

The
Scottish Society
of the
History of Medicine

(Founded April, 1948)

REPORT OF
PROCEEDINGS

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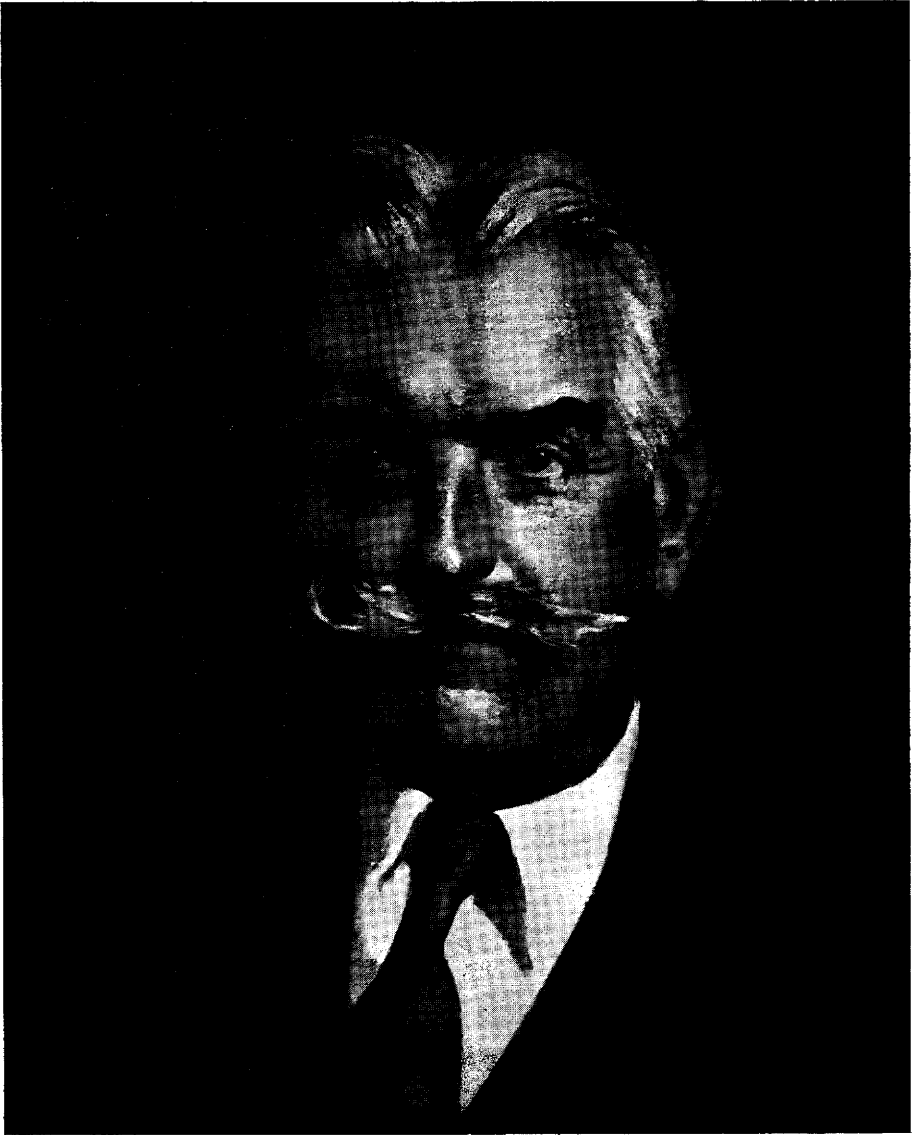
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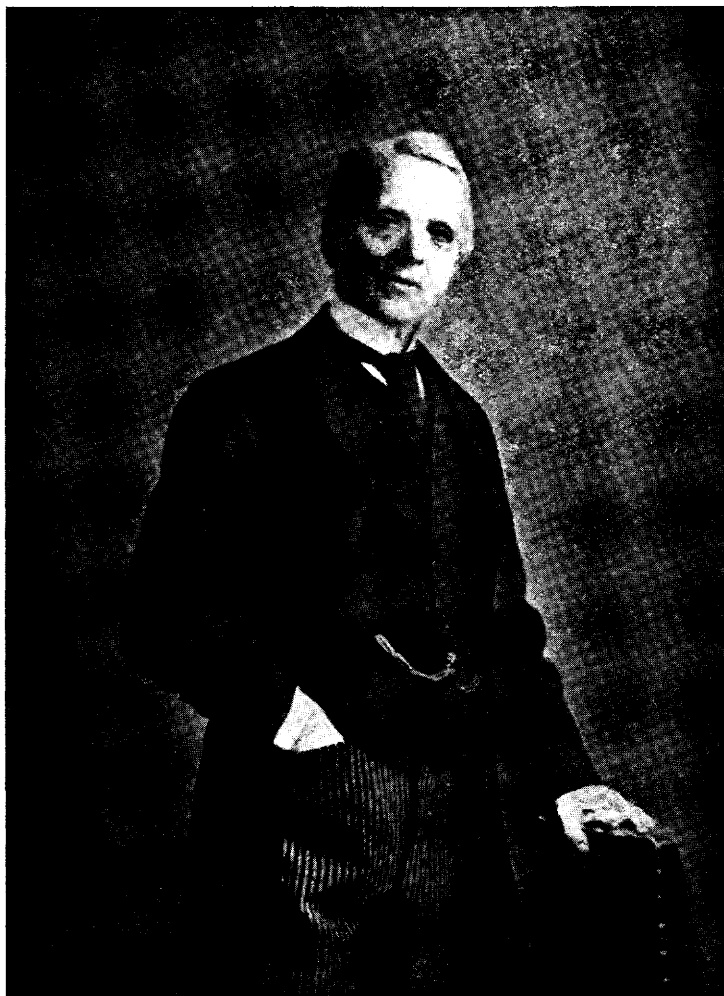
SESSION 1962-63

The Scottish Society of the History of Medicine.

- Honorary President* Dr. DOUGLAS GUTHRIE
- President* - - Professor ADAM PATRICK
- Vice-Presidents* - Dr. W. S. MITCHELL
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- Hon. Treasurer* - Dr. W. A. ALEXANDER, 9 Randolph Crescent,
Edinburgh, 3
- Council* - - Professor STANLEY ALSTEAD retires by rotation, 1963
Professor NORMAN M. DOTT .. 1964
Dr. E. H. DUFF .. 1964
Dr. IAN A. PORTER .. 1964
Dr. A. T. SANDISON .. 1964
Mr. D. C. MILN .. 1965
Mr. G. R. PENDRILL .. 1965
THE SENIOR PRESIDENT,
ROYAL MEDICAL SOCIETY (ex officio).



Photograph of Portrait of J. Hogarth Pringle by William Dring, R.A.



Sir Henry Duncan Littlejohn
(1826—1914)

First Medical Officer of Health for Edinburgh (1862—1908)

The Scottish Society of the History of Medicine

REPORT OF PROCEEDINGS

1961-62

It is satisfactory to record that the Society has again had a most successful session. The usual three meetings were held, the papers presented were all of great interest and discussion following their delivery had often to be curtailed from the exigencies of time.

The Annual General Meeting was held in October at Edinburgh when Sir David Henderson read an outstanding paper on the history of the Royal Scottish Mental Hospitals. The Forty-fourth ordinary meeting was held in February at Glasgow when Mr. D. C. Miln gave a sympathetic account of James Hogarth Pringle, F.R.C.S., while the summer meeting was held in June at St. Andrews in a delightful setting, and in weather just right for the occasion. We are very glad to print in this Report of Proceedings the full texts of Sir David Henderson's paper and Mr. Miln's contribution, with shorter versions of the papers by Mr. Gifford and Mr. Blair.

Death has again dealt grievously with the Society. Mrs. Tait, wife of the Honorary Secretary, died on 31 January, 1963, after a comparatively short illness. She joined the Society at a time when the Council decided that wives of members should be eligible to join, and she was one of what is now a strong and staunch band of the Society's supporters.

Mr. T. B. Mouat, F.R.C.S., died on 27 February, after a long period of ill-health. One of the Society's early members, he was an enthusiastic attender at the meetings but his naturally retiring nature prevented his ever giving a paper. However, he was persuaded to write a short note for the Report for 1960-61 on Frederick John Mouat, LL.D. He had an inexhaustible fund of stories and was wont to regale his fellow members with these on the several railway journeys to and from Glasgow, Newcastle and elsewhere where the Society was holding its meetings. He was a Vice-President from 1960 till he resigned last year. A charming and kindly man we shall miss him very much.

Mr. Archibald Lamont Goodall died on 17 March at Glasgow. He was an original member of the Society and attended the Inaugural Meeting in April, 1948. It was but natural that he should, from the beginning, take an active part in the affairs of the Society, and he was successively a member of Council, Vice-President, and latterly President from 1954-57. Archie Goodall ever had the interests of the Society at heart and he did much to bring it to the notice of medical historians during his travels abroad. In 1956 he delivered a presidential address and so began a tradition which has been followed by successive presidents. A delightful and staunch friend, he carried his knowledge lightly, for he was at heart a humble man. His presence and counsel will be greatly missed for we can ill afford the loss of one of the younger school of medical historians. It seems appropriate that we should print in Appendix A a list of his published medico-historical papers, together with those on libraries, since he was a notable honorary librarian of the then Royal Faculty (now Royal College) of Physicians and Surgeons of Glasgow for some seventeen years.

Dr. A. Stewart Henderson died on 5 April. A pioneer in the field of student health services, he was at one time President of the British Student Health Officers' Association. His many activities precluded his regular attendance at meetings, but he was, nevertheless, a firm upholder of the Society's aims and activities.

To the families of these members the Society extends its warmest sympathy.

Reference may be made here to the deaths of others who have contributed to the advance of medical history. Professor Edvard Gotfredsen, of the Chair of History of Medicine at the University of Copenhagen, died in that city on 8 January. Members will recall his visit and paper to the Society in 1951; Dr. W. H. S. Jones, the great authority on Greek medicine and translator of Hippocrates, died on 4 February; and Professor Gaston Ramon, one of the great figures in the history of active immunisation against diphtheria and tetanus, died near Paris on 9 June.

The Society offers its congratulations to Professor John Bruce on the knighthood conferred on him in the recent Birthday Honours List, and to Dr. E. R. C. Walker, who, at the same time, was awarded the O.B.E. Earlier, in October, Dr. Walker was also honoured when he was elected a member of the General Medical Council. Dr. Douglas Guthrie, our ambassador at large, has been as energetic and active as ever. He spent some three months early in 1963 lecturing at various medical schools and universities of Ceylon and India (Colombo, Kandy, Madras, Bangalore, Hyderabad, Delhi and Agra) on such topics as The Historical Background of Medicine, The Need for History in Medicine, and The Doctor's Conduct and the Patient's Comfort. In addition to these journeyings, his pen has not been idle, and he contributed to the Jubilee Meeting of the Section of the History of Medicine of the Royal Society of Medicine a paper on Medicine before A.D. 1500 as Viewed by Medical Historians during the past Fifty Years; Osler in Scotland (*Brit. med. J.* 1963, 1, 938); Medical History in Modern India (*Med. Hist.* 1963, 7, 275); a Short History of the Royal Society Club of Edinburgh, printed privately by the Club in December, 1962. It is interesting in passing to note that the Royal Society of Edinburgh itself broke with its tradition in February, 1963, by holding an ordinary scientific meeting in Perth, the first such meeting outside the capital in the Society's 180 years of existence.

Dr. J. Menzies Campbell has published a second edition of his book, *From a Trade to a Profession* (1958). This is a much enlarged and revised edition, entitled *Dentistry Then and Now* (1963). Others of Dr. Campbell's writings include A Hobby for a Dentist (*Dental Magazine and Oral Topics*, December, 1962), Forceps, Pelicans and Elevators (*ibid.*, 1963, March), and What About Dental History? (*Edin. Dent. Hosp. Gaz.* 1963, 4, 11). A tribute to Dr. Campbell's contributions to dental history and especially to his gathering together of a unique collection of instruments, advertisements, books, pamphlets and miscellaneous items of pre-1850 dental times was paid in the March number of the *Dental Magazine* (1963).

Mr. Charles G. Drummond, the Society's only pharmacist member, has also made his contributions to the historical literature of his profession in Friar's Balsam or friars' balsam? (*Chemist and Druggist*, June, 1955, 687) and James Borthwick (1615-75), the first surgeon apothecary in Scotland (*Ibid.*, June, 1962).

Dr. A. Allan Bell, Honorary Secretary of the Historical Section of the Scottish Division of the Royal Medico-Psychological Association, arranged an exhibition of books bearing on psychiatry from the library of the Royal College of Physicians and Surgeons of Glasgow in December, 1962, and this list is printed as Appendix B of this Report. Dr. Ian A. Porter published his paper delivered before the Society at its meeting in Newcastle in 1958 on Thomas Trotter, M.D., Naval Physician (*Med. Hist.* 1963, 7, 155), and a Memorial to John Dickinson, M.D. Dunelm (*Med. Gaz.* 1963, 66). Dr. A. T. Sandison in association with Cyril Aldred contributed a paper on The Pharaoh Akhenaten: A Problem in Egyptology and Pathology (*Bull. Hist. Med.* 1962, 36, 293), while Mr. John S. G. Blair wrote an interesting article on George Ridpath, Minister of Stichel (*Scott. med. J.*, 1963,

8, 243). The Honorary Secretary has written papers on Sir Henry Duncan Littlejohn, great Scottish sanitarian and medical jurist (*Med. Off.* 1962, 108, 183); Littlejohn, pioneer in public health (*Scotsman*, Sept. 29, 1962); jointly with Dr. L. F. Howitt, another Society member, the Development of Health Education in Edinburgh (*Health Educ. J.*, 1962, 20, 206); and Medicine and Pharmacy in Caricature (*Pharm. J.*, 1963, 190, 247).

MEDICO-HISTORICAL NOTES

Three hundred years ago, in 1662, a small book with the title *Natural and Political Observations . . . upon the Bills of Mortality*, was published in London by John Graunt, a London tradesman and member of the group that made up the Royal Society. It was the first significant attempt to use numerical analysis in the problems of life and death and constitutes the beginning of modern vital statistics.

On 25 September, 1962, the Wellcome Historical Medical Library was reopened by Lord Brain after being closed for some time during which extensive improvements were made. An interesting little booklet produced for the occasion, describes the contents and layout of the Library.

On the three following days, 26-28 September, the Third British Congress of the History of Medicine and Pharmacy was held in London, the theme being the Evolution of Hospitals in Britain. An excellent programme was arranged by the Congress's indefatigable secretary, Dr. Poynter, and Dr. Guthrie, who attended, commented on the high standard of the contributions. Doubtless the papers contributed at this Congress will be published in due course, but meantime, a welcome must be accorded the publication of the papers delivered before the Second Congress when the theme was *Chemistry in the Service of Medicine*. These collected papers appeared in book form early in 1963 and illustrate well the importance of the historical approach to modern medicine. Concurrently with the Congress, an exhibition of photographs, documents and books illustrating the evolution of hospitals in Britain was on view at the Wellcome Building to supplement the papers given at the Third Congress.

The Fourth Annual Report of the Faculty of the History of Medicine and Pharmacy of the Society of Apothecaries of London makes fine reading and must be a source of pleasure and inspiration to all dedicated to the furtherance of the study of medical history and its sister science, pharmacy.

An event of outstanding importance to Scotland was the centenary celebrations held by Edinburgh Corporation on 2 October, 1962, to mark the appointment of its first Medical Officer of Health on 30 September, 1862. The first holder of this office was the remarkable Dr. Henry Duncan Littlejohn, who, later in his life, received the accolade of knighthood from Queen Victoria in 1895. He held the position for no less a period than 46 years and it was gratifying that Edinburgh should honour the man who did so much for its citizens during this long tenure. Reference has already been made to the sketches of Littlejohn by the Honorary Secretary.

On Friday, 12 October, 1962, *Medical News*, the first weekly newspaper designed for the medical profession in this country, was launched and it has undoubtedly made good its original claims to provide for the doctor up-to-date authoritative reports on what is happening in all fields of medicine throughout the world.

The proposal to establish a society of "Friends of Edinburgh University Library" with a view to bringing together all interested in the library's welfare was brought to fruition on 1 November when an inaugural meeting was held. This was well attended and a further meeting was held in May, 1963. The idea of such a society is a new one in Scotland although there have been "Friends" of the Bodleian Library at Oxford for some 18 years. Aberdeen University has likewise organised an association of "Friends" for its library.

A Bill to change officially the name of Glasgow's Royal Faculty of Physicians and Surgeons into the Royal College of Physicians and Surgeons of Glasgow was introduced into Parliament on 22 November, and received the Royal assent on 6 December, 1962. The preamble to the Bill reminded us that the Faculty received from King James VI of Scotland a royal charter in 1599, which was confirmed by an Act of the Scottish Parliament in 1672 and amended in the reign of Queen Victoria. In 1909 King Edward VII gave his consent to the Faculty to assume the title of Royal.

Writing in the *Scottish Medical Journal* in November, 1962, Professor R. B. Hunter stated that plans were advanced for the formation of a Scottish Post-graduate Medical Association by the four Scottish Universities and the Royal Scottish Medical Corporations, and in January, 1963, it was announced that the Association had been set up to plan a composite scheme for post-graduate medical education in Scotland. The article by Professor Hunter was one of a series on medical education in Scotland published in the *Scottish Medical Journal* from June, 1962 to January, 1963, and the series were later published in booklet form entitled "The Future of Medical Education in Scotland," early in 1963.

The Jubilee Meeting of the Section of the History of Medicine of the Royal Society of Medicine was held in London on 21 November. A telegram of congratulation was sent to the Section on behalf of the Society on this auspicious occasion. A special supplement of the *Proceedings* of the R.S.M. containing all the papers delivered at this jubilee meeting was later published and this includes a list of all the papers delivered before the section from its inception under the presidency of Sir William Osler on 20 November, 1912, till the present time.

The following day, 22 November, 1962, the Dumfriesshire and Galloway Natural History and Antiquarian Society celebrated its centenary. Four hundred members and distinguished delegates from archaeological and natural history societies from all over Britain attended the week-end meeting and our thoughts immediately returned to the late Dr. John Ritchie, a former President of our Society and notable medical historian, who, during his period as Medical Officer of the county of Dumfries, was also a leading member of the local Society.

The first award to be made by the Lawson Tait Memorial Trust, to which we referred in last year's Report, was made on 28 November. The Trust was established to encourage research projects in which experiments on animals are not involved.

The Royal Medical Society launched an appeal for £50,000 in November to build or acquire new accommodation as well as to improve the amenities of the present building which the Society at present occupies, although only for a limited period.

It seems much longer than twenty years since the famous Beveridge Report was published, yet it was only in 3 December, 1942, that it made its appearance as the blueprint for the present Welfare State.

Robert Knox, consummate anatomist but notorious for his connection with Burke and Hare, died on 20 December, 1862, one hundred years ago, while one hundred and fifty years ago on 23 December, 1812, the celebrated Samuel Smiles was born in Haddington. The shop that Smiles's father owned in the High Street there is still in use.

Members may be interested to read in the January, 1963, number of *Blackwood's Magazine* an excellent account of Dr. John Moore, father of the famous General Sir John Moore, hero of Corunna. The worthy old doctor was born at Stirling in 1729 and died in January, 1802, in London. He was not only a physician but a respected figure in literary and scientific circles, and included among his many friends no less a person than Dr. Samuel Johnson.

It seems surprising that the bicentenary of the death of William Smellie, the Master of British midwifery, should have passed with hardly any notice. In vain

was any reference to his death on 5 March, 1763, sought in medico-historical works of 1963. How little do we remember some of the great figures of the past !

