

Short Articles

THE SCOTTISH SOCIETY OF THE HISTORY OF MEDICINE

REPORT OF PROCEEDINGS

Session 1978-79

The Society has had a notable year. Membership steadily increased, attendances were excellent, and two most successful joint meetings were held in Edinburgh with the Royal Medical Society and the Scottish Department of the Pharmaceutical Society respectively. At the Annual General Meeting and the following Ordinary Meeting in October 1978, the Society was honoured by having as its guest and one of its speakers, Dr. Edwin Clarke, Director of the Wellcome Institute for the History of Medicine and Editor of *Medical History*.

THE THIRTIETH ANNUAL GENERAL MEETING AND NINETIETH ORDINARY MEETING

The Thirtieth Annual General Meeting and following Ordinary Meeting were held in the Geography Department of the University of Edinburgh on 21 October 1978. The buildings of this Department were formerly in use as the Old and New Surgical Hospitals of the Royal Infirmary before the Hospital was built on its present site in Lauriston Place and opened in 1879. Two papers were read. Dr. Edwin Clarke chose as the title of his address:

TOWARDS A HISTORY OF MEDICINE IN SCOTLAND

A research project dealing with the history of provincial Scottish medicine was proposed and some of the possible topics were discussed. These included the creation of a bibliography of sources, lists of local practitioners, accounts of medical institutions, a consideration of the individual in health and disease in his local setting and the efforts to promote his health and combat his diseases, population studies, and provincial medical etymology.

The second speaker was Dr. Michael Finlay, who discussed the problem:

MALARIA: THE SCOURGE OF SCOTLAND?

“Ague, or malaria as it is generally termed, was one of the scourges of Scotland” or so some eminent modern authors allege. On the face of it this seems improbable until one reflects that malaria used to be indigenous in Archangel; and that the Netherlands were not declared malaria-free until 1970.

Records from every parish in Scotland were made for the *Statistical account* in the 1790s. This contains statements similar to the one about Abernethy. “If a farmer in the spring wanted four of his cottagers for any piece of work he generally ordered six

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knowing the probability that some of them, before the work could be finished would be rendered unfit for labour by an attack of ague." The term ague has become synonymous for some with malaria. Hence the dogma has arisen.

There were undoubtedly many different forms of ague throughout Britain in the eighteenth century. One might suffer from "ague-smallpox", or have "ague of the breast". The cures were equally diverse. Some benefitted from Fowler's solution, some from "bark" and some by bleeding. "A vomit will seldom be improper." One old lady was given a wonderful cure in the form of a bottle of Ch. Margout.

However malaria is not caused by the bite of a mosquito but by the injection of some mature plasmodia. In eighteenth-century Scotland it may never have become endemic because of the lack of carriers and the unsuitable temperatures for plasmodial development. Scotland's summer nights were, and indeed still are, seldom warm enough for this, and it is doubtful if the cottages of the poor were even warmed to a sufficient degree by the indwelling animals such as Burns recalled with his "Hawkie, that 'yont the hallan snugly chews the cud."

In addition it is fascinating to surmise what changed circumstances caused this alleged malaria to die out at the end of the century, a hundred years before it did so in England. So one may continue to speculate upon the nature of Scotland's eighteenth-century scourge. Perhaps it was influenza or even brucellosis.

THE NINETY-FIRST ORDINARY MEETING

This meeting, a joint one with the Royal Medical Society, was held in the latter's premises in the Student Centre, Edinburgh, on 7 February 1979, when Dr. A. T. Sandison presented a paper on:

SEXUAL BEHAVIOUR IN ANCIENT SOCIETIES

Human nature appears to have remained relatively unchanged throughout the millennia of recorded history. We can all see parallels between modern life and that described in the Bible and in Greek and Roman literature. One would therefore anticipate that libido and sexual practices would have changed little over the years except for contrived fetishisms requiring modern products such as rubber, plastics, or synthetic fabrics. The only obvious variations have been in the social overtness of sexual behaviour, evidenced, for example, by the concealed sexuality (but exuberant prostitution) of Victorian England contrasted with the rumbustious and licentious behaviour of the Restoration period. Prostitution is certainly of great antiquity and met with disapproval by the Hebrews only when practised in the temples of pagan religions in Asia Minor.

