

AN EDINBURGH SURGEON OF THE
CRIMEAN WAR—
PATRICK HERON WATSON (1832–1907)*

by

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IN March 1854 Britain and France declared war on Imperial Russia which was already at war with Turkey, and in September of that year, after an abortive campaign in Bulgaria, an expeditionary force proceeded to the Black Sea, having the Crimea as its field of operations and Constantinople as its base. In order to satisfy the need for medical officers in the campaign a large number of young doctors came forward for enrolment as assistant surgeons in the army and others volunteered to serve in civilian hospitals sent out to the eastern Mediterranean.

Government reports, medical historians and writers of biography have fully detailed the failures and errors of medical administration in the Crimean war; the consequent tragedies and catastrophes; and the part played by Miss Nightingale and her ladies in nursing the sick and the wounded. A small number of regimental surgeons have chronicled their experiences with fighting units in the field, but very little has been recorded of the life and work of surgeons in the hospital service and something of interest can, therefore, be gleaned from the letters written by Patrick Heron Watson, a young Edinburgh doctor, during his army service in the years 1854 and 1855. The first part of this paper is based largely on those letters, which have been made available through the kindness of his grandson, Commander Patrick Haig Ferguson. The latter part of the paper is concerned with his career as a surgeon of high repute in Scotland.

Patrick Heron Watson was the third son of the Rev. Charles Watson, at one time minister in Burntisland, who, after his retirement from his parish, lived with his wife and family in Edinburgh. In December 1854, Heron Watson was twenty-two years of age, a licentiate of the Royal College of Surgeons of Edinburgh and an M.D. of Edinburgh University. He had just completed his term of service as house surgeon in Edinburgh Royal Infirmary to James Spence and to the brilliant young Richard Mackenzie, so soon to be cut off by cholera in the Crimea. Joseph Lister had been one of his fellow house surgeons. Ambitious for the future and confident in his ability to advance in the profession of surgery, Heron Watson made up his mind to become a teacher of that art in the Edinburgh medical school. The professor of military surgery, George Ballingall, was in poor health and it was known that he would soon demit office. Heron Watson therefore determined to seek service in the army not only because of the call to public duty which made so many of his former class-mates do the same, but also in order to gain the experience of military surgery which would be needed by any candidate for the professorship.

Appointment to an assistant-surgeonship in the army rested with the Director General of Medical Services and applicants were examined by a board of medical

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officers in London. On 7 December 1854, therefore, Heron Watson travelled to London, where he was welcomed into the home of family friends. He called at the Medical Department, completed a form of application, and twelve days later he was called for examination. There were no formal enquiries as to the candidate's health and fitness and no medical examination. Here is Heron Watson's description of his experience:—

I went up to the examining room and was immediately set down with two others to my examination. The two others had been there fully half an hour and were sticking at some very easy part of Celsus. One was slow; the other was quick enough but was destitute of any knowledge of that dead language. The examiner at length gave him a very small bit out of the *Pharmacopoeia Londonensis*, of which he could not make head or tail, and there ensued an active dissent between the two, the one thanking God that he had not forgotten his Latin, the other ridiculing the idea of keeping up the dead languages. Meanwhile I was scribbling at a bit of Latin which, as it had no context, had very little meaning indeed. I presume it was from Celsus and it consisted of a declaration of his trust in the statements of the ancients. The questions were thirty in number—on intermittent and remittent fever; yellow fever; black vomit; gunshot wounds; primary amputations; ligature of vessels; a little chemistry; a modicum of *materia medica* with a prescription to write. This occupied me about an hour and a half, and I went leaving the other two still at work.

Next day when he again visited the War Office he was told that he had passed with the highest distinction and was ordered to proceed at once to the barracks of the Medical Corps at Chatham. Before leaving London he made haste to visit certain shops. At Linney's, the military tailor, he ordered his uniform, about which something more will be said later, and he also bought a lamp, revolver and other articles. He then visited the Hudson's Bay Company, where his purchases were a robe of lynxskin—10 guineas; a racoon fur coat coming down to the ankles—£7; a fur cap—10s.; and fur boots of seal skin—£2 5s.