Glasgow medical men pioneered a new field of medical education when Sir Charles Illingworth introduced, on 11 March, the first of a series of twelve post-graduate medical programmes screened by Scottish Television. The series is being organised by the Glasgow Post-graduate Medical Board and the screening takes place after the ordinary programmes have closed down. This conception is a unique venture in so far as Scotland is concerned.

On 13 March, it was announced at a press conference held in Edinburgh that the University was to send a team of five lecturers to Baroda in India in the summer to take part in a six-year project involving medical teaching and research at that Indian university. The object of the plan which is being operated in conjunction with the World Health Organisation, is to develop a strong medical centre in Baroda by raising standards of medical education. The Edinburgh medical teachers will work in close collaboration with their Indian colleagues and a number of these will come to Edinburgh. The close association between Edinburgh and India was further emphasised on 15 June when Dr. Radhakrishnan, the Indian President, received a honorary degree of Doctor of Laws from Edinburgh University at a special graduation ceremony, followed by a civic luncheon.

The one hundred and fiftieth anniversary of the birth of David Livingstone was celebrated on 19 March by a special service in St. Giles' Cathedral followed by a reception given by the Lord Provost and City of Edinburgh, while on the day previous a service was held at Westminster Abbey where Livingstone is buried, and the day following services at The Barony Church, Glasgow, and St. James' Congregational Church, Hamilton, where the explorer used to worship. At all these commemorative events tributes were paid to the memory of a great man. The National Library of Scotland also staged an exhibition of the Blantyre man's letters, describing his career as missionary and explorer from 1842, soon after his arrival in Africa, to 1872, the year before his death.

The Royal College of Physicians of Edinburgh was honoured in April when it was announced that Her Majesty the Queen had graciously granted her Patronage to the College, an announcement which must give Fellows and Members the utmost satisfaction and pleasure.

World Red Cross Day was celebrated in London on 8 May, while the Scottish Branch Centenary service was held at St. Giles' Cathedral, Edinburgh, on 19 May, and was attended by the Queen Mother.

Robert Louis Stevenson had many close connections with the medical profession, and it will be regretted by all that the Robert Louis Stevenson Club has decided to give up the house at 8 Howard Place, Edinburgh, where Tusitala was born on 13 November, 1850. The 313-piece collection accommodated there will be transferred to Lady Stair's House in the city where it will be displayed with similar collections relating to Robert Burns and Sir Walter Scott.

The bi-centenary of the birth of John Bell, the distinguished Edinburgh surgeon and anatomist and elder brother of Sir Charles Bell, fell on 12 May. Bell, born in 1763, apart from his anatomical and surgical contributions, is also remembered for the lengthy and bitter controversy in which he became involved with Dr. James Gregory of "Powder" fame.

In May also, the world-famous medical and scientific publishing firm of E. & S. Livingstone celebrated the centenary of its foundation and an admirable book, *Footprints on the Sands of Time*, was produced for the occasion, along with a special centenary catalogue.

Vaccination against small pox is now no longer required by law in Scotland, although recent outbreaks of the disease in England and Wales have raised the question as to whether vaccination should not again be made compulsory by law. It is of interest that on 28 July, 1863, one hundred years ago, compulsory vaccination of infants was introduced into Scotland by the Vaccination (Scot.) Act of that

year. Sir Henry Littlejohn was the prime instigator of this measure which he was able to secure within months of his becoming medical officer of health for Edinburgh. The main reason for his energetic advocacy of such a measure was that the first problem he encountered on taking office was the control of a severe outbreak of smallpox.

From our friends in India comes the news that Mr. Nehru, Prime Minister of India, laid the foundation-stone of an Institute of History of Medicine and Medical Research at New Delhi on 15 November, 1962. The aims of this Institute are two-fold, viz., to study and promote the knowledge of the history of medicine and to undertake research thereon, and to undertake scientific appraisal of the principles and practice of the various systems of medicine. We wish our friends there every success in their endeavours, for such a plan deserves widespread support.

BOOK AND OTHER NOTICES

Sir Sydney Smith's autobiography, *Mostly Murder* (1959), noted in a previous Report, has been re-issued as a Four Square paperback (1962); *A Doctor's Creed* (1962) by Aleck Bourne is a delightful series of memories and reminiscences; *The Kindling Fire* (1962) by Alexander Cruickshank, a medical graduate of Aberdeen, tells of his twenty-four years work in the Sudan, at first in the Medical Service there and later at the University of Khartoum; *The Story of a Woman Physician* (1963) by Dr. G. M. Wauchope, is a remarkable and revealing autobiography of a former pupil of St. Leonard's School, St. Andrews, of her student years at the University there, and then of her student experiences at the London Hospital.

There have been several biographies which have come to our notice during the past year. These include: *Faces from the Fire*; *The Biography of Sir Archibald McIndoe* (1962) by Leonard Mosley, which tells of the career of the plastic surgeon who was the originator and permanent president of the Guinea-Pig Club, and a colourful character; *Patrick Manson*; *The Father of Tropical Medicine* (1962) by Sir Philip Manson-Bahr, is an attractive short life of one of the great British figures in the history of tropical medicine by his son-in-law; *Dr. Timothie Bright, 1550-1615* (1962), by Sir Geoffrey Keynes is the 1961 Gideon de Laune lecture delivered before the Faculty of History of Medicine and Pharmacy of the London Society of Apothecaries, and describes the life of the third physician appointed to the staff of St. Bartholomew's Hospital, together with a bibliography of Bright's writings; *Famous Illnesses in History* (1962) by R. Scott Stevenson is a fascinating series of stories giving the medical histories of Charles II, Queen Anne, George III, Edward VII, George V, Emperor Frederick, Napoleon Bonaparte, Napoleon III, Presidents Cleveland, George Washington, and Franklin Roosevelt, Darwin, Byron, Princess Charlotte, and Robert Burns; *Famous People and their Illnesses* (1962) is a little booklet published by Roche Products Ltd., and contains some articles previously printed in that firm's *Courier*; *Shakespeare's Melancholics* (1962) by W. I. D. Scott, a general practitioner, who dissects eight characters from the plays; *Alfred Nobel* (1962) by E. Gergengren, translated by A. Blair, is another of the recent spate of biographies of the Swedish chemist; *Josephine Butler* (1963) by E. Moberly Bell, a fine biography of a great fighter for women's rights, and containing many medical aspects.

The late Professor Charles Singer was able, before his death, to collaborate with Dr. E. Ashworth Underwood, in revising his *Short History of Medicine* (1962) which is published in greatly expanded form and constitutes a quite monumental work. It is the only British work on general medical history which has been noticed this year.

Of histories of special subjects, several have been seen. *British Medical Science and Practice* (1953) by G. F. Petrie and C. E. Eckersley is an anthology of writings of some of the leading figures past and present, of British medicine; *Public Health*

in a *Seaport Town* (1962) by H. C. Maurice Williams, is an excellent history of the development of public health in Southampton by the present medical officer of health—we wish that more such histories were written by medical officers of health for they would constitute unique records of local developments ; *Extracts from the Records of the Burgh of Edinburgh, 1689-1701* (1962) edited by H. Armet, Keeper of the Burgh Records, contains many items of medical interest, such as the agreement of the Town Council to a petition from Alexander Monteath on 24 October, 1694, to make available for dissection bodies of those dying in the house of correction, as well as a similar request by the then Incorporation of Surgeons of Edinburgh ; *The Scottish Paediatric Society* (1962) is a short history of the Edinburgh and Glasgow Paediatric Club, founded in 1922, from which the Scottish Paediatric Society sprang in 1946 ; *The Glasgow Eye Infirmary, 1824-1962*, (1963) by A. M. W. Thomson is an attractively written and produced little book ; *A Hundred Years of Child Care in Birmingham* (1962) by R. Waterhouse tells the story of that city's children's hospital from its beginning on New Year's Day, 1862 ; *Anatomical Eponyms* (1962) by J. Dobson is a second edition of a fine, accurate and definitive work which makes a wonderful bedside book ; *History of Pharmacy in Britain* (1962) by L. G. Matthew is a quite first-class work, interesting as well as authoritative ; *Smallpox* (1962) by C. W. Dixon, although essentially a textbook on this disease, has some excellent chapters on the history of smallpox, inoculation and cowpox vaccination ; *The Triumph of Surgery* (1962) by Jurgen Thorwald and translated by R. and C. Winston, is a Pan Major paperback written in unusual style and giving sources of references which greatly enhance the utility of the book ; *Three Hundred Years of Psychiatry, 1535-1860* (1963) by R. Hunter and I. Macalpine is monumental and contains an assembly of English texts showing the development of ideas and treatment of mental illness ; *Medicine and the Navy, 1815-1900* (1963) by C. Lloyd and J. L. S. Coulter, completes the 4-volume work originally contemplated by the late J. J. Keevil, and gives a revealing story of loyalty and service in the face of frequent official contempt and negligence ; The World Health Organisation has produced a special number of its magazine *World Health* to commemorate the centenary of the Red Cross, and called the *Red Cross Centenary Album* (April, 1963) which constitutes a popular pictorial record of the work of the international body.

Messrs. Black are to be congratulated on the production of the twenty-fifth edition of their well known *Medical Dictionary* (1963) by W. A. R. Thomson, and still a favourite volume on the doctor's bookshelf as well as on those of others.

The Wellcome Historical Medical Library has produced two magnificent volumes in its Catalogue Series. These are : *A Catalogue of Printed Books in the Wellcome Historical Medical Library*, Vol. 1, Books printed before 1641 ; and *A Catalogue of Western Manuscripts on Medicine and Science* in the same Library, Vol. 1, MSS written before 1650. Both were published in 1962. *A Bibliography of Medico-Legal Works in English* (1962) by R. P. Brittain is an important contribution to this field of medicine ; *World Medical Periodicals* (1961) prepared by C. H. A. Fleurent for the World Medical Association, is an excellent compilation listing some 5806 periodicals dealing with medicine, dentistry, pharmacy, etc. *A Select Bibliography of Medical Biography* (1961) by J. L. Thornton, A. J. Monk, and E. S. Brooke, is a most useful tool for the medical historian.

From Canada comes *The Story of Insulin* (1962) by G. A. Wrenshall, G. Hetenyi, and W. R. Feasby, although published in this country by Bodley Head. From the United States, *A History of American Pathology* (1962) by E. R. Long is rather heavy going ; *A Syllabus of Medical History* (1962) by F. B. Rogers is remarkably full of the chief facts of medical history ; *The Growth of Medical Thought* (1963) by L. S. King is a book which demands the utmost attention and concentration of the reader ; The classical work of Claude Bernard, *An Introduction to the study of experimental medicine*, has been issued in English translation in paperback form by Collier Books (1961) ; Professor Richard Shryock's *Medicine*

and *Society in America, 1660-1860*, referred to in a previous Report, is also now available in paperback form, as is Greer William's *Virus Hunters*, previously referred to as well.

Readers of that remarkable magazine, *MD Medical Newsmagazine*, whose editor is Dr. Felix Marti-Ibanez will be gratified to know that the series of special illustrated articles which appeared in that journal entitled *The Epic of Medicine* has now been published in a handsome volume. Beautifully produced, it contains some excellent illustrations and obviously much thought and painstaking work have been expended in the compilation of this fascinating book.

From Dr. W. S. Mitchell, a Vice-President, who was attending the Second International Congress on Medical Librarianship at Washington in June this year we have received a copy of the catalogue of an exhibition of books illustrating the history of paediatrics derived from the Trent Collection of Duke University Medical Centre Library. Entitled *From Hammurabi to Gesell* the catalogue gives an excellent panoramic view of the literature of paediatrics up to modern times.

In the nursing world, three publications deserve mention. The first and most noteworthy is *A Bibliography of Florence Nightingale* (1962) compiled by the late W. J. Bishop and completed by Miss S. Goldie. It is an attempt for the first time to provide a complete annotated list of F.N.'s writings and how successful it has been. The work all began in 1954 when Mr. Bishop was invited by the International Council of Nurses and the Florence Nightingale International Foundation to undertake the task. *A History of Nursing* (1962) by I. M. Stewart and A. L. Austin is an American book now in its fifth edition and gives a broad picture of the development of nursing from earliest times to the present. A valuable reprint by the *Nursing Times* of *Some Nursing Reports*, published in serial form in that journal deals with the main reports on nursing issued during the past thirty years.

We should like to accord our warm thanks to various individuals and scientific bodies who have sent us catalogues, papers and reports during the past session. These are accommodated in the Library of the Royal College of Physicians of Edinburgh for safe keeping. To the Harveian Librarian of the Royal College of Physicians of London for catalogues of exhibitions held at the College and dealing with *A Gallery of Quacks, Ornamental Title-Pages, and Merton College, Oxford, and the Royal College of Physicians*; Professor A. Pazzini, Director of the Institute of History of Medicine, the University of Rome, for *Pagine di Storia della medicina*; Drs. Egill Snorrason and Wolfram Kock for *Medicinhistorisk Arsbok, 1962*; the Secretary of the Department of History of Medicine of the University of Chile for a Spanish translation of Fracastoro's *de Contagione* and *Chilean Annals of History of Medicine*; Professor J. J. Izquierdo of Mexico for numerous papers; The Secretary of the International Hippocratic Foundation of Cos for an *Account of the Establishment, Statutes and Development* of the Foundation; the Directors of the Committee on History of Science of the Polish Academy of Sciences and of the Library of Medical History of Hungary for copies of their *Proceedings*; Dr. Genevieve Miller for copies of the Bulletin of the Cleveland Medical Library.

The Forty-Third Meeting and Fourteenth Annual General Meeting

The Forty-Third Meeting and Fourteenth Annual General Meeting was held on Friday, 26 October, 1962, in the New Library of the Royal College of Physicians of Edinburgh, Professor Patrick, President, in the chair. The Society's Annual Report of Proceedings for 1961-62 was presented and formally adopted. The Honorary Treasurer in his statement referred to the generally satisfactory state of the Society's finances.

On the motion of Dr. E. R. C. Walker, seconded by Mr. Phillip Harris, the President, Dr. Mitchell, a Vice-President, Honorary Secretary and Honorary Treasurer, and Members of Council eligible for re-election were re-elected unanimously, and Mr. Charles H. Kembal was elected a Vice-President in place of Mr. T. B. Mouat who had resigned, and Mr. D. C. Miln and Mr. G. R. Pendrill were elected to the Council in place of Drs. R. J. Peters and R. MacGregor who retired by rotation.

The President thereupon called upon Sir David Henderson to deliver his address entitled :

THE HISTORY OF THE ROYAL SCOTTISH MENTAL HOSPITALS

These pioneer mental hospital organisations constituted by Charter and Act of Parliament were established in the following chronological order :

- (1) 1781—Montrose Royal Mental Hospital
- (2) 1800—Aberdeen Royal Mental Hospital
- (3) 1813—Edinburgh Royal Mental Hospital
- (4) 1814—Glasgow Royal Mental Hospital
- (5) 1820—Dundee Royal Mental Hospital
- (6) 1826—Perth Royal Mental Hospital (Murray)
- (7) 1839—Dumfries Royal Mental Hospital (Crichton)
- (8) 1863—Royal Scottish National Hospital for Mental Defectives

They were built for the specific purpose of providing adequate accommodation and treatment for large numbers of mentally incapacitated persons who were desperately in need of protection and expert help. All previous methods of care were of a crude, rough and ready nature. In the 14th century according to a statute of Robert I it was considered sufficient to differentiate between the "Fatuous" and the "Furious" ; the nearest male relatives on the father's side assumed the custody of the former group, the Crown " as having the sole power of 'coercing with fetters' " was responsible for the latter. If the "keepers" were proved to be negligent in carrying out their duties they were suitably punished. (Greenland, 1958).

In 1688 Lord Fountainhall's account of the prevailing practices was much more graphic : " Mr. Alexander Beaton gave in a complaint to the Secret Council against his brother for putting him in Hopkirk, the chyrurgeon's hand, as if he had been a madman . . . to thrust him *in ergastulo* and treat him as a fool would raise pepper and passion in any man's nose, then they termed these acts fury, for *ira est brevis furor*. In Scotland having no Bedlam we commit the better sort of mad people to the care and training of chyrurgeons, and the inferior sort to the scourge". The disgrace, horror, and contempt regarding mental derangement and the effort to drive it out by violent measures was never expressed more forcibly. The insane and the defective, the fatuous and the furious, the organically diseased and the emotionally unstable, the old and the young were herded together indiscriminately, and many were incarcerated in prisons with criminals and evil-doers. Fear, Ignorance, Prejudice, and Superstition were the formidable obstacles to be overcome ; it was only gradually that brutal, arbitrary measures were replaced by improved accommodation, sympathetic understanding, and a more enlightened outlook. These changes were effected by a group of strong minded, community-conscious men and women who inaugurated welfare schemes of national importance which gained the support of other public-minded, responsible citizens. They regarded their reformatory task as an imperative duty as well as an urgent necessity.

Geographically the names of the Royal Mental Hospitals indicate that they were well situated to serve the needs of town and country dwellers. Each has had its own distinctive and even romantic history, but as a group they have maintained a standard of excellence which has never been surpassed by similar types of hospital in any country. They gained the respect and confidence of the patients they treated, and of the community they served. They have kept abreast of modern developments, and have refurbished themselves in their medical, nursing, teaching, architectural and domestic requirements. That is not to deny that there have never been any complaints or criticisms levelled at them—there have been plenty—but none which could not be satisfactorily answered or remedied. They were non-profit making organisations, no-one had any financial interest in them, and if and when any surplus funds accumulated they were ploughed back into the coffers of the institution to be used for the greater benefit of the patients. It was always the aim and purpose of their Boards of Management to provide “for poor patients the most skilful medical attention and advice gratis”. Those who could afford to pay were charged at an economical rate consistent with the possibly protracted nature of the illness. For instance in the early days of its existence the charge at the Royal Edinburgh Mental Hospital was one guinea per week, and for other patients “with a servant to attend each patient” the charge was three guineas per week. The “Royals” also provided accommodation for rate-aided patients whose board and maintenance, paid by the local authority, amounted to seven shillings per week. In general I can state from my own knowledge and experience that the charge for paying patients was always arranged at the lowest rate consistent with the attention provided, and that every effort was made to supplement the board of the more indigent patients from the Charitable and Endowment funds which had accumulated. Irrespective, however, of all the advantages and benefits conferred by mental hospital treatment the stigma which has been for so long attached to any form of mental affliction still continues to exist even although it has become attenuated. Wealthy or well-to-do patients sometimes adopted the most elaborate measures to avoid publicity. Some were confined to restricted quarters in their own homes, others were placed in small profit-making nursing homes which, usually, were ill-adapted for their purpose. It has been recorded that in the early years of the 19th century, Sir William Rae, the Sheriff of Edinburgh, inspected 25 private mad houses and 3 public asylums in the County of Edinburgh. He reported that the patients were unemployed, that there was over-crowding, that no attempt was made at classification, that patients were locked in their rooms, that there was a total lack of medical attention, and that the “keepers” ridiculed the suggestion that anything could be done to promote recovery. . . . The whole attention of the “keepers” is directed to the safety of the persons of those under their care ; and if by inducing them to be constantly in bed, or if by means of bolts and bars, with the aid occasionally of chains, and in some cases of total darkness they can keep their lodgers in safety without injury to themselves or to the apartments occupied by them the whole object in view seems considered as attained”. (Comrie, 1932).