Our knowledge of sexual behaviour in older societies is based not only on literature (Aristophanes comes quickly to mind) but also from proscriptive legislation (as in Leviticus) and from the visual arts, e.g. painting, sculpture, ceramics, lamps, metal work, medallions, etc. We must remember, however, that literature and art do not always reflect real life but may throw light rather on the phantasy world of the writer or artist. Pornography exaggerates the importance of lesbianism, use of olisboi, bestiality, and other more exotic practices.

Monogamy and the nuclear family will probably always represent the usual human

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situation, which is well represented in the art of Ancient Egypt, Etruria, and India. Sexual adornment, especially in women is, however, represented as early as the Palaeolithic period and flourished in Egypt and Crete. Phallicism and female fertility cult objects likewise are documented from the earliest period and particularly well in Greece and Etruria.

Male homosexuality has always been common: paedophilia was socially acceptable in Greece. Despite the poetry of Sappho, lesbianism has probably been less common. Male masturbation is rarely documented probably because of its almost universal prevalence, but the female practice is well documented sometimes by proscriptive legislation. Scatology is universal.

Heterosexual coitus in all imaginable variations is shown in Greek and Etruscan vases, Indian erotic temples at Konarak and Khajuraho, and in Mochican pots. Orgiastic scenes are frequent and activities portrayed include oro-genital contacts and anal intercourse. The latter may sometimes have had contraceptive intent.

Incest is usually proscribed except in carefully defined groups, e.g. in Ancient and Ptolemaic Egypt. Zoophilia is portrayed with great sensuality in Ancient Greece especially in a mythological context and more robustly in pots from South America.

Sadism, unfortunately, appears to be a continuing human frailty reaching an acme in the gladiatorial games in Imperial Rome and from time to time becoming clamant, e.g. in Nazi Germany. Minor degrees of flagellation and bondage are perennial.

In brief, then, the adage, "nil novi sub sole" applies to sexual behaviour as in most other fields.

THE NINETY-SECOND ORDINARY MEETING

This meeting, held jointly with the Scottish Department of the Pharmaceutical Society, was held in the Hall of the Royal College of Physicians of Edinburgh on 18 March 1979. In spite of appalling weather conditions there was a magnificent attendance. Dr. Michael Matthews read a paper on:

THE HISTORY OF ANGINA PECTORIS

A full account of this story may be found elsewhere.¹

Mr. Charles G. Drummond, F.P.S., reminisced in a talk entitled:

TEMPORA MUTANTUR . . . A PHARMACIST REMEMBERS

When I made my bow sixty years ago the route to registration as a pharmacist was by way of four years' apprenticeship followed by an intensive year of study at the Edinburgh Royal Dispensary School of Pharmacy. My apprenticeship was served in a fine traditional pharmacy with gilded mortar and pestle over the doorway, the windows showing handsome specie jars, white with gold domes and fronts emblazoned with a crest and the name of the drug. On either side of these were displayed large swan-

¹ M. B. Matthews, 'Historical background', in Desmond G. Julian (editor), *Angina pectoris*, Edinburgh, Churchill Livingstone, 1977, pp. 1-13.

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necked ornamental carboys in red, blue, green, and orange. On the floors of each window there were about a dozen sponges which today would be worth a considerable sum.

In the interior of the shop were serried ranks of shop-rounds – those artistic bottles which contained a vast array of drugs. In addition there was an imposing row of blue ointment jars. All these required the attention of the new apprentice first thing each morning for a speck of dust thereon was regarded with grave disquiet by my master, the owner and pharmacist.

Some of the *materia medica* of the time would not have seemed strange to the compilers of the Edinburgh *Pharmacopoeia* two hundred years earlier. Drugs came from all parts of the world in the crude state, i.e. sorted but unprocessed, and much time was therefore spent in preparing them for dispensing. The art of pill-making was an important part of one's practical education for they were widely prescribed, but proficiency was ultimately achieved under the eagle eye of my mentor. The ultimate among pills was that of phosphorus, the making of which was exciting for spontaneous combustion in the pill mortar was not unknown. Time, Tide, and Phosphorus Pills, we were taught at college, waited for no man.

