

# INTRODUCTION

In 1942, the library of St Thomas's Hospital received a collection of one hundred and twenty-one manuscript letters written between 1796 and 1803. Five of the letters (Letters 1–3, 53, and 72) are between Owen Evans, a student at St Bartholomew's Hospital, and later a surgeon-apothecary at Littlehampton, Sussex, and his friend, Hampton Weekes. The others are between Hampton, a pupil at St Thomas's Hospital, and his family at Hurstpierpoint (regularly abbreviated to Hurst and often spelt Hurstperpoint), Sussex, where Hampton's father, Richard, was a very successful surgeon-apothecary. All Hampton's letters home seem to have survived, and a small puncture hole through the middle of them shows how they were stored on a spike. The series lacks a few from Hurst during the first month, which probably reflects the habits of a young man away from home for the first time. In 1942, the Preliminary Nursing Training School of St Thomas's was evacuated from London to the Manor House, Godalming, Surrey, for the duration of the war. This house had been built by Charles Weekes, a nephew of Hampton. It was through a nursing tutor, Miss H.A. Davies, and the generosity of Charles Weekes' son, L.C.H. Weekes, that the letters were donated.<sup>1</sup>

The family name, Weekes, and its different spellings (Wix, Wicks, Weeks) was as common in south-east England in 1800 as it is today. It is said to be derived from wyke, the Saxon word for a village. There were at least three families with the name in Hurst at that time. The first record of our Weekes family is in 1778, when Richard was assessed for 4s. poor rate as owner of Matts,<sup>2</sup> his freehold house. He had been born on 11 November 1751.<sup>3</sup> We know the dates of his father, Richard of Shoreham

<sup>1</sup> No similar set of letters seems to have survived. Most of the primary sources are in unpublished day books, account books, short runs of letters, and prescriptions. Published sources are usually diaries such as those of Syllas Neville, who never really succeeded in medicine. (Basil Cozens Hardy (editor), *The diary of Syllas Neville 1767–1788*, London, Oxford University Press, 1950), Richard Kay (W. Brockbank and F. Kenworthy (editors), *The diary of Richard Kay (1716–51) of Baldingstone near Bury, a Lancashire doctor*, Manchester, Chetham Society, 1968), and Gideon Mantell (E. Cecil Curwen (editor), *The journal of Gideon Mantell 1815–1852*, Oxford University Press, 1940). Mantell was a friend of Dick Weekes, with whom he shared geological and archaeological interests.

The Portuguese government sent students to England in 1790–93 and their letters home contain much information of medical student life. See Maria Leonor Machado de Sousa, *A abertura de Portugal a cultura Europeia: os bolseiros de pina manique*, Lisbon, Instituto Portugues de Ensino a distancia, 1983; and *J. R. Soc. Med.*, 1985, 78: 240. *The hospital pupil's guide through London, in a series [sic] of letters; from a pupil at St Thomas's Hospital*, London, Cox & Callow, 1800, contains much that corroborates the details of daily life. James Parkinson, *The hospital pupil; or an essay to facilitate the study of medicine and surgery*, London, Cox Murray & Highley, 1800. 'A country doctor in the seventeenth and eighteenth centuries', *Sussex County Magazine*, 1936, 10: 325, gives details of medical care at Lindfield, ten miles from Hurst. For details of social life see diaries such as David Vaisey (editor), *The diary of Thomas Turner 1745–65*, Oxford University Press, 1985, which was written only fifteen miles from Hurst; 'The diary of John Burgess of Ditchling 1785', unpublished copy of manuscript in the library of Ditchling Museum, only four miles from Hurst; 'The Marchant diary', *Sussex Archaeological Collections*, 1873, 25: 163 (written at Hurst 1714–28). Jack Eyres (editor), *Paupers and pig killers, the diary of William Holland, a Somerset parson 1799–1818*, Gloucester, Alan Sutton, 1984.

A few of the letters edited by A.B. Appleton have been published in *St Thom. Hosp. Gaz.*, 1942, 40: 111, 145; and 1947, 45: 97. Extracts from others are in E.M. McInnes, 'Hampton Weekes', *ibid.*, 1960, 58: 68.

<sup>2</sup> East Sussex Record Office (ESRO), Par 400/6/2

<sup>3</sup> For details of the Weekes and Hampton family descent, see ESRO Par 400/17/437, Par 400/17/424 and MF 346. Also John Coomber, *Sussex genealogies*, Horsham Centre, Cambridge, Heffer, 1931.

## Introduction

(1704–53), and his grandfather, John of Tenterden, who died in 1758 at the age of ninety-six, but nothing of their lives. A Richard Weekes was admitted as pupil to Joseph Warne at Guy's Hospital, in July 1773.<sup>4</sup> Twenty-two would be old to be a pupil, but as two of his friends, Henry Cline and William Borrer, were there at the same time, this could be our Weekes. Richard of Hurst married Charity Hampton on 18 January 1777. She was the only child and heiress of William Hampton, rector of Plumpton, near Brighton, and Mary Nicholson. The Hampton family had held livings in parishes in Kent and Sussex for two hundred years and traced their family back to Christopher Hampton, Bishop of Armagh (1551–1625), but the clerical leanings went into abeyance until Charity's grandson, Francis Augustus, was ordained and became rector of Aston-on-Trent, Derbyshire. He was the only one of the family to move away. Her great-grandson, Cary Hampton Borrer, became vicar of Hurst in 1841, a post he held until his death in 1898, and a distant cousin wrote sadly to him in 1887, "I fear the Weekes were never an ornament to the church".<sup>5</sup> The Hampton family took seriously the usual clerical interest in medicine. A commonplace book survives, half of which contains sermon notes from 1690 to 1740, copies of letters written in 1676/7, and examples of mathematical calculations in copperplate. The other half has two hundred and fifty early-eighteenth-century medical recipes with accurate details for preparation and administration. There are prescriptions for every medical condition and many veterinary ones, and had the recipes been made up, there would have been enough to doctor the whole parish. In the front is Charity's childish autograph dated 1768, when she was twelve.<sup>6</sup> She would thus have been an excellent wife for a doctor, being an heiress with pastoral training in a medically interested rectory. Richard and Charity had four children, who are the writers of these letters, and the warmth with which she is referred to show how well Richard chose. Unfortunately, she died in 1786, and his second wife, Elizabeth Peckham, whom he married in 1791, was not loved by the children, who did not mourn her death in 1802 (Letter 86). They did accept, love, and make a pet of their young stepsister Fanny. We do not know why Richard moved to Hurst nor anything of his previous life in London, where he had so many friends.

### HAMPTON WEEKES (1780–1855)

The eldest son was sent away to school at Merchant Taylors from 1791 to 1796, and then returned home to learn the trade of surgeon-apothecary.<sup>7</sup> Presumably, he was apprenticed to his father, although we have no formal record. He spent September 1801–January 1803, the time of the letters, as apothecary's pupil to Richard Whitfield at St Thomas's Hospital, becoming a member of the College of Surgeons on 4 June 1802. From the letters, it seems that he did not intend to return home to help his father, as he several times mentions the possibility of going into practice in

<sup>4</sup> Pupil register in St Thomas's Hospital Medical School (STHMS) library.

<sup>5</sup> ESRO Par 400/17/437

<sup>6</sup> Manuscript volume in the possession of Mrs Margery Weekes of Emsworth, Hants. I am grateful to Mrs Weekes for information about her family and for her interest in the preparation of this volume.

<sup>7</sup> For details of education of Hampton, Dick, and their friends, see registers of the Merchant Taylors' School.



## Introduction

the country, asking the help of Henry Cline to get a job, or entering the armed services. In 1805, "Surgeon Weekes" was practising in Brighton,<sup>8</sup> and in 1806, he married his childhood sweetheart and family friend, Sarah Borrer. They lived in Brighton, where Hampton proceeded MD Aberdeen in 1808, and their first child, Richard, was born in 1808. By 1810, they were back at Hurst, and their second child, Sally Ricardina, was born. We do not know why they returned, but it could be that Richard senior retired, as he sold the family home, Matts, to Hampton for £1000, although he lived for a further thirteen years. Illness could have been the reason, as on 17 April 1807, the parish agreed to pay Dr Weekes "£35 for looking after the poor as usual, if he is able".<sup>9</sup> During the next few years, Hampton and Sarah produced six further children, and he practised medicine with his brother Dick, until they were joined by his eldest son Richard in the early 1830s. On his marriage in 1832, Hampton built himself an elegant villa, which is still known as Hampton Lodge.<sup>10</sup> These were a sad few years for Hampton, for between 1828 and 1831, three of his daughters and his beloved Sarah died. In 1836, he married, Phyllia Ellis, a widow, and two years later, sold Matts for £995 to his third son George, who had also qualified as a doctor and joined the partnership. George remodelled Matts into a large, comfortable Victorian house worthy of an affluent physician and renamed it Carey Hall. This is how it stands today, although now called Norfolk House. At the head of the stairs, the Weekes coat of arms is carved in stone, and outside, some outhouses remain, which could have been stables from the earlier house. The rooms, whose accurate dimensions are recorded in the letters, have disappeared.<sup>11</sup> In 1841, Hampton retired to Brighton, the only house he owned in Hurst being occupied by his son, Frederick.<sup>12</sup> In Brighton, he lived at 54 London Road, a terraced house overlooking open fields, between a cab-proprietor and a singing-teacher,<sup>13</sup> and it was here he died on 26 January 1855 aged seventy-four.<sup>14</sup> Six days later, he was buried near the rest of his family at Hurst. His gravestone is now illegible. When Hampton was born, John Hunter was starting the scientific study of surgery, and when he died, John Simon was starting the sanitary revolution and Charles Darwin was about to launch his *Origin of species*. Between, there had been the Napoleonic Wars.

Hampton's eldest son, Richard, qualified MRCS, LSA in 1830, and was a member of the Royal Physical Society of Edinburgh. George studied at St Bartholomew's Hospital, qualified MRCS 1838 FRCS 1854, and became Surgeon to the Royal Sussex Militia Artillery, and St John's School, Hurst, Medical Officer to the Cuckfield Union, a Certifying Factory Surgeon, and at his death was Deputy Lieutenant for Sussex.<sup>15</sup>

<sup>8</sup> J.V. Button, *Sussex directory*, Brighton, 1805

<sup>9</sup> ESRO, Par 400/37/120

<sup>10</sup> I am grateful to Lady Cynthia Barnes of Hampton Lodge for allowing me to visit the house and for her help and interest.

<sup>11</sup> A full description of the arms is in ESRO Par 400/17/437, and J.E. Huxford, *Arms of Sussex families*, Chichester, Phillimore, 1982.

I am grateful to the present owners, Mr and Mrs W.H. Atkinson, for permission to view the house and its deeds, and for details of the sales.

<sup>12</sup> James Fisher, *Plan of the village of Hurstpierpoint in the county of Sussex*, Brighton, W.H. Mason, 1841.