Patrick Heron Watson spent three weeks at Chatham, where he lived with a fellow assistant surgeon in lodgings, paying 6s. a week. Because he held the degree of M.D. he was directed, not to the surgical, but to the medical wards where he daily found himself engaged in the detailed filling in of a diet roll and the writing of a report on each patient. These were clerical tasks to which throughout all his period of service in military hospitals he took great exception. Periodically he was on duty as orderly officer for twenty-four hours; responsible for kitchen inspection, ward inspection and attending to emergency calls. On 15 January 1855, by which time his clothes, uniforms and equipment had reached him, he left Chatham for the eastern Mediterranean along with eight other assistant surgeons. The party travelled by boat and train to Marseilles where they embarked on a French steamer with four hundred officers and men of the French army. Sailing east they touched at Valetta. Off the coast of Greece the ship went on fire through some mishap in the engine room and for a time it seemed that disaster would overtake them; but, as one of the letters says, 'everything was well managed' and with the fire under control they passed through the Dardanelles on 26 January 1855, noting that snow lay on the ground down to sea level. The party disembarked at Constantinople and found lodging in a hotel in the European part of that city.

Arrangements made by the medical authorities during the campaign were such that the French hospitals were situated on the European side of the narrows and the

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British on the Asiatic side, with the exception of the British naval hospital at Therapia, half way between Constantinople and the Black Sea. The British hospitals were concentrated at Scutari, two miles across the water from Constantinople. They were three in number, having a total of 2,900 beds. Five miles north of Scutari on the shore of the Bosphorus was Koolalee hospital with 1,200 beds.

On the day after their arrival at Constantinople Heron Watson and his companions crossed to Scutari, reported to the Principal Medical Officer, found quarters for themselves in a private house and made the acquaintance of some of the army surgeons in the town. What they heard of the Scutari hospitals was grim. Patrick Heron Watson wrote to his mother

The deaths in the Barrack Hospital amount to 50 a day. They are carted off, sewn up in blankets, in arabahs and laid in layers in trenches; officers are distinguished only by having a white-wood coffin. My first view of this was an arabah* upset in the mud with the bodies all in a heap. In fact the Barrack Hospital is a lazarhouse, a dead house. Everything there is bad and I look forward with no very pleasant feelings to being quartered there.

The description of the Barrack Hospital as a lazarhouse is supported by every published report, official or independent, dealing with that establishment. We can therefore understand the satisfaction with which he learned that he was posted after all to Koolalee hospital; for that hospital was considered to be healthy, comfortable and delightfully situated between the hills and the sea. How little justified was Koolalee hospital's reputation for healthiness, however, is shown by the official War Office returns which record that mortality at Koolalee was higher than in any other establishment. In February, the month in which Heron Watson joined the staff, three hundred out of twelve hundred patients, one in every four, died, the majority of fever, dysentery or other infection much of which originated within the building itself. This hospital was to be the scene of his professional labours during the next five months.

That part of the hospital in which he lived and worked had been Turkish cavalry barracks until very shortly before his arrival and cavalry horses were still stabled in part of the ground floor. It was a square red stone building, three storeys high, built round a central court. Above the entrance archway was a suite of rooms occupied by the commandant, chaplains and medical officers. In half a dozen rooms in one corner of the building were the quarters of Miss Stanley and her nursing staff, consisting of lady volunteers, paid nurses and Roman Catholic sisters of charity of the order of St. Vincent de Paul; for Miss Stanley, after a grave disagreement with Miss Nightingale in Scutari, and encouraged by Lady Stratford, the British ambassador's wife, had determined to take over the nursing at Koolalee.

