

A MEDICAL CASE BOOK: LEEDS, 1781–84

by

S. T. ANNING*

THIS paper is based on a manuscript notebook of 281 pages, dated 1781–84, of case histories of 122 patients treated as in- and out-patients at the General Infirmary at Leeds. Patients came from all over Yorkshire, and a few from Lancashire and Lincolnshire, particularly to consult Mr William Hey, FRS, senior surgeon to the Infirmary from 1773 to 1812. Patronage tickets were required.

The notebook was discovered at the Liverpool Medical Institution by its archivist, Mr John A. Shepherd, FRCS, who kindly sent me a photostat copy. The Council of the Institution has given permission for publication of extracts, for which I am grateful. How the notebook reached Liverpool is not known. The notes must have been made by the apothecary (resident medical officer) at the time he examined the patients. They do not include all the patients treated during the period, and are, presumably, those of patients of interest to the author. At the relevant time, the apothecary was James Peacocke, who held the appointment from August 1781 to September 1785, when he was in practice at Driffield, Yorks.¹

The physicians at the Infirmary during this period were William Hird (1728–82), James Crowther (appointed 1782), William Fearn (appointed 1779), Robert Davison (1745–1810), and Joshua Walker (1746–1817). The surgeons were William Hey (1736–1819), James Lucas (1744–1814), Thomas Jones (1740–1803), and Patrick Strother (appointed 1783).

Eighteenth-century clinical records are rare, and those in this notebook are unusually full. The diagnoses of the illnesses of the 122 patients recorded are shown in Table 1. The ten case histories that follow were chosen purely for their interest and variety. Many more warranted inclusion, but space prevents it. Spelling and punctuation are exactly as in the original.

PATIENT ONE

This history is about a child of three years with stones in the bladder. The child was given opium after the operation. In these case histories this was usual, but it is curious that it never appears to have been given before surgery.

Mr Hey

Rob^t Mosely Aet 3 years, of Hunslet near Leeds, was admitted Octob^r 6 a patient of the Infirmary, his complaint was a Stone in the Bladder which he had been afflicted with since birth.

*The Editors regret to announce that Dr S. T. Anning, MA, MD, FRCP, died shortly after preparing this article for the press.

¹ These dates for Peacocke's appointment were obtained from the Quarterly Board Minutes of the Leeds General Infirmary, although in the 1783 *Medical Register* he is listed at Driffield.

He was a very healthy child, rather a robust constitution. He was put upon a milk Diet. Nov. 3^d a purgative of Manna was given which operated. 4th being the day fixed for the Operation, at 9 A.M. a glyster was administered to empty the bowels still more succeeded. At 12 N. the Operation was performed, the Compound Forceps was made use of; upon the first introduction 2 small stones were extracted, and a third was felt with the finger of the operator which was extracted with the common forceps. A little lint was put superficially upon the Wound and a pledgit over, the Knees were tied together with a Bandage and the patient put to Bed. 3 Drops of Tinct. Thebaic. [laudanum] was given, to have Barley water for common Drink. [There is a drawing of the three stones to show their size; one was 20 by 14 mm and the other two 10 mm diam.] P^h had a very good night, tongue rather white, pulse good. Drank a quart of Barley water in the Night; a little broth ordered today, made urine three times the right way in the Night, a little moisture about the wound. 2 Stools in the day, very little symptomatic fever – 6. slept all the night, very little thirst, drank some Broth and eat a little pudding, made urine freely the right way tho' the dressings were changed six or eight times from the moisture of the wound, had four or five small Stools – 7. much the same as yesterday, to continue to take Broth & pudding, fever nearly gone off, & wound looks very well. – to go on in the same manner, very well as can be expected, makes urine freely the right way, a few pimples about the wound owing to the Heat of Dressings a little cerate applied – The Wound was healed on the 20th instant. 24 Discharged *Cured*

TABLE I: DIAGNOSES

Ague ²	34	Nettle rash	1
Rheumatism ³	15	Pain in the back	1
Colic, dysentery	7	Epilepsy	1
White swelling of the knee	6	Cramp	1
Ascites, anasarca, dropsy	5	Petechiae	1
Herpes ⁴	5	Hydrocele	1
Gutta serena ⁵	4	Haemoptysis	1
Asthma	3	Bronchocele	1
Vomiting	3	Strangulated hernia	1
Cancer of the tongue, hand, foot	3	Lockjaw	1
Compound fracture of the leg	2	Diabetes	1
Jaundice, hepatitis	2	Diseased ovary	1
Angina pectoris	2	Scrofulous ulcers	1
Stone in the bladder	1	Lues ⁶	1
Fractured skull	1	Pneumonia	1
Colica pictonum	1	Incontinence of urine	1
Pain in the head	1	Epilepsy	1
		Miscellaneous	10
		<i>Total</i>	<i>122</i>

