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THE SCOTTISH SOCIETY OF THE HISTORY OF MEDICINE

REPORT OF PROCEEDINGS Session 1977-78

The Society has continued its activities with increasing support and interest, as the attendances and discussions at the meetings have demonstrated. Three meetings were held during the session, two in Glasgow, and the summer one in Inverness.

THE TWENTY-NINTH ANNUAL GENERAL MEETING AND EIGHTY-SEVENTH ORDINARY MEETING

The Twenty-Ninth Annual General Meeting and following Ordinary Meeting were held at the Western Infirmary, Glasgow, on 22 October 1977. Two papers were read, one by Mr. D. N. H. Hamilton, F.R.C.S., the other by Dr. Margaret W. Menzies Campbell, Hon. F.D.S. Mr. Hamilton spoke on:

THE HIGHLANDS AND ISLANDS MEDICAL SCHEME

The Highlands and Islands Medical Scheme can claim to be the first ever comprehensive, centrally funded health service to be introduced. It arose from the Dewar Committee's Report of 1912 showing the poor health and medical services in the crofting counties of Scotland. The Report concluded that a radical departure was required from the patchy medical and nursing services, based on private practice and charity, and proposed a centrally funded and directed health service for the area. The plan was a comprehensive one, since money for doctors, nurses, hospitals, ambulances, and accommodation for staff were to be provided. The plan also recognized that the family doctor was to be the key figure in the service.

The Highlands and Islands Medical Scheme started in a small way in 1914, but was thereafter to be dogged by adversity. Indeed it can be said that though it achieved much, the original aims of the Dewar Report were never fulfilled. Thus, inflation during the First World War caused the Scheme's budget to be devalued, yet no further money could be granted in the post-war depression. The reorganization of the Scottish administration in 1920 took away the Scheme's spirited Board. When the slump of the 1920s lifted enough for the Treasury to consider increasing the grant to the Scheme, new conditions were imposed which took away some of its essential features. Notable was the devolution of the Scheme to the local authorities, so that it became merely a fund to which these authorities could apply. Nevertheless, it revolutionized health care in the Highlands and produced a satisfactory professional life for the doctors in the north. The nursing services were greatly improved, and a number of nurses' houses were built. It helped the extension of hospitals, notably at Fort William, Stornoway, Wick, and Lerwick, and established surgical specialists there

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for the first time. A postal laboratory service was started in Inverness, and the health of the people of St. Kilda received attention. The comprehensive nature of the original plan allowed for expenditure on any aspect of health care, and this flexibility proved to be the strong point of the fund, when novel applications were made. Thus, locum doctors could be provided, and leave for postgraduate study was encouraged. But perhaps the best known example of the flexibility of the fund was the promotion of the Air Ambulance Service to the islands of the west coast. Lastly, it was frequently commented that a feature of the Scheme was the harmony which existed between the doctors and the administration.

The Highlands and Islands Medical Scheme ended in 1948 when the National Health Service took over the fund and its work. However, some features of the Scheme were forgotten in the new service—the check fee, the key role of the family doctor, and the simplicity of administration. Nonetheless, it is said that the Scheme merged into the National Health Service more smoothly than the health services in other areas of the country; it did so because the principle of the right to health care of all the community had been conceded in the Highlands long before.

Dr. Margaret Menzies Campbell chose as her subject:

THE FIRST WORLD WAR—A HOUSE SURGEON REMEMBERS

The speaker began by mentioning a few of the difficulties confronting medical students during the First World War. For example, many of the staff had been on active service even before war was declared on 4 August 1914 so they were not available for teaching; and the dates of degree examinations were often changed at very short notice. On the other hand, extra experience, quite unknown to earlier generations of students, was frequently gained because the shortage of fully trained doctors made it necessary for students to assist with, or even undertake, the work of house physicians and surgeons. She herself did so on several occasions, including two months in the summer of 1916, when she was in charge of the Hospice in the High Street, Edinburgh, later replaced by the Elsie Inglis Memorial Maternity Hospital.