The Lunacy (Scotland) Act 1857 sought to remedy these evils. It authorised the erection of county or district asylums, and the appointment of Medical Commissioners whose duty it became to supervise the care of the insane and defective in Scotland. It was thus that a General Board of Control was constituted which in terms of the Mental Health (Scotland) Act, 1960 was re-named the Mental Welfare Commission and became more closely integrated with the Scottish Home and Health Department.

The status and prestige of the Royal Mental Hospitals in Edinburgh, Aberdeen, Glasgow and Dundee were increased by their close association with their respective Universities. The medical superintendents of these hospitals were also university lecturers or professors. Today the teaching of psychiatry has become more highly specialised, and it occupies a position of so much greater importance

in the medical curriculum that full-time professorships of psychiatry have been instituted at the four Scottish Universities with associated teaching facilities in psychiatric clinics or wards of general hospitals, in specialised departments, and (with co-operation of the physician-superintendent) in the mental hospitals.

My psychiatric experience in Scotland has been entirely with the Edinburgh and Glasgow Royal Mental Hospitals. When I started to write this historical document I had no intention of referring to any of the others until I realised that I knew little or nothing about them, and that it might help other psychiatrists interested in the history of their subject to know something of all of these pioneer hospitals. I am greatly indebted to past and present colleagues for the assistance they have given me.

MONTROSE ROYAL MENTAL HOSPITAL (1781)

Mrs. Susan Scott or Carnegie (1744-1821) who founded "The Royal Lunatic Asylum, Infirmary and Dispensary", Montrose, may be regarded as the pioneer of mental and social welfare in Scotland. From all accounts she was an intelligent, understanding, sensitive, determined woman who had the courage of her convictions, and she was an outstanding personality in the County of Angus. Her feelings were deeply touched by the distressing social conditions which she saw around her, and especially by the plight of the lunatics and feeble-minded who were confined in the local Tolbooth in Montrose.

The romantic story of how she was enabled to carry out her beneficent purpose of providing assistance and care for so many tragic cases is of great interest. Dr. A. A. Cormack (1957, 1961) has recorded how a Montrose apprentice merchant, George Carnegie, Pitarrow, joined Bonnie Prince Charlie's forces, served as a Captain in his Life Guards, and took part in the disastrous battle of Culloden. After the battle he was fortunate to escape to Sweden where in the short period of nineteen years he amassed a large fortune. In 1769 shortly after his return to Montrose he married Susan Scott of Benholm Castle. The marriage was a very happy one. Mrs. Carnegie was not only devoted to her foster child, Nicholas, but also reared a large family of nine children. She could have had very little time to spare, but what she had she utilised for the benefit of the deserving and destitute poor she saw around her. She regarded them as a reproach. Thus it was that she decided to enlist the support of the Provost of Montrose, Alexander Christie, in making a public appeal for funds to build a hospital organisation which would deal equally with the mentally disordered, and with the sick poor who required general medical attention principally on an out-patient basis. The appeal resulted in a total sum of £632 1s. 9d. The largest contributions appear to have come from individual members of the Carnegie family, and from other Scots who had settled and prospered in Sweden. The sum raised was regarded as sufficient to meet the tender of £420 for the proposed building. The small hospital which resulted was in 1782 entrusted to the supervision of James Booth who was appointed "Keeper" of the asylum, a post which he held for upwards of forty years. On 6 May, 1782, the first patient was admitted to the first mental hospital to be erected in Scotland. The medical care of the patients became the responsibility of a general practitioner in Montrose. Mrs. Carnegie was not wholly satisfied with this arrangement and thought that if such a hospital was to function to the best advantage a resident physician should be appointed: "By this arrangement", she said, "a man would have leisure and time to study this particular branch of physic which for the good of mankind it is much to be wished were further advanced". It was not until 1834 that Dr. W. A. F. Browne was appointed physician superintendent. It was most unfortunate that Mrs. Carnegie did not live to see her suggestion and hope so magnificently fulfilled. A more appropriate choice could not have been made. Browne (1805-1885), L.R.C.S.E., Hon. M.D. Heidelberg, LL.D., Wisconsin, was particularly well qualified to

undertake a great new responsibility, and to set a standard of work which was the admiration of all. He was a Fellow and former President of the Royal Medical Society, and from his student days had been particularly interested in philosophical and psychological problems, the phrenological doctrine of Gall and Spurzheim had engaged his attention, and he had come under the spell of Esquirol at Charenton, and of Pariset at the Salpêtrière. Previous to his appointment to Montrose he had been engaged in general medical practice in Stirling. He thus had a wealth of experience and psychological insight which fitted him for his new duties at Montrose. Shortly after taking up his appointment he wrote a series of five lectures which he embodied in a small book entitled *What Asylums Were, Are, and Ought to Be* (1837) which he had the courage to read to the managers of the Montrose Royal Lunatic Asylum. It is a most instructive work which can be read with profit today. Dr. Browne was an innovator, an experimental clinician whose work at Montrose was crowned with success. This was so much the case that in 1838 he was invited to accept the post of physician-superintendent of the newly built, richly endowed Crichton Royal, Dumfries. In 1857 he resigned that position to become a Commissioner in Lunacy for Scotland. One of his sons, Sir James Crichton Browne had also a most distinguished career, and eventually became the Lord Chancellor's Visitor in Lunacy in England. Dr. Browne has had many distinguished successors at Montrose among whom I may specially mention Dr. Richard Poole, who, among many other publications, wrote in 1841 an excellent detailed history of the Montrose Mental Hospital and its benefactress; a copy of Dr. Poole's book is in the Library of the Royal College of Physicians, Edinburgh. He was succeeded by Dr. James Gilchrist, Dr. Howden, Dr. Havelock, Dr. Charles J. Shaw, and the present incumbent, Dr. John C. Anderson to whom I am greatly indebted.

In 1815 when the managers of the Asylum, as a token of their esteem, invited Mrs. Susan Carnegie to sit for her portrait, she thanked them for their kind offer and their courtesy but declined the honour on the ground that they had already rewarded her sufficiently in their Minutes: "To the benevolent and indefatigable exertions of Mrs. Susan Carnegie of Pitarrow and Alexr. Christie, Esq., Chief Magistrate of Montrose The Asylum for afflicted humanity, the first of its kind in Scotland owes its existence".

It is gratifying to know that two other memorials of Mrs. Carnegie exist. In 1899 a new department to house 60 patients was added to the institution and was named Carnegie House; Dr. John C. Anderson the present physician-superintendent of Montrose has informed me that a portrait of Mrs. Carnegie adorns the drawing room.

The association which George Carnegie formed between Scotland and Sweden, or more locally between Montrose and Gothenburg, led to other notable philanthropic activities of the Carnegie family. George Carnegie is credited with having influenced his merchant friend Niklas Sahlgren to establish the Sahlgrenska Hospital, a teaching hospital for the students of Gothenburg University. A grandson, David Carnegie, founded the Sick Children's Hospital, Gothenburg.

Finally I may add that it was through the influence of this family that Andrew Carnegie (no relation) the Scottish philanthropist and steel magnate gave a sum of £10,000 to found a Chair of English in Gothenburg University.

The first link which united Scotland and Sweden was forged many years ago when members of notable Scottish families joined the forces of Gustavus Adolphus during the Thirty Years War. That association was memorialised by an exhibition in August, 1962, in the Royal Scottish Museum, Edinburgh, when many plaques of the arms of Swedish families of Scottish descent were shown. Familiar names are those of Alexander and David Leslie, Keith, Primrose, Gairdner, Scott, Douglas, Erskine and a host of others. Sir Walter Scott in *A Legend of Montrose* brings those early times vividly to mind in the person of Ritt-master Dugald Dalgetty of Drumthacket (Warren, 1962).

ABERDEEN ROYAL MENTAL HOSPITAL (1800)

Comrie (1932) has two references to this hospital which state (1) that the original asylum, opened in 1800, was a converted leper hospital, and (2) that the Sheriff of Aberdeenshire in a report of 1816 referred to the two asylums of the County : " the Aberdeen Lunatic Hospital or Asylum under the management of the Infirmary of Aberdeen, and the Spital Lunatic asylum also near that city superintended by the Senior minister of the parish. These he found to be very clean and in good order while the former was attended daily by a physician and a case book was kept ".

I am greatly indebted to Dr. Robert Dods Brown a former physician-superintendent for allowing me to quote from the 135th annual report of the hospital which was written by him in 1935; my thanks are also due to Dr. A. M. Wyllie the present physician-superintendent for his kind co-operation.

Dr. Dods Brown stated that in the Infirmary (general hospital, I presume) at Woolmanhill which was opened in 1741 a few cells were provided for " those deprived of the use of their reason ". A few years later an out-building was utilised for the care of the " Bedlamites ". He recorded the case of a young woman, 23 years old, who was maintained at the rate of one shilling per week but she had to provide her own bedding. She was so unmanageable that the Committee ordered that the window of her cell should be built up, that she should be chained and bound, and be put under the management of a strong man. It was such incidents, so disturbing to general hospital patients, that led the committee of the Infirmary to seek a suitable site on which a separate asylum could be erected. Ground at Clerkseat was bought for £365 and a one-storied building was built and opened in 1800. The accommodation was anything but luxurious—the cells provided were 8 feet by 8 feet 6 inches, the stone floors were sprinkled with sand, while bags of chaff costing 2s. 6d. each took the place of beds. The " keeper " was paid a salary of twenty pounds per annum, and the " mistress " (matron) not more than eight pounds. A later arrangement allowed the keeper to be paid fourteen guineas per annum out of which he had to provide food, washing, fire and attendance. The diet could not have been more uninteresting :

" Breakfast (9 a.m.). A mutchkin and a half of oat or barley meal pottage, with a mutchkin of milk or table beer.

Dinner (2 p.m.). A chopin of good broth made with a sufficiency of potatoes, turnips, carrots, or other wholesome vegetables, with a proper portion of wheaten or barley bread or oatcake as the case may require.

Supper (8 p.m.). The same as breakfast, or using sowins instead of pottage, as may be most convenient ".

The late Professor Croft Dickinson of the Department of Scottish History has kindly interpreted the dietary for me. He writes :

" A Scottish pint was at one time equal to four English pints (and don't ask me when it lost its noble stature, for it was a slow process, with strong resistance in the localities), and hence :

- (i) A mutchkin was a measure equal to one-quarter of a Scottish pint ; and one whole English pint.
- (ii) A chopin or chappin was half a Scottish pint ; and therefore an English quart.
- (iii) Two mutchkins made one chappin.
- (iv) And a tappit-hen was a slang term for the Scottish pint or four English pints.
- (v) Sowins or sowens was a kind of jelly (the Scots word would be ' flumery ') made out of the dust of oatmeal, seeped in water, or beer, or milk and sometimes soured. It was the food of the poorest of the poor labourer who might add a little oats to the dust and then call it ' Sowens

porridge'. Poor beggars. No-one could call this Aberdeen diet exciting!"

My pity became somewhat allayed when I read that the diet of farmers and their servants in Scotland in the middle of the 18th century was very similar to that supplied to the Aberdeen patients :

Breakfast—oatmeal porridge with milk or ale, or broth made of cabbage left overnight, and oat bannock.

Dinner—sowins with milk and oatcake or kail (cabbage).

Supper—kail with oatcakes. (Graham, 1906).

It was in the early years of the 19th century that John Forbes (1743-1821) who had made his fortune as a merchant and banker in India became interested in doing something substantial for the benefit of the mentally ill in Aberdeenshire. He was a close friend and contemporary of Mrs. Susan Carnegie and Dr. A. A. Cormack suggested that it was, perhaps, through her influence that his choice of purpose was directed. An obelisk in the grounds of the hospital bears testimony to his generosity :

“To the memory of John Forbes Esquire, of Newe, Aberdeenshire, formerly merchant in Bombay who munificently bequeathed the sum of Ten Thousand Pounds Sterling for the building of the New Lunatic Asylum.

His nephew and Executor, Sir Charles Forbes, Baronet of Newe and Edin-glassie, the worthy successor of his uncle in all the virtues of liberality and benevolence with a munificence shedding lustre on the bequest itself, paid to the Government the Legacy duty amounting to One Thousand Pounds Sterling. This Pillar was erected by public subscription limited in amount to two guineas each by the Inhabitants of the City and County of Aberdeen”. The new Asylum was erected in 1820 according to a plan furnished by Mr. Simpson, the architect.

The large sum of money which John Forbes had bequeathed was used to extend the grounds at Clerkseat and Barkmill, to build and equip Clerkseat house and to effect renovations and improvements. Dr. Macrobin, the first resident superintendent, was paid a salary of £150 per annum, and was allowed a percentage on the amount paid for patients whose board was £25 per annum or higher.

In 1852 he was succeeded by Dr. Robert Jamieson, a man of vision, who practised the system of non-restraint, but persisted, for a time at least, in the use of the whirling chair. The patient was strapped in the chair and by means of a windlass was rotated 50-100 times a minute to produce a state of unconsciousness ; a method of treatment not unlike some of those in present use. Dr. Jamieson's regime was especially notable for the fact that in 1852 he instituted a course of extra-mural lectures on mental diseases which had the approval, but not the official recognition, of the University. He recommended that a professorial chair in the subject should be established in every university ; he hoped that it might include the whole subject of mental philosophy, of psychopathology, of moral therapeutics and mental hygiene with their bearing upon education, upon the development of virtue, and the prevention of crime. (Dods Brown, 1939). That was a conspectus and programme which any psychiatrist today might be proud of. A University lectureship in mental diseases was not officially established until 1927. When Jamieson died in 1895 the board of managers recorded their appreciation of his long and devoted service . . . “while his rule was strict and just, his treatment of the mentally afflicted was marked by thoughtful tenderness and high professional skill”. He was succeeded by Dr. William Reid who since 1882 had been joint superintendent. In 1918 Dr. Reid was succeeded by Dr. Robert Dods Brown, who had been physician-superintendent of the Murray Royal, Perth, and who had received his initial training under Clouston and Robertson in Edinburgh. It was during Dods Brown's term of office that the resources of Aberdeen hospital became greatly enhanced by the opening of the Wellwood Nursing Home, and the most lovely and attractive House of Daviot. Dr. Dods Brown retired in 1943 ;

the fine tradition of Aberdeen Mental Hospital has been splendidly maintained by Dr. A. M. Wyllie.

In 1940 Dr. Douglas R. McCalman was appointed Professor of Mental Health in the University of Aberdeen. When he resigned to occupy a similar position in the University of Leeds he was succeeded by Dr. W. Malcolm Millar ; Dr. Wyllie is a Senior Clinical Lecturer in the Department of Mental Health, and thus a harmonious relationship is maintained between the University department and the mental hospital.

ROYAL EDINBURGH HOSPITAL FOR NERVOUS AND MENTAL DISORDERS (1813)

“ The Founder ” of the Royal Edinburgh Asylum, as it was first known, was Dr. Andrew Duncan, the Professor of Medicine in the University of Edinburgh. It came about in this way. In 1774 when Duncan was 30 years old he was consulted in relation to the treatment of the young Scottish poet, Robert Fergusson, who was suffering from an attack of “ furious insanity ” (delirious mania) which had reached a stage of such intensity that he could no longer be cared for in his mother’s house. It proved virtually impossible to find adequate accommodation for him, and as a last resort he was removed to the City Bedlam which was part of the Charity Workhouse, situated in Teviot Place, almost opposite to the present entrance of the New University buildings. Fergusson was confined in a small stone floored cell furnished with a bed of straw, and the only air and light which entered were through a narrow opening. His clinical symptoms were characterised by recurrent bouts of excitement followed by profound depression during which he became more enfeebled and he finally died on the 15th October, 1774, at the early age of 24 years. This tragic event made a lasting and deep impression on the warm-hearted Duncan. He resolved that when a suitable occasion arose he would do whatever he could to establish a mental hospital where the most calamitous of all diseases could be treated with sympathy and skill under conditions which might provide a reasonable chance of recovery. The opportunity came when on the 2nd December, 1790, he was elected President of the Royal College of Physicians. In August, 1791, the Council of the College strongly supported Duncan’s suggestion and he was authorised to approach the Lord Provost on the subject. In February, 1792, a public appeal for funds was made, and circulars were issued describing the purpose aimed at. The Royal College of Physicians subscribed a sum of £25, but otherwise the response from the citizens of Scotland was most disappointing. Even after a period of 14 years the sum collected only amounted to £233 11s. 0d. In 1807 a much more substantial contribution was received from a totally unexpected source. This was due to the efforts of the Hon. Henry Erskine, Lord Advocate, who obtained from the Crown £2,000 from the sale of the Highland estates forfeited in the 1745 rebellion. Additional subscriptions were sent by persons and societies resident in India, Ceylon, the West Indies, and America. The trustees who had been appointed were now in the position to purchase a site and to proceed with the building of the asylum. “ The undertaking came under the control of a respectable set of Trustees who there was reason to believe would act as faithful guardians both of the public money, and of the money subscribed by individuals ”. On 8th June, 1809, the foundation stone was laid by Lord Provost Coulter, and the first patient was admitted on 19th July, 1813. Since that time nearly 150 years ago, vast numbers of patients have been treated and cured, and the Royal Edinburgh Mental Hospital as we know it today forms an indispensable unit of the community mental health service.

The original small building known as the East House was replaced in 1839 by the much larger and finer West House which was designed and built to the specification of the architect, William Burn, who later designed both the Murray Royal, Perth, and the Crichton Royal, Dumfries.

In the beginning the actual care of the patients was entrusted to a lay superintendent, John Hughes, whose sister acted as matron. They carried out their duties under the direction of a visiting physician. In 1832, they were succeeded by a Mr. and Mrs. Radley who had had previous experience of such work at Mr. Warburton's establishment in London, and at the Royal Asylum, Dundee. In 1839, Dr. William McKinnon was appointed the first resident physician-superintendent. Dr. McKinnon had had previous psychiatric experience in the Royal Mental Hospital, Aberdeen, and was well equipped for his new position. Thirty-eight patients were in residence when he took up his duties. He proved to be a man of vision and imagination who made many constructive suggestions. He formed a medical library and museum, he recommended wards and dormitories in preference to solitary cells and darkness, he was enthusiastic about the curative value of music, gardening, excursions into the country, and religious exercises. Moral treatment he characterised, "as encouraging habits of self-control, in gently exercising the faculties of the mind, in affording scope for the pursuit of useful employment, and in gratifying innocent tastes". All of which constituted a healthy therapeutic community programme which is in process of being re-discovered today.