<sup>13</sup> Robert Folthorp, *Court guide and general directory of Brighton*, 1848.

<sup>14</sup> *Brighton Herald*, 3 February 1855. Also in *Brighton Guardian* and *Sussex Advertiser*, February 1855

<sup>15</sup> V.G.Plarr, *Lives of the Fellows of the Royal College of Surgeons of England*, Bristol, 1930

## Introduction

RICHARD WEEKES (DICK) 1783–1847

Like his brother, Dick was sent to Merchant Taylors' School, but only for three years between 1795–97. He then returned to Hurst, where, as the letters tell, he was busy helping his father, before succeeding Hampton as pupil to Whitfield in January 1803. He was an active member of the Guy's Physical Society,<sup>16</sup> which Hampton never joined, and became a member of the College of Surgeons in January 1804. On returning to Hurst, he became busily engaged in local affairs, and by 1805, invested £50 in enlarging the local workhouse, of which he was made treasurer.<sup>17</sup> He did not marry until 1833, and about that time bought the Mansion House, the most impressive house on Hurst High Street, where an elegant Georgian façade had been obviously built on a rambling Sussex yeoman's house.<sup>18</sup> Not only was the size excellent for a family, but it provided a home for his "valuable collection of coins, urns, beads, spear and arrow heads, spurs, celts, shields etc".<sup>19</sup> In the letters, Dick often asks Hampton to send "anything curious" home for him. A poor inventory of 1843 lists 117 items.<sup>20</sup> The collection was given to the Sussex Archaeological Society by his daughter-in-law in 1929, but unfortunately no catalogues were made.<sup>21</sup> Collecting was his main interest, and he kept up friendships with local antiquarians such as Horsfield<sup>22</sup> and Mantell, and each reference to his name was followed proudly by the initials FSA. His grandson records that "he went on practising until incapacitated by a fall from a horse, but my father says he preferred his poorer patients and did not send in his bills, at least latterly. . . . My grandmother sold his books by weight in sacks."<sup>23</sup>

He left a great deal of land at Hurst, as well as the large house. His success is understandable, as he gives the impression of being ambitious, pushing, and self-confident, and at his death he was one of the affluent Victorian middle class.

### THE WEEKES GIRLS

Mary Ann (1781–1854) seems to have been very close to Hampton, and she was only a year younger than he. During the last illness of their stepmother and after her death in 1802, Mary Ann had to run the household at Matts, which included a great deal of medical administration. In 1811, she married Nathaniel Borrer and became the wealthy mistress of Pakyns Manor in Hurst, Hampton having earlier married Nathaniel's sister. Mary Ann's children included Cary Hampton Borrer, rector of Hurst. On Mary Ann's marriage, the housekeeping was taken over by Grace (1784–1834). One year after she had outlived her usefulness as housekeeper, when

<sup>16</sup> Elected 22 January 1803. Minutes of the Physical Society, Wills Library, Guy's Hospital.

<sup>17</sup> ESRO Par 400/13/2

<sup>18</sup> I am grateful to Mrs Aileen Scott of the Mansion House for allowing me to visit the house and for a great deal of information about Hurst.

<sup>19</sup> Thomas Horsfield, *The history and antiquities of Lewes and its vicinity*, Lewes, J. Baxter, 1824, vol. 1, p. 49

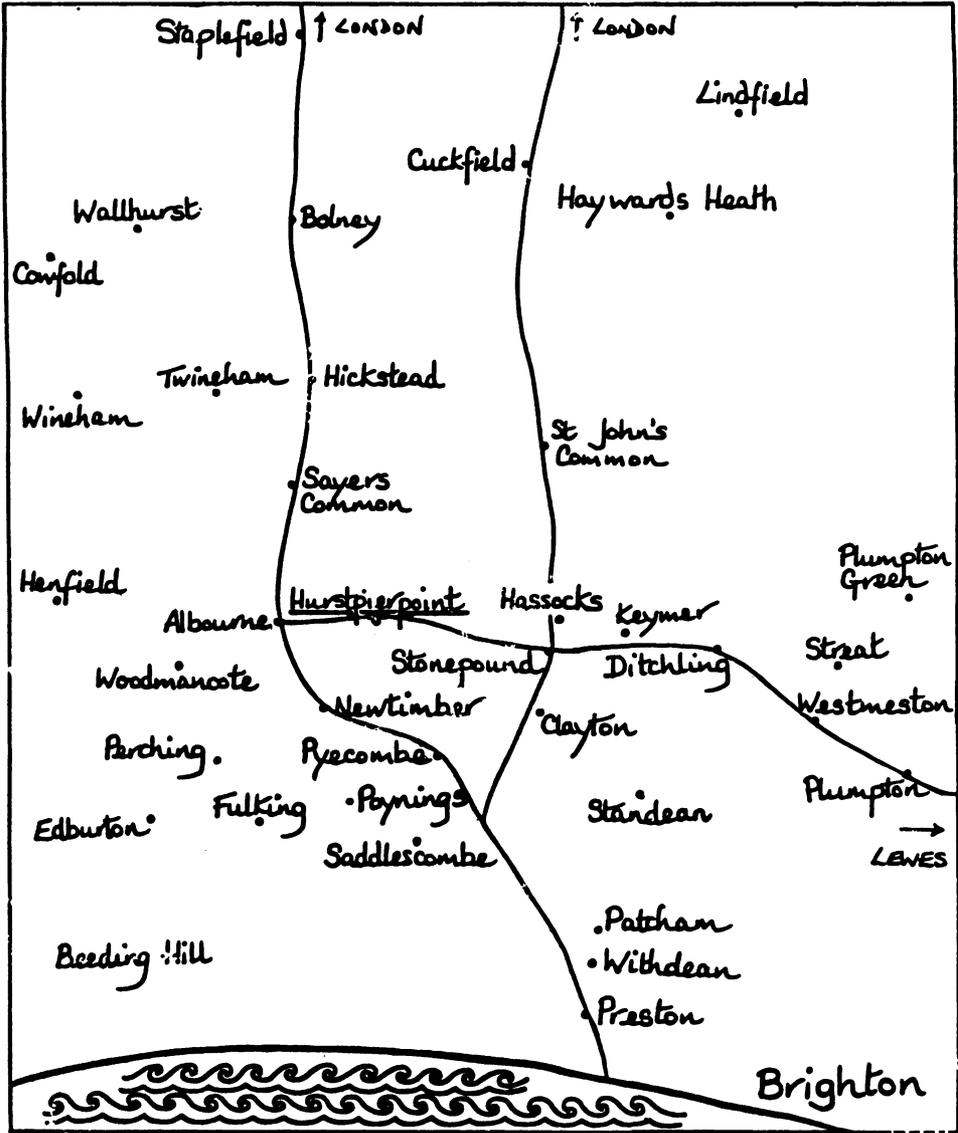
<sup>20</sup> Catalogue of the Cabinet of Antiquities of R. Weekes, 1843. Unpublished notebook in the library of the Sussex Archaeological Society.

<sup>21</sup> *Sussex Archaeological Collections*, 1929, 25: xli.

<sup>22</sup> Thomas Horsfield, *Antiquities and topography of Sussex*, Lewes, 1834, p. 243.

<sup>23</sup> Unpublished letter with the letters of Hampton Weekes, St Thomas's Hospital (STH) HI/ST/MS/H15.

Introduction



Map of the Hurstpierpoint area of Sussex, showing all the places mentioned in the text.

## Introduction

Dick married, she died a spinster with a fortune of less than £300.<sup>24</sup> She had been helped by her stepsister, Fanny (1792–1823), about whom we know no more. Richard took as much trouble over the education of the girls as of the boys. We hear that Fanny has been sent away to school, and the letters in Greek characters and in French are high achievements for country girls. The life that these girls led can be accurately imagined from contemporary novels. The similarity between the life led by Mr Gibson and his excellent first wife, who was replaced by a second who understood nothing of either medical practice or her stepdaughter, and the troubles of Richard Weekes is remarkable.<sup>25</sup>

### HURSTPIERPOINT

The village takes its name from the village (Hurst) belonging to the de Pierpoint family, who had followed William I from Normandy.<sup>26</sup> It was one of the largest manors in Sussex in the Domesday Book. The houses were built along an old Roman track on the crest of a low ridge running east-west, parallel with the South Downs and about two miles further inland.<sup>27</sup> These chalk Downs, rising to a height of a little over 200 metres, cropped bare by Southdown sheep, dominated the countryside. To the north, the Weald of Sussex extended to the low hills around Cuckfield, eleven miles away and further to the North Downs. The only industry was farming, and the small enclosed fertile fields produced good crops of wheat, oats, peas, and clover, supported cattle, and grew abundant apples and walnuts. One traveller mentioned “the extreme fierceness of the inhabitants”.<sup>28</sup> The Weald was dotted with small villages, each with its medieval church, and a wealth of timber-framed houses. Communications were good, in good weather. A mile to the west of Hurst along the ridge, a road ran from Brighton, through Albourne towards London, and two miles to the east, the other end of the ridge met the main turnpike at Stonepound where the coaches between London and Brighton stopped.

This road was very busy as Brighton was then enjoying its fashionable Royal patronage.<sup>29</sup> Jane Austen had written in 1796 that, “In Lydia’s imagination a visit to Brighton comprized every possibility of earthly happiness”,<sup>30</sup> and the Prince Regent and his friends were trying to make the imagination a reality. The Royal Pavilion had not yet been totally rebuilt, but was being redecorated in an Eastern style, and much new building was in progress to provide lodgings for the many visitors, who came as much for the social life as the sea-bathing therapy. Although only fourteen miles

<sup>24</sup> West Sussex Record Office (WSRO) B22/201.

<sup>25</sup> Elizabeth Gaskell, *Wives and daughters*, Harmondsworth, Penguin English Library, 1984.

<sup>26</sup> See *Sussex Archaeological Collections*, 1859, 11: 50. ‘Slight sketch of a picture of Hurst W Randell Hurst-per-point [sic]’, 1826, probably written by Grace Weekes. On p. xvii she writes, “Hurst as every person knows is famous for its superior medical skill and has been for the last fifty years.” William Ellis, *History of Hurstpierpoint, by a native, a minor*, Brighton, Phillips, 1837. *Hurstpierpoint Official Guide*, 1971.

<sup>27</sup> *Sussex Archaeological Collections*, 1862, 14: 176. I.D. Margery, *Roman ways in the Weald*, London, Phoenix House, 1948.

<sup>28</sup> J. Marshall, *Rural economy of the southern counties*, London, 1798, vol. 11, p. 133. Also Arthur Young, *General view of the agriculture of the county of Sussex*, London, 1813.

<sup>29</sup> From the voluminous literature about Brighton see John Bishop, *A peep into the past, Brighton in the olden time*, Brighton, 1892, which includes the *Brighthelmstone Directory* for 1800; and Clifford Musgrave, *Life in Brighton*, rev. ed., London, John Hallewell, 1981.

