillo, p. 101; cf. Escavias, p. 231). Palencia (pp. 11–12) says that this apparently innocent act ‘diminuía de causa menos pura’ than humility, no doubt attaching a political significance to it, an implication which completely escaped Marañón.
deleites que la mocedad suele demandar e la ouestad devez negar." Although this is a controversial report, it was ordered by the Bishop of Segovia who was manifestly by his actions more looking for ways to avoid the annulment, one of which would have been the establishment of Enrique's general impotence, than to facilitate it.

That Enrique had some medical problem is, however, just as obvious as the fact that it was not acromegalic eunuchoidism. The group of symptoms, once pointed out, is easy to recognize. The large, thick fingers, the lion-like appearance (Enrique del Castillo, p. 100), the oversized skull with its protruding jaw and misplaced teeth, the enlarged chest barrel suggest that Enrique's affliction was not Marañón's acromegalic eunuchoidism but acromegaly, the endocrine disturbance caused by oversecretion of pituitary hormones from a tumor or other irregularity of the pituitary itself.

The difference between these two conditions is substantial. While eunuchism is a static condition, acromegaly is a slow-moving but progressive disease, beginning so subtly that it is usually unnoticed.

17 Claros varones de Castilla, ed. Robert B. Tate (Oxford: Clarendon Press, 1971), p. 5. Pulgar's later and broader statement of Enrique's impotence, in his Crónica de los Reyes Católicos, BAE, 70, p. 234, is transparently a justification of the accession of Isabel (Puyol, BRAH, 79 [1921], 131). 18 For the document, see Memorias de Enrique IV de Castilla, 11 [only vol. published] (Madrid: Academia de la Historia, 1833-1913), 62-64; a quote from Marañón, p. 110. 19 I am thus returning to the position of J. B. Sitges, Enrique IV y la excelente señora llamada vulgarmente La Beltraneja (Madrid, 1912). The only early statement that Enrique had any medical problem in his youth—the silence of the historians of the reina of Juan II is itself evidence that he was normal—i.e. misquoted by Marañón; it is Palencia's statement that 'desde su niñez había manifestado señales de futura impotencia' (p. 16; Marañón, p. 110, changes 'futura' to 'sura'). What these 'señales' were is not explained. (At the same time Palencia tells us that his father, Juan, encouraged the marriage with Blanca because he wished to find out if Enrique was suited for marriage, a contradiction.) What the statement does clearly show is that Enrique's impotence was not present at that time, since it was 'futura.' The more impartial Pulgar (Claros varones, p. 6) states that Enrique's impotence was seen in his second marriage.

and progressively afflicting its victims more and more over a period of many years. All that we know of Enrique and his reign suggests that this was the case with him, as he was less and less able to respond to the ever more serious challenges to his authority and increasingly unstable emotionally. Acromegaly is also, by definition, an adult disease, and we know that Enrique had no hyperpituitary condition as a child, for although he was tall, he was certainly shorter than his father, Juan II (Escavias, p. 231). In fact, whereas the inheritability of eunuchoidism is a curious notion which Marañón more assumes than examines, acromegaly is a disease which Enrique could not possibly have inherited from his father, making even more superfluous Marañón’s surprising statement that Spain would have profited if Enrique’s mother, María, had been adulterous (p. 107).

Finally, the disease of acromegaly, which was beyond the ability of fifteenth-century doctors to diagnose, let alone treat, not only explains the sometimes varying physical descriptions of Enrique (Marañón, p. 128), but also the psychological symptoms which he exhibited. In its irregular yet progressive way, the disease causes easy fatigability, vague nervous symptoms, and considerable emotional instability. Just as Enrique, the patients are sullen and vacillating, cry readily, and become unduly irritable (Soffer, pp. 103–104; cf. Marañón, p. 122). The endocrine disturbance can affect the reproductive system, in a reversal of the influence which Marañón had posited. Early in the disease macrogenitalism is frequently observed, as is reported in the case of Enrique in the well-known comment of the traveler Münzer (quoted by Marañón, p. 131); later, however, loss of libido and potency are common (Soffer, p. 113).

