

# GENERAL PRACTICE, 1793-1803

## *The Transactions of a Huntingdonshire Medical Society*

by

ARTHUR ROOK

### PART I

THE oldest of the purely medical societies of Great Britain is the Royal Medical Society of Edinburgh which was formally chartered in 1734. John Fothergill, who had been an active member of the Edinburgh Society during his student days, was the moving spirit in a Society of Physicians in London which between 1753 and 1784 published six volumes of *Medical Observations and Enquiries*. Fothergill was also one of the founders of a Society of Licentiate Physicians which was started in 1764. Its ordinary meetings were held at Old Slaughter's Coffee House and special dinner meetings were held once a quarter at the Crown and Anchor in the Strand. The Medical Society of London, the oldest of the medical societies now existing in the Metropolis, was founded in 1773 by John Coakley Lettsom.

The oldest of the many hospital medical societies is the Physical Society of Guy's Hospital, founded in 1771. The Middlesex Hospital Medical Society was founded in 1774 and the Medical and Philosophical Society of St. Bartholomew's Hospital in 1795. In 1832 the name of the latter was changed to the Abernethian Society.

Among the earliest medical societies to be established in the provinces were those at Warrington (1770), Colchester (1774), Plymouth (1794), Leicester (1800), Sunderland (1814), Halifax (1822), Reading (1824), St. Helens (1826), Nottingham (1828), York (1832), Manchester (1834) and Liverpool (1837).

Some of these societies were founded by eminent physicians in the larger cities and some by obscure country practitioners who met in their own homes or in inns. Several grew out of book clubs or circulating libraries run by a few doctors in lonely and inaccessible districts. In the more populous centres the activities of societies were naturally centred on the local infirmaries or on the rapidly developing medical schools.

One of the most interesting of the country societies was the Gloucestershire Medical Society which flourished from 1788 to 1793. Its meetings were held at the Fleece Inn, Roxborough, and there were only five members: J. H. Hickes, Edward Jenner, Daniel Ludlow, Caleb Hillier Parry, and Thomas Paytherus, all old friends and fellow students. The minute book of this society, containing references to important papers read by Jenner, is in the Library of the Royal College of Physicians of London, to which it was bequeathed by Sir William Osler. Jenner was also a member of another society which held its meetings at the Ship Inn, Alverstone, about ten miles from Bristol. This he was accustomed to call the Convivio-Medical Society, while he termed the one at Roxborough

the Medico-Convivial Society. The meetings at the Ship Inn lasted from 1 p.m. to 4 p.m., when they had a dinner 'at three shillings and sixpence per head exclusive of liquors'.

The Society which forms the subject of this communication appears to have had many points of resemblance with the two Gloucestershire societies, but it differed from them in some important respects—as it did indeed from all other medical societies, the records of which have survived. So far as is known the existence of this society has never been recorded in print, and all our information concerning it is derived from a manuscript book of 'Transactions', the history and provenance of which is as follows.

*Provenance.* The present owner of the manuscript is Dr. C. A. Nelson Hicks of Huntingdon. Dr. Hicks received it in January 1947, from his father, Charles Edward Hicks (1875–1952), who qualified from Guy's Hospital in 1900 and in 1911 joined Dr. Lucas of Huntingdon as an assistant and succeeded him, on his retirement, in 1919. He also served as Medical Officer of Health to Godmanchester and to Huntingdon, holding the latter appointment for thirty-five years until his death. The manuscript was presented to Dr. Hicks by Herbert Lucas in 1919. Lucas (d. 1922), who had also trained at Guy's Hospital, had qualified M.R.C.S., L.S.A., in 1865, two years after joining Dr. Foster in practice in Huntingdon. Lucas received the manuscript from Michael Foster (1810–80), the father of Sir Michael Foster, the physiologist. Michael Foster, senior, was born at Holywell, Bedfordshire, the son of a yeoman farmer, and apprenticed in 1826 to Peck, a surgeon of Kimbolton. In 1831 he became a student of University College, London, and in 1833 qualified M.R.C.S., L.S.A. He joined Jonah Wilson of Huntingdon first as assistant and later as partner. In 1852 he was elected F.R.C.S. The previous owner of the manuscript was William Ward, 1800–73, also in general practice in Huntingdon, and the most prominent member of the opposing partnership. He had qualified L.S.A. in 1823 from Guy's and St. Thomas's Hospitals and had been elected one of the original F.R.C.S. in 1843. In 1850 he became M.D., Aberdeen. In 1864 Ward had been given the manuscript by Thomas Smith of Broad Street, Peterborough. Thomas Smith was apparently not a medical practitioner and nothing about his career or origins has come to light. Were his name less common one might speculate concerning his possible relationship to John Smith, one of the founder members of the Society. Of any earlier owners of the manuscript nothing is known.

*The Transactions.* The volume consists of sixty-eight leaves measuring  $17\frac{3}{4} \times 8\frac{1}{4}$  inches, bound in brown cloth, damp-stained, with a leather spine, now somewhat defective. The front cover bears a small leather label inscribed 'Transactions of a local Medical and Surgical Society—Manuscript 1793–1801'. Inside the front cover are the names of its previous owners. A printed copy of the rules of the society has been stuck to the recto of the first leaf. The recto of the second leaf bears the title of the Transactions inscribed in a florid copperplate hand.

The Transactions occupy the remaining sixty-six leaves. The minutes of each

of the seventeen meetings are followed by one or more case reports. The host for each meeting usually acted as secretary and was responsible for the minutes but each member wrote out the report of such of his cases as were approved for inclusion. The report of the last meeting extends to the final page of the volume. There is no mention in the Transactions of any intention to disband the Society and there is no evidence of any decline in the enthusiasm of the members. Of the subsequent fate of the Society nothing is known.

*The Members.* Samuel Allvey, M.D., of St. Neots, was apparently the leading spirit from the beginning and at the very first meeting of the Society, held on 10 June 1793, he was requested to accept the Chair as perpetual President. He obtained his M.D. degree at Edinburgh in 1788 and the title of his thesis was *De Dentium Morbo*. He died before 1837 in which year the death of his widow was announced in the *Gentleman's Magazine*. The other original members were Francis Hopkinson, of Peterborough, Joseph Vise of Stilton, Richard Stewart (his name is spelt Steward at the end of the Laws and Regulations) of Bourne, John Smith (also spelt Smyth) of Whittlesey, and Joseph Westbrook of Stamford, who apparently changed his name to Joseph Michael in 1795. All these men were evidently country surgeons or surgeon-apothecaries, i.e. general practitioners. Biographical information concerning them is scanty. Joseph Vise was a Churchwarden of the Church of St. Mary, Stilton, in 1822. In 1814 his daughter married Captain Kelly the last Brigade Major of the Depot at Norman Cross for French Prisoners of War. Joseph Westbrook (Michael) was admitted a Member of the Company of Surgeons, 6 November 1783.

