The

Scottish Society

Of the

History of Medicine

(Founded April, 1948)

REPORT OF
PROCEEDINGS

SESSION 2010-2011 and 2011-2012

The Scottish Society of the History of Medicine

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THE SIXTY SECOND ANNUAL GENERAL MEETING

The Sixty Second Annual General Meeting was held at the Edinburgh Academy on 30 October 2010. The President, Mr Roy Miller, was in the chair. The Secretary, Dr Nigel Malcolm-Smith, presented his report and the Treasurer, Dr Morrice McCrae, presented the Treasurer's report, which was accepted. Mr Miller handed over the chain of office to the incoming President, Dr David Boyd. Mr Ken Mills retired from Council and was thanked for his contributions and Dr Fiona Brown was elected as a new member of Council.

THE ONE HUNDRED AND EIGHTY EIGHTH ORDINARY MEETING

The One Hundred and Eighty Eighth Ordinary meeting of the Society was held at the Edinburgh Academy on 30 October 2010, directly following the Sixty Second Annual General Meeting. The speaker was Dr David Boyd, the new President of the Society and he delivered the Alexander Lecture. Before this he presented a brief memorial on the life and work of Dr William Alister Alexander (1890-1976), a former President, (1964-1966), of the Society and its first Treasurer, (1948-1969). He mentioned also the daughters of Dr Alexander, who had continued as members until recently, particularly Dr Isobel Alexander, through whom the Alexander lecture had derived. Dr Boyd's paper was entitled "Straying from the Path : Scottish Doctors involved in Politics"

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STRAYING FROM THE PATH : SOME SCOTTISH DOCTORS INVOLVED IN POLITICS

"Medicine is a social science and politics nothing else but medicine on a large scale".

Few people today would know who made the above statement and when. It was Rudolph Virchow, one of the greats of pathology and the father of cellular pathology. Most doctors probably know this but few would know

that he was a committed, radical politician who was a member of the German Reichstag from 1880 to 1893.

Many other medical men became prominent in politics; Georges Clemenceau, the Prime Minister of France during the 1st World War, practised medicine before entering politics; Salvador Allende, the Marxist president of Chile, killed in a military coup, was a doctor; and in our own time and sphere the names of David Owen and Sam Galbraith come to mind.

There are many doctor-politicians but this paper is confined to only a few Scottish doctors who have become MPs; many more have been politically active without engaging in parliamentary politics.

In the pre-1707 Scottish parliaments only nine medical men can be identified who served as commissioners, as they were called at that time. There were none before the 17th century and most were apothecaries, surgeons or surgeon-apothecaries trained by apprenticeship; only three had university degrees and one was a Fellow of the Royal College of Physicians of London. The commissioners were chosen from prominent members of the community; from the burghs they were mainly merchants, traders, ship-owners; from the shires they were mainly land-owning lairds. There were very few medical men. In the 17th century the vast majority was comprised of the lairds, with burgesses and merchants coming second.

Not much is known of these nine medical commissioners. The following four are representative.

James Borthwick of Stowe (1616-1675) was an apothecary by apprenticeship but was admitted to the Incorporation of Surgeons and Barbers of Edinburgh without apprenticeship because the Incorporation at that time was so reduced in numbers by the ravages of the plague. He was jointly responsible for the Town Council Act of 1657 which brought the surgeon-apothecary into being in Edinburgh and he was Deacon of the Incorporation in 1659. What he did in parliament is unknown but he was allowed to retire as his time was too much occupied attending to his patients. He lies in Greyfriars Cemetery under an impressive monument.

Arthur Temple of Ravelrig (?- c1677) spent little time in parliament and it is recorded that another was chosen in his place as he was constantly being called away “by reason of his employment as chirurgeon”. It is also recorded that he received £15 for equipment to enable him to act as surgeon to the army in 1650, presumably the Scottish army defeated by Cromwell at Dunbar. But he is chiefly remembered for carrying out an unusual operation. This is the description in the archives of the RCSE:

“May 14th 1671. A young woman named Elizabeth Low had an excrescence on her forehead, 11 inches long and usually regarded as a horn. It was this day cut out by Arthur Temple and deposited in the museum of the

University of Edinburgh with a silver plate attesting its history." This specimen is still in possession of the University.

Sir Robert Milne of Barnton (1630-1721) is described as a merchant and surgeon, in that order. He is said to have risen, by trade, to considerable distinction. In the latter years of Charles II's reign he was one of the two persons who formed the entire customs & excise revenue of Scotland. As well as being Commissioner for Linlithgow he was Provost of that town. But his prosperity was not achieved without his indulging in some irregularities. For example, he was fined for contravening an order on the loading of coal at Bo'ness and he was fined 3000 mercks by the Privy Council for attempting to bribe Lord Hulton, the Treasurer Depute. His fortunes declined, however, and he died bankrupt in the sanctuary of Holyrood Abbey.

A little more is known of Sir Alexander Fraizer of Dores (1610-1681), as he became an FRCP of London and therefore appears in Munk's Roll. He was educated at Aberdeen and Leyden universities and took his MD at Montpellier. He was an ardent Royalist and not only was he a physician to Charles II but he was greatly trusted by him in political as well as professional matters. This inevitably resulted in praise and abuse from rival court factions. Gossip ensued and this was repeated by Samuel Pepys in his Diary. Perhaps this is the reason for the rather dismissive comment in Munk's Roll — "His character was never of the highest". Nevertheless, he attended the Princess Royal when she had smallpox and he was popular with the ladies of the Court, helping them (as again Munk's Roll rather indelicately puts it) "to slip their calves when there is occasion". There is no record of what he did in the Scottish parliament as commissioner for Kincardineshire and he could not have attended very often.

In the 130 years between Queen Ann and Queen Victoria only ten doctors served in the Westminster House of Commons. Five of these were Scots or had Scots qualifications and all were MDs. Two had Fellowships of one of the Colleges of Physicians. One of these ten doctor politicians had a particularly interesting career.

Joseph Hume (1777-1855) was born in Ferryden, just south of Montrose. His father was a fisherman and later, master of a small trading vessel, who died when Joseph was quite young. His mother maintained some income by keeping a small crockery shop. This enabled Joseph to attend Montrose Academy but it is recorded that at the unusually early age of 13 he was apprenticed to a local surgeon for 3 years. Later he attended Edinburgh University, where he took classes in anatomy, chemistry and midwifery and became a LRCSE in 1796. He then did what many young Scots medical men did at that time - he left his native land by joining the marine service of the East India Company. During one of the lengthy passages to India, as ship's

surgeon, Hume undertook the duties of the purser who had died. He enjoyed this work and was good at it. Later when he was assistant surgeon in a hospital in a small trading station in Bengal, he found the salary unacceptably small and resolved to better himself financially. He became proficient in Hindustani and when the 2nd Maratha War started in 1803, waged by the East India Company, he was employed not only as a surgeon but as interpreter, paymaster and commissary- general to an army of 12,000 men. He managed the contracts for supplies and it is a measure of his financial acumen that by 1808 he had amassed an astonishing fortune of over £40,000. At that point he abandoned the practice of medicine.

Returning to Britain, he decided to go into politics and become a MP - not too difficult at that time for someone with wealth. In effect he paid the Duke of Cumberland a large sum of money to introduce him to the constituency of Weymouth and Melcombe Regis and was duly elected in 1812. But Hume did not treat his membership of the Commons as many others did - as a gentleman's club in London. On his election, and before, he embarked on extensive journeys throughout the UK, visiting most of the industrial cities of that time. He came to the conclusions, among others, that employers had unacceptable powers over their employees, that the lives of the poor required improvement and that the main way of doing this was through a universal, national education system. Hume was a constant supporter of the 1832 Reform Act, which of course abolished the rotten or pocket Burghs, one of which was the means of Hume getting into parliament. Not long after his first election he managed to anger the Duke of Cumberland and so lost his seat.

But he was elected for other constituencies, latterly for his home town of Montrose and he spent a total of 36 years in the House of Commons. He claimed originally to be a Tory, but he often supported the Whigs and he eventually considered himself to be an Independent. To some in the Commons he was a figure of ridicule - he lacked charm, he was prone to making marathon speeches and forcing needless divisions. But one contemporary wrote that his value to reform came from his "private warmth, his unswerving integrity and consideration of others". Jeremy Bentham, the philosopher and economist wrote "he was the only true representative that the people ever had" and the sub-title of his biography is "The People's MP".

In the 60 years of Victoria's reign, 39 doctors were elected to parliament, 16 of these were Scots. One of these has many similarities to Hume. William Jardine (1784-1843) was born in Lochmaben, only 7 years after Hume. He was one of 7 children of a local farmer but had sufficient education to send him to study medicine and he became a LRCSE in 1802. His early career as a doctor followed Hume's. He became a ship's surgeon

in the employ of the East India Company but he had a rather more adventurous time initially; he survived shipwreck and was captured by the French.

On repatriation he rejoined the Company and as a ship's officer was able to take part in a scheme operated by the Company at that time. This was known as" privilege tonnage" whereby cargo space was made available to ships officers for goods for private trading. Jardine was adept at this pursuit and his profits from trade soon far exceeded his salary as surgeon. In 1817 he gave up medicine to concentrate on commerce. He traded around the Far East, including Bombay and Canton, and in 1820 he met and joined forces with a fellow Scot whose name was James Mathieson. These two men went on to form the firm of Jardine Mathieson, the biggest British trading concern in the Far East and still a global giant based in Hong Kong.

Jardine Mathieson is commonly associated in people's minds with the opium trade. It has to be said that the sale of opium to the unfortunate Chinese was encouraged by the EIC, and indirectly by the British Government as the money it raised was a large part of the Indian Government's revenue. Also, it made Jardine a very wealthy man and he apparently had no qualms about its ethics. He described the trade as "the safest and most gentleman-like speculation I am aware of'.

In 1839 the Chinese authorities in Canton confiscated 20,000 cases of British opium worth a very large sum of money. Jardine returned to the UK and lobbied the then Foreign Secretary, Lord Palmerston, to take military action in the face of this outrage. The consequences were the Opium Wars, the 1842 Treaty of Nanjing and the secession of Hong Kong to Britain. There is no doubt that Jardine can be credited with important aspects of British policy towards China.

With his wealth, Jardine had no difficulty in being elected to parliament in 1841 as MP for Ashburton in Devon. Although his sympathies were with the Whigs he did not appear to have any significant political agenda, unlike Hume, and he seldom spoke in the House. He never married and had little time to enjoy his wealth and estates before his death. He is buried under an impressive granite obelisk in Lochmaben Old Churchyard.

Born in Newhaven, Robert Bannatyne Finlay (1842-1924) was the son of an FRCPE, and was educated at Edinburgh Academy. He followed his father into medicine and graduated in 1864, but practised for only a few months. Whatever his reasons, he decided to study law at Middle Temple, London, and became a successful barrister. To briefly summarise his legal career, he eventually became a High Court Judge and, with his career well established, he went into politics in 1885 when he was elected Liberal MP for Inverness. But he did not embrace all Liberal policies equally. For example, he was a vehement adversary of Irish Home Rule, so much so that

he greatly angered his party leader, William Gladstone, who regarded his arguments as “Toryism of the worst type”. Later, he transferred his allegiance to the Liberal Unionists and then continued his political journey to the Right by joining the Conservative Unionists. But this did not impede his progress in the law or politics. In 1895 he was appointed solicitor-general and was knighted. Appointment as attorney-general soon followed and then he became Lord Chancellor and was elevated to the peerage in 1916. During his time in senior government legal posts he gave important advice on several matters of international law. Although he lost his Inverness seat in 1906 he was returned in 1910 for the constituency of Edinburgh and St Andrews Universities.

He was not immune to criticism. One of his last acts as a law officer was the appointment of his son as counsel for the Commissioners of Inland Revenue- a blatant piece of nepotism. He also managed to get himself sued by none other than Dr Marie Stopes, feminist and proponent of birth control. Finlay who was a staunch adherent of the Church of Scotland thought her views were “revolting to the healthy instincts of human nature” and her books were “calculated to have most deplorable effect upon the young of both sexes”.

In the short period between Victoria’s death and the end of the 1st World War, 29 doctors became MPs, a relative increase of doctors in parliament and still a relative preponderance of Scots.

Walter Elliot (1888-1958) was born in Lanark, the son of a live-stock auctioneer and he attended Glasgow Academy and University. He came of a well-off family and appears to have been generously funded at university as he became one of the “chronics”, students who conducted their studies in a leisurely fashion. Elliot took 8 years to complete the MB course which he did in 1913. But his lengthy undergraduate career was not the result of idleness or foolishness; he was president of Glasgow University Union, editor of the University magazine and he associated with luminaries of the world of the arts including Osborne Mavor - the playwright James Bridie. While he was at university, he was not bound apparently by political party lines. At a Rectorial election in 1908, according to his friend Mavor, he supported Lord Curzon (the Tory candidate), assisted the Liberal Club in running Lloyd George (the Liberal candidate) and, Mavor believed, secretly voted for Keir Hardie (the Labour candidate).

Elliot held junior hospital posts at Glasgow Royal Infirmary but as a member of the RAMC reserve he was mobilised in 1914 and became RMO to the Royal Scots Greys. In 1917 his bravery in battle earned him the Military Cross; later the same year he won a bar to this decoration. In 1918 he was wounded and it was while recuperating that he was asked if he would stand for parliament. His answer was ‘Yes, indeed. Which party would you

like me to stand for?' The party was the Conservative party and he stood successfully for Lanark in 1918, only to be defeated at the General Election in 1923. Shortly afterwards he was returned for Kelvingrove and served until the 1945 general election. He ended his parliamentary career as MP for Combined Scottish Universities from 1946 until 1950.

Early in his political career he was asked by Sir John Boyd Orr to undertake research on pig nutrition at the Rowett Institute, Aberdeen, which he did during parliamentary recesses. This was important work which earned him a Doctorate of Science from Glasgow University. Later he held cabinet offices as Minister of Agriculture, then Secretary of State for Scotland and then Minister of Health from 1938-40. As such he was responsible for the Emergency Medical Service which operated during the war. He was not a member of Churchill's cabinet; it is said that Churchill thought he talked too much.

After the war he achieved some fame as a writer and broadcaster including in the well-loved programme, the 'Brains Trust". Elliot was a political centralist and as such was not as highly regarded by his own party as he should have been. Jo Grimond, the Liberal leader, thought he had been shamefully treated by the Conservatives.

Between the end of the 1st World War and the inception of the NHS, 41 doctors were elected and by now the Scots/Irish predominance had disappeared.

Auckland Campbell Geddes (1879-1954) came of a remarkable family of 7 children. One brother, Irvine, became chairman of the Orient Steam Navigation Company; another brother, Sir Eric, became director-general of transport and later controller of dock facilities for the Royal Navy during the 1st World War and was a Conservative MP; and a sister was the first woman to obtain a MD at Edinburgh. She married Dr Chalmers Watson of Edinburgh and, as Dr Mona Chalmers-Watson, became controller of the Women's Auxiliary Army Corps during the 1st World War.

Although born in London, Campbell Geddes was educated at George Watson's College in Edinburgh and Edinburgh University, graduating MB in 1903 and later taking the gold medal for his MD thesis. He had always hoped for a medical career in the army and as a student joined the rifle volunteers and wrote stirring marching songs published in the British Students Song Book, but poor eyesight frustrated this hope. His martial tendencies were such however that he interrupted his medical studies and somehow managed to persuade the army to grant him a temporary commission in the Highland Light Infantry with which he served in the South African War. He was disappointed not to receive a regular commission.

Nevertheless, he continued his medical studies and engaged in post graduate work in Canada and USA. His interests lay in anatomy and embryology and in 1909 he was appointed Professor of Anatomy at the Royal College of Surgeons, Dublin, and 4 years later to a similar chair at Magill University, Canada. On the outbreak of war in 1914 he obtained a commission as a combatant officer but after an accident he was employed on staff duties eventually becoming a brigadier in the division of recruiting in the War Office.

In 1917 he was returned unopposed as the Unionist MP for Basingstoke and 2 years later was appointed President of the Board of Trade. He lost his seat at the 1920 election but that year his star rose even higher when he was appointed British Ambassador to the USA. In Washington he was involved in negotiations which led to the Treaty of Washington of 1922 which limited the size of battleships of the world's navies. Later in the 1920's and in the 1930's he chaired Royal Commissions. On the outbreak of war in 1939 he was appointed Regional Commissioner for Civil Defence for SE England, but he retired in 1942 because of failing eyesight and he was elevated to the peerage. His activities in the House of Lords were restricted because of his eyesight and he was to become totally blind. His last years were spent in writing about his family and pursuing an interest in spiritualism and extra-sensory perception.

Dr Robert Maclntyre (1913-1998) achieved a first in politics; he became the first Scottish Nationalist MP. He was born in Motherwell, a son of the manse, but the family moved to Edinburgh where Robert was schooled at Daniel Stewart's College. It was as a student at the university that he first took an interest in politics joining the University Labour Club and the Labour party. After graduation in 1938, he worked in general practice and in Hawkhead Infectious Diseases Hospital, Paisley, and took his DPH. By this time the war had started, but part of Macintyre's political philosophy was his rejection of war and during the war he was Port Embarkation MO at Greenock. He was appointed Tuberculosis Officer for Stirling County and on the advent of the NHS was appointed consultant chest physician.

His political development had changed direction by 1945, when he was already a member of the SNP and in April of that year, at a by-election, he was elected MP for Motherwell. In July of that year at the general election he lost his seat. So not only has he the distinction of being the first SNP MP, he has the dubious distinction of having the shortest stay in the House of Commons. Despite several attempts to re-enter parliament, he was unsuccessful. But his influence in the SNP rose. He was its president from 1950 - 74 during which time he worked to present the party as a moderate, reasonable one. He expelled those who had virulent anti-English sentiments

and those who advocated violent or illegal tactics and he opposed attempts to take direct action after the 1979 defeat in the devolution referendum. He was also active in local politics, becoming Provost of Stirling. His work locally and nationally was recognised in the award of an honorary doctorate at Stirling University.

This is a brief account of a few Scottish doctors involved in politics. There does not appear to be any satisfactory answer to the question, "Why do they do it?" In the 17th and 18th centuries they were mainly men of substance, socially and economically, men who had patronage from the aristocracy or even royalty, or who had acquired wealth and were able to use it to enter Parliament. This of course no longer applies. Some of the more recent doctor-politicians have had no true vocation for medicine; some have entered parliament for genuinely altruistic reasons; some perhaps have yearned to exercise more power. In the end, we have to note, perhaps, Virchow's view of politics and wonder if he was right.

THE ONE HUNDRED AND EIGHTY NINTH ORDINARY MEETING

The One Hundred and Eighty Ninth Ordinary meeting of the Society was held at the Royal College of Physicians and Surgeons in Glasgow on 5th March 2011, with the President, Dr David Boyd in the chair. 35 members or guests attended and two papers were presented. One paper was by Dr Gregory Kenicer, who presented a fascinating and comprehensive paper entitled "Scottish Vernacular Medicine : a Botanical Perspective". In this he described a number of plants growing in Scotland which had been used for medicinal purposes since the end of the last Ice Age. These included Vaccinia myrtillus, (Blaeberry), Corylus avellana, (Hazel), Myrrhis odorata, (Sweet Cicely), Filipendula ulmaria, (Meadowsweet), a source of salicylates and Dryopteris filix-mas, (Male fern), used into the twentieth century for the treatment of round worms.

