

FACULTY OF THE HISTORY OF MEDICINE
AND PHARMACY

THE Third British Congress on the History of Medicine and Pharmacy will be held in London on 26–28 September 1962. The Congress theme is 'The Evolution of British Hospitals' and the Congress President will be the Rt. Hon. the Lord Amulree. A number of leading authorities on the subject have already accepted invitations to contribute papers and by the courtesy of Mr. Michael Perrin, C.B.E., F.R.I.C., the Treasurer of St. Bartholomew's Hospital, a reception will be held in the Great Hall of the hospital on the evening of Thursday, 27 September. All who wish to attend the Congress are urged to register as soon as possible. The Congress fee is two guineas and application forms may be obtained from the Honorary Secretary, Dr. F. N. L. Poynter, The Wellcome Historical Medical Library, The Wellcome Building, Euston Road, London, N.W.1.

REPORT OF THE DEPARTMENT OF THE HISTORY OF MEDICINE, OSMANIA MEDICAL COLLEGE, HYDERABAD, FOR THE PERIOD 1956–61

THE Department of the History of Medicine, Osmania Medical College, owes its existence to the inspiration of the late Professor Henry E. Sigerist who urged the creation of a separate Department of the History of Medicine as an integral part of the programme for the development of postgraduate medical education in India. In 1955 the Department of the History of Medicine of Andhra Medical College was founded under the aegis of Dr. D. V. Subba Reddy who remained at its head when the Department was upgraded in 1958 and transferred to Osmania Medical College, Hyderabad. It is the only department of its kind in India, but its facilities and funds for the development of the library, museum, archives, art section and photography department are necessarily limited. Dr. Subba Reddy would be grateful for gifts of books, journals, pictures, letters and other material.

News, Notes and Queries

A NOTE ON THE MILDENHALL COTTAGE HOSPITAL

A copy of the first Annual Report of the Mildenhall (Suffolk) Cottage Hospital has come into my hands recently. The paper cover is inscribed, 'First annual report (the only copy left)—showing cost of furnishing etc.'. The foundation took place in 1868, during a decade which saw the great majority of cottage hospitals established and the Committee consisted of 'All Annual Subscribers of Two Guineas and upwards'. As twenty-six members qualified, according to the list in the report, it is to be hoped that they did not all attend the meetings.

The Ladies Committee superintended and supervised the domestic arrangements 'thus ensuring all necessary economy, consistent with every requisite for the comfort of the patients'. At this date, the Ladies Committee consisted of the wives of two of the

News, Notes and Queries

local doctors and a well-known resident, who gave their 'valuable services' in rotation, attending at the hospital every morning.

In advocating the claims of Cottage Hospitals, the Committee says (among other relevant remarks), 'Cottage Hospitals occupy different ground to the large County Establishments, in the simplicity of the domestic arrangements, the comfort of being within easy and therefore inexpensive reach of relatives and friends, the quiet of a private room, and the homely feeling which prevails throughout, combined with a certain amount of liberty . . . all having an influence which certainly aids in the recovery of many of the patients'; sentiments which would be echoed by many National Health Service patients and can be recommended to present-day hospital administrators.

Equally germane to modern conditions is a later paragraph: 'It has been thought by some to detract from the value of the Charity, that a small weekly sum be paid (i.e. by the patient). . . . The small payment procures immediate admission and besides has its moral value. Experience confirms the opinion that its adoption tends to its popularity and success and not only aids the funds but secures the Institution against the reception of many trivial and improper cases.' *O si sic omnes!*

Of the thirty-eight cases admitted during this first year, '20 were discharged cured, 10 benefited or relieved, 2 dead, 2 discharged at patient's own request, 1 dismissed for infringing the rules and 3 remain under treatment, 2 of whom will be discharged in a few days cured'. The average stay in hospital was 26½ days. The report concludes with the hope that 'the Hospital may continue to receive the Divine Blessing, both in the cure and alleviation of sickness and suffering'.

The Medical Report on cases gives short notes under the initials, age, occupation and the sponsor of the various patients. No nonsense about professional secrecy in those days; the sufferers were easily identifiable. Of the twenty reported as 'cured', considerable prognostic optimism reigned at that date; as in the case of 'W. S., aged 18, thatcher. Recommended by Mr. Howard. Admitted 2 Sept. Tubercular peritonitis, with secondary effusion within the abdominal cavity. Discharged 3 Nov. cured': or 'B. F., aged 30, wife of a small farmer. Recommended by Mr. Howard. Admitted 13 April. Been suffering upwards of a year from ascites or dropsy, depending on some hepatic affection. 8 May, sufficiently convalescent to return to her own home, where she was supplied with medicine for three weeks longer; cured.'