The prestige of the hospital was increased in 1840 when Her Majesty Queen Victoria became its Patron and re-named it the Royal Edinburgh Lunatic Asylum. Her Majesty and Prince Albert showed their practical interest in it by making a general contribution towards defraying the cost of West House which was in process of being built. When completed the new building provided separate accommodation for paying and non-paying patients. In 1846 when Dr. David Skae was appointed to succeed Dr. McKinnon the number of patients had increased to four hundred and sixty-six. This rapid influx was due to an arrangement which had been made with Edinburgh Corporation whereby all rate-aided insane patients were to be admitted pending the building of a local authority hospital. Faced with the problem of dealing with so many patients it was natural that Skae became interested in the problem of classification. The scheme he adopted was simple enough. He attempted to correlate each type of mental disorder with any accompanying physical affection, based on the current belief that all mental states were determined by some degree of bodily impairment. His method had many fallacies but it served the useful purpose of prompting research into aetiology. Skae, however, made an even greater contribution to psychiatric progress. He perpetuated the teaching of psychiatry which in 1823 Morison had inaugurated. He lectured in the extra-mural school, and gave clinical demonstrations at West House, Morningside. This new development cut into the prerogative of the Professor of Medicine who had been in the habit of lecturing on mental diseases and their treatment. In Skae's time the Chair of Medicine was occupied by Professor Thomas Laycock (1812-1876) who was also designated, Lecturer on Medical Psychology and Mental Diseases. He was a very distinguished man who had shown his interest in nervous and mental diseases by his treatise on nervous diseases of women, comprising an inquiry into the *Nature, Causes and Treatment of Spinal and Hysterical Disorders* (1840), and by a paper presented to a meeting of the British Association on Reflex Action of the Brain (1844). Later (1860) he wrote his monumental work *Mind and Brain*. Laycock wanted to make an arrangement with Skae, whereby he might be given access to the clinical material at West House, but Skae, jealous of his own position was not willing to co-operate. In 1873 when Skae died Sir John Batty Tuke who owned a private mental hospital in the suburbs of Edinburgh became an extra-mural lecturer, and Thomas Smith Clouston (1840-1915) was appointed physician-superintendent. Clouston was a graduate of medicine of Edinburgh University. As a young man he was interested in comparative neurology and he was awarded a gold medal for his M.D. thesis, *The Nervous System of the Lobster*. He received his psychiatric training as an assistant to Skae and had as his fellow assistants Sir John Sibbald who became a

Commissioner of the General Board of Control, and David Yellowlees who became Physician Superintendent of the Glasgow Royal Mental Hospital. At the early age of 23 years Clouston was appointed medical superintendent of the Cumberland and Westmorland Asylum at Carlisle. He was recalled to Edinburgh in 1873 to take up his responsible post at West House, Morningside. During his student days he had probably been influenced by Laycock, with whom he made an amicable arrangement in regard to the teaching of psychiatry. Laycock died in 1876 and in 1879 Clouston was appointed Lecturer in Mental Diseases in Edinburgh University—the first lectureship to be established by the University. Psychiatry had come into its own, and could no longer be regarded as an insignificant department of general medicine. Sir Alexander Morison's dream had become a reality.

During Clouston's term of office it became apparent that West House, Morningside, could no longer cope with its commitments. A big development became a matter of urgency. The managers were fortunate in being able to purchase a beautiful site comprising the adjoining estate of Craig House where they built a new department of the Royal Edinburgh Hospital to provide suitable accommodation for those patients who desired more amenity than was possible at West House. The managers spared no expense, they were determined that everything possible should be done to facilitate the recovery of the patients. The department was built in the form of an imposing Scotch Baronial mansion so arranged that in addition to the central admission block a number of excellent separate villas were provided to enable patients to be cared for according to their special needs.

Craig House forms a part of Scotland's history. For that reason the following account has been extracted from an address to the patients and staff of Craig House by a former secretary and treasurer of the hospital, D. Scott Moncrieff W.S.

In 1526 a charter was granted by Edward, Abbot of Newbattle, with consent of the chapter, in favour of Hugh Douglas, burghess of Edinburgh and Mariota Brown, his spouse. It was granted for good service done, and the property was identified: "The lands of Craig House with the pertinents lying near Edinburgh, and within the Sheriffdom thereof, between the lands of the laird of Braid, called Plewlands on the east, the lands of Craiglockhart on the west and south, and the lands of Merchiston on the north parts".

The 16th century was a trouble period in Scottish history, the battles of Flodden and Pinkie brought disaster, and in 1544 an English army under the command of the Earl of Hertford burned the city of Edinburgh and every house within seven miles of St. Giles' church. Craig House no doubt suffered like the rest but it appears to have been rebuilt because on the lintel over the doorway to the original building (now known as Old Craig) is carved the date 1565 and the initials L.S.C.P. which represent the names of Laurence Symson, and his wife Catherine Pringle. In the civil war which broke out in Scotland between the Roman Catholic party led by Queen Mary, and the Reformers headed by the Earl of Moray and John Knox many other disasters occurred. Rizzio was murdered, Darnley was blown up at Kirk o' Field, Mary married Bothwell who soon fled to Norway, Mary was captured and imprisoned in Loch Leven Castle. At this time a certain Stephen Brunsfield—to whom Craig House had been let—held it for Queen Mary. He was besieged there by Sir Thomas Mowbray, capitulated, and was taken prisoner. While being taken to Edinburgh Castle by way of the Boroughmuir, he was murdered and ever since then the place has been known as Brunsfield Links. Brunsfield's wife, Mary Carmichael was memorised in these sad lines:

“ Yestreen the Queen had four Maries ;
The night she'll hae but three
There's Marie Seton, and Marie Beaton
And Marie Carmichael and me ”.

When she was informed of her husband's tragic death she and her three sons determined to avenge it. The two older sons were killed by Mowbray in duels they had sought with him, but the youngest son prevailed where the others had failed. It was said that his mother who had watched this final contest was so overjoyed at the result that she died on the spot in the arms of her victorious son. Her phantom presence, the Green Lady, was reputed to haunt Craig House, in moonlight, for many years.

A story from Pitcairn's *Criminal Trials* indicates that Craig House may have been a place of detention long before it was transformed into a mental hospital. It is recorded that in 1600 John Kincaid of the Craig House, a turbulent youth, went with a party of friends all armed to the teeth with swords, pistols and daggers "to the house of Bailie John Johnston, in the village of the Water of Leith, where Isobel Hutcheson, widow, was living under God's peace and our sovereign Lord". They broke into the house, captured Isobel, "and reft and ravished her". They took her to Craig House to be detained there. Fortunately King James VI with the Earl of Mar and Sir John Ramsay who were riding in the fields close by became aware of the disturbance, and the King despatched his companions to Craig House to take whatever action appeared necessary. The lady was freed, John Kincaid was arrested, and was fined 2500 marks Scots, (or £69 8s. 10d.), and "to forfeit his brown horse"—a loss which may have caused him more sorrow than anything else.

Throughout the 17th century and onwards Craig House was the home of many distinguished persons who occupied high positions in the history of Edinburgh and Scotland. One was a most prosperous merchant, Sir William Dick, who in 1638 when he was Lord Provost of Edinburgh was knighted by Charles I. He lost almost his entire fortune in the cause of the Monarchy. His father was Captain John Dick in whose ship King James VI had sailed to Copenhagen for his marriage to Anne of Denmark. King James had suggested that a College of Physicians should be established in Edinburgh. His portrait and that of his wife Anne adorn the hall of the Royal College of Physicians.

The above historical details may seem irrelevant to my main theme but they have the merit of providing colour and romance to the development of the Royal Edinburgh Mental Hospital.

Clouston was a great physician whose many-sided activities will be referred to again in a more personal way at a later point of this narrative. In the meantime it may be emphasised that he was one of the most outstanding psychiatrists of his time. He was a brilliant clinician, an author of great distinction, a vivid, fascinating teacher who kept one's attention riveted. He made an important contribution to the understanding of the adolescent psychoses and was somewhat fretful and aggrieved that Kraepelin had not accorded him greater recognition. He was the first person to describe juvenile general paralysis. He subscribed to Laycock's suggestion on the development of a general Law of Periodicity, and taught that periodicity and recurrence of mental diseases was closely analogous to the periodicity of nature. His *Textbook on Mental Diseases* was the standard work on the subject. He delivered the Morison Lectures on the Neuroses of Development. After his retirement in 1908 he wrote interesting medico-social volumes—*Unsoundness of Mind* and *Mental Hygiene*. Along with Sir John Batty Tuke he was responsible for founding the Pathological Laboratory of the Scottish Asylums. Throughout his entire life he maintained a splendid record which was reflected in the increased status of the Royal Edinburgh Lunatic Asylum. As a concrete example of his philosophical outlook he wrote in his Annual Report for 1895: "Men's conduct must be largely determined by their knowledge, and by their vivid conviction of consequence. Such knowledge relating to the conduct of life, when it has become real knowledge and not mere speculation, should surely be as compulsory as the three R's. . . . Without mental hygiene in the shape of moral laws, education, social observances, and religion, mankind could not possibly have undergone

evolution from a lower to a higher stage at all ; but one of the intense hopes of the future to the physician, is that the practical aspects will be correlated on a basis of scientific truth and law for the benefit of mankind ”.

When Clouston retired in 1908 he was succeeded by George Matthew Robertson, a graduate of the University of Edinburgh, a former assistant to Clouston, and previously medical-superintendent of the Perth, and Stirling District Asylums. Robertson, too, made many important and vital improvements in developing the Royal Edinburgh Hospital. He became one of the most dynamic forces in British psychiatry. He was interested in every aspect of his specialty, treatment, teaching, research, prevention, nursing, and administration. He used to say that he wanted to de-asylumise the asylums, to put them on a par with the best general hospitals, and to modernise out-of-date legal statutes governing the admission and treatment of patients. The 1914-18 war provided him with an opportunity to put many of his ideas into practice. No suitable accommodation existed for large numbers of officers and men who were suffering from severe states of nervous and mental breakdown. It did not seem either necessary or wise to arrange for their admission to mental hospitals, so Robertson hit upon the ingenious plan of asking his Board of Managers to establish a number of nursing homes, and Jordanburn Hospital. The nursing homes were not built specially but were villas principally in the vicinity of Craig House which were adapted for their special purpose ; Vogrie House, twelve miles out of Edinburgh, was a comfortable country house with special amenities. Jordanburn Hospital replaced the department of West House known formerly as the East Hospital—a small unit for enfeebled male patients. Robertson accomplished his purpose of isolating it from the main mental hospital organisation by building a wall between them, and by making a new entrance to West House. In 1907 when I joined the staff of the Royal Mental Hospital the approach to West House was by a circular drive to the front door which faced south ; in Robertson's reconstruction plan the main drive was shortened, an entrance to West House was constructed on the East aspect, Jordanburn was provided with a separate entrance, and the unit was named the Jordanburn Nerve Hospital. The nursing homes and Jordanburn were thus out-with the statutory regulations governing the admission of patients laid down by the Lunacy Acts. The managers supported the scheme wholeheartedly, and the medical and nursing staff of the hospital undertook their new duties with enthusiasm. A great new departure from established practice had been inaugurated which helped the patients to recover, which increased the experience of doctors and nurses, and was the beginning of extra-institutional psychiatry in this country.

Among many other of his notable achievements Robertson did everything he possibly could to improve the status of the mental hospital nurse. He was convinced that those who occupied responsible positions as matron, or assistant-matron should have had a dual training in general and mental hospitals, and that they should be employed in the male as well as in the female wards.

He established psychiatric out-patient departments at the Royal Infirmary and at Jordanburn Hospital, and a psychiatric clinic for children. In 1912 he was responsible, under the aegis of the University, for instituting a post-graduate course for the Diploma of Psychiatry.

In 1919 the board of managers of the Royal Edinburgh Hospital for Nervous and Mental Disorders endowed a Chair of Psychiatry in the University of Edinburgh of which Robertson became the first occupant. During his career he was in 1913 awarded a gold medal for his M.D. thesis, he was President of the Royal College of Physicians (1925-27), and was honoured by the LL.D. (St. Andrews). He died in 1932. I had the honour of being elected to succeed him.

In 1948 the Royal Edinburgh Hospital was absorbed into the National Health Service. It was essential that it should be so as the expense of management had reached a level which made it impossible to continue without government support. It is of interest to record that in 1948 its Charity Fund amounted to £15,000, the

interest of which had been used for the maintenance of patients in reduced circumstances. In 1886 Mrs. Elizabeth Bevan, a grand-daughter of Dr. Andrew Duncan who had founded the hospital, left a legacy of £13,000 known as the Bevan Fund the interest of which was "to supplement the board of patients of the educated class". Approximately eighty patients year by year benefited from these funds.

In 1954 when I retired from my dual appointment of Physician Superintendent and Professor of Psychiatry it was decided to separate the two offices. Dr. Thomas A. Munro was appointed physician-superintendent, and Dr. Alexander Kennedy who had been Professor of Psychological Medicine, University of Durham, was elected to the Edinburgh chair. This re-arrangement of duties resulted in many advantages which were steadily consolidated. In June, 1960, Professor Kennedy died suddenly and unexpectedly; it is to be regretted that he did not live to see the progressive policies which he so strongly advocated come to their complete fruition. In January, 1961, Professor G. M. Carstairs was appointed to succeed him. A great programme of reconstruction and improvement is again under way which will be reflected in mental hospital practice, and in psychiatric teaching and research.

GLASGOW ROYAL MENTAL HOSPITAL (1814)

The citizens of Glasgow have always been renowned for their warm-hearted, spontaneous generosity in support of any good cause. In 1810 that spirit was exemplified in the person of Robert McNair, a sugar refiner whose attention had been drawn to the miserable conditions which existed in the basement of the Town's Hospital where mentally afflicted persons were confined "in damp and dismal cells scarcely fit for human beings of the lowest grade". His sympathy and genuine interest were so deeply aroused that he inaugurated a public appeal for funds so that a fine mental hospital could be built which might prove a model for all others. Contributions were readily forthcoming. After a sum of £7,000 had been collected a site in Parliamentary Road was purchased, the building was designed by William Stark who subsequently designed the Dundee Royal Mental Hospital, the foundation stone was laid, and in 1814 the institution was opened. It constituted a notable achievement which entitled Robert McNair to be numbered among the hierarchy of those who in many widely separated countries, almost contemporaneously ushered in a new era in the treatment of mental disorders.

At the ceremony of laying the foundation stone Dr. Stevenson Macgill, the minister of the Tron Church, emphasised the importance and wisdom of patients being taken, early in the development of their illness, to mental hospitals where they would be treated as human beings with natural feelings: "The notion that with the loss of reason our fellow creatures have lost all sensibility to pain or pleasure is a gross and vulgar error unworthy of a people of humanity or of observation. In many cases they manifest very acute sensibility to neglect and personal injustice; often you see them keenly alive to the ridicule of the unfeeling, and often shrinking from the look of contempt, or of the tone of severity. . . . All have their tastes, which may often with safety be gratified, and few are not capable of some employments which are calculated to amuse and please them. But these cannot be enjoyed with safety in the ordinary haunts of men, never in the abodes of the poor, the labouring and the busy; seldom with convenience and comfort in the houses of the affluent. Where confinement is necessary, asylums furnish a comparatively happy retreat, and where the state of the patient renders greater liberty safe, they furnish an abode best adapted to his condition. Comforts are provided suited to his state, evils warded off to which he is exposed, and means of enjoyment and occupation are conferred which in other circumstances might be dangerous or could not be afforded". Seldom can a better or more succinct statement been made of the benefits an asylum or mental hospital can confer. The auspicious beginning of the Glasgow Royal has not only been steadily maintained

but has resulted in its coming to occupy a foremost place in the medical life of the city.

A lay superintendent and matron, Mr. and Mrs. Drury were appointed to be in charge of the establishment, and two well-known general practitioners, Dr. Cleghorn and Dr. Balmanno, were responsible for the medical treatment of the patients. Their portraits, the former by Raeburn, the latter by Lewis hang in the boardroom of the hospital. The annual reports of the hospital, which date back to 1814, describe often in considerable detail, the progressive outlook which was maintained, and the measures which were used not only to alleviate the tediousness of hospital life but to assist in the cure of the patients. Great stress was laid on congenial occupation as an antidote to irritation, boredom, introspection and bad habits; amusements and social activities were encouraged; and an even more far-sighted interest was introduced: "Our asylum, we believe, is the first establishment of the kind in which a sermon was ever preached. . . . We are not aware that divine service, as in church, was ever performed in any lunatic asylum in this country until it was introduced into our asylum, and we are much gratified to find that our example in affording the benefit of religious instruction and consolation to the insane begins now to be generally followed". (Report, 1821). One of the patients thanked the clergyman for his kind condescension and added that he was particularly gratified to be thought worthy of attending public worship. As an afterthought the report adds: "no bad consequences resulted".

It was not until 1838 that Dr. William Hutcheson was appointed superintendent. He was M.D. (Edinburgh), and in 1844 was elected F.R.C.P. Edin. He resigned in 1849 and removed to London but in a few years he returned to Scotland and died in 1863.

It was however during his regime that a great new development occurred. The original building, splendid though it was, had become unsuitable for its purpose. Glasgow had been undergoing a rapid industrial development, the hospital premises became encroached on so that the amenity was disturbed, and a change of site was inevitable. In 1843 a large area of ground was purchased at Gartnavel where a new hospital was built, and where it still carries on its important and responsible work. It is an imposing if somewhat awesome, turreted building which has never proved easy to modify. But it has the great value of being readily accessible to the community which it serves, and is not buried in the heart of the country as if it was something to be ashamed of. I have always maintained that a mental hospital is an asset, not an eye-sore, which exercises a powerful educative influence in promoting our knowledge of the causation, epidemiology, and ecology of mental illness. The more closely it is associated with other healing, social, industrial, and teaching agencies the more effectively will its work be accomplished. Isolation and suspended animation are apt to be synonymous.

In 1849 Dr. Alexander Mackintosh was appointed physician-superintendent. He had already held a similar position at the Dundee Royal Mental Hospital where he had been very successful. He was M.D. (St. Andrews), L.F.P.S.G. He will be referred to later when the rise of the Dundee Royal is discussed. In Glasgow Mackintosh demonstrated that he was a man of character, a strict disciplinarian, a martinet—probably quite obsessional—who required to have everything done meticulously. He maintained a high standard of treatment, and even had the distinction of starting his ward rounds at 6 a.m.—a habit which he acquired when he had lived in a warmer climate. He retired in 1874.

He was succeeded by David Yellowlees, L.R.C.S.E., M.D. (Edin.), F.F.P.S.G. At a later date, on account of his work and of the respect in which he was held, the University of Glasgow honoured him by conferring the LL.D.

Yellowlees had been trained in psychiatry by Skae at Morningside, and previous to his important Glasgow appointment he had been for eleven years the superintendent of the Glamorgan County Asylum. It is probable that the Pro-

fessor of Medicine in Glasgow, Sir W. T. Gairdner had recommended his appointment to Gartnavel. Gairdner was one of those general physicians who was intensely interested in psychological medicine. In 1879 he had given the Morison Lectures of the Royal College of Physicians, and in 1882 was President of the British Medico-Psychological Association. In his wise, thoughtful presidential address he said : “. . . the unsound mind like the unsound body can only be regarded as an instance of disordered function ; and that however great the disorder, the functions are still there, and may be roused into more or less healthy activity by exactly the same physiological stimuli and motives as are available in a state of health ”. (Quoted from Hack Tuke's *Dictionary of Psychological Medicine*, 1892). In addition to his hospital appointment in 1880, Yellowlees became the first Lecturer in Mental Diseases in the University of Glasgow. The Glasgow Royal or Gartnavel as it is more familiarly known, flourished under his guidance and supervision. The number of patients increased, many improvements were effected, the charitable funds were augmented, and Yellowlees gained the high esteem of his colleagues and friends. He took a leading part in the meetings of the Medico-Psychological Association, and supported schemes for the promotion of research into mental diseases. He was a tall, broad-shouldered, distinguished looking man with a flowing white beard which gave him a benign and a patriarchal appearance. His patients were part of his family for even after he retired in 1901 owing to failing vision, he often revisited the hospital in his capacity as house visitor. His former patients and friends were always delighted to see him, and were especially pleased when he recognised them by the sound of their voices. His essential rôle was always to safeguard and guide all those who were entrusted to his care. His sons, David and Henry have perpetuated his work ; David as director of the Lansdowne Clinic for Psychoneuroses in Glasgow, and Henry as a former physician-superintendent of the York Retreat, and as a former physician in psychological medicine, St. Thomas's Hospital, London.

