

The Scottish Society of the History  
of Medicine

(Founded April, 1948)

**REPORT**  
**OF**  
**PROCEEDINGS**

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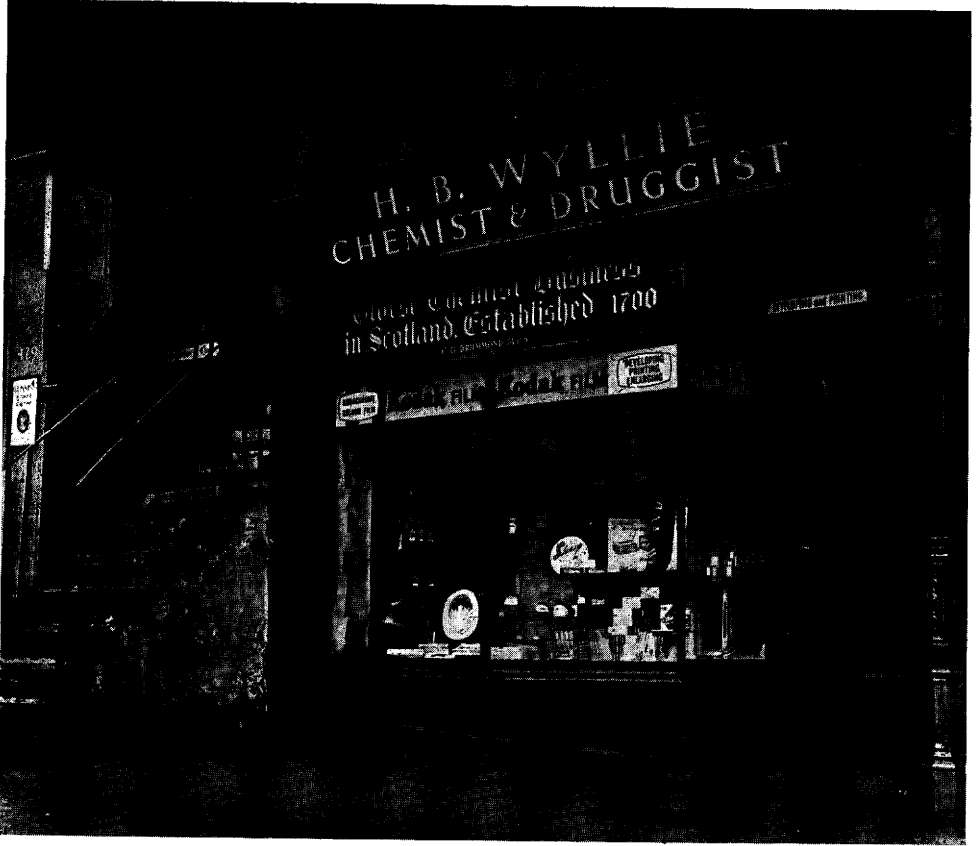
*SESSION 1959-60*

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## The Scottish Society of the History of Medicine.

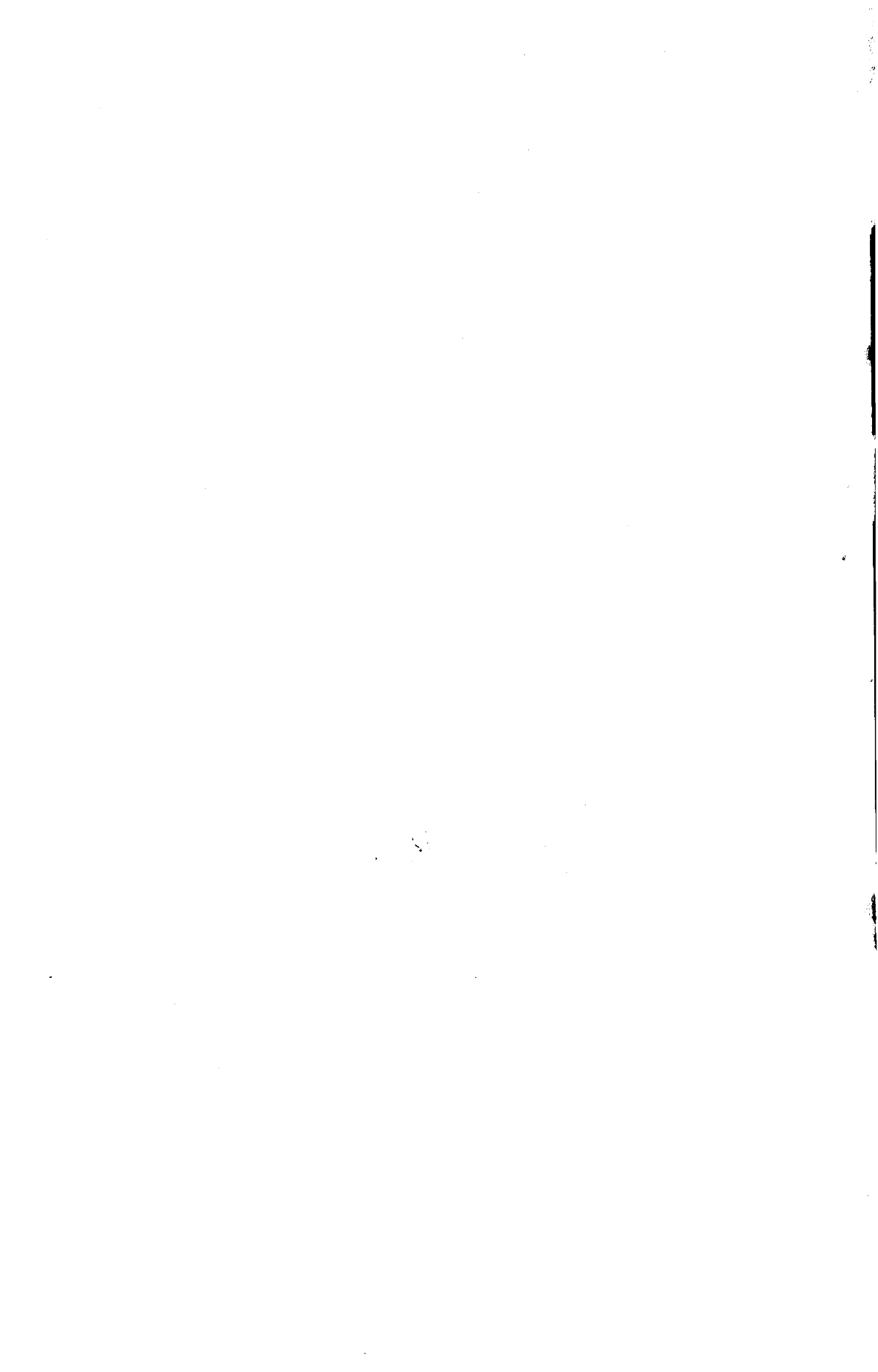
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			Edinburgh, 3
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		Dr. R. S. DEWAR	.. 1961
		Dr. H. W. Y. TAYLOR	.. 1961
		Dr. W. N. BOOG WATSON	.. 1961
		Mr R. B. WRIGHT	.. 1961
		Dr. ROBERT McGREGOR	.. 1962
		Dr. R. J. PETERS	.. 1962
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		ROYAL MEDICAL SOCIETY (ex officio).	



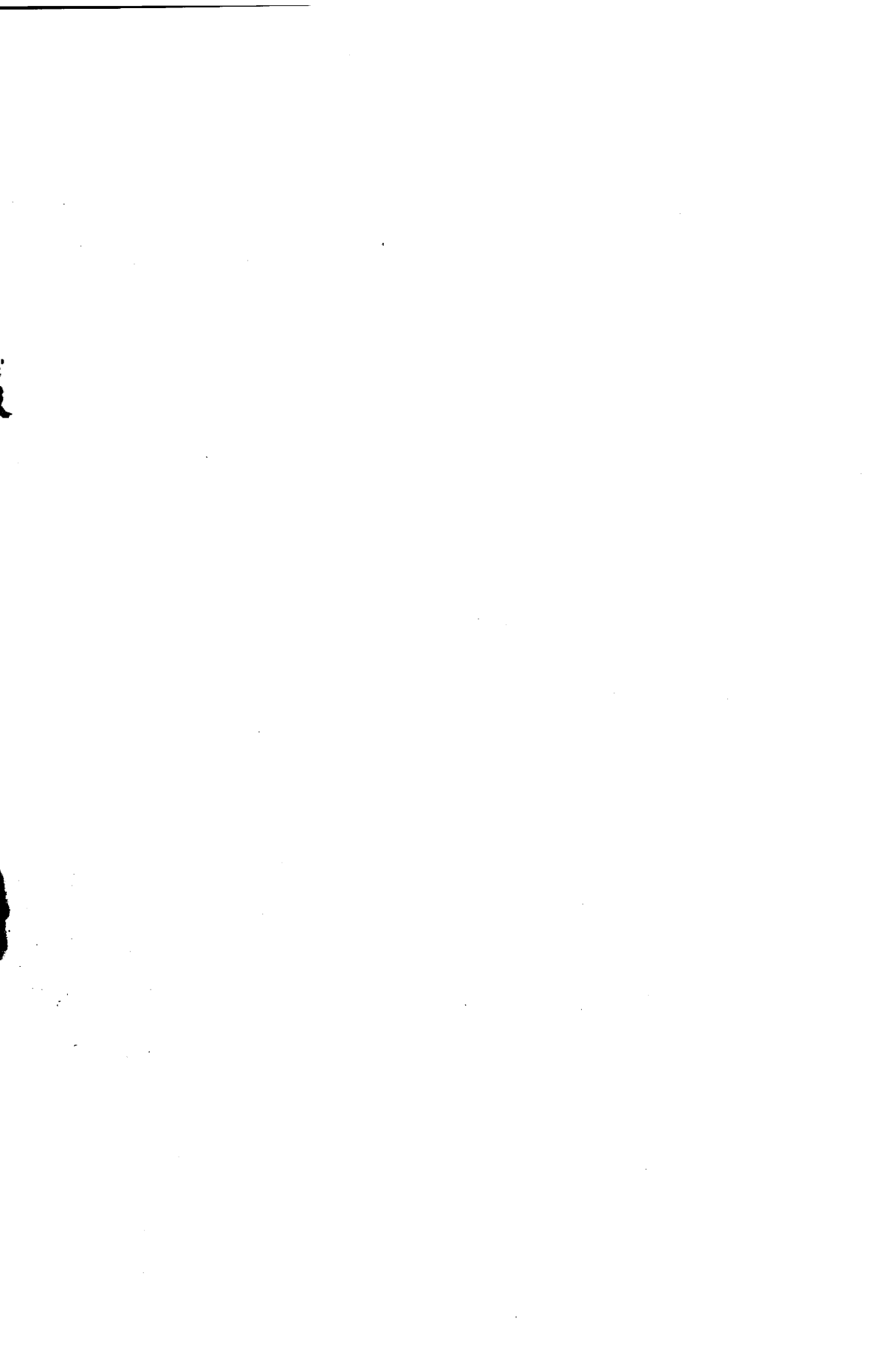
**THE OLDEST CHEMIST BUSINESS IN SCOTLAND**  
**Lawnmarket, Edinburgh**  
(Closed in 1955)

From a Photograph in the possession of Mr Charles G. Drummond  
by whose kind permission it is produced here





**JOHN RITCHIE, M.B., F.R.C.P. Ed., D.P.H.**  
(1882-1959)



a great work. Other products of his able pen were a number of papers on medical history, especially the history of plague in Scotland, on which he was the acknowledged authority, contributed mainly to the Scottish Society of the History of Medicine and published in various medical journals. The College of Physicians were also fortunate in having him as their honorary librarian from 1955 to 1959.