<sup>30</sup> Jane Austen, *Pride and prejudice*, Folio Society ed., London, 1957, p. 174.

## Introduction

away, Brighton merits only three references in the letters. Two ask whether the surgeons Cline and Forster would visit there, and one records that Richard took his family to the theatre. I doubt whether he approved the ways of Brighton life.

The area within which the Weekes visited patients was roughly the parish of Hurst, and the directly adjacent parishes. The Downs bordered their territory to the South, but elsewhere they worked within a radius of about five miles. We do not know how many patients they had, owing to competition from other medical men on the periphery, but in 1801, the population of Hurst was 1104, and it would be a brave local who did not consult the Weekes.<sup>31</sup>

### MEDICINE AT HURST

“In the pure country they [the surgeon-apothecaries] are almost the exclusive attendants upon everyone, rich and poor. The lord who calls in the great gun, whether medical or surgical, is, while in the country, almost entirely in the hands of general practitioners . . . but a time comes when difficulties far greater than those which either Dublin or London folk have to contend with assail patients, and then the greatest lord no less than his meanest tenant is completely at the mercy of the skill and ability of the smallest village practitioner.”<sup>32</sup> Although these words were written almost eighty years later, they give an accurate picture of the unpredictability of general medical practice and the degree of self-confidence and skill necessary to deal with the most difficult cases single-handed. Hampton knew his London education was fitting him for this type of life. He understood that, “In England the country practitioner has to make his own position”,<sup>33</sup> and that if he did not produce adequate medical care, the patients would take their allegiance elsewhere.

By 1802, Richard Weekes had been in practice by himself for about twenty years, and business was flourishing. Success was founded mainly upon his skill, but also upon his readiness to visit patients regularly, his availability, and his willingness to care as well for the parish pauper as his social superior. “The business of a country surgeon will greatly depend upon his riding about much; if he does that he will be fully employed, if he stays i’th’ house he’ll not get employed in the country.”<sup>34</sup> The necessity for good health is frequently emphasized in the letters, and Richard’s ailments were always worthy of mention. To be confined to the house with a sprained ankle for a few days, let alone the longer time he must have had off work when he broke it fifteen years earlier (Letter 61), would stop him visiting patients who were expecting a call and make him unable to respond to those who sent for him. Rheumatism in the shoulder that disturbed sleep (Letter 91) would make his temper short and the next day in the saddle very trying. The practice of a sick doctor would soon melt away.

Richard was taking patients away from his rivals, such as Charly Morgan of Henfield. He had been sent for, presumably as a second opinion, to a patient of Morgan’s, and had advised medicines he thought that Morgan would supply, and

<sup>31</sup> In *Victoria County History of Sussex*, vol. 11. The size of the parish is given as 5088 acres. The returns in ESRO of the 1801 census Par 400/37/74 and 75 are illegible.

<sup>32</sup> Thomas Laffan, *The medical profession in the three kingdoms*, Dublin, 1879, p. 110.

<sup>33</sup> *Ibid.*, p. 49.

<sup>34</sup> Carr diaries, Wellcome Institute MS 5205, p. 5.

## *Introduction*

then continue the treatment. However, Morgan sent in his bill to the patient, thus terminating his attachment, and she came to be looked after by Richard. This success led to others in the village consulting the Weekes. Apparently, there was no ill will, or Morgan was so incompetent that he needed a great deal of help, for they later treated a compound fracture together (Letter 48), Richard also visited patients to give a second opinion, when he visited “as a physician”, and for which he charged one guinea. Looking into the future, when there was talk of a new man setting up in business in Steyning, Richard was pleased to note that “young Ingram I believe would not be too powerful an opponent”. They were accumulating patients among the yeomen (“believe we have secured that house” (Letter 48)) and among the gentry. The Campions of Danny favoured physicans, and when possible were attended by them, (Letter 77) but the Weekes were adequate for the staff. The remark that “We are getting in at Danny”, Richard being invited to talk to Mrs Campion in the drawing room and then being invited to attend a rich girl who was staying there (Letter 54), were all steps up the social ladder and good for business. They already attended the other local large house, Newtimber Place, a moated mansion dating from the sixteenth century, where Mary Ann went to stay (Letter 61), although the house was somewhat in decline following the death in 1800 of George Newnham, the brother of Alderman Newnham, the President of St Thomas’s Hospital.

The Weekes family shows the importance to the country practitioner of a good family life and illustrates how medical dynasties evolve. It was important to have a competent wife, not only for conjugal company and relaxation when at home, but also to run the house, provide meals at irregular hours, take messages while the doctor was out, and keep an eye on the apprentices, assistants, and shop. She would also probably provide secretarial help in making up bills from the day books and in sending them out. Her other important duty was to provide sons and bring them up in a way that would make them want to carry on the business, rather than put them off medicine for life. Richard picked his first wife well. She produced two sons who went into the correct profession, kept Richard happy, and helped him to get started in Hurst. She did better than she knew, for the two daughters she also produced took over the work of running the practice during the illness and after the death of his second wife. Daughters of such a professional household were not the liability that some middle-class girls could become. They could marry and propagate, or if they did not, there was a well-recognized job for them at home. Mary Ann did the former, and Grace and Fanny the latter. The value of sons to carry on the business was inestimable, and Richard must have been delighted when they both wanted to qualify, and he was impatient for one at least to join him. He would not have the uncertainty of finding suitable young men as apprentices, and would be spared the responsibility of teenage strangers in his home and with his patients.<sup>35</sup>

The letters were written between people who knew the everyday running of the practice and so are not a complete description of what took place. Routine work,

<sup>35</sup> For example, see *Casebook of Richard Paxton*, Wellcome Institute MS 3280, p. 250. In 1793, Paxton became ill and was advised to sell his practice. He agreed with John Thorp, allegedly from St Thomas’s, to sell him the practice but the patients did not like Thorp, who was probably a charlatan, and Paxton could not get his money

## Introduction

such as dressings and the normal small change of general practice, would be assumed, and only the unusual noted. Such remarks as “We fag confoundedly”, or “Work is slack”, would convey to Hampton what was going on at Hurst without providing us with any information on the work of a normal day. Medical cases are mentioned least, possibly because they were not so exciting or because not so much could be done for them. Some, such as the tuberculous, would become chronic and therefore profitable from prolonged attention, but not newsworthy.<sup>36</sup>

Even at the age of fifty, Richard was still very interested in learning modern techniques, and was always asking after new equipment and treatments. It was useful having Hampton in London to order supplies of drugs, and especially more “smallpox material”, and to oversee the repair of old instruments. The references to the works of Albinus and Lavoisier give the impression of a good collection of medical books at Hurst. Hampton sending home anatomical preparations, the references to Peg, the skeleton, and the importance attached to anatomical studies by Richard, show how important the subject was to the country doctor, who would be only a very occasional surgeon. The Weekes sound as though they ran a keen, interested, well-organized, and forward-looking practice, which has always been a recipe for medical success.

Smallpox is the disease most frequently mentioned, and there are many requests for Hampton to send some more “Cow Pock” matter. Edward Jenner had published his work *An inquiry into the causes and effects of the variolae vaccinae* in 1798, and, although there was still much opposition from jealous contemporaries and those who had not fully understood Jenner’s theories, or who misapplied them, vaccination was widespread in Sussex. The earlier practice of inoculation was still not dead as there were advertisements in the local newspaper from Ansell of Cuckfield and Sanders of Lewes that they had opened houses for inoculation. Sanders also “Vaccinated for the Cow Pox when preferred”.

Surgery and the treatment of trauma were much more exciting and they therefore claim many more entries. For medical cases little could be done apart from general supportive measures, but it was vitally important for the local medical man to be surgically competent. He had to be able to diagnose, to drain and dress an abscess well, to draw a painful tooth with skill, and to set a fracture in a good functional position, which, badly done, could deprive a family of its breadwinner and lead to more paupers for the parish to support. Cooper realistically remarked that patients could become “a living memorial to the surgeon’s ignorance or inattention”. Depending upon his skill and enthusiasm and the agreement of the patient, more serious operations could be performed such as mastectomy, the radical cure of hydrocele, and cutting for the stone. Hampton is often urged to attend to surgery well, to learn all the new treatments, and to send home any new instruments.

<sup>36</sup> Compare with other descriptions of surgeon-apothecaries’ work such as: Irvine Loudon, *Medical care and the general practitioner, 1750–1850*, Oxford University Press, 1987; E.M. Sigsworth and P. Swan, ‘An eighteenth-century surgeon and apothecary: William Elmhurst (1721–1773)’, *Med. Hist.*, 1982, 26: 191–198; Irvine Loudon, ‘The nature of provincial medical practice in eighteenth-century England’, *ibid.*, 1985, 29: 1–32; Juanita G. L. Burnby, *A study of the English apothecary 1660–1760 (Med. Hist., Supplement no. 3)*, London, Wellcome Institute for the History of Medicine, 1983.

*Introduction*

**TABLE 1: MEDICAL CONDITIONS MENTIONED \***

Tap old mother Clark (5)  
Typhus (5) (56) (77)  
Inflammation of the pleura, treated by bleeding (13)  
A strong convulsive fit. She had two previously (13)  
“Yellow fever” (? an infective jaundice) (31)  
Leeches applied to Grace’s eyes on two occasions (35 and 37)  
Inflammatory rheumatism (37)  
Scarlatina (44) (48) (73) (91) (111)  
Aphtha alba (diphtheria) (44)  
Spina ventosa (tuberculosis of the knee) (44)  
A sore throat (56)  
Dysentery accompanied by a high fever (77)  
Haemorrhage from the intestines, unaccompanied by diarrhoea (77)  
Croup (Croup) (91)  
Ptysis. Pulmon. (Pulmonary tuberculosis). Three patients died of it (73) (91)  
Rheumatism (in Richard Weekes’ shoulder that makes him feverish) (91)  
Post partum white leg leading to death (91)  
Nervous disorder (44) (91)  
Louisa Newnham ill “I see her three times a day” (104)  
Toothache (104)  
Tumefaction of the thigh (106)  
Fever, two died (109)  
Hydrocephalic fever (111)  
Diabetes (114)

\* (The numbers in parentheses in all the tables refer to the numbers of the letters.)

