Medical History

Medicine in Staffordshire*

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The Staffordshire Branch of the British Medical Association was formed from the North Staffordshire Medical Society in 1874, the first meetings being held in 1875. Coincident with this centenary was the publication of Nicolaus Pevsner's 46th and final volume devoted to the buildings of England, a sightseer's guide that grew into a one-man historical archive.¹ He left attention to Staffordshire until the last county of all; an impression is conveyed that he was somewhat surprised by what he found. In his introduction he comments: "When people try to visualise Staffordshire—and few people do—it is the Black Country and the Five Towns that come before their mental eye," but he immediately concedes "that there is much more to it. . . ." The same claim may be made about the history of medicine in Staffordshire, whether concerning medical personalities, ideas and philosophies of medicine, or medical and scientific societies.

Background to provincial medicine

Mediaeval hospitals are still to be seen in many towns in England. In the larger towns there were usually several hospital foundations fulfilling separate functions. In the main street there might be an infirmary—an almshouse for the sick and helpless; near a frequented gate of the town a hostel for passing travellers and pilgrims; and outside the walls a leper hospital.² Lichfield, in south-east Staffordshire, was a prosperous market town as well as an ecclesiastical centre. The leper house at Freeford some two miles from the city no longer exists. St John's Hospital at the south gate, founded in 1140 and rebuilt in Elizabethan times, continues its function as an almshouse. Bishop Smyth, who restored St John's Hospital and was also founder of Brasenose College, Oxford, was complimented in a particularly felicitous manner by a contemporary, who said that he was "followed by the perfume of charity he left behind him."²

Before the mid-seventeenth century we look in vain for notable medical personalities in Staffordshire, but then the structure of the profession as we recognise it was just emerging. The surgeon and the apothecary had acquired distinct roles; the physician was also to be found practising in many of the towns and taking his place in the life of the counties. The qualification of a physician in provincial England was a degree of the University of Oxford or Cambridge, the extra licence of the Royal College of Physicians, or a Bishop's licence. He commanded relatively high fees, his work being that of a general practitioner who practised mainly among those who were then

termed the "better sort," and he relied mainly on the apothecary for compounding medicines. The apothecary came increasingly into prominence after the Restoration and evolved into the general practitioner, while the physician's work was eventually limited to seeing referred patients.

Physicians of the Restoration

Information is available on two physicians of the 17th century who lived in south-east Staffordshire—Dr Phineas Fowke (fig 1) and Sir John Floyer (fig 2) and a third contemporary, Sir Charles Holt of Aston Hall (fig 3), a few miles away and now in Birmingham. They had similar university backgrounds and similar professional and scholarly interests. Sir John Floyer, physician of Lichfield, is remembered for lasting contributions to medicine, among which are his description of the pathology of emphysema, his timing of the pulse with a pulse watch (incidentally some of his observations were made on residents of St John's Hospital), and a pioneer contribution to the subject of geriatric medicine. Sir Charles Holt and Phineas Fowke helped him, the former with the use of microscopes and the latter with the loan of books and access to his exceptional library. Dr Fowke is perhaps an enviable figure of a bygone age. He practised as a physician in Shrewsbury and in London before inheriting Little Wyrley Hall, near Walsall, in 1691 at the age of 52. We are told that "when he became a landed gentleman the habit of work had set in." Sir John Floyer refers to his "philosophic way of

FIG 1—Dr Phineas Fowke, Little Wyrley Hall, Staffordshire. Reproduced by courtesy of Mrs Frank Wallace.

*Based on an address at the centenary of the Staffordshire Branch of the British Medical Association, St Luke's Day, 1975.

FIG 2—Sir John Floyer. Reproduced by courtesy of the Bodleian Library, Oxford.

FIG 3—Sir Charles Holt of Aston Hall, Birmingham. Reproduced by courtesy of Birmingham Museum and Art Gallery.

living, his universal learning and greatness of mind, in retiring from all the pleasures and impertinence of life, that he might more freely converse with his learned authors.”³