Landel Rose Oswald, a graduate in medicine of Glasgow University, who succeeded Yellowlees, had been influenced to devote himself to psychiatry by Professor Gairdner whose house physician he had been. Oswald received his training and experience under Yellowlees, and in a few years he was appointed physician-superintendent of the newly built Glasgow local authority mental hospital at Gartloch. He remained there until 1901 when he was appointed to Gartnavel, and became Lecturer in Mental Diseases at Glasgow University. He was a forceful, dominant personality who was completely absorbed by his medical work which he carried out with a high sense of responsibility. He was a bachelor, a tall, angular, hatchet-faced man with a thick moustache who when you first met him seemed a little overpowering. He knew most of his six hundred and fifty patients pretty intimately—and their relatives as well—he had their confidence, took infinite care of them, and paid his ward rounds night and morning with the greatest regularity and circumspection. He set an example of application to his hospital duties which I have never seen surpassed. He could be very censorious, the medical and nursing staff tended to be afraid of him, but those who got to know him recognised that his apparent indignation was a bark rather than anything more vicious, and if they stuck to their guns they earned his respect and admiration. In 1910 he established the first psychiatric out-patient department in Scotland at the Western Infirmary, Glasgow. He was also largely responsible for establishing the Western Asylums Pathological Laboratory which was situated in the grounds at Gartnavel, of which Dr. Ivy McKenzie became the first director.

It was most unfortunate that Oswald had never widened his psychiatric experience. He would have enjoyed it if he had done so, it might have led him to publish what he had learned. He spoke well, his didactic teaching was excellent, he was a good critic, and loved an argument even although he was determined to have his own way. As he looked at the students coming up the avenue at Gartnavel

to attend his clinical demonstrations he was apt to be caustic about the untidy dress of some of the men, and as for the girls he used to add : " Nothing but a lot of flappers ".

Oswald never had any difficulty in combining his clinical and university duties with his administrative ones. He could not have tolerated a dual control system. Every Monday morning it was his custom to interview and to inspect the books of the house steward, the master of works, and the farm and garden manager. He praised or criticised unhesitatingly. Every fortnight he drove with the books in a horse-drawn cab to a meeting of the board of managers to whom he gave a detailed account of all the events pertaining to the welfare of his patients and the management of the hospital. I have always been deeply grateful to Oswald for all he taught me about hospital management and for his kindness. In 1921 he retired on account of ill-health, and I had the honour of being appointed to succeed him. In June, 1932, I resigned on being invited to be physician-superintendent of the Royal Edinburgh Hospital for Nervous and Mental Disorders, and Professor of Psychiatry, University of Edinburgh.

My successor, Dr. Angus MacNiven, also became Lecturer in Psychiatry, University of Glasgow. But in Glasgow, as in other places, a division has become effected between mental hospital practice and the teaching of psychiatry. Professor T. Ferguson Rodger has integrated his psychiatric teaching and research department with the large Southern General Hospital, Glasgow, and maintains a harmonious working relationship with Dr. MacNiven.

DUNDEE ROYAL MENTAL HOSPITAL (1820)

The early history of the establishment and development of this hospital was written by Dr. James Rorie who from 1860-1904^e was its physician-superintendent. In 1912 the history was published by his sons. A copy is in the library of the Royal College of Physicians of Edinburgh.

The Dundee Royal which became known subsequently as Gowrie House, developed as an off-shoot of the Dundee General Hospital which had been founded in 1788. The attention of the board of management was directed to the unfortunate plight of a number of mentally deranged persons who were brought to the hospital but for whom no provision could be made. A special committee was appointed to consider what could be done. It was decided to make a public appeal for funds so that a special hospital could be erected. This appeal was successful, a site was chosen, and the hospital was built according to the design of the architect, William Stark, who had previously designed the Glasgow Royal. The foundation stone was inscribed :

" To restore the use of reason, to alleviate suffering and lessen peril where reason cannot be restored. The Dundee Lunatic Asylum was erected by public subscription ".

It is the only one of the group of Royals which is not identified with any one person.

The architect's specification for building was drawn up most thoughtfully : " It admits of a very minute classification of patients according to their different ranks, characters, and degrees of disease ; it secures to every room the freest ventilation, and provides for the diffusion of heat through the building. Under one general management it separates the different classes of inhabitants from one another as completely as if they lived at the greatest distance, and it enables the system to be executed which every asylum ought especially to keep in view : that of great gentleness and great liberty and comfort combined with the fullest security ".

In 1819 a Royal Charter was granted, and in 1875 a new Charter was granted and

sealed. The first report covered the period April, 1820—May, 1821. It emphasised the standards of treatment which should be aimed at. The practice of moral (psychological) principles was advocated, they were to be incorporated into the general management of the patients, and the interdependence of mind and body was stressed. From the more practical physical angle attention was given to the sanitary arrangements, and to the employment and recreation of the patients. Restraint was seldom used. The above statements indicate that those responsible for the management of the Dundee Royal wanted to do everything they could for the benefit of their patients.

It is also of interest to note that in those early days there were no formidable obstacles in relation to the admission of patients for treatment. All that was necessary was a medical certificate from the regular medical practitioner accompanied by a letter "from two respectable persons acquainted with the situation of the patient". Legal statutes governing admission were not introduced until 1830. And now since 1960 admission is on a purely informal basis—except in those cases where compulsory detention is considered advisable.

Mr. and Mrs. Radley (who later went to Morningside) were appointed superintendent and matron, and were advised, medically, by a visiting general practitioner. In 1833, the Radleys were succeeded by Alexander Mackintosh and Mrs. James Hunter. Mackintosh has already been referred to as the physician-superintendent of the Glasgow Royal Mental Hospital, but when he was appointed as superintendent of Dundee Royal he was not medically qualified. Previous to his Dundee appointment he had been for five years superintending steward of the military hospitals of Barbados and Demerara. While occupying that position he was said to have acquired considerable proficiency in the theory and practice of medicine and surgery, and when he returned home "he applied himself to the study of the above sciences so that he might at any time take his degree therein if it be thought advisable for him to do so with the view of meeting the provisions of an Act of Parliament passed in the latter part of the last reign for the better recognition of Lunatic Asylums". Mackintosh passed the necessary examinations, and qualified M.D. at St. Andrews University. He established a fine record as physician-superintendent at Dundee Royal before proceeding to his much greater responsibility in Glasgow.

The matron, Mrs. James Hunter was described as "familiar with all the details and management of Lunatic Institutions from her very infancy". She was the daughter of Dr. Haslam the famous surgeon-apothecary of Bethlem Hospital, who was the first Englishman to give a clinical description of general paralysis. In 1841 Mrs. Hunter was appointed matron of Bethlem Hospital, London.

Thomas T. Wingett, L.R.C.S.E., M.D. (St. Andrews), F.R.C.P.Edin., was appointed to succeed Mackintosh. Wingett had received his training at the Crichton Royal where he acted as an unqualified assistant or apothecary. He proceeded to Edinburgh where he qualified in 1846, and became senior assistant physician at Morningside where he remained for two years previous to his Dundee appointment. In 1858 he was thrown from his horse, sustained a fracture of his arm, and suffered a long and painful illness which eventually led to his retirement. He was succeeded by Dr. James Rorie who was responsible for the establishment of Gowrie House which was opened in 1902 for the reception of patients ("upper and middle classes"). William Tuach MacKenzie who followed Rorie became superintendent both of the district mental hospital, West Green, and of Gowrie House, an arrangement which was perpetuated by Dr. A. A. Bell until Dr. George R. F. Steele was appointed to the Royal. The two hospitals have again been amalgamated under Dr. I. R. C. Batchelor, who in October, 1962, was appointed Professor of Psychiatry, University of St. Andrews.

PERTH ROYAL MENTAL HOSPITAL (MURRAY ROYAL) (1827)

In 1927 Dr. W. D. Chambers who was at that time physician-superintendent wrote a historical sketch of the hospital to mark its centenary. He unfolded an interesting story which illustrated the philanthropy and beneficence of those who were responsible for its establishment. James Murray who was its founder was born in 1781, the younger son of parents who lived in a small holding or property on Moredun (Moncrieffe Hill). James had an older brother and two sisters. Their mother, previous to her marriage to their father, had had a son William Hope who went to India to seek his fortune. Like other of his compatriots he became a prosperous merchant and amassed "two hundred and fifty thousand pagodas at least". A pagoda was the Madras equivalent of a rupee which, at that time, had a value of eight shillings. In 1809, for health reasons, William Hope made arrangements to return to his native land. But before undertaking the long and dangerous sea voyage he made a will in which he stated that, if anything disastrous should happen to him and his family, his estate, after the payment of some comparatively small legacies, should go to his mother, Helen Marshall, or Murray, and to her two sons, John and James Murray. He and his wife and family of four daughters sailed from Madras on 30th January, 1809, but sad to relate on 16th March, 1809, their ill-fated ship, *Jane, Duchess of Gordon*, encountered a violent hurricane and sank with all aboard.

The Murray family thus came to inherit great and unexpected wealth which eventually enabled James Murray to found and endow the hospital which has always been identified with his name.

James Murray was a delicate, ailing man, a bachelor, who died in October, 1814. Previous to his death and apparently in anticipation of it he gave handsome donations to certain masonic lodges of which he was a member, and in 1814 he made a will conveying his whole estate in trust to David Beaton of Kirkpottie, merchant and sometime one of the bailies of the city of Perth, and Robert Peddie, town clerk of Perth "particularly for the purpose of applying a certain part of the Trust Estate in the purchase of ground for, and the erection of an asylum for the reception of lunatic persons in the said city of Perth and its neighbourhood". Twenty thousand pounds was spent on the land and buildings leaving a surplus of £12,000 "to launch the infant charity upon its beneficent way". A very propitious enterprise had resulted from a very tragic event.

From Chambers' notes I gained the impression that James Murray may have been strongly influenced in bestowing his benefaction by a maternal uncle, Andrew Marshall, who in London had undertaken research work on *The Morbid Anatomy of the Brain in Mania, and Hydrophobia*: Mr. Peddie, the town clerk may also have played an important part because he was particularly concerned about the lack of accommodation for the mentally ill.

The Murray Royal was built on a beautiful site on Kinnoul Hill, and was designed in an admirable manner by William Burn, who later designed the Crichton Royal, Dumfries.

So far as medical staffing was concerned it followed the usual pattern of having a lay superintendent and matron, Mr. and Mrs. Simmonds. The first physician-superintendent was Dr. Malcolm who held his post for 32 years and was followed by Dr. Pierides, Dr. Sherlock, Dr. Lauder Lindsay, Dr. A. R. Urquhart, Dr. R. Dods Brown, Dr. Maxwell Ross, Dr. W. D. Chambers, who was responsible for the building of Gilgal Hospital and Dr. John McDougal. Dr. Lauder Lindsay was a man of great intellectual ability who in addition to being very knowledgeable in relation to his specialty wrote on botany, natural history, geology, chemistry and education. He was an authority on the anatomy and physiology of lichens, and wrote two volumes dealing with *Mind in Lower Animals*.

Dr. McDougal resigned in 1962, and was succeeded by Dr. Harry Stalker.

DUMFRIES ROYAL MENTAL HOSPITAL (CRICHTON ROYAL) (1838)

The history of this famous hospital has been so fully described by the late Dr. Charles C. Easterbrook in a book of over six hundred pages entitled *Chronicle of Crichton Royal* (1838-1936) that it is almost superfluous to say anything about it. I only do so to keep it in association with the others which have already been referred to.

Dr. James Crichton was a Dumfriesshire man, born at Sanquhar in 1765, who studied medicine in the University of Edinburgh and subsequently went to India in the service of the East India Company. It turned out to be a profitable venture. Professionally he attained the distinction of being appointed physician to the Viceroy, Lord Mornington, afterwards better known as the Marquis of Wellesley. His high professional position, combined with natural shrewdness and an adventurous spirit enabled him to trade advantageously both in India and China so that in 1808 he returned to Scotland a very rich man. He bought the beautiful estate of Friar's Carse, near Dumfries, married, and after thirteen years of happy married life died leaving many bequests of a family and charitable nature. He directed that the residue of his estate should be utilised for some charitable measure. His widow with the help of her co-trustees made the final decision. The bequest amounted approximately to one hundred thousand pounds. Mrs. Crichton and her fellow trustees considered the possibility of founding and endowing a University at Dumfries but at that time there was no particular necessity to do so because the already established Universities had plenty of vacancies for students. Mrs. Crichton's attention was then directed to the deplorable conditions of the mentally afflicted not only in Dumfries but throughout Scotland, and she and her co-trustees agreed to found and build an Asylum, "superior in every respect to any Asylum in Europe at that time". William Burn who had designed West House and the Murray Royal prepared the necessary plans, and in 1838 the original building was completed.

Mrs. Crichton was determined that from its start the Crichton Royal should be under medical direction. She had read and been impressed by Dr. W. A. F. Browne's book *What Asylums Were, Are, and Ought to Be*, and she decided that he was the man she would like to see in charge of the new institution. Sir James Crichton Browne in a preface to the *Chronicle of Crichton Royal* has told how in March, 1839, in her C-sprung coach, painted yellow and black, she posted from Friar's Carse to Montrose, lunched with his parents, Dr. and Mrs. Browne, and invited his father to accept the new appointment. He did so with pleasure. His annual reports as published in the *Chronicle of the Crichton* give an excellent picture of the fine type of man he was, and of the splendid tradition which he established. In 1857 he resigned to become a Commissioner of Lunacy for Scotland. His son, Sir James Crichton Browne, who died in 1938, also had a most distinguished psychiatric career and is particularly remembered for his work at the West Riding Asylum, Wakefield, and as Lord Chancellor's Visitor in Lunacy.

Dr. Browne was succeeded by Dr. James Gilchrist, who had been trained at the Crichton, and had been superintendent of the Montrose Asylum. Then came Dr. James Adam who opened a private mental hospital in England; Dr. James Rutherford, a strong advocate of "open doors", previously superintendent at Lochgilphead, and at Woodilee, Glasgow; Dr. Charles C. Easterbrook, trained at Morningside, then superintendent at Ayr previous to his Dumfries appointment; Dr. P. K. McCowan, previously superintendent of the Cardiff Mental Hospital; and now Dr. James Harper.

The Crichton Royal has developed into a great hospital organisation with out-patient facilities throughout the county, and with research and occupational and recreational departments which reach a high standard of excellence.

ROYAL SCOTTISH NATIONAL INSTITUTION, LARBERT (1863)

Mental deficiency (subnormality) was regarded as the lowest form of human degeneracy, a disgrace more than a disease, the greatest affliction that could come to any person or family. The village "idiots" were, usually, harmless and pitiful persons only roused to outbursts of fury by the laughter, scorn and cruelty of their neighbours; the beggars, vagrants, and delinquents were the easy prey of the unscrupulous. All of them of all ages, children and adults were the outcasts of the human race for whom the provision of special care was considered useless, and unnecessary. In consequence they drifted into workhouses, asylums, prisons or wherever they could find shelter, thus adding to the overcrowding of such institutions, and complicating whatever medical and nursing services were available. No one had the time or the patience to train them in good bodily or mental habits, or to understand them so as to make their lives more bearable.

In 1852 Sir John and Lady Jane Ogilvy founded, on their estate near Dundee, the Baldovan Institution (now called Strathmartine) for the treatment and education of defectives; it was the first institution of its kind in Scotland. Accommodation was provided for thirty orphans and imbecile children. These classes of children were brought up together in the hope that the imbecile children would be benefited by the orphans. The result, however, was in the reverse direction, the orphans were detrimentally affected by the imbeciles, the classes were separated, and the orphanage was removed elsewhere. On 6 January, 1855, the institution was opened, and was conducted on similar lines to those employed by Dr. Guggenbuhl in his treatment of cretins in Switzerland—life in the fresh air, exercises, and plenty of good food were combined with education and training. The number of patients showed a steady increase, the institution was enlarged, and in 1904 it was licensed for the care of one hundred and sixty children. In 1925, owing to financial stringency an incorporation was formed with representatives from Aberdeenshire, Forfarshire, Kincardineshire, and Perthshire which became responsible for its management. It now flourishes as a well organised colony which has become closely affiliated with the Psychiatric Department of St. Andrews University Medical School.

The first step towards developing a large Scottish National Institution to deal with the rapidly increasing problem of mental deficiency whether affecting children or adults was taken in 1855 by Dr. and Mrs. Brodie when they opened the Edinburgh Idiot Asylum, Gayfield Square, Edinburgh. Brodie soon realised that a converted house in a city square was not the ideal arrangement for the custodial care of the uneducable. His appeal to the public for funds whereby he could provide more suitable accommodation and care met with considerable support, but three years elapsed—owing largely to public prejudice—before a site of five acres was acquired near Larbert, Stirlingshire. In 1863 the first part of the Scottish National Institution for the Education of Imbecile Children was opened. In 1917 by its new Charter it was designated the Royal Scottish National Institute for Mental Defectives. Dr. Brodie was appointed physician-superintendent and assumed charge of a group of twenty-eight patients.

In 1871 Dr. Brodie was succeeded by Dr. William Wotherspoon Ireland (1832-1909) a remarkably talented man who was far in advance of the times. After graduating as a doctor of medicine of the University of Edinburgh, Ireland entered the Indian Medical Service, and took part in the siege of Delhi; afterwards he wrote *A History of the Siege of Delhi* (1861). He must always, I think, have been especially interested in philosophical studies because he describes himself as a corresponding Member of the Psychiatric Society of St. Petersburg, and of the New York Medico-legal Society; Member of the Medico-Psychological Association. In 1877 he published a book, *On Idiocy and Imbecility* which was most favourably reviewed. He was one of the first persons to advocate the establishment of special schools, and of special classes for the education of mentally retarded

children. In 1881 he resigned from the National Institution and became superintendent of the Home and School for Imbeciles, Preston Lodge, Prestonpans, near Edinburgh. This may have been a private venture on his part ; it is of interest to note that he introduced the word " School " in relation to it. During that time he made two outstanding contributions to general literature : *The Blot upon the Brain* (1885) and *Through the Ivory Gate* (1889). The former takes its title from Tennyson's lines :

'Tis the blot upon the brain
That will show itself without.

They were described as specially concerned with history and psychology. Some of the topics discussed deal with hallucinations, the character of Joan of Arc, the insanity of Power, St. Francis Xavier, fixed ideas, mirror writing, thought without words, and the relation of words to thought. His views and comments are vividly expressed. I was particularly intrigued by his description of a patient who imagined that he did not exceed the size of a barley-corn and who lived in imminent danger of being carried away by sparrows ; he would not leave his house because he was afraid lest he might be trodden underfoot. Those unreality ideas reminded me of one of my own patients who, in a quizzical way, used to say : " I am no bigger than a pin-point—I am so teeny you will require to unteeny me ".