"Ritchie will be remembered by those who were fortunate to have his friendship as a courteous and kindly gentleman, modest to a degree yet always helpful with wise advice and generous assistance. Our sympathy is with his widow and family in their sorrow."

We will always remember Dr. Ritchie with affection and we will miss him sorely in our midst. His last paper to the Society on James Henrysoun, Chirurgeon to the Poore, delivered on June 12, 1957, appeared in *Medical History* (January, 1960).

Miss Frances S. Brown, librarian to the Royal College of Surgeons of Edinburgh, and an original member of the Society, died after a comparatively short illness on January 26. Of a quiet and retiring disposition Miss Brown was a loyal and devoted member, supporting the Society both by her presence at meetings and in arranging demonstrations from time to time.

The passing of Professor John Farquhar Fulton at his home in Hamden, Connecticut, on May 29, removes a great figure in the world of medical history. He was a keen and interested follower of the fortunes and activities of the Society and kept up a close correspondence with several of us. Unfortunately, illness prevented him addressing the Society in 1957, and his last illness precluded his coming to give us an eagerly awaited address. We have, however, the great consolation that the Society's greetings sent to him last November on the occasion of his sixtieth birthday, afforded him especial pleasure. In one of his letters to the Secretary, Professor Fulton, informed him that his sixteenth and seventeenth century forebears came from Lanark, and after spending two generations or so in County Donegal, two brothers settled in America around 1735, James, the elder, being "my thrice-great-grandfather."

The doyen of medical history in Great Britain, Professor Charles Singer, died on June 10, at his home in Cornwall in his eighty-fourth year. Eloquent appreciations of his great work during a long and full life have appeared in many medical journals and other papers.

Mention was made in last year's Report to the autobiography of Dr. Wu Lien-Teh, and it is sad to record his death now. He died at Penang on July 20, 1959. It is a curious thing that none of the obituaries we have read have made mention of his History of Chinese Medicine, written along with his colleague, Dr. K. Chimin Wong, and which went through two editions, in 1932 and 1936 respectively. This work still remains the authoritative one on the history of medicine in China.

The world is all the poorer by the passing of these giants.

Dr. Mitchell's Presidential Address on William Bullein, delivered on April 26, 1958, on the occasion of our tenth anniversary meeting, was published in *Medical History* (July, 1959). Reprints of this address were sent to all members.

Dr. Guthrie continues to be our ambassador to other countries, and recently spent a short period in Portugal. But, though a great traveller, he also manages to find time for writing, his most important contribution in the period covered by this Report being the history of the Royal Edinburgh Hospital for Sick Children, 1860-1960 published in February this year, the centenary month of the founding of that hospital. He has also written a List of the Portraits of the Royal Society of Edinburgh with Biographical Notes (1960), as well as a review on Ancient Egyptian and Cnidian Medicine by R. O. Steuer and J. B.

de C. M. Saunders in *Nature* (1959, 184, 622), and gave an address to the Buteshire Natural History Society on the Influence of Heredity.

Dr. W. A. Alexander, our Honorary Treasurer, demitted office in October as President of the Edinburgh Medico-Chirurgical Society and his valedictory address dealt with the history of the Society. A list of the Presidents is given in the Appendix (Appendix I).

Dr. J. Menzies Campbell, one of our dentist members, has been honoured by the Royal College of Surgeons of England by their founding of a Menzies Campbell Lectureship on Dental History to celebrate the centenary of the L.D.S. The first lecture was given by Professor R. V. Bradshaw on July 23, 1959, the subject being *Gaudeamus Igitur* (*Annals of R.C.S. Eng.*, 1959, 25, 209-224). Dr. Campbell himself gave a short series recently on dental history at the Edinburgh Dental Hospital, and it has just been announced that he has been appointed by the University Court as Honorary Lecturer in the History of Dentistry at Edinburgh. Dr. Campbell is to be congratulated warmly on these recent honours. In spite of indifferent health, he continues his steady stream of contributions to dental history, two recent papers being Pereda's Dental Group (*Dental Magazine & Oral Topics*, 1959, June) and Nicolas Dubois de Chemant (*Dent. Pract.*, 1960, 10, 133-136).

Professor Norman M. Dott was honoured by his former pupils at a dinner in Edinburgh on June 28. This group, called the Dott Association, presented him with a specially inscribed book, bound in red morocco, with the signatures of the members of the Association. The Society is glad, too, to add its congratulations to Professor Dott on this occasion as well as on the opening of the new neuro-surgical unit at the Western General Hospital, Edinburgh, on July 1, this year, for Professor Dott has done so much for neurosurgery. He was also honoured this year by being invited to deliver the eleventh Victor Horsley Lecture (*Brit. Med. Journ.* 1960, ii, 12-16).

Dr. W. R. Bett, a well known figure in medical historical circles in this country and a member of the Society, has now left Great Britain to take up a new post in the United States. He was entertained to dinner by the Osler Club on November 5, 1959, when he was presented with the Dictionary of National Biography and a George III tankard made in 1769. The good wishes of the Society go to Dr. Bett in his new sphere of work and we would thank him for his support of our Society over the past years.

Mr. Charles G. Drummond, the only pharmaceutical chemist member of the Society is an energetic contributor to the history of pharmacy and two recent papers by him deserve special mention. These were Baildon's of Edinburgh, 1821-1958, and Pharmacy in Scotland in 1859 (*Chemist and Druggist*, 1959, Sept. 9, 21-25; Nov. 10, 181-184). We are much indebted to Mr. Drummond for allowing us to reproduce a photograph in his possession of the oldest chemist business in Scotland, established in the Lawnmarket, Edinburgh, in 1700. The shop was closed in 1955 owing to the migration of the surrounding population to new housing estates. Thus the shop existed through nine reigns.

#### Medico-Historical Notes.

The year under review has been an eventful one in Scotland. Her Majesty Queen Elizabeth the Queen Mother, who is an Honorary Fellow of the Royal College of Physicians of Edinburgh, honoured the College on November 7, 1959, by a visit when she dined with the President and Fellows and later formally signed the roll. Her Royal Highness, Princess Alexandra of Kent was admitted to the Honorary Fellowship of the Royal Faculty of Physicians and Surgeons of Glasgow at a ceremony in the Faculty Hall on June 1, 1960, and dined with the President and Fellows.

September last was the centenary of the death of Professor William Pulteney



Alison, a distinguished figure in nineteenth century Scottish medicine. He it was who was largely instrumental in introducing a new reformed system of poor law in Scotland in 1845. Alison died on September 22, 1859.

On February 15, 1960, the centenary of the foundation of the Royal Edinburgh Hospital for Sick Children was celebrated by a thanksgiving service, a lecture by Dr. Guthrie on the history of the hospital, and a reception in the evening in the Hall of the Royal College of Surgeons. On June 17, there was an open day at the Hospital, a lecture by Professor Ian Aird, and a dinner in the evening. Dr. Guthrie's history of the Hospital has already been mentioned, and two specially bound volumes of the history were presented to the Queen and the Queen Mother. The latter will pay a visit to the Hospital later in the year when she comes north to fulfil several engagements in Edinburgh.

The centenary of the Edinburgh Dental Hospital was celebrated on July 9, when in addition to a thanksgiving service, a memorial plaque to the memory of the founders of the Hospital was unveiled in the entrance hall of the present building. The founders were Dr. John Smith, who also was a prime mover in the foundation of the Royal Hospital for Sick Children, Dr. Francis Brodie Imlach, Dr. Peter Orphoot and Dr. Robert Nasmyth. The hospital opened as the Edinburgh Dental Dispensary in 1860 in Drummond Street, later moving to Cockburn Street. The latter premises proving inadequate in the course of time, the dispensary was moved to 18 Brown Square (now 30 Chambers Street), and so came into being in November 1878, the Edinburgh Dental Hospital and School although not under that name, the institution retaining the name of the Edinburgh Dental Dispensary until 1880. Further changes of abode took place until 1894 when it returned to Chambers Street, this time to No. 31, where it has since remained although greatly enlarged and rebuilt in 1953. It is interesting to record also that in July this year the British Dental Association held its Annual Meeting in Edinburgh.

In connection with the combined British Medical Association and Canadian Medical Association Meeting held in Edinburgh in July last year a film "Edinburgh 1959" was shown at Adam House, Chambers Street, Edinburgh on February 29, this year. The film was a news magazine record of the combined meeting.

The Upjohn Cell which has figured in television programmes was on view in the Royal Scottish Museum in Edinburgh during January. This proved a fascinating exhibit.

Congresses and Association meetings are now commonplace in Edinburgh and several took place in the city during the year. The Executive Committee of the International Federation of Medical Student Associations held its meeting in January, while in April the Third International Congress on Medical Records was held in the Assembly Rooms. The Thoracic Society of Great Britain also held a two-day conference in July. In connection with this year's World Mental Health Year, delegates of the World Federation for Mental Health met in the city from August 8-13.

A unique event, a transatlantic telephone medical quiz, took place on December 3. A panel of doctors met in the lecture theatre of the Royal Faculty of Physicians and Surgeons of Glasgow and discussed with a group of colleagues in Dallas, Texas, a series of cases.

In December, too, a scheme was introduced at Dr. Gray's Hospital, Elgin, in which a radio telephone system was inaugurated. This hospital has no resident physician and by the new system it will be able to get in touch with four doctors at any time on their rounds. The call for assistance will go out over a table-model microphone in the office of the outpatient department and will be heard by the doctor through the grill of a receiver placed under the dashboard

of his car. The doctor will be able to speak to the hospital over a hand microphone attached to his receiver.

The South Western Regional Hospital Board announced in February that hospital laboratory facilities were to become available to family doctors in Glasgow. This move has been described as "the first major advance in the family doctor's conditions of work since the National Health Service began in 1948."

The David Livingstone Memorial at Blantyre, Lanarkshire, was reopened to the public on March 21, the anniversary of Livingstone's birth in 1813. The memorial had been closed to carry out the first phase of essential repairs. An appeal was made for funds to carry out the remainder of the repairs and to provide for the future of the Blantyre Memorial. A number of new relics have come forward, including a lock of Livingstone's hair which at one time had been in the possession of the Livingstone family doctor, Dr. Loudon. Another was a small pocket-scalpel in a silver case used by Livingstone in his medical work.

Since his death in 1955, memorials to Sir Alexander Fleming have been erected in many parts of the world but the first substantial and permanent memorial to him in his own country has been undertaken by his native town of Darvel, Ayrshire. This memorial takes the form of a Garden of Remembrance with, in it, a bronze bust of Fleming. The memorial is situated just off the Ayr-Edinburgh road at Darvel's eastern boundary. It was designed by Professor W. J. Smith of the Royal College of Science and Technology, Glasgow, and is set out with garden plots with teak seats around its periphery. The bust, the work of Mr. E. R. Bevan, London, a friend of Fleming, was unveiled and the garden declared open on April 23, by Professor Robert Cruickshank.

In last year's Report reference was made to the proposed reopening of the famous spa at Strathpeffer. The spa has now opened and the opening ceremony was performed on April 1. The pump room has been restored and it is hoped that Strathpeffer will again become an all-the-year-round attraction.