On 6 May 1794, Mr. James Smith, junr., of Ramsey, was admitted a member, and on 24 September 1798, Mr. Henry Oliver was proposed and seconded but it is not stated whether he was actually elected. Mr. Henry Oliver of Stilton, surgeon, was admitted on 21 May 1799. Dr. James Higgins, who was elected on 9 September 1800, was a former surgeon in the Royal Navy who received his M.D. degree at King's College, Aberdeen, on 28 November 1795, his sponsors on that occasion being Dr. Thomas Trotter, Physician to the Fleet, and Dr. Waller of Portsmouth. From 1796 until the departure of the last prisoner in 1814 Higgins was Physician to the Depot at Norman Cross. Mr. Clapham, of Susycote at Horney, was unanimously elected on 17 August 1801, on the recommendation of Dr. Higgins.

*Huntingdonshire in 1800.* The laws and regulations of the Society present many features of great interest but their special significance can be appreciated only in the light of some knowledge of the topography of the area in which the members practised and of its medical amenities.

The area from which the members were drawn included the greater part of Huntingdonshire and southern Lincolnshire, and the neighbouring parts of Bedfordshire, Northamptonshire and Cambridgeshire. Huntingdonshire lies to the south-west of the Fenland and comprised many large expanses of Fen, including Whittlesea Mere, which were still undrained until the nineteenth century. Roads were generally bad and many were flooded in winter; travel was difficult and even dangerous. The members lived far apart. The distance of

forty-seven miles from Spalding to St. Neots required a hard day's journey and even the twelve to twenty miles distance separating each member from his nearest fellow-member, would not be lightly undertaken under winter conditions.

The population of the County of Huntingdon in 1801 was 34,704. The county town had only 2,035 inhabitants and a further 1,573 lived in the sister town of Godmanchester across the Ouse. The largest centres of population in the area were Peterborough (Northamptonshire) 5,322, Stamford (Lincolnshire) 4,022, Spalding (Lincolnshire) 3,662, Whittlesea (Cambridgeshire) 3,841, Ramsey (Hunts.) 1,894, St. Neots (Hunts.) 1,752, Bourne (Lincs.) 1,474, Bourn (Cambs.) 554, Stilton (Hunts.) 509.

It is difficult to estimate the number of medical practitioners in any area before the Medical Act of 1858, and even more so before the publication of the first of the unofficial Medical Directories in 1847. By making use of the admittedly incomplete *Medical Registers* published by Foart Simmons in 1779 and 1780, and checking his figures from such scanty local records as survive, a tolerably accurate list has been compiled. It seems probable that the area covered by an individual practitioner could rarely extend beyond a radius of 7 miles. Within the area in which the members of the Society practised there were the following rival practitioners: Huntingdon—physicians 3, surgeons and apothecaries 6; Peterborough—physicians 2, surgeons 4; St. Neots—surgeons 3; Spalding—physician 1, surgeons 2; Stamford—physicians 2, surgeons 7; Upton—physician 1; Ramsey—surgeon 1; Bourne—surgeon 1; several of these men, and notably certain of the physicians of Huntingdon, Stamford and Peterborough, enjoyed a considerable reputation.

There was no hospital, in the modern sense, in the area but the Huntingdon Dispensary had been founded in 1789 and was re-established in 1796. 'This highly meritorious Charity has for its object the administering medical advice and assistance to such of the inhabitants of the County as are unable to purchase these inestimable benefits of themselves.' It was supported by subscriptions and donations and was continued successfully until 1854, an Infirmary having been added in 1831. The early records have not survived but in 1823 'no less than 375 patients were admitted, 302 of whom were cured and restored to health'.

Cambridge is sixteen miles from Huntingdon and seventeen miles from St. Neots. Addenbrooke's Hospital was established in 1766. According to Rule 52 of the Rules and Orders of the hospital for 1770 'No patient usually residing in any other County than the County of Cambridge shall be received into the Hospital unless such a patient be recommended by a subscriber usually residing in or having property in the same County from whence the Patient comes'. The subscriber of one guinea might recommend one in-patient in the year and any number of out-patients. Rule 56 stated, 'That the Head Officer of any Society or Body Corporate or other Officer of a Parish subscribing annually to the Hospital have the same power of recommending patients with a subscription of half the value.' The hospital minute books and annual reports provide detailed evidence concerning the area served by the hospital.

Subscribing parishes made full use of their subscriptions and had continually to be reminded that further patients could not be referred unless an additional subscription was paid. In a representative year, 1799–1800, seven Huntingdonshire parishes subscribed, including Godmanchester. Patients were also admitted on the recommendation of individual subscribers in St. Neots and Peterborough. Less information is available on the subject of out-patients, but there is ample evidence that they were drawn from a wide area.

The medical staff of Addenbrooke's Hospital between 1793 and 1801 consisted of Sir Isaac Pennington, Sir Busick Harwood, Robert Stockdale, Martin Davy and Thomas Ingle, physicians; and Thomas Thackeray, Thomas Bond, Thomas Verney Okes, Frederick Thackeray and Edward Gregory, surgeons. Although enough biographical material has survived to provide us with some knowledge of at least the main events of their lives, we have usually no means of knowing the extent of their practices and the size of the area over which they were called out in consultation. The exceptions are Busick Harwood and Verney Okes, both of whom enjoyed distinguished reputations and were in demand throughout the eastern counties. It is probable that they were well known in Huntingdonshire. They are known to have been called to patients at far greater distances to the north and east of Cambridge.

*Laws and Regulations of the Society.* The Laws and Regulations of the Society, adopted at the formation of the Society in 1792, occupy first place in the minute book. They present several features of great interest. The preamble states that:

At a Meeting of a Medical and Surgical Society established in the Country in the year 1792, it was Resolved that as the intention of this Society is to improve its Members in the Practice of Medicine and Surgery, by receiving and communicating Medical and Surgical Information, the following Laws and Regulations be adopted.