² Ague: the patients with this condition are said to have had quotidian, tertian, quartan, or irregular ague. The diagnosis probably includes a variety of fevers, but some seem to be malarial, as the description of the attacks makes this likely and the response to quinine or “Red Peruvian Bark” is consistent. In some patients, the previous history supports this diagnosis, as in the man in whom ague developed after he had been harvesting in the fens of Lincolnshire.

³ Rheumatism: this is clearly a mixed group of conditions, and it is not possible to define them in modern terms.

⁴ Herpes: this bears no relation to the present use of the term. It refers to a variety of skin disorders which seem to include what would now be called chronic eczema, psoriasis, impetigo, and, possibly, lupus vulgaris.

⁵ Gutta serena: this means amaurosis and seems to apply to any form of failing vision.

⁶ Lues. Although only one patient is diagnosed as suffering from syphilis, another was probably affected, and a third later developed it. According to the Rules of the Infirmary (1767), patients with venereal disease were inadmissible.

PATIENT TWO

This unfortunate old lady sustained compound fracture of the legs. It is curious that the flaps over the amputation stump were fixed by sticking plaster rather than sutures, though effectively. It was certainly a tribute to the Leeds surgeons that the patient returned later, requesting that the other leg be amputated.

Mr Lucas

Aged 72 Esther Pearson of Sheffield was brought into the Hospital Nov^r 27th with Compound fracture of Both Legs, the Accident happened Near Leeds in the following manner; she was walking on the road where coal waggons⁷ go was met by one that was coming down a hill suddenly without her which threw her down & went over both Legs; the Bones of the left Leg were shivered to pieces. & the Muscles so much bruised as to make it necessary to take the limb off, which was done about two hours after the Accident. The Operation was performed above Knee in the Manner recommended by Mr Alanson⁸ – two Ligatures were passed upon the great Artery & the parts brought into contact by Strips of Sticking Plaister. About four Inches of the Tibia in the right Leg was broke off part of which appeared through the Integuments, the parts were not so much bruised as in the left leg, which inclined the surgeon to think that by removing the fractured parts of the bone the limb might be saved which was accordingly done by an incision being made through the Integument as high as to bare the End of the Tibia, this gave room to separate the fragments of the Bone from the parts that adhered to them, the limb was afterwards placed upon a pillow in a common fracture Box and a eighteen Tail Bandage put on to support the parts till a poultice could be prepared. A draught with 20 Drops of Tinct. Thebaic. was given considering the age of the patient & the badness of the accident however it was right to use the Means in such a case let the event be as it might. 28 Found the patient this morning much better than could be expected had a tolerable easy night, perspired very freely, a little quickness of the pulse, but less fever than usually attends such cases; complained of being very faint, not much thirst, tongue rather dry, not much pain in the Limb but frequent startings, was quite sensible & countenance looked better than last night. No alteration since morning, had a little tea to drink, & as she complained of being still faint a little Beer was given, pulse rather full, but not so quick, slept pretty much, continues to perspire, complains of rather more pain in the right Leg. 29 Had a restless night from pain in the Leg & startings. Tongue rather furred, pulse very full but not quick – a dose of prophylactic powder given as she has not had a Stool since the Accident. The foot had fallen from its position & two splints were put on, which seemed likely to keep it in its proper situation, the poultice continued. – 30th Took 30 Drops of Tinct. Theb. which procured her a good night, pulse this morning very natural, tongue rather furred, the purgative given yesterday has not operated, to be repeated, the Leg had kept its position very well, the swelling begun to decrease, the lint which was applied the first night is not cast off yet, therefore a little warm digestive was put on, & poultice over, as the Stump was pretty easy & had not discharged through the dressings, it was deferred being looked at till tomorrow. . . . The stump was healed in 27 Days from the Accident. The right leg heals very slow, yet the patient has recovered her former strength, there seems to be a pretty Strong callus formed, yet not sufficient to support the weight of the body, tho' full as well as might be expected in a person of her years, she bears to sit up for several hours in the Day with the limb supported. – A small fragment of bone likely to come away, retards the cure of the Wound, tho' it is brought within the compass of a sixpence, several pieces of Bone have been taken away after which the wound healed and she was discharged. When Discharged she was unable to support herself upon the Limb, she staid in Leeds for two months, about which time she desired to be again admitted into the House to have the Limb taken away, having violent pain where the wound was and finding no support from it but on the contrary much weaker for the Callus had

⁷ The waggonway from Middleton colliery to Leeds. Opened in 1758, it was the first in the country.