Two weeks after Heron Watson's arrival at Koolalee a destructive fire drove Miss Stanley and her ladies out of their quarters and, through the efforts of the ambassador's wife, accommodation was found for them in the already cramped quarters of the medical staff. This caused ill-feeling and he wrote, 'Lady Stratford is a meddling, frolicsome, run-away-from-home old woman. I am sorely afraid that Miss Stanley and the nurses, having once got where Lady Stratford wants them to be quartered, will remain there and we will be kicked out'. Of the nursing staff as a

* A Turkish bullock cart.

whole he wrote, 'The nuns are far better than the nurses and if I were ill I would rather have a nun to attend me. Some of the nurses have had fever and upon my word they are almost no loss. A bevy of good cooks would be a good deal more useful and not half so troublesome'. The fact was that the paid nurses were unskilled, disorderly and a number were too fond of the bottle. Of the lady volunteers an official report of the time says, 'The Stanley ladies did little but stroll about with notebooks in their hands'. Even the staff of the Scutari hospitals, working directly under the strong hand of Miss Nightingale, gave that masterful woman much concern and Miss Stanley and her staff at Koolalee were beyond Miss Nightingale's discipline. Heron Watson's poor opinion at this time of Miss Stanley's ladies and nurses was, it appears, justified. Unfortunately he extended it to all female nursing staff everywhere and to Miss Nightingale herself. Annoyed by what he called 'the absurd puff about Miss Nightingale in *The Times* of 8 February, where it speaks about her angelic form' he wrote to his sister, 'from what I have seen of her, which certainly has been in the distance, she is a very dowdy old maid, about whom the less romance the better.'

For some weeks adverse criticism of the nursing staff appeared in his letters, until Miss Stanley resigned her post, and returned to London, having handed over the charge of her staff to Miss Hutton. Under this efficient disciplinarian matters improved and in June, some weeks after he himself had been appointed physician to the nursing staff and had got to know them well, he was able to write with greater appreciation of their work. He praised especially the Sellonite sisters, members of an Anglican sisterhood, who had had valuable experience in nursing cholera in the slums of Plymouth in the epidemic of 1853. For some weeks they had staffed his wards and he described Sister Anne, who was in charge as a 'most excellent, good and delightful person.'

During the earlier months at Koolalee he and his companions had difficulties with their living accommodation. At times they stayed in hospital; and of the quarters provided on one occasion he wrote, 'they are more like condemned cells than quarters for men who spend the rest of their time in wards full of patients suffering from contagious diseases'. It is therefore not surprising that the assistant surgeons preferred at their own expense to rent accommodation in a private house, owned by a Greek, a quarter of a mile from the hospital. Officers had to engage their own civilian servants, who were either Greeks or Italians and were often dishonest. Heron Watson's Greek servant was described by him as 'another affliction, who, I am convinced, is a scoundrel' and he recommended that a medical officer coming out to the seat of war should bring a civilian man-servant with him from Britain.

We know that regimental medical officers wore the uniform of the corps or regiment to which they were attached but where hospital medical officers are concerned the official dress regulations of the period are difficult to resolve and Heron Watson's references to clothing are therefore of some interest. He took with him the fur garments already described, obviously with the cold of the Crimean battle front in mind, but in hospital life at the base he had little need to use them. There were occasions when he wore civilian dress and he advised any officer going East to take two suits of common tweed clothes. In May, when the heat became oppressive, he bought in Scutari from a civilian tailor a waistcoat and trousers of grey, brown and blue linen

cloth. He had a full dress medical staff uniform with a scarlet coat, which he wore only once—at a staff surgeon's funeral; a mess jacket, which he wore on guest nights; and for what he calls workaday occasions an undress uniform—blue frock coat and blue trousers, with a peaked cap. He makes no allusion to the uniform of grey cloth which the War Office tried to introduce in 1855. In hot weather a white cover was put on the peaked cap but even with this provision, at the end of May, he had to admit that 'really we have had to adopt umbrellas and go about with great white umbrellas which cost 5s'. Laundering must have been difficult, probably because the servants were 'an affliction', and six weeks was the average time to wear underflannels without changing them.