After qualifying on 1 June 1918, she was for two weeks locum house surgeon in Darlington Hospital, where the work was fairly straightforward and the civilian honoraries were always available when required; also, the pandemic influenza, although just beginning, had not spread to any appreciable extent nor were the cases severe.

In August of that year she went to Doncaster Royal Infirmary, where conditions remained fairly normal until about the end of October when the first serious exacerbation of the epidemic occurred. In these days the honorary staff in towns like Darlington and Doncaster were all general practitioners. Their own patients had to take precedence over hospital work, thus house surgeons were forced to deal with emergencies of every kind, including urgent operations, accidents, X-rays—in fact, all hospital cases.

In February 1919, the epidemic reached its peak, and the treatment of influenza and its complications, principally broncho-pneumonia (not lobar as had been more

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frequently seen in student days), was no easy task—there were no antibiotics, and one was forced to rely on good nursing, stimulants, and febrifuges. In the end this pandemic influenza caused more deaths than four years of world-wide conflict.

By the time it had subsided around March, Mrs. Menzies Campbell had performed over one hundred major, and scores of minor, operations, often without even a qualified anaesthetist. For all medical practitioners, but particularly the newly qualified, living and working at that time was a unique and unforgettable experience, which it is to be hoped will never be repeated.

Dr. Menzies Campbell emphasized that in those days it never seemed to occur to members of the profession to refuse, or to appear unwilling, to carry out any duty; she recalled medicine being regarded by nearly all practitioners as a vocation.

THE EIGHTY-EIGHTH ORDINARY MEETING

This meeting was held in the Royal Infirmary, Glasgow, on 13 May 1978 when papers were presented by Professor W. Watson Buchanan and Dr. Merriley Borell, Wellcome Lecturer in the History of Medicine at Edinburgh University.

Professor Buchanan spoke on:

THE CONTRIBUTION OF HISTORY TO THE STUDY OF THE AETIOLOGY OF RHEUMATOID ARTHRITIS

Epidemiological studies have demonstrated that rheumatoid arthritis occurs in 1–2 per cent of persons over fifteen years of age, irrespective of race or geographical location. It is surprising, therefore, that the disease has not been described with certainty in any ancient skeleton. However, other diseases of joints affected ancient populations, including osteo-arthritis, ankylosing spondylitis, gout, and even ochronosis. There is no reference to any disease resembling rheumatoid arthritis in the Bible or in the works of Shakespeare, and the only known historical person who may have had the disease was Constantine IX Monomachus (c. A.D. 980–1055). Mary, Queen of Scots, is often stated to have suffered from rheumatoid arthritis, but it is more likely that she had Marfan's syndrome and joint hypermobility in view of her height (5' 11"). There is no clear artistic representation of the disease, but five possible examples of rheumatoid arthritis affecting the hands have been described in Flemish paintings from 1400 to 1700.

There is a paucity of clear descriptions of the disease in ancient medical texts. Sydenham in the seventeenth century gave a very suggestive description of the hand deformities in rheumatoid arthritis. No example of the disease exists in William Hunter's eighteenth-century collection of bone and joint disorders, now in the Pathology Museum of the Glasgow Royal Infirmary. The first really unequivocal description was by A. J. Landré-Beauvais in 1800, and not until 1859 was the disease named by Sir Alfred Baring Garrod.

The possibility, therefore, exists that rheumatoid arthritis may be a relatively new disease of mankind. It seems more likely that it existed before 1800, although it was sufficiently uncommon to have escaped adequate description.

The aetiology of rheumatoid arthritis is not known, but it seems likely to be due to a slow-virus infection. If this is the case, then the disease might behave like other

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infectious diseases. Acute epidemics of infectious disease conform to a Gaussian distribution irrespective of their causation being a viral, bacterial, or protozoal infection. Other infectious diseases also show evidence of fluctuations over longer periods of time.