This is precisely the case of Enrique: early sexual activity and later impotence. Whether he was or was not the father of Juana ‘La Excelente’ of Portugal and ‘La Beltraneja’ of Spain is something we do not know and probably can never know; even in the twentieth century, with all the principals alive and available for investigation, modern medical science can never prove paternity, only disprove it. That some ‘wandering sperm’ of Enrique’s, assisted by the primitive methods of artificial insemination employed, may have done the job, is not impossible nor certain; the actions and statements of Enrique and his second wife strongly suggest that they believed Juana to be his daughter, and

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the fact that Enrique, like Henry VIII of England, sought to remarry suggests that he felt that he could produce an heir. But these are only suppositions, not facts, and since the legitimacy of the reign of Isabel la Católica rests upon the question, one about which passions run surprisingly high even five hundred years later, even the circumstantial evidence can only with difficulty be discussed impartially.

But what of poor Doña Blanca, his first wife, whose marriage was dissolved "por el defeto de la generación que él imputava a ella, e ella imputó a él" (Pulgar, *Claro varones*, p. 5)? Was it due to a general impotence of physiological origin or to a temporary psychological factor (the *hechtzo* mentioned in the annulment)? We know virtually nothing about the personality of Blanca, for she was of little interest to the Castilian chroniclers at the time of the marriage, before Enrique's accession, and afterwards was inaccessible to them. We also know little about the importance of the psychological factor in sexual (as distinguished from amatory) appeal, in the Spanish Middle Ages; a Navarrese historian concludes that Enrique was impotent with "doncellas," or virgins, a psychological factor not considered relevant today. Certainly from a modern point of view the circumstances were as unfavorable as could be: an unhappy meeting of the two families, a wedding dinner which Enrique's father refused to attend, and outside the nuptial suite Enrique's father-in-law, Juan, pacing the corridor, which he shared with the trumpeters waiting to herald the consum-


24 Blanca's father, Juan II of Aragón, put the blame on her (Miller, p. 29).

25 Francisco de Alcalá's continuation of Moret's *Anales del reino de Navarra*, IV (1766; rpt. Bilbao: Gran Enciclopedia Vasca, 1969), 519: 'le faltaba el apetito y aun la fuerza para el uso licito del matrimonio, especialmente con quien estaba doncella.'
mation. Ferdinand and Isabella, with their dramatic encounter, hurried wedding, and immediate consummation, had things much easier.

Circumstances, and no more than that, suggest a psychological cause. But, if I may return to the position expressed at the beginning of this paper, I disagree with Marañón and see this question as a relatively minor one, only tangentially related to the conclusion we should draw about Enrique as King of Castile; I believe it is a mistake for us, in the twentieth century, to judge Enrique on the basis of his sexual problems, tastes, or what have you. I hope to have shown by the above that Enrique was not only subject to great psychological pressures, but that he was also seriously ill during most of his life, and his illness may have been the cause, not the result, of his sexual problems. To exaggerate the importance of Enrique's sexual problems is to return to the position of Alfonso de Palencia, Marañón's favorite writer on Enrique (p. 104), who, like Marañón, censures Enrique for some things which in another king would be quite acceptable and who would have us believe that he took particular pleasure in the odor of beheaded horses and burning leather, 'y otros aun más nauseabundos . . . de modo que por este sentido del olfato podía juzgarse de los demás' (p. 12). If we cease to see his friendship with Moors as a perverse form of treason, to censure him for his simple dress and for his friendship with lower-class figures for no other reason than their humble origin—there were few enough among the nobles that he could count on—what picture of Enrique emerges? We do not know. His true faults, and probably some true virtues, are buried in the midst of irrelevant and emotional factors.

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26 Miller attempts to reconstruct the scene, pp. 26–28.
27 William Phillips, Jr. (in 'Castile in Crisis: The Reign of Enrique IV, 1454–1474,' a heavily revised version of his dissertation, 'Enrique IV of Castile, 1454–1474,' Diss. NYU 1971; abstract in DAI, 32 [1972], 3923), presents documentary evidence that Enrique's Moorish guard was composed of Christianized Moors, rewarded for their conversion; when added to the fact that Isabel as well as Enrique used Moorish dress (Carmen Bernis, 'Modas moriscas en la sociedad cristiana española del siglo XV y principios del XVI,' BRAH, 144 [1959], 199–228), this provides convincing evidence that the maurophilia of Enrique has been distorted. Phillips also presents additional evidence in favor of the rehabilitation of Enrique; he sees him as less subject to the influence of his valido than commonly thought, and the appointment of lower-class figures to high posts as a deliberate political measure against the nobility. Many of the internal measures for which the Reyes Católicos are so admired have their origin in Enrique's reign. I should like to thank Dr. Phillips for letting me read his unpublished manuscript.