There is no evidence that these three physicians formally founded a local medical society, but they certainly met together, discussed cases and experiments, and exchanged books. A report of a local patient by Sir Charles Holt published in the *Philosophical Transactions of the Royal Society* in 1699⁴ gives something of the clinical flavour of the times. The patient was a young man of 26 who “had been extremely troubled with the wind which put him to great torture; and one day making his complaint to an old woman in the neighbourhood, she advised him to swallow round white pebbles. Upon the next return of a fit he observed her directions, and the stones passing easily through him, he found great relief by his new medicine of which he was very proud, and repeated it as often as he had occasion with the same happy success. After some months, he being seized with a violent fit of the spleen wind, he immediately applied himself to his old remedy and swallowed his usual number of stones, but they not passing he repeated the dose; and

so continued taking of them till he had taken above 200. He had these stones in him about two and a half years when he first came to me, and then complained that his appetite was gone and could digest nothing.” The treatment was interesting but not successful. “I caused a ladder to be set against the wall and hung him by the hams on the inside of the ladder with his head directly perpendicular to the ground. Whilst in this posture he told me the stones were got up to his stomach; but being set upon his feet . . . we could hear the stones drop successively one after another, and so distinctly that they might be counted.” He goes on to say: “Not so long since my worthy and ingenious friend, the learned Dr Fowke making me a visit, I showed him this man, and he was pleased nicely to examine his case, and told me he had never heard, or met with in books, anything like it.” Such was the beginning of medical case presentations.

The seventeenth century was a period when professional roles and demarcations developed in the medical profession, and the process was understandably accompanied by strain and conflict. If we look forward two centuries to the formation of the North Staffordshire Medical Society we learn that matters of professional etiquette attracted much attention in the early days of the society. Similarly Sir John Floyer and his friends must have discussed matters of professional practice, and he recorded his comments on what he considered the contemporary “disgrace of physic.” The following are some of his opinions concerning the burning medicopolitical issues of about 1720:

- (1) The physicians in the university are better skilled in notions than experience.
- (2) The vulgar cannot distinguish betwixt the learned and experienced doctor, and other pretenders.
- (3) The separation of chirurgery from physic; the vulgar are more sensible of the cures on the external parts, but all inward cures are like charms to them.
- (4) The great decay of the present state of physic is owing to the apothecary's excessive bills, which occasion many patients to advise with quacks who sell medicines cheap.
- (5) The licences of all apothecaries and chirurgeons by the spiritual courts is a great abuse on the faculty. Few of that court would be willing to entrust their lives to those they licence.

Clinical practice and medical personalities during the industrial revolution

In the eighteenth century it has been said that the fabric of society was knotted together by a host of clubs and societies. At a time of rapidly growing science and technology provincial societies reflected local pride and social needs as well as contributing to the body of universal knowledge. By virtue of its membership and its range of contacts the most important of all the many provincial societies was probably the Lunar Society of Birmingham. Staffordshire is one of the counties in which the industrial revolution had its origins, and it is no accident that the Lunar Society was founded on the friendship of Mathew Boulton of Birmingham and Erasmus Darwin of Lichfield (fig 4). Darwin introduced most of the new members, and it became an association of friends who met in each other's houses once a month, at the full moon, to discuss matters of common interest, largely technical and scientific.

Darwin had an enormous reputation as a physician with his practice centred on Lichfield and later Derby. He was a compulsive inventor, extremely sociable, and a witty talker. He propounded a theory of evolution very like that later developed by his grandson Charles. He wrote long treatises on animal and plant life, was a pioneer in the reform of girls' education and in the treatment of mental illness, and speculated boldly and often correctly about future developments in science and technology.⁵

One of the self-styled lunatics whom Darwin introduced to the society was William Withering.⁶ He had settled in Stafford and took a leading part in the foundation of the local infirmary, becoming its first physician. His *Account of the Foxglove*⁷ was written some years after he had been appointed physician to the

FIG 4—Dr Erasmus Darwin by Joseph Wright. Reproduced by courtesy of the National Portrait Gallery, London.

General Hospital in Birmingham. When he died of tuberculosis at the age of 58 a contemporary botanist made the well-known comment that “the flower of English botany is Withering.” The importance of Withering’s observations on the clinical application of the decoction of foxglove was immediately recognised, and a review in the same year as the publication of his book concludes: “we think the public under great obligation to Dr Withering for the labour he has bestowed on the subject of this book; and we have only to wish, for the sake of those who may labour under the distressful state of a dropsy, that the practise of other physicians may confirm the result of this gentleman’s experience.”⁸ One of Withering’s special contributions in the use of digitalis was “to contrive some method of disarming it of its harsh qualities and to render its operation as mild as possible.” He observed that when it occasioned vomiting and purging its efficacy was not increased.⁸