The hypothesis is made that rheumatoid arthritis has become a much more common disease throughout the world during the past century and a half, and that, if indeed it is due to a slow-virus infection, it might be expected now to decline slowly both in prevalence and severity. In support of this hypothesis there is already evidence that the more severe and life-threatening cases are becoming rare.

Dr. Borrell discussed:

NEW PLANS FOR THE HISTORY OF MEDICINE AT THE UNIVERSITY OF EDINBURGH

A new lectureship in the history of medicine has been established at the University of Edinburgh through a grant from the Wellcome Trust. The position has been funded initially for a period of three years, the expectation of the Trust being that after that time the University might give permanent support. The lectureship, which employs a half-time secretary, has an annual grant for establishing and running a course in the history of medicine. Efforts towards the organization of such a course have been under way since October 1977.

Beginning in the autumn of 1978, students from the Arts, Science, and Medical Faculties may elect to take a full year's course in the history of medicine and science. The new half-course, history of medicine, will emphasize the social history of medicine, exploring the complex relationship between empirical and experimental traditions in the development of modern medical practice. The second half-course, history of the life sciences, complements the first by considering, from the point of view of intellectual history, conceptual, technical and philosophical issues relating to the growth of experimental biology and scientific medicine. Each of these half-courses consists of three hours of lecture and one hour of tutorial per week. Students are encouraged to read selections from primary sources and to relate their historical insights to current work in their main subjects.

Only the latter half-course, history of the life sciences, has been available this year (1978). Fifty-nine students from the Faculties of Medicine and Science have been enrolled, many of them having taken, as a complement, the half-course in the history of the physical sciences conducted by Professor Eric Forbes. From the autumn of 1979, students may select any combination of these three half-courses, as well as a fourth option, science and society, offered by the science studies unit.

Although the precise position of the history of medicine in the new medical curriculum being instituted by the Faculty of Medicine in the autumn of 1978 has yet to be determined, it is anticipated that the history of medicine unit will be co-operating actively with teaching and demonstrations for the first-, second-, and third-year medical students.

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THE EIGHTY-NINTH ORDINARY MEETING

This, the summer meeting of the session, was held in the delightfully situated Craig Dunain Hospital, Inverness, on 17 June 1978. Two papers were read, by Dr. Martin M. Whittet, Physician-Superintendent of the Hospital, and Dr. Tait, the President, respectively. Since it is Dr. Whittet's intention to expand on his paper for subsequent publication, only a very brief note of it is given here. He spoke on:

RES MEDICA OF THE '45

Commenting on the fact that time had by no means dimmed the interest in the '45 campaign that ended with the angry red glare of Culloden and its aftermath, it was, nevertheless, progressively more difficult to assemble factual information concerning the participants. Facts concerning the medical men (including some medical students) who had served in the campaign were no exception to this difficulty. History had not been over-kind to many of them, and, fortunately or unfortunately, it was not the custom at that period for those who survived to write their memoirs.

After detailing the several sources of information available, of which he had made free use, Dr. Whittet went on to discuss the prevailing state regarding hospitals, medical education, and practice, before considering the careers of some medical men who served on one side or the other. Special attention was given to Sir Stuart Threipland (1716–1805) of Fingask, Perthshire, a man devoted to the Stuart cause; Archibald Cameron (1707–53), brother to Lochiel, another Jacobite, and who suffered the supreme penalty for his adherence to Charles Edward; and Sir John Pringle (1707–1782), the distinguished Border physician and philosopher, who espoused the Hanoverian cause.

Thirty years ago the Society was formed and it was appropriate that the President, Dr. Tait should choose as the title of his paper:

THE SCOTTISH SOCIETY OF THE HISTORY OF MEDICINE: THE FIRST THIRTY YEARS

It is probably surprising that our Society is the first to be founded in Scotland specifically for the promotion of the study of the history of medicine. This is the more surprising in that the University of Edinburgh established the first lectureship in the history of medicine at any university in the United Kingdom as early as 1907, the holder of that lectureship being the late John Dixon Comrie. Even earlier, James Finlayson of Glasgow developed a highly successful series of medico-historical seminars at what was then the Faculty of Physicians and Surgeons of Glasgow. The earliest and only society in Scotland which had any pretensions towards spreading the gospel of the history of medicine was the Caledonian Medical Society (1878–1964) whose *Journal* (1891–1940) is a rich source of the history of medicine in Scotland and particularly of the Highlands and Islands. But it was almost exclusively a medical society.