The other paper was by Dr Hector Chawla, who presented a paper entitled "Nelson's Eye"

NELSON'S EYE

Horatio Nelson's victory of Cape Trafalgar did for us in 1805 what the Battle of Britain did in l940. It stopped a tyrant in its tracks and made the British Isles inviolate from invasion. It also made Nelson, with all his emotional frailties and his passionate affair with Emma Hamilton, a national hero. His reputation successfully manoeuvered the shoals of Victorian disapproval and he now lingers in folk memory with a black patch over a blind eye. Yet, he never wore a black patch and the eye was not blind.

The black patch was in fact a green shade, constructed, of course, by the fair Emma - “made by your hand; no-one else shall.”

The "blindness" is what I want to examine now. We know that he suffered blunt trauma to his right eye on 12 July 1794 at the siege of Calvi in Corsica - an injury he describes with concern of varying intensity:

"My eye is quite cut down but the surgeons flatter me I shall not entirely lose the sight."

By the beginning of August - “The eye can distinguish light from dark but is to all purpose of use, gone."

"The pupil is nearly the size of the blue part, I cannot remember its name.” (traumatic mydriasis)

Only three months after the accident, smarting at being left out of the official dispatches, and apparently wanting to bring it to the attention of the naval authorities, he wrote to Lord Hood -

"My Lord,

Not any notice having been taken in the Public List of Wounded at the Siege of Calvi of my eye being damaged, I feel it but justice to myself to transmit to your Lordship two certificates, one from the Surgeon General of his Majesty’s Forces, the other from the Physician of the Fleet, and the Surgeon landed for the care of the Seamen; and I have to request that your Lordship will take such measures as you may judge proper that my Sovereign may be informed of my loss of an eye in His Service: nor do I think that His Majesty will consider that I suffered the less pain from my determination to do my duty in twenty-four hours after the accident, that those laborious duties intrusted by your Lordship to my direction might not slacken."

He says he seeks the attention of the king, but of much greater interest to him is the attention of the Sea Lords.

In January 1795, in a letter to his wife, he describes the eye as, “painful at times, and almost in total darkness.”

Then in October 1797 there came what he was hoping for, a pension of £1000 p.a. for the loss of his right arm and right eye.

Now the eye surgeons who examined Nelson could describe only what they saw on the outside of the eye. They then had to deduce from its behaviour, physically and visually, what might be going on inside and all that without any notion of what the inner eye actually looked like during life. The ophthalmoscope, which would have revealed the appearances of the inner eye, was not introduced until 1858. So, we today are much better placed to attempt a guess at what actually happened, by combining contemporary observation with present day understanding of physiology and pathology.

We can reasonably accept that whatever was wrong with his eye, it did

not pre-date the injury because there is no evidence to suggest otherwise. In addition to the descriptions by Nelson himself, we have the pre-injury portrait by Rigaud (circa 1780), in which there is no suggestion of any existing abnormality. The eyes are straight and the pupils equal. Nor was there any anecdotal family memory that Horatio had defective eyesight. It was said of him that during shooting expeditions, his attendants were in greater danger than the woodcock but this was ascribed to exuberance for, when aiming a cannon, especially at the French, he was the very model of precision.

Now before we talk of trauma and the eye, we must first consider the eye in health. This has not been made at all easy by the traditional method of teaching that somehow catalogued the eye as a collection of unconnected syndromes in a jargon, which as an erudite imitation of wisdom, somehow placed ophthalmology outside the rules of physiology and pathology and made generations of medical students including me, turn away in despair. Stripped of the Ophthalmobabble, the whole business is really rather simple.

The eye is not unlike a squash ball, gently compressible. It is divided internally by a partition into a larger posterior segment filled with something like raw egg white -the vitreous- and a smaller anterior transparent segment filled with salty water. This aqueous, circulating from the ciliary body, (see later), is the blood substitute for the transparent tissues. If they were fed by blood as they sometimes are when disease raises their metabolic rate, they would cease to be transparent and in order to survive, are prepared to relinquish their special tissue status.

The posterior segment contains that part of the brain concerned with seeing - the retina. The anterior segment is the focusing arrangement that lets it see.

If we an now turn from the squash courts to the dinner table, the posterior segment can be thought of as a brandy glass on its side with a slightly eccentric stem and the retina like kitchen cling film, lining the glass, attached at the rim and attached at the stem (the optic nerve) and potentially separable everywhere else. The cavity is filled with the vitreous.

The partition is like a spider’s web, draped over the mouth of the glass from a structure parallel to and anterior to the rim - the ciliary body. The natural lens is suspended in the centre of that web. Before that, a forward extension of the ciliary body, lies the iris, giving the eye its colour and forming the circular margin of the pupil.

The remainder, in front of the iris is the anterior segment, through which continually circulates the aqueous fluid from the ciliary body which is thus the heart of the eye.

The external structures, the eyelids, tear gland and conjunctiva, without which there could be no functioning eye, are tissues that have been long

recognised as standard and hence exempt in the main from ocular obscurantism. How does this rather beautiful structure respond to blunt trauma?

1. Disturbance of the eyelids (recognisable in 1794).
2. Fracture of the orbital bones (recognisable in 1794, but not described and the sunken appearance would have certainly been picked up by the portrait painters).
3. Dilatation of the pupil (described by Nelson himself).
4. Dislocation of the lens.

A savage injury, but if the eye survived, which Nelson's did, the resultant vision would have been similar to that following a pre-lens implant era cataract extraction - *hopelessly out of focus without a thick convex lens and incompatible with a normal fellow eye.*

5. Haemorrhage into the vitreous which would have instantly obscured vision but which could have cleared eventually, possibly over some years.
6. Scarring at the macula which occupies that area vacated by the eccentric glass stem - damaging detailed central vision.
7. Detachment of the retina-untreatable with any certainty of success until comparatively recently and usually destroying light perception.

If an eye loses its capacity to act in concert with its fellow, it loses the impulse to fix straight ahead and may diverge.

So in the light of all that, what do all the portraits and busts tell us ophthalmologically?

Only two of the multiple likenesses show a diverging eye - in one case, the right, and in the other, the left.

Two busts give a hint of divergence, in one, the right, and the other, the left.

A wax effigy exhibited in St Paul's in 1806, considered by many to be more like him than the portraits, shows the right eye to be normal and the left eye divergent with a hazy cornea and a discoloured iris.

But there is a recurrent theme, in all the likenesses, of a bilateral condition quite unrelated to the accident, but common in sailors, skiers and desert Bedouins - *pterygium*. This wing shaped overgrowth of wet membrane arises from the nasal conjunctiva and spreads laterally across the cornea - trailing a scar in its wake. Its bilateral presence was clearly described by the Earl of Elgin when he met Nelson in Palermo in 1799. "He sees ill with one eye and has a film coming over both of them." Nelson continually worried about going blind but his descriptions of what disturbed was clearly *pterygium* and not as Emma mischievously suggested, because he could not take his eyes off the shapely West Country girls.

And there were the constant and futile attempts of Capt. Troubridge to blame Emma's "Nocturnal partyes" for what was, without doubt, a condition

requiring surgical incision and not a lecture on decorum. He even went so far as to aver that if "Sir William were to go to bed, Lady Hamilton would soon retire also". Well, she certainly would have but not to the chamber the captain had in mind.

But there is another factor to be taken into account. Nelson as commander, in a moving cabin in poor light would have had to cope with voluminous paper work. Forty seven at Trafalgar, he would have needed to use, if vanity permitted, some sort of presbyopic correction for at least the previous seven years.

And what are we to make of this extract from The Times of 4th October, 1804?

"It is generally understood that the gallant Lord Nelson has lost one eye: and a few days ago a paragraph appeared in one of the papers lamenting that his remaining eye was considerably weaker of late and expressing an apprehension that he might altogether lose his sight. ..... Lord Nelson is not blind of either eye. It is true that he for a short period lost the sight of one eye, but it has been happily restored ..... his Lordship has declared he could see best with what people called his worst eye."

It was well known by French agents how terror of Nelson paralyzed the Emperor's admirals and it is conceivable that this was simply a plant in the newspapers by British agents to make them completely motionless. It is also conceivable that some naval malcontent, passed over for promotion or threatened with a Court Martial, was hoping to entice the Sea Lords to reconsider Nelson's very substantial pension. Nelson was not rich but I do not see him, as the honourable man he was, clinging dishonestly to a pension he did not merit.

So have we enough to hazard a diagnosis?

Well, the *pterygia* - hard to treat even today, are beyond doubt.

Thereafter, we must accept the divergence, the hazy cornea and the discoloured iris of two portraits and the wax effigy as fact, but not so plainly fact that the side affected was beyond doubt. Two sculptors and one artist got the side wrong and some very famous painters missed the deformities altogether.

The best portraitists seek to please both the sitter and his detractors in equal measure. It seems to me unprofessional for an artist to include one set of defects-the *pterygia* whilst excluding others-the divergence, loss of corneal highlight and loss of iris colour, *unless they were not terribly obvious to begin with.*

Given the information we have available now, I would suggest Nelson suffered--

1. Loss of corneal clarity - trauma. *Definite.*
2. Iris discolouration - trauma and burnt out iritis. *Definite.*

3. Slight divergence. *Definite*
3. Vitrial haemorrhage that cleared eventually, exposing -
4. A scarred macula. *Both speculative*

We have no evidence to allow any comment on the pressure so we have no way of knowing what happened to the field of vision in his damaged eye, but we should note that on his last journey from the quarter deck to the orlop deck at Trafalgar, his binocular field was good enough to let him notice that the tiller ropes were not quite as they should be.

THE TWENTIETH HALDANE TAIT LECTURE

The Twentieth Haldane Tait Lecture was held in the Craighouse Campus of Napier University in Edinburgh on 4th May 2011. 37 Members or guests attended a most interesting lecture which was followed by an excellent meal. The speaker was Dr Michael Dunnill and his paper was entitled "Sir Almroth Wright, the Plato of Praed Street.

SIR ALMROTH WRIGHT, THE PLATO OF PRAED STREET

One aim of the study of the history of medicine is to tell us who we are and how we got here. Nowhere is this more clearly illustrated than in the life of Almroth Wright. Born on 10 August 1861 and dying in 1947, his life witnessed a revolution in medical practice.

Wright came from a distinguished family of scholars. His Anglo-Irish father was a fervent evangelical clergyman. His mother, the daughter of a professor of chemistry and director of the Swedish royal mint, had nursed with Florence Nightingale in the Crimea. They had little money and Almroth referred to being brought up in scholastic surroundings and comparative poverty – circumstances eminently favourable to development of a life of the mind. It was a world of crinolines and antimacassars, gilt clasped bibles and bristling whiskers. He had a brilliant undergraduate career at Trinity College, Dublin, gaining first class honours in modern languages and passing out high in medicine.

Upon qualification he was undecided as to his future and spent several years visiting medical centres in Germany. He took a short-term appointment in Cambridge; it was here that he met his wife, a strong willed, intelligent and beautiful Irish lady, Jane Georgina Wilson. There was a stormy sojourn at the medical school in Sydney, New South Wales where he was recruited by that brilliant Edinburgh graduate Anderson Stewart. These two strong willed men did not get on and within two years Wright was back in London. Here he did a little general practice but spent most of his time at the research

laboratories of the Royal College of Physicians recently established on the Embankment. The superintendent was German Sims Woodhead who, in 1892, was asked for his views on the appointment of a professor of pathology at the army medical school at Netley. He recommended Wright.
The medical school at Netley, embedded in the largest hospital in Europe, had enjoyed mixed fortunes. (It was pulled down in the 1960s and only the chapel remains.) Its purpose was to train qualified medical men for army service in the Empire overseas. The standard of recruits was not high and the BMA at times actively discouraged doctors from joining the armed forces. The appointment of Wright at a salary of £700 a year was controversial. It was thought that the post should go to a serving officer. The assistant professor was David Bruce and he was the obvious choice; he was seven years senior to Wright and already distinguished for his work on Malta Fever (Brucellosis). Unfortunately he had blotted his copybook, having been involved in an unfortunate incident with a railway porter, was over fond of the bottle and had the reputation of being a womaniser. He had received a severe reprimand from the Commander-in-Chief. Both Wright and Bruce were self-willed men and their relationship was and remained difficult.
Wright was to do some of his best work at Netley. He at once produced a new curriculum more relevant to the needs of the time. Previously the students had studied morbid anatomy and little else. He drew up a programme in which microbiology and tropical diseases predominated. Wright was a brilliant, stimulating lecturer and his talks were accompanied by beautiful practical demonstrations. He encouraged the students to think and research for themselves. Considering the unpromising nature of the men he was given to teach, the results were astonishing. Those graduating from the school at that time included several who became Fellows of the Royal Society, (Stewart Douglas, WB Leishmann, Leonard Rogers, David Semple.)
During his early years at Netley Wright investigated the role of calcium in blood coagulation, work he had started in Germany. His demonstration that addition of sodium citrate prevented coagulation was of little practical value as regards transfusion – discovery of blood groups was years ahead - but it proved of use in the laboratory, enabling tests to be carried out on unclotted blood. It also bore fruit in the field of infant feeding. The newborn often find cow's milk indigestible. It contains much more calcium than does human milk and Wright showed that if it was treated with sodium citrate the calcium was rendered inert, the milk clots that formed in the stomach were friable, less firm and the milk more easily digestible.

Wright's enthusiasm for devising new laboratory techniques and their use as diagnostic tests in the living patient blossomed. He was an ardent advocate of the experimental method and measurement. Surprisingly for

such a large man – described by a friend as being within a whisker of an acromegalic - he was a master of delicate manipulations at the laboratory bench. In the 1890s syringes were inefficient and venesection for the purpose of obtaining blood for laboratory investigation a rare procedure. Wright changed all that. He introduced a series of micromethods whereby, following a finger prick, drops of blood could be drawn up into fine capillary glass tubes. He wrote 'The Technique of the Teat and Capillary Glass Tube', a standard laboratory bench book for many years. The methods he outlined in this work formed the basis of his investigations into problems of infectious diseases, the most prominent of which was typhoid fever.

In late Victorian times the equivalent of a battalion of British troops in India was rendered useless by typhoid each year. In the Boer war more deaths occurred from typhoid than from enemy action. The same was true in the German army in the Franco-Prussian war. Pfeiffer and others in Germany had recently observed that serum taken from patients who had recovered from typhoid, when mixed with living typhoid bacilli, caused the organisms to agglutinate. The reaction was specific, that is it did not occur with other bacteria. It was this, together with the claim by the Russian, Haffkine, when visiting Netley, that injection of heat-killed cholera bacilli was effective in preventing cholera - an erroneous observation - that stimulated Wright to try the same procedure in typhoid. The concept that injection of dead pathogens might induce immunity to disease caused by those pathogens when alive might seem commonplace today. At the end of the 19th century, when the bacterial origin of infections was denied by many, it was revolutionary. Today, with controlled clinical trials and ethics committees, Wright's next steps seem bizarre if not criminally negligent. He and sixteen medical officers attending the course at Netley injected themselves with dead typhoid bacilli. Anyone who had TAB in the army will agree this is not a pleasant experience; it was even more so with the primitive preparation they used. The procedure was repeated two more times at intervals of two weeks. Then one officer was injected with live bacilli and suffered no ill effect. The serum of all those inoculated agglutinated live bacilli.

This was enough for Wright and he at once set about finding a population on whom he could test his vaccine. He had not long to wait. An outbreak of the disease occurred among patients and staff at the Barming Lunatic Asylum in Maidstone. Inoculation was offered to all the staff; 84 accepted and 116 refused. No further cases occurred in the inoculated group whereas four of the uninoculated group developed the disease. Armed with these results, Wright proceeded with evangelical zeal to recommend inoculation of all troops. He met with considerable resistance from the army authorities led by Bruce and from many of the soldiers who detested the side effects of the vaccine. The Indian army was more receptive – persuaded by Wright during

his visit to that country with the Plague Commission. There followed ten years of wrangling that did not reflect credit on the participants. Wright, convinced of the efficacy of the vaccine, was hostile to any statistical approach; he considered experience enough. This led to fierce arguments with Karl Pearson, one of the founders of biomathematics, and Major Greenwood. Mercifully, following several Commissions of Inquiry, Leishmann and Greenwood were able, in a carefully controlled trial, to demonstrate the advantages of immunisation, Wright persuaded Kitchener, and all troops proceeding overseas in the Great War were vaccinated with gratifying results.

While at Netley, Wright, after Bruce had left, noted that serum from patients who had Malta fever contained antibodies against the organism causing the disease. He saw that this formed a valuable method of distinguishing it from other causes of fever and at once instituted it as a test in patients with a pyrexia of unknown origin – still in use in many parts of the world today. The observation led also to one of Wright's errors. Postulating that the presence of antibodies in the blood provided protection against the disease he proceeded to inject himself with dead Brucella organisms, thereby producing antibodies in his serum. Believing he was now immune to the disease he injected himself with live bacilli. The result was disastrous; he suffered a severe attack of Malta fever from which he did not recover for several months. The reason was that immunity is not solely dependent on the presence of antibodies in the serum. In some conditions, Brucellosis being one, it is more dependent on cellular immunity, that is the ability of cells in the blood and tissues to ingest and destroy organisms.

In order to sterilise hypodermic needles so that they could be repeatedly used, with a single syringe containing vaccine, on a series of patients, he had a small oil bath provided with a thermostat that kept the oil at 140^{o}C. The hot oil was drawn up into the needle to effect sterilisation. The oil was then expelled and the next dose of vaccine given. The process was repeated many times. Some expressed doubts as to whether this was sufficient to kill pathogenic organisms. Wright demonstrated its efficacy in a dramatic manner. He plunged a needle into some horse manure, then sterilised the needle by the heated oil method and followed this using the needle to inject a quantity of saline into his own thigh with no ill effect.

In 1902, frustrated by conditions in the army, Wright applied for and obtained the post of pathologist to St Mary's Hospital. He was to remain there for the next forty-four years. He took a sharp reduction in salary but was able to augment his earnings with private practice. Conditions were primitive; he was allotted one small room with little in the way of apparatus. The medical school was deeply in debt. All electricity was cut off from the

laboratory at 6pm. Even the smallest item of equipment had to be submitted for approval by the Medical School Committee.

It is an indication of the man's personality that within next few years he was able to establish a research and teaching centre with an international reputation. His mere appearance was fascinating, likened by a friend to Tenniel's illustration of the lion in 'Alice through the Looking Glass', a large, kindly, dishevelled but formidable creature. His freedom of thought, freedom of manner and freedom of language, distasteful to his orthodox elders, was a heady brew for the young doctors and students. Every day at 4pm there would be a laboratory tea party at which everyone was encouraged to speak their mind. There was a great team spirit, members of the department often going on holiday together in Dorset. Some junior members lodged with Wright at 6 Park Crescent.