*Rule I.* THAT each Member of this Society shall pledge himself to assist every other Member of the same, upon all Occasions, and in all Cases of Surgical Operations, or any other Case of Surgery in which the Safety of a Patient may be affected, or the Character of any individual Member concerned by the misrepresentation of circumstances, without Fee or Reward.

This Rule is unusual in that each member pledges himself to assist every other member upon all occasions, especially in cases of surgical operations or in cases of special difficulty. This Rule is connected with Rules V and VI which lay it down that members shall give all possible assistance to any of their fellows who may be incapacitated from practice by reason of ill-health or accident and that they shall call each other in consultation in difficult cases. Taken together, the rules seem to indicate that the members of the Society were to some extent engaged in group practice, or were at any rate prepared for forms of mutual help and co-operation which seem to have been very rare if not quite unknown at that date. The formal expression of such rules in the constitution of a society is an apparently unique example of professional solidarity.

*Rule II.* THAT this Society meet twice in the Year for the express Purpose of communicating the different Medical and Surgical Cases which have occurred in their practice, and to arrange such as may be worthy of Publication.

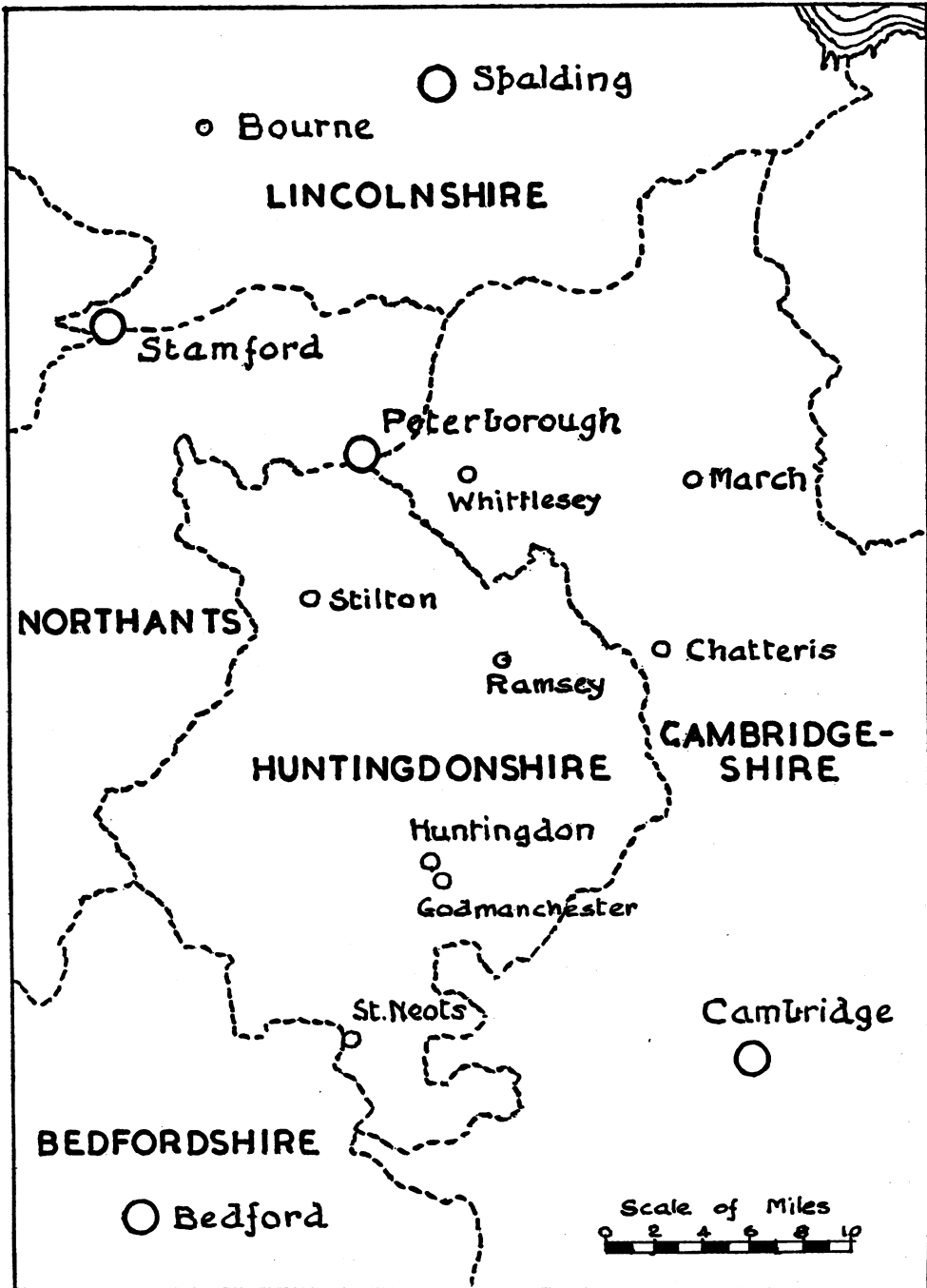


Fig. 1

Area of practice covered by the members of the Huntingdonshire Medical Society.

The frequency (or rather infrequency) of meetings—twice a year—is a rather unusual feature, but is probably to be explained by the distances separating the homes of the members.

The declared object of the founders which was to meet 'for the express purpose of communicating the different Medical and Surgical Cases which have occurred in their practice, and to arrange such as may be worthy of Publication' shows that this Society like many others arose 'as a direct result of a desire for a better education than was given by the older and privileged licensing bodies'. (Power, 1939). Medical journals were rare at that time and once the country practitioner had served his apprenticeship and perhaps spent a few months in 'walking the hospitals' there were few opportunities for anything in the nature of postgraduate education.

*Rule III.* THAT any Gentleman wishing to become a Member of this Society, must be proposed by a Member at one of the Half-yearly Meetings, who is expected then to produce a Thesis, written by the Candidate, upon some Medical or Surgical Subject, which Thesis shall be immediately read and discussed, and the Candidate balloted for at the next Half-yearly Meeting, when one dissenting voice shall exclude him.

The requirement of a written thesis, after due nomination by an existing member, from all candidates for admission into the Society is a most unusual rule. A somewhat similar custom prevailed in the Royal Medical Society of Edinburgh. In this Society the members were required after the March meeting in each year to deliver to the Secretary the history of a case, a medical or philosophical question and an aphorism of Hippocrates. These papers were considered by a committee which selected thirty-six sets as subjects for dissertations, but the submission of these papers and the subsequent reading of a dissertation were not conditions of *admission* into the Society (Gray, 1952).