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It was left to the late Douglas Guthrie, Comrie's successor in the Edinburgh lectureship, to sow the seeds among *medical and non-medical* colleagues and friends throughout Scotland of the idea of a Scottish society for promoting the study of medical history. The seeds germinated, and a preliminary meeting was held in the Royal College of Surgeons of Edinburgh on 23 April 1948 to discuss the possible establishment of such a society. A draft constitution was presented, which was unanimously agreed upon, and so our Society came into being. An important part of that constitution was that the Society was to be *open to all* who were interested in promoting the study of the history of medicine. Thus we were never an exclusively medical society, and this has been amply demonstrated over these past years by the fact that representatives of the medical, dental, pharmaceutical, and bibliographical professions have occupied the presidential chair with such acceptance, indeed distinction.

Membership, which covered all Scotland and the North of England has always been relatively modest as far as numbers are concerned, but by the end of the second year the hundred mark had been reached. Following a brief period in the doldrums during the late 1960s, the Society revived with renewed vigour and we now top the 150 membership mark.

The constitution states that meetings should be held twice yearly. In fact, from the very beginning, three meetings have been held each session with but few exceptions. Autumn and spring meetings are ordinarily held alternately in Edinburgh and Glasgow, the summer meetings being held at other centres such as Aberdeen, Dundee, Inverness, Stirling, and Newcastle upon Tyne. Pilgrimages to the birthplace or burial places of eminent Scots doctors have been a feature of many of these summer meetings.

The papers read before the Society have, with few exceptions, been of a high order, and the Society has been honoured by visits and addresses from many distinguished guests from south of the Border, Canada, Denmark, the United States, and the Republic of South Africa.

From the very beginning the Council of the Society resolved that proceedings should be published. These, of necessity, were at first modest reports of meetings and brief synopses of the papers delivered. Later, notes on medico-historical events, book notices, and other items of interest were introduced. In 1955, thanks to a generous anonymous donation it became possible to publish in the *Report of Proceedings* the full texts of papers delivered before the Society. Because of severe financial difficulties in the late 1960s, however, the Society had to discontinue this practice, and the Editor of the journal, *Medical History*, accepted its *Report of Proceedings* for publication in that journal. The first number of the new format appeared in 1972. Newsletters were introduced in the same year to cover domestic and other Society matters. The Society will always be most grateful for the kindness and consideration extended to it by the Wellcome Trustees and Editor of *Medical History*.

Dr. Tait briefly reviewed his predecessors in the presidential chair and recalled many notable events involving the Society during these past years.

What has the Society achieved during these thirty years? First, it has survived,

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overcoming periods of debility, and acute attacks of impecuniosity associated with low spirits. Friendships have been made, not only among ourselves but with kindred spirits throughout the world, and it can justifiably be claimed that the Society has become an institution respected and accepted in medico-historical circles both in Britain and overseas. As to the future, we must always remember the efforts of those who have gone before us, and hold their enthusiasm, their erudition, and their true dedication as a lamp to lighten our onward path.

As a memento of these thirty years Dr. Tait presented the Society with an album containing the photographs of the presidents from its foundation.

H. P. Tait, *President*

N. H. Gordon, *Hon. Secretary*

F. N. L. POYNTER,

Ph.D., D.Litt., Hon. M.D. (Kiel), F.R.S.L., F.L.A.

We regret to record the death of Dr. F. N. L. Poynter on 11 March 1979. Dr. Poynter was Director of the Wellcome Institute for the History of Medicine from 1964 until his retirement in 1973, and Editor of Medical History from 1961 to 1973. An obituary will be published in the July issue.