**TABLE 2: TRAUMA AT HURST**

Fall off a horse and killed on the spot (5)  
Shattered hand from exploding gun (13)  
Burns from clothes set on fire (13)  
Gun shot wound to abdomen (31)  
Compound # tibia and fibula in a boy of 13 (44)  
Bad compound #, at Henfield (48)  
Sprained wrist from chaise overturning (54)  
Sprained foot in a lady staying at Danny (54)  
Fractured rib or two. Bled for treatment (56)  
Sprained ankle which confined Richard Weekes to the house for a few days. It happened when he fell off his horse and was in the same ankle he broke fifteen years previously (61)  
Dislocated humerus (77)  
Compound # of leg and arm when run over by a roller (77)  
Drowning in a petit (water closet) (91)  
Death from concussion after chaise overturned (91)  
# = fracture

*Introduction*

TABLE 3: SURGERY AT HURST

- Crural hernia which Hampton thought was probably an aneurism (5)
- Hand shattered by a bursting gun, amputated (13)
- Hydrocele injected (13)
- Cut for stone, and the bill of £15 was thought too much (13), but the parish eventually paid (22)
- Forming a new anus in a girl of 14 months (22)
- Injection of hydrocele with an apparatus Hampton sent from London (51)
- Reference to strangulated hernia that Richard Weekes had operated on previously (49)
- Congenital hernia that became irreducible after the truss broke, strangulated and operation offered, but refused by the patient (84)
- Fistula in ano operated on by Dick, during which the bistory broke (91)
- Reference to previous lithotomy at Patcham (90)
- Dick sent to draw a tooth. "Should get half a guinea at least" (18)
- Reference to previous lithotomy at Withdean (102)
- Carcinoma of the breast referred to Blizard for operation (104)
- Opening of abscess in thigh. One quart of curdled pus evacuated (114)
- Two scrophulous hip abscesses (114)
- Carcinoma of the rectum (114)
- Bleeding from haemorrhoidal vessels (114)

In 1768, Richard Turner died at Lindfield, well within the practice area, having experienced surgery. His epitaph, now barely legible on his tombstone, reads:

Long was my pain, great was my grief  
Surgeons I'd many, but no relief;  
I trust in Christ to rise with the just  
My leg and thigh was buried fust.

**OBSTETRICS AT HURST.**

Pregnancy was an almost invariable accompaniment to married life and not too uncommon amongst the single. Doctors did not always attend normal deliveries among poor patients, but were retained by those who could pay, and they had to attend to obstetric problems. It was extremely time-consuming work, sometimes involving a night away from home (e.g. Letter 98), which, although acceptable in a family group practice with someone to attend to other work, would have been much more difficult for the single-handed practitioner. It was not particularly profitable, considering the time spent, for the five guineas that Mrs Dennett paid, eagerly mentioned by Dick (Letter 73), covered not only the delivery, but also daily visits at a distance of three miles. There would be no money for a journey mistimed before the delivery (e.g., Letters 7 and 14), which could be frequent with poor communications. The Weekes charged fifteen shillings for the delivery of a parish patient, but that was just for intrapartum attention. However, obstetric care has until recently been the foundation of successful general practice, for it combines two prerequisites that bind

### *Introduction*

a patient to a doctor. First, the attendance of the doctor in the patient's home, especially at inconvenient hours or for long stretches of time, and second the doctor physically treating the patient, rather than at second hand by giving medicines. It would probably not matter whether the outcome was successful or whether Richard Weekes had to destroy the child with instruments (e.g., Letter 56), the family would return to him for general medical care and the management of succeeding pregnancies. To attend between two and three thousand in a practice of twenty-eight years, or about two a week (Letter 111), in a small rural area would denote medical success. Unfortunately, we cannot assess the mortality or morbidity of his care, nor compare it with the outcomes of the fifty to sixty labours that Dick, an untrained lad of twenty, estimated he would attend before going to St Thomas's (Letter 117).

#### TABLE 4: OBSTETRICS AT HURST

- Puerperal fever (1)
- Perforator used last week, "The woman is brave" (11)
- Went to Ditchling and finding Mrs Godly not likely to be delivered (11)
- Mrs Hannington brought abed (22)
- Four labours from five in the afternoon until next morning (32)
- Richard Weekes used the perforator (31)
- Richard Weekes at Poynings six hours before delivery (35)
- Mrs Burt in labour just before she developed smallpox. Child unmarked (37)
- Two or three labours a week (37)
- An abortion (48)
- Used the perforator for face to pubis presentation. Waters had broken ten hours previously, so would not chance turning the large baby. He had used the instrument ten times and only the first [mother] died (56)
- Mrs Dennett delivered. Paid five guineas. Father goes every day (73)
- Six labours this week. One to Dick (74)
- Dick at three labours in four days (77)
- Illegitimate pregnancy to an unmarried girl (91)
- Eleven labours in twelve days of which Dick attended six (95)
- Dick stayed all night at a labour (98)
- Mrs. Wood brought abed (104)
- During twenty-eight years in practice Richard Weekes has attended between two and three thousand labours (111)
- Two deaths from puerperal fever last year (111)
- Patient with scarlet fever three days post partum. Initially thought to be puerperal fever (111)
- Mrs P [?Payne] brought abed (18)
- Dick attended five more labours lately and will have attended fifty to sixty by the time he gets to London (117)

#### INCOME

Unfortunately, none of the account books or day books of the firm has survived so that it is impossible even to guess at their total income. In his will Richard Weekes left land in Kent to Hampton, and land in Sussex to Dick. He also left five per cent Navy

## Introduction

stock and three per cent Consolidated Bank Annuities in trust for Grace, but we do not know how much of this was inherited through his wife Charity.<sup>37</sup> He certainly worked very hard for his money and the letters speak frequently about the difficulty in earning cash and the ease in spending it, always giving the impression of a careful household. However, there was money available to give his sons the best education possible, both at school and at St Thomas's, to pay for trips to the theatre at Brighton, for Mary Ann to travel to Gloucester and London, and for Hampton to send home the many luxuries for which he was asked. Their income must have been greatly in excess of the £260 average for scientific men, including doctors, computed by Colquhoun on the census returns of 1803.<sup>38</sup> Little was made from parish work. In 1807 Dick receipted a bill from the small parish of Newtimber for £8 for the year's work, which was made up of many small items ranging from 6d., and travelling to do it, 2s. 6d. Three babies were also delivered there that year.<sup>39</sup> Hurst was more lucrative, for in the year April 1802 to April 1803, the parish paid Mr Weekes £54 3s 5d., but there is no description of the work done.<sup>40</sup>

The family prospered during the hundred years from 1778, when Richard arrived in Hurst as a newly-married man, to their late Victorian affluence as respected doctors, possessing three large houses from which they ran their practices, numerous small dwellings that were let, and respectable connections by marriage with many of their local professional and landed peers. Their prosperity, like that of the Pulsfords in Somerset, seems to have been founded on "simple surgical procedures in a practice of farmers, shopkeepers and craftsmen".<sup>41</sup>

### ST THOMAS'S HOSPITAL IN 1801<sup>42</sup>

The origins of St Thomas's Hospital are in the infirmary of the Augustinian priory of St Mary the Virgin, which was founded by Bishop Giffard in 1106. The buildings were destroyed by fire in 1212 and three years later Peter de Rupibus, bishop of Winchester, whose London house was almost next to the old priory, founded the hospital dedicated to St Thomas of Canterbury on the site it was to keep for the next three hundred and fifty years, just across the road, a few hundred yards south of

<sup>37</sup> 1823 Prob 12 215 658, proved 18/11/1823.

<sup>38</sup> Quoted in Roy Porter, *English society in the eighteenth century*, Harmondsworth, Penguin Books, 1982, p. 388.

<sup>39</sup> ESRO Par 429/31/2 Newtimber Parish Account 1807.

<sup>40</sup> ESRO Par 400/12/1/6 and 8.

<sup>41</sup> Loudon (1985), *op. cit.*, note 36 above, p. 19. This paper also gives detailed tables of fees charged by William Pulsford and estimate of his income. There are many unpublished account books such as the Carr diaries, Wellcome Institute MS 5205; and Apothecaries account book 1774–1780, Wellcome Institute MS 3974, which give fragments of information. For other estimates of doctors' incomes see Irvine Loudon, 'A doctor's cash book: the economy of general practice in the 1830s', *Med. Hist.*, 1983, 27: 249–268, see p. 258.

<sup>42</sup> This account of the hospital is compiled from: *A physical vade mecum or the fifth gift of Theophilus Philanthropos* [Robert Poole], London [for R. Duncombe], 1741; Benjamin Golding, *An historical account of St Thomas's Hospital*, London, 1819; F.G. Parsons, *The history of St Thomas's Hospital*, vol. 3, London, Methuen, 1936; R.C. Brock, 'St Thomas's Hospital and the Borough', *Guy's Hosp. Gaz.*, August 1946; J.M.T. Ford, 'A district general hospital in 1740', *St Thom. Hosp. Gaz.*, 1981, 79 no. 3: 102; Greater London Record Office (GLRO), H1/ST/A114/3a,b,c, and H1/ST/E114/21; H.C. Cameron, *Mr Guy's Hospital*, London, Longmans, 1954. Names of hospital officials are from *London Kalendar*, 1801.

## Introduction



**Detail from *Plan of the cities of London and Westminster and Borough of Southwark to present year 1806*, engraved from Lamb's *History of London*.**

## Introduction

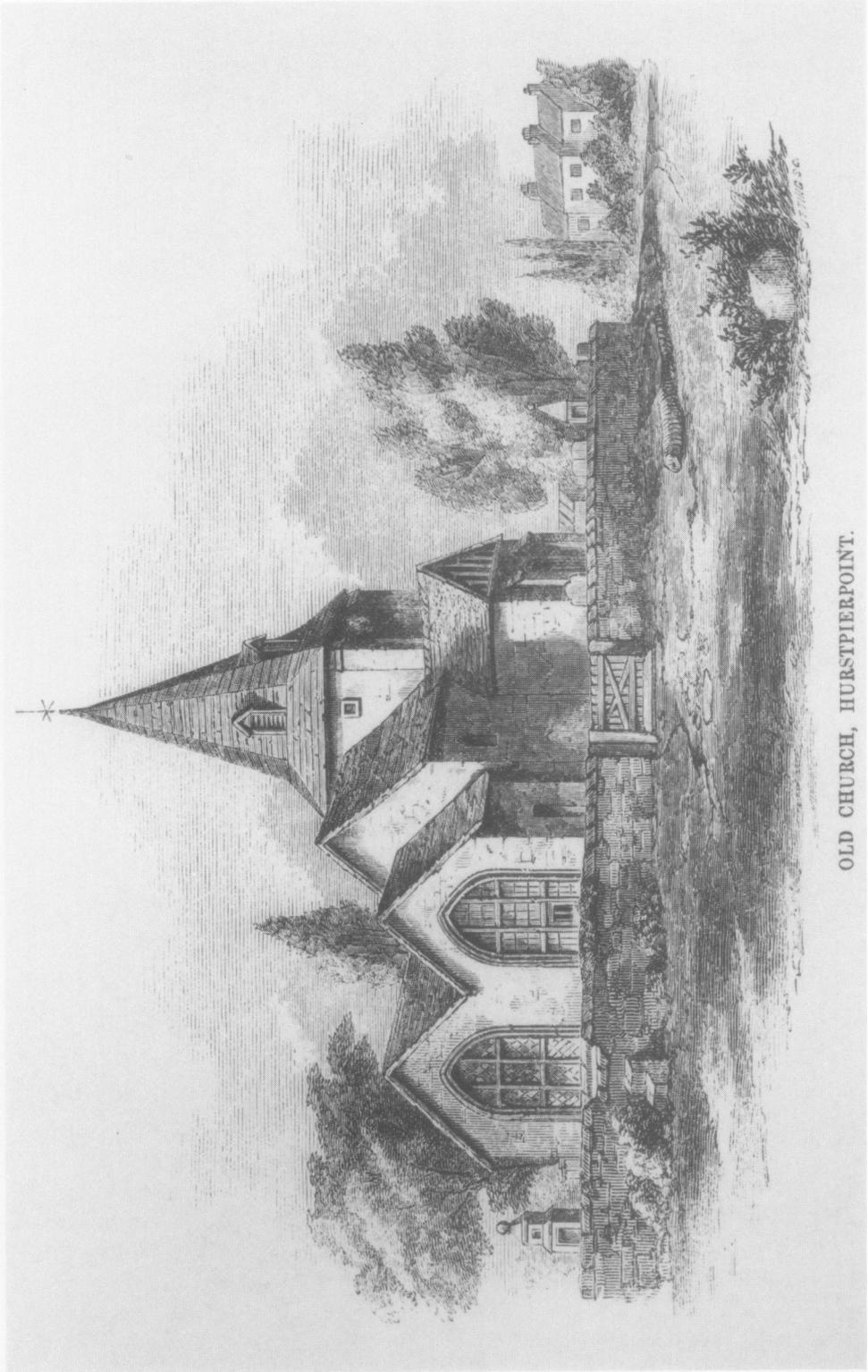
London Bridge. The hospital at this move lost its direct religious connexions. As a charitable institution, there was a gradual accumulation of wealth and lands until it was suppressed and its revenues taken by Henry VIII in 1540. Edward VI refounded the hospital in 1551 when the buildings were sold to the Corporation of the City of London, who thereby gained a controlling interest which was not lost until the advent of the National Health Service in 1948.