*Rule IV.* THAT *Peterborough, Bourn, Stamford and Stilton*, be the places for holding Half-yearly meetings, that each Place be taken in Rotation, and the day fixed by the Members present at the preceding Meeting.

The half-yearly meetings were to be held in rotation at Peterborough, Bourn, Stamford, and Stilton, and, as is evident from the minutes, were held at the homes of the members. These again are most unusual customs. The earliest meetings of the Royal Medical Society of Edinburgh were held at a tavern, 'the feast of reason concluding with a more substantial but equally temperate repast'; and this precedent was followed by the great majority of medical societies in the eighteenth and early part of the nineteenth century. They were invariably held at some inn or tavern, however, and this form of peripatetic society is most unusual.

*Rule V.* THAT if any Accident happens to a Member of this Society, so as to prevent him from attending the Duties of his Profession, then the different Members shall alternately assist him as far as they are able.

This has been discussed under Rule I.

*Rule VI.* THAT in case a Patient is in Circumstances to pay a consulting Surgeon, and requests one to be called in on his own account, then each Member pledges himself to call in one of this Society.

This rule sheds much light on the conditions of practice in the provinces at that time. According to modern ideas a 'Consulting Surgeon' would be a recognized consultant or hospital surgeon summoned from the nearest city or large town. Recognized 'Consultants' existed of course at this period, but they were very few in numbers, especially in the provinces, and they would not be brought down from London except in the case of patients of considerable wealth and position. It would appear that the rule related rather to the calling in of a 'second opinion' than a consulting surgeon in the present-day sense. The position of the physicians was rather different. A practitioner like Dr. Allvey, possessor of an M.D. degree, would often be called into consultation in medical cases over a wide area, although he would ordinarily be engaged in a superior type of general practice. It must be remembered that legislative control over practice was very loose, there was no system of medical registration, and there were no generally recognized standards—all of which makes the professional zeal and desire for improvement shown by the members of these small local medical societies the more laudable.

The case reports included in the minutes invariably give the names of patients, their relatives and medical attendants. Occasional incidental mention is made of local surgeons or apothecaries who were not members of the Society. The minutes never refer to Addenbrooke's Hospital or to the Huntingdon Dispensary although patients from the southern half of the Society's area were at that date frequently treated by these institutions. Equally striking is the absence of any reference to those physicians and surgeons of Cambridge and Huntingdon who are known to have been available for consultation who were geographically more conveniently placed than Dr. Allvey and his friends. The staff of Addenbrooke's Hospital were at that time partly engaged in general practice but Harwood, the Thackerays and Okes were largely employed as consultants. It seems certain therefore that the objects of the Society were not entirely disinterested and that it constitutes a remarkable example of group practice. The members combined to compete with and to exclude their powerful and established rivals in the area.

*Rule VII.* THAT, as the advantages to be derived from the examination of Bodies after Death must be acknowledged by all, so the difficulty of procuring Subjects in the Country must be equally confessed, therefore in the Case of the condemnation of any Criminal with orders for Dissection, either in the Counties of Lincoln, Huntingdon, Rutland or the City of Peterborough, a petition be presented to the Sheriff or Magistrates in the name of the Society for the Body by some one of its Members, giving a concise history of the plan of the establishment and the advantage which will certainly accrue from the being supplied with the Bodies of Criminals for Dissection.

This rule provides a striking commentary on the difficulty of obtaining bodies for dissection. During the period of the Society's activities the body-snatchers were enjoying their hey-day, but the 'difficulty of procuring Subjects



in the Country' was indeed great. This unsatisfactory state of affairs was not remedied until the passing of the Anatomy Act of 1832. There is no evidence that any bodies were actually obtained for dissection by the Society.

*Rule VIII.* THAT a Book be procured at the joint expense of the Society for the Purpose of inserting Cases, Medical Information, the Minutes of each meeting, &c.

*Rule IX.* THAT a Secretary be appointed annually at whose House the Book shall be left to insert such Medical Information, as he may have received through the Channel of his Medical Correspondents.

Mr. Hopkinson was evidently the first Secretary. Subsequently the member at whose house the meeting was to be held was asked to send out the notices and apparently recorded the minutes.

## THE MINUTES

The Minutes of the seventeen meetings of the Society are here printed in full. The titles only of the case-reports are given with the exception of five representative case-reports which are printed in full. Errors in spelling have not been corrected and deletions, where decipherable, have been included.

At the first Meeting of the Society held at M. Hopkinson's June 10th 1793 the following Members present.

Sam <sup>l</sup> . Allvey M.D. President	}	Surgeons
Fra <sup>s</sup> . Hopkinson		
Jos <sup>h</sup> . Vise		
Rich <sup>d</sup> . Stewart		
John Smith		
Jos <sup>h</sup> . Westbrook or Michal		

Dr. Allvey proposed a new Rule, respecting the establishment of a Fund, which was left for discussion at the next half yearly Meeting.

Dr. Allvey was requested by the Society to accept the Chair as perpetual President. Mr. Hopkinson was requested to revise the Laws, and get some copies printed off.

Dr. Allvey read a case of diseased Liver, with a supposed cancerous Affection of the Uterus, together with the appearances discovered upon dissection. (Allvey was not consulted by the patient during his life, but was invited by the surgeon, Mr. Peck of Kimbolton, to be present at the autopsy.)

Also, a case of Billious colic which terminated fatally, in Ileus.

Mr. Stewart read to the Society the dissection of a Fungus articuli of the Elbow Joint.

Also a case of symptomatic Tetanus arising from a morbid sensibility of the Uterus.

Also, two cases on compound Fracture with observations, and he was desired by the Society to procure a fresh copy of these cases and remarks, written clean and corrected against the next meeting.

Mr. Stewart also read a case of misplaced Menstruation.

Mr. Vise read a case of Tetanus which he treated successfully, he was desired by the Society to procure them a fresh copy, clean and corrected against the next meeting.

Mr. Westbrook related two cases of Scrophulous Disease in the Knee and Elbow Joints, the one treated successfully by the use of Issues, and the other by a natural opening, he was desired by the Society to commit these cases to writing, clean and corrected, and present them at the next meeting.

*General Practice, 1793–1803*

Mr. Hopkinson read two cases of Polypus Nasi, successfully treated by the double canula, and Ligature.

Also, a case of Fractured Cranium, with considerable extravasation, successfully treated by the operation.