Financial difficulties were overcome firstly, by diverting to research some of the money he earned in private practice. Secondly, Wright had numerous friends in high places – Balfour, Haldane, Moulton, Shaw. He was always being invited to dine with the great and the good. He persuaded these wealthy acquaintances to part with their money; by 1908 they had given £17,000, a considerable sum for those days. Thirdly he raised money from the sale of vaccines.

Wright extrapolated from his experience with typhoid and made vaccines against numerous other infectious organisms. He considered that it should be possible to employ vaccines not only in prevention but also in treatment of established infections. In this he was gravely mistaken. Metchnikoff said of Wright – "He is the sort of man who has very good original thoughts but he also has thoughts that are only original". But, in the absence of any other specific treatment, vaccine therapy assumed great popularity among both the medical profession and the lay public. He manufactured these vaccines at St Mary's Hospital but had neither the time nor the inclination to market them. He entered into an agreement with the well-known pharmaceutical company Parke Davis who agreed to market the vaccines and share the proceeds from their sale with his laboratory. This agreement continued until the advent of the NHS in 1948. The money so derived provided the basis for the establishment of the inoculation department, as it became to be known, at St Mary's Hospital. The sums involved were substantial, allowing Wright to pay himself and the salaries of his medical and technical staff and also to finance the purchase of equipment. Some money was used for compassionate purposes supporting widows and children of staff who died. There thus was a major self-financing unit in a London teaching hospital, independent of the hospital authorities; a situation that would not be allowed in the centralised and publicly regulated structure of health administration that obtains today.

Many of the vaccines produced were useless, particularly in Staphylococcal and Streptococcal infections, but they were popular and widely employed, as there was no other specific treatment for infections available. They consisted of killed organisms and were safe; at least they appeared to do no harm, in contrast to much serum therapy. The importance of vaccine therapy lies in the influence it had on development of pathology and bacteriology in this country. As this form of treatment required isolation and identification of the infecting organism, new laboratories were established and existing ones expanded. Wright was instrumental in obtaining recognition of the pathologist as being of comparable status to physicians and surgeons on the hospital staff. This was not achieved without a considerable struggle and was not made any easier by the mode of Wright's advocacy. At his inaugural lecture at St Mary's he said, "Unless physicians soon learn to do something, they will be reduced to a position little better than a head nurse". Two physicians walked out. On another occasion he spoke scathingly of the physician who reassured the patient that he "Would find out what was the matter" meaning that someone else would and he would pocket the fee. Wright said of the dignity displayed by many physicians "That it was a mysterious gesture of the body designed to hide deficiencies of the mind". This was strong stuff so it is unsurprising that Wright was unpopular with this branch of the profession that referred to him behind his back as Sir Almost Wright or Sir Always Wrong!

One notable piece of research conducted at this time, in collaboration with Stewart Douglas, was the reconciliation of the humoral and cellular theories of immunity. They demonstrated in an elegant series of experiments that before bacteria could be phagocytosed and digested they needed to be coated with a serum factor which Wright named an opsonin. They claimed that opsonins were specific for each species of microbe and devised a method they considered measured the opsonic power of the serum – the opsonic index. This was once more a bridge too far and led to further controversy with the statisticians. It was not until the latter half of the twentieth century that it was established that opsonins formed part of a complex system of proteins, including some components of complement as well as some types of antibody. It was this work that stimulated Shaw to write 'The Doctor's Dilemma" with Sir Colenso Ridgeon modelled on Wright. Shaw and Wright were close friends.

In 1911 Wright, together with some members of his department, was invited to go to South Africa to investigate the outbreaks of pneumonia among the native miners. At this time there were reports of a drug, Optochin, developed in Germany by Morgenroth which was said to be effective against the Pneumococcus. Wright in South Africa, along with John Parkinson in London, tried this drug in established cases of lobar pneumonia with

successful resolution of the disease. Unfortunately there were serious side effects with permanent damage to the optic nerve – one of Wright's eight patients became blind. It was this episode that induced in Wright a firm antagonism to chemotherapy and fortified his view that the future lay in enhancing the natural defence mechanisms of the body. They had limited success in preventing pneumonia with a pneumococcal vaccine.

We must now turn to Wright's views on women. He was not a misogynist and had many close female friends. He said he preferred them a bit sinful. Notoriously he considered them intellectually inferior to men and would not allow them in his laboratory. The decade before the First World War was disturbed in this country by increasingly vociferous and violent protests of women who demanded the vote. Wright achieved national fame or notoriety, according to your view of the question, by firmly opposing woman suffrage. At the beginning of the Twentieth century his views were applauded by many of both sexes. His opinions were largely formed by his upbringing in a predominantly male evangelical Christian household in which women occupied a subservient position. Above all he embraced the principle of the noiseless spouse – disastrous as regards his lively, intelligent and educated Irish wife. A powerful group of doctors, opposed to the entry of women into medicine, lent support to his attitude. The main London teaching hospitals excluded women medical students and there was no greater bulwark against change than St Mary's.

Yet it was the problem of votes for women that raised Wright's national profile. Sir Almeric Fitzroy, clerk to the Privy Council, recorded in his diary on 25 June 1911 that he dined at Lady St Helier's, and 'it was amusing, after the ladies had gone upstairs, to hear Winston Churchill silenced on the subject of female suffrage by Almroth Wright'.

In 1911 at St Mary's there was a debate on the subject, arranged by the students, at which Shaw and Wright were the principal speakers. It was entitled 'Man and Superman'. Precautions to exclude women were not entirely successful and according to the Hospital Gazette "An old lady who spoke was reported to have been crushed by a gentleman in the front row and later removed to the casualty department". Shaw's arguments were that in his experience women were the intellectual equals of men. He saw no reason to suppose that the diagnosis reached by a woman from a specimen down a microscope should be any less reliable than that reached by a man. His debating style was effective and entertaining and Moran felt sorry for Wright having to oppose such a celebrated speaker but after the debate he was embarrassed that Shaw, the guest speaker, had been so completely out classed.

Wright's arguments were many but his two main points were firstly that physical force was necessary to maintain law and order and in this man

would always dominate over women. This was widely accepted at the time. Secondly he suggested that women suffered from emotional instability associated with menstruation, pregnancy and the menopause. Wright won the debate.

Matters came to a head in March 1912 when the House of Commons was to vote on the question. Feelings were running high, with militant suffragettes breaking nearly every window in Oxford Street, Regent Street and Piccadilly. Mrs Pankhurst meted out the same treatment to 10 Downing Street. Wright wrote a long letter to The Times outlining his views. In the first decade of the 20th century explicit matters relating to sex were not openly discussed either in society or the press – a striking contrast to today. Wright used coded language but there was no doubt as to his meaning. His letter was circulated to every Member of Parliament and is said to have swayed the vote against woman suffrage. The response to his letter, both in his personal mail and in The Times was voluminous and often hostile – he relished being called a lewd slug. One correspondent exhibited wry humour, suggesting complete abolition of the female sex. This letter was signed 'CSC one of the doomed'. Anonymity was of little avail. The initials stood for Clementine Churchill. Wright proceeded to elaborate his views in 1913 in a book 'The unexpurgated case against woman suffrage'. It sold well – 5000 copies in Britain and 1000 in the USA. Yet the debate was eclipsed the next year when the nations of Europe were engulfed by war.

In 1914 Keogh, the Director-General of the Army Medical Services, realised that control of wound infection was going to prove a major problem. He said "We have in this war gone straight back to all the septic conditions of the Middle Ages". He asked Wright to set up a research laboratory at the base hospital in the requisitioned casino in Boulogne and seconded him to the RAMC with the rank of colonel. The accommodation was primitive. At first housed in the basement, through which ran the drains, they later moved to the fencing school at the top of the building. It was here that Wright and his assistants carried out what some consider his most significant work.

Conditions in France were entirely different from those on the veldt in the Boer War. The terrain was intensely cultivated having been manured over centuries and was rich in pathogenic organisms – not only the common pus-producing Staphylococci and Streptococci but also Clostridia responsible for tetanus and, most sinister of all, Clostridium perfringens, responsible for gas gangrene, a condition unknown in the Boer War. The type of wound sustained in France was different to that in the South African conflict. Simple puncture wounds caused by bullets were rare. Multiple wounds were common, resulting from numerous fragments of shrapnel, the product of high explosive shells. These wounds were irregular in outline, with deep crevices containing fragments of muddy clothing. Conditions in the trenches

and support lines were such that it was often twenty-four hours or more before a wounded man reached the surgeon by which time infection had taken hold. Mortality was high – 80% in compound fracture of the femur. The medical profession faced with this situation could only rely on Lister's 19th century doctrine, led by his protégé Watson Cheyne, the President of the Royal College of Surgeons, and apply more and stronger antiseptics. Antiseptics are excellent for cleaning the skin before operation but are useless in treating established infection, yet Cheyne recommended the use of stronger and stronger antiseptics. He wrote to Sir Anthony Bowlby telling him to pack wounds with a paste containing 2% cresol. Wright and his colleagues, in particular Fleming, were able to demonstrate that such a policy was disastrous.

Firstly, culture of wounds and clothing revealed not only Staphylococci and Streptococci but in 30% of wounds Clostridium tetani and Cl perfringens in 90% of cases. These latter organisms are anaerobic and unable to proliferate in normal tissues but, in wounds of the type sustained in France, Wright and his colleagues demonstrated that if the blood supply to muscle was damaged, dead muscle provided an excellent culture medium for anaerobic bacteria and that if Staphylococci or Streptococci were present in the wound these organisms would consume available oxygen and provide favourable conditions for the growth of anaerobes. Furthermore they showed that antiseptics had a lethal effect on both neutrophils and macrophages – the body's natural defence mechanism – and that antiseptics never penetrated to the crevices of complex shrapnel wounds.

There was violent opposition from Watson Cheyne, resulting in an unedifying polemical series of papers in the British Journal of Surgery and the Lancet where the two men slanged each other. Inevitably the medical establishment backed Cheyne. Wright wrote of Cheyne being "hopelessly short of the intellectual equipment needed for a scientific worker", his views as being "imaginative fiction" and as possessing "confused cerebration and defective logic". Cheyne was described as "blindfolded by prejudice". The controversy reached the general public and Shaw wrote that Wright had not only cut off Cheyne's head but also put his brains on the operating table to show that he had never learned to use them.

All this did not help Wright's case. Yet he received the backing of some of the younger surgeons, notably Moynihan, and his recommendations for early operation, excision of dead tissue, washing out the wound with sterile saline and immobilisation of the wounded part, followed by secondary suture, were largely adopted. In 1919 The Times quoted 'one of Britain's greatest surgeons' as saying, "We all said Wright was mistaken about his antiseptics, but it was we who were mistaken".

Had Wright restricted himself to preaching on scientific treatment of war wounds all might have been well. He was incapable of such restraint. Always greatly moved by human suffering – every day he passed through the wards on his way to the laboratory - it seemed to him that administrative arrangements for care of the wounded were defective. There were many reasons for this, but the basic problem was that in 1914 the RAMC was an organisation designed for a small army involved in a war of movement – hence the Field Ambulance. It found itself serving an army of millions engaged in static trench warfare. It is not surprising there were problems. Many influential and distinguished folk visited Wright at his house in Boulogne –Princess Marie Louise, Osler, Shaw, Granville Barker, Spender (Westminster Gazette), and Geoffrey Dawson (The Times). To all these and to his friend Balfour he communicated his doubts as to the effectiveness and efficiency of the methods used by the RAMC in management of wounded men. He was especially disturbed by the lack of regulation or system in the treatment of the wounded, with considerable variation in therapy adopted by individual medical officers, and the lack of any method for assessing results of treatment, with those wounded encountering different therapies at various points on their journey to the base hospital in England. There were no specialist fracture hospitals and there was an excessively long interval between wounding and definitive treatment.

He arrived at these views having spent six weeks in extreme discomfort near the front line. He proposed control of wound treatment, with ‘general instructions and recommendations for treatment of different categories of cases’. Such regulations existed for anti-typhoid and anti-tetanus inoculation and had been brilliantly successful.

Wright was not alone in feeling disquiet. A memorandum by four very distinguished independent medical men, Fripp, Ogston, Cooper Perry and Horder, was equally critical. They extended their criticism to include Keogh (D-G of the RAMC) and Sloggett (D-G Medical Services in France). Both these men were steeped in the traditions of the regular army. Orders were given and obeyed without question. Any word of disagreement by a junior officer was an indication of disloyalty and often of gross insubordination.

It was against this background that Wright went over the heads of the generals and wrote to his friend Lord Derby, Secretary of State for War, outlining the defects in management of the wounded and suggesting remedies. The letter was also sent to Keogh where, predictably, it received a frosty reception from both him and Sloggett. Wright was asked to resign his commission. He refused. Derby, known as genial Judas, and likened by Haig to a feather cushion, bearing the marks of the last person who sat on him, showed remarkable and unexpected talent in rectifying matters. He appointed another commission amongst whom was Wright’s bête noir,

Cheyne. They acted with commendable speed, crossing to France on 1 September 1917 and producing their report to Derby on the 27th. It was a document of 133 pages with 37 recommendations and a minority report. They were tactful in commending the Corps for its work but the changes they proposed mostly chimed with those proposed by Wright. The minority report, ironically by Watson Cheyne, agreed with Wright in suggesting that the Field Ambulance should be radically reduced to a mere offshoot of the Casualty Clearing Station. By the end of the war the majority of these recommendations had been implemented.

After the war Wright returned to London covered with honours. He was appointed KBE and CB, awarded the Le Conté prize by the French Academy and the first Gold Medal given by the Royal Society of Medicine.

No account of Wright's life and achievements would be complete without mention of his contribution to administration of research and teaching. In August 1905 he wrote a strongly worded letter to the press drawing attention to the need for a national policy for medical research. He was concerned at the lack of knowledge of many aspects of bacterial infection and of the ignorance regarding basic biochemical disorders. He pointed out that no career structure for the research worker existed. The very fundamental and primitive problems of obtaining subsistence and clothes and a shelter over his head had not been addressed. The letter did not receive sympathetic support in the medical press. Lord Moulton, a distinguished lawyer, a FRS and a colleague of Lloyd George, was an intimate friend of Wright. In 1911 when the National Insurance scheme was being put forward, Moulton, stimulated by Wright, persuaded Lloyd George to make provision for a Medical Research Committee, later to mature into the Medical Research Council. Wright hoped to be the first Director but the war, the displacement of Moulton by Waldorf Astor, the appointment of Morley Fletcher as secretary, the machinations of Henry Dale and his own personality combined to thwart his ambition.

Back at St Mary's he concerned himself with postgraduate education. Both he and Moran saw clearly the need for continuing education after qualification. Wright took steps to rectify this position with money from the sale of vaccines. He founded two postgraduate scholarships. The first two were awarded to women; Ida Mann who became a distinguished ophthalmologist and Joan Ross a celebrated morbid anatomist. He also instituted a series of lectures, on recent advances in medicine open to all members of the profession. A great variety of prominent medical men and scientists were invited to speak. These were extremely popular, overflowing the lecture theatre into surrounding corridors.

He was also concerned with improving the undergraduate curriculum. Two of his proposals are of interest. The first was introduction of an honours

degree after the pattern of Oxford and Cambridge. The second was that there should be joint appointments between clinical and preclinical departments in order that the relevance of much that was taught in the preclinical years to subsequent practice could receive greater emphasis.

It was during these years that in Wright's laboratory, Fleming discovered lysozyme and penicillin. His close friend and colleague, Leonard Colebrook, went to Queen Charlotte's to undertake trials on the use of sulphonamides in treatment of puerperal fever. Wright himself was less productive. In 28 years before 1920 he published 126 papers; in the next 27 years there were only 22 papers in his name. Two of these are of interest in that they are concerned with the site of antibody production. Although the term antibody was freely used there was no knowledge as to which cells produced them. Wright was convinced they were manufactured in the leucocytes but was unable to determine which white cell was responsible. This in spite of devising ingenious but unsuccessful experiments whereby he attempted to stimulate isolated groups of leucocytes to produce antibodies.

Wright's final years were sad but provide a lesson for us all. He refused to retire. In charge of a self financing department within a teaching hospital he intended to remain there as long as possible. On his 75th birthday colleagues and friends presented him with a portrait bust which he accepted but refused to take the hint. He spent the afternoons and evenings in the laboratory, while mornings were spent at home working on his books on philosophy. This caused him much mental anguish – pain in the mind. There was something reminiscent of Casaubon's search for the key to all mythologies in Middlemarch about Wright's despairing search for the true logic.

His personal life was somewhat chaotic. In 1917 he had fallen deeply in love with the wealthy wife of an American diplomat but his ardour does not appear to have been fully returned. Essentially it was a long distance operation. His letters to her were full of his philosophical musings – hardly the stuff to give rise to Lawrentian stirrings in an attractive wealthy, middle-aged American lady.

Yet despite the sad end we should be grateful to him for his lasting contributions to medicine – antityphoid inoculation; the promotion of clinical pathology as a separate and definitive branch of medical science; his pioneering of laboratory techniques; his insistence on appropriate recognition for pathologists; his advocacy of a rational treatment of war wounds; his effective pleading for establishment of the Medical Research Council; and his establishment of an internationally famous department at St Mary's. His promotion of vaccine therapy was at the time misplaced but in recent years, with increased knowledge of the protein structure of viruses, and increasing antibiotic resistance, we might allow ourselves second thoughts. Vaccines are in the news again.

It is best to remember him in his early years. Then he might be found alone late at night, at the gas-lit bench in his laboratory trying to unlock the secrets of nature – a somewhat dishevelled, stooping, bear-like man with large head, hands and feet, yet performing the finest manipulations, miracles of skill, with his enormous fingers.

THE ONE HUNDRED AND NINETIETH ORDINARY MEETING

The One Hundred and Ninetieth Meeting of the Society, the Summer Meeting, was held in the Education Centre at the Dumfries and Galloway Royal Infirmary, Dumfries, on 11th June 2011 and was a most successful combined meeting with the Dumfries Natural History and Antiquarian Society, with 47 attendees. Before lunch, there was a tour of the Crichton Gardens and some of the magnificent Crichton buildings, conducted by Morag Williams, a member of the SSHM and the former Archivist of the Dumfries and Galloway Health Board.

After lunch three papers were presented by local speakers. Dr George Gordon, Dr Hugh Brewster and Dr Francis Toolis. Dr Toolis's paper was entitled "A Tale of Two Surgeons".

Dr Brewster's paper was entitled "Dumfries was the First Place in Great Britain where Ether was Administered, a Historic Curiosity" and told the story of the use of ether in the Dumfries and Galloway Royal Infirmary by William Scott on 19 December 1846.

This was not publicized at the time and so was not credited as the first surgical use of ether in Great Britain, an honour that went to Robert Liston in London. The information that ether could be used as an anaesthetic for surgery was brought to Dumfries by William Fraser, the son of a Dumfries surgeon. He had been a ship's doctor in Boston in October 1846, when ether had been used for this purpose at the Massachusetts General Hospital. Fraser travelled across the Atlantic on the SS Acadia, arriving in Liverpool on 16 December 1846. It is unclear whether he travelled by sea to the Solway or on the Liverpool-Lancaster-Carlisle railway, but he arrived in Dumfries on 17 or 18 December 1846. Sir James Simpson referred, in a lecture he gave in 1868, to Scott's use of ether in 1846, noting that it occurred before Liston's operation and Scott himself, wrote a letter to the Lancet in 1872, repeating his claim.