In Koolalee hospital Heron Watson had responsibility for two wards, one above the other, in which, to begin with, lay one hundred and twenty sick and a few wounded men. From the reminiscences of 'A Lady Volunteer' we learn that the hospital divisions were classified as follows: No. 2 Surgical; No. 3 Fever; No. 5 diarrhoea; Nos. 4 & 6 dysentery, and that Heron Watson was in charge of number 4 Division which consisted of two wards. The medical officer's working day began at seven, when a cup of black coffee was brought to his bedside. He then rose and disinfested himself, there being sometimes what is described as 'a legion of animals', for the staff was repeatedly reinfested by new batches of patients arriving from the front. The nursing staff had nicknames for the parasites with which they were afflicted, lice being known as 'heavy dragoons' in contrast with fleas, which were called 'light cavalry' because of their speed and agility. Thereafter the medical officer dressed and ate a substantial breakfast. His first ward visit began at 9 a.m. and might last until 4 in the afternoon on a busy day. A second ward visit lasting two hours was paid in the evening. Few wounded men came to Koolalee, it being the policy to keep the wounded in hospital in the Crimea and send the sick to base. Soon after reaching Koolalee, Watson wrote:

I am to have two ankle joint operations here in a day or two. The case is that of a man with frost bite, half the foot has separated. I see no prospect just now of any more operations and all the cases of frost bite in my ward when I came who required anything done, were so exhausted that they died without giving me an opportunity to do anything. They should have been operated on before I came here.

Eight days later he was able to write, 'I amputated the two feet at the ankle joint, one by Mr. Syme's operation, one by Dr. Mackenzie's. The man, I am glad to say, is going on most satisfactorily'. It appears that this was the only major operation which he performed at Koolalee.

In the beginning of March he wrote, 'The fever here is horrible in its virulence owing in great measure to the way they crowd patients together—only $1\frac{1}{2}$ feet between beds', and he continued

A surgeon may neglect, mistreat and ill-use his patients as he likes; it is all right if his lists and returns and diet-rolls will bear inspection, a waste of paper and of time. I do wish we were employed really as professional men and not as clerks. I find that my orders are disregarded and medicines are not sent, either from negligence of the dispenser or want of medicines. The cases are diarrhoea, dysentery and fever. All cases have scurvy as well, and some cases you have had best hopes of are carried off by repeated small haemorrhages. In fact, our army is gone and we are in the most deplorable condition. No one at home can take in the humiliating condition to which Lord Raglan has brought the army through want of the common requisites of life.

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In the end of February, Lord Panmure, minister of war, sent out to investigate the sanitary state of buildings used as hospitals a commission consisting of two medical men and a civil engineer, who visited Koolalee on 11 March. Heron Watson wrote, 'The sanitary commission has been here and they have done us good. Their practice, I am glad to say, is sound; which is a mercy as they have much in their power'. In the weeks following, conditions were greatly improved and in May he wrote, 'The newspapers have compelled the wards to be got into a state which is worthy of a civil hospital long founded at home'. Some days later he was able to say 'My wards at present are considered the pattern of all that is neat and tidy'; and there is confirmation of this and also a tribute to Heron Watson as a doctor, in *Eastern Hospitals and English Nurses*. The authoress says 'The surgeon in charge of the wards was Dr. Watson. Both ward sisters spoke in the warmest tones of his skill and attention to the men. Number 4 wards were always kept in beautiful order.'