Before touching on the medico-historical matters it seems appropriate that mention might be made of some items of interest relating to purely Scottish affairs.

One of the most important collections of books and manuscripts, the Leighton Library at Dunblane, was reopened on September 9. The library has been completely restored and the reopening ceremony was performed by Dr. William Beattie of the National Library of Scotland. The library was housed in a building erected for the purpose soon after Leighton's death in 1684. Over one hundred of its volumes, once owned by Bishop Leighton, bear notes in his own hand for he was "an inveterate scribbler."

It was announced that as from October 17, 1959, certain groups of public records could no longer be received in the Scottish Record Office. Old Register House, Edinburgh, where thousands of Scottish records and documents, including records from the Court of Session, The Department of the Registers of Scotland, the Sheriff Courts, local authorities, and Government departments, is now almost full.

The British Museum's new catalogue of books in the Library is being purchased by several Scottish institutions, including Edinburgh University, Glasgow University, St. Andrew's University, the National Library of Scotland, Edinburgh Public Libraries, the Mitchell Library, Glasgow, and Lanark County Library, Hamilton. This new catalogue will consist in all of about 300 volumes produced by a photo-lithographic process, and it is hoped that the whole catalogue will be finished within some six years.

An appeal was launched in November last for funds to enable the completion of the Dictionary of the Older Scottish Tongue and the Scottish National Dictionary. Half of each dictionary has already been published but more finan-

cial aid is urgently required if the remaining volumes are to be completed. It is estimated that a further £100,000 will be needed to complete the project.

A new catalogue of 2,000 Scottish family histories held by 76 Scottish libraries has been published by the Scottish Central Library, Edinburgh. The catalogue—Scottish Family Histories held in Scottish Libraries—is arranged alphabetically by family name, subdivided into branches with references from titles. After each entry there are abbreviations indicating the libraries in which copies are to be found. It took three years to complete the catalogue.

The National Library of Scotland presented an exhibition of "Treasures of the Advocates' Library" which opened on July 8 and will continue until October 31 this year. It is 35 years since the Faculty of Advocates handed over their great library to the nation. The Advocates' Library was opened in 1689 by Sir George Mackenzie and was the first legal one in the world. In the course of time the library's scope became immense and the comparatively few books on display at this exhibition reveal something of its unique contents. A series of lectures on the exhibition were given every Wednesday afternoon from July 20 to September 7, by the Librarian and senior members of the staff.

An item of interest to our many American friends and wellwishers was the special exhibition held in Gladstone's Land, Edinburgh, from August 20 to September 5, 1959, to commemorate the 150th anniversary of the birth of Abraham Lincoln. Included in this exhibition was a photograph of a portrait of Abraham Lincoln painted by President Eisenhower from a Civil War photograph of the great leader. Edinburgh has the honour of being the first place in Europe ever to have erected a monument to an American president. The monument was unveiled on August 21, 1893, in the Old Calton Burying-Ground.

Other medico-historical events and anniversaries not of purely Scottish interest may be mentioned here.

The Faculty of the History of Medicine and Pharmacy of the Worshipful Society of Apothecaries of London was founded on April 3, 1959, and members of the Society will be glad to note that we have applied for and obtained corporate membership of this Faculty. The Faculty is organising the First British Congress on the History of Medicine and Pharmacy which will be held in the Hall of the Society of Apothecaries on September 29 and 30, 1960.

On October 28, 1959, His Royal Highness, the Prince Philip, Duke of Edinburgh, was installed as President of the British Medical Association, the first layman so to be appointed.

The centenary of the National Hospital, Queen Square, London, was celebrated from June 20-25, 1960, and a full account of the beginnings of the hospital and of some of its great figures was given by Dr. Macdonald Critchley (*Brit. med. Journ.*, 1960, i, 1829-1837).

The tercentenary of the Royal Society was marked by an eight-day programme inaugurated by Her Majesty the Queen on July 19. This is one of the most notable scientific anniversaries of 1960. The *British Medical Journal* had an excellent series of articles on the Society (1960, ii, 165-187 : 207-212), and the part played by a Scotsman, Sir Robert Moray, in the early days of the Society was described in an article contributed to the *Scotsman* (July 16, 1960), by the Assistant Secretary.

Another tercentenary worthy of mention which was commemorated in April was that of the birth of Daniel Defoe. He deserves to be remembered by us all not only for the pleasure his *Robinson Crusoe* gave us as youngsters but because he was a great fighter for social reform and it is worthy of notice that in 1697 he published his *Essay on Projects* in which he proposed a system of mutual insurance for all against the risks of life which included a modified form of national health service. He was a true friend of Scotland and a fitting tribute was paid to him in this respect by Professor J. R. Moore, of Indiana University,

in an article in the *Scotsman* (April, 16 1960). An excellent exhibition of Defoe's works was held in the National Library of Scotland during April.

In the world of pharmacy, the journal, the *Chemist and Druggist* celebrated its centenary towards the end of 1959, and to mark the event a particularly handsome number was produced, a copy of which we were fortunate enough to receive. This gives a delightful panoramic view of pharmacy over the past hundred years with articles bringing us right up to date on e.g. anti-biotics.

In nursing the main event was the centenary of the foundation of the Florence Nightingale Training School for Nurses at St. Thomas's Hospital, London, a special exhibition was held in the Doulton Hall, London, from June 17 to July 10, and a centenary booklet was produced for the occasion. 1959 and 1960 were also the centenary years for the publishing of two of Miss Nightingale's books, *Notes on Hospitals* and *Notes on Nursing* respectively.

The University of Edinburgh has also announced an integrated degree and nursing certificate course to begin in October this year. The course is planned to integrate the preparation for an arts or science degree with that of the professional nurse. The M.A. or B.Sc. degree examination will be completed at the end of three years, and the nursing course during the subsequent two years. The General Nursing Council for Scotland has given its blessing to this experimental scheme.

Another aspect of nurse training which is of considerable practical importance is the scheme developed at Arbroath Infirmary in which nurses are given the opportunity of seeing the kind of difficulties which are faced by lifeboatmen who bring in so many casualties for treatment at hospitals ashore. The nurses go out on exercises with the local lifeboat.

In Canada the Canadian Public Health Association celebrated its golden jubilee in late 1959, and a specially handsome number of the *Canadian Journal of Public Health* (September, 1959, 50, No. 9) was produced for the occasion.

### Book Notices

Before passing on to discuss some books which have been brought to our attention during the past year, we would like to draw the attention of members to an extremely attractive account of the Medical History of Aberdeen and its Universities by Professor G. A. G. Mitchell (*Aberdeen University Review*, 1958, xxxvii, 225-238). It will also be recalled that some years ago when Dr. A. P. Meiklejohn gave us a paper on James Lind (1716-1794), Dr. W. S. Mitchell drew attention to "the other James Lind," and an article on this "other" Lind will be found in *Notes and Queries* (N.S. vol. 7, 83-93).

The year covered by this Report seems to have been a vintage year in so far as medico-historical books are concerned and it will obviously only be possible to mention those which have been seen by us or to which our attention has been drawn by members.

Professor Adam Patrick has mentioned *The Two Doctors* (1959) by Willa Gibbs. This is a historical novel in which the details of what occurred are the most important part. The doctors are Edward Jenner and William Woodville, the inoculator of smallpox. Of Jenner the author says the details of his life are well known but information about Woodville is scanty. The book sticks closely to smallpox and the attempts to protect against it, and although the personal matter is imagined and rather shadowy, a good idea is given of the immense disturbance which smallpox caused in everyday life in these days.

Of autobiographies *Frontier Doctor* (1958) by Sir Henry Holland, a distinguished Edinburgh student and ophthalmologist in India, and *Mostly Murder* (1959) by Sir Sydney Smith, former Dean of the Faculty of Medicine at Edinburgh University and later Rector, are both worth reading although entirely different in presentation.

Some biographies should be mentioned: *Dr Jenner of Berkeley* (1959) by Dorothy Firsk is an excellent account, accurate and well written, of this hero of medicine; the *Medical History and Private Life of Napoleon Bonaparte* (1959) by James Kemble is a detailed investigation into this famous soldier's maladies; *Wilfred Grenfell* (1959) by J. Lennox Kerr gives a graphic account of this dedicated man; *Doctor with Two Aunts: A Biography of Peter Pindar* (1959) by Tom Girtin, gives the story of Dr. John Wolcot, poet, apothecary, physician, clergyman, satirist, etc; *Francis Bacon: The First Statesman of Science* (1960) by J. G. Growther is a modern review of Lord Verulam's place in science; *Surgeon Compassionate* (1960) by Frieda Sandwith tells of the life and work of Dr. William Marsden founder of the Royal Free Hospital and the Royal Marsden Hospital. The author is the great-granddaughter of Marsden; *J. M. Charcot, 1825-1893: His Life—His Work* (1959) by Georges Guillain, translated by Pearce Bailey, is an important biography of the man and his great contributions to medicine.

Only one general history of medicine has been noticed. It is a cheap paperback edition of Ritchie Calder's *Medicine and Man* (1958) published by the New American Library's series of Mentor books. This book was mentioned in an earlier Report. W. B. Saunders publishing firm have just announced a limited reprint of the 4th edition of the late Fielding H. Garrison's *Introduction to the History of Medicine* (1929).

Histories of special subjects seem to have been especially numerous this year. *Doctors' Commons* (1959) by Paul Vaughan is a delightfully written short history of the British Medical Association; *Notable Names in Medicine and Surgery* (1959) is a third edition of the well-known book by Hamilton Bailey and W. J. Bishop; *A Bibliography of International Congresses of Medicine and Science* (1959) by W. J. Bishop includes a historical sketch of medical congresses; *A Short History of Scientific Ideas to 1900* (1959) by Charles Singer is one of the last books of this great figure in the field of medical and scientific history; *Doctors to the World* (1959) by Murray Morgan is a book dealing with the work of the World Health Organisation as seen through the eyes of an American journalist; *Epidemic Diseases* (1959) by the late A. H. Gale constitutes one of the Pelican Medical series and a worth while three shillings and sixpence it is; the *Story of W.V.S.* (1959) by Virginia Graham is an illustrated booklet issued on the 21st anniversary of the forming of the Women's Voluntary Service; *The Royal College of Surgeons of England—A History* (1960) by Sir Zachary Cope gives a very complete history of the College by an acknowledged authority; *The Triumph of Surgery* (1960) by Jurgen Thorwald is a well told tale of surgical developments *The Royal Edinburgh Hospital for Sick Children* (1960) by Douglas Guthrie is of special interest to members of the Society; another short history of a hospital is *Anthony Feiling's History of the Maida Vale Hospital for Nervous Diseases* (1959) in which is recalled the famous case of removal of a brain tumour by Sir Rickman Godlee on November 25, 1884; *Cholera* (1959) by R. Pollitzer, a W.H.O. publication contains a short history of this disease; *Medieval and Renaissance Medicine* (1960) by B. J. Gordon is an attractive history of this period. *A Social History of the Navy 1793-1815* (1960) by Professor Michael Lewis would have gladdened the heart of the late Dr. John Keevil whose untimely death we referred to in last year's Report. This booklet must be one of the most thorough and comprehensive histories of the social structure and service conditions of the very same navy which ruined Napoleon.

A philosophical study which will amply repay its readers is *Reflections of a Medical Investigator* (1959) by R. A. McCance.

An extremely useful little book for doctors and their secretaries alike is *Medical Terms* (1959) by Ffrangcon Roberts which is quite admirable in its scope.