The story has intrigued anaesthetists for many years, not least because of several uncertainties, including why the case was not reported at the time and why no detail has emerged of the patient and the operation.

Dr George Gordon's paper described an incident in the surgical practices of Joseph Bell and Sir Patrick Heron Watson and was entitled "Did he Cut for Tubercle? A Detective Story"

DID HE CUT FOR TUBERCLE? A DETECTIVE STORY

In 1962, while attending a 95 year old man for a cut arm, an Edinburgh GP noticed him to be wearing an extensive leg lengthening calliper. Enquiry revealed that, at the age of 8, the patient had had an operation on his hip "in the Edinburgh Royal Infirmary".

An antiquarian by nature, the GP calculated that this must have taken place in 1875. Thus the Royal Infirmary referred to was not the one in Lauriston Place, but the previous building.

In 1741 the Royal Infirmary designed by Robert Adam opened near High School Yards at the foot of what became known as Infirmary Street. By 1832, this building had become too small and the adjoining former Royal High School was converted into a surgical hospital. By 1853, this had been succeeded by a new surgical hospital, designed by David Bryce and opening on to Drummond Street. In 1879 the hospital moved to Lauriston Place and remained there until 2003 when the new Royal Infirmary opened at Little France. So the hospital where operations would have taken place in 1875 was the Surgical Hospital in Drummond Street.

The GP reckoned that he may well have been the last survivor of that old establishment because (a) he lived to a very old age, (b) he had survived the operation (c) his mind was very clear and (d) having been in hospital for eight months, the episode was clearly imprinted on his memory. But not only that, he said he had been seen by two surgeons, first by a Dr Bell and then by a Dr Watson.

The GP realised that here could be an eye witness account of two surgical giants of their time, Joseph Bell and Sir Patrick Heron Watson, the progenitors of Sherlock Holmes and Dr Watson. The GP therefore, with permission, tape-recorded an interview with him.

The old man had been born in the Pleasance in Edinburgh, in a house that has been gone for many years. He said that he had had practically no schooling but nevertheless he had managed to become chief superintendent of Telegraphs for Edinburgh, working with Morse code and supervising 200 staff.

He was asked if his doctor had sent him to Dr Bell and he said

"No it was my mother. You see - oor Dr couldn't do any thing fur me. He couldn't see anything the matter with me and the thing was dragging on. My mother took it into her head to go up to the Infirmary with me. We went up to see Dr Bell to begin with."

He remembered going to the Infirmary. He could walk about freely, with both legs the same length.

He was asked if he remembered seeing Dr Bell

"Oh yes. He put me up on a chair with my trousers down and he lectured to the students about me. He said it wasn't a case for the Infirmary and he would write to oor Doctor. I think oor doctor was offended at the time because we had passed him. We never heard what was to be done. Mother wasn't satisfied then either. It was all in the dark. My father thought I was shamming. He could see nothing the matter with my leg at all. I took an awful pain at night in the knee - it wasn't the hip. Then we went to see Dr Watson. Of course we never told Dr Watson about Dr Bell.
Dr Watson said it was tubercular you know and that he could operate on it and it was done.
I met Dr Watson one day when I was playing on the ground. He said
"Come up and see me at Chalmers Hospital." I would be about 9 at the time. You could get the papers you know (1875!). On that occasion he gave me a shilling (equivalent today to roughly £5). I was awfie proud of that shilling from Dr Watson."

Q. Do you remember the Infirmary? How long were you in hospital?
A. Oh yes, perfectly. About 8 months. I went about on crutches. I was in ward twelve. A patient died in every bed.

Q. Do you remember the nurses?
A. I remember that after the operation the head Matron got a special pudding made for me.

Q. Do you remember Dr Watson coming round the wards?
A. Perfectly. A big handsome fine looking man. He just wore his ordinary clothes. He always had students with him.

Q. Do you remember the horse drawn trams?
A. Oh yes - it was all horses then. We always took visitors round on the open top.

Q. And do you remember the "Wet Review"? (This was a review by Queen Victoria of nearly 40,000 volunteers. There was a downpour of rain and the occasion became known as the "Wet Review")
A. Oh yes. I remember seeing the soldiers coming up Morrison Street

The enigmatic title" Did he cut for Tubercle?" can be explained thus. Throughout the late 19th century, conservative medical sanatorium treatment for bone and joint TB, or tubercle, was advancing but some surgeons still "cut for tubercle" i.e. in the absence of effective curative therapy, they still favoured surgical extirpation of certain affected bones and joints. Applicants

for consultant posts in some parts of the UK could be asked “And do you cut for tubercle?” the answer possibly influencing the outcome.

James Syme in 1841 had shown that joint excision was feasible in certain cases where previously amputation of the whole limb proximal to the affected joint had been the norm.

That year of the boy’s operation, 1875, happens to be the very mid point of a half century of epoch-making surgical advance, 1850-1900. With Chloroform having been introduced in 1847 and Listerism advancing, enormous surgical vistas had opened up. Much surgery before Lister was done privately in the home or in nursing homes. One thing was always clear. Operations at home or in nursing homes were consistently very much more successful, less septic and less risky.

In 1856 Lister had become Assistant Surgeon at the Infirmary- what would be called in more recent times a ‘sub-chief. In 1860 he transferred to the Glasgow Regius Chair of Surgery. Hospitalism was rife there, i.e. there was much wound sepsis, or putrefaction as Lister called it, particularly in the very common compound fractures and amputations, with nobody really understanding why one case became septic and another didn’t. The mortality rate was very high. His seminal and successful antisepsis work was accomplished there. The main operations before Listerism were amputations, surgery for benign and malignant tumours, aneurysms, (often large), lithotomy for calculi and ovariotomy. But hospital surgery was often very much an endgame. “A patient died in every bed”.

When Lister returned to Edinburgh in 1869 he had a twin fight against sepsis and scepticism and the latter was well and truly joined locally and nationally for the next ten years. Besides, the Lister spray procedure and technique were considered clumsy and awkward by sceptics. Here is how one sceptic described it.

“By the time the spray engine was got in order and the poor shattered limb was laved and scraped and shaved and bandaged and any little vessel was tied and douches of various kinds were lavished on it, the surgeon was well into his second hour and the patient, chilled, over-anaesthetised and exhausted, was put to bed, only to die in the early morning of the next day, never having really had a decent pulse”.

JY Simpson, one such sceptic, was convinced that sepsis lay in the suture materials used, particularly in amputations. And had he not just devised acupressure to deal with the large vessels at amputation to replace ligatures? Syme and Simpson practically came to blows over this. Peace arrived for Edinburgh with both their deaths in 1870 and a great Edinburgh divide closed.

Professor James Spence, nicknamed “Dismal Jimmie”, joined the sceptics. However, elsewhere in the UK and on the continent, the response to so-

called Listerism, though mixed, gradually became more positive, steadily increasing the range of operative procedures. Much of Lister's energy thereafter was taken up with evangelising his cause.

AW Schulze, a Lister sceptic from Germany, came to the Old Infirmary for four weeks in 1874. This is his impression. He commented on "the formless, straggling, ancient buildings", packed away amongst the smoke-grimed houses of the dingy old town and far inferior to many other hospitals he had seen in the United Kingdom.

He noted the "poverty stricken appearance of the wards, the open windows and the open fires". But what he saw of Lister and his work convinced him of its merit and he came away a firm convert. He added however, that "in London Lister has few adherents"

Lister left for London in 1877 to become Professor of Surgery at, what was at the time, the non-prestigious King's College Hospital purely to evangelise his principles.

If Spence and Simpson were cool, London was cold. In that mid half century year of 1875, the year of our interest, six years after Lister's return to Edinburgh, what would have been the attitudes to Listerism of our two subjects under discussion?

Joseph Bell was a Syme man and Syme had been a loyal Lister supporter. Bell used the spray. In one biography of him, it is stated "Bell was praised by Syme for being one of the young doctors who not only saw the value and genius behind Lister's Carbolic spray but one who used the spray"

Conversely Patrick Heron Watson, our other subject, was a James Spence man, a known Listerism sceptic. The following is taken from a paper, read in 1966 to The British Society for the History of Medicine by William Boog Watson, a kinsman of Patrick Heron Watson The research for his paper must have been extensive. He states "That he (HW) has not received greater recognition as a surgical pioneer is due to the fact that he failed, like so many other eminent surgeons of his day, to avail himself fully of the revolution in the treatment of wounds which was brought about by Lord Lister." It sounds therefore as if the Lister spray may well not have been used during the boy's operation.

It was not until the following year, 1876, that Pasteur was able to confirm his Germ Theory and it was not until 1895 that Roentgen discovered the X-Rays which revolutionised investigation and treatment, especially in the surgery of joints.

On a first hearing, the recording, although of interest, is somewhat mystifying. How was it that the great Joseph Bell, he who specialised in the surgery of childhood, could have got the boy's case apparently so wrong?

He simply said "It wasn't a case for the Infirmary"; apparently no diagnosis was made and no treatment ordered, thereby consigning the boy back to the

Pleasance, a poorish district, and possibly to a lingering death from consumption?
Conversely, how did Heron Watson get the case apparently so right?
A surgical Sherlock Holmes is required here. It is well known that Bell positively relished tell- tale symptoms and signs. It has to be remembered at the time of the boy's treatment, there were no such things as radiology, bacteriology and, as Professor Dugald Gardner avers, no pathology service of today's type either. Diagnoses were at that time purely clinical, based entirely on what the surgeon could elicit with his ears, his eyes, his nose and his hands, a talent at which Bell was a master, as Conan Doyle noted and used.
Even 65 years later, in the 1940s, well before the advent of curative Streptomycin, although diagnostic methods had vastly improved mainly on account of X rays, the medical sanatorium management of TB, the Captain of the Men of Death, had made little progress.
Research into pre-Streptomycin days, brings up the name of Professor Girdlestone of Oxford whose authoritative text book 'Tuberculosis of Bone and Joint' of 1940, when TB was still common, is frequently referred to.
With regard to TB of the hip, in the section on 'Diagnosis', Girdlestone's textbook, three paragraphs under the heading 'History' can be summarised thus; -

a) "A limp is almost always the first symptom of hip disease" i.e. TB.
And yet with regard to a limp, we heard the boy say when asked "Do you remember going up to the Infirmary "Oh yes, I could walk about freely at that time. Both my legs were the same length"

b) "In an adult, pain in the hip, or pain referred to the thigh or knee is the rule. In a child, pain is often not mentioned".
But here, the boy **did** have knee pain and certainly, pain at night **is highly** suggestive of an arthritis of some form, with TB therefore a possibility.

c) "Often the patient is 'below par' and mothers will have noticed that the children have been easily tired for some months".
A recent 1998 text book concurs with this last statement. "The child with hip TB is usually ill with weight loss and enlarged glands elsewhere, the primary focus usually advancing in the lungs".
In that context what did the old man say? "Oor doctor could see nothing at all the matter with me"
And again "My father thought I was shamming. He could see nothing the matter with my leg"

A GP of that time would be fully aware of the TB possibility. Parents constantly feared it. Even in early 1950s students were taught that in any situation with an unclear diagnosis, TB or one of its euphemisms, Koch's infection, being "delicate", consumption or phthisis, had always to be seriously borne in mind.

Is all this then the picture of a sick child, enfeebled by TB, being brought in with characteristic limp to Joseph Bell's clinic under the discriminating eye of that great medical detective?

Girdlestone (1940) again:- "with x-rays available, other less serious conditions were identified which, without x-rays, could well have been mistaken for TB of the hip". One among others and common in boys between 8 and 12 was Pseudocoxalgia" - not identified by Perthe till 37 years later in 1912.

In that context, Girdlestone states "In the past (meaning before x-rays) "Pseudocoxalgia was mistaken for TB of the hip and the end results from that less serious condition, so much better than those for tuberculosis, misled the profession and falsified results".

Elsewhere Girdlestone says "Where there is diagnostic doubt, the case should be designated an "Observation Hip". In other words "Observe with care and wait and see"

A speculative contention here must be that Bell may have said to himself, "Despite this mother's obvious anxiety, this boy's case just doesn't entirely fit for TB of the hip - we should wait and see". To use modern parlance, "It doesn't stack up". He may have been unwittingly anticipating the Girdlestone "Observation Hip" And might he not have said to his students afterwards "Gentlemen! (bearing in mind that women medical students were prohibited in the Infirmary wards at the time), we have heard from a very anxious mother, we have seen a child who is otherwise well, with no limp and his symptoms and signs don't suggest to me TB of the hip, a common childhood affliction which must immediately come to mind, which I have encountered many times and the diagnosis of which I have wide experience. I will ask the family doctor to keep an eye on him".

And what of "Dr Watson", i.e. Sir Patrick Heron Watson? Can it not be contended that he could have been being both pulled and pushed at the same time. He was a cavalier surgeon who would tackle just about any problem, either medical or surgical. Boog Watson again "While conducting what was said at one time to be the largest surgical practice in Scotland he was equally successful as a physician. Patients of all sorts from all over Scotland sought his care." It was humorously said that no one in Scotland should be allowed die without first having been seen by Heron Watson! Was he pulled by the surgical challenge? Is it even possible that the Matron's "very special

pudding" signified the boy to have been something of a trophy case in sharp contrast to "a patient died in every bed?"
And again, did "Dr Watson's shilling" (worth now about £5!), not suggest the boy's case to have been, for Heron Watson, a challenge accepted and conquered. Could he even have been a little critical of his younger colleague's proposed management? There had been friction between them at one time. "Has young Bell not got it wrong this time?"
So much then for what may have pulled Sir Patrick. But what or who could have been pushing him? Had a Sherlock Holmes been in on this mystery, would he have suspected and elicited an eminence grise, an agent provocateur doing the pushing?
Behind Patrick Heron Watson's stern Victorian look of imperial concern, was there a gentler being, and one who could submit to the blandishments of a strong demanding woman? In the boy's mother, was Sir Patrick dealing with just such a feisty, determined person?
From Boog Watson again - "But a great kindness of heart and a generosity and sympathy towards others were concealed behind a most impressive and sometimes oppressive presence. At that time according to 'Comrie's History of Scottish Medicine', "he was the only surgeon in Edinburgh who insisted, against fierce opposition mainly from Sir Robert Christison, on giving lectures to female medical students not only in the extramural school but also in his ward, but only permitted on a Sunday morning and to giving spirited support to the idea of female medical education"
At the same time, it must have been very unusual for a mother in late Victorian times to bypass a family doctor not once but twice, to take the boy directly to Edinburgh's most important children's surgeon of the day, Joseph Bell, and then, exemplifying the equivalent of present day 'patient power and parental choice', to seek yet a second surgical opinion from the even more senior Patrick Heron Watson.
And, bear in mind, despite possibly a humble background, her genes did produce a son who in spite of practically no education, succeeded well in life. And finally, referring back to the recording, again does it not sound as if in the consultation with Sir Patrick there may have been an element of pressure born of desperation such that it may have gone something like this? You will remember the old man quoting Sir Patrick:-
"He said it was tubercular you know"
Does this not suggest an air of diagnostic confidence- Could it have been the answer to a leading question from the mother "What is wrong with my boy, sir, could it be consumption?"
The Heron Watson confident reply - "Yes, it's tubercular". The mother's next question may have been - "And can you do anything for him, sir? The

old man again “He said he could operate” Was the Heron Watson positive answer “Yes, I can operate”?
And finally perhaps with the mother pleading, “And will you do that sir?” The old man :- “And it was done” In other words, from Heron Watson “I will”
There was a perceptible sense of relief in this part of the recording, its measured pauses giving the impression of a piece of oft repeated family lore - almost “And at last, the right thing was done”
Could it be that the ever perceptive and astute Joseph Bell, alias Sherlock Holmes, in the light of the above defence of him, would have every reason to feel satisfied that he had done the right thing - masterly inactivity and observation.
Whether he ‘cut for tubercle’ in general cannot be ascertained. One Joe Bell expert couldn’t be definitive either way about this but clearly he didn’t ‘cut for tubercle’ here.
Dr Watson, from the result, would clearly be satisfied that he had done the right thing. He obviously in general cut for what he took to be tubercle
But did he cut for tubercle in this case? Or was his very clean and successful cut actually done here for Pseudocoxalgia?
The mother, possibly with an equally determined Scottish granny in the background, would be entirely satisfied that Heron Watson had mercifully cut out the boy’s tubercle.
And as for the patient, the old man, he cycled, drove a car, had a family and lived on till he was well over a hundred entirely satisfied that he had definitely been cut for tubercle.

With these three papers, the 2010-2011 session of the Society came to a close.

The Scottish Society of the History of Medicine

REPORT OF PROCEEDINGS
SESSION 2011-2012

THE SIXTY THIRD ANNUAL GENERAL MEETING

The Sixty Third Annual General Meeting was held at the Edinburgh Academy on 29th October 2011. The President, Dr David Boyd was in the chair. The Secretary, Dr Nigel Malcolm-Smith, presented his report and the Treasurer, Dr Morrice McCrae, presented the Treasurer's report which was accepted. Mr IMC Macintyre was elected as the new Treasurer in succession to Dr Morrice McCrae, who was warmly thanked for his contributions. Dr George Gordon was elected as a new member of Council.

THE ONE HUNDRED AND NINETY FIRST ORDINARY MEETING

The One Hundred and Ninety First Ordinary Meeting of the Society took place immediately after the Sixty Third AGM at the Edinburgh Academy, Henderson Row, Edinburgh, on 29th October 2011. Three papers were presented. Dr Paul Cullis of the University of Glasgow talked on the subject "Childhood Mortality at Glasgow's Royal Hospital for Sick Children before and after the 20th Century". He compared mortality records at the Hospital for the decades, 1890-1899 and 2000-2009. In the decade 1890-1899, there were 731 hospital deaths, of which 3% were neonatal, and 22% occurred in children less than one year of age. From 2000-2009, there were 501 deaths, with 16% occurring in neonates and 48% in children less than one year. Overall, between the years 1890-1899, the main cause of death was infection, while between the years 2000-2009, severe congenital anomaly was the most common cause of death, followed by neoplasm and infection. Mortality of patients admitted to the RHSC between the years 1890-1899 was 16% of medical and 8% of surgical patients. While comparative figures in the period 2000-2009 have reduced, mortality rates remain higher in medical patients. The length of time in hospital before death was similar in each period, as was the ratio of boys to girls (about three to two).

Naheed Jivraj, a medical student at the University of St Andrews, presented a paper entitled "The 1918 Influenza Pandemic Revisited" This interesting paper has now been published in the Journal of the Royal College of Physicians of Edinburgh, Vol 43, pp 347-352 and members can read the full version at www.rcpe.ac.uk/sites/default/files/jivraj.pdf

The third paper presented was by Christine Short and was on the subject of Mary Seacole, with the title “Mary Seacole : Forgotten Hero?”

MARY SEACOLE : FORGOTTEN HERO?