In 1802, St Thomas's and Guy's Hospitals were acting as district general hospitals. They received patients resident in south London, from shipping in London docks, from the City of London, and, being at the end of the main road from south-east England to the capital, they took vagrants from the country lodging in the Borough of Southwark.

Guy's Hospital had been founded in 1721 by Thomas Guy, a governor of St Thomas's, who had made a fortune out of the South Sea Bubble and by printing bibles. He had originally meant it as a hospital for lunatics, for those refused admission to St Thomas's or for those discharged incurable after their three months' treatment. This laudable intention was never really fulfilled and the hospital soon took acute cases just like St Thomas's. To look after them a highly trained staff was acquired, who, in turn, acquired pupils and apprentices. It was obviously absurd for two separate medical schools to exist with the width of a road between them, so over the years, apart from a few squabbles, they achieved a good cooperation and by 1802 were known as the United Borough Hospitals. Under Cheselden, St Thomas's had achieved a good reputation for surgery and anatomy, which had come to be taught there, whereas the lectures on medicine, botany, and materia medica were taught at Guy's. The split held even for a Guy's surgeon, Astley Cooper, who lectured at St Thomas's, rather than at his own hospital. The student of one hospital could attend the practice of the other. Like most old foundations, the buildings of St Thomas's were in different styles and in different states of repair. At this time, most of the fabric was in poor repair and in 1804, the exterior was "pointed, painted and beautified", the old red tiles were stripped, and were replaced with new lead and slates.<sup>43</sup> The hospital had about four hundred and fifty beds in its nineteen wards.

It was built in a series of courtyards, remarkably like an Oxford or Cambridge college. The first court was separated from Southwark High Street by a wrought iron screen, a gift of Thomas Guy. In the middle were a large pair of carriage gates, only opened for governors, senior staff and special visitors, flanked by gates on either side for pedestrians. This entrance was presided over by the head porter, J.B. Leigh, who opened it between 6.00 a.m. and 8.00 p.m. in summer and 7.00 a.m. and 7.00 p.m. in winter. On either side of the court were wings containing the female wards, with no differentiation into medical or surgical. The square was surrounded by a covered colonnade, which took away half the area of the wards at ground level and made them very dark, but above them were two storeys of wards, each containing about twenty-three beds. The north wing had been given by Guy, and the south by Thomas Frederick in 1708 at a cost of £1012 7s. 6d. The third side was taken up by the buttery and kitchen on the ground floor and above were quarters for nurses, servants and minor officials. Facing the entrance and presiding over the entrance to the next court

<sup>43</sup> GLRO H1/ST/D8/2.



OLD CHURCH, HURSTPIERPOINT.

Plate 1. Old Church, Hurstpierpoint. The Weekes family tomb is the one on the right with a pyramid and ball on top. (From *Sussex Archaeological Collections relating to the history and antiquities of the county*, vol. XI, London, John Russell Smith for the Sussex Archaeological Society, 1859, facing p. 76.)



**Plate 2.** No. 8 St Thomas's Street in 1801. Now renumbered as 15 and known as Mary Sheridan House. (Photograph by the author.)

## Introduction

was the frontispiece, the most ornate feature of the hospital buildings, the breadth of two window bays and the full height of the building. Its white stone contrasted with the rest of the dark red brickwork. Above a painted royal coat of arms the eye was drawn to a life-size statue of the young Edward VI, surrounded by four statues of cripples about two-thirds life size, the whole surmounted by a bell in a cupola, which ruled the hospital's day. High above all was a weathervane.<sup>44</sup>

Seven shallow steps led into the second or Edward Square, named after the statue of Edward VI by Peter Scheemaker that stood in the middle. The statue is symbolic of young kingship. Edward wears a heavy crown with ease, carries a large sceptre in his right hand and a charter in his left, and the sumptuous doublet emphasizes the slim legs and disproportionally large codpiece. It is in marked contrast to the naturalistic statue on the frontispiece.

The left side of the square was taken up by the chapel and the lodgings of the Hospitaller, as St Thomas's has always called its chaplain. He preached there every Sunday and said prayers at half past nine on Tuesday, Thursday, and Saturday, which all the patients were expected to attend. Rather grudgingly, he would visit the wards, but immobile patients had to make do with the prayers the nurses said daily. The Hospitaller distributed gloomy religious tracts to all the wards, including "Directions and Prayers for the use of patients".<sup>45</sup> For those able to read them, the mood was of deep pessimism. "As sickness is the usual forerunner of death, it should therefore lead you seriously to consider, and reflect on your behaviour in life, and carefully to examine yourselves how far prepared you are for that great change." "You are to consider that man's life is but a succession of sorrows, and a state of sufferings; that, at worst, it is but of short duration; and at best, of an uncertain continuance."

Opposite the chapel on the south side of the square was the parish church of St Thomas. The small parish consisted of the hospital and its immediate lands, and the parishioners were the resident staff and local hospital dependants. The Treasurer and his family looked down from a balcony at the west end on the dark panelled nave and reredos, which was lit by four clear glass windows looking on to St Thomas's Street. When this church had been built in 1701, its capacious attic had been used as a herb garret, with access through a door in the tower. At this time, operations on female patients were performed in a screened space at the end of Dorcas Ward after the few patients there had been temporarily removed, and this obtained in 1802. The arrangement was obviously unsatisfactory, but it was not until 1821 that the new female operating theatre was made out of the old herb garret, and it is that theatre, which was restored to its original state in 1958, that is now above St Thomas's church. The need for theatres for both sexes was on the grounds of modesty rather than lack of operating space.

Adjacent to the east end of the church was the Treasurer's House, a fine Queen Anne town house suitable for the gentleman who was the senior resident member of staff. Between the church and the house was the side entrance to the hospital, a dark

<sup>44</sup> The statues of Edward VI, the cripples, and Sir Robert Clayton, and the painting of Sir John Eyles are at St Thomas's Hospital, Lambeth. For further details, F.B. Cockett, 'The statue of Sir Robert Clayton', *St Thom. Hosp. Gaz.*, 1981, 79 no. 2: 52.

<sup>45</sup> Golding, *op. cit.*, note 42 above, p. 217.

## Introduction

tunnel under the Treasurer's dining room, whose entrance on to St Thomas's Street was surmounted by a fine scalloped portico. This side entrance was always very busy with a continual bustle of students going to and from Guy's, patients, tradesmen, and visitors. Two porters were on duty here in turns. Their charge was to "Prevent the ingress of improper persons; to admit the relatives of patients at proper hours, and decently apparelled. They are to see that patients do not steal out without the steward's permission, who, when he grants leave, marks their ticket, which is detained at the porter's lodge till their return." The porters kept this gate open from six in the morning until nine at night, when the watchman took over. He was only allowed to admit accident patients after eleven o'clock.

The third side of Edward Square contained the administrative offices of the Treasurer and the counting house on the ground floor, and above, the impressive Governors' Hall. The hall was almost twenty feet high, lit by six large windows looking over Edward Square and panelled in dark oak. At one end the President's throne-like chair was surmounted by the royal coat of arms flanked by full length portraits of King William of Orange and Queen Mary. The other walls held equally grand portraits of benefactors such as Sir Robert Clayton (1629–1707) and Sir John Eyles (d. 1745). It was here that special courts of governors were convened to elect new physicians, surgeons, and senior administrative staff, and to hold the Annual General Court on the last Wednesday in July.

Passing under the Governors' Hall one entered the third or Clayton Square, dominated by a full length statue in the middle of Sir Robert Clayton by Grinling Gibbons. The formality of his gown and wig are in contrast to the powerful face of this extremely ambitious, able politician and businessman. In politics he was a fervent Whig, sitting in parliament for the City of London, and earned the role of Ishban in Dryden's poem *Absalom and Achitophel*.

This third square contained the male wards and offices of the professional staff. The ground floor had the Matron's office and stores with Luke (twenty-three beds) and Henry (twenty-four beds) above. Straight ahead was the surgery, presided over by the surgeryman, and the male and female receiving rooms, with Jacob (twenty-one beds) and William (twenty-four beds) above. In the corner between the male wards on the first floor was the male operating theatre where Hampton spent so much time, relaying the dramas back home. Although the picture and Golding's description make it look very grand, Russell calculates that the suite of theatre and anteroom could have measured only 43ft. 9in. by 22ft. 9in.<sup>46</sup> "It is designed with great accuracy and taste, and receives considerable elegance from two beautiful columns of the Doric order. Above the columns, a small fixed tablet with the names of the former surgeons, is affixed, to explain the regulations which the hospital pupils are expected to observe when present at an operation:

Apprentices and the dressers of the Surgeon who operates are to stand round the table. The dressers of the other surgeons are to occupy the front three rows. The Surgeon's Pupils are to take their places in the rows above.

Visitors are admitted by permission of the Surgeon who operates  
Jan. 1st 1769. GEORGE CHANDLER JOHN BIRCH HENRY CLINE.