Mr. Hopkinson was desired by the Society to procure a Book, for the purpose of inserting the Minutes of the Meetings, and to copy the Minutes of the first Meeting fairly therein.

Ordered, also that the next meeting of the Society, be held at Mr. Vise's in October next, the day being fixed a fortnight before the Meeting, and Mr. Vise was desired to send circular Letters intimating the day & hour.

Ordered also, that the thanks of this Meeting be given to Dr. Allvey, for his Attention to the Society.

Sam<sup>l</sup>. Allvey. Presd<sup>t</sup>.  
Joseph Vise  
Fra<sup>s</sup>. Hopkinson  
Jn. Smith  
Joseph Michael  
Rich<sup>d</sup>. Stewart

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Here are reports of cases as follows:

1. A Case of diseased Liver, with a supposed cancerous affection of the Uterus, together with the appearances discover'd upon Dissection by Sam. Allvey. M.D.
2. Case of billious colic terminating fatally in Ileus with observations, by S. Allvey D.M. St. Neots Hunts.
3. Case of violent Spasms of the Muscles accompanied with permanent contractions of the Limbs, orriginating apparently from an increas'd or diseas'd Sensibility of the Uterus by Rich<sup>d</sup>. Stewart Surg<sup>n</sup>. Bourn.
4. Case of misplaced Menstruation by Rich<sup>d</sup> Stewart.
5. A Singular Case of Tetanus by Jos. Vise Surgeon Stilton.
6. Case of Scrophulous Swelling of the Knee joint successfully treated by Issue by Jos. Westbrook Surg<sup>n</sup> Stamford.
7. Two Cases of Polypus Nasi successfully treated by Ligature by Francis Hopkinson Surg<sup>n</sup> Peterbro.
8. Case of Fractur'd Skull with considerable extravasation successfully treated. by F<sup>s</sup>. Hopkinson Surg<sup>n</sup>. Peterbro.

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A  
Singular Case of Tetanus by  
Jos: Vise Surgeon  
Stilton

January 22<sup>nd</sup> 1793

About four o Clock in the morning I was call'd to C W<sup>m</sup>. Callow of Stilton, by trade a Bricklayer, a middle aged man & of a thin habit of Body. Upon enquiry was inform'd my Patient had been living very free for three or four days drinking different Liquors & eating very little food. He went to bed about ten o Clock the preceding Evening, slept till four o Clock the next morning & immediately drank a pint of cold water. As soon as it had entered the Stomach it brought on rigid & inflexible extensions of the whole extremities with excruciating pain in the Thorax, the intercostal muscles were all very much concern'd & the Cartilage

ensiformis which I consider as the pathognomonic Symptom of Tetanus was so very much contracted that it was evident to the Sight & so violent was the contractile action on that & the neighbouring parts that the Stomach seem'd to be very much hurt which I suppose produced the violent pain he seem'd to suffer during the Spasms. His pulse was but little chang'd from that of health, except half a minute before the Spasms under the Sternum which did return every six, eight or ten minutes, & never fails to be succeeded by a stronger retraction of the head immediately with great rigidity & pain all around the Neck, and along the Spine to the lower extremities which were suddenly put to the Stretch. At that time the Countenance was very pale & contracted, the jaws were at that moment snapped together which gradually as the pain under the sternum diminish'd open'd so that I could give him the medicines. I once made an attempt during the Spasm to bend his legs & arms by force which evidently hurried on the disease again. The Mastoid, Coracoid, & Sternothyroid Muscles, as well as all the others concern'd in deglutition were most violently contracted. At times his breathing seem'd solely by his will, as the involuntary action of the Diaphragm & intercostal muscles seem'd to be quite suspended.

Vin. Gallic, Aq. Menth. aa oz.  $\frac{1}{2}$ . Tinct. Thebaic\* gutt. xxx was immediately given. As the Symptoms appear'd to increase, I continued to give him Tinct. Thebaic gutt. vi in the draught already mention'd every ten or twelve minutes & repeated it for eight doses, when my patient fell into a profound sleep, with my hand upon his pulse which was then full & steady. I desir'd his attendant when he rous'd to give him one Table spoonful of the following mixture every hour or every half hour if he complain'd of great weakness. From the time I had left him which was three hours, he had taken three ounces of this mixture, R. Vin Gallic, Aq. Menth. of each oz 2 Tr Thebaic gtt xxx, it was now twelve o Clock when I was call'd to him, & found him in every respect as violently attack'd as at first. I gave him Tinct. Thebaic gtt. xxx in the Draught already mention'd & continued the small doses of Opium for five or six Doses by which he was perfectly reliev'd. At twelve o Clock that evening I found him perfectly comfortable & his breathing free; as his pulse was quick I gave him Tincture Thebaic gtt xii in the Draught as before & at six the next morning the same. (Wednesday) about ten o Clock I found him a steady full pulse altho' universal Tremor accompanied them. as nothing has pass'd his Bowels since the first attack, I gave him Tinct. Rhoëi  $\frac{3}{4}$  i, Tr Sennae  $\frac{3}{4}$  fs. Tr. Thebaic gtt xvi which had the desir'd effect. Here ended all medicine, & he had no return of the Complaint

#### Observation

Of all diseases to which man is subject, none deserves more to be attended to than the Tetanus, either with regard to the variety of painful Symptoms, which almost without intermission distract the patient, or the danger of the disease itself, from which few recover in comparison of the Number it attacks. This disease rarely appears original in Europe so that a good History of it cannot be expected. It has been mention'd by some as only consequences from other diseases or wounds or ulcers of the nervous or tendinous parts but however that I think is erroneous. Lock'd Jaw has been attributed to a wound of a nerve or Tendon, with respect to the former the opinion I think it quite erroneous, with respect to the latter, as wounds of Tendons do not heal readily they induce a weak & irritable state of the System. Upon this principle it is that it is known to follow large wounds which have considerable suppuration & which induce a weak & irritable state of the Habit. It does not arise here from inflammation for it does not take place until after inflammation is gone off. Mr. Hunter says he is satisfied from his experiments that wounds of Nerves or the including a nerve in a ligature made upon an Artery has no particular tendency to bring on lock'd Jaws which he has frequently found to take place where it was evident no nerve was wounded. The most trifling external injury may be the occasional Cause of this disease, even a scratch or puncture where neither Nerve nor Tendon have been found to have suffer'd. Few people have attempted to give any proximate Cause of *Tetanus*, and those few have fail'd in their attempts, & in my opinion until the physiology of the nervous System & the nature of their energy is more clearly