When Mary Seacole presented her letter of introduction to Florence Nightingale at Scutari in March 1855, the two women made a striking contrast. One was a slender, thirty-five year old Englishwoman, soberly attired in a plain grey dress, her hair neatly tucked under a nurse’s white cap. The other was a stout, fifty year old Jamaican woman, unmissable in her bright yellow dress, and blue bonnet tied with red ribbons. In spite of the differences in appearance, Mary was confident that her presence at Scutari would be welcomed, for she was already an experienced nurse and herbalist.

She was born Mary Jane Grant in Kingston, Jamaica in 1805, where her mother, a free born Jamaican woman, kept a boarding house, Blundell Hall. She supplemented her income by providing nursing care to British officers and their families who, unused to the tropical climate, quickly succumbed to diseases such as yellow fever and malaria. Mary’s mother gained the respect of the military surgeons – not to mention the gratitude of her patients - by her nursing skills and the efficacy of the plant medicine which she used. She was part of a long and honoured tradition. In 1780, Horatio Nelson, then a Captain in the Royal Navy, owed his life to a local healer who cared for him when he became seriously ill with fever.

Mary’s father was a British officer stationed in Jamaica as part of the military presence designed to protect Britain’s commercial interests in the West Indies. There is no record of Mary’s birth or of her two younger siblings, Edward and Louisa. But unofficial marriages between Jamaican women and British army personnel were a common practice at the time. Mary was proud of her ancestry:

“I am a Creole, and have good Scots blood coursing through my veins. My father was a soldier of an old Scottish family”, she declared in her autobiography.

From her mother Mary learned her business skills, as well as her nursing experience and her knowledge of plant medicine, practising her skills first on the local cats and dogs and, when they learnt to avoid her well-meaning ministrations, on herself. From her father she inherited a love of travel and adventure and first visited Britain as a teenager in the company of relatives. “I shall never forget my first impression of London,” she wrote years later, then tantalisingly omitted to give any details.

The West India Docks, crammed with shipping and the dirty, soot-filled back streets were a far cry from the natural beauty of her homeland. But the warehouses towering five storeys above the dock and the wharves thronged

with merchants and seamen from all over the world appealed to Mary. She revelled in the confident affluence of the city, admired the new elegance of Mayfair and Regent Street and relished the bustling prosperity of the markets at Covent Garden and Leadenhall. In spite of the uncertain weather and the racist taunts of the street children, it wasn't many years before she was back again, this time supporting herself by selling home made West Indian pickles and preserves to the hotels and restaurants.

In between her travelling to Britain, Cuba, Haiti or New Providence, she continued to help her mother at Blundell Hall and in nursing the sick at the military camp of Up-Park until, at the relatively late age of thirty one, she decided to get married, because, she claimed later, that she lacked the courage to say no.

Edwin Horatio Hamilton Seacole was a white merchant who claimed to be Nelson's godson. There was also a marvellous rumour that he was Nelson's son, but the facts don't really bear this out. They married on 10th November 1836 and went to live at Black River which had a burgeoning logwood trade. The store which was opened by the newly married couple should have been a success. But Edwin appears to have been in delicate health and Mary's time and attention were concentrated upon nursing him, rather than on running the business. Finally, in 1843, they gave up and returned to Kingston where, a year later, Edwin died. Shortly after, when Mary's mother also died, Mary became mistress of Blundell Hall.

It wasn't easy for a thirty-nine year old widow to make a living. Abolition of the slave trade and the later emancipation of slaves, while laudable, meant that the large plantations which produced sugar and fruit for export were no longer viable. Estate owners abandoned their lands and the newly freed slaves lacked both capital and expertise to administer the lands and there was no other work for them to do. Tax revenues diminished; hurricanes, earthquakes, yellow fever and cholera hastened the economic decline of the country.

Just as Mary and her brother and sister were wondering how to make ends meet, on January 24th 1848 gold was discovered at Sutter's Mill, California. By 1849, people from all over the world were converging on North America, eager to grab a slice of the Californian Dream of get-rich-quick.

There were three ways of getting to California, none of them easy. One way was to travel overland along the wagon trails which had rumbled westwards across North America for over twenty years. Another way was to sail down the east coast of North and South America, round the treacherous Cape Horn, and back up the west coast to the boom town of San Francisco. The third route was equally dangerous but had the advantage of being shorter, taking a mere three months rather than the eight or nine months required for the first two options. It involved taking ship down the east coast of North

America, disembarking at Navy Bay on the Isthmus of Panama, then travelling the fifty miles overland by canoe and mule to the city of Panama on the west coast and taking ship once more for San Francisco. The construction of a railway promised to reduce the time still further.

Shanty towns sprang up at Cruces, the navigable limits of the River Chagres, to cater not only for the prospectors going to and from the gold fields, but also for the boatmen, porters, muleteers, gamblers and dancers who inevitably followed in their wake. Mary's brother, Edward, tired of struggling to make a living in Jamaica's crumbling economy, decided to try his luck and build a hotel at Cruces. No doubt Mary would have gone with him but an outbreak of cholera in Kingston meant that her nursing skills were urgently needed there. But as soon as the epidemic abated, she packed her bags and set off, eager for another adventure.

Mary describes Navy Bay, (now called Colon), vividly:

"Three sides … were a mere swamp … the town … stood upon a sand reef, the houses built on piles which rotted away every three years … It seemed as capital a nursery for agues and fevers as Death could hit on anywhere."

When the railway was finally completed in 1855, it was said that every railroad tie between Colon and Panama represented a dead man. There was no permanent accommodation; people lived in leaking tents, damp huts and even under rail wagons without even the most basic sanitary arrangements.

After a journey involving crocodiles, snakes and thieving porters, Mary finally arrived at Cruces exhausted, her pale blue dress caked in thick red mud and the rain sluicing from her once neat bonnet. But if she was hoping for rest and comfort at the end of her long and difficult journey, she was to be disappointed.

At the time that gold was discovered, California was Mexican territory. Although ceded to the USA at the end of the Mexican War in February 1848, California did not become a State until September 1850 and therefore had no civil legislature. The attraction of a state with no laws was that – well – it had no laws. The prospectors lived in shanty towns with self-explanatory names like Rough and Ready and Hangtown. No one was interested in social niceties, and Edward's hotel did not provide them.

"… a long low hut built of rough, unhewn, unplaned logs, filled up with mud and split bamboo … the interior a long room hung with dirty calico …" above it another room in which guests slept, having the benefit of sharing any orgies which might be going on below them, through the broad chinks between the rough, irregular planks which formed its floor. Understandably, Mary and her girl servant felt safer sleeping under the table while Edward and Mary's man servant slept on top of the table.

There was no time for regret. The rough shacks, overcrowded accommodation and poor sanitation produced the inevitable result. Within

days of Mary's arrival cholera struck Cruces. In scenes reminiscent of the Black Death in 14th century Europe, people sickened and died within hours of the first symptoms appearing. The sick lay in the mud and squalor along with the dead, drenched by the heavy rains, their companions too frightened to touch them. A doctor came from Panama but he also was too frightened to touch the sick.

For Mary**,** with the Kingston epidemic still fresh in her memory, it was a familiar scene. She issued instructions for the ramshackle houses to be cleaned, fires lit and doors and windows flung open. She organised teams of people to sweep the streets and where people were too sick to do the work, she did it herself. She administered mustard emetics, mercury plasters and the ubiquitous Calomel – mercurous chloride – which was a favourite ingredient in many 19th century medications. She gave boiled water laced with cinnamon which at least had the advantage of replacing lost fluid, although the good this did was countered by the mustard emetics. From those who could afford it Mary accepted payment, usually in gold dust. But, throughout her life, she never refused to help or treat those who were too poor to pay.

This was Mary's second encounter with cholera and she was puzzled by its swift and devastating progress. So much so that she decided to perform an autopsy to discover more about this dreadful disease. But even in such a lawless places as Cruces, she had to proceed with discretion. Dissection was viewed with great disapprobation even fear and might discourage people from seeking Mary's help in the future. The body she chose was that of an orphaned infant who had died of cholera. The body was retrieved at night and the autopsy was performed in secret. She does not record her findings in detail but she learned that the disease prevented the absorption of water from the intestines and this itself helped her to formulate more effective treatments.

Little by little people drew courage from Mary's robust practicality and brought food and blankets and helped to care for the sick. But to Mary's annoyance, once the epidemic subsided they lost their fear of death and reverted to their old ways.

Tired of the anarchy which reigned in her brother's hotel, Mary now decided to start her own establishment. There were several hotels in Cruces called the American Hotel and there was even a grandly named Empire City Hotel; Edward had diplomatically called his the Independent Hotel. But Mary nailed her colours to the mast and called her two roomed hut swathed in bright calico the British Hotel.

There was probably more regulation in Mary's tiny hotel than in the whole of California. For a payment of four shillings, guests were offered washing and shaving facilities and had to sit at a table and use a knife and fork to eat,

instead of dipping a dirty hand into the communal dishes. Spitting and gambling were not allowed. In return, her guests received the sort of meals they hadn't seen for a long time. Instead of half cooked strips of indeterminate meat sold "by the yard", Mary gave them thick pancakes, stewed beef, roast pork or ham; rice sweetened with molasses followed by tea and coffee. In spite of all her motherliness, she wasn't stupid. If anyone asked for more than six cups of coffee, she put salt in the seventh to discourage any more requests. Mindful of the orgies she had witnessed at her brother's hotel, she did not accept lodgers; besides, people were too violent after an evening spent drinking and gambling in other parts of Cruces. But she was kept busy stitching the wounds of the victims of the frequent knife fights and shootings – and helping to bury the dead.

At the end of the rainy season, most of the hoteliers prepared to move down river to Gorgona. But before they departed there was the customary round of self-congratulatory dinners to attend. It was at one of these functions that the spokesman proposed a toast to "Mother Seacole".

" … there are only two things we are vexed for … the first is, that she ain't one of us – a citizen of the great United States … the other is that Providence made her a yaller woman … and I guess if we could bleach her by any means we would and thus make her acceptable in any company …"

Mary's reply, sharpened by her having witnessed the cruelty with which slaves were treated, left him and his companions speechless.

"If it [her complexion] had been as dark as any nigger's I should be just as happy and as useful and as much respected by those whose respect I value; and as to his offer of bleaching me, I should … decline it without any thanks …" and finished by calling for "the general reformation of American manners."

Having delivered this broadside, Mary departed.

At Gorgona Mary spotted another business opportunity. The prospect of striking gold was as attractive to women as it was to men. Apart from the usual camp followers there were women who, unwilling to be left alone for months or even years, accompanied their husbands to California. Some women travelled alone intending to become prospectors themselves. Others weren't going to the gold fields but to San Francisco to become hoteliers and store keepers catering for the people flocking to the town with their pockets full of gold dust. The most successful of these entrepreneurs was Levi Strauss who made a fortune selling denim dungarees to the prospectors, and consequently became forever associated with denim jeans.

On the journey, there was no separate accommodation provided for the women. The best they could hope for was a small corner of a room screened off by a sheet. At Gorgona, Mary opened a small hotel exclusively for women and a makeshift hospital for sick travellers who had been abandoned

by their companions. Here among floods, fire and fights, Mary cooked meals, delivered babies and treated the injuries attendant upon a mass of lawless people crowded together.

But she was never happy on the Isthmus. She missed "agreeable" female company and became increasingly angry at the cruelly racist mentality of the people from the southern States of North America. She decided to return to Jamaica on the first available steamer out of Navy Bay. But this turned out to be an American ship and the American women on board threatened to lynch the "yaller woman"; Mary retaliated by calling them "Yankee trash" but felt it was wiser – and safer – to wait for a British steamer to take her home.

Her arrival in Kingston was timely. Yellow Fever was raging in the military camps and Mary's nursing and medical skills were in great demand. She organised a nursing service at Up-Park camp and nursed the officers and their families in her own home. But once the epidemic subsided, business interests dictated that she returned to the Isthmus.

In the eight months of her absence, Navy Bay had not changed**.** The bodies of three Irish men, killed in a fight a week previously, were still lying in the street, because it was no one's task to bury them. But the railway was now nearing completion and provided a swift and relatively safe journey across the Isthmus and accommodation was no longer in urgent demand.

After disposing of her business interests, Mary visited the city of Panama with her brother and then returned to Navy Bay. Within three months, she had moved to Escribanos, seventy miles away, to try her own luck at prospecting for gold. But all she found was fool's gold and her thoughts now turned to a new, more exciting adventure.

Before she had left Jamaica news reached her that Britain was at war with Russia. Some of the regiments had already left Jamaica for the Crimea and Mary had keenly traced their progress on a battered map. But that wasn't enough; she was determined that she would follow her friends to the Crimea. She arrived in Southampton on October 18th 1854, when Britain was still reeling from the shocking news of the Battle of the Alma on September 20th. Despatches from William Russell, special correspondent for The Times, had stripped away the layers of patriotism to reveal the true condition of the British army at Varna on the Bulgarian coast and on the Crimean Peninsula.

The problem was that Britain had not fought a war for forty years and most of the senior officers had last seen active service at Waterloo. When presented with a problem, their invariable question was "What would Wellington have done?" But the Duke of Wellington had died in 1852 and more modern warfare, with its steamships, telegraph, rifles and railroads, was quite different from the Napoleonic Wars. The Treasury in London controlled the Commissariat and had little or no understanding of the

conditions endured by the army. It had been assumed that the war would only last a few weeks and the summer clothing and tents provided were totally inadequate for a winter campaign. Basic services such as cooking, laundry and sewing were performed by camp followers – army wives who, with or without permission, had chosen the rigours of war rather than destitution and the workhouse at home. A serious fire at Varna destroyed a large quantity of supplies and a hurricane at Balaklava on 14th November wrecked supply ships and destroyed enough stores to keep men and animals for twenty days. The railroad from Balaklava to the front line was only used to transport ammunition and so supplies – and the sick and wounded – had to travel by cart or mule along roads which were often impassable with mud and snow. Many died during the journey to Scutari, while at the great barracks hospital there, the Chelsea Pensioners sent out to attend them were too feeble and too drunk to be effective.

Confident that her experience and expertise would be welcomed, Mary applied to be one of Florence Nightingale's team of nurses. Mary had encountered overt racism on the Isthmus but now she experienced a more subtle form of prejudice. No one refused her application; she was simply referred to different departments with no decision ever being made. It must be said that at nearly fifty and rather stout, Mary was not an ideal candidate to withstand the rigours of Scutari. But the rejection of two other women as being "too black" indicates that racial discrimination played a major part.

Undeterred, Mary decided to fund her own expedition by setting up a store in the Crimea as she had done on the Isthmus of Panama. It was at this point that she was joined by Thomas Day, who was the manager of the gold mine at Escribanos and who was, Mary later claimed, a distant connection of her late husband. He now claimed that he had shipping business in Balaklava and whether true or not, he and Mary joined forces to form the company of Seacole and Day. Shortly after, Thomas left for the Crimea and Mary was left to buy the supplies and equipment necessary for the store.

Finally, on 18th February, 1855, Mary set off for the Crimea. The long and tedious voyage was enlivened by reunions at Gibraltar and Malta with officers whom she had befriended in Jamaica. All greeted her affectionately and were delighted that "Mother Seacole" would be with them in the Crimea. A doctor with whom she had worked gave her the letter of introduction which she presented to Florence Nightingale at Scutari.

The meeting wasn't a warm one. Mary had already shown a marked tendency to independence by rearranging bandages and chatting cheerfully to the patients. Mary requested – and received – a bed for the night, sharing her accommodation with a laundry woman, a few sick nurses and a multitude of fleas. Next day, no doubt with mutual relief, Mary departed for Balaklava.

She arrived, drenched and shivering four days later and in a repeat of her arrival at Cruces, she immediately set to work tending the sick and wounded who lay on the wharf with nothing but a tarpaulin sheet to protect them from the vagaries of the Crimean weather. In the six weeks it took for her to get permission to build her store, she cared for her patients during the day and in the evening she clambered back on board the ammunition ship which was her accommodation, to bake sponge cakes and make lemonade to take on shore the next day.

When she finally received permission to build her store, she chose a site which she called Spring Hill, situated about two miles away from Balaklava on the road to Sevastopol.

Built from flotsam and jetsam gleaned from the harbour at Balaklava, the store consisted of one long room with shelves, an upper room for storage, a small kitchen and two wooden houses "for myself and Mr Day".

The servants, usually deserters, the wounded or those unfit for other duties, lived in outhouses. The animals were corralled in an enclosed yard. This simple edifice was grandly named the British Hotel and above all flew a large Union flag. The store was an Aladdin's cave of desperately needed equipment. Mackintoshes, boots, caps, linen, and saddlery as well as toothpowder, snuff, tobacco tea and good wine – all the necessities and home comforts which had been so lacking in the first year of the war and which were still in short supply**.**

Even before it was properly finished, the store became a meeting place for allied officers who may have regarded each other with mutual suspicion but were unanimous in their respect and admiration for "Mother Seacole" as they loitered in her kitchen surrounded by the delicious aroma of Irish Stew, curry or meat pies. Only officers could afford such luxuries but the more thoughtful took food back to the men still shivering and starving in the trenches outside Sevastopol.

Mary's day began before daybreak with the plucking of chickens, jointing and roasting carcases of beef and pork, making jellies and broth and mixing medicines. After a breakfast of coffee laced with butter, for want of milk, she held clinics for the sick. Here she treated frostbite in winter, heatstroke in summer, typhus, scurvy, malnutrition, cholera and the ubiquitous dysentery. Apart from frostbite, Mary had had plenty of experience in treating all of these diseases in Jamaica and on the Isthmus of Panama. Such was her reputation that often the sick and wounded – including injured horses – were brought to her before being sent on to Balaklava and Scutari. After this, she packed her medicine chest and visited the nearby hospital of the Land Transport Corps. Back at the store, she sold merchandise and chatted to the officers until closing at 8pm.

To the men, Mary was “mother”, representing all the comforts and cheer of home. To Mary, they were her “sons” and she admits that she often dreaded the news the morning might bring, for inevitably some of her friends would be among the dead.

From the beginning stealing was a serious problem and Mary took to wearing a brace of pistols. She had no idea of how to fire them, but enjoyed brandishing them at would-be thieves. However, there was one type of thief against which she was powerless. Rats, “with the appetites of London aldermen” decimated the food stores, attacked the livestock and terrorised the servants. Mary borrowed a cat from the Coldstream Guards and the creature worked with deadly efficiency for a few days before mooching back to its former, less demanding quarters. Perhaps Mary should have applied elsewhere for help. A lifelong cat lover, at one time Florence Nightingale possessed seventeen cats.

But since that meeting at Scutari, there had been no contact between the two women, although Mary would have gladly continued the acquaintance. Florence firmly kept her distance, even when she visited the hospitals at Balaklava, she did not make the short detour to Spring Hill.

Florence was still struggling to weld her disparate group of women into a coherent team. Nuns were sent home for paying more attention to a patient’s soul than his physical well being; lady volunteers were often not strong enough to cope with the rigorous work and, being used to managing their own households in Britain, resented Florence’s control, and nurses were sent home for drunkenness and fornicating with the patients. Florence’s much-hated sobriquet of the “Lady with the Lamp” stems from her habit of banning the nurses from the wards after 8.30 pm and patrolling the corridors herself. Mary’s relaxed independence ran counter to the rigid discipline necessary to create order out of Scutari’s chaos.