<sup>46</sup> Raymond Russell, 'The operating theatre at Old St Thomas's', *Guy's Hosp. Rep.* 1957, 106: 53; and Golding, *op. cit.*, note 42 above, p. 125.

## Introduction

This neat topographical description was adequate for a guidebook but a far more atmospheric one was from the experiences of South, who entered as a pupil in 1813. It can hardly have changed from 1802.

The operating theatre was of utterly inadequate size for the number of pupils who congregated, as the pupils of either hospital had by agreement the right of attending both. . . . The general arrangement of all the theatres was the same, a semicircular floor and rows of semicircular standings, rising one above the other to the large skylight which lighted the theatre. On the floor the surgeon operating, with his dressers, the surgeons and apprentices of both hospitals, and the visitors, stood about the table, upon which the patient lay, and so placed that the best possible view of what was going on was given to all present. The floor was separated by a partition from the rising stand-places, the first two rows of which were occupied by the other dressers, and behind a second partition stood the pupils, packed like herrings in a basket, but not so quiet, as those behind were continually pressing on those before, often so severely that several could not bear the pressure and were continually struggling to relieve themselves of it, and had not unfrequently to be got out exhausted. There was a continual calling out of "Heads Heads" to those about the table, whose heads interfered with the sight-seers, with various appellatives. . . . The confusion and crushing was indeed at all times very great, especially when an operation of importance was to be performed, and I have often known even the floor so crowded that the surgeon could not operate till it had been partially cleared. . . . With all this struggling for the best places, it was very rarely any quarrelling occurred; every one seemed to consider he must put up with the pushing and squeezing if he could only contrive to get a glimpse of what was going on; but the majority had to draw largely upon their imaginations of what they fancied they saw. . . . Violent scrambling efforts to gain entrance into the theatre. . . . often led to severe contests and even fighting with the hospital servants, [who had the duty of keeping order].<sup>47</sup>

Accident cases would be operated on here throughout the week, preferably during daylight, although the only regular operating list was on Friday at midday.

Next to the theatre was the accommodation for the dresser on duty. By 1802, the term "dresser" was established at St Thomas's, having superseded the original name of skellet carrier, which was applied to the student who accompanied the surgeon on his rounds carrying a box with the necessities for dressing the wounds. This still lingered in the term "carrying the box", which Hampton was proud to be asked to do soon after arriving at the hospital. The resident dresser was the modern duty houseman and registrar, and this appointment was taken in turns, a week at a time. "Cases of strangulated hernia, retention of urine, and all fractures and other accidents were admitted at the discretion of the dresser . . . [who] resided entirely in the hospital at his own expense . . . and was generally accompanied by a dresser with whom he is friendly. Upon the dresser in charge was also the responsibility of sending for his surgeon when he considered it necessary."<sup>48</sup>

The fourth side of Clayton Square was taken up by the apothecary's suite of rooms where Hampton did most of his work. There was a laboratory where the medicines were made, a shop where they were dispensed, with store rooms underneath, and as with so many pharmacies, there was a little room at the back for the apothecary. Whitfield's was a mere 12½ft by 7ft.<sup>49</sup> The routine work of the shop was done by two apprentices and two assistants overseen by the apothecary. The shop was open throughout the day for the dispensing of medicines, the ward sisters taking down lists of drugs needed in the morning, and collecting them at lunchtime. On Thursday,

<sup>47</sup> *Memorials of John Flint South*, London, J. Murray, 1884, p. 127.

<sup>48</sup> *Ibid.*, p. 125.

<sup>49</sup> GLRO H1/ST/A114/3b.

## Introduction

taking-in day, all the new patients would need prescriptions, and on Saturday, all the out-patients would need theirs. In 1740, the shop contained a “beautiful collection of materia medica and a handsome skeleton”,<sup>50</sup> although we do not know whether they were still there in 1802. Many of the students in the hospital, whatever their rank, would have had experience in apothecaries’ shops, and would be destined to become surgeon-apothecaries, so that it is not unlikely that they would frequent the shop for the latest information about compounding medicines from the recent hospital formulary. The apothecary himself was also the resident medical officer, being responsible for all the medical patients on the days the physicians did not attend, and for prescribing for all the surgical ones. He did a complete round of the wards every day, and visited those seriously ill more frequently. He was not meant to leave the hospital for any length of time without the permission of the Treasurer, and was not meant to have any private patients of his own. It is remarkable that within a month of Hampton being at St Thomas’s, he was left on his own with all the hospital keys, while Whitfield visited his wife’s family, and that later Hampton had to attend patients for him in the Borough.<sup>51</sup> The combination of a teaching collection, a busy shop, and a highly trained doctor must have been the start of a medical school.

Above the shop were two men’s wards and above the laboratory, the only definite part of a medical school, the lecture theatre and dissecting room, which were reached by an outside staircase. They were both extremely cramped, and the dissecting room “from the impurity of its air produced by its narrow capacity was deemed so destructive to health, that many pupils were obliged to neglect that most essential part of professional instruction, practical dissection, lest they should thereby endanger their health, and perhaps their existence.”<sup>52</sup>

The apothecary in 1802 was Richard Whitfield, whose father George had been appointed to the job in 1745, and whose “extraordinary skill and diligence” was the foundation of a family lien on the job that lasted until the death of Richard’s son, Richard Gullett, in 1877. Richard served a regular apprenticeship to his father, and during that time attended the lectures of Cline, Fordyce, Hunter and Pott, all of which he transcribed in a clear precise hand.<sup>53</sup> The style compared with other notes of the same lectures is dry and humourless. He also transcribed the lectures of Alexander Monro *secundus* (1733–1817), but whether he attended Edinburgh himself or copied the work of others, we do not know. In 1794 it was recorded that “Mr Whitfield has been upwards of forty years Apothecary to this hospital and by reason of advancing age and consequent infirmities finds himself unable without some assistance to support the fatigue of his employ, and that his son Richard Whitfield served a regular apprenticeship of seven years to him in this hospital during which time and since the expiration of such apprenticeship he has assisted him in the discharge of the other duties of his office which he has done to his father’s satisfaction

<sup>50</sup> Poole, *op. cit.*, note 42 above, p. vii.

<sup>51</sup> The full charge to the apothecary was written in the minutes of the Grand Committee 21 November 1753, which have not survived. The same charge was given to Richard Whitfield when he was appointed 27 May 1801 (GLRO H1/ST/A6/7). The charge is incorporated in *Rules and Orders for the Government of St Thomas’s Hospital*, London, 1844.

<sup>52</sup> Golding, *op. cit.*, note 42 above, p. 128.

<sup>53</sup> St Thomas’s Hospital Medical School Library (STHMS), M31, M59, M79, M113, M95.

### *Introduction*

... pray would appoint him his assistant".<sup>54</sup> The appointment was passed unanimously, and this tactic ensured the succession. On George's death in 1801, Richard was advanced immediately to full apothecary, and the same happened in 1827 when Richard Gullett was appointed assistant to his father, with subsequent advancement in 1832.

A narrow passage led from Clayton Square to the Back Yard and Drying Court, where they tried to dry the washing on long rope lines. Three storeys of male wards, the bakehouse, and the cold bath with a large cistern above it would have kept out the drying winds, and soot would have fallen from the fires for the hot bath and bakehouse. Bread was baked here daily, except Sunday, by two bakers, although the patients did not eat it until the next day. The brewhouse was only used three times a month, and in 1819, it was producing about a thousand gallons a month, which was dispensed to the patients by the Butler, Benjamin Pike, at the rate of about a hundred gallons a day. Tucked away also here, as far from the public parts of the hospital as possible, was the foul salivating block for venereal patients. Presumably, it was thought that these patients were too depraved to make it worthwhile separating the sexes, in the way that Edward Square kept the women in front from the men in Clayton Square behind. The carpenter's shop and dead house were conveniently close together by the back gate of the hospital. The houses of the senior resident staff were in a terrace in St Thomas's Street: the Treasurer's first, with the side entrance to the hospital, and next to it at number four, built in a similar but not such a grand style, that of the Receiver. Next to him was the rector of St Thomas's Church, and at number eight was the apothecary. The backs of these houses were separated by a small yard from the back of the apothecary's shop, so that the top storey of number eight looked into the dissecting room across the yard, which made it fit for occupation only by the apothecary's pupil. (The houses currently numbered 2,4,6,8 are on the other side of the street and were not built until 1819.)

The hospital was proud that all the old insanitary wooden box beds had been replaced by movable iron bedsteads. At the head of each bed was a notice containing the patient's name and the name of his consultant. On one wall was a notice specifying the duties of the nursing staff and another with the obligations of the patients. It was ordained that patients "shall not swear, or take God's name in vain, nor revile, or miscall one another, nor strike or beat one another, nor steal meat or drink, apparel, or other thing, from one another; nor abuse themselves by inordinate drinking, nor inordinate living, nor talk, nor act immodestly, upon pain of expulsion; and that when they go or return from their meals and beds they crave God's blessing and return thanks to God."<sup>55</sup> Amongst other things, they were not allowed to see patients of the opposite sex, to play cards or gamble, nor to pay the staff for any favours. For people who would be largely illiterate, it is hard to see how they spent the day between being woken at six a.m. and lights out at nine p.m. (or eight p.m. in winter).

<sup>54</sup> GLRO H1/ST/A6/7, 2 February 1794.

<sup>55</sup> Golding, *op. cit.*, note 42 above, p. 233.

## Introduction

### NURSING STAFF

The nursing staff was under the control of the Matron, Mrs Jane Wright,<sup>56</sup> who had been appointed in 1797 on the death of her mother-in-law, or possibly mother, as “Mrs” could have been an honorary title. She was purely an administrator, undertaking no teaching or nursing herself. Each ward had a sister with two assistant nurses. They were on duty from six in the morning when the patients were woken, until lights-out at night. Not only did they have to look after the patients (except for dressing wounds, which was done by the dressers), but they also had to undertake all the housekeeping duties of the wards, organize the food and drugs, coals and candles, and keep the wards clean themselves. They were also responsible for maintaining ward discipline among their bored and unhappy patients. These formidable ladies were paid £32 per annum on a clean ward, and £45 on a venereal one, while the nurses were paid £20 and £22 respectively.<sup>57</sup>

The nurse’s reputation in the early nineteenth century is of an unlettered menial, an unlovely servant. However, the charge given to them in 1819, rewritten from an earlier charge, shows that its sentiments would obtain today.

You shall . . . carefully administer the medicines, watch their effect, and give an account thereof to the sister, together with such observations as respect the patients. You shall make warm the drinks and other things for all such patients for whom they are directed. You shall help out of bed all infirm and helpless patients, and put them carefully and comfortably in again; and you shall put clean sheets on each bed as often as your sister shall direct. You shall make clean such patients and their bedding who through weakness or infirmity, create such occasion for it; and you shall immediately remove out of the ward all foul and offensive matter of every description.<sup>58</sup>

Throughout the night, a night sitter kept watch by the light of one candle, on pain of instant dismissal if she were found asleep. Every hour she had to look at the most ill patients and report to sister if there was any great deterioration.