In 1881 when Ireland resigned from Larbert the medical succession of superintendents was interrupted by the appointment of Mr. Skene, a layman. The custodial aspect of the care of the mentally defective was considered, apparently, more important, and perhaps more economic than the medical and educational one. Dr. R. D. Clarkson, an accomplished general practitioner in Falkirk was called upon to deal with any medical or surgical emergency which might arise. In 1912 the pendulum swung again in a medical direction when Dr. Clarkson was appointed physician-superintendent. A more appropriate time could hardly have been chosen. Dr. John Thomson's pioneer clinical studies at the Sick Children's Hospital, Edinburgh, had already received wide recognition, and the subject of mental defect had not been forgotten. He dealt with it hopefully and considerately in *Opening Doors* which was described as a book " for the mothers of babies who are long in learning to behave like other children of their age ". In 1907 Miss Mary Russell influenced the Paisley Burgh School Board, in spite of adverse public opinion, to institute a special school class for a group of 14 mentally defective children. The success attained was so remarkable that in 1912 a special school to accommodate 160 mental defectives, was built in Paisley. Following that development After-Care Associations, Child Guidance Clinics, Occupational Centres and Study Circles were set up. The formation of the Scottish Association for Mental Health was the direct outcome of the Paisley experiment. By this time the Mental Deficiency Act (1913) had made it compulsory for local authorities to provide adequate accommodation for the rapidly increasing numbers of mental defectives. An agreement was entered into with the Royal Scottish National Institution to provide the necessary beds. In 1926 Larbert House with 800 acres, two farms, and large gardens was purchased for the purpose of developing it into a Colony where both children and adult defectives could be maintained, educated and cared for during their life-time. The public appeal for funds to enable this project to be fulfilled resulted in a sum of sixty thousand pounds, of which no less than twelve thousand was contributed by the Women Citizen Associations of Scotland, a truly magnificent achievement. A colony of five villas was constructed along with administrative offices, workshops, laundry, kitchen, school and nurses home. The Commissioners of the General Board of Control in their report dated 26 October, 1961, stated that further extensions were in course of construction.

In 1934 Dr. T. R. C. Spence succeeded Dr. Clarkson and for twenty years not only implemented the plans which Clarkson had inaugurated, but added to them by effecting many improvements which splendidly upheld the tradition of this

fine organisation. The population of the institution now amounts to 1094 patients who are under the general administrative and medical control of Dr. J. B. Methven who in 1954 succeeded Dr. Spence. The school which is incorporated with it has a headmistress and five teachers, the patients are employed in the workshops, laundry, kitchen, poultry farm, and garden.

In conclusion it may be emphasised that research into the aetiology, prevention, and even cure of mental deficiency, (subnormality) is now being pursued in a much more optimistic spirit than previously existed. Genetic, biochemical, traumatic, physical, environmental, and social factors are all being weighed in the balance, and correlated.

COMMENT

This brief account of the founding and development of the Royal Mental Hospitals, and of the Royal National Institution, of Scotland has drawn attention to a fine group of men and women whose names will always be associated with the progress of psychiatry in Scotland. Mrs. Susan Carnegie, John Forbes, Dr. Andrew Duncan, Andrew McNair, James Murray, Dr. and Mrs. James Crichton, Sir John and Lady Ogilvy of Baldovan, and Dr. and Mrs. Brodie were imbued with a humanitarian spirit and practical endeavour which earned public homage and acclaim. Tribute is also paid to all those public spirited men and women who, as members of the boards of management of the "Royals", gave so generously of their time, their knowledge, their skill, and their experience in dealing with administrative affairs.

The successive phases marking the transition from custodial care to the period of extra-institutional treatment has been illustrated.

William Burn designed and built the Edinburgh, Murray, and Crichton Royals, and William Stark designed those for Glasgow, and Dundee. Jetter in his most comprehensive and detailed account of the construction of mental hospitals in England and Scotland makes special mention of Stark and Burn.

The establishment of psychiatric departments in general hospitals, early treatment of a psychological, pharmacological, and physical nature, the informal admission of patients to all hospitals has resulted in the successful management of general hospital and mental patients under one roof, an experiment which was impossible in earlier times.

This paper has many gaps ; it is part of a longer contribution which I hope to complete at a later date. In the meantime I thank my colleagues for their cordial co-operation. I am especially indebted to Sir James Learmonth, K.C.V.O., F.R.C.S., who read my manuscript and made many helpful suggestions.

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Following Sir David Henderson's paper, the Honorary Secretary gave a short account of the life and work of Sir Henry Duncan Littlejohn, the first Medical Officer of Health for Edinburgh, and the first such official to be appointed in Scotland.*

The Forty-Fourth Ordinary Meeting

The Forty-Fourth Ordinary Meeting was held in the Bloch Lecture Theatre of the Royal College of Physicians and Surgeons of Glasgow, on Wednesday, 27 February, 1963, the President in the chair.

Mr. D. C. Miln read a paper entitled :

JAMES HOGARTH PRINGLE, 1863-1941—SURGEON EXTRAORDINARY

My admiration for James Hogarth Pringle was first aroused by the stories of skill and devotion told to me by my mother who had been his staff nurse in 1905 and although I met him only twice myself, he was most kind to me as an embryo surgeon. Further enquiries and then my own reading made me realise what a great man this was, and it would appear he was much better known outside of Glasgow than in it. But now we can appreciate his greatness and his originality by the references to him in surgical literature.

It has been said that man should choose his ancestors well to make himself great, and Carlyle has written :

"Names ? Could I unfold the influence of names which are the most important of all clothings, I were a second Trismegistus."

The Pringle family had a considerable connection with Hogarth the painter, and Catherine Hogarth married Charles Dickens, so perhaps the influence of personalities, paint and pen may have shaped the character of the later members.

The name of Pringle is a well-known and well respected one in the Borders, and the *Transactions of the Hawick Archeological Society* are full of their activities. Branches of the family are found in Wilton Lodge, Torwoodlee, Clifton and Gala Water, but the sept from which James Hogarth Pringle springs comes from Torquhan near Stow. They were farmers in Jedwater and also had the tenancy of Hyndlee—a farm made famous by its appearance in the novel "Guy Mannering" by Sir Walter Scott. I believe the minister of Hobkirk conducted a monthly service in the kitchen of this house for many years.

George Hogarth Pringle, the father of James Hogarth Pringle, after becoming a doctor was house surgeon to James Syme, being a co-resident with Lister, with whom he was friendly all his life. The well-known photograph showing Lister and his co-residents in 1854 is reproduced in Dr. Guthrie's *History of Medicine*. Here we see George Hogarth Pringle, later Fellow of the Royal College of Surgeons of Edinburgh. Here also is John Kirk, a future F.R.S. who went to Africa with David Livingstone and worked as a botanist. He was instrumental in helping to abolish slave labour, and was a great administrator, receiving the G.C.M.G. and

* *Medical Officer*, 1962, 108, 183-190.

becoming K.C.B. Patrick Heron Watson is there. He was twice President of the Royal College of Surgeons of Edinburgh and a member for many years of the General Medical Council. He was knighted and was Honorary Surgeon to two Sovereigns. We also note that he devised and originated several surgical procedures. Fourthly, we have John Beddoe, a Sassenach and also later Fellow of the Royal College of Physicians. Apart from becoming consultant physician to Bristol Royal Infirmary, he also became a famous anthropologist and was F.R.S. The central figure, also from south of the Border, is Lister, who is too well known to require any comment. Here too, is David Christison, a future Fellow of the Royal College of Physicians of Edinburgh and a famous archeologist; also Alexander Struthers who died at Scutari during the Crimean War. This remarkable group of men had among them 5 LL.D., Edinburgh, 3 F.R.S., 1 Knight, 1 G.C.M.G. and 1 Peer.

After taking the F.R.C.S. (Edin.) and serving in the Crimean War, George Hogarth Pringle became a ship's surgeon and then emigrated to Australia. He worked in Parramatta, which was the seat of Government of New South Wales. He married a charming young woman whose father and uncle were members of the Government. In Parramatta was born James Hogarth Pringle on 26 January, 1863. He lived here till he was nine years of age and during this period, his father was in constant communication with Lister, and was the pioneer of antisepsis in Australia. Many of these letters and pamphlets signed by Lister are now preserved in the Royal College of Surgeons of Edinburgh.

The book *Medical Practice in Old Parramatta* by the late Dr. Keith Macarthur Brown has many references to Mr. G. H. Pringle and extensively quotes the medical evidence he gave in a case of flogging, which has become a classic. The book suggests a rather forbidding appearance and manner, and this seems to have been a familiar trait. The worry of this case, and the effects of a previous hepatitis, caused his health to break down and a sea voyage was undertaken for recuperation but, unfortunately, he died at sea at the age of 41.

James Hogarth Pringle arrived in this country in 1872 at the age of 9, and went to the Borders to relatives and thence to Sedbergh for schooling after which he went to Edinburgh University to study medicine. In his undergraduate career, he took the medal in gynaecology, qualifying in 1885, followed by an appointment in gynaecology in Edinburgh. He served with Annandale in Edinburgh and Macewen in Glasgow and then travelled widely to work with von Eiselberg in Berlin, to Hamburg, and to the Alter Krankenhaus in Vienna with Lauenstein, and then to the Moorfields Eye Hospital in London. He also visited America. In time he became one of the really great general surgeons in Britain. He was one of the first of the modern Triple Fellows—F.R.C.S. England (1892), Edinburgh, and the Glasgow Royal Faculty (1899). At the latter he subsequently became the Visitor, but never President as he went abroad for a long trip on his retirement from the hospital when somewhat unwell.

The photograph shown is of a painting of Pringle in his prime, the original hanging in the Hall of the Royal College of Physicians and Surgeons of Glasgow and is a true likeness of the man.

What are his claims to greatness in terms of surgery and history?

His association with the great ones of his time, especially Macewen, Macintyre, the first radiologist in Britain, and later Bryce in anatomy, Wright Thomson in ophthalmology and Teacher in pathology, stimulated his originality into widely different channels. He was appointed to the charge of wards at Glasgow Royal Infirmary at the age of 33 in 1896, after six years work as assistant surgeon.

Before embarking on his surgical claims to fame, let me tell you of a lesser known but just as important facet. In the latter half of the 19th century legislation had decreed that male and female students could now take all medical classes equally. Miss Jex-Blake and friends tried to enter and qualify in medicine in Edinburgh University, and this caused a crisis and furore. They were not allowed

to do so and went to Ireland and in 1886 qualified there. She and her friends returned to Edinburgh and founded a school of medicine following an Ordnance Order in 1893 permitting their entrance to the Medical Faculty but despite this they were not allowed in until 1916. (Oxford 1922 !) Meantime, Dr. Gilchrist became the first lady graduate at Glasgow University in 1894. These facts infuriated Pringle who became the women's champion in the West and in 1899 became Lecturer in Surgery and Demonstrator in Anatomy for them. He taught in the new Queen Margaret College, admitted lady students to his clinics and took them as house surgeons. The Royal Infirmary of Glasgow was the first to do this in the West, but some of the less enlightened hospitals, still to this day, do not permit lady house doctors. Pringle's attitude, of course, meant that a large number of ladies flocked to his wards and in his time he taught or had on his staff, many well known personalities, e.g., Dame Louise McLroy, the late Dr. Elsie Inglis, Miss Wingate, Miss Orr (without the help of whom this story could not be told by me), Dr. Kate Harrower, Dr. Jemima Calder, Dr. Gibb, Mrs. Galloway and many more.

Pringle's influence on the male side was just as great, and the list of his house surgeons is a most imposing one, indicating his flair for picking the right man, and for stimulating the young man once he had taken office. The following short list will indicate some of his juniors and their later achievements :

Wright Thomson—Chief in Eye Infirmary ;
Alex. Edwards—forerunner in rehabilitation ;
Wm. S. Dickie—who ran his own hospital in Yorkshire ;
John Shaw Dunn—Professor of Pathology, Glasgow ;
Adam Patrick—Professor of Medicine, St. Andrews ;
Wm. Sewell—Chief Surgeon in Victoria Infirmary, Glasgow ;
J. A. G. Burton—Professor of Surgery, Glasgow ;
Frank R. Brown—Senior Surgeon in Dundee Royal Infirmary ;
Matthew White—Senior Surgeon in Royal Hospital for Sick Children,
Glasgow.

In the Glasgow Royal Infirmary which became for him " Home," demanding the greatest loyalty, Pringle was the subject of one of the famous cartoons of O. H. Mavor (a co-resident with Matthew White and Walter Elliott). He was held in high esteem but he was apparently rather stern in manner, with a certain austerity on first acquaintance, but extremely kind. He did not tolerate fools gladly. He worked very hard himself and expected his staff to do the same. Mr. Frank Brown has told me he had never worked so hard before, *or since*, as during his period of residency.

Pringle lived in a different age from the present and his life was centred round the hospital and teaching. At the beginning of his period of office as a Surgeon in Charge of Wards, practically all the operating, both of an emergency character and of the routine admissions, was performed by the chief himself. He also undertook at least half the teaching, and the assistant surgeon was responsible for the little remaining work. Some out-patients were seen by an occasional clinical assistant but all the varied casualty work was performed by the house surgeon under the control of the chief.

This meant an immense responsibility and burden of work. Added to this, there was committee work and Pringle became the senior surgeon of the hospital. At this time, he brought into being a surgical chiefs' committee which reorganised the work of the hospital, so that there was the inception of the 4-member unit which has worked so well until the more recent demands of the National Health Service altered conditions. In his time also was instituted the new vertical theatre block.

Students had to attend Pringle's class at 8.30 a.m. for instruction in bandaging and wound dressing. The class proper commenced at 9 a.m. and the doors were

locked. He worked all day and at 5.30 p.m. he conducted a ward round. In the summer term, there was an operative surgery class commencing at 6 a.m. twice a week! In between these mammoth tasks, the work of the wards was personally conducted, including the receiving duties, and even more remarkably, Pringle kept all his own notes and journals and made his own paintings and casts in plaster. These effects are now preserved in the Royal College of Surgeons of Edinburgh, in the Royal College of Physicians and Surgeons and in the Royal Infirmary, Glasgow. The volume of this material is quite extraordinary. In fact, Pringle made his own museum.

While Pringle was a great general surgeon, his prime interest was in the treatment of fractures, which in his day were frequently left entirely to the house surgeon in other units. His experience was broad, and as a regular note-taker, he rapidly acquired an outstanding experience and records of injuries which he kept in his own hand, showing the attention he paid to detail. These records and his keen interest, led to the publication in 1910 of his book on fractures which was a Bible to the profession for a decade. He treated all fractures by traction and was a strong believer in movement of all joints not involved in the trauma. The results of these methods were far ahead of his time and he made an original, adjustable inclined plane splint. After his retirement, continued study was made concerning the mechanism of dislocation of the hip joint, and many gruesome tales are told of this. Hearsay suggests too that it was he who dropped coconuts down the main Glasgow Royal Infirmary staircase to see what type of split was caused, thus simulating fracture of the skull. In this field, his original publications were many. They were short, crisp and to the point, illustrating many original thoughts and ideas. His experience stemmed from his own observation—"There must be few general hospitals at which a greater number of cases of traumatism of every variety are dealt with than the G.R.I."

The breadth of his undertakings and the originality of his thoughts and methods were remarkable. He continued to publish articles on bone from 1892 to 1922. How many general surgeons are now able to have such catholic interests and to publish original articles over a period of thirty years?

Allied to this work was his interest in high amputations. This heroic operation has come to be known as the hind-quarter amputation. While this is now associated with the name of Gordon-Taylor who ultimately had experience unrivalled throughout the whole world, the first successful operation in Britain, with a patient surviving, was the procedure performed by Pringle. A Glasgow candidate, being examined for the F.R.C.S. (Eng.), was asked about the Pringle operation by Grey Turner, who was a staunch admirer of Pringle. Regrettably, the candidate did not know the local connection and was invited to return when his local and general knowledge had improved, being told he was a disgrace to his country for his ignorance of local fame.

In 1908, Pringle reported that he had performed this operation in fifty minutes, under anaesthesia by spinal stovaine. He stated that the patient exhibited a certain degree of shock, and so was given two pints of saline intravenously! In 1916 he reported two more cases, making five in all—four of whom survived the procedure and left hospital—three had tumours of the femur or pelvis and two had extensive tuberculosis. Four points were made in the operation:

- (1) Prevention of shock by infiltrating nerve ends with local anaesthetic;
- (2) Control of haemorrhage by ligating individual vessels and not by first ligating the main trunks;
- (3) Judging accurately the amount of bone to be removed;
- (4) Making his own shape and size of skinflaps.

Pringle's great experience in patients with fracture of the skull, and his unusual experience in eye diseases, derived from his earlier appointment at Moorfields Hospital, are exemplified by his many publications on head injuries. Professor

Adam Patrick has told me of his great skill with the ophthalmoscope, and this must have stood him in great stead. He was the first surgeon in Scotland to segregate his cases of head injury, and he had a full ward devoted to the care of this condition in Stobhill Hospital. He was too, the first to operate for acromegaly in Scotland. His many observations have stood the test of time and are now widely recognised for their clarity and perspicacity. He is thus well known for his orthopaedic work, his hind-quarter amputation and for his modern investigation and treatment of head injuries, but the general medical public think of Pringle mainly in connection with two other topics.

His classical papers on the spread of melanoma and its treatment created world-wide interest, and the specimens and descriptions are now lodged with the Royal College of Surgeons of Edinburgh. The ultimate publication in 1937 of long term post-operative survival of 30 and 38 years of patients who had proven melanoma with lymph node involvement, was a personal triumph for the disease continues to baffle the profession. Pathologists, radiotherapists, surgeons, both plastic and general, and biochemists are still working in this field, and the Association of Surgeons of Great Britain and Ireland, of which Pringle was a founder member, had a major discussion on this topic in 1961, and Pringle was quoted extensively on that occasion. At present, in the West of Scotland, a further investigation is being conducted under the aegis of Sir Charles Illingworth and new cases and the old ones of Pringle are being reviewed.

One of the interesting statements he made was that he only saw three cases of melanoma in his whole life and all these were early in his career. He was impressed by the behaviour of such tumours simulating both sarcoma and carcinoma and he was the first to point out that the lymph vessels themselves became infiltrated with tumour. In both his papers, he therefore concluded: "Radical extirpation of the disease will most certainly be ensured by excision of the tumour with a good zone of healthy skin around it, and a somewhat larger zone of underlying tissues and deep fascia along with a broad strip of subcutaneous fascia up to and including the nearest anatomical group of glands at least—all to be removed in one continuous strip."

Another field where he is an acknowledged pioneer is in vascular surgery. Where most were operating for the effects mainly of aneurysm, Pringle was much more original, and combined his interest in head injuries and haemorrhage and the appropriate treatment. Naturally, of course, he did operate on aneurysm, and his paper (1913) on vein grafting for aneurysm of the popliteal artery, was an original contribution to the treatment of this condition. Again, the original specimen is in the Royal College of Surgeons of Edinburgh. The only previous attempt at excision and replacement had been in 1906 by Carrell and Guthrie.

His publication on venous gangrene was the first to be published in the world in English, and his observations at that time were so accurate that little new has been added to the description to this day.

Pringle's method of controlling haemorrhage from the liver in abdominal injury, by compression of the hepatic artery and portal vein by finger pressure, was another original contribution to practical knowledge and work. In the *Lancet* of 26 January, 1963, Ton That Tung and Nguyen Duong Quang reporting from the University of Hanoi, support the use of compression of the porta hepatis as a selective procedure in liver surgery.

Perhaps one would think these numerous essays into original fields would be sufficient to make this man great, but, in fact, he has in all, a total of 54 major contributions to world literature and all are interesting, clear and concise.

At a time when herniae were being operated upon by numerous methods and Macewen had rationalised his procedure, Pringle described many types of herniae, and gave his own methods of treatment. These are mainly of technical interest but Pringle continued to operate in his own way all his life.

Nowadays, the investigation of haematemesis is very much to the fore and many causes have been demonstrated. Pringle, working with Professor Teacher, made a series of observations on this condition, both occurring in post-operative states, and in the immediate antemortem state. The condition had been previously recognised but was barely known and their publications helped greatly to further knowledge of this state.

All so-called general surgeons are now primarily abdominal surgeons, and Pringle was no exception, but curiously his observations in this field are not so many and not so original. Nevertheless, the last publication which he ever made, in 1940, is a delightful and critical essay on inco-ordination and re-reading it some 23 years later, it still seems a remarkably clear and logical, philosophical account of a problem which remains a problem. This paper shows how his interest in and views on the nervous system had gradually crystallised after working in co-operation with his medical colleague Dr. McKenzie Anderson. The cases described had been seen some thirty years previously, so many years of cogitation over his own notes had gone before he produced this fascinating paper.