Florence had other problems too**.** She insisted that she was in charge of the hospitals at Balaklava, but she had been appointed by the government to be Superintendent of Female Nurses in Turkey. Balaklava, as the competent women who ran the hospitals were quick to point out, was in Russia and therefore not under Florence’s supervision.

It must also be remembered that, while at Balaklava, Florence suffered a severe attack of “Crimean fever” – probably brucellosis – and never fully recovered. Therefore she had little time or energy to pay social calls, even had she wanted to.

Mary was certainly providing a much needed service but her store was not the only one. By the Spring of 1855 government supplies were better organised and were reaching the troops. Encouraged by the example of Queen Victoria and her daughters, women all over Britain were making warm clothing for the soldiers.

A shanty town of stores and canteens had sprung up half way between Spring Hill and Balaklava. Mary mistrusted them all; she provided a unique service as sutler, nurse and doctor but she was understandably wary of any competition which might threaten her own income or dent her own reputation for respectability.

In response to the journalists' despatches, visitors were flocking to the Crimea to see war at first hand. Ladies and gentlemen sightseers, artists and photographers as well as relatives of senior officers congregated on Cathcart's Hill to watch the siege of Sevastopol. They were no doubt watched equally carefully by the Russians – including the young Leo Tolstoy. Some viewed their presence with distaste but for Mary they were a blessing. Dinner parties, cricket matches, race meetings and theatricals were organised for their entertainment and Mary catered for them all, even lending her voluminous skirts for fancy dress parties.

Mary herself visited Cathcart's Hill, not only to sell refreshments to the sightseers but courageously descending into the trenches to treat the wounded. Often she came under fire, the men yelling "Lie down, Mother! Lie down!" and helping her to her feet when the danger was past. Her mere presence cheered and encouraged just as her ministrations soothed and strengthened the exhausted and hungry soldiers.

The capture of Sevastopol was not as easy as some had hoped and more than once the sightseers were mortified to see the allies beaten back. But finally, in September 1855, after three long and bloody sieges, Sevastopol surrendered. Weeks before, Mary had placed a bet that she would be the first allied woman to enter the city. Now she won her bet. Riding through the blazing streets she caused confusion amongst allies as well as Russians. The French tried to arrest her as a spy and only desisted when she laid about her with a large brass bell she had picked up as a souvenir. Some mischievous British soldiers persuaded the Russian troops that she was Queen Victoria, a joke which the delighted Mary encouraged until a group of kilted Highlanders came along and stole the limelight.

The cessation of hostilities made Mary busier than ever. The sick and wounded continued to pour into Spring Hill and now that there were no more battles to watch, the visitors organised picnics, parties and dinners for which Mary was again called upon to cater.

That Christmas, she even managed to provide a traditional feast, substituting the indigenous bustard – one of which weighed 19lbs – for turkey and devising her own recipe for a Christmas Pudding. Very generously, she wrote it down for posterity and here it is. You may try this at home.

1lb flour

¾ lb raisins

¾ lb fat pork chopped fine

2 tablespoons sugar
A little cinnamon or chopped lemon
½ pint milk or water
Mix all ingredients well together and boil for four hours.

But now that there was no common enemy, the Season of Goodwill quickly evaporated among the allies. The Turks picked fights with the Greeks and after nearly a thousand years of seriously annoying each other, it was hard for the British and French to regard themselves as friends. All it took was for someone to bellow "Waterloo!" and the resulting fights and injuries kept Mary fully occupied.

Around this time, the celebrated French chef Alexis Soyer visited Spring Hill and became a firm favourite with Mary. Soyer had been chef at the Reform Club in London and had travelled to Ireland in 1847 during the Potato Famine devising nourishing soups for the starving population. In the Crimea, he won Florence Nightingale's respect and friendship by reorganising the supply of provisions to army hospitals, and he invented a field stove whereby every soldier could be given a nutritious – and edible – meal. He and Mary became firm friends, both respecting the other's expertise, but he never accepted her challenge to prove that his field kitchen meals were as wholesome as her West Indian cooking.

Once the Treaty of Paris was signed in March 1856, everyone's thoughts turned to home. Mary had always found it hard to make a decent profit; she never charged poorer patients for their medical care; local tradesmen didn't always pay their debts and stealing was endemic. The officers whom she had welcomed so warmly sometimes repaid her by taking vintage wines without paying for them and frequently did not honour the IOU's that Mary had accepted at the height of the war. Now, Mary had a store full of merchandise which she had paid for but could not sell. The British Hotel was dismantled and the kitchen which had been the source of so much homely comfort to the British was now given to the Russians. She was among the last to leave the Crimea and until then she cared for the sick and wounded and visited the trenches and the graves which were already thickly colonised with Spring flowers.

Once back in Britain, Mary and Thomas Day set up a store at Aldershot but when that failed, and they were declared bankrupt, Day went to Australia and Mary moved to London. By 1857, just a year after the end of the war, Mary was in straitened circumstances. The officers whom she had cared for in the Crimea now rallied round, their generosity perhaps tinged with guilt for all their unredeemed IOU's. A grand military festival was organised for her benefit and appeared to be a great success. But the Company who arranged the benefit were themselves declared bankrupt. Instead of the expected £228, Mary received just £57. The publication of her

autobiography – a highly selective account of her adventures – provided a further small income.

By now, news of the Indian Mutiny was arriving in Britain and Mary, undeterred by her personal problems, determined to go to India and give what help she could. But the harsh Crimean weather, constant hard work and illness had taken their toll of even Mary's robust health and she was refused permission to travel to India.

Religious conversion often accompanies adversity and it was about this time that Mary turned to the Roman Catholic faith. By 1860, she had returned to Jamaica where she sponsored the Catholic baptisms of two of her young relatives.

Seven years later, Mary was back in London and still in straitened circumstances. Another subscription was organised this time successfully. Queen Victoria, the Prince of Wales and the Queen's nephew, the Duke of Cambridge were subscribers. Even Florence Nightingale contributed, although a few years later she seems to have regretted her generosity. But Mary was now able to build two bungalows in Kingston, Jamaica. She lived in one and rented the other to provide a regular income.

Mary might have spent her remaining years living comfortably in Kingston surrounded by her admiring friends and family. But at the outbreak of the Franco-Prussian war in 1870 she immediately returned to Britain to offer her services as she had done at the outbreak of the Crimean War. The response was the same as sixteen years previously although for different reasons.

The times had changed; both she and Florence Nightingale had helped to change them. Nursing was now a respectable profession and there was no shortage of women to staff the hospitals. Mary was now 65, not in good health and could speak neither French nor German. Sufficient for her rejection, but there was yet another obstacle in her way.

Sir Henry Verney, MP for Buckinghamshire, was responsible for organising humanitarian aid for war casualties. On receipt of Mary's application he asked for the opinion of his sister-in-law – Florence Nightingale. Her reply is revealing.

"Mrs. Seacole. I dare say you know more about her than I do. She kept – I will not call it a 'bad house' but something not unlike it – in the Crimean War. She was very kind to the men & what is more, to the Officers – and did some good - & made many drunk … I had the greatest difficulty in repelling Mrs Seacole's advances, & in preventing association between her and my nurses … Anyone who employs Mrs Seacole will introduce much kindness – also much drunkenness and improper conduct wherever she is. She had then, however, one or more 'persons' with her whom, (I conclude), she has not now."

In short, Mary represented all the things which Florence was trying to eradicate from the embryonic nursing profession. The "one or more persons" refers to Thomas Day and to a young Jamaican woman called Sally. Mary was always vague about Day's role in her life, merely describing him as a distant connection of her late husband, Edwin. But she makes it very clear – perhaps conscious of the attitude of the reading public - that they had separate living quarters in the Crimea. Sally was probably a young relative but her habit of calling Mary "Mother" (as did many other people) created some confusion as to her exact relationship.

Mary lived comfortably in London for a further eleven years. Then in April 1881, she suffered a severe stroke and died a month later on 14th May, aged 76. She was buried in St Mary's Roman Catholic Cemetery, Kensal Green, not far from the grave of her friend Alexis Soyer.

As her Crimean friends died, Mary's name faded from public memory but she was never entirely forgotten. There was a revival of interest in her at the death of her sister Louisa in 1905. In 1954, at the centenary of the Crimean War, the Headquarters of the Jamaican General Trained Nurses Association was named after Mary, as is a hall of residence at the University of the West Indies. Twenty years later, her gravestone was restored by women from Jamaican charities and nurses' associations. A commemoration service was held on the centenary of her death in 1981 and nine years after that the Jamaican government posthumously awarded her the Order of Merit. Finally in 2004, Mary Seacole was voted "greatest Black Briton" an accolade which would have delighted her, for she was always immensely proud of both parts of her ancestry.

If Mary's name is not as well remembered as Florence Nightingale's, it is because Nightingale left a legacy of reforms in nursing, hospitals and the army which are as relevant today as they were 150 years ago. Mary, by her own admission, had no interest in reform.

"Mismanagement and privation there might have been, but my business was to make things right in my sphere, and whatever confusion and disorder existed elsewhere, comfort and order were always to be found at Spring Hill."

Intelligent, courageous and warm-hearted, as an entrepreneur without government support, Mary was content to exercise her considerable skills to help those in need. But she did not formally pass on those skills to others. Mary was a pioneer rather than a reformer, a role model for the independent woman at a time when the idea of the independent woman was anathema.

It has been suggested that the nurses who came to Britain in 1948 on the "Empire Windrush" were following in Mary's footsteps. But I would argue that as trained, professional nurses, they were more in the mould of Nightingale's nurses. However, in their independence and love for adventure

they are representative of Mary. They were an amalgam of Florence Nightingale and Mary Seacole, two of the most outstanding women of the 19th century. There can surely be no better legacy than that.

THE ONE HUNDRED AND NINETY SECOND ORDINARY MEETING

The One Hundred and Ninety Second Ordinary Meeting was held on 10 March 2012 at the Royal College of Physicians and Surgeons of Glasgow. There were two speakers, Mr Roy Miller talked on Peter Lowe and the Royal Charter and Mr Iain Macintyre talked on Edinburgh Surgery and the History of Golf.

PETER LOWE AND THE ROYAL CHARTER

Peter Lowe's date and place of birth are unknown. His name, on the title page of books was accompanied by the word Arrelian and some have thought that this signified his birth place, with Errol, Ayr or Airth being suggested. Others have thought that it referred to where he studied, perhaps Orleans, where his name has allegedly been found in its old records. Archibald Goodall, Honorary Librarian at the Glasgow College in 1948, found in investigating this that the records had been kept centrally and were completely destroyed by Allied bombing in 1940. Perhaps undue significance has been given to the word.

More information about Lowe's life is given in his textbook

"I impart to you my labours, hidden secrets and experiments by me practised and dayly put in use, to the greater comfort, ease and delight of you and such as have had occasion to use my help in France, Flaunders and elsewhere, the space of 22 yeares: thereafter being Chirurgeon Maior to the Spanish Regiments at Paris, 2 yeares: next following the French King my master in warrs 6 yeares."

Those central two years give dates from which to identify those thirty years of Lowe's life. Paris was besieged by Henri of Navarre and his Huguenots in 1588 and 1589. The Spanish Regiments helped the Catholic League, organised by the family of Guise, defend the City, and Lowe was their Chirurgeon Maior. On the death of Henri III in 1589, assassinated by a friar, Henri of Navarre became Henri IV, actually chosen by his predecessor. To ascend to the throne, he converted to Catholicism, declaring that Paris was "worth a mass". He was the king who Lowe served for 6 years from 1589 until 1595.

From the text, Lowe appears to have been medically qualified in those first 22 years, which would take one back to 1556. He seems to have been born before 1550.

He writes most elegantly of his early ambition:-

"Considering with myselfe that all men are naturally obliged to serve the common wealth by some honest profession and that no man is able to discharge their dutie, and benefit to his native countrie, except he learn in his tender age, the science wherein the ornament therof consisteth: after full Deliberation I applied myself to the study of Chirurgerie…in the auncient cittie of Paris, where the professors are learned, wise and grave men who are so useful to the weale publique."

With no medical schools in Scotland, young men with sufficient funds and ability went abroad to study. That an ancient law in France allowed a Scot to adopt French nationality was a great attraction. This probably originated after Robert the Bruce sent his ambassadors to Paris to strengthen the Auld Alliance. One of them, Bishop Moray, sought and received permission to found a Scots College in Paris. Eight years after its establishment it was given French Royal approval in 1333. It became one of the colleges of the University. This law may have been strengthened by Mary Stuart becoming "Reine de France", and Lowe may well have been one of those who benefited.

His formal title of "Maister" suggests he was a "Magister Artium" of a University. His claim to be a "*Doctor in the Facultie of Chirurgerie in Paris*" indicates that he belonged to the Confrérie de St Come et St Damien. This was the Brotherhood of the Surgeons of the Long Robe as opposed to the Brotherhood of the Surgeons of the Short Robe, who performed only minor surgery as well cutting hair. The twins, Cosmos and Damien, were Syrian Christian martyrs, active at the end of the 3rd Century AD. Learned in arts, they performed cures which were seen to be miraculous, including transplanting a leg. They are the supporters of the Arms of the Royal Society of Medicine. The church of St Come et St Damien in Paris at 5 rue de l'Ecole de Médecine housed the Confrérie. The entrance remains, but the church was demolished in 1836. During Lowe's time, the dean was Jean Cointret. There was also an intense Scots curé, John Hamilton, who insisted that all the brethren attended the special mass held on the first Monday in the month, following which the sick poor were treated and even operated on without payment.

In 1583 Lowe left France for a short period to participate in a dangerous escapade which reveals his involvement in affairs of state as a spy. He met Alexander Dickson, Secretary to the Earl of Errol, in London. Somehow they managed to obtain details of English naval and military defences at sites as widespread as Berwick, Dover and even the Tower of London, as

well as a list of all Her Majesty, Queen Elizabeth's ships, with their names. This information and other documents they secreted in a casket which they delivered to L'Aubespin, the French Ambassador. Dickson, at the time, was within the circle of those associated with Walsingham, the head of Elizabeth's Secret Service.

Lowe was in London, more conventionally, in 1596, for the publication of his slim volume on syphilis, *An Easie Certaine and Perfect Method to Cure and Prevent the Spanish Sickness*. He was adopting the convention of blaming a hostile country for the spread of a disease. While the superficial manifestations of the disease might disappear with mercurials, the insidious and apparently unrelated cardiovascular and neurological sequelae would eventually develop.

He was in London again in 1597, this time for the publication of his magnum opus, *The Whole Course of Chirurgerie.* This was the first surgical textbook written in English and was dedicated to *"THE MOST PUISSANT and mightie Prince JAMES the sixte, by the grace of God, King of Scotland."* Only nine copies of this edition are known to have survived and the Glasgow College owns one of them. The book was so well received that further editions were published in 1612, 1634 and 1654. The woodcut illustrations, which appear from the second edition onwards, are largely copies, some might say poached, from those used by Ambroise Paré, France's great surgeon of that period.

By 1598 Lowe was in Glasgow. Sir James Marwick, perhaps the city's greatest Town Clerk, wrote in his book, Early Glasgow, *"Lowe, whose name appears for the first time in the Council Records on 17th March 1598, was a Scotchman, probably a native of Glasgow or the West of Scotland.… He was probably in London in 1596 and 1597 and came, apparently in the spring of 1598 to practise in Glasgow."*

The council Records of 17th March note

"It is aggreit of new and contractit betwixt the Town and Dr Low for iiijxx merkis money be yeare."

Lowe had become a salaried surgeon in Glasgow for 80 merks a year. His brother John and sister Helen lived in Glasgow at a time when few people travelled afar. Lowe became a Burgess and Freeman of Glasgow on 29th January 1599, without payment of fee. This implies that he was highly regarded, or his father had been a Burgess before him. It seems likely that he was a Glaswegian.

On 25th May 1599 he bought a house and in the record of the purchase we find the name of his first wife.

"James Lyonne, merchant, citizen, sold to Mr Peter Lowe, Surgeon and Grisill Pollart, spouses a fore-tenement, heigh and laigh… on the west side of the street leading from the Metropolotan Church to the Market Cross."

He had a son, John, by Grisill. In respect for his father, John was eventually admitted as a member of the Faculty. Grisill died in February 1603.
After the high medical standards in Paris, Lowe did not appreciate the poor practice existing in Glasgow, but he was not alone in a desire for improvement. A Kirk Session minute of 14th September 1598 reads
"The University, Ministers and Presbytery take cognition who are within the towne that pretend to have skill in medicine and hath not the same, that those who have skill be retained and others rejected."
As result, a deputation went to the Town Council. At their meeting on 14th April 1599, they decided that the Principal of the University, one of its Regents, the Master of the Grammar School, along with three Baillies and three Ministers, should examine the town's practitioners regarding their skills. There is no record of them acting or even convening. It may be that there was no need, as Lowe had already petitioned King James.
The second edition of Chirurgerie was published in 1612, and in it Lowe is credited with writing "*from my house in Glasgow 20 day of December 1612"*, but he died in 1610.
The book also contains details of the case that he made to James VI, paraphrased as follows
[It pleased the king to hear my complaints some 14 years ago about certain abuses of our art by diverse sorts and ranks of people of whom we have good knowledge, and how the thriftless and idle meddle in our art yet generally go unpunished or on trial. His Majesty and Honourable Council considered the matter and deciding that such abuse ought not to be tolerated granted me the privilege under his privy seal to examine all men in the West of Scotland professing to be surgeons and get rid of those unworthy of the calling retaining only those worthy of the name.]
From the confusion of dates, it seems he petitioned the king sometime between 1596 and 1598. The Charter granting these privileges, and more, is dated the Penultimate Day of November 1599. During a series of law suits involving the University in the 19th century, the original was lost. It is written in old Scots and is faded and difficult to read. It begins by addressing, in the King's name, all the officials concerned, such as Provosts, Baillies and Sheriffs. It then notes "*the grit abuisis quhilk hes bene committed in time began, and zit daylie continuis be ignorant, unskillit and unlernit persons, quha under the colour of Chirurgeanis, abuisis the people to their plesure, passing away but* (without) *tryel or punishment and thereby destroyis infinite number of oure subjectis."*
The area within its jurisdiction is specified next. This comprises Glasgow, Renfrew, Dumbarton, Renfrewshire, Clydesdale, Lanark, Kyle, Carrick, Ayr and Cunningham, which is most of south west Scotland. In fact it is the area over which the Archbishopric of Glasgow had control and which continued

to be recognised after the reformation. Galloway came under the jurisdiction of Carlisle.

The Charter granted powers to "*Maister Peter Low, our Chirurgiane and chief Chirurgiane to our dearest Son the Prince, with the assistance of Mr Robert Hamiltone, professoure of medicine, and their successouris*" so that they could examine all those professing the art of chirurgerie as to their literature, knowledge and practice, and if found worthy, to license them, receiving their oaths and authorising them as accorded, but discharging them from "*onie farder nor they have knawledge passing their capacity, laist or subjects be abusit*." In addition each candidate for membership had to produce a testimonial from the minister and elders, or the magistrates of the parish in which they lived. Any found practising without such a licence could face a variety of punishments, culminating in imprisonment.