\*Tinct. Thebaici. syn. Laudanum. A tincture of opium of variable composition.

understood, & a more true and plausible account given of muscular motion, voluntary & involuntary all our theories upon spasmodic diseases must be futile. In what few observations I have made in the above treatment of this Case, I take it upon the Principle of Debility, & therefore the predisposent Cause may be whatever can render the Habit weak and irritable. Climate perhaps is one of the most powerful ones, as in hot Climates it is very common upon the slightest occasion; in temperate ones more rare, in very cold it is said to be entirely unknown. In all subjects afflicted with Tetanus it is our duty to examine & seek after predisposition which I believe in general will be very easily traced, to what is call'd a preternatural & morbid increase of Irritability & mobility in Muscular fibres brought on by action, of various & almost innumerable debilitating causes. It should appear from this to be a disease of the nervous System & not of the Principles of Life as it appears in every circumstance the latter commonly remain unalter'd. Some time after the attack of this disease, but as the disease increases and extends to those muscles whose action is involuntary & necessary to Life, then the Patient is destroyed. For instance great & sudden degrees of cold & moisture tend to weaken, the Habit being at that time in a heated and perspirable state; if the same Cause or Causes be applied to the nervous surface lining the Stomach & first passages call'd the tunica nervosa (as in my patient) the disease will immediately begin to show itself in that part or in those muscles more particularly predispos'd & continue increasing until it has arriv'd to a certain degree of violence, when if it does not destroy Life before & by putting an entire stop to the action of Muscles of involuntary motion will begin to diminish itself by degrees & in time wear itself out.

Practitioners in general from observing this course of the disease have been lead to believe that no medicines are of any real service (I wish to be understood relaxant) & that some by their indirect action adding debility to debility finally aggravate the disease.

In those Cases where the powers of Deglutition are entirely lost I conceive little can be done except by Clister & those I should recommend to be given cold, & never more than dr. 1½ Tinct. Thebaic at once & that repeated every half hour in the form of an Injection but that must be left to future experience & never begin upon the Principle of relaxation as their ultimate action is debility. I should always begin with small doses of Opium never more than thirty drops for the first dose & then six or eight, every Eight, or ten minutes, or fifteen, so as to wear out the disease, attending particularly to the Pulse (as in my patient) I could tell from the pulse becoming slow that the Spasms were about to return, I then gave him six or eight drops of opium. I should further recommend bathing the whole body with Vinegar & water which in several instances have been useful in the last Stages of fever accompanied with the greatest indirect debility and some analogy may be form'd between the two diseases. I cannot help observing that these Cases require the constant presence of the practitioner to keep up the action of those diffusible remedies he employs, least from the discontinuance of their general action upon all the functions the System should sink again into its former debility & the Spasms return with aggravated Violence.

#### *Question*

Is it not a species of Tetanus which proves so fatal to Children before they are nine or ten days old & which old women improperly call Jaw-failing (certain it is that the Symptoms are very Similar.) This disease frequently happens to horses if long kept from food & I am told in brood mares giving suck, a very few hours abstinence from food will produce it.\*

\*Dr. Leslie Cole, Senior Physician, United Cambridge Hospitals, comments:

'This is a very good description of a type of Tetanus which has been described as "Splanchnic"—usually thought to be the result of infections from the intestinal tract. The abdominal rigidity and spasms are prominent early and overshadow the trismus. Dysphagia and laryngeal spasm are also a feature of these cases. The unusual feature is the suddenness of the onset and subsidence but I believe this does occasionally happen. (The duration of the illness is extremely short which is difficult to explain). His treatment appears to have been very sound too.'

Finis

Jos. Vise

*Arthur Rook*

Case of Scrophulous Swelling of the  
Knee joint successfully treated by Issue\* by

Jos. Westbrook  
Surg<sup>n</sup> Stamford

February 1792

James Flint aged Fourteen apparently of a Scrophulous Habit, was put under my Care with an incipient white Swelling of the Knee Joint; he complain'd of an acute pain all round the articulation, but more particularly under the Patella, which attack'd him at different times, especially after much walking, this had been ever since the preceeding April till this month without any appearance of Tumefaction. It was at the time of his application to me very much swell'd round the upper Surface of the joint resembling in figure some what the Head of a child, the flexor Tendons of the Leg contracted thro' his having kept the Limb in a half bent Position (that being easiest for him) so that, he limp'd much in walking. General health not much affected. Order'd a Blister to be applied over the patella, & the underpart of the joint to be fomented with hot Bran & water, & friction with sweet oil over the contracted Tendons for half an hour every morning & evening; also to avoid walking for the present, but to try by passive Motion being applied to straighten out the Limbs. Altho the Blister produced a very good Inflammation on the Surface I could not perceive any relief from it. About the end of six weeks the contraction seem'd to give way the Patient being able to extend his Limb better, the pain & swelling the same, as at first, the former seem'd to him much better, while the friction was applying, but return'd on its being left off. Seeing but little amendment in the Case, I was determin'd to try the effect of an Issue just above the inside of the Knee, having repeatedly seen the good effects of this Practice applied to the Curv'd Spine from Scrophulous ulceration of the Corpora Vertebrarum. I accordingly made him one of sufficient size to contain a small Pea & order'd the friction & fomentation to be continued. About this time the general health being somewhat affected, as pointed out by a failure of appetite, cold sweats & sickness, desir'd him to support the Vis Vitae by a moderate use of Wine (it is to be observ'd that the Constitution had been reduc'd before I was call'd in by the Evacuating Plan). In About a fortnight after the Issue had taken place the pain & swelling began to abate; a general action was excited in the thigh by the irritation of the Issue during the first five or six days after it was made, which in subsiding left an increas'd stiffness in the Flexor Tendons of the Leg—order'd the Friction to be applied an hour & an half each time with the warm fomentation & applied a fine thin flannel Roller for some way above and below the Knee, so as to support the Limb.

He continued mending in every respect for two months; after which time, he could nearly extend his Leg upon the Thigh & walk about, the pain & swelling return'd on taking much exercise. Since the supporting plan has been us'd his health too, is much mended & can eat with a better appetite.

In about ten months he was able to walk without the least pain & the knee restor'd to its proper size & figure, can't straighten it quite so much as the other, but this, he attributes, to the Soreness of the Issue rather than any contraction of the Tendons. The Limb was rather weak which I attribute to the constant Discharge from the Ulcer.