It is clear from Heron Watson's letters that surgeons working in hospitals in the Scutari area had a reasonable amount of off-duty time, unless circumstances were exceptional. The authorities, however, showed no concern about the surgeons' welfare in their leisure hours. There were no amenities, social activities or organised sports and members of the medical staff had to make their own provision. As early as February Heron Watson records that he was swimming in the Bosphorus when the frost was on the ground; but it was principally by walking that he maintained his physical fitness. With one or more of his colleagues he spent much of his leisure tramping the country on the Asiatic side of the Bosphorus, covering ten or twelve miles in an afternoon and his letters contain descriptions of many of those walks, of the landscape and the houses, and of the Turks and Greeks who lived in them. Sometimes they went on foot or on hired horses to Scutari, or by boat to Constantinople or Therapia across the straits to pay sightseeing visits or to buy supplies in civilian shops for the mess.

There was a good deal of social coming and going. Heron Watson had doctor friends within easy reach in hospitals at Scutari; and in the beginning of June he was delighted by the arrival of former Royal Infirmary colleagues with other members of the staff of a civilian hospital sent out by the British Government. This hospital, a prefabricated wooden structure, was brought out from England along with skilled artisans to put it together, but there was a considerable delay before it was finally set up at Renkivi on the Dardanelles and for a time the staff remained at Scutari. On 3 June Heron Watson wrote

I was most pleasantly surprised last Friday when going round my wards by the advent of Christison, Beddoe, Kirk*, Reid and Maclaren who, having been quartered at Scutari for some days came up to see me. I gave them lunch of Bologna sausage, potted beef and sherry and yesterday I went down to see them at Candia House, where they stay.

* The first three named had been house-surgeons in Edinburgh Royal Infirmary along with Joseph Lister and Heron Watson and all three subsequently had distinguished careers. David Christison (1830–1912) was an archaeologist of note. John Beddoe (1826–1911) became physician and pediatrician in Bristol and an ethnologist of high repute; and in his later years was professor of anthropology in Bristol University; John Kirke (1832–1922) served as chief assistant to David Livingstone on his African journey 1858–1864; entered the British Foreign Service and became political officer in Zanzibar, playing a major part in the suppression of the slave trade and receiving a knighthood, and was a distinguished botanist and zoologist.

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It was not long after his posting to Koolalee in the end of January 1855, that Heron Watson became aware of the risk of infection to which the hospital surgeon was exposed. On 16 February he wrote, 'I believe that ten assistant surgeons died at Scutari last month, but none of us here have happily been seriously ill'. Eight days later, however, he reported to his father the illness of Greig, his fellow student in Edinburgh, son of a Dundee doctor, with whom he shared a room. He wrote:

Greig took ill on the 20th and is far from well tonight. We have suffered at intervals all day from a very severe earthquake, the first shock being the most severe. Everybody that could bolted for the Barrack Square. I stayed with Greig but I assure you it was much the contrary of agreeable. It made me shake for a quarter of an hour after it was past.

This severe earthquake is reported in many contemporary records. The description written a week later of Greig's illness is worth quoting:

I have been attending poor Greig, who has been very ill with typhus. He has been more or less delirious for three days. The typhus eruption came out very distinctly two days ago and is more abundant than is common. Last night it became of a coppery colour, he raved, his skin was slightly yellow and he had some tenderness on pressure over the liver. I had to apply a blister behind his ear and a mustard poultice over his liver and gave him a considerable quantity of mercury.

Greig recovered, and on 14 March Heron Watson commented 'Greig is getting well now', but he had to add, 'One of my companions, Graham, is now laid up with typhus. He has been four days ill', and on the 21st he wrote to his mother 'I have had the sad duty to write to acquaint the mother of poor Graham of his death.'

Heron Watson himself was the next to go down. 'I have had typhus fever', he wrote to his mother on 11 April.

I came home on the night of the 23rd of last month, thinking I was in for a bad attack of rheumatism but could not account for my desperate thirst. For the next day or two I was only conscious of very great discomfort and great excitement. I can scarce form my letters, he added, my hand shakes so from weakness. But Greig has picked up completely in a fortnight at Therapia and I hope I may do the same.