As if this series of publications was not enough, Pringle has five more papers to his name on very diverse subjects—anaesthesia, plastic surgery and skin disease among them. These interests are so diffuse that one wonders how general work was carried on, but personal effort was always the keystone of his success. For example, a small child was admitted to the ward with a bladder condition but no adequate cystoscope was available, so Pringle personally arranged for one to be manufactured for the child. I recently had the good fortune to see an old woman as an out-patient with an unconnected lesion, but who told me with much graphic detail of the meticulous personal care Mr. Pringle had taken when she was an adolescent with osteomyelitis. The x-rays confirm that a total diaphysectomy had been performed and the patient informed me that all dressings were done personally by Mr. Pringle for months and she still has a good leg which has never had any flare-up since.

Professor Patrick has told me too of his interest in cryoscopy (the freezing point index of serum in renal disease) and F. R. Brown of his insistence on leucocyte counts in suspected appendicular disease.

Mr. Matthew White says Pringle's memory was encyclopaedic, and his knowledge of literature in European languages was immense.

These extensive undertakings indicate the vital capacity of this famous man whose original contributions were in so many fields. Here are some of them.

In the theatre, he was the first person to use a mask and rubber gloves in the Glasgow Royal Infirmary and eventually to use the American roughened type known as Neverslip. Gloves were only used for major procedures and a strict ritual, timed by a sandglass, of 15 minutes of scrubbing of the hands was obligatory. The hands were thereafter immersed in alcohol for two minutes and then in mercuric perchloride for one minute, after which they were dried on a sterile towel.

Furthermore, Pringle was not satisfied with the then conventional mask for anaesthesia, and modified it very considerably but never published his developments in this, as conditions were changing so rapidly, and anaesthetic machines were coming into use. He also perfected a gynaecological instrument for measuring the length of the cervical canal.

These instances serve to illustrate the originality of a man who made all his own casts of deformities in plaster of paris, who set up a photographic museum, who kept all his own notes in his own handwriting, and who would operate on the pituitary, meningeal vessels, peripheral aneurysms, fractures, hindquarter amputations, and melanoma in an original way.

What kind of man was this? People are often measured and compared with their contemporaries and with their mutual influences. There is no doubt that Sir William Macewen had a great influence on Pringle who was first his house

surgeon and then his clinical assistant and who worked with Macewen in his pathological unit attached to the wards from 1888 onwards. Macewen was, however, essentially an individualist and did not lead a team, or leave a school of surgeons to follow him. This trait was passed on to his individualist pupil who had also the gift of inspiring devotion, hard work and friendship in his students, house surgeons and staff. He was, perhaps, too near Macewen in time for his own greatness to be appreciated, but he was a veritable giant in the Royal Infirmary after Macewen went to the Western Infirmary to become the Regius Professor of Surgery. It was Pringle's unfulfilled ambition to be the St. Mungo Professor of Surgery at the Royal Infirmary but this was not to be, Kennedy being appointed.

With Moynihan, Jones and Stiles, and later Grey Turner, Pringle founded the Chirurgical Travelling Club and derived great inspiration from this. One of his greatest friends was W. S. Dickie of Middlesborough who was a pioneer in the non-teaching hospitals. He graduated at Glasgow after a successful career at sea which was cut short by an eyesight defect which was slight but enough to fail him in the rigorous tests for captain. Dickie was a house surgeon with Pringle and then later worked with him as a post-graduate. They kept up their friendship all their lives, and visited the U.S.A. together, going to the Mayo Clinic and holding their own in discussions and impressing the Americans with their originality.

Pringle's other great friend at this time was Grey Turner, who held him in the highest esteem. When Pringle was older, his original works were all being collected together by Grey Turner for presentation for consideration for the Lister Gold Medal but, unfortunately, before this could be decided, Pringle died and the projected treatise was not completed.

Apart from his Glasgow Royal Infirmary appointment, Pringle undertook service at Erskine—the Princess Louise Hospital for Ex-Servicemen and the Limbless—and during the 1914-18 War he also had charge of many beds for soldiers in Stobhill Hospital where he carried out much of his work on head injuries and segregated these patients in a ward for this condition.

He was intensely patriotic, and at the outbreak of World War II, he presented all his instruments to the E.M.S. hospitals and this was greatly appreciated.

In 1923, when he was sixty years of age, it was a rule that one had reached the age limit for active hospital service and so he had to retire. Although not very well, having suffered from an appendix abscess, it was a great blow to him to give up his hospital appointments. The Glasgow Royal Infirmary's motto is *AUSPICE CAELO* (favoured by Heaven) and we can say the Infirmary was greatly favoured in having Pringle on its staff. During his active hospital life, he stayed at 172 Bath Street which is no longer a residential area. After his retiral, Pringle travelled widely, going round the world, visiting his birthplace and seeing his mother who was then still alive. He then settled in Peebles but later moved to Killearn where he enjoyed his remaining days. In his house, "White Flats", there is a mantel fireplace which had come from one of the Lister Wards of the Glasgow Royal Infirmary when the old hospital was knocked down in 1907 and it is believed to be a corresponding one to that seen in the Royal College in Glasgow.

Pringle's life work was his hobby and yet on a Saturday night he could be found in attendance at the concerts performed by the Scottish National Orchestra. Although no performer himself, he was very interested in music and opera and this was his one relaxation. In retirement, he enjoyed motoring in the Borders and seeing the places of his ancestors. He was devoted to his place of origin.

In his latter years, he did not enjoy very great health, suffering intermittently from bronchitis, pernicious anaemia, and later a cardiac lesion. He died on 24 April, 1941, in his 78th year. He obeyed the aphorism of Sir Wm. Osler, and he kept his emotions in cold storage until maturity, and then he was blessed in a happy marriage. Mrs. Pringle was his loved companion to his end, and to her I must express my greatest thanks for much help in the preparation of this appreciation. Without her acquiescence, and provision of information, it would not have

been possible. To Miss Orr and to our President also, and to many others, I am deeply grateful for help freely given.

In conclusion, what can we say of this man? We are so near him in time that it is difficult to appreciate that he did not have the benefits we now have in the advances of anaesthesia, blood transfusion and antibiotics, plastic materials and so on and yet he accomplished so much. Perhaps we forget he was born when Glasgow was a city of only half a million inhabitants and in 1863 the very first Medical Officer of Health of this city was appointed. He was a man of the New World, of parentage from the Scottish Borders, educated in England, qualifying in Edinburgh, trained in London, Edinburgh and Europe, travelling to U.S.A. and Far East and working so many years in Glasgow. He was free from popular ambition, but possessed a straight and fearlessly critical mind. Thoroughness and gentleness were his watchwords, and so we have a picture of a man, courageous in work and in life, who lived a life so full in breadth and originality that I feel justified in naming him

SURGEON EXTRAORDINARY.

The Forty-Fifth Ordinary Meeting

The Forty-Fifth Ordinary Meeting was held at St. Andrews on Saturday, 8 June, 1963. Members met at the Bute Medical Building where, through the courtesy of Professor Robert Walmsley, they were entertained to coffee before the two papers were delivered. After these, members and their guests had an informal luncheon and were then conducted on a tour of the University and the Cathedral by Dr. Ronald G. Cant, Reader in Scottish History. The weather and the surroundings were perfect and the meeting was accepted as being most successful. The two papers read by Mr. Douglas Gifford of the Department of Spanish, University of St. Andrews and by Mr. John S. G. Blair were complementary and shared the title :

THE MEDIEVAL CHARM—SOME MEDICAL ASPECTS

Mr. Gifford read the first paper and discussed the various types of medieval charms, and distributed typescript to the audience containing lists of the diseases said to be cured by charms and specimens of various charms.

Both the medical profession and the Church have long disliked what they called superstition. Fragoso, a Spanish physician of the sixteenth century wrote that "what healings are effected by charms are due to Mother Nature, the great healer." Even earlier, in the fourteenth century will be found chapter headings in various works such as, "Against old women who say they know about sorcery and divination," and "How incantations in respect of human ills give no remedy at all." But charms were not always officially frowned upon and prayers for healing addressed to God and taken from the Bible were tolerated. In Spain, in 1477, a law was passed equating charm-healers with physicians and surgeons. At first the medical authorities were empowered to give these unqualified persons examinations to test their authenticity but as time went on the examinations became too severe and they were abolished in 1523.

Briefly, a charm is a prayer and constitutes a part of a remedy for an ill—it might be called the oral part to distinguish it from the manual part such as administration of a herb or physical measures. This paper confined itself to the curative charms only. As a result of perusal of some two thousand charms in the British Museum it was found that the majority aimed at stopping bleeding, relieving toothache, curing fevers and helping childbirth. The great period when charms were extensively used was the Middle Ages and they found their way into the great compendiums on magic which were being written as a result of the new

influx of Eastern and Jewish magic into Europe. Such works included the *Grimoires* of Pope Honorius, the *Enchiridion* of Pope Leo III, St. Cyprian, and others. They are, in fact, amongst the best documented phenomena in medical history, for man's desire to rid himself and his fellows of their ills kept him writing down these charms with but little reserve.

There are two main types of charm used in medicine. Those addressed to God, to Christ, to the Virgin, or to one of the Saints. Such charms proceeded to enumerate the attributes of the One to whom they were addressed, interpolating each the sign of the Cross. The second was the narrative charm, that familiar type of incantation that related in verse some memorable action of a sacred person.

Why was the reciting of charms looked upon as a rational procedure by the people of the Middle Ages? The answer seems to be that a charm was not a prayer working physically upon matter but rather a prayer working on a spirit, for from earliest times illness was considered to be due to possession by an evil spirit. The important thing, then, about the medieval charm was that it was an incantation which was applied along with a physical remedy to chase out the evil possessing a sick person. As empirical medicine gathered force many illnesses ceased to be regarded as possessions hence criticism began to be levelled at charms. But for a very long time, and long after the Middle Ages, mental illness was looked upon as possession. To the medieval mind, the manual part of the remedy was only a portion of the whole required to produce cure. It constituted the vehicle of the beneficent force, and the choice of herb or other physical means, often depended on getting the right and favourite vehicle for the healing spirit. A second category of possession was that by an impersonal force, the obvious example of this being the Evil Eye or Fascination. In Italy an old woman's look is supposed to give a child certain fevers; in North India cholera is attributable to fascination.

The belief in spirits, good or evil, is basic to the charm and the use of charms stems from Egyptian and Assyrian medicine. Indeed Warren Dawson has pointed out that the medieval charm is a direct descendant from the Egyptian one. Just as Egyptian medical texts are also magical books, so one finds that medieval treatises begin with the words "*Ars magica que ex medicina fluxit.*" During the early days of the Church when "incubation" was practised for healing purposes, similar to the practice in Aesculapian temples, certain saints seem to have specialised in curing maladies such as blindness, lameness and paralysis.

The list of texts of charms distributed by Mr. Gifford to illustrate his paper contained the central or essential part of the charms, *i.e.*, the actual invoking and repetition of the magic-working words. The list included prayers taken at random and showed certain characteristics. Some charms were prayers set to rhyme, others just repeated words over and over again, while yet others invoked God, Christ, the Virgin, the Apostles, angels or archangels. But the most noticeable thing about them was the tendency to repetition. By calling upon a particular name the healing grace of that deity was brought to bear. In a fourth century papyrus in the British Museum, written in Greek, a charm invoked Hermes, naming his shapes, his attributes, and his titles. Later charms did exactly the same, only replacing them with Christian attributes of God or the saints.

Apart from the reciting of names and words and their repetition, another trait in the medieval charm was the virtue of writing the magic words or names and wearing them by the patient. This wearing of charms by individuals is ancient in origin.

Mr. Blair discussing medieval curative charming spoke about the charmers and how they worked and also discussed the application of curative charms to disease. The charms investigated were those concerned with the cure of particular ailments by a particular technique and by a particular group of persons. It appears to represent a distinct therapeutic approach and discipline, even although its practitioners throughout the ages may have been unaware of this.

In most studies of charms little or no interest is taken of the personality of the charmer, because all that remains is the collection of words making up the charm. There is almost never direct evidence of the behaviour of the charmer or operator. This omission is important, since it reduces our chances of understanding the charmer's technique very greatly. Similarly, the precise indications for charming, and details of the effect, are just as difficult to discover.

The operator repeated a particular word pattern to his patient many times, punctuated often but not invariably by religious references, and containing either a suggestion that the illness would be cured, or an actual injunction to the symptom to disappear. Certain charms, notably those against fevers, were long and complex, particularly in the 15th century or later 14th, but most were simple repetition of phrases—sometimes conversational, sometimes highly stylised, which an unlettered person could easily remember. The repetition factor in charms seems of interest in any attempt to discover the mechanism of the charmer's effect upon the patient. Verse was almost invariable, although Trinity College, Cambridge, has several interesting French charms for fevers in prose.

But what else did the charmer do—if anything? As a rule he was himself unlettered, and so he did not read his charm from a text-book. How did he say the charm? Did he employ other sensory stimulation? Did he question the patient before the cure began? Did he specialise in charming particular ailments? There is evidence, both from the methods used by charmers among primitive European communities today and also from medieval and earlier sources, that the charmer was careful in the choice of disease to be treated by charming. Apart from the written works of professional physicians, where charms form a separate, usually small chapter, the study of individual charms shows that most of them were for a small number of ailments, and that certain diseases were never charmed against. I must emphasise that here curative charms only are considered and not insurance charms. The ailments treated by charming were headaches, toothache, bleeding from wounds, worms, warts, and gynaecological disorders, and, to a much smaller extent, insomnia, nervous disorders, palsies, and fevers. On the other hand, tumour, fractures, abscess, fistula-in-ano, piles, dysentery, and baldness, were never treated by charming alone; and only one curative charm for stone has been discovered. Guild books of Barber Surgeons, such as that of the City of York (15th cent.), or that in All Souls College, Oxford (15th cent.), Bodleian library, Oxford (13th cent.), make almost no reference to charms, presumably because they were not employed in surgical conditions. Incantations were, of course, said during the concoction of mixtures or plasters, but these form a different group again from those under review.

Scottish folk-lore provides a number of interesting "Stage-directions" for the charmer, and descriptions of the actual technique of the operator. In Scotland, it is well known that some families had the power of curing one disease only, and this was handed down from generation to generation. Mr. Gregor, a parish minister from the North-East in his book *Folk-lore of North East Scotland* (1877), describes this, and also how the operator worked himself into a "high state of muscular exertion and excitement, passing his hand before the patient's eyes, while repeating the charm". He instances a charm used for removing moles from the eye. The operator made the patient watch his hand while repeating "The charm that the Great Origin made to the right eye of her good son; take the mole out of his eye, and put it on my hand". I am reminded of a practitioner who relieved a patient's eye of watering by placing a piece of grit in his handkerchief, holding the handkerchief close to the eye, and then showing the patient the speck. Gregor also mentions wise-women, including the well-known wise-woman of Broadford in Skye who practised as recently as 1850. Other evidence of the intensity of personality of these operators can be found in a most scholarly and scientific work, *Primitive Beliefs in the North-East of Scotland* (1929), by another parish minister, Rev. J. M. McPherson. In the 17th century, among the mass of witch-

craft stories, true or false, there is evidence of the repetition element in charms to cure headache. There is also evidence of other sensory stimulation while the charm was being said. In Vol. VII of *County Folk-lore* there is an account of John Young of Culross, who stated that as well as "persuading the ailment to disappear" he "first rubbed his own hand upon a bare stone, and then stroked the breast of the person being charmed." Sensory stimulation by stroking is also recorded by Aelfric in the eleventh century and in an account of the cure of a boy's hand in a 13th century Gonville and Caius manuscript. Repetition and fixation of the mind of the patient can be traced back to Celtic times and earlier. Lewis Spence, in *The Magic Arts in Celtic Britain*, Chapter V, writes: "With the Celts, as with other peoples, the spell appears as the resultant of a highly concentrated will-power . . . exerted upon the person or object, it was desired to enchant or influence". "The Celtic magician," he goes on, "by a process of mental or spiritual might . . . tried to transfer to any person . . . the attributes he desired." According to the doctrine of the Celtic wizard, a unity existed in nature which permitted of such metamorphoses. The incantations by which he verbally expressed this overriding intention were usually chanted in verse".

The Druids apparently charmed in much the same way. The position of the operator, balanced on one leg, was important to concentrate the spell. The Druids actually induced sleep in their patients. E. O'Curry, in *Manners and Customs of the Ancient Irish*, Vol. II, quotes the sick bed of the hero Cuchillin. Cuchillin was distraught by his lady's forsaking him. The Druids "pronounced orations over him which rendered him powerless; then while he was asleep, caused him to forget her". Miss Eleanor Hull, in her *Folklore of The British Isles* goes so far as to say: "There is no break between the ancient semi-magical formulae chanted by the Druids and the later incantation of the wizard and the wise-woman".

There is also a certain amount of evidence from Anglo-Saxon sources and from the earliest part of the 15th century that charming of bleeding was only practised if the bleeding were slight. If "a mayster veyn is corven" it was recognised that a local application had to be applied, together with medicine. Further, actual failure of a charm to cure is found occasionally from the time of Aelfric (11th century) onwards, and is also noted for Celtic charms by Lewis Spence. The recording of failure is important because it adds to the credibility of reported success.

The association of sleep with charms is difficult to assess and no firm conclusions can be drawn. There are a large number of charms to induce sleep, but apart from Druidic sources, there is little to suggest that the operator induced sleep or drowsiness in his patient as a prelude to cure. On the other hand, a number of charms require the patient to perform some ritual act at some time in the future, or to wait a definite time, before the relief is to come and the symptom disappear.

A recent theoretical background to charming reads as follows: "In space there exist innumerable relations whose totality forms the general fluid in which man as well as the planets float. Through the irritability of nerves and muscles, the human organs are able to receive the vibrations of the fluid, and in the body this fluid agent has properties like those of a magnet". So wrote Franz Anton Mesmer (1734-1815), and this was for him the theoretical background to mesmerism. Mesmerism, or hypnotism as it is usually called, presents certain features very similar to those of medieval curative charms, so similar that they seem to share a common basis, application, and technique.

It was James Braid (1795-1860), an Edinburgh surgeon, who invented the term "hypnotism". Braid made considerable contributions to the development of hypnotherapy from mesmerism. At first, he thought that although the phenomena of the hypnotic state were subjective, the exciting cause was a physical one, such as gazing at a fixed bright object. Later he believed that close mental concentration on a narrow field (which he called "monoideism") was the exciting

mechanism. Latterly he came to realise that the condition was a *conscious* one, and that several ideas could be put in the subject's mind at the same time. He did not believe that suggestion alone completely explained the phenomena observed.

Dr. Liébault of Nancy, is the next most important figure in the history of hypnotism. The so-called "Nancy School" held first, that hypnotic phenomena were caused by suggestion acting on and through the subject's own mind, and second, that the hypnotic state was essentially a normal one. This latter was the very opposite of the view held with great vigour by Charcot, who held that the condition was a pathological one, probably hysteria. The number of Charcot's subjects on whom he had experimented with hypnosis were few, and most of them were already under hospital treatment for psychoneurotic disorders. Charcot seems to have made the mistake repeatedly made by psychiatrists to this day of asserting that features shown by mentally ill persons must necessarily be abnormal if found in those who are mentally well.