### DIET

The food was prepared in the kitchen, which had been presided over since 1795 by Phoebe Newton. In two large coppers she cooked the same food each week, which, although unutterably dull to us, would probably be an improvement for many patients who had had no regular hot meals. There is no mention of any fresh fruit or vegetables although a report from the physicians in 1800 had said that there would be no harm to the health of the patients on full diet by substituting 8oz of potatoes for 2oz of bread, and they suggested that the bread should be made from a mixture of wheaten flour and rice.<sup>59</sup> For those on full diet, breakfast every day consisted of two pints of the hospital’s own weak beer, with 12oz of yesterday’s bread and water gruel, while supper was a mere pint of broth. Dinner was half a pound of beef on Sunday and Monday, and the same amount of boiled mutton on Wednesday and Friday. The protein on Tuesday, Thursday and Saturday was either 4oz of butter or 6oz of cheese. A milk diet was unalterably 10oz of bread and one pint of milk for breakfast with a further pint of milk for supper, while dinner alternated between another pint of milk

<sup>56</sup> GLRO H1/ST/A1/8.

<sup>57</sup> These rates had been fixed 3 September 1800, GLRO H1/ST/A1/6.

<sup>58</sup> Golding, *op. cit.*, note 42 above, p. 211.

<sup>59</sup> GLRO H1/ST/A1/6/7, 23 December 1800.

## *Introduction*

or rice pudding. Those on a dry diet had 12oz of bread and 2 pints of beer with water gruel for breakfast, and dinner alternated between 4oz of butter one day and the same amount of butter with rice pudding the next. The fever diet's breakfast was the same as the dry diet's. but dinner's rations were only three quarters of a pound of beef for beef tea daily. Neither of these last two diets seemed to include any supper.<sup>60</sup> It seems that all Phoebe had to do was boil the meat and serve the water that was left as either gruel, broth or beef tea. Other food such as eggs and fish were theoretically available with the written approval of the apothecary and steward but this bureaucracy effectively prevented the extra expense being frequently incurred. Many patients admitted with borderline scurvy, which would have been common among the poor of London, would become frankly scorbutic after three months on these diets. In 1837, out of 419 patients, 298 were on full diet, 84 on milk, 34 on dry and only 3 on fever diet. There is no reason to believe the proportions would have been different thirty-five years earlier.

### ADMISSION PROCEDURE

It was laid down that accident and emergency cases were to be admitted at any hour of the day or night. But, in the days of greater tolerance of pain, and when the poor kept to their beds as much as possible during the hours of darkness, the emergency would have to have been great before anyone hammered on the doors of a very closed-looking hospital at night under the Treasurer's bedroom. Possibly, the nightwatchmen at Guy's and St Thomas's achieved reputations in the Borough that might determine to which hospital application for admittance would be made. On admission, the accident would be sent to whichever ward had a spare bed, as some were always kept empty for these cases, the list of empty beds hanging in the steward's office. The patient was washed, put to bed, and the duty dresser called. He was permitted to undertake simple operations (such as "putting up fractures, opening abscesses, or cutting off a finger") and dress wounds. For anything more serious, he had to decide whether to send for the duty surgeon or physician; in any event the patient would be seen by the apothecary next morning. The general admitting day for all other patients was Thursday. Patients attended the steward's office at nine a.m. to get a petition to the governors, or were sponsored by their parish, by the City of London through the Lord Mayor, or through the Admiralty. This was to cover the cost of removing the patient's body in case of death or for burial in the hospital's own cemetery in Snow's Fields, the other side of St Thomas's Street. Those not considered for admission were sufferers from plague, scald head, itch, and other infectious diseases, and those deemed incurable. A governor attended this initial selection and then the supplicants had to wait until the duty physician and surgeon started examining them in the receiving rooms at ten o'clock. The doctor marked the petition with his own initials, once for the least important cases, twice for a greater degree of urgency, and three times if it was imperative that the patient was admitted. Should there be more patients recommended than there were empty beds,

<sup>60</sup> For diets, see Golding, *op. cit.*, note 42 above, p. 237; Poole, *op. cit.*, note 42 above, p. xxi; Report of the Commissioners for Inquiring Concerning Charities 1837, GLRO H1/ST/A44/1. Also contains numbers of patients on each diet.

### Introduction

the final decision was made by drawing lots. Two beadles, Joseph Collins and William Stubblefield, were in attendance to maintain order.

Those making up the admission registers were more interested in financial responsibility for the patients rather than in their medical diagnoses.<sup>61</sup> The names of the guarantors were meticulously entered but the diagnoses were so infrequently mentioned as to be inadequate for analysis. Surgical diagnoses are more frequent than medical, and these are most commonly fractures and burns, although gravel, abscess, hernia strangulated, bruised, and stone often occur. Why a “boy with a wooden leg” should have been admitted on 13 March 1800, we are not told. Fever and “inward complaint” were the most common medical diagnoses, but there are several more descriptive, such as “broke a blood vessel”, and “lost use of limbs”. The addresses of patients were infrequently given, as would be expected from “poor labourers, servants and decayed tradesmen”, many of whom would be without permanent housing. There were admissions from the country for specialist treatment. Thus on 6 January 1800, John Standen was admitted from Storrington in Sussex for treatment of his stone. Considering that St Thomas’s was only a few moments’ walk from the Port of London, there were surprisingly few foreign names of patients involved in shipboard accidents. In 1801, “a Russian” was admitted, but presumably language difficulties made it impossible to record his name. There was no such difficulty with Lucius Porter from the United States. We do not know the crime committed by John Kemble who was admitted on 1 January 1800 and discharged on the 4th, with “Never to be admitted again” boldly written against his name. Unfortunately, the admission registers for 1801–3 have not survived, so that we can only guess at Hampton’s exact work every Thursday.

The number of admissions varied between thirty-five and sixty-five but was usually about forty-five.

#### ADMISSION FIGURES FOR ST THOMAS’S<sup>62</sup>

		<i>1800</i>	<i>1801</i>	<i>1802</i>
Under care	In-patients	2403	2579	2910
	Out-patients	4568	4682	4414
	Buried	202	224	214
	In-patients	393	385	402
	Out-patients	170	184	176
	TOTAL	7736	8054	8116

These figures remained similar between the 1780s and 1815, when the out-patient numbers rose fast after the end of the Napoleonic wars. The mortality rate was

<sup>61</sup> GLRO H1/ST/B3/13 and B/2 and 3.

<sup>62</sup> Abstracted from *The Easter Reports*, GLRO H1/ST/A41. The death registers have survived 1763–1796, and then 1818–1829, GLRO H1/ST/B18.

## Introduction

therefore only a little over ten per cent and the hospital could in no way be called a “gateway to death”. Blane<sup>63</sup> calculated the mortality figures between 1773–83 as 1 in 14, falling to 1 in 16.2 between 1803–13. In his own private practice, he claimed a rate of 1 in 9.8 over the same period, but does not explain the difference. Patients were not expected to stay in the hospital longer than three months, as after that they were deemed incurable. At the end of this time notice was to be given to the patient’s security to remove him or pay 6*d.* per day for subsistence, unless “a longer continuance be enjoyed by the Physicians or Surgeons.”<sup>64</sup> Those patients who were discharged had to present themselves to the steward, who “inquires whether they are satisfied with the treatment they have experienced whilst in hospital, and whether the conduct of the officers and servants appointed to attend on them during the progress of their recovery, had been consonant to the instructions given them”.<sup>65</sup> An affirmative answer denoted a satisfied patient, who “returned thanks for his cure”, and was discharged, but a negative one, in theory at least, led to an investigation of the complaint.

## MEDICAL EDUCATION

Hampton Weekes would have been perfectly competent to work as a surgeon-apothecary at Hurst without ever going to St Thomas’s, although he would probably have remained one of the old-fashioned bumlbers like Charly Morgan of Henfield, whom he mocked. Hampton already knew the basics of medicine, surgery, and pharmacy. He was going for a year’s advanced study to learn modern techniques and theories, not only for himself, but also to bring home and teach Richard Weekes. He was also to send home the latest medical equipment. This year’s study in a centre of excellence would be a good investment for the practice at Hurst, even though they were missing a pair of hands.

His first duty was to help in the apothecary’s shop and here he would learn pharmacy and materia medica. Next he had to decide which lectures to attend.<sup>66</sup>

The winter course of lectures at the United Hospitals will commence in the following order;  
Anatomy and surgery by MR. CLINE and MR. COOPER, on Thursday October 1 at one o’clock.  
Practice of Medicine by DR. BABINGTON on Friday at ten o’clock in the morning.  
Midwifery and diseases of women and children, by DR. LOWDER and DR. HAIGHTON on Saturday Oct. 3 at eight in the morning.  
Chemistry and Experimental Philosophy, by DR. BABINGTON and the Rev. Mr. ROBERTS on the same morning at ten.  
Physiology, or the laws of Animal Oeconomy, by DR. HAIGHTON, on Monday Oct 5 at a quarter before seven in the evening.  
Theory of Medicine and Materia Medica, by DR. CURRY, on Tuesday Oct 6 at seven in the evening.  
Principles and Practice of Surgery, (Illustrated by select cases under his care in the hospital) by MR. ASTLEY COOPER, on Monday Oct. 12 at eight in the evening.

<sup>63</sup> Gilbert Blane, *Observations on the comparative prevalence, mortality and treatment of different diseases*, London, 1813, p. 32.

<sup>64</sup> GLRO H1/ST/A6, 14 March 1798.

<sup>65</sup> Golding, *op. cit.*, note 42 above, p. 189.

<sup>66</sup> *Med. phys. J.*, 1801, 6: 284. In 1802, the only changes in the syllabus were that Curry joined Babington in the lectures on Medicine and that Allen replaced Roberts in Chemistry.

## Introduction

In addition to these, DR. SAUNDERS will, early in October, begin a course of clinical lectures, under his care in the hospital.

The lectures given at these hospitals are so arranged, that no two of them interfere with each other in the hours of attendance; and the whole is calculated to form a complete circle of medical instruction.

N.B. Mr Fox in the course of the season, will deliver his lectures upon the Structure and Diseases of the Teeth.

Terms and other particulars to be had at the hospitals or of Mr. Cox, bookseller, St. Thomas's Street.