Therapia, a Turkish town of 3,000 inhabitants, finely situated fifteen miles north-east of Constantinople on the European side of the Bosphorus, was a summer resort of ambassadors and European merchants. With a complete lack of convalescent hospitals, sick officers had to make their own arrangements for convalescence and it is not surprising that many sought accommodation in the hotels of Therapia. Greig spent his convalescence there to great advantage and soon afterwards was posted to the Crimea as surgeon of the 17th regiment of foot. On 13 April Heron Watson himself moved to Therapia where he found comfortable quarters in a hotel; and in the company of congenial fellow guests who were engaged in civilian duties in Turkey he passed three happy weeks. His health improved rapidly and before the end of his leave he was tramping the countryside with convalescent naval officers from the hospital, covering twenty miles a day. In the beginning of May he returned to Koolalee and at once resumed full duty in hospital. Conditions had improved greatly in the wards; his appointment as medical officer to the nursing staff brought

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added interest to his work; he was on the best of terms with his colleagues and the weather was warm and sunny; but he was profoundly dissatisfied. His heart was in surgery, but only medical work came his way, and his mind was more and more set on transfer to the Crimea. He therefore used all the influence he had with those in authority who might help him, and succeeded in his object. In June he was posted to the Crimea, reached Balaclava on the 24th of that month and on the following day was appointed to the Castle Hospital.

This hospital was perched on the first tenable ledge of the mountain which rose abruptly from the harbour of Balaclava, the summit of which was occupied by an old Genoese castle. Patients, nurses and some of the doctors were accommodated in huts, but others of the medical staff occupied tents above the topmost row of huts. Heron Watson found himself working in three crowded wards which housed seventy surgical patients under a Dr. Jephson whom he described as ‘an Irishman red-hot for operations’ and whom he disliked professionally because of his over-zealous use of the ‘knife’. Nevertheless he was happy, and he wrote, ‘I am well, hard-worked, beginning to hold my own and get confidence reposed in me in work really to my taste’, and his happiness was increased when in the end of July a letter was received telling him that he had been elected Fellow of the Royal College of Surgeons of Edinburgh. This happy term of duty at the Castle Hospital lasted only six weeks. Towards the end of July he was posted as a regimental medical officer and joined V Field Battery, Royal Artillery, a battery of thirty-two pounder howitzers lying in reserve at Karane. Here, to his regret, there was no scope for surgery but there was work to do, for fully one third of the men were sick and in need of medical treatment.

But his experience as a regimental medical officer in the field was of the shortest for at the end of ten days he was struck down by a very severe attack of dysentery. During three days he lay in his tent, receiving much kindness from his fellow officers of the artillery and much treatment at the hands of medical officers of neighbouring units. Castor oil, mercury pills with ipecacuanha, opiate in the shape of Dover’s powders and a solution of acetate of morphia were administered in large quantities until on 13 August he was carried down to the harbour in a Russian droschy and put on board the transport *Imperador* bound for Scutari. As he was lifted on to the deck he heard the surgeon in charge of the embarkation say to the ship’s doctor, ‘This man is too ill to survive the night’. For four weeks he lay in the General Hospital at Scutari in a small two-bedded room shared by his brother, Robert, chaplain with the Highland Brigade, who had come down from the Crimea at the same time, suffering also from severe dysentery. Within twenty-four hours of the two brothers’ arrival news of their presence reached Miss Nightingale, who was herself recovering from an attack of Crimean fever contracted at Balaclava and who sent them a note which ran ‘Miss Nightingale is very sorry she cannot come to see you but has asked Miss Tebbutt (the matron) to visit you two or three times a day to see that you have all you want’. As a result Heron Watson was able to report ‘Now we have everything so comfortable from them; books; soup; rice and milk porridge; jellies; perfumery; soap and snow-white towels in profusion’. These kindnesses made more tolerable an illness which in any case was exhausting and painful and which, in Heron Watson’s case, was made more so by reason of the treatment prescribed. It was held therapeutically sound to