*Observations*

From the Symptoms of this Case there can be no doubt I think of its being an incipient white swelling, a Case exactly similar in its Nature to the curv'd Spine, Hip Joint Cases, Tubercles of the Lungs &c owing to one & the same Cause (viz) Scrophula. On this ground I treat'd my patient by the use of Stimuli, trying by the irritation of an Issue in the soft parts to lessen the local affection, while I supported the Vis Vitae with Wine & a generous diet. And

\* Issues were small scarifications kept open by means of a foreign body. A small perforated metal cup containing a sponge or a metal ball were among the many devices used. This ancient form of counter-irritation was very commonly employed in the eighteenth century and was advocated by Boerhaave and enthusiastically endorsed by Richard Mead. (Brockbank 1954).

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with good effect as at the end of a fortnight after the plan had been us'd, there was an evident amendment both in the Limbs & general Constitution. The relaxing effects of the friction & fomentation on the contracted Tendons seem to have been very striking, the patient being able to straighten the Knee in six weeks after their application. The friction seem'd to make the absorbents active in removing the extravasated fluids in the Cellular Membrane & new form'd matter round the Joint, it being restor'd to its former size & figure. I have observ'd many Hip Cases ending in Ulceration of the soft parts do very well in the Country without any other assistance, except good living, & this after they have been deem'd incurable.

*Query?*

In local affections of Scrophula if we are call'd in at the beginning, is it not advisable to try the effects of Counter Stimulants, in the vicinity of diseas'd parts with a generous diet, rather than suffer them to proceed in their usual slow way, by neglect; & in preference, to the debilitating plan of purging, use of mercury, vegetable diet &c.\*

Finis, Jos. Westbrook.

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At the Second meeting of the Society held at Mr. Vise's Oct. 4th 1793 the following Members present.

Sam<sup>l</sup>. Allvey M.D. President.  
Jos. Vise  
Rich<sup>d</sup>. Stewart  
Jos. Michael  
John Smith  
Fran<sup>s</sup>. Hopkinson

Mr. Michael read the Case of Scrophulous affection of the Knee Joint alluded to in the first meeting which he treated successfully by Issue, Friction with oil, good Nourishment &c.

Mr. Michal also read a Case of Typhus fever Attended with Dreadful Phagedenic Venereal Ulcerations on the Labia Pudenda preceded by Abortion which he treated successfully by the local application of the Diapent Cataplasma,† & by the general use of Bark,‡ Opium & Wine & supporting the System by Jellies &c. &c.

Mr. Michael also read a Case of profuse flooding in the third stage of Labor from a partial Contraction of the Uterus & retention of the Placenta attended with an Inflammation of the

\*Comment by T. J. Fairbank, M.A., M.B., B.CHIR., F.R.C.S., Consultant Orthopaedic Surgeon to the United Cambridge Hospitals.

'I think that there is no doubt that the diagnosis was correct. I imagine that this was almost certainly a synovial infection with very little involvement of bone. Two points of particular interest are that they recognized the same aetiology in lung tubercle and in bone and joint cases, and that he appreciated the value of rest and good food. Tuberculous pus is of course better out than in but by this method of treatment the patient was left with a tuberculous sinus with the certainty of secondary infection and a poor ultimate prognosis. One might criticise the surgeon for his failure to note the range of movement at the end of his treatment but he was obviously, and rightly, pleased with having regained extension.'

†Diapent. Cataplasma. Quincy in his English Dispensatory, 1728, states:

"Theriaca Diatessaron,  
*An Electuary of four Ingredients.*

"Take the Gentian Root, Bay Berries, Myrrh, and round Birthwort, ana oz ii. of Honey lb ii. mix them into an Electuary. This with the Addition of the Shavings of Ivory oz. ii. is entituled *Diapente*, or a Composition of five Ingredients.

"This hath passed without Alteration, thro' all the Emendations of the College Dispensatories where at first it entered under the Title of a *Theriaca*. It comes originally from *Mesue: Avicen* also prescribes it; but it is hardly ever ordered in the Form of an Electuary, and therefore not kept so in the Shops; but in its Species, with the Addition of Ivory, it is much called for by the Name of *DIAPENTE*, chiefly for some Distempers among Cattle."

‡Bark. Quinine or Jesuit's Bark.

*Arthur Rook*

Uterus & Peritonitis, which he treated successfully by a forcible Delivery of the Placenta, & by the exhibition of Wine, Bark & other Stimulants.

Mr. Stewart read a Case of Petechia without fever exhibiting Symptoms of Sea Scurvy, Haemorrhage &c.

Mr. Smith read a Case of Seminal Weakness, in which the Opinion of the Society was requested to be given in at an adjourn'd meeting.

Mr. Hopkinson propos'd as a Member of this Society Mr. James Smith Jun.<sup>or</sup> of Ramsey, & read a Thesis written by that Gentleman on the Subject of Mortification of the Toes which was immediately discuss'd & it was unanimously agreed by the whole Society that he be ballotted for at the adjourn'd meeting.

This Meeting on account of the Multiplicity of Business to be gone thro', & a Case of Cataract to be operated upon where Mr. Hopkinson wish'd a Consultation was adjourn'd to Mr. Hopkinson's of Peterbro' to Monday the 21st of October.

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Here are reports of cases as follows:

1. Case of Typhus fever attended with Syphilitic Ulcerations, successfully treated by the Use of Stimuli; by Jos. Westbrook Surgeon Stamford
2. Case of Flooding in the third stage of Labour—Inflammation of the Uterus, & Peritonitis, in the same Subject, by Jos. Michael Surg<sup>n</sup> Stamford
3. Case of Petechiae, with effusion of Black Blood which seem to have lost in a very considerable degree the living principle without any Symptoms of a prior Constitutional affection by Richd. Stewart Surgn Bourne

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Case of Petechiae, with effusion of Black Blood which seem to have lost in a very considerable degree the living principle, without any Symptoms of a prior Constitutional affection.

by Richd. Stewart, Surgn.  
Bourne.