Here was a full medical education on his doorstep without the necessity of attending instruction at The London or St Bartholomew's Hospitals, which offered similar comprehensive courses, or supplementing it with visits to private establishments, such as Great Windmill Street or Mr Carpue. The infrequent visits to St Bartholomew's, and of Bart's students to St Thomas's, seem to have been mainly social occasions. It would be hard to devise a better medical education than Hampton's. He was raised in a medical family and then sent away to a good grammar school, followed by an apprenticeship at home, where he was given much practical experience. Then to St Thomas's with practical work in the apothecary's shop and dissecting rooms and theoretical lectures from the staff of both hospitals, while he was living with Whitfield, who would keep him at work and be ready to discuss cases. Hampton was also free from the time-consuming business of travel and self-catering which he would have had in lodgings. The popular image of the idle, dissipated medical student has been frequently portrayed in fiction, the archetypes being Bob Sawyer<sup>67</sup> and Joe Muff.<sup>68</sup> An unnamed nineteenth-century student, writing from St Thomas's to a friend in the country, said that "Hogarth's prints of the diligent and idle apprentice would be very proper furniture for one of the apartments, for there is a great deal too much gaming going forward. Billiards and cards consume most of the time of certain gentlemen".<sup>69</sup> Sprigge described life in the dissecting room when Wakley was a student,<sup>70</sup> where the students "vied with each other in the narration of episodes illustrative of their ingenuity under the stress of poverty, their coolness under the threat of the law, their personal courage, and their personal attractiveness. And all this intercommunication taking place in the dissecting room bred a familiarity with repulsive objects which effectively did away with a proper regard for the decencies of life." These comments which were meant to shock his Victorian readers, could well be merely the bravado of youth, but he goes on to praise his hero, to whom the "coarse riots of the dissecting room were only revolting; the orgy of porter, the Fleet Street amour, and the cutty of black tobacco which played so large a part in student life were not able to seduce him from his studies." Even South, who had no desire to denigrate St Thomas's, remarked upon the horseplay, "which, for no special reason I can make out, has appeared to me, after fifty years observation, to be a material condition of surgical pupillage".<sup>71</sup>

<sup>67</sup> Charles Dickens, *The posthumous papers of the Pickwick Club*, London, 1845.

<sup>68</sup> 'The physiology of the London medical student', *Punch or the London Charivari*; October–December 1841.

<sup>69</sup> *St Thom. Hosp. Gaz.*, 1894, 4: 22.

<sup>70</sup> Samuel Squire Sprigge, *The life and times of Thomas Wakley*, London, Longman Green, 1897, pp. 19 and 21.

<sup>71</sup> South, *op. cit.*, note 47 above, p. 121.

## Introduction

Hampton's letters do not reflect this loose life, even though they were written carefully for home consumption, but he was certainly no Puritan. He enjoyed visits to the plays at Covent Garden and Drury Lane, parties and dances at the houses of his father's friends, and was daring enough on one occasion to stay out so late that he had to spend a night on the floor and creep back early to the hospital. He enjoyed female company, but already seemed to be more impressed by Sarah at home rather than by the London girls, possibly because they made him aware of his unfashionable country clothing and hairstyle. His most risqué story is of the dog that got loose in the dissecting room and started to eat the preparations (Letter 20) and his most shocking act was to prepare a penis to send home (Letter 55), of which his father strongly disapproved. He was not above piously criticizing Fixott, his fellow lodger, who attended the theatre too frequently. Hampton was always made aware in the letters that Richard wanted value for money, and that neither money nor time were to be wasted. It would have been a great comfort to Richard that while he was coping with medical practice and a dying wife he did not have to worry about Hampton. Any bad reputation gained in London would have quickly been passed on to Hurst, and there was always Dick to follow when Hampton left.

There were many who returned home wiser in medicine and untainted by the "hot beds of Bohemianism", rather than conform to the novelists' descriptions. The holy Richard Kay, whose diary while at St Thomas's contains more references to the sermons he attended than the lectures and operations, could never be accused of loose living. Poyntz Adams,<sup>72</sup> who was also very concerned about making a good impression as he was being financed by an uncle, seems to have had a very busy life dissecting, reading, and attending lectures, although he makes no mention of ward work. William Savory<sup>73</sup> arrived in the Borough in 1788 to attend the practice of both hospitals, and spent his time similarly to Hampton, but in addition attended a great deal of district midwifery. His timetable was extremely full and he would have been correct to say that "During my time in London I was never at leisure". Like Hampton, he also took home specimens that he had prepared; "two hearts injected, two arms . . . and foetal skeleton". It is possible that it was just the diligent students that kept diaries, for medical students have always had difficulty in reconciling the different calls on their time.

### THE COST OF A MEDICAL EDUCATION

It is very difficult to estimate how much Hampton spent on medical matters between October 1801 and his return to the country in January 1803. Although the letters are full of references to the cost of various articles, he kept no full accounts. Each letter from Hurst contains requests for items to be sent, whether they are essentials for the practice, such as new instruments and smallpox material, or inessentials, like fossils for Dick or trimmings for the girls. He was also entrusted with buying large items of household furniture such as a new sofa and carpets, and even a new gig for his dying stepmother. The total receipts mentioned in the letters amount to £121, although he probably received money when Mary Ann visited him and when

<sup>72</sup> Northamptonshire Record Office, letters to his uncle ZA 6277–6285

<sup>73</sup> *St Thom. Hosp. Gaz.*, 1903, 13 no. 5: 113.

## Introduction

he went home. Hampton's setting-up fees on arriving in London at £61 8s. 6d. were more expensive than those of Poyntz Adams at £40 7s. 0d. in 1810, but they are not strictly comparable, as Weekes spent more on instruments and Adams more on lectures. Adams kept very good accounts to justify expenditure to his uncle. He took lodgings in St Thomas's Tents, a favourite lodging place for students at the end of St Thomas's Street, where he had to pay extra for dinners, heating, and light. The total expenditure of £175 included more books than Hampton, but he came from a family that had no connexions with medicine. Surprisingly, Kay (1744) makes no mention of money, but Savory (1780) thought that his spell in London cost him upwards of £100. A little earlier Harrison (1775)<sup>74</sup> in Edinburgh told his uncle that "There is not one here within the house where I am an inhabitant, has lived for less than £150 per annum", but the only letters he wrote were pleas for more cash. By 1830, Henry Peart calculated that the winter session from September 1828 to April 1829 had cost just over £130, but his second winter session a year later only £67 6s. 6d., but by then he had bought his books and enrolled as a perpetual student.<sup>75</sup> It is very hard to see how Wakley was able to exist on the £80 that was all his father allowed him,<sup>76</sup> as his fees came to not less than £20, his clothes £10 and the rest had to keep him. It is probable therefore that in 1801 the cost would have been between £150 and £175 for a year's residence and tuition at the United Hospitals.

### MEDICAL PRACTICE AT ST THOMAS'S

As with the practice at Hurst, only those cases that interested Hampton are mentioned. Inevitably, there was a greater emphasis on surgery and trauma. Cooper was the surgeon that inspired him, particularly with his interest in the treatment of hernia, which they attempted at Hurst. The other surgeons are mentioned mainly to be mocked for their poor diagnostic and technical skills. Medical cases are only mentioned when they become acute, such as the patient who died from an overdose of alcohol (Letter 30), the patient with brain fever who jumped out of the window (Letter 94), and the Great Imposter (Letter 43). It is thus impossible to get any picture of the majority of patients for whom Hampton made up medicines and whom he would see on his daily attendance on the wards.<sup>77</sup> However, Tables 5–8 summarize the cases mentioned in the letters.

### TABLE 5: OPERATIONS

#### BIRCH

- Removal of the whole prepuce (with great fortitude) (7)
- Release of contracture of skin of the neck (21)
- Stones removed from two children (21)

<sup>74</sup> Chester City Record Office G/HS/99, 8 October 1875.

<sup>75</sup> Loudon, *op. cit.*, note 41 above, p. 251.

<sup>76</sup> Sprigge, *op. cit.*, note 70 above, p. 24.

<sup>77</sup> For a very full description of all aspects of contemporary hospital life see Guenter Risse, *Hospital life in Enlightenment Scotland*, Cambridge University Press, 1986.

## Introduction

### CLINE

Steatomatous tumour on the back (7)  
Popliteal aneurysm (9)

### CHANDLER

Two leg amputations (9) (He is in a hurry).  
Failure to pass a staff. Further attempt three weeks later, when Cooper found the stone and Birch removed it (29)  
Two lithotomies. In the first it is doubtful whether the child of six had a stone at all. The second was on a child of 19 months (90)

### COOPER (a neat operator).

Hydrocele (9) (14)  
Scirrhous breast (9)  
Puncture of the tympanic membrane for deafness (20)  
Stone. Operation reported in the medical magazine (29)  
Two steatomatous tumours on the face. A lacrymal fistula. A leg amputation. All in one operating list (45)  
Strangulated hernia, and subsequent post mortem (49)  
Popliteal aneurysm "Poor fellow nearly blood to death", after a one-hour operation (67). Another had "apparent good success" after 24 hours (99)  
Bronchotomy and subsequent post mortem (70)  
Carcinoma of the breast, carcinoma of the lip and a lithotomy on one list (102)  
Traumatic aneurysm of the crural artery (106)  
Sarcomatous tumour of the forehead (115)  
Operation for hare lip (115)  
Trismus treated by division of the pterygoid muscles (120)

### TABLE 6: OTHER OPERATIONS AND TREATMENTS

Conservative treatment of a scrotal hernia (6)  
To cure a caphena magna (46)  
Trepanation (60)  
Treatment of dysentery (78)  
Cline's pulleys for reduction of dislocated humerus (78)  
Treatment of gangrene with a blister salve (81)  
Bougies to be passed rather than a probang for oesophageal obstruction (64)  
Normal delivery of a boy to a nurse on duty, unsuspected by the ward sister (81)  
Ulcerated legs, one hydrocele, a case of cataract and a finger to be amputated. Surgeons' cases one taking-in day (94)  
Operation of tic doloureux (100)  
Method of draining and dressing a psoas abscess (115)  
Carcinoma of the breast, "almost eaten off", and so no operation (120).

*Introduction*

**TABLE 7: FRACTURES**

- # cranium that needed trepanning twice (24)
- # elbow and # ankle in different patients, caused by cart wheels (34)
- # skull in a mason who had fallen from scaffolding (83)
- A bad compound # “they have just sent for the surgeon” (93)
- # skull over the left frontal sinus (“Fell between two vessels at Billingsgate”) (94)
- Simple # tibia and fibula in a coal heaver “very much in liquor” (100)
- Compound # at the elbow. The patient declined Astley Cooper’s offer of operation and did well initially (105)

**TABLE 8: MEDICAL CASES**

- Delirium caused by drinking too much gin (30)
- Patient struck by lightning (38)
- “A great imposter”. A lady with Munchhausen’s Syndrome (43)
- Rheumatism and consumption. No scarlatina and very little typhus (45)
- Anasarca and two cases of aortal aneurysm (46)
- Patient with brain fever jumped out of the window (94)
- An outbreak of spontaneous diarrhoea (100)
- Acute rheumatism, several cases (100)
- Puerperal fever (110)
- Typhus (113)
- Blind idiot aged about sixteen, who ruminated like a sheep (115)
- Diabetes (118)