push the administration of mercury to the first stage of poisoning, the stage of salivation. With him treatment went beyond that stage and he quickly developed a sloughing ulcer of the mouth and extensive necrosis of both jaw bones. In this unhappy state he remained for three weeks at Scutari and was then carried on board the sailing ship *Earl of Shaftesbury*, of 518 tons bound for Britain. There was talk of the vessel being towed through the Hellespont and out into the Mediterranean, but she had to make the passage entirely under sail, and because of contrary winds took over two weeks to reach Malta. The ship, which had a number of sick officers and men on board, was dirty, infested with rats and bugs, and there was neither furnishing nor food suitable for the sick. The only remedy on board appropriate to Heron Watson's case was opium. Repeated bouts of sea sickness increased his weakness and during the last seven days at sea he had not the strength to climb into and out of his bunk and lay on a shake down on the floor which he left only to pay frequent visits to the latrine next door. He landed at Valetta where the port medical officer immediately secured a room for him in the Hotel Imperiale. From that day his progress towards recovery was uninterrupted and in the beginning of October he went aboard the steamship *Transit* of 2,587 tons carrying sick and wounded from the war zone to Portsmouth. Food, accommodation and medical provision were very different from those on the *Earl of Shaftesbury* but the passage seemed almost intolerably slow as they drew nearer and nearer to the Solent. Despite his longing for home, however, he wrote 'I cannot help but suspect that as soon as I have my interior tinkered up it will be "off to the wars again", and it is the Crimea for me this time, not hospitals on the Bosphorus'. On 19 October he reached Morley's hotel, London, nine months after he had left for the eastern Mediterranean.

Patrick Heron Watson never saw the Crimea again. By the time he had fully regained his health the war was in its last stages and he finished his military service with the Royal Artillery at Woolwich and Aldershot. He never became a professor of military surgery, for the chair of that subject was abolished in 1856. Nevertheless, when he retired from the Army Medical Corps he entered on a career which brought success in both the practice and the teaching of surgery. He returned to Edinburgh in 1856, became private assistant to James Miller, Professor of Surgery, whose daughter he later married, and in 1860 was appointed assistant surgeon in Edinburgh Royal Infirmary. In 1863 he was promoted full surgeon and his tour of office of fifteen years was prolonged by a special additional appointment until 1886. His connection with another of Edinburgh's general hospitals, Chalmers Hospital, was of even longer duration. In 1865 the directors appointed Heron Watson surgeon. He retired in 1904, having held that office and actively practised surgery in that hospital for the unusually long period of forty years.

In 1878 the Royal College of Surgeons of Edinburgh elected Patrick Heron Watson its president. Because he held that position he accompanied as attaché the 4th Earl of Rosslyn on a special embassy to Spain for the marriage of King Alphonso XII and he returned home with the decoration of a caballero of the Order of Carlos III. Heron Watson enjoyed enormously the pomp, ceremony and spectacular festivities in which he took part in Madrid for one of his interests outside his profession was the study of ceremonial and official etiquette and he was recognised to be an authority on the subject.

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In 1858 he became lecturer on surgery in the extra-mural school of medicine of the Royal Colleges of Medicine and Surgery and he held this post for many years. We are told that as a lecturer he was eloquent, clear and impressive and attracted not only crowds of students but many practitioners. Despite the poor opinion of women in the field of medicine which his earlier letters from Koolalee expressed, Heron Watson was one of the pioneers of the movement for the medical education of women and by reason of this he drew much obloquy on himself. In 1870 during the period of the bitter battle which Sir Robert Christison and his supporters successfully waged to exclude women from the medical faculty of the university, Heron Watson opened his class of surgery in the extra-mural school to women students, and in the next two years he alone of the Royal Infirmary surgeons provided clinical study for them in hospital. During the next sixteen years, by the use of his tongue and his pen, he showed himself one of their most active allies until in 1886 Sophia Jex-Blake achieved the opening in Edinburgh of a medical school for women.