By far the larger part of prescribing called for extemporaneous compounding, in mixtures, powders, cachets, pills, ointments, and occasional plasters and blisters. With the exception of a limited range of barbiturates, there were few proprietary preparations in general use, while bromides and chloral hydrate wooed sleep of a night. Leeches were frequently in demand and were kept in a jar. Their care was a tricky business.

Hours of work at the pharmacy were long, from 8.30 a.m. to 7.30 p.m., with attendance at evening classes to follow. Summer evenings were devoted to “botany rambles” to collect specimens of plants.

Though not appreciated at the time, vast new fields of therapy were just around the corner. I shall, however, always be grateful for having made the acquaintance of fresh infusion of gentian, with its fresh lemon peel and dried bitter orange peel and its aroma which was only one in that wonderful bouquet which was the hallmark of a pharmacy slowly vanishing.

I had not been long in the pharmacy before I forged my first link with Galen. I did so by making a batch of ‘cold’ cream – Ung. Aqua Rosae of the B.P. of 1914 and *ceratum humidum* of Galen himself. It contained white beeswax, rose water and almond oil, to which was added Otto (or Attar) of Roses. The last-named was kept in the safe, the small bottle snugly ensconced in a battered metal container lined on the inside with, I believe, goat's hair. Its country of origin was Bulgaria, and it was early impressed on us that the oil was very expensive. Bulgaria was a much more remote country then, rendered even less accessible by having become embroiled in the Balkan War of 1912 and the subsequent 1914-18 conflict. The oil was taken from the safe and the required fifteen drops measured under the strictest scrutiny before the precious package was returned to share a little drawer with a small quantity of genuine musk – the latter used in minute quantities to enhance the already expensive and exotic odour of our own lavender water. The Crown Jewels were not more closely guarded.

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THE NINETY-THIRD ORDINARY MEETING

This, the usual summer meeting, took place at Kelso on 16 June 1979, when Dr. K. J. McCracken spoke on:

THE HISTORY OF THE KELSO DISPENSARY

From the late eighteenth century a network of dispensaries and local hospitals was founded in Scotland. This paper makes use of the important collection of documents pertaining to the Kelso Dispensary, now deposited in the Scottish Record Office, to provide a description of the functioning of one of the first of these institutions in its early years.

The Kelso Dispensary was founded in 1777 through the joint efforts of the Hon. Mrs. Baillie of Jerviswood and Dr. Christopher Douglas. Subscribers, who paid a minimum of a guinea a year for the privilege of placing a patient on the books, were drawn from landed proprietors, local tradesmen, and kirk sessions. The institution thus provided a primitive health insurance scheme of value to employers involved in expanding the market economy, as well as to kirk sessions seeking to keep the poor rate within bounds.

At the Dispensary, local physicians treated over 500 patients a year with the assistance of an apothecary and a visiting surgeon. A small general ward was opened in 1790 and a fever ward in 1819, but medicine bottles and bandages were not provided. Problems facing the management committee included the difficulty of getting subscriptions paid on time, the ineffectiveness of medicines bought in Newcastle, and the reluctance of the surgeon to visit patients beyond the immediate vicinity of Kelso.

The impact made by the Dispensary on public health is difficult to determine. According to Dr. Charles Wilson, who used its records in 1840 in his study of the health of the labouring poor of Kelso, the main change in the previous fifty years was the dramatic decline of "ague" (possibly malaria) which he ascribed to the draining of the marshes. Regular vaccination at the Dispensary no doubt contributed to the decline of smallpox, while the teaching of Wilson and his fellow practitioners on the importance of adequate sanitation may have influenced the decline in "fever".

This meeting on a delightful summer's day brought a fitting end to a session noteworthy for the excellence of its papers and the interest displayed in the discussions.

H. P. Tait, *President*
N. H. Gordon, *Hon. Secretary*