⁸ Edward Alanson (1747–1823), a Liverpool surgeon who published *Practical observations on amputation and the after treatment* in 1779.

given way; she was admitted again and on examination it was found that the foot had very little if any support, it was thought proper to try a second time if an union [here the history ends].

PATIENT THREE

This boy sustained a depressed fracture of the skull. Mr Hey removed the damaged bone using the circular saw which he had recently invented. Its use was a great advance on trepanning.

Mr Hey

Master Topham a boy about 12 years of Age received Ap^l 19th a blow upon the right side of the Head by a piece of brick thrown at him, he fell down immediately, but very soon recovered himself so as to be able to get up again, yet unable to stand for he fell down a second time, and was carried home very sick, he vomited a good deal that evening, though quite sensible; the wound was so small as not to be much attended to by his parents, especially as he seemed very well excepting the vomiting, which they attributed to the loss of blood, though not considerable. He continued to throw up all the next day, yet remained perfectly sensible and rested well at nights. On the fourth day after the Accident his parents were alarmed at a pulsation or throbbing from the wound, which kept constantly throwing out serous fluid, tho' not in any quantity, yet so as to make them afraid to proceed further any longer without help; they therefore sent for Mr Hey, who found him sit up, free from pain and tolerably cheerful, he had a little fever upon him without delirium. On examining the wound with a probe we perceived a fracture which seemed to extend much further than the opening; it was necessary therefore to enlarge the orifice to be able to trace the extent of the fracture which was accordingly done by making a longitudinal incision thro' the scalp and dissecting from its attachment part of the temporal muscle under which it appeared to be; a transverse incision being likewise made gave room clearly to see the state of the fracture which was of an Oval shape 3 Inches in length and 1½ in breadth; the Bones were very much driven in and near the centre was seen a small aperture thro' which the fluid before mentioned was pumped out; the Dura Mater was lacerated so as to admit the little finger, but no extravasation upon the Brain. – Bones were removed by means of a circular saw (of a late invention) which seems more preferable than to trapan, which is usually done. The great use of the saw is to obviate the removal of so large a part of the sound bone as by trepanning you are obliged to do, especially in a fracture of this shape, where the angles were so acute. – By means of the saw you are able to trace round the fracture, and remove no more than is actually broken of, and that with as much expedition as by trepanning, and the advantage in preserving so much. Bone is of the greatest consequence, both in hastening the cure and also defending the Brain. During the removal of the Bones a good deal of arterial Blood flowed from under the Dura mater as also from several vessels in the Integuments, one of which was obliged to be secured with a ligature; Lint was put superficially upon the wound and common dressings over, he was ordered to be kept very still, to have Barley water or toast and water to drink and a Saline Julep for his Fever. 15th Slept very well and quite sensible in the morning, tongue rather foul but no increase of Fever. a gentle purgative was given as he had not a Stool since the accident. . . . 20 Much relieved inflammatory Symptoms nearly gone, tongue rather white without thirst, the wound looks well with a good digested matter, granulations begin to rise, he is dressed with dry lint and Common Cerate after this the wound kept gradually healing without any thing particular occurring, except small fragments of Bone which came away. The whole was healed in about ten weeks, he retained his Senses perfectly could read write & cast acc^{ts} as well as before. – He was ordered to wear a plate of tin over the wound to defend it till the callus was grown firm.

PATIENT FOUR

This patient suffered from lead poisoning, the diagnosis of which was well established by this time.