At a time when other men found themselves compelled to confine their activities to surgery only, Heron Watson stubbornly refused to accept specialisation. While conducting what was said at one time to be the largest surgical practice in Scotland he was equally successful as a physician. Medical patients of all sorts sought his care and it was remarked that 'in this way his experience continued to be of a universality and ripeness seldom attained'. He was, in fact, one of the last of the general practice consultants, men at home equally in medicine and in surgery. But his refusal to specialise was a principal reason for his failure to achieve the professorial chair of clinical surgery in the University, for which he applied in 1877 with a very strong backing, and for which the successful candidate was Thomas Annandale. The death in the fullness of time of Patrick Heron Watson occurred only twenty-four hours after that of Thomas Annandale and in the medical journals of the day the obituary notices and photographs of those two professional rivals, great surgeons both of them, appear on adjacent pages.

For Patrick Heron Watson was a great surgeon. In him the traditions of pre-anaesthetic days survived, when speed was the great desideratum, and his elegance, dexterity and rapidity were extraordinary. We are told that the question whether Watson had taken $9\frac{1}{2}$ seconds to amputate at the hip while Spence had taken $10\frac{1}{4}$ used to be eagerly discussed among his students. But he was no flashy operator. His operations were planned beforehand with minute care and he used the knife only when he felt fully justified in doing so. In his younger days he was a pioneer in surgical progress and it is recorded that before 1875 he had performed many of the abdominal operations which became accepted procedures only at the turn of the century. In particular, he had excised the spleen, the kidney and areas of intestine at a time when it was commonly held impossible to do so with success, and the first successful ovariectomy in the Royal Infirmary of Edinburgh was performed by him. The new and original procedure for thyroidectomy which he introduced became later the generally accepted practice; he popularized the excision of joints; and he was the first man in the country to carry out total excision of the larynx for malignant disease. That he has not received greater recognition as a surgical pioneer is due to the fact that he failed, like so many other eminent surgeons of his day, to avail himself fully

of the revolution in the treatment of wounds which was brought about by Lord Lister; and operations which depended on a minute regard to antiseptic detail were therefore not successful in his hands. Throughout his life he gave much attention to the formation of a private pathological museum. At his death this became the property of the Royal College of Surgeons of Edinburgh and nearly a hundred specimens from his collection can be seen in the museum in that building.

As a man he had his faults, as all men have. With plodding stupidity he had no patience. Argumentativeness and obstinacy were failings which he recognised in himself, which he mentioned with regret in his letters from the Crimean War and which sometimes showed themselves in later life—for example in his acrimonious dispute with Sir Henry Littlejohn over a post-mortem specimen of forensic interest which was conducted in a series of letters to the *Edinburgh Medical Journal*. But a great kindness of heart and a generosity and sympathy towards others were concealed behind a most impressive and sometimes oppressive presence. Rutherford Morison, himself an eminent surgeon, knew Heron Watson well and has given us this picture. 'There was a stronger individuality about him than anyone else I have known. His old house-surgeons will remember his military walk; correct attire; neat, plainly written notes; ready command of language peculiarly his own; his courteous manner; his independence of character. We will revere those memories for we loved the man.'

At its Tercentenary Ceremonial in 1884 the University of Edinburgh conferred on Patrick Heron Watson the honorary degree of LL.D. He became surgeon to Queen Victoria and later to King Edward VII. In 1903 he was knighted. So high was the esteem of his professional brethren that in 1905 he was for the second time elected President of the Royal College of Surgeons of Edinburgh in order that he might preside at its Quatercentenary Festival.

He died on 21 December 1907 having, since his early Crimean days, worthily sustained the honour of the profession to which he had dedicated himself and the reputation of the medical school in which he had been nurtured.

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