Ann Haddy Oct. 18, short thick statue, with a full countenance of a dark ruddy Colour, after a state of perfect health excepting a slight pain upon her head which she had been subject to, also a peculiar pain, on the right arm the Day she was attack'd. On Saturday July 12th, in the morning, she perceiv'd a number of red spots covering her legs, arms & Body, but still able to do her work & made no Complaints. On Sunday her legs began to swell, her appetite was good, great disposition to sleep, but complain'd of no Languor, or pain except upon her head and her Leg. Monday free from any general complaints, but the Spots of a purple Colour, did her work, & eat her meals as well as usual & got up to wash, which work she continued the whole day, but at night was attack'd with discharge of blood from her mouth, which she suppos'd originated from her gums. About four o'clock on Tuesday morning the hamorrhage came from her Nose & Fauces. The loss of Blood was very considerable & she now complain'd of great loss of strength, & faintness, yet on Tuesday she eat a hearty dinner, could eat at night. The haemorrhage continued thro' the night. Wednesday, still bleeding, complains of a pain upon her head as if it open'd and shut, complain'd of pain & distension upon her Stomach, with sense of sickness & fainting. The Linen upon which the Blood had been receiv'd was extremely offensive, & her breath quite putrid. She had very little sleep thro' the night. Thursday morning, This was the first day I saw her, her countenance was swell'd, & appear'd as if the Cellular membrane was distended with air, her face & Body was cover'd with purple

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Spots, her arms & legs much swell'd & extremely tense, dissolv'd Black & putrid blood running from her mouth & Tongue which was continually dribbling from her. Great Languor depression of strength, weight & oppression upon her Chest, with a heaviness at her Stomach, pain & sense of beating in her head resembling strokes from a hammer. Loss of appetite, sense of intense heat tho' her skin feels cold, complains of a burning heat at her Stomach, pulse low & scarcely perceptible, breath excessively putrid. Has not had a stool since Monday (which was natural) makes but small Quantities of Water, which is the color of the Blood which is discharg'd from her Fauces & Nose.

Aether oz. ½  
Tinct Theb gutt 50  
Ext Cort\* dr i  
Vin Rubr oz 4 M Coch larg. omn. hore sumendus.

Most nutritive diet & Wine. Thursday evening, bleeding from her mouth & likewise from several vesications upon the Tongue is increas'd. The pain & lifting of her head more violent, rather warmer, Pulse quick. After the medicine &c had been taken five times the Bleeding was check'd & she slept a little, but the Hamorrhage return'd immediately when she awoke. Prescrib'd as a Styptic to the Mouth the following Linctus,

Conf Rosae† oz. ½  
Oli Terebin oz. ½  
Tinct Thebaicai dr. 2 M.

she was desir'd to put a small Quantity of this in her mouth frequently & spit it out again. Friday morning, Restless thro' the greatest part of last night, mouth & Tongue cover'd with thin Black & extremely offensive Blood, skin warmer but not hot, countenance relax'd, great Languor & dejection, Eye not so dull as might have been expected, medicine vomited her twice & brought off Putrid Blood & (word omitted), great oppression upon the Chest, legs & Thighs, not so tense, but the Petechiae quite blue perfectly sensible, pain in her head still continues

R Tinct Cort oz. 2  
,, Theb gutt 50 M Cepiat coch larg in pulv sequent 2 quats hora  
R Pulv Cort ⅔ fs M ft Pulv

Saturday 12 o'Clock

Bleeding considerably less, pulse fuller, skin warm & not so much tension about the limbs, has taken more wine to day, & bore it better than she has done before. Sunday, stupid appearance about her countenance, great languor, Petechiae faded, but several vesications upon the Tongue fill'd with black Blood, Pulse lower, takes with pleasure Wine and broths.

Monday, Bleeding quite stopp'd, only a few vesications upon the Tongue fill'd with black blood—order'd to continue her medicines. Tuesday,—considerably better—appetite better. Wednesday, continues recovering—left off my attendance. N.B. Her bowels were kept from being loaded with any Putrid Faeces by Tinct. Sennae & Ol. Ricini. There was no fever attending this Case, nor did any of the Family receive any infection, tho' the Children were continually about her. †

Finis.

Richd. Stewart.

\*Ext. Cort. Extract of Quinine.

†Confection of Rose consisted of fresh red rose petals, 1 pound, beaten to a pulp with sugar 3 pounds. It was employed principally as a vehicle and as such was a constituent of many pills.

‡Comment by F. G. J. Hayhoe, M.D., M.R.C.P. from the Haematological Clinic of the Department of Medicine, University of Cambridge.

“Impossibility of establishing a diagnosis with any confidence. The most probable diagnosis would seem to be an acute nephritis with anaphylactoid purpura, although there are unusual features. The case demonstrates the extreme difficulties which confronted the conscientious practitioner in the days before the development of clinical pathology.”



*Arthur Rook*

At an adjourn'd meeting of the Society held at Mr. Hopkinson's Octr. 21st, 1793, the following Members present,

Francs. Hopkinson,  
appointed President.

Jos. Vise

Jos. Michael

Jo<sup>n</sup>. Smith

Francs. Hopkinson presented a patient with a Cataract of each Eye, in a subject of Eight Years of age, which took place after the Measles when the Patient was a quarter Old, The Iris had a proper Action, the Patient had a power of discriminating light from Dark, & in every respect is consider'd favorable for the Operation. F.H. Couch'd the Patient, introduced the Needle in the Usual Way, turn'd it round & endeavour'd to detach the Chrystalline, which did not seem to move upon making these efforts, the Needle was in the Chambers of the Eye for three or four Minutes, & was then withdrawn, an opiate was given & the patient put to bed.

Francs. Hopkinson receiv'd a letter from Dr. Allvey—apologising for his not being able to attend the meeting, being much indisposed with a sore throat, he at the same time sent his opinion of a Case of seminal weakness mention'd at the former meeting, which, was read & particularly attended to by the Society, & their thanks were order'd to be given to Dr. Allvey for his attention & accurate description of the Case.

Mr. Vise read a Case of retroverted Uterus in which he drew off in the first instance upwards of three quarts of Urine, in a few Days an abortion took place of a foetus of four months, which ultimately terminated in the recovery of the Patient.

Ordered, That the next half yearly meeting be held at Mr. Smith's of Whittlesea on the first monday in May, which is the nearest the new moon, of which he is desir'd to give Circular Letters, one Month previous to the Day.

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Here are the reports of cases as follows:

1. A Case of Gonorrhoea Laeorum by Dr. Allvey. (This patient had consulted without benefit, John Hunter, among others, before he was referred to Allvey by his local surgeon.)
2. A Case of Retroversion of the Uterus by Jos. Vise Surgn. Stilton.
3. History of an Obstinate Case of Syphilis accompanied with a very troublesome Phagidenic Ulcer in the right inguinal Region by Saml. Allvey M.D. St. Neots (deleted but legible).

*(To be continued)*