In discussing toxic therapeutics two other eighteenth-century physicians of Staffordshire should be mentioned. When a medical student in Edinburgh, William Withering interrupted one of his journeys from the Midlands to Scotland to stay with Thomas Fowler, an established apothecary in York. Fowler himself subsequently obtained a medical degree in Edinburgh, and then succeeded Withering as physician at the Staffordshire Infirmary. There was currently a popular patent medicine called Tasteless Ague and Fever Drops and, together with the apothecary to the Staffordshire Infirmary, Fowler decided that its secret lay in the fact that it was an arsenical preparation. In his book, *Medicinal Report of the Effects of Arsenic in the Cure of Agues, Remitting Fevers and Periodic Headaches*,⁹ he quotes a precept of Withering: “poisons in small doses are the best medicine and the best medicines in larger doses are poisonous.” Fowler’s solution became a standard prescription to be used for the next 150 years, probably producing little benefit and occasionally considerable harm.

Fowler pursued his therapeutic endeavours with gusto and wrote a book on the diuretic properties of tobacco.¹⁰ One of the case descriptions refers to a certain Walter Osborn of Leek, and attests to the generous application of tobacco used by Fowler. “He was an inpatient cured of a dropsical swelling of two years continuance, chiefly by taking eight pills of tobacco, at three doses in the space of a few hours; and 100 drops of the infusion, tincture or wine of tobacco every night, and 75 drops every morning for 10 days.” We are told that “their operation was attended by slight nausea and giddiness.”

Whereas Thomas Fowler was imbued by high motives in his

therapeutic aims, Robert James and his fever powder are more suspect. James was at Lichfield Grammar School, and, after going to Oxford, practised for a time in Lichfield and then settled in London. He was a great friend of Samuel Johnson, who was always loyal to him and said that “no man brings more mind to his profession.” Johnson contributed without acknowledgement to James’s enormous *Medicinal Dictionary*,¹¹ which is said to contain between 5 and 6 million words.¹² But James made his money from his powder and pill. His powder, which was patented and extensively advertised, contained antimony. It is said to have hastened Oliver Goldsmith’s death, and is unlikely to have benefited George III in an attack of mania he suffered in 1788. It is ironical that Goldsmith had a hand in writing *Little Goody Two Shoes*, which helped advertise the powder. In the story the heroine’s father “died miserably” because he was “seized with a violent fever in a place where Dr James’s Powder was not to be had.” The powder had remarkable popularity and staying power well into this century. In the last century it featured in innumerable domestic medicine chests, including that of Queen Victoria.¹³

Medical societies and associations of the 19th century

In the early nineteenth century many local medical societies came into being in different parts of the country. Apart from their social purposes, they often provided scientific standards at a time when university departments were few and sometimes of little consequence. Medical associations were formed for rather different reasons, in general having more medicopolitical functions. In the neighbouring county of Worcestershire a medical and surgical society sprang into prominence in 1818 when Charles Hastings returned to his native county from Edinburgh. This was the forerunner of the Provincial Medical and Surgical Association, which in its turn under Hastings’s inspired influence became the British Medical Association. Charles Hastings was connected with Staffordshire on his mother’s side. His father married Elizabeth Paget, who was “an agreeable young lady with a fortune of ten thousand pounds, besides very great expectancies.” After their marriage they “set out for their seat near Tamworth to celebrate their nuptials.”¹⁴

The North Staffordshire Medical Society was formed in 1849 and like many other medical societies grew out of a medical

FIG 5—Dr J T Arlidge. Photograph taken in 1897. Reproduced by courtesy of the North Staffordshire Medical Institute.

book-circulating club. After an independent existence of 25 years, wishing to extend its influence and usefulness, it was resolved at a meeting held at Stoke-on-Trent on 9 April 1874 to amalgamate with the British Medical Association. The early minutes record case presentations and discussions interspersed with medicopolitical matters. It is subjects of local relevance that are always of most interest. To take an example, in 1864 a doctor from the Potteries exhibited pessaries of his own invention. It seems entirely appropriate that they were made of earthenware and well glazed.