Mr Lucas

Thos. Todd Aged 26 of a robust temperament was admitted Aug¹ 17th 81 a patient of the Leeds Infirmary, he complained of violent Nocturnal pains in his Legs and thighs so as to prevent him from lying in bed or getting the least rest. He had for more than ten years past been employed in the Pottery [Green's Leeds Pottery, est. c. 1760], about seven years of that time he had been occupied in Dipping the ware in melted ore used for glazing, from whence he dates his complaint; before this period he had enjoyed a good state of health and lived very regular; soon after he undertook this branch of the Business he began to feel slight pains all over him, sometimes in his arms, back, legs & various other parts, he was several times obliged to leave his employment and seek for help, which he obtained so as to enable him to proceed again, about 13 Weeks ago his complaints increased with violence, particularly in his legs and thighs, he had constant pain which was much aggravated in the night especially when he lay down; there was no local inflammation nor external heat, the Bones seemed to be the seat of the Disease, for ten nights previous to his application he had never closed his Eyes to sleep, he had several times laid down but in less than an hour was obliged to rise and walk about to alleviate his sufferings; his case seemed clearly to originate from imbibing the fumes of Lead used in the composition for Glazing, variety of facts from persons employed in the different preparations of Lead which have been more or less afflicted with similar pains corroborate this case. On his Admission he was ordered large doses of the Volatile Tinct. of Guaiac with Laudanum, also a purgative twice a week being generally of a costive habit; he took half an Oz of the Tincture, with 20 Drops of the Anodyne every night for a fortnight without any mitigation of his pain, the last 6 Days the anodyne was increased to thirty drops each night without any sensible effect, he still complained of being unable to rest, during the tryal of these Means he never closed his Eyes to sleep, but walked up and down all the night – The Hepar or Liver of Sulphur having been given in some similar cases with success, it was thought fit to administer it in this, accordingly he omitted the foregoing means and took a Scruple of the powder in a little Treacle about the time of going to Bed; he complained of having had more pain that night than ever he remembered to have had since he began, soon after taking it a little nausea was produced but not to vomit, he perspired very freely and was gently open in his Body, he repeated the same dose the following evening and laid down as usual, a few hours previous to his taking the second dose he began to find some abatement of his pain and slept the whole night excepting two hours, which was more than he had done for two months before, on seeing him the following Day I found a visible alteration in his countenance; before he appeared quite dejected, his Spirits sunk for want of rest, he took half a drachm the next night which produced little nausea, he sweat very profusely continued free from pain and slept very well, found himself rather weak, continued gently open in his Body, he took the same dose the following nights with much the same effect, he now found himself as well as he ever had been except a little weakness from the profuse sweating, he omitted the powder and took the Decoction of Bark. In a few days he came again affraid of a return of his complaint. He had returned to his former Labour and soon after found an increase of pain in his left Leg, there was a fulness upon the middle part, which seemed to be a thickening of the perioestium, tho' not very painful to the touch, there was a little inflammation circumscribed the tumour and it was with difficulty he could walk; he was ordered to rub in half a drachm of the weaker mercurial ointment every night [presumably because syphilis was suspected] and to repeat the same dose of Hepar Sulphuris before taken, the Second day he came again and said he had never been able to close his Eyes to sleep since, the swelling was a little abated yet the inflammation continued, the next evening he took two Scruples of the powder without any effect he never remembered to have had so bad a night in his life being delirious the greatest part of it thro' excess of pain, he was a bit easier in the morning, but still complained of violent pain in his arms and legs, it was with difficulty could walk over the floor. It was conjectured whether the complaint might not be the remains of Lues Vener; as his pains affected the Bones only and were so much aggravated in the night; and likewise from the swelling up the Tibia; but as he had found so much relief from the Liver of Sulphur before, it was thought proper to give it a fair trial. Some fresh was prepared of which he was ordered two Scruples at 3 P.M. soon after taking it he began to nausea and a considerable efflorescence

appeared about the Stomach which gradually spread over the whole body, he had several loose stools & continued sick, at 9 P.M. he took one grain of Thebaic Extract being unable to rest, previous to taking this he began to perspire; at 1 in the morning he took half a dose of the powder (that is one Scruple) and slept very well the remainder of the night, at 12 the next day he took the same dose and slept very well, the swelling was gone down the next morning and he could walk without pain, he was ordered to continue the same dose twice a Day. His pain gradually left him, he could rest well at nights and in about a week after was discharged Cured being free from any Complaints.