Some were admitted twice, J. T., aged 18, labourer, was admitted 30 April with ascites and consolidation of the left lung. He had previously been discharged from the County Hospital at Bury St. Edmunds as incurable. Twenty-two pints of fluid were removed on 1 May by tapping and he was readmitted 1 June, when a further three gallons were drawn off, and he died at home in December. J. C., aged 18, labourer, had a 'strumous abscess of the nates, extending to the pelvic bones, exfoliation and discharge of several pieces of bone of schium'. Nevertheless, he was discharged for having twice infringed the rules of the hospital by being absent without leave; and readmitted three months later, being able to return to work in another three months after the extrusion of more necrotic bone. Thus did humanity triumph over administrative action.

The two deaths were in the cases of 'J. R., aged 30, pensioner' who had V.D.H. and 'A. L., aged 15, child of a labourer, Mildenhall. Admitted 23 Jan. Acute laryngitis, terminating rapidly in decline. Died 10 Feb.', presumably of laryngeal diphtheria. Mrs. M. A. B., aged 38, who had diabetes mellitus, remained in hospital only nine days and was discharged at her own request, 'not liking to submit to the

necessary dietetic regimen'; while P. G., aged 45, had acute dyspepsia and was discharged 'benefited'. A note of caution is sounded however. 'This case threatens to terminate ultimately in dyspeptic phthisis, from mal-assimilation, consequent on the difficulty of maintaining in his own cottage a continued system of dietetic regimen'; an euphemistic description of near-starvation probably.

The Hospital was founded on a financial basis of donations to the total of £177 4s. 6d., and annual subscriptions of £90 16s. The former sum was used for capital items such as beds, furniture, etc., and the latter for the current expenditure. In this latter account the nurse's salary is £22 4s. for the year, the cost of wine, beer and spirits is £21 1s. 6d and housekeeping cost £51 10s. 6d., a tribute to the supervision by the Ladies Committee no doubt. Receipts from patients totalled £38 18s., and 10s. was received from a grateful patient as a donation. A list of gifts includes, apart from such obvious items as sheets, pillowcases, blankets and personal linen, a water butt, a truss (presumably second-hand), a draughtboard and pieces, Bibles and five framed texts. But, alas, the hospital was to last only sixty-five years and this in spite of a bequest of £3,000 in 1925, on which occasion it was decided to admit maternity cases for the first time and to alter the rules accordingly. With the coming of easier transport, rising costs, and staffing difficulties it was inevitable that such a small institution must give way and in 1933 the funds were realized and used to provide District Nurses, until they in turn were supplied by the Local Authority and the funds once more diverted, this time to a common charitable fund for the 'Sick Poor'. It remains merely to find sick poor today for the funds to be used more or less for the original purpose.

H. G. ST. M. REES

MANUSCRIPT EVIDENCE FOR WILLIAM NISBET'S
AUTHORSHIP OF *A PICTURE OF . . . THE ROYAL COLLEGE OF
PHYSICIANS OF LONDON*, 1817 RETITLED *AUTHENTIC MEMOIRS
. . . OF THE MOST EMINENT PHYSICIANS AND SURGEONS OF
GREAT BRITAIN*, 1818 and 1822

Between S. F. Simmons's pioneer *The Medical Register for the Year 1779* and Messrs. Churchill's series of medical directories commencing with *The London Medical Directory*, 1845, came the anonymous but not the less valuable reference tool *A picture of the present state of the Royal College of Physicians of London; containing memoirs, biographical, critical, and literary, of all the resident members of that learned body, and of the heads of the Medical Boards; with some other distinguished professional characters*, 1817 (London; Sherwood, Neely, and Jones). It was reissued with a cancel title-page and a six-page 'Pharmacopoeia Extemporanea' as a 'second edition, enlarged' in 1818 and again as a third edition in 1822 under the more ambitious title *Authentic memoirs, biographical, critical, and literary, of the most eminent physicians and surgeons of Great Britain* (London; Sherwood, Neely, and Jones, and J. Walker; and Highley and Son). The book opens with a dedication to Henry Addington, Viscount Sidmouth, followed by a preface in which the unknown author analyses critically the place of the College of Physicians in medical affairs, drawing a distinction between the merits of its members as individuals and its constitution and functions as a corporate body which he considered outmoded and indeed obstructive to medical progress. He was especially critical of the exclusion of Edinburgh graduates from the fellowship and the 'Machiavelian policy' of restricting