It is of interest that Sigmund Freud, at the end of the 19th century, used hypnosis until he found he could not hypnotise all his patients. He therefore forsook hypnosis for psychoanalysis. There is no doubt that hypnotherapy is still regarded with distrust and even distaste by many orthodox psychiatrists, and many practitioners, conditioned by the scientific attitude to medicine, have also little or no use for it.

The contemporary hypnotherapist "charms" the symptom out of the patient. Although he *suggests* that relief will occur, he does far more than the practitioner who says as he hands over the prescription "take this and you'll find you're a good deal better". He adopts a particular pattern which of course by no means requires sleepiness or a trance-like state on the part of the subject. Expectation of a cure strengthens suggestibility very greatly, and this in turn is related to the authority and prestige of the operator. It is important to notice here that "suggestibility" does not imply "gullibility". Ambrose and Newbold (1958) state: "It can be stated with assurance, upon evidence derived from 150 years' experience, that those who respond best to suggestive impulses are *normal* people. . . . Further support for the essential normality of the hypnotic condition comes from the almost universal experience of those who have tried to hypnotise the insane and mental defectives".

Contemporary workers in the field stress that only two procedures are necessary in the induction of hypnosis (1) psychological methods; the result may be obtainable solely by verbal suggestion, and (2) monotonous stimulation of one or other of the sense organs. This has included "stimulation of peripheral sensory nerves by stroking the patient's limbs"—no different, in fact, from John Young of Culross' method in the 17th century. As far as psychological induction is concerned, J. M. Schneck in his *Hypnosis in Modern Medicine* writes: "The patient centres his eyes on some spot or convenient site as he listens carefully to the words of instruction. Varying degrees of monotony in the instructions, along with repetition, are employed. Phraseology varies with the needs and personality of each patient. The experienced hypnotherapist will achieve induction during the first sessions with 90 per cent. or more of his cases".

The hypnotherapist, like the charmer, cures by the force of his personality plus the excitation of what appears to be a fairly specific process in the mind of the patient. Induction requires considerable concentration on the part of the operator, with monotonous repetition accompanied often by a series of apparently irrelevant actions, and ready expectation of cure by the subject. The disorders treated are both functional and organic, but mainly functional, and a list from a contemporary textbook bears a quite striking similarity to its medieval counterpart, namely: migraine and other headaches, loss of appetite and indigestion, if functional, allergies including skin disorders, hypertension, bleeding tooth sockets and relief of pain during dental filling or extraction, hysterical limb paralyses, certain neuroses, functional gynaecological disorders, and the first and second stages of labour.

The question of exactness of diagnosis remains a vexed one. The belief that a precise diagnosis has to be made is a recent acquisition of the hospital trained practitioner—the hospital specialist. Any doctor who has worked in general practice knows that the bulk of complaints and illness cannot be given a text-book label. He also knows that there are many more subtle factors in the cure of the patient than the prescription of the appropriate drug. This is not irrelevant to our subject, because we should remember that the local healer or wise-woman was the first opinion sought by the local people of the day. The charmer then was not, like the present day osteopath or psychiatrist, a last resort. Therefore, the “simple” (if one can use the term) troubles were those dealt with by the local wise-woman—and probably had almost as high a functional proportion as they do today. Indeed it was the medieval practitioner who was the specialist, the equivalent of today’s consultant, who was called in when the charmer, usually because of an error in diagnosis or therapy, had failed. And the medieval physician tended to be no less ignorant of the charmer’s methods, and no less disdainful of him, than many a specialist of the present is towards the general practitioner, of whose specialism and discipline he has no knowledge. This is an important fact our studies have taught us, and its realisation has altered our whole attitude to the wise-woman and her trade. If we consider the contemporary situation, of course, we find that things are completely reversed. Because the present-day charmer is the outlaw, we naturally assume that the person who was apparently his medieval predecessor was too.

What evidence do we have that curative charms were a successful form of therapy? First, is their specialised application by specialists whose skill was often hereditary. Such people’s reputations could not invariably have been based upon quackery. We have tried to show that the type of ailment “charmed away” was *relatively* specific, and that there were several important ailments never charmed against. Present-day charmers in primitive European communities show this pattern of specificity clearly. Whereas the insurance charm could be bought and said by anyone, the curative charm was said “at the patient” by the specialist operator. The wise-woman had to be consulted personally. Next, is the evidence which exists of the similarity between the technique of the charmer and that of the hypnotherapist. The mechanism by which the curative charm relieved symptoms was probably that of hypnotic suggestion—using the term in the technical sense employed by hypnotherapists. The claims of hypnotherapists, too, are similar in kind to those of the charmer, and follow the same pattern. In particular, the almost uncanny activation of the time sense by hypnosis which has been reported confirms or certainly gives credence to reports of startling cures on completion of a delay or ritual action in medieval days. If this thesis is true, hypnotic suggestion has a much more ancient ancestry than mesmerism, and curative charming has the authority of 20th century clinical science. The insistence of hypnosis that it can reduce or stop bleeding, too, is a strong claim indeed, and reminds us that the only charms connected with treatment of wounds were for staunching blood.

This paper is presented as a piece of historical research by no means completed. We hope to learn a great deal more in our further work. The idea that suggestion forms the mechanism of the charming process is not new; a more specific thesis is that *curative* charming is equivalent to *hypnotic* suggestion.

ADAM PATRICK, President.

H. P. TAIT, Hon. Secretary.

APPENDIX A

A Bibliography of the Medico-Historical and Library Writings of the late Mr. Archibald L. Goodall.

- The history of the Royal Faculty of Physicians and Surgeons. *Glas. med. J.* 1949, 30, 89-100.
 The history of fibroadenosis of the breast. *Bull. Hist. Med.* 1951, 25, 226-235.
 The place of librarian in medical team. *Bull. Med. Lib. Ass.* 1954, 42, 19-22.
 Glasgow's place in the distinction between typhoid and typhus fevers. *Bull. Hist. Med.* 1954, 28, 140-153.
 The city of Glasgow. *Brit. med. J.* 1954, 1, 199 (Supplement).
 Inexpensive apparatus for microfilm reproductions. *Bull. Med. Lib. Ass.* 1954, 42, 328-31 (Jointly with T. Gibson).
 The use of the medical library. *Glas. med. J.* 1954, 35, 366-74.
 The Royal Faculty of Physicians and Surgeons. *J. Hist. Med.* 1955, 10, 207-225.
 The health of James the Sixth of Scotland and First of England. *Med. Hist.* 1957, 1, 17-27.
 An early radiologist (John Macintyre). *Brit. med. J.* 1957, 2, 819-20.
 John Macintyre, pioneer radiologist, 1857-1928. *Surgo*, 1958, 24, 119-126.
 The Writings of William Hunter (location of "Lectures on the gravid uterus," 1783), *Bibliotheca*. 1958, 4, 46-47.
 Granville Sharp Pattison, the argumentative anatomist. *Proc. Scott. Soc. Hist. Med.* 1958-59, 20-23.
 History of Glasgow medicine. *Surgo*. 1959. Candlemas, 82-89.
 Robert Burns and the medical profession. *Scott. med. J.* 1959, 4, 133-140.
 Robert Watt : Physician and bibliographer. *Proc. Roy. Soc. med.* 1961, 54, 809-812.
 Royal Faculty of Physicians and Surgeons. *Scot. med. J.* 1961, 6, 477-484.
 The Royal Faculty of Physicians and Surgeons. *Scottish Field*, 1961, November, 45-47.
 Robert Watt : Physician and bibliographer. *J. Hist. Med.* 1963, 18, 36-50. (jointly with T. Gibson).

APPENDIX B

List of Books exhibited from the Library of the Royal College of Physicians and Surgeons of Glasgow on the occasion of a meeting of the Historical Section of the Scottish Division of the Royal Medico-Psychological Association, on 7 December, 1963. (Prepared by Dr. A. Allan Bell).

Author	Book	Date
James VI. (1565-1625). Granted College Charter.	Basilikon Doron. (1st Ed. 1599). (Wrote Demonologie—1597).	1682
Peter Lowe. (1550-1612). (Obtained College Charter) 29th November, 1599.	A Discourse of the Whole Art of Chyrurgery c. The Presages of Divine Hippocrates (1596).	1654
Theodore Turquet de Mayerne. (1573-1655) Phys. to Jas. VI.	Praxeos Mayerniana in Morbis Internis	1690
<i>Graeco-Roman Period</i>		
Hippocrates. (460-370 B.C.). Leader of School of Cos. Father of Scientific Medicine.	Opera Omnia—Greek & Latin, by Anutius Foesius (1528-95), Phys. in Metz. (1st Ed—1595). Oeuvres Completes, Vol. VI. in X Vols. by Emile Littré, Paris. (1801-1881).	1657 1840
Celsus, Aurelius Cornelius. (25 B.C.—50 A.D.) Writer in Rome.	Commentaria de Morbis, by Petrus Salius (16th Cnt.) (1602). De Medicina (30 A.D.), by Joh. Ruellius (1474-1537) Botanist. Chap. 18—De Tribus Insanae Generibus—1st Bk. on Insanity.	1646 1529
Rufus of Ephesus (c. 100 A.D.). Greek Phys. under Emps. Nerva & Trajan.	Three books of—by Gulielmus Clinch, Eng. Phys. (18th Cnt.). Wrote a Book on Melancholia.	1726
Scribonius Largus. (c. 47 A.D.). Phys. to Emperor Claudius.	Compositiones Medicae. (47 A.D.), by Jo. Rhodius. Chap. 1—Ad Capitis Dolorem—1st Elect. Shock.	1655
Aretaeus Cappadox. (c. 150 A.D.). Phys. in Alexandria.	Extant Works—Ac. & Chron. Dis., by Francis Adams (1796-1861).	1856
Galen, Claudius. (131-200). Phys. to Emps. Marcus Aurelius & Commodus.	Opera Omnia by Conrad Gessner, Prf. Nat. Hist. Zurich. (1516-65). 3rd Frobinian Edit. 3 Vols.	1562
Aurelianus, Caelius (c. 500 A.D.). Writer in Carthage.	De Morbis Acutis et Chronicis, by Jo. Con. Amman. (1669-1724).	1709

<i>Author</i>	<i>Book</i>	<i>Date</i>
<i>Byzantine Period</i>		
Oribasius. (325-403). Phys. to Emp. Julian the Apostate.	Opera quae extant Omnia, by Giov. Bat. Rasarius. (b. 1517). Teacher of Greek at Pavia.	1557
Aetius of Amida. (502-575). Phys. in Constantinople.	Sermones sexdecim ex Tetrabiblis, by Jan. Cornarius.	1549
Alexander Trallianus (525-605). Phys. in Constantinople.	Twelve Books of—by Jo. Guinterius, Andernacus, (1487-1574), Physician in Paris.	1549
Paulos Aegineta. (607-690). Phys. in Alexandria.	Apparatus et Delectus Medicamentorum Simplicium etc. by Conrad Gessner.	1542
Actuarius, Joannes. (c. 1300). Zachariae filius. Phys. to the Emperor.	De Urinis, by A. L. Nolanus c. Paulos & Scribonius Largus. Wrote about the 'Soul-Spirit-Pneuma Psychikon'.	1529
<i>Arabian and Jewish Period</i>		
Messue. (777-857). Jahia ben Masawaih. Phys. in Baghdad.	Divi Messue. . . . Opera, etc. cum additiones.	1527
Rhazes. (850-932). Abu Bakr Mohammed. Phys. in Baghdad.	Tractatus Varii, with Aphorismi Rabi Moysi.	1508
Maimonides. (1135-1204). Moses ben Maimon, Rabbi Moses. Phys. in Cairo.	Phys. to Sultan Saladin.	
Avicenna. (980-1037). Ibn Sina. Court Phys. to the Caliphs at Baghdad. 'Prince of Physicians'.	Liber Canonis, trans by Gerard Cremonensi (1114-87), edit by Andreas Alpagus Bellunensis.	1544
	Flores, by M. de Capella.	1514
	Lib. I. Canonis, explanatio by Joannes Baptista Montanus (1498-1552). Phys. of Verona.	1554
<i>Medieval Period</i>		
<i>School of Salerno</i>		
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<i>School of Montpellier</i>		
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Savonarola, Jo. Michaelis. (1390-1462). Professor.	Practica Major, omnium morborum genera, etc.	1547
<i>Renaissance Period</i>		
Victorius Faventinus, Benedictus. (1481-1561). Prof. Med. Padua & Bologna.	De Morbis Curandis. (1st Ed.—1562).	1628
Paracelsus, Aurelius Philippus Theophrastus (1490-1541). Prof. at Basil.	Opera Omnia medico-chemico-chirurgica. Vols. 1 & 2. (Dis. causing Loss of Reason 1520).	1658
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<i>Author</i>	<i>Book</i>	<i>Date</i>
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Brightus, Timotheus. (1550-1615). Phys. at Barts.	Hygieina- de Sanitate Tuenda. (Treatise of Melancholie, 1586).	1598
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Alpinus, Prosperus. (1553-1617). Prof. of Botany at Padua.	De Medicina Methodica. 2nd Ed. Libri XIII. (1st Ed.—1611).	1719
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Van Helmont, Joan. Baptista. (1557-1637). Physician at Brussels.	Oriatrike or Physick Refined, trans. by John Chandler. (Magnetic Cure of Wounds.)	1662
Sennertus, Daniel. (1572-1637). Prof. of Medicine at Wittenberg.	Institutiones Medicinæ. (De Origine Animarum in Brutis).	1628
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Burton, Robert. (1577-1639). Clergyman.	Anatomy of Melancholy, 2 vols. Vol. I. (1st Ed.—1621).	1806
Zacchias, Paulos. (1584-1659). Forensic Physician at Rome.	Questiones Medico-legalis, 3 vols. Vol. III.	1628
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Jordanus, Hieronymus.	De eo quod Divino aut Supernaturale est in Morbis Humani Corporis ejusque Curatione (1651).	1657
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Willis, Thomas. (1621-1675). Physician in London.	Observationes Anatomicæ. . . . Apoplexia, etc. (1st Ed.—1658).	1675
Sydenham, Thomas. (1624-1688). Physician in London.	Pathologiæ Cerebri- De Morbis Convulsivis, etc.	1670
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Musitanus, Carolus. (1635-1714). Phys. at Naples.	Opera Omnia seu Trutina Medica.	1716
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Ettmuller, Michael. (1644-1683). Professor of Physic in Leipsig.	Opera Omnia Medico-physica.	1688
	Ettmullerus Abridged—Complete System of the Theory & Practice of Physic.	1712

<i>Author</i>	<i>Book</i>	<i>Date</i>
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Moncrieff, John, of Tippermalloch.	Receipts of, or the Poor Man's Physician, by Archibald Pitcairn. (1st Ed.—1712).	1716
Quincy, John. (Died—1722). Apothecary in London.	Medicina Statica—Aphorisms of Santororius (1561-1636). Professor at Padua. (1712).	1720
Anonymus—	Fundamenta Medicinæ from Celebrated Writers of the Past and Present.	1714
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Pitcairn, Archibald. (1652-1713). Professor at Edinburgh.	Elementa Medicinæ Physico-Mathematica.	1718
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Baglivi, Georgius. (1668-1706). Professor of Anatomy & Medicine at Rome.	Opera Omnia, Medico-Practica et Anatomica.	1704
Cheyne, George. (1671-1734). Physician in London & Bath.	The English Malady or a Treatise of Nervous Diseases of all Kinds. (Natural method of curing Diseases of the Body, & Disorders of the Mind depending on the Body. 1742).	1733
Mead, Richardus. (1673-1754). Physician in London.	De Imperio Solis ac Lunæ in Corpora Humana et Morbis inde oriundis.	1710

APPENDIX C

A Bibliography of James Hogarth Pringle

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- Injury to nasal cavity. *Edin. med. J.* 1887, 33, 527.
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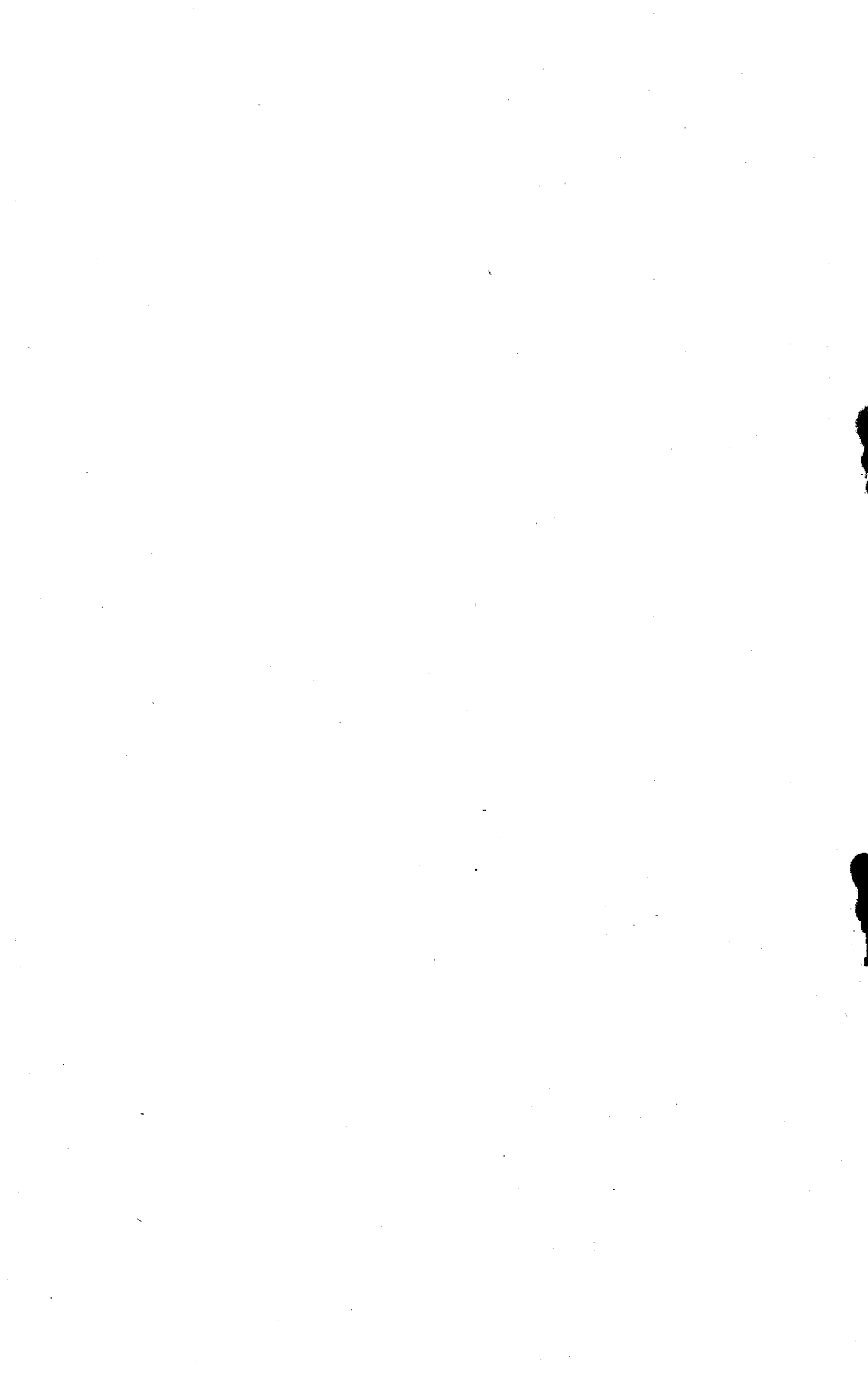
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The Scottish Society of the History of Medicine.

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.