On educational and political topics at an annual dinner in 1873 Dr Arlidge (fig 5), in responding to a toast, lamented that the North Staffordshire Infirmary was not recognised as a school of medicine and surgery by the examining bodies. A similar theme in relation to an undergraduate school of medicine would have been appropriate today. But Arlidge, a century ago, was decrying one of the consequences of the Medical Act of 1858. An unwelcome side effect for provincial physicians was the decline of the apprenticeship system in county hospitals, owing to the concentration and control of medical education in those hospitals fortunate enough to be associated with schools of medicine. He expressed these anxieties in a *Plea for Liberty of Medical Teaching*.¹⁵ "The main principle appears to be that medical knowledge is attainable only where a hospital is connected with a complete school organisation of an appropriate pattern; and with this principle are associated the traditionary belief that efficient means of instruction and qualified teachers are to be found only in metropolitan towns, and the fallacious notion that attendance upon lectures and the acquisition of knowledge are equivalent conditions." By liberty of medical teaching he meant "the overturning of those artificial barriers which make medical education an affair of place rather than of opportunity, efficiency and convenience. . . ." Arlidge was engaged in a rearguard action. Only in recent years has a balance been partially redressed, owing to the organisation of post-graduate education and the linkage of junior appointments in district hospitals with medical schools. Education is not now entirely a "monopoly of a few favoured cities to the detriment of all others."

Arlidge was a Victorian crusader and reformer who became a much respected physician working in the Potteries.¹⁶ He was a pupil and friend of John Conolly. As a young man he was superintendent of St Luke's Hospital for Lunatics in London, where he followed Conolly's precepts and abolished the use of mechanical restraint. He next began practice as a physician in Kensington. At the age of 40, after declining an invitation to the chair of medicine at Melbourne, he took an appointment as

physician to the North Staffordshire Infirmary. "His public spirit, medical attainments and scientific knowledge here found scope."¹⁷ He urged the construction of new hospital buildings. He was fascinated by the influence on disease of the environment he chose to work in, in particular "potters' phthisis." His book *Hygiene, Disease and Mortality of Occupations*¹⁸ is a detailed clinical and epidemiological study that influenced legislation and promoted improvements in regulations governing factories and workshops.

To end on a domestic note, an extract from the minutes of the North Staffordshire Medical Society may be cited.¹⁹ Local clubs of naturalists thrived in late Victorian times and their membership was usually greatly strengthened by doctors. Arlidge was sometime president and frequent contributor to such a society. A satisfactory balance of priorities is conveyed in the records of the medical society that decided that its next meeting could be allowed to take place only on a day that did not interfere with that of the North Staffordshire Field Naturalists' Club.

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ONE HUNDRED YEARS AGO Ganglion, whether in its simple or compound form, is frequently met with by practitioners and almost as often neglected by patients. So far as my own observations have gone, I have been consulted most frequently by women and children, in whom I have invariably found the disease to exist in its simple form. These patients have mostly been of rather delicate constitution, and the subjects of some sudden and violent flexion of the wrist. They have sought advice rather for deformity than pain; especially has this been the case when I have met with it in women.

As the etiology and pathology of the disease are generally understood and accepted by the profession, and I have nothing essential to add, I shall confine my observations to the treatment.

The custom and experience of the surgeon, as well as the age, sex, occupation, and position of the patient, usually determine one of the following methods of treatment: applications, *eg*, iodine liniment, or tincture, or blistering solution; pad and strapping; bursting, either by digital pressure, or by striking with the back of a book; incisions, either direct or subcutaneous; drainage, with internal irritation, by passing a seton of thread or silk directly through it. These, separately or conjointly, have usually produced a temporary, if not always a permanent, cure.

The following case—which is one of many taken from my former practice in Sheffield—illustrates the simple form of the disease; its

treatment by the pneumatic aspirator; and the result, so far as circumstances permitted me, to prove it.

In 1875, a youth, aged about ten years, was brought to me, having a simple ganglion upon the sheath of the extensor indicis tendon, of a few weeks' existence. I was requested to do all I could for him at this one interview, as he was going into the country for some time, and, therefore, he would not be able to consult me again without some inconvenience. With this view, I at once introduced the needle of the pneumatic aspirator, and drew off about a drachm of semitransparent fluid, which completely emptied the sac; and then, for the purpose of preventing the refilling of the sac, and also of giving support to the weakened and dilated wall of the sheath, I applied a small pad of lint, and kept in *in situ* by encircling the wrist with a single strip of soap plaster. This dressing I directed the patient to wear for a few days, using the hand in the interim as before the operation.

A few months after the operation, the youth's father informed me that it had been perfectly successful, that nothing further had been done, that there had been no return of the disease, and that his son had neither weakness, pain, nor other inconvenience from it.

As a deduction from the above, the treatment by pneumatic aspiration appears to offer some advantage over the other methods, inasmuch as it is simple, efficacious, and but slightly and momentarily painful—desiderata readily recognised and yielded to by most patients. (*British Medical Journal*, 1877.)