Secondly, they, or their successors, had to visit "*everie hurt, murtherit, poisonit or onie other person tane awa extraordinarly and to report to the Magistrate the fact as it is.*"

Thirdly, the Visitors, (the name given here to Lowe and Hamilton), along with the advice of their brethren, were allowed to "*mak statutis for the common weill of our subjectis anent the saidis artis*."

Fourthly, physicians were to be allowed to exercise the practise of medicine if they had "*ane testimonial of ane famous universitie quhair medicine be taught"* or "*at the leave of the King or the chief medicinaire*"

Fifthly, no person could sell drugs in the area unless inspected and approved by the Visitors and by the apothecary, William Spang, (adulteration of drugs and substitution were prevalent even then). Today the President of the College still appoints an "Inspector of Drugs."

Sixthly, no dangerous drugs "*retoun poison, arsenick or sublimate*" were to be sold except by apothecaries who had to take caution for "*coist (cost) skaith (harm) and damage*"

Seventhly, the Faculty must convene on the first Monday of each month "*at sum convenient place, to visite and give counsel to puir disaisit folk graitis*."

In return the members were excused certain civic duties such as paying some taxes, military duties such as "wappin shawengis, raidis, oistis (use) and beiring of armour", as well as serving on juries, although they might be called as expert witnesses.

The Charter was submitted to the Magistrates of Glasgow on 9th February 1600 and endorsed by them as recorded: *"The provest Baillies and counsale, viz, Thomas Muir, [and eleven others] present….hurtful to the commounewiel and liberte of the towne"*

[The provost, baillies and council, that is Thomas Muir and eleven others present, having inspected and being advised of the privileges and statutes of our Sovereign Lord's letter of gift and the faculty granted to maister Peter

Low, surgeon, maister Robert Hamilton, William Spang and their successors, professors of their arts, granted by his Majesty to them and their successors as in the said letter of gift under the privy seal signified at length, have promised to accept, agree with it strongly, and maintain them and their successors and the liberties granted to them for all time coming, provided that they nor any acts that they shall happen to make shall be neither prejudicial nor hurtful to the common-weal and liberty of the town]

It was a considerable time before the first meeting, because Lowe was called upon to undertake an important mission on behalf of King James. In 1601 he accompanied the Earl of Lennox to France on an ambassadorial visit to King Henri IV, the king he had previously served. It was a time when James could see his way to becoming Elizabeth's successor in England. Lennox, in fact, went on to become James's representative in Scotland after the Union.

Lowe was still a salaried surgeon to the town, therefore one finds this entry in the Burgh Records of Glasgow:

"18 June 1601. The Baillies and counsel present, at the special requeiste and desyre of……cace of his returnyng or soner at the said tyme as sal happen his lordship to returne"

[The Baillies and council met on 18 June 1601 at the request of the Duke and agreed to let Peter Lowe accompany him, without loss of pay and without prejudice to his contract until the next 11th November or whenever his lordship might return.]

Not until 3rd June did Lowe and Hamilton appear before Sir George Elphinstoun of Blythswood, knight, provost and three Baillies, within Blackfriars Kirk to represent the King's letter of Gift and obtain the authority of the Magistrates to exercise the powers conferred on them within the document. The minute also shows that they "*conjoined with them as brethren*", six others, namely, Adam Fleming, Robert Allasone, William Spang, Thomas Thomsone, John Lowe and John Hall. This meeting was principally to institute the Faculty. Hamilton was elected to the title of Deacon till the following Michaelmas.

Further meetings were held on 17th and 22nd June. It was at the third meeting that acts were passed to regulate admission for membership, which by now amounted to nine, the examinations which candidates had to take and the fees to be paid on admission.

For example, surgical apprentices had to be examined at the end of their third year, their fifth and finally their seventh. At each examination, the apprentice had to pay fees to the Faculty, the clerk, the officer and to the examiners for whom he also had to provide a *"denner."*

It is not surprising that there were only nine members at the beginning. Glasgow was a small town on the north bank of the Clyde, with a population of a mere 7,000 and that includes surrounding farms! There should actually

have been ten members, because two more were added, but Thomas Thomson had "*most wrongously contemptosly disobeyed*" the rules and was ejected. Members met initially in a member's home, or in coffee houses.
Probably because he was too busy, Lowe never held high office. Hamilton was Visitor, ie President, for most of the first twenty years, while Spang held the post in 1606.
Initially the group had no name until 1629, when the word "Facultie" appears. Not until 1657 did it become the Facultie of Chirurgeons and Physitians. In 1697 a building was purchased next to the Tron Church, near Glasgow Cross, then demolished and in 1698 the first "Facultie Hall", built on the site, was ready for entry.
What happened to Peter Lowe? His first wife died in 1603 and a year later he married Helen Wemyss, daughter of the first protestant minister to preach in Glasgow Cathedral. They had a daughter, Christian. Helen outlived Peter by 48 years and married Walter Stirling who went on to become a member of the Faculty.
Peter Lowe is buried in the Cathedral Graveyard. He died on 15th August 1610. His tombstone is a worthy one. The year 1612 engraved at the top is probably the date of erection of the upright stone. Traditionally, on the Sunday nearest the date of its Founding Charter and usually after the Annual General Meeting of the College, there is a commemoration Service in the Cathedral, attended by the Council in their academic robes. Thereafter, the Council visits Peter Lowe's tomb, where the President lays a wreath and the Minister of the Cathedral says a prayer.
Beneath the inscription "*Doctor Peter Low, the Founder of the Faculty of Physicians and Surgeons"* are found the lines
Stay Passenger and viow this stone
For under it lyis a one
Who cuired many whill he lieved
So gracious he no man grieved
Yea when his phisicks force oft failed
His pleasant purpose then prevailed
For of his God he got the grace
To live in mirth and die in peace
Heavin his soul his corps this stone
Sigh passenger and soe begone

The lower lines are more difficult to read
Ah me I gravell am and dust
And to the grave descend I most
O painted piece of liveing clay
Man be not proud of thy short day

I think Peter Lowe would be proud of what has developed from his letter to the King.

EDINBURGH SURGERY AND THE HISTORY OF GOLF

Games played with a stick and ball were a common part of mediaeval life throughout Europe, but many authorities now accept that the modern game of golf began in the east of Scotland. References to the game of golf are made in the acts of the Scottish Parliament from as early as 1457. Over the past 500 years, golfers associated with Edinburgh surgery have played a remarkable and important role in the development of the game.

James IV of Scotland

In fourteenth and fifteenth century Scotland, two variants of the game of golf appear to have developed in parallel. A short game was played in churchyards by ordinary people, and a longer game played at seaside links by the nobility and the monarchy. Yet, as shown by this Act of Scots Parliament of 18th May 1491 during the reign of James IV, there was clearly concern that golf interfered with the archery practice necessary for the defence of the realm.

"..that in na place of the realme be usyt fut bawis, gouff or other sic unproffitable sports, but for common good and defence of the realme be hantit bowes, shuting and markes, as before ordinit…"

King James IV of Scotland was the first monarch recorded as having played the game. King James was a polymath, Scotland's Renaissance king, whose many interests included medicine, surgery and science. He had strong associations with the Edinburgh surgeons and indeed practised the surgical art himself. In 1506, he gave Royal ratification to the Seal of Cause, a charter which had been presented to the Incorporation of Surgeons and Barbers of Edinburgh by the Town Council of Edinburgh the previous year.

Yet he was more than a Royal patron of surgery, as there are references in the royal accounts to payments made for dressings for a leg, which the King's treatment had apparently healed, and to dental extractions. He also appears to have had time to devote to the game of golf. The accounts to the Lord High Treasurer of Scotland show that on the 21st of September 1502, the King paid fourteen shillings 'for clubs from the bower at Saint Johnston' (Perth). In February 1503, there is an entry 'to the King to play at the golf with the Erle of Botuile' (Bothwell), which has been interpreted as a wager being placed on the game and later that month an entry for 'golf clubbes and balls' for the King. This record makes James IV, then 30 years old, the first

named player (with the Earl of Bothwell) of the game of golf in a form recognisable as the precursor of the modern game.

Thomas Kincaid the Younger (1661-1726)

The first written description for the preferred stance address and swing to be adopted in the game of golf is accredited to an Edinburgh surgeon's son, Thomas Kincaid the Younger. His father, also Thomas Kincaid (1619-1691), was a freeman of the Incorporation of Surgeons of Edinburgh and became its Deacon, or President, in 1652. In his 45 years as a surgeon-apothecary in Edinburgh he had amassed a large library, the contents of which offer an insight into the reading material of Edinburgh surgeons in the late seventeenth century. His son seemed destined to follow his father's surgical footsteps, studying medical textbooks and learning Dutch, almost certainly with a view to taking a medical degree in Leiden. Kincaid the Younger offers us a fascinating insight into his life as he kept a detailed diary for the period January 1687 to December 1688. The original diary is now held in the National Library of Scotland (adv. MS,32.7.7) and an edited version was published in 1954.

The diary records the surgical and medical textbooks Kincaid read, including works by Nicholas Culpepper. He had an active and inquiring mind. There is a diary entry almost every day which begins 'today I thought upon', followed by his thoughts on a remarkable variety of subjects, some wholly practical, such as the best way to make a blacksmith's vice, the best way to build a meeting house, or the best posture for throwing a stone. Other topics on which he pondered were more academic, and these included theology, philosophy, principles of chemistry, the breeding of horses for speed and different ways in which parliamentary votes might be cast so as to influence the outcome. He gives descriptions of techniques for playing billiards, and for shooting arrows, but one favourite theme to which he repeatedly returns in the diary entries for January and February of 1687 is golf. On the 20th of January 1687, after reading *Chirurgia* until lunchtime, he described the stance, the address and swing which he reckoned would produce the best result, writing:

> *'Stand as you do at fencing with the small sword, bending your legs a little and holding the muscles of your legs and back and arms exceedingly bent or fixed and stiff … the ball must be straight before your breast a little towards the left foot. Your left foot must stand but a little before the right or rather it must be even with it, and at a convenient distance from it … ye must lean most to the right foot but all the turning about of your body must be only upon your legs holding them as stiff as you can.'*

He goes on to consider important elements of the swing: *'You must neither raise your body straighter in bringing back the club.'* In thirteen such paragraphs he goes on to give a series of similar detailed analyses.
On the 24th of January he rose at four in the morning to write about some detailed modifications, including:

> *'The ball must lie upon a line that is perpendicular to that line that passeth between one foot and the other.'*

In addition to his descriptions of the technique, Kincaid described what he regarded as the ideal golf ball (*'it must be of thick and hard leather not with pores or grains or that will let in a pin usually pass through it, the specially at the soft end.'*) Activities he described include golf on Leith Links, archery, visiting the physic garden, visiting Holyrood Abbey to see the pictures (portraits of the Scottish kings) or the Surgeons Yard. At home he would discuss medicine with his father, write to his brother James in Holland, or visit his married sisters. On the 6th of November, 1688, he made the simple entry *'the Prince of Orange landed this day'.*

Thomas Kincaid does not seem to have qualified as a surgeon and there is no record in the Royal College of Surgeons of Edinburgh of his having sat the entry examination. In 1709 he donated his late father's very large library to the Incorporation and the next year he was admitted to the Incorporation. The admission note in the College Fellows' list states that he was admitted *'in regard of good deeds done by him … without payment of any upset (entrance money)*'. He may well have been the first to be admitted this way.

His other main sporting activity was archery and in 1711, as a member of the Edinburgh (later the Royal) Company of Archers, he won the City of Edinburgh's silver arrow, which had been presented to the Company two years earlier.

John Rattray

John Rattray was the younger son of the Rt Rev Thomas Rattray of that Ilk and Craighall-Rattray (1684-1743), the Episcopal Bishop of Brechin and Dunkeld, and Primus of Scotland. Having decided on a career in surgery John Rattray began his surgical training with an apprenticeship to John Semple, an Edinburgh surgeon. As was a common practice at that time, he applied to sit an entrance examination to become freeman of the Incorporation of Surgeons. Four examinators (sic) were duly appointed and he sat four 'lessons' or examinations in 1740. The minutes of the Incorporation of Surgeons dated the 15th of August, 1740 state 'this being John Rattray's third Lesson After examination the Corporation appointed him for his last lesson, the operation of Bronchotomia (an early version of tracheostomy) and the composition of linamentum archai, and unguentum

Basilicon (the recipes for which could be found, conveniently both on page 134, in the 1735 edition of the *Edinburgh Pharmacopoeia)*

Rattray was successful in this examination and was admitted a freeman with the relevant entry on the 14th of November 1740 in the minutes of the Incorporation. It was the practice for those who passed the examination to have entry to the Incorporation decided by a subsequent vote among the freemen. If successful in this, they were then to provide a formal banquet for the freemen of the Incorporation and pay an entrance fee, which in the case of John Rattray, amounted to 21 pounds, thirteen shillings and fourpence sterling. The practice of 'taking the seat' as a formal public token of membership is one that persists in the Royal College of Surgeons of Edinburgh into the 21st century.

Rattray was also a keen sportsman and, like Thomas Kincaid, was a member of the Royal Company of Archers. In 1735 he too won the Edinburgh Silver Arrow, competing against some of the best archers in Scotland. His skill as an archer was matched by his golfing prowess. The Edinburgh golfers had approached the Edinburgh Town Council for a silver club to be played for in an annual competition over Leith Links, in much the same way as the Council provided the Silver Arrow for archery competitions. The Town Council approved this request on the 7th of March, 1744 and the 'Articles and Laws in playing at golf', recorded in the minute book of the Honourable Company of Edinburgh Golfers are likely to have been drawn up for this competition.

On the 2nd of April 1744 Rattray won the first competition held at Leith Links by the Honourable Company of Edinburgh Golfers (previously the Company of Edinburgh Golfers), winning the Silver Club and earning the title *Captain of Golf*. It is Rattray's signature that appears below the thirteen original rules of golf in the minute book of the Honourable Company. It is not clear whether he signed this in his capacity as *Captain of the Golf*, or as author of the rules. As was customary for entries in the minutes, he has written *Cptn* after his signature, which some commentators have interpreted as indicating that he simply signed the minute as Captain, the rules having been a joint effort of the golfers, who included some of the best legal brains in the land. Johnson and Johnson refuse to speculate on authorship, while Strachan regards Rattray as the most likely author.

The rules signed by Rattray lay undisturbed in the minute book for some 200 years until discovered there by Clapcott in 1937. The St Andrews Golfers had adopted them with minor modifications in 1754 and they still form the basis of many of the modern laws of the game.

Rattray and some of his golfing companions had been featured in the mock heroic poem *The Goff* by Thomas Mathison (1720-1760) published in 1743, as in the following extract:

North from Edina eight furlongs and more
Lies that fam'd field on Forth's sounding shore,
Here Caledonian chiefs for health resort,
Confirm their sinews by the manly sport. …

Rattray for skill, and Crosse for strength renowned,
Stuart and Leslie beat the sandy ground …

Yet here great Forbes, patron of the just,
The dread of villains and the good man's trust,
When spent with toils in serving human kind,
His body recreates and unbends the mind.

Leith Links is the 'fam'd field' while the 'great Forbes' referred to is Duncan Forbes of Culloden (1685-1747), Lord President of the Court of Session, Scotland's most senior judge and one of Rattray's regular golfing companions. Their friendship was to save the life of John Rattray.

Rattray was born into a family which was staunchly Jacobite, and his father had become Episcopal *Primus* of Scotland. Prince Charles Edward Stuart, after arriving in Scotland, had written on the 2nd of September 1745 to the Rattray family inviting them to join his standard. His elder brother James, now the clan chief, sent £50, but did not 'go out'. John Rattray was 'persuaded, along with John Lauder, deacon of the Incorporation of Surgeons, to join the Jacobite army. He rode from his home in South Foulis Close, off the High Street, to tend the wounded. Others who treated the wounded after the battle included Alexander Monro primus, who, although a devoted Hanoverian, treated the wounded of both sides and arranged for many to be treated in the recently completed Royal Infirmary of Edinburgh. Alexander 'Lang Sandy' Wood, a well known Edinburgh surgeon, was also among the doctors caring for the injured.

Rattray travelled as surgeon with the army as it advanced into England and then retreated from Derby, eventually becoming personal surgeon to Prince Charles. After the Battle of Culloden, Rattray surrendered to the Hanoverians and was imprisoned at Inverness.

Robert Forbes, Bishop of Ross and Caithness, describes in his detailed contemporary account of the 1745 Jacobite rebellion, *The Lyon in Mourning*, how Rattray was taunted by a Hanoverian officer:

"We know well what you are sir, the Pretender's surgeon. If anyone hangs, you shall."

Lord Forbes, the Lord President, made a personal plea of intercession on behalf of Rattray to the Duke of Cumberland, which was successful. 'At last … the President got a present of Mr Rattray to do with him what he pleased.' The demeaning language used gives a flavour of the contempt in

which Jacobites, even surgeons, were held in the aftermath of the failed rising. Rattray was freed to return to Edinburgh but was re-arrested there a few days later by order of Cumberland and held prisoner in London until January 1747, when he was finally released, having signed an oath of obedience to the King. He returned to Edinburgh to surgical practice and to golf, winning the Silver Club for a third time in 1751. Rattray remained in surgical practice until at least 1761 and died in 1771. Forbes of Culloden was not so fortunate. While he had been prominent in persuading Scots to remain loyal to King George, his leniency toward Rattray led the King and the Duke of Cumberland to regard him as 'soft' on the Jacobites after Culloden. He was shunned by them and died, apparently depressed, in 1747.

William Laidlaw Purves (1842-1917)

William Laidlaw Purves was born in 5 Hill Place, Edinburgh, on the 16th of April, 1842, the son of William Brown Purves, who had qualified as a licentiate of the Royal College of Surgeons of Edinburgh in 1835, and subsequently practised as a doctor in Edinburgh. Today, 5 Hill Place is the site of the administration offices of the Royal College of Surgeons of Edinburgh. After education at the High School of Edinburgh, he was apprenticed to William Forbes Skene WS, but was not attracted to a career in law and matriculated at the University of Edinburgh Medical School. In 1864 he qualified LRCSEd, LRCPE and graduated MD from Edinburgh University later that year. In 1874, he was appointed lecturer and aural surgeon to Guys Hospital, London, and began a private practice in aural and ophthalmic surgery.

Before leaving Edinburgh he had been a member of The Honourable Company of Edinburgh Golfers and of the Royal and Ancient Golf Club of St Andrews. In London he joined the London Scottish and Wimbledon Golf Club, moving with the Wimbledon (later Royal Wimbledon) when it split away. Purves wished to find a site for a new links course in the style of those with which he was familiar in the east of Scotland. While searching for a suitable links with a fellow golfer Henry Lamb, he climbed the tower of St Clement's Church, Sandwich, and chose the site for what became the Royal St George's Golf Club. It is thought that he chose the name to match St Andrews in Scotland, and was largely responsible for the design of the course. (It was modified in 1925 by another doctor, Alister Mackenzie (1870-1934) MRCSEng, LRCP, MB, BS (Cantab), the renowned golf course architect. Purves became the first captain of the Club and first winner of its silver club.)