PATIENT FIVE

This patient was admitted with Gutta serena, which was probably associated with tuberculosis from which she died. Like other patients with this diagnosis, she was treated with electricity. In December 1769, the Board of the Infirmary requested Mr Hey to buy an electrical machine from Dr Joseph Priestley, FRS, Minister of Mill Hill Chapel, Leeds. It cost £5 11s. 6d. William Horton with weak sight (Case No. 53) was ordered “to be Electrified” once or twice a day for ten minutes by standing upon the “Insulated Stool”, and Jonathan Kirby (Case No. 69) with Gutta serena was “directed to have sparks drawn from his eyes twice a day”. This treatment appears to have been quite ineffective.

Mr Hey

Elizth Smith Aged 37 was admitted a patient for a complaint in her Eyes; About 2 Years ago she complained of violent pain in the back of her head which continued near a week so as to deprive her of rest, her head and face was violently swelled without any inflammation in her Eyes, her Eyelids were swelled so much as not voluntarily to be able to open them. her hands & Legs were likewise much swelled and had very little use in them; She frequently lifted up her Eyelids but could not see anything except the Light of a Candle and that very imperfect she continued 25 Days quite blind, about this time her Legs began to discharge a Serous fluid in large quantity, in about 2 Months she could faintly discover the motion of her fingers or the Shade of anything pass, the discharge in her Legs began to decrease without any increase of Swelling, she has since that time continued nearly blind, free from pain in the Head, and tolerable; There was a great dulness upon the Cornea with some appearance of a Gutta Serena, . . . when admitted she was ordered to be Electrified to receive slight Shocks thro’ the Head for a few minutes and a Stream of fire to be drawn on from the Eyes with a pointed needle, these means have been continued a Month during which time her Sight has gradually increased, she is now able to read a Chapter in the Bible, and yesterday twice passed a thread thro’ a small needle, her Eyes are not quite clear especially the right in which the Cornea appears thickened with a dark coloured opacity behind the left and looks very well, she perseveres in the use of the same means. . . . about this time she was seized with Hemoptoe or Spitting of Blood tho’ not in any great quantity, had a troublesome Cough with pain in the Breast. . . . Her sight was much impaired; the habit much debilitated, Cough rather increased, sweat profusely, she lingered a few months then gradually growing worse and at last died consumptive.

PATIENT SIX

A soldier with goitre was treated with extract of sponge. Roger of Palermo advised the use of ashes of sponge or seaweed in his *Practica chirurgiae*, which appeared about 1180. It seems probable that the iodine in seaweed may have been beneficial in some of these patients. Sponge contains no iodine.⁹

⁹ Prof. G. F. Leedale, personal communication.

S. T. Anning

Mr Strother

John Carrol Aet 36 a Soldier was admitted 13 June for a Bronchocoele [goitre] which was very large: he was a stout healthy man of robust temperament and free from any other Complaints. The first appearance of the swelling was about 4 years ago when he was in the Army in America employed in cutting Timber, the season was very Severe with long continued frost; he felt a little pain and uneasiness in the beginning but was several months after, before there was any fulness, which was first visible in the fore part of the Throat under the Chin. The circumference of the Tumour including the neck measured 24 Inches; the middle fore part was 12 Inches, just one half – The Tumour was equally soft in all parts yielding to pressure yet still recovering its form; for two years it was confined to the fore part of the Thorax, but since extends backward behind each Ear so as nearly to meet at the Vertebrae of the neck. He has no difficulty in Swallowing, can rest well at night & breathes very freely – The method recommended by Mr Wilmer (in his Cases in Surgery)¹⁰ for the Cure of the Bronchocoele was put in practice as the most advisable plan; tho' the Case was an unfavourable one being of so long a Date and withall of so great an extent. The Method and rules laid down by Mr Wilmer, are briefly as follows: The day after the Moon hath been in the full, the Patient is to take a vomit. On the Succeeding Day a purge is to be administered. On the Third night, going to Bed, one of the Following Boluses is to be placed in the mouth under the tongue, and being suffered to dissolve gradually, is to be swallowed. This Bole is to be repeated the Six succeeding nights. R Spongia Calcinat: dr. ½ Mellis q.s. ft. Bol. On each of the Seven Days the patient takes the preceding Bole the following powder is to be administered in the forenoon in any proper vehicle. R Flor. Cham. pulv. Rad. Gaentian: pulv – Zinziber aa gr v ft. Pulv. – On the Eighth Day the Purge is to be repeated. In the Wane of the succeeding Moon the same process is to be entered into, and repeated a third time, unless the Disease is cured before. . . . 25th No alteration . . . July 16th No better . . . 24th As the Case was an