The outstanding publication dealing with nursing in this country is, of course, Mrs. Mary Stocks' *A Hundred Years of District Nursing* (1960) a well told story of a great service and spiced with the lighter human touch. Extracts of this book have been published in *District Nursing*, the official organ of the Queen's Institute of District Nursing, for some months before the complete book appeared on the market. From Dr. W. R. Bett's able pen came a short primer on the history of nursing called *A Short History of Nursing* (1960).

Professor Richard H. Shryock, formerly of Johns Hopkins, has written two books published during the past year. The first was a *History of Nursing* (1959) in which stress was laid on the social and medical factors involved in its evolution, and *Medicine and Society in America, 1660-1860* (1960) a valuable contribution to the development of medicine in the United States. Another author who takes a great interest in the doings of the Society is Professor Marti-Ibanez and he, in collaboration with his colleague, Dr. Henry Welch, has written a delightful little book telling the story of the discovery and evolution of the antibiotics called *Antibiotic Saga* (1960); he has also edited a collection of essays of the late *Henry E. Sigerist on the History of Medicine* (1960). E. H. Ackerknecht's *Short History of Psychiatry* (1959) has been translated by S. Wolff, while a revealing, informative and well-documented book about quackery in the United States is Stewart H. Holbrook's *The Golden Age of Quackery* (1959). It is of interest in this connection that newspapers in this country recently headlined the statement of Mr. George Larrick, head of the Food and Drug Administration in the United States that medical and nutritional quacks relieved the public of about 750 million dollars each year. But are we free of quacks ourselves in this country! Although their golden age was said to be the eighteenth century they still flourish. From New York came an interesting booklet by Dr. Leona Baumgartner, Commissioner of Health for New York City, called *Fifty Years of Better Health for New York's Mothers and Babies* (1958), the story of the Maternal and Child Health Services in the City of New York. Two autobiographies also come from distinguished Americans. The first *Brain Surgeon* (1952) by Dr. William Sharpe, is now available as a Four Square paper-back (1959). The other is Dr. Leonard G. Rowntree's *Amid Masters of Twentieth Century Medicine* (1958) which makes interesting reading but is marred by repetitions and irritating mis-spellings of such well known names as Sir Robert Philip who is called Philips, and who is said to have become a London consultant whereas he carried out his great life's work in Edinburgh.

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### *The Thirty-Fifth Meeting* *and Eleventh Annual General Meeting*

The Thirty-Fifth Meeting and Eleventh Annual General Meeting was held in the New Library of the Royal College of Physicians of Edinburgh on Friday, 23rd October, 1959, Dr. W. S. Mitchell, President, in the chair. The Annual Report was presented and approved, but some discussion took place as to the name the Report should have. The general consensus of opinion was that the name Report of Proceedings should remain unaltered. The Honorary Treasurer then presented an account of the Society's finances, which as a consequence of the decision to increase the Annual Subscription to One Pound taken in 1958, were now on a firmer and more secure footing.

On the motion of Mr. Phillip Harris, seconded by Mr. C. H. Kemball, the President, Vice-Presidents, Honorary Treasurer and Honorary Secretary, together with the members of Council eligible for re-election, were unanimously re-elected and Dr. Robert McGregor and Dr. Robert J. Peters were elected members of Council in place of Mr. Leonard L. Jolley and Dr. T. R. R. Todd who retired by rotation. The President in thanking the Society for re-electing him to his office, paid tribute to the work of the two retiring councillors.

There being no further private business, the Society proceeded to public business which took the form of an address by Dr. F. Noel L. Poynter, who read a paper on :

### THOMAS ANDERSON (1743/4—1813) PIONEER OF VACCINATION IN SCOTLAND

In Volume 83 of *The Gentleman's Magazine*, which covers the first half of the year 1813, there appears in the Obituary notices on page 390 the following entry :

“At Leith, aged 69 Dr. Thomas Anderson, F.R.S.E., and Fellow of the Royal College of Surgeons, Edinburgh, whose eminent medical abilities will long be remembered ; to him is due the sole merit of introducing Vaccination into Scotland ; and although he had to struggle against the opposition of many of his brethren, he succeeded in introducing it universally in that part of the kingdom by gratuitously supplying every application for matter for inoculation.”

Despite this unequivocal statement it seems that Thomas Anderson has not been remembered, even by his own countrymen, and my attempts to gather information about his life and work had perforce to be made in the contemporary literature. From journals and books of the time a number of facts were gradually accumulated which seemed worth recording, especially as they were supplemented by personal details of his life communicated by a living descendant.(1)

The name of Anderson is common enough in Scotland and many Andersons have been members of the medical profession. The search for precise biographical details of our particular Anderson is complicated by the fact that there were no less than three Thomas Andersons practising medicine at the end of the eighteenth century. It is a curious coincidence that one of them was responsible for the introduction of vaccination into Madras. Another, Thomas Anderson of Selkirk, was the surgeon to whom Mungo Park was apprenticed. His eldest daughter became the explorer's wife, and his son Alexander met his death on Park's last and fatal expedition to Africa. The Medical Registers of 1779-83 confuse this Selkirk surgeon with Thomas Anderson of Leith, of whose career I shall now tell you all that I have been able to discover.

He was of the family of Anderson of Tushielaw. His father had an estate of 1500 acres but many children, and Thomas, who was born in 1743 or 1744, was apprenticed to a surgeon so that he might earn his own living. No other details of his early education or training have been found. That it was a good training for the period and that he proved a keen and intelligent pupil can be seen in his first contribution to the literature, made when he was only 22. This was based on a post-mortem which he carried out in February 1766 and which revealed an extra-ordinary enlargement of the stomach which he thought worth writing up for the *Medical and Philosophical Commentaries*,(2) in which he is described as Mr. Thomas Anderson, Surgeon in Leith. It seems that at this date he was living in a house called 'Pirniefeld' a little to the east of Leith. He became a Member of the Philosophical Society and there mixed in the most distinguished medical and scientific company of Edinburgh. In March 1770 he was called upon to operate in an important and difficult case with which the famous Dr. Gregory and three other Edinburgh colleagues were concerned. This was a complete

success and again he reported it in the *Medical and Philosophical Commentaries* as 'The history of a case, in which a quantity of pus from an abscess near the rectum, making its way into the scrotum, gave the appearance of a hernia.' (3)

That he was associated professionally with such men as Gregory indicates that he was already a surgeon of considerable practice and reputation. He now decided that it was time he sought the Fellowship of the College of Surgeons. The details of his application and the procedure followed for his entry are recorded in the College's annals and are, I think, of sufficient interest to quote in full. On the 18th of April 1770 "a petition was presented from Thomas Anderson, Surgeon setting forth that he was desirous of being admitted a member of the Corporation and craving that tryal should be taken of his qualifications, and if found qualified that they would admit him upon his paying what should be thought reasonable for his upset. The Corporation taking the Petition under consideration ordained him to pay into the Treasurer £1000 as his upset and appointed him for his first Lesson a Discourse upon some branch of Surgery and general questions upon Surgery, and this day eight days of his own desire for the time." A week later appears the following entry: "Mr. Anderson's first Lesson. This being Mr. Anderson's first Lesson, he discoursed on inflammation in the Uterus; after examination he was appointed for his second Lesson the bones of the head and this day fortnight for the time." And on May 9th, "This being Mr. Anderson's second Lesson, after examination he was appointed for his Third Lesson Botany, Materia Medica, reading and explaining Receipts, *methodus componendi emplastrum, gumosum and mercuriale.*" Having satisfied his examiners on these subjects he was appointed for his last lesson, "the trepan and bandages of the head." The entry in the College Records for May 1770 reads, "This being Mr. Thomas Anderson's last Lesson, a vote was stated, Find him qualified or not: It carried unanimously in the affirmative. Therefore, and in consideration of the sum of One Thosand Pounds Scots paid by him into the Treasurer as his upset, with the Clerk's and Officers' fees, the Corporation admitted and received the said Thomas Anderson to be a freeman Surgeon Apothecary among them and to enjoy all the liberties and immunities of this Corporation."

Now secure in his practice and well established in his profession, he was married in the following year to Lucy Maria Douglas. There were seven children of this marriage, four sons—Charles, James Spottiswoode, Andrew and Archibald—and three daughters, Lucia Maria, Mary Ann, and Janet. If I may anticipate for a moment, I should like to mention here that the eldest son, Charles, who was born on August 8, 1772, followed in his father's footsteps. He qualified F.R.C.S. Edinburgh in 1793, became M.D. of Marischal College, Aberdeen, in 1809 (with his father and another Leith practitioner, George Kelly, acting as his sponsors) and that he later shared in and then succeeded to his father's practice, then at No. 40, Quality Street. He was the father of the Thomas Anderson (1819-1874) who became the Regius Professor of Chemistry at Glasgow, and he died on February 3rd, 1855.

But to return to Thomas Anderson of Leith, we find him in September 1772 being called into consultation by one Mr. Bruce, a surgeon at Musselburgh, an event which he reported as 'Two cases of dislocation of the femur, with an account of the method of reduction.' (4) Then followed a long interval before his busy practice and growing family responsibilities allowed him more time for writing. In 1781 he read to the Philosophical Society a substantial paper entitled 'Pathological Observations on the Brain,' later published in the *Transaction of the Royal Society of Edinburgh.* (5) This paper aroused considerable attention at the time and I have seen abstracts of it copied out in several of those professional notebooks in which the eighteenth-century practitioner compiled extracts from what he thought were the best books and papers of his day. We then hear nothing



more of him until 1799, the year after Jenner published his famous *Inquiry*. This set off a train of events which I propose to discuss in a wider context.

As you all know, the history of vaccination has been a history of controversy from the very beginning. Some of the points at issue have been decided only in our own lifetime, and some of them are not yet satisfactorily resolved. You also know that Charles Creighton (6) was one of the most famous of the controversialists in this cause, and you probably know how justly Major Greenwood dealt with him in that brilliant book *Epidemics and Crowd Diseases*. (7) In that book, which is justly regarded as a classic of the literature by epidemiologists, there is an admirable review of the history of smallpox and vaccination. It was, however, coloured by the author's scientific preoccupations, seeking to know how and why and to what extent vaccination 'worked.' It is this attitude which leads him to declare that "the character of Jenner is of about as much practical importance as the character of Tiberius Caesar," (8) and to concur in an opinion that "before 1900 the course of the disease could have been only modified and not controlled by vaccination as practised." (9) Looking on this as a detached observer—for I am not an epidemiologist nor a statistician—it seems to be verbal indulgence of the type so common among the scholastics of the Middle Ages. If one can 'only modify' a virulent disease to the point where it ceases to be a menace to whole populations that surely is a measure of control which should be hailed as a great achievement in public health even if intellectually, there is still something to be desired and many questions are left unanswered.

It may indeed be a myth that Jenner was a brilliant scientific investigator but in the history of man that kind of myth has often had tremendous influence. It was no myth that Jennerian vaccination left its mark (in more than the literal sense) on the civilized world of the nineteenth century, and it is with its introduction to the people of Scotland by Thomas Anderson and its early development as established practice that I am concerned.

Jenner had published his *Inquiry* in June of 1798, but for the remainder of the year was frustrated in his desire to appease the demand and satisfy the interest which he had aroused, by the unforeseen good health of the cows at that time. He could get no cowpox matter to use in his inoculations, apart from what he later condemned as 'spurious' matter collected from a farm at Stroud which almost endangered all his plans. Meantime, in London, Dr. George Pearson, Physician at St. George's Hospital, had become a warm advocate of his theory and had published in November the results of a questionnaire (itself a novel means of inquiry which was to become of great importance later). (10) In this Pearson had sought to discover in what parts of the kingdom 'cowpox' was known and whether in those districts observation had been made of the immunity which it seemed to confer against smallpox. A similar inquiry later carried out in Scotland by Andrew Duncan showed that it was unknown there. (11) Pearson's results were positive and encouraging, but he too was crying out for 'matter' so that he could try the experiment for himself. Another London physician, William Woodville, was equally anxious to try for himself, for he was physician to the smallpox and inoculation hospitals. In January 1799 news reached him that there was an outbreak of cowpox at a dairy in Grays Inn Lane. He hastened to inspect it, and convinced that this was the 'true' cowpox he took to see it some of the sceptics (Sir Joseph Banks among them) so that they could see with their own eyes how true to life were the pictures in Jenner's book.

Woodville and Pearson now began an intensive campaign of vaccination and were keeping records of all their cases. Pearson was talking of founding a Vaccine Institution and Jenner was warned that unless he came to London at once he would find that others had stolen his thunder. Pearson had sent him some of Woodville's cowpox matter early in March, and this Jenner had used successfully. On his arrival in London two or three weeks later he again had supplies from the

same source, so that when Thomas Anderson, who had doubtless read the account of Jenner's *Inquiry* in Duncan's *Annals of Medicine*,<sup>(12)</sup> wrote to Jenner in April asking for material to introduce vaccination in his own practice, he was able to accede immediately to his request. (It has been stated, incidentally, that this cowpox strain of Woodville's was the ancestor of all the vaccines used in the nineteenth century).

It seems that Jenner, who was probably already having many letters of the same kind, soon forgot the one from a practitioner in far-off Leith, for we find him writing to a friend about a year later,

"Pray write without delay to Tierney, and tell him how rapidly the cowpox is marching over the metropolis and, indeed, through the whole island. . . . Would Tierney like to have a little virus, that the cowpox inoculation may be set going under his own eye at Edinburgh? I should be happy to furnish him. Let him know that my new edition mentioning his name, with the appendix, is published. A very little attention would place the practice in its proper light in Edinburgh, a thing devoutly to be wished."<sup>(13)</sup>

This message must have seemed a little odd, even to Matthew Tierney, a young regimental surgeon who was no doubt flattered by this attention from the great man. Instead of writing to tell Jenner that Edinburgh was not as behind the times as he seemed to think and that vaccination was already going strong among the Scottish practitioners, he sent him a letter in the following terms:

"I presume he (*i.e.* their intermediary, Mr. Shrapnell) informed you of the state in which it is here. Not knowing much of its effects its real value is not yet attended to. Dr. Gregory the Professor of Physic here knew very little about it, and of course did not encourage it. I have given him the sum of my experience on it, and he now seems to entertain a more favourable opinion of it. Indeed, he did me the unwished-for honour of reading my accounts to his class. Since then, the students here seem anxious to see and know the disease better. A Mr. Anderson, a surgeon at Leith, is the only person *here* who has tried it, and his accounts are strongly favourable. . . . Many of my friends here have earnestly solicited me to get some of the matter, not that I expect to have an opportunity of using it myself here, but conceive it may be a *second* focus from which it may extend itself more and more rapidly. . . . Be so good as to send me some of the matter and, as coming through you, every suspicion of error would be done away. . . . A friend of mine proposes giving a paper on this disease to the Medical Society, the greater part of which I shall contribute to, not having an opportunity of writing myself. This too may be a further means of extending it, as it wants no more but to be known and received by every medical man. . . ."

Scarcely daring to set Jenner right, Tierney identifies Leith with Edinburgh for him by mentioning Anderson as 'the only person *here* (underlined) who has tried it' and talking of starting a '*second* (underlined) focus.' What he fails to underline is the fact that Anderson was working with matter supplied by Jenner himself.

Apparently Jenner supplied Tierney with vaccine within a week or ten days. On April 21st Tierney wrote to him again:

"In my former you were informed that it was very little attended to here, but on receiving the matter from you I mentioned it to Dr. Gregory (Professor of Practice of Physic) and with his usual liberality of mind and to show his confidence in my former statement, he wished me to inoculate *his* youngest child who is ten months old, and even teething. I did so, and have now the satisfaction to say the disease has gone through its stages even milder than any I saw before. This is the thirteenth day since inoculation. The inflammation is much reduced and I have no doubt the puncture will get well without further trouble. . . . This you will most readily see is the most effectual mode of spreading the

disease here, and in fact it has already had that effect; many persons applying to have their children inoculated with it. Mr. Anderson, of Leith, whom I mentioned in my last, is the only person who attended to the disease. He inoculated, since May last, 150 persons in all of whom its progress was much *milder* than it has been observed to be in England. . . . His accounts are even more favourable than any others I have heard. He further says (which by the by is a considerable advantage) that the prejudice of the people against the vaccine disease is *much less* than against the inoculation with smallpox. In this country religious opinions direct the people a great deal. Its being received by the Professors here will certainly be a means of spreading it more rapidly, and I flatter myself this is now established.”(15)

The idea that it took a Gloucestershire regimental surgeon to enlighten the Edinburgh Faculty may have pleased Jenner, and that was evidently the main purpose of the letters. He could not omit all reference to Anderson, for Jenner might well remember his earlier correspondent, but even more important, an account of the work which Thomas Anderson had been carrying out for vaccination since the May of the previous year was already in print in one of the most important medical journals of the day, in Duncan's *Annals of Medicine* for 1799. This went to press in early November of 1799 and came out at the beginning of the new year. The new and exciting topic of cowpox vaccination has a prominent part in the volume and it is hard to believe that Gregory really 'knew very little of it' three months later. It is also hard to believe that the Edinburgh students were so ignorant of it, for in that same year a student named William Russell qualified M.D. with a thesis *De Vaccinia*, while another who had qualified there a year earlier was the author of a monograph on the subject published in 1800. This was Alexander Herman MacDonald, a Dutchman (in spite of his name) who set up in practice in Hamburg, where his book on the cowpox came out in German.(16) Even this contains a laudatory account of Thomas Anderson's work and quotes his reports verbatim.

The earliest of these was available to Andrew Duncan senior in the autumn of 1799 and were the basis of the following brief paragraph which appeared towards the beginning of *Annals of Medicine* for that year.

“In the village of Newhaven, in the neighbourhood of Edinburgh, many children have lately been inoculated with vaccinous matter, and they have from thence obtained complete protection against the natural disease, which then prevailed, and which still continues to prevail with great severity there. And, indeed, from upwards of an hundred trials in Edinburgh and its environs, it has now appeared, that inoculation with vaccinous matter affords equal protection against future small-pox, as inoculation with variolous matter. For these trials we are chiefly indebted to that very ingenious and able practitioner, Dr. Anderson of Leith, who was, we believe, the first to introduce vaccinous inoculation at this place, with matter which was sent him from London.” (pp. 7-8).

Later in the same volume Anderson's own case reports are published as follows:

“Mr. Thomas Anderson, surgeon in Leith, who has been peculiarly active and successful in introducing the vaccine inoculation in his neighbourhood, has communicated to us the following cases and observations.

‘That the susceptibility of the variolous disease is prevented by the vaccine, I think none who have attentively read the publications of Drs. Jenner, Pearson, and Woodville, will any longer doubt. I have inoculated above an hundred, from the beginning of May to the end of September, of whom only three had any other pustules than those on the incisions, and none of them fever or symptoms to excite uneasiness. . . .

‘I am of opinion, that the vaccine inoculation, if it shall continue to be as

favourable as I have found it, will be of much more benefit to mankind than even the variolous, great, very great as it has been. In this country I do not imagine, that above one third of the children are inoculated, owing to the prejudices arising from frequent deaths. But from the success of the vaccine inoculation, I have been able to persuade numbers, in all ranks of life, who could never be brought to consent to the variolous inoculation, to allow their children to undergo the vaccine inoculation, from the idea of none having suffered. . . .” (pp. 496-501.)

You will gather from these quotations why I characterised Jenner’s letter to Tierney and Tierney’s replies as odd.

In the summer of the previous year a particularly dangerous outbreak of confluent smallpox had been arrested by Anderson’s intervention and his vaccination of over a hundred children. The *Annals of Medicine* was one of the leading medical journals of the day and was widely read by doctors everywhere. But Jenner, apparently, was too busy to read, and Tierney must have thought he had a good chance of getting away with his boast that he had opened the eyes of the Scots by vaccinating a single infant. Edinburgh was a long way from London in those days before the railway was built.

The progress of the new prophylactic measures was reported very closely in the *Annals of Medicine*, but in the record of the year 1800 there is no mention of Tierney. Instead, as if to emphasise once more the individual to whom the credit was due, we find the following :

“Among the people of higher rank in Edinburgh, vaccine inoculation has already made a very rapid progress, and has now very much superseded variolous inoculation. This has been very much owing to the candid and liberal views of many eminent medical practitioners, who have recommended vaccine inoculation, by example, as well as by admonition, having employed it with their own children. But its extension over the rest of Scotland, as well as in the metropolis, has been particularly owing to the meritorious exertions of Dr. Thomas Anderson of Leith, who has very liberally supplied practitioners in many different parts of the country with vaccine matter. Our readers may form some idea of the utility of Dr. Anderson’s exertions from the following letter to Dr. Duncan :

‘It gives me very great pleasure to be able to inform you, that almost all the parents whose children I have inoculated during the course of last year, have preferred the vaccine to the variolous matter, in so much that during that period, I have inoculated between two and three hundred for the cow-pox, and only three for smallpox. Many parents who would never before consent to have their children inoculated, from the mildness of the cow-pox, readily agree to it. Among the patients whom I have inoculated with vaccine matter, there has not been one case in which febrile symptoms lasted above an hour or two. And in no case have I ever seen the most distant appearance of epileptic fits ; neither have I seen in any one case during the course of the year 1800, a single pustule from vaccine inoculation, excepting at the punctured part of the arm. I am happy to find, that of late frequent applications have been made to me for vaccine matter, in so much, that in the space of two days I sent matter to surgeons at twelve different towns in Scotland, by whom I would fain hope the contagion will be preserved, and, at the same time, extensively employed. The contagious matter which I have used was taken from a cow by Dr. Jenner, in April 1799. It has now gone through the human constitution, at least ten or twelve, and in some cases even twenty times. Yet I have never observed the smallest variation of the symptoms.’” (pp. 451-3).

Among the surgeons whom Anderson supplied with matter for vaccination was Mr. Alexander Williamson of Anstruther, in the county of Fife, whose reports are published in the same volume :

"About the end of May last, the smallpox began to appear at Pittenweem. During the first and second weeks of June, the disease, chiefly of the confluent kind, was spreading rapidly. I intimated to two respectable families my intention of introducing the cow-pox as a substitute for smallpox. They readily agreed to the proposal; and out of these two families, six children were inoculated with vaccine matter. Three children of one family I inoculated with matter from Dr. Anderson of Leith. The other three with matter from a friend in Liverpool. Of the latter, one only took the infection. The disease in the four children who were infected corresponded with the description given by Drs. Jenner, Woodville and Pearson.

"The mildness of the vaccine disease, and the urgent danger from the variolous contagion spreading itself in the town, induced numbers to apply for this inoculation. In the space of six weeks, between fifty and sixty children had gone through the cow-pox, without any inconvenience. This still further increased the celebrity of the vaccine inoculation, and, by the beginning of November, I had infected with the vaccine disease, one hundred and fifty children. Most of these children have since been exposed on many different occasions to the contagion of casual smallpox, without any effect." (pp. 440-41.)

This Alexander Williamson, incidentally, was a man of remarkable intelligence, for he hit upon a truth which was only proved by Dr. Mervyn Gordon in his work for the Medical Research Council in 1924. This is what Williamson wrote in 1800:

"Several different opinions have been entertained respecting the origin of the cow-pox; and various experiments have been made with the view of determining the truth of these opinions. It is the general opinion, that one contagion of a specific nature does not destroy the susceptibility of the human body to any other. A person who has had smallpox, is not thereby rendered unsusceptible to chicken-pox or measles, nor vice versa. How, then, should cow-pox remove the susceptibility of the constitution to smallpox? If the vaccine disease be specifically different from the variolous, this must remain one solitary objection to the general rule. If it could be shewn that they are not different specific contagions, but merely the variolous contagion, modified by passing through the cow, we would be able to remove many difficulties, and the public would be more readily induced to adopt vaccine inoculation into their families." (pp. 444.)

If we needed any proof that the people in London knew what progress was being made in Scotland it can be found in the very comprehensive *Treatise on the Cowpox* by John Ring. The first volume of this work, which is still one of the best sources for the history of vaccination, was published in London in 1801 and contained a full account of Anderson's work as reported in the *Annals* of 1799. (pp. 394-5.) The second volume, which came out in 1803, contained the further account based on the report in the *Annals* for 1800. This concludes with John Ring's own tribute to Anderson:

"I cannot take leave of this philanthropist, who has laboured so strenuously to diffuse the blessings of the new inoculation, without offering him a most sincere tribute of respect and applause. *Macte nova virtute.*" (pp. 590-591.)

By now, of course, vaccination had become so widespread that the need was seen for organization on the lines of the old smallpox inoculation hospitals. The first Vaccine Institution had been opened in London by Pearson in December 1799, and in the following year others were established in the larger cities. The plan of the one at York, established in October, attracted Duncan's attention as the best model to follow. There it was a department of the Public Dispensary. Duncan informs us that:

"The Directors of the Edinburgh Dispensary have adopted nearly a similar plan, for extending the benefits of vaccine inoculation to the lower class of the

city. Attendance is given at the Dispensary at certain hours for the purpose of inoculating all who may make application. The inoculated patients are afterwards either brought to the Dispensary at appointed hours, or are, when necessary, attended at their own houses; and they are supplied gratis from the shop of the Dispensary, with any medicines that may be thought necessary. By this means there is reason to hope, that vaccine inoculation will soon be adopted by many of the lower class; at least if they can prevail upon themselves not to neglect the means which Providence has put in their power for preserving the lives of their offspring against the ravages of a most dreadful disease." (17)

In February 1801, although still housed at the Dispensary, it became a separate entity as the Vaccine Institution, William Farquharson and James Bryce being appointed its Surgeons. By 29th January, 1803, they had inoculated 1,204 children, not a great number for two years. They had also, in view of the geographical character of the country, made a special investigation of the best way of preserving and packing the virus for despatch to places like the Hebrides and the Orkney Islands, and it seems that they were so successful in this that they were asked to send vaccine as far afield as the West Indies and America. In order to arouse a greater response among the mass of the people they had in November 1802 published an *Address to the Clergy of Scotland*, appealing for its help not only in propaganda but in actually carrying out vaccination in parishes too remote to have the services of a medical man.

"If you decline performing the operations yourselves," they state, "you should get the Catechist, Schoolmaster, or some sensible man in your parish, to perform it. To enable you to do this, we have subjoined to the report such plain instructions, that the operation may be entrusted to any of those to whom you are pleased to communicate them."

From what I have said so far, some of you may think that I have fallen into the common error—especially among people from the south—of identifying Edinburgh with Scotland and will wonder what was happening in Glasgow while Thomas Anderson was attracting so much notice in the medical journals. I am not ignorant of the strength of local patriotism but it is significant that none of these claims made on Anderson's behalf either in 1799 or 1800, or later in his obituary notice were challenged by any of his contemporaries. I mention this fact because if we turn to that excellent book of Alexander Duncan's, *Memorials of the Faculty of Physicians and Surgeons of Glasgow, 1599-1850*, which was published at Glasgow in 1896, we shall find the following statement:

"Some two years before the end of the eighteenth century, the profession in Glasgow had begun in a tentative way to utilize Jenner's great discovery. William Nimmo is mentioned as the first surgeon in the city who attempted vaccination, the subject of the operation being a relative of his own." (p. 153.)

If this were true it would seem that Glasgow could claim priority for introducing vaccination into Scotland; if it were strictly true it could even claim pre-Jennerian vaccination, for you will remember that Jenner's observations were given to the world only eighteen months before the end of the eighteenth century. I cannot guess exactly what Alexander Duncan meant by the phrase "some two years" and in fact there is no need to, for he has a footnote which informs us that William Nimmo's first vaccination was performed in the year 1800, and that an earlier case was a child of Dr. T. Garnett, on 30th May, 1799. By that time Anderson had already been vaccinating for a month and Garnett may indeed have been one of the many Scots practitioners whom Anderson supplied with vaccine.

The Vaccine Institution in Edinburgh began its work as a separate department of the Dispensary in February 1801, although vaccination had been carried on in the Dispensary for a short time before that date. Consulting Alexander Duncan again for the position in Glasgow we find that:

“ By the year 1801 it was generally admitted that the procedure was one of great value. In May of that year the Faculty resolved, in view of the difficulty experienced in a large community such as Glasgow now was in popularizing such a measure, to advertise widely that they would vaccinate all comers at their Hall in St. Enoch’s Square, the operation to be performed every Monday. To undertake the work two of the members were regularly told off by rotation every month, the operators being held jointly responsible in every case. For some time their procedure was evidently cautious and tentative, and failures were not uncommon. But greater success followed in the wake of experience, as is sufficiently evident from the first Vaccination register, which is still preserved. The method of appointing two surgeons to act conjointly was followed for twenty years. In the course of a year or two the vaccination station of the Faculty became popular and crowded beyond all expectation. . . . In less than five years the Faculty vaccinated gratuitously ten thousand persons. (p. 154.)

If this figure does in fact refer to the first five years then it compares very favourably with the number reported for the first five years of the Vaccine Institution at Edinburgh, which is 5,371.

Thomas Anderson, now a man of sixty and with his eldest son in partnership, was doubtless still carrying on his good work, but his name does not appear among those who served on the boards and committees of any of the Vaccine Institutions. Within a few years he was to witness a phase of disillusionment concerning the prophylactic powers of vaccination, when all the journals were filled with alarming reports of smallpox cases among those who had been vaccinated as children. For a time the controversy ran wild and many who had once been the most fervent supporters of vaccination were loud in their disappointment. What they did not realize was that revaccination was necessary; the promise held out by those early successes had been too bright. I am sorry that I cannot tell you where Thomas Anderson stood in this controversy. He died at his home in Leith on 18th March, 1813, and was buried on 22nd March in the “ Traffickers’ Ground ” one pace west by south from William Thorburn’s headstone. I mention this detail because I know that your Society takes a special interest in locating the geographical landmarks associated with Scottish medical pioneers.

Looking back over the early history of vaccination in Scotland it could be justly claimed that if Anderson had not written to Jenner in April 1799 some other medical men would have very soon done so. The same arguments have been used of Morton and anaesthesia, of Darwin and evolution, and even of Harvey and the circulation, but the historian is concerned with facts, not with what might have been, and the fact remains that the individual responsible for introducing vaccination into Scotland was Thomas Anderson. It is little enough that I have been able to tell you about him as a person but I hope that by reinstating him among your roll of pioneers I shall stimulate some Scottish historian to work on local sources and provide us with a more adequate account of his life and work.

#### REFERENCES

1. Mr. Thomas F. Anderson, now living at Ventnor, in the Isle of Wight.
2. *Medical and Philosophical Commentaries*, ii, pt. 1, London, 1774, pp. 294-6.
3. *ibid.*, pp. 423-7.
4. *ibid.*, iii, 1775, pp. 424-8.
5. Vol. II, no. 3.
6. See his book, *Jenner and Vaccination*, London, 1889.
7. London, 1935. pp. 245-73.
8. *ibid.*, p. 246.
9. *ibid.*, p. 239.

10. *An Inquiry concerning the history of cow-pox*. London, 1798.
11. *Annals of Medicine*, v, 1801, 456-9.
12. *ibid.*, iii, 1799, 77-90.
13. Baron, J., *The Life of Edward Jenner*, 2 v., London, 1838, i, 375.
14. *ibid.*, 376-7.
15. *ibid.*, 377-9.
16. *Abhandlungen über . . . Inokulation der Kuhpocken*.
17. *Annals of Medicine*, v., 1801, 450-51.

Mr. G. R. Pendrill, Librarian of the Royal College of Physicians arranged an interesting demonstration on Sidelights on the History of Vaccination in Scotland from the archives of the College. The contents of the demonstration are given in Appendix 2. Dr. Poynter was entertained to an informal dinner by the Council at the conclusion of the meeting.

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### The Thirty-Sixth Ordinary Meeting

The Thirty-Sixth Ordinary Meeting was held on Saturday, 5th March, 1960, at Dundee. Members and their guests met for informal lunch before proceeding to the Department of Medicine, Queen's College, where facilities has been generously offered by Professor Ian G. W. Hill for the meeting. The subject of the name of this Report was again raised and it was finally decided to retain the present form and name.

Professor Adam Patrick read a paper on

#### THE PLAGUE OF ATHENS, 430 B.C., A PROBLEM IN DIAGNOSIS.

The great days of Athenian achievement lay in the first part of the fifth century B.C. The Peloponnesian war, which marked the decline in the greatness of Athens, broke out in 431 B.C., with Athens and Sparta and leading city-states on the opposing sides. Langer says: 'The basic cause of the war was the fact that there existed in Greece two great rival systems of alliances, comprising practically all of continental and Anatolian Greece. Neither leader could afford to tolerate any action threatening the solidity of its league . . . War broke out in 431 when a band of Thebans, by treachery, entered the city of Plataea, an ally of Athens. The Thebans were induced to surrender, and were then killed. The strategy of the Athenians, devised by Pericles, was to avoid a land battle, in which they would almost certainly be defeated, remain within their walls, and let their country be ravaged. They could support themselves through their control of the sea, and hoped to wear down the Peloponnesians by coastal raids.'

In 430 a great plague broke out in Athens. The nature of this plague has never been proved, and the problem is perhaps insoluble. The history of the war, down to 411, was written by Thucydides with what Prof. Rose calls 'minute and scientific accuracy.' Thucydides himself fought in the war, and had an attack of the plague, and this accounts for a medical interlude which is uncommon in a military history. He describes the plague, and details the symptoms, and



says that a study of these symptoms should enable a diagnosis to be made. This expectation has proved vain.

I shall read, fairly fully, Thucydides' account of the epidemic, and thereafter say something of the comments made, and the diagnoses proposed, by various writers. Thucydides says: 'At the very beginning of the summer the Peloponnesians and their allies invaded Attica, and set about ravaging the countryside. Not many days after the invasion began the plague made its first appearance among the inhabitants of Athens . . . There are no records anywhere of a scourge so destructive of human life. The doctors had to treat it without knowing what it was, and it was they who suffered the greatest mortality, being the people most exposed. It is said that the epidemic started in Ethiopia, descended thence into Egypt and Libya, and spread over the greater part of the King's territory . . . Then it fell upon the people of Athens, coming by way of Piraeus, where they believed that the Peloponnesians had poisoned the water-tanks. When it reached the upper city the mortality rose greatly . . . I shall describe the course and the symptoms of the illness, from a study of which it should be possible for the diagnosis to be established. I had an attack myself, and saw others with it.'

'Everybody thought that in that year other diseases were less common than usual, but those which did occur all ended in the plague. Sometimes no cause was apparent. All of a sudden, in the midst of good health, a man would be seized with an intense heat in the head, and redness and inflammation of the eyes; the throat and the tongue became red, and the breath foetid. Sneezing and hoarseness followed, and the trouble spread to the chest, with severe coughing. There followed vomiting of every kind of bile, and then retching. The skin was livid red, and came out in a raised eruption and sores. The body was not so very warm to the touch, but internally the patients were consumed with such heat that they could not bear the lightest covering. They wanted to be left naked, and would have liked more than anything to throw themselves into cold water; many indeed who were not closely watched jumped into the water-tanks. They were tormented by unquenchable thirst, and were restless and sleepless. The body, at the height of the illness, was not wasted, and when patients died, as many of them did on the seventh or the ninth day, they still had some strength left. If they got over the crisis, the disease went down into the bowels, producing severe ulceration and diarrhoea. In this later stage most of the deaths were due to weakness. The malady, starting from the head, spread through the whole body. If one got over the worst it attacked the extremities and left its mark there, affecting the genitals, fingers, and toes. Many who recovered had lost these; and some lost their eyes as well. Sometimes the sick man, immediately after recovery, lost his memory.'

I wish to comment on two points in this account of the symptoms. The first is Thucydides' description of the eruption. He uses two words for it: *phluktaina* and *helkos*. I translated them: 'a raised eruption' and 'sores.' Liddell and Scott's definition of *phluktaina* is: 'a rising in the skin, whether a blister made by a burn or some outward cause; or a pimple, pustule, sticking out from within; (derived from *phluo*, to swell over, or bubble or boil up; Latin, *pustula*.' They define *helkos*: 'in the Iliad, a wound, later a sore, ulcer; especially a concealed sore, abscess; Latin, *ulcus*.' My second comment is on the sensation of 'internal heat.' I gave the accepted translation, but I feel that the meaning is slightly different, and that the contrast is between the relative coolness of the skin from the outside, felt by the examining hand, and the great warmth of the skin from the inside, felt by the patient. I should translate it: 'To the hand the skin was relatively cool, but the patient felt it burning hot, and could not bear the lightest covering.'

Thucydides goes on : ' In addition to the trouble under which they already laboured, the Athenians suffered further hardship from the crowding into the city of the people from the country districts. As there were no houses available, they lived in stifling huts, and perished in great disorder. Bodies of the dead lay heaped up. Half-dead people rolled about in the street, and especially near every well, in their longing for water. The temples were full of the corpses of those who had quartered themselves there.'

Could Thucydides have foreseen how posterity would fail to agree on the nature of his plague, his disappointment would have been mingled with surprise. A hundred years ago, in 1860, H. A. J. Munro, professor of Latin at Cambridge, poked fun at this diversity of opinion among the medical writers. He edited the *De rerum natura* of Lucretius. Lucretius in his sixth book discusses a variety of subjects, one of them pestilences, and the poem closes with an account of the plague of Athens, more or less a translation of Thucydides. In his commentary Munro says : ' I have looked into many professional accounts of this famous plague. The writers, almost without exception, praise Thucydides' accuracy and precision, and yet differ most strangely in the conclusions they draw from the words. Physicians—English, French, German—after examining the symptoms, have decided that it was each of the following : typhus, scarlet, putrid, yellow, camp, hospital, jail fever ; scarlatina maligna ; the Black Death ; erysipelas ; smallpox ; the oriental plague ; some wholly extinct form of disease. Each succeeding writer at least throws doubt on his predecessor's diagnosis.' Canon Jessopp, the ecclesiastical historian, said in his essay on the Black Death in England (1889) : ' The plague of Athens undoubtedly was scarlatina maligna.' The impression I have gained from reading a number of views is that those commentators who have had the greatest experience of the pestilences commonly make a diagnosis either of typhus fever or of smallpox.

Probably the best-known of the moderns is Hans Zinsser, whose book *Rats, Lice, and History* was published in 1935. Zinsser was a bacteriologist and epidemiologist, devoted to the study of typhus, of which he had a very wide experience ; and in his autobiography he tells something of his typhus work in Serbia during the first German war. In *Rats, Lice, and History* he discusses the plague of Athens : ' The oldest recorded epidemic, often regarded as an outbreak of typhus, is the Athenian plague of the Peloponnesian wars . . . In trying to make the diagnosis of epidemics from ancient descriptions, when the differentiation of simultaneously occurring diseases was impossible, it is important to remember that in any great outbreak, while the large majority of cases may represent a single type of infection, there is normally a coincident increase of other forms of contagious diseases ; for the circumstances which favour the spread of one infectious agent often create opportunities for the transmission of others. It is not unlikely that the description of Thucydides is confused by the fact that a number of diseases were epidemic in Athens at the time of the great plague. The circumstances were ripe for it.' Later Zinsser says : ' The plague of Thucydides can be identified with no single known epidemic disease of our day . . . Haeser believes it to be more like typhus than any of the conditions familiar to us ; and Hecker takes the view that it was typhus in a form from which it has been altered in the centuries that followed. The eruption was certainly not like that of typhus at the present time, but corresponds more closely to that of smallpox. When all is said we must conclude that the nature of the Athenian epidemic cannot be determined with certainty. The rapidity of spread in a crowded town of 10,000 relatively small buildings, with a tremendous influx of population, is consistent with many forms of epidemic disease. The onset, the immediate respiratory symptoms, the nature of the eruption, and the sequelae, might reasonably be interpreted as smallpox.' Zinsser thinks we have to choose between typhus, bubonic and pneumonic

plague, and smallpox, and summarizes as follows: 'There is in our opinion no reason for assuming that the disease was a variety of typhus. Whatever may be the difference of opinion about the words *phluktaina* and *helkos*, it seems fairly certain that the eruption, unlike that of typhus, was raised, and later vacuolated, and the sudden onset, prominently marked by the inflammatory symptoms of the upper respiratory tract and severe cough, is also inconsistent with epidemic typhus as we know it. The necroses of the extremities do suggest typhus, but this symptom is not usually prominent except in winter epidemics in armies, and the Athenian disease began early during a hot summer. The seasonal factor is also against typhus. Moreover, careful scrutiny of the ancient evidence does not give us reason to believe that typhus was known, or reliably described, till long after this period. Bubonic plague probably existed, but there is nothing in the description to indicate that the *bacillus pestis* could have caused this epidemic. We are led to consider smallpox, or a variety of smallpox, as the most likely classification . . . There seems to be considerable unanimity of opinion that smallpox was absent from Europe during the Greek and Roman classical periods. But Thucydides' description seems to point to a disease of this general type. This surmise is strengthened by the occurrence of another epidemic, described by Diodorus Siculus, which attacked the Carthaginian army besieging Syracuse in 396 B.C., less than forty years after the outbreak in Attica.'

Here are the main points from Diodorus's description: 'After the Carthaginians had seized the suburb and pillaged the temples of Demeter and Kore, a plague struck the army . . . It began with a catarrh, then a swelling of the throat. Gradually burning sensations ensued, pain in the small of the back, a heavy feeling in the limbs. Dysentery supervened, and pustules upon the whole surface of the body. This was the usual course of the disease, but some lost their reason and their memory. Death came on the fifth day, or at the latest, the sixth, amid such terrible tortures that those who had fallen in the war were looked on as fortunate. All who watched by the sick were stricken by the plague.' Zinsser thinks this must be regarded as severe confluent smallpox in which death on the fifth or sixth day is not exceptional.

A certain liveliness was introduced into this old controversy by the publication in 1950 of a paper by J. F. D. Shrewsbury, professor of bacteriology at Birmingham. This contains two new ideas on the diagnosis. He cites in passing a suggestion by Salway and Dell that the malady was ergotism; and the introduction and substantiation of the second idea is the main purpose of his paper. It is rather long; I give his main points. He says: 'There never has been any doubt expressed about the accuracy of Thucydides' description of the pestilence. The identification must depend entirely upon our interpretation of his description, as no other contemporary evidence is known. The most difficult part of this description to interpret would seem to be Thucydides' picture of the exanthem. He was a layman, and we do not know how familiar he was with the technical medical terms of his day. If the terms he used to depict its character were medical terms, they will have one meaning; if they were vulgar terms they will have another, and the two meanings may not have been identical in his day . . . Apart from the precise meanings that Thucydides intended to convey, words often change their meanings with the passage of time . . . As it seems doubtful whether we can ever hope to know what kind of lesions Thucydides had in mind when he wrote his description of the exanthem. I suggest that it is advisable to ignore that description, at any rate for the time being, and concentrate our attention upon his description of the other features of the plague.' Shrewsbury then goes on to say that the attempt of the victims to immerse themselves in cold water in order to obtain relief from the intolerable sensation of internal heat is, in his opinion, the key to the identity of the

plague of Athens. He gives reasons for dropping smallpox, typhus, plague, and typhoid from further consideration. Then he goes on: 'Is there any other communicable disease that has a stronger claim to acceptance? I believe there is—measles.' He then describes the Fiji epidemic of measles in 1875 in which those overcome by the fever crawled out of their houses to cool their bodies by lying on the damp ground, or in the bed of the nearset creek. He concludes: 'Although I have been unable to make a similar enquiry about smallpox, typhus fever, and plague, I believe that none of these diseases is accompanied by the peculiar subjective sensation of intense internal heat that was experienced by the Athenian victims of the plague of Athens, and that is still experienced in a much milder degree by measles patients today. I submit, therefore, that the plague of Athens was measles.'

Since the appearance of Shrewsbury's paper two professors of Greek have written on the subject: D. L. Page of Cambridge, and A. W. Gomme, formerly of Glasgow. Page's paper appeared in the *Classical Quarterly* in 1953, and is a close scrutiny of the words and medical terms used by Thucydides, and a discussion of their exact meaning. Of *phluktaina* he says it is 'the standard term for an exanthem of the blister type.' His attention was drawn to Shrewsbury's paper by one of his medical colleagues, and he was much impressed by it. He gives a summary of its most important sections, and emphatically accepts Shrewsbury's diagnosis of measles. 'Shrewsbury shows,' he says, 'that the desire to immerse the body in cold water had a remarkable parallel in the Fiji measles of 1875'; and he ends with the words: 'I conclude by repeating that the similarity between Thucydides' description of the plague and an average modern description of measles is as a simple matter of fact, close. Unless the modern accounts are misleading there is probably a better case for the identification with measles than with any other disease.' One might add that Page's marshalling of the medical evidence is particularly good.

Page's paper occasioned a comment, also in the *Classical Quarterly*, from General Sir William P. MacArthur, a former Director-General of the Army Medical Services. 'Prof. D. L. Page,' he says, 'argues that the Plague of Thucydides was measles of a virulent type. On the other hand I believe that only typhus could account for all that Thucydides here relates, and I can find nothing that has not been experienced in outbreaks of typhus since his day. Indeed, when lecturing on this disease I often quote from Jowett's translation for the enlightenment of my class. (1) Prof. Page cites Prof. J. F. D. Shrewsbury for the statement that before typhus fever can even be considered, we need some historical evidence that the Athenians were familiar with the black rat. Now, it must be clearly stated that epidemic typhus is transmitted by infected faeces of the louse of man, and does not originate from the black rat.' A little further on MacArthur says: 'About the measles patients in Fiji in 1875 lying down in water, Sir Philip Manson-Bahr tells me it is the common practice of these people to take to water when they feel fevered from any cause . . . During the great influenza epidemic of 1918 they went into the sea in crowds.' MacArthur takes up some of the other symptoms—diarrhoea, gangrene of the extremities, blindness, and says they may all occur in typhus; and as for complete loss of memory, it is in some instances a striking feature of typhus convalescence. 'In Europe typhus has broken out with unfailing regularity in time of war, especially in stationary camps or crowded cities.' He adds in a footnote: 'The course of epidemic plague is far shorter than Thucydides indicates, and there is nothing about buboes. Had the epidemic been smallpox of equivalent severity, there would have been many haemorrhagic cases, many more of that type of confluent smallpox where the face is transformed to a continuous sheet of pus, and the features are obliterated. In the typhus of the Williamite wars in Ireland, some had their toes and some their whole feet that fell off as the sur-

geons were dressing them.' It is unnecessary to evoke ergotism to explain the symptom in Athens.'

Thucydides said that the highest mortality of all occurred among the medical attendants. To MacArthur's remarks it might be added that typhus notoriously attacks the medical officers both in war and in peace. On 11th May, 1878, during the Russo-Turkish war, the *British Medical Journal* had this note: 'We have it on the authority of the Army and Navy Gazette that, since the beginning of the present year, 52 of the leading surgeons of the Russian army have fallen victims to the typhus epidemic.' In 1915 Serbia, then at war, suffered severely. Zinsser says there were 350 doctors in Serbia, and that 126 of them died of typhus.

Prof. Gomme's contribution comes in his Historical Commentary on Thucydides. 'Ergotism,' he says, 'was first suggested by Kobert. Rye was not used for bread in classical Greece, but may have been in Thrace.' For an opinion on the diagnosis of measles he applied to Prof. T. Ferguson, and he quotes from Prof. Ferguson's reply: 'Certain symptoms occur in all febrile illnesses; their appearance, or their severity, depends largely on the height of the temperature. Other symptoms are common to two or more illnesses, so that the presence of such symptoms may be little guide in distinguishing one illness from the other. Furthermore, the chief characteristics of a disease in one epidemic are not necessarily the same as those of a disease with the same label in another. The epidemic described by Thucydides may have been measles, but it seems a little unnecessary to bring forward this possibility when the illness, as described, bears so much resemblance to typhus fever (or some other 'continued fever'). The modern conception of typhus is of a disease carried by the body-lice. Page makes the point in a footnote that the Athenians in 430 B.C. were not a dirty people; but in the circumstances of war any one may acquire infestation with body-lice. At the present time in this country the head-lice is of wide distribution, even in peace-time. There is so much to be said in favour of typhus that I should accept the diagnosis of measles with great reserve.'

It seems to me that any opinion on the nature of this epidemic must be based on clinical grounds. Considerations such as that this disease or that was not known to exist at the time should be left out. This might be the only account of it. Some of the symptoms described by Thucydides are of a general character, and common to various forms of disease: restlessness, sleeplessness, distressing feeling of heat; others are more specific: the rash, the gangrene, the loss of the eyes. Shrewsbury's decision to disregard the rash is unjustified. Of all the symptoms it seems the best-fitting key to the diagnosis. In small-pox the eruption projects from the skin; the rashes of typhus and of measles are flat. The desire for immersion is probably a matter of climate, and not characteristic of any one disease. The latitude of Fiji is 15° S. There was an outbreak of measles in the Faroe Islands (latitude 62° N) in 1846, comparable in extension to that in the Fijis, though less severe and on a smaller scale. P. L. Panum, as a young medical graduate, was sent by the Danish government to report on it. His report is long and detailed, but he does not say that the Faroese rose from their sick-beds to bathe in the chilly waters of the northern ocean. If Thucydides uses the words which describe the rash in the ordinary sense, a diagnosis of measles cannot be sustained. To ignore the rash is as if one were to try to diagnose the illness of a patient in an epidemic without turning back the bed-clothes.

Murchison, who thought the Athenian plague was typhus, describes how gangrene occurs in this disease. He had observed sloughing of nose, penis, scrotum and pudenda. He had seen also, in several instances, sloughing or ulceration of both corneae, with escape of the humours. MacCombie, a fever physician, had noted the possibility of a similar disaster to the eyes in smallpox. Murchison

wrote : 'The plague of Athens, which broke out during a siege, when the city was suffering from famine and overcrowding, was probably typhus. It was contagious, and the attendants upon the sick especially suffered. Dr. Adams, the learned commentator of Hippocrates, believed that the disease was bubonic plague ; but no mention of buboes is made in the graphic history of Thucydides, which corresponds in most particulars with the typhus that appeared in later times during the siege of Saragossa.' (Saragossa was besieged by the French in 1809).

I conclude by adding a third description of disease, a modern one, to those of Thucydides and Diodorus Siculus : 'There is high temperature, quick pulse, rapid breathing, cough and expectoration of mucus, foul mouth, much foetor, unquenchable thirst, extreme restlessness, sleeplessness, and often delirium. In unfavourable cases the temperature rises to 105°-107°, the pulse becomes rapid, weak, and irregular ; there is husky laryngeal cough, shallow breathing, much foetor, muscular tremors, and sometimes diarrhoea ; delirium is more or less constant, and the patient succumbs usually from the tenth to the fifteenth day.' This is from MacCombie's description of confluent smallpox in Allbutt's System of Medicine in 1902.

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At the conclusion of the meeting tea was kindly provided by Professor Hill.

W. S. Mitchell, *President*.

H. P. Tait, *Hon. Secretary*.

## Appendix I.

### The Medico-Chirurgical Society of Edinburgh. Presidents, 1821-1959

ANDREW DUNCAN, Senior, 1821.  
 JAMES RUSSELL, 1823.  
 JOHN THOMSON, 1825.  
 GEORGE KELLIE, 1827.  
 JOHN ABERCROMBIE, 1829, 1831.  
 W. PULTENEY ALISON, 1833.  
 ROBERT CHRISPISON, 1835.  
 WILLIAM WOOD, 1837, 1839.  
 DAVID MACLAGAN, 1840.  
 ROBERT GRAHAM, 1842.  
 JOHN GAIRDNER, 1844.  
 ROBERT HAMILTON, 1846.  
 JAMES SYME, 1848.  
 J. WARBURTON BEGBIE, 1850.  
 JAMES YOUNG SIMPSON, 1852.  
 WILLIAM SELLER, 1854.  
 JAMES MILLER, 1856.  
 JOHN GOODSIR, 1858.  
 BENJAMIN BELL, 1859.  
 JAMES SPENCE, 1861.  
 DOUGLAS MACLAGAN, 1863.  
 JOHN MOIR, 1865.  
 ROBERT OMOND, 1867.  
 J. HUGHES BENNETT, 1869.  
 PETER D. HANDYSIDE, 1871.  
 D. RUTHERFORD HALDANE, 1873.  
 JAMES D. GILLESPIE, 1875.  
 WILLIAM R. SANDERS, 1877.  
 PATRICK HERON WATSON, 1879.  
 GEORGE W. BALFOUR, 1881.  
 HENRY D. LITTLEJOHN, 1883.  
 T. GRAINGER STEWART, 1885.  
 JOHN SMITH, 1887.  
 ALEXANDER R. SIMPSON, 1889.  
 JOSEPH BELL, 1891.  
 THOMAS S. CLOUSTON, 1893.  
 D. ARGYLL ROBERTSON, 1895.  
 JOHN BATTY TUKE, 1897.  
 A. GORDON MILLER, 1899.  
 THOMAS R. FRASER, 1901.  
 JOHN CHIENE, 1903.  
 JAMES O. AFFLECK, 1905.  
 JAMES RITCHIE, 1907.  
 BYROM BRAMWELL, 1909.  
 J. MONTAGUE COTTERILL, 1911.  
 JOHN PLAYFAIR, 1913.  
 FRANCES M. CAIRD, 1919.  
 ROBERT W. PHILIP, 1921.  
 DAVID WALLACE, 1923.  
 WILLIAM RUSSELL, 1925.  
 A. LOGAN TURNER, 1927.  
 G. LOVELL GULLAND, 1929.  
 GEORGE L. CHIENE, 1931.  
 ROBERT A. FLEMING, 1933.  
 DAVID HUSKIE, 1935.  
 WILLIAM J. STUART, 1937.  
 HARRY M. TRAQUAIR, 1945.  
 HENRY WADE, 1947.  
 JAMES M. GRAHAM, 1949.  
 A. FERGUS HEWAT.  
 DOUGLAS S. ROBERTSON, 1953.  
 W. QUARRY WOOD, 1955.  
 W. A. ALEXANDER, 1957.  
 T. McW. MILLAR, 1959.

## Appendix II.

### SIDELIGHTS ON THE HISTORY OF VACCINATION IN SCOTLAND.

A Demonstration prepared by Mr. G. R. Pendrill, Librarian of the Royal College of Physicians of Edinburgh and on display in the College on the occasion of the visit of Dr. F. N. L. Poynter when he addressed the Society at its Annual General Meeting there in October, 1959.

#### Descriptions of Earlier Epidemics of Smallpox in Scotland

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- NOV. 26, 1806. Reply to an enquiry from the London College about the merits of vaccination.
- NOV. 4, 1823. Donation of £50 for a statue to Jenner at Gloucester.
- AUG. 4, 1868. Requiring intending Licentiates to produce a certificate of having studied vaccination.
- DEC. 23, 1891. Expulsion of a Licentiate for circulating a booklet entitled "How to Avoid Vaccination."



## The Scottish Society of the History of Medicine.

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### CONSTITUTION.

1. The Society shall be called "THE SCOTTISH SOCIETY OF THE HISTORY OF MEDICINE," and shall consist of those who desire to promote the study of the History of Medicine.

2. A General Meeting of Members shall be held once a year to receive a report and to elect Office-Bearers.

3. The management of the affairs of the Society shall be vested in the Office-Bearers, who shall include a President, one or more Vice-Presidents, a Secretary, a Treasurer, and not more than ten other Members to form a Council. The Council shall have power to co-opt other Members who, in their opinion, are fitted to render special service to the Society.

4. All Office-Bearers shall be elected annually. The President shall not hold office for more than three successive years, but shall be eligible to serve again after one year. Not more than eight Members of Council, or two-thirds of the total number, shall be eligible for immediate re-election.

5. The Annual Subscription shall be fixed from time to time by the Council and reported to members of the Society.

6. The Secretary shall keep brief Minutes of the proceedings, shall prepare Agenda, and shall conduct the correspondence of the Society.

7. Meetings shall be held at least twice yearly, and the place of meeting shall be in any of the four University centres, or elsewhere, as the Council may decide.

8. This Constitution may be amended at any General Meeting of the Society on twenty-one days' notice of the proposed amendment being given by the Secretary, such amendment to be included in the Agenda circulated for the Meeting.