Purves made two other major contributions to the game – he championed the cause of women golfers and was the author of the handicapping system which became universally adopted.

The earliest thoughts on handicapping are attributed to Kincaid, who wrote a paragraph about 'whither it is better in giveing advantage in gameing to make the game equall …'. In the nineteenth century, some clubs began to devise their own handicapping systems, and yet it was not until the end of the nineteenth century that an agreed system of handicapping was adopted. Clapcott concluded that two people were responsible for the modern system, Mr Henry Lamb and Dr Laidlaw Purves, whom he described as 'the most active spirit of legislative propaganda in the golfing world'. In a pamphlet entitled *The Handicapping Problem*, Laidlaw Purves set out the handicapping rules that had evolved at Royal Wimbledon and that, according to Clapcott, 'may be regarded as the basis upon which the British Golf Union's Joint Advisory Council have built up their system of uniform handicapping (average of the best three scores over two years of medal scores)

Purves had been supportive of the formation of the Royal Wimbledon Ladies Club and when one of its members, the formidable Issette Pearson, (1861-1941), organised a meeting that led to the formation of the LGU in 1893, the support of Purves in its formation was crucial. He went on to become Vice-President of the LGU. He remained associated with the Royal Wimbledon Club, becoming Captain in 1897-1898, and was a strong supporter of the Wimbledon Ladies Club.

Purves maintained his links with Edinburgh, sending his four sons to school at Fettes College. Two of these, Alec and Donald, played rugby for Scotland, Alec, on ten occasions between 1906-08 and Donald on five occasions in 1912-13. William Laidlaw Purves died at Wimbledon in 1917.

Edinburgh surgery has, by reason of these four men associated with it over four centuries, had a remarkable influence on the game of golf.

Acknowledgements

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THE TWENTY FIRST HALDANE TAIT LECTURE

The Twenty First Haldane Tait Lecture was held in the Craighouse Campus of Napier University in Edinburgh on 2nd May 2012. A large audience of 48 members or guests attended a most interesting lecture which was followed by an excellent meal. The speaker was Professor Tom Devine and his topic "A Diaspora of Doctors : Scottish Physicians, Slavery and the Eighteenth Century Caribbean."

This was an impressive lecture, delivered without notes and full of memorable phrases. Professor Devine briefly reviewed various periods of Scottish history in which emigration of doctors had taken place, from the Reformation to the flowering of the British Empire, before concentrating on the Caribbean in the eighteenth century. He gave a detailed perspective on the relationship of Scotland with the Caribbean islands, emphasising the dependence of the production of sugar on the plantation system and the use of slave labour. He discussed the high mortality and low birth rate in those who were worked so hard. He noted that, in 1750 more than half the doctors in Antigua were Scots or Scottish trained and it is likely that the pattern in other British islands was no different. Scots became major owners of plantations and of the armies of slave labourers who worked there. He went on to give more details of Scottish medical involvement in the life and health of the Caribbean, during the eighteenth century, in a masterly paper which was much appreciated.

Members will be interested to note that Professor Devine's book on wider aspects of the Scottish Diaspora is available, having been published in 2011.
T M Devine *To the Ends of the Earth ; Scotland's Global Disapora* ISBN 978-0-713-99744-6 Published by Allen Lane. www.greenpenguin.co.uk

THE ONE HUNDRED AND NINETY THIRD ORDINARY MEETING

The One Hundred and Ninety Third Ordinary Meeting was held on 9 June 2012 at Callendar House, Callendar Park, Falkirk. The meeting was held in conjunction with the Falkirk and District Antiquarian Society. There were two speakers, Dr Morrice McCrae talked on James Young Simpson and Mr Iain Scott talked about the history of the Falkirk and District Royal Infirmary.

THE GENIUS OF SIR JAMES YOUNG SIMPSON

When Sir James Y Simpson died in 1870 he was a Baronet, Physician to the Queen in Scotland and Professor of the Diseases of Women and Children in the University of Edinburgh. He was famous as the greatest obstetrician of his time and world renowned as the man responsible for the introduction of chloroform as an anaesthetic agent.

According to tradition he had been born and brought up in rural poverty. In fact he was born in 1811 into the new middle class that was just beginning to make its mark. His grandfather, Alexander Simpson (born 1725) was the tenant of a farm of 300 acres in Linlithgowshire, owned by Lord Hopetoun. Alexander's children mostly did well for themselves. David, James's father, was at one stage a distiller and then a baker in Bathgate. James was born into a quietly affluent, secure and loving extended family.

His mother, Mary Jarvey, was descended from a Huguenot family who had fled to Scotland in the 1680s and from the family of Cleland of Auchinlea, whose ancestors had held land in Lanarkshire since the thirteenth century. She was quiet, deeply devout and gently loving, but she was also socially ambitious and determined that James should recover for the family the position in society she felt she had lost. She died when James was only nine and his sister Mary, aged twenty and living in Grangemouth, returned to look after the family home and bring up James.

James was taught Latin, Greek and mathematics at the school in Bathgate, which was of a very good standard, having benefited from a large bequest from the estate of John Newland, who had been born in the village and had become rich in the West Indies. He left school at fourteen to go to the university in Edinburgh and his family's support ensured that he was able to live comfortably. He was funded by his brothers Alexander, who managed the family firm and was an agent of the Royal Bank of Scotland and John, a lawyer and an agent of the Standard Life Insurance Company.

When first at University, Simpson studied Arts, but in his second year he also enrolled as a medical student. He had comfortable up-market lodgings in Stockbridge, with food sent up from Bathgate by carrier. In December 1829, his father became terminally ill and Simpson returned to Bathgate to be at his bedside. When his father died, three weeks later, he did not return to his studies in Edinburgh for some months. He seems to have suffered from a period of depression, a condition which he appeared to experience on other occasions during his later life. However, in April 1830, he was able to return to Edinburgh, where he sat his exams at the College of Surgeons and passed without difficulty. By 1832 he had graduated MD and was offered a post as assistant to Professor John Thomson. In 1835 he went on a tour of

medical schools in London, Paris and Belgium. In 1840, at the age of 29, full of ambition and after a determined struggle, he became Professor of Midwifery in Edinburgh. In the same year he married Jessie Grindlay, a second cousin.

Dr McCrae discussed Simpson's major contributions in midwifery, gynaecology and in the administration of anaesthetics, including his advocation of the use of ether in childbirth and his introduction of chloroform. He summarised Simpson's strengths as talent, drive and aggression and argued that he was able to influence events by using these and engaging the support of the public. In his life and through his contributions to medicine he showed true genius.

Members will be interested to know that Dr McCrae's book on James Young Simpson was published in 2010 and is available from booksellers.

Morrice McCrae *Simpson ; The Turbulent Life of a Medical Pioneer.* ISBN 978-1-906566-17-3 Published by John Donald, an imprint of Birlinn. www.birlinn.co.uk

FALKIRK AND DISTRICT ROYAL INFIRMARY:

A TRIUMPH OF CO-OPERATION.

The opening of the magnificent new Forth Valley Royal Hospital in Larbert, on 6th July 2011, brought a good deal of reflection on what had gone before and much of the attention centred on the two great campaigns, very different in character, which brought to birth first, the little Cottage Hospital of 1889, and then its successor, Falkirk and District Royal Infirmary in 1932.

The establishment of the huge ironworks at Carron near Falkirk in 1759 and the cutting of the 'Great Canal' from Forth to Clyde two decades later set in train the transformation of the Falkirk district from a quiet agricultural community to a powerhouse of the Scottish industrial revolution. The rapid rise in population and the expansion of the iron foundries and coal mines to every part of the area brought all the familiar scourges of overcrowding, poor sanitation and inadequate and dangerous water supplies, and cholera and typhus were the inevitable result. By 1846 the municipal authorities had managed to overcome the hostility of the rate-paying classes and had established a small Fever Hospital outside the town, but it would be another four decades before there was a hospital capable of treating sickness arising from non-infectious disease or as a result of the frequent accidents in foundry and mine. For the victims there was little help available beyond the support of a close community of fellow workers assisted by the occasional generous doctor, prepared to offer free medicine and treatment to the poorest. However, as the nineteenth century wore on, Victorian 'gentlemen

and ladies' began to acknowledge that their great wealth brought with it a duty to help ameliorate the condition of the poorest in society, and by the 1880s their efforts turned most often to the plight of the sick-poor. Foremost among them in Falkirk was Mrs Harriet Gibson, wife of the manager of Camelon Foundry, who was herself a regular visitor to the homes of the sick in the town. In 1884 she appealed for help in the *Falkirk Herald*:

> *Let us hope that another year will not pass without our making an effort to have some place, though it were only one room with a few beds, where accidents could be attended to without causing the poor sufferer the added pain incurred by a journey from Edinburgh to Glasgow.*

Although several years did pass before the proposal was taken up in earnest, she persisted and eventually won the support of many of her powerful and influential friends. An appeal was launched in October 1887 and soon over £1,300 had been collected or pledged. The following year William Black, Falkirk's leading architect, was asked to design a new hospital with fourteen beds around an existing cottage in Thornhill Road. There was a furious response from local property owners who took the strongest possible exception to a hospital for the poor in their neighbourhood and a petition demanding a new site was circulated, and a vitriolic campaign launched.

But the project went ahead and by the summer the hospital was ready. On Saturday 27 July 1889, before a 'large and brilliant gathering' watched by 'a curious crowd of spectators attracted by the long string of carriages', Mr Thomas Dawson Brodie of Carron Company declared the new Falkirk Cottage Hospital open. Much of the rancour which had accompanied the planning disappeared in the wave of enthusiasm with which the gentry of Falkirk greeted their new acquisition. Outside, as the last of the carriages departed, those less fortunate responded in like manner. 'In the evening', declared one observer, 'a very large number of the working classes inspected the building'. Twenty-four patients were treated in that first year and, as support from local doctors and the public increased, the numbers seeking admission multiplied so rapidly that within a few years an extension was required. In 1900 and again in 1906 successful appeals to the 'great and the good' allowed new buildings and more and more beds to be provided, so that almost 1000 'indoor and out-patients' were treated each year and over 600 operations performed in the splendid new operating room.

Sustaining the new hospital became a major activity for Mrs Gibson and her ladies and the wealthy vied with one another to demonstrate their support. Every penny had to be raised by subscriptions, donations or endowments and the outstanding service provided throughout World War I brought even more financial and moral support. From the outset demand far outstripped the ability of the managers and their support workers to provide the

necessary care and by the early 1920s it was obvious that the Cottage Hospital, by now renamed Falkirk Infirmary, was incapable of further extension on the existing site. By 1922 nearly 1000 patients had been treated, with twice as many outpatients and 900 operations. The experts advised a new hospital in a new site and so began an incredible decade of fundraising involving people of every rank in the community.

Unlike the first hospital, which had depended largely on the wealth of the middle class business community, the new campaign was the responsibility of all and what followed created in the popular mind the idea of 'our hospital' which has persisted until the present day. The site at Gartcows was purchased for around £6000 and on 27 April 1925 over a thousand people crammed Falkirk Town Hall for the official launch of the 'Great Appeal'.

It was the prelude to an astonishing five year spell in which every conceivable method of fund-raising was employed, and hardly an organisation or individual failed to participate whether wittingly or not. If they attended a play or pantomime, part of the receipts went to the fund. The same applied to football matches and dances, school concerts and bus trips, picnics and whist drives. There were collecting boxes everywhere – outside hospital wards, in public buildings, in private houses, in shops and business premises. The overwhelming impression, which comes through from newspaper articles and official reports, concert programmes and souvenirs, is of a great and happy collaboration of all the people of the district in securing 'their' Infirmary. Every square yard of the site, every brick of the buildings, every stick of furniture and equipment and every penny of wages and salaries would be provided by the people. A glance through the local newspaper for 1926 and '27 reveals a frenzy of fund-raising activity. One might for example, enjoy 'The Merchant of Venice' at the Dobbie Hall, 'Floradora' in the Grand Theatre, or 'She Stoops to Conquer' in the Town Hall. There was a 'Fancy Fair' and 'six penny bazaar' in the YMCA hut, 'Mr Martin's Orchestra Dance' in the Gymnasium, Camelon, 'Music in the Garden' at Arnothill, a 'Vocal Recital' in the Masonic Temple and a 'Palais de Danse' in the Temperance Cafe. For sporting types there were football, cricket and tennis competitions as well as the chance to attend a 'Great Boxing Gala in Jim Paterson's new and commodious Pavilion' to see 'a four round contest between Spowart's midgets' along with Falkirk's own 'Fatty Wells, Young Connell and Butcher Anderson'. There were road races, grand penny trails, watch-winding competitions, highland gatherings, popular lectures, community singing, open days at mansion houses, jumble sales and silver paper collections. There were official 'Infirmary Weeks' with great carnivals of students in fancy dress and decorated floats parading through the streets of the town.

The list was endless. A small book was produced entitled 'Seventy Three Ways in Which You Can Help Your Infirmary' and it included as number 32: 'Strap onto your dog a collecting box and teach him to make collections – but not in public thoroughfares without a special permit.'

The collecting boxes themselves were novel – one shaped like a brick exhorted 'Be a Brick – fill a Brick', while the other showed a patient in bed with a message 'Never Pass Me By'. Sufficient bricks were filled and the boxes seldom passed by. By the time the Duchess of Montrose cut the first sod at Gartcows in November 1926 the fund had reached nearly £90,000, well within sight of the target. The ultra modern building was designed by the architect William Gibson, the son of the founder of the Cottage Hospital, and his plan provided for 120 beds all paid for by the community plus a Maternity Ward and an Isolation Ward funded by the Government and the Local Authorities. By the end of 1930 the new building was ready for inspection and in two weeks in December nearly 8000 visitors did just that.

The patients moved to the new Infirmary at the beginning of 1931 and a year later Prince George officially declared the building open in front of 20,000 people, naming it 'Falkirk and District Royal Infirmary'. It was, he said, "a triumph of co-operation". It had cost in total £120,000 – nearly £3 million by today's standards – and was opened free of debt. At the time of opening there were 85 beds, served by 45 nursing staff – five years later it was 200 beds and 75 nursing staff. And the astonishing growth went on and on throughout the years of nationalisation, rationalisation, reviews, Trusts and the rest until the decision in 2003 to replace both Falkirk and Stirling Infirmaries with the new Forth Valley Royal. On the Gartcows site in Falkirk, now much reduced by the regrettable demolition of the iconic front entrance from 1932, a new Community Hospital has emerged, but in reality the great new Larbert facility is the true descendant of Mrs Gibson's 14 bed hospital of 1889 and the never-to-be-forgotten FDRI of 1932.

With these two papers, the 2011-2012 session of the Society came to an end.

The Scottish Society of the History of Medicine

Constitution as revised at AGM of 1999

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 on the last day of October or within four weeks of that date, to receive reports and to elect Members of Council and (when required) Office Bearers. The quorum shall be 20 members and decisions shall be taken by a majority. The President shall have a casting vote, and there shall be no proxy voting.

3. The management of the affairs of the Society shall be vested in a Council, comprising a President, a Vice-President (serving as Deputy President and President-Designate), a Secretary, and a Treasurer (the four Office-Bearers), along with nine other members ("Ordinary Members of Council"). The immediate Past President may also be included as a member of Council, as provided below.
The quorum at Council meetings shall be six and there shall be no casting vote.

4. The President and Vice-President shall be elected at an Annual General Meeting, to serve normally for a tenure of three successive years, and shall not hold their post for more than three successive years, but shall be eligible to serve again after the lapse of one year if re-elected. In addition, the immediate Past President may remain a member of Council for two years after the end of his or her term of office as President.
The Secretary and Treasurer shall be elected at an Annual General Meeting, to serve normally for a tenure of three successive years, and shall be eligible to serve again if re-elected, but should not normally hold office for more than six consecutive years.
The names of all candidates for election as Office-Bearers and of their proposers shall be made known to the Secretary before the Meeting at which election is to take place.

5. Any Office-bearer may be required to retire from office by resolution at any AGM, but the proposer and seconder of the resolution shall give a month's notice in writing to the Secretary (or in the case of the Secretary to the President), and the resolution must be pre-circulated to Members in the papers for the AGM.

6. Three Ordinary Members of Council shall be elected at each Annual General Meeting, to serve normally for a tenure of three successive years, and shall not be eligible for re-election at the end of their tenure until a year has elapsed; each year, the three Ordinary Members most senior by date of election shall demit office. If an Ordinary Member is otherwise unable to complete his or her term of office, the Council shall co-opt a replacement to complete the term, and this replacement shall be eligible at the end of the term to be elected for a further full term, despite having already served part of a term.

7. The Council shall have power to co-opt at any time other members who in their opinion are fitted to render special service to the Society. Such co-opted members shall be in addition to those in clause 6 above, and the co-option shall require the approval of each subsequent Annual General Meeting if it is to continue further.

8. To recognise outstanding service to the Society or to Medical History in general, upon occasion an Honorary Member of the Society may be elected at any Annual General Meeting. Any name proposed (with the name of a proposer and seconder, and details of the case) must be intimated in writing at least three months before the meeting to the Secretary, so that they are included in the pre-circulated Agenda for the meeting. Honorary Members shall pay no subscription.

9. The Annual Subscription shall be reconsidered from time to time by Council and reported to the Society at the Annual General Meeting. The Subscription (or revised Subscription) will fall due immediately following the AGM. A Member whose subscription is outstanding for a full year shall cease to be a member of the Society.

10. The Council shall ensure that full and punctual Accounts are kept for the Society and shall cause to be prepared once a year a Statement of Accounts and a Balance Sheet for the previous year.

11. The Society's funds shall consist of funds in the hands of the Treasurer, together with other sums of money and securities. These funds shall be held by the Treasurer, acting with the President and the Secretary (the Trustees), in trust for the Society's aims and objects, and in furtherance of this purpose the three Trustees shall have the following powers:
(a) Payments shall be made out of income or capital of the Society as the Trustees shall determine; all cheques shall require the signatures of two of the three Trustees.
(b) The Trustees may purchase and sell stocks, bonds, securities and other investments.
(c) The Trustees may delegate the management and investment of the Society's funds to the Treasurer and will consult with him on a regular basis as to the performance of the investments and assets comprising the Society's funds.

12. The Secretary shall keep brief Minutes of the proceedings both of the AGM and of the Council, shall prepare Agenda, and shall conduct the correspondence of the Society.

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

14. This Constitution may be amended at any General Meeting of the Society on four weeks' notice of the proposed amendment being given by the Secretary, such amendment to be included in the Agenda circulated for the Meeting. No such alteration or amendment shall have the effect of prejudicing the Society's charitable status in law.

15. The Council may resolve that the purposes for which the Society's funds are held can no longer be carried out by them or could be carried out more efficiently by some other body, fund or institution, and shall so report to a General Meeting of the Society; and if the General Meeting agrees, require the Trustees to make over the Income and Capital of the Society's funds to that other body, fund or institution whose aims and objects most closely resemble those of the Society, and so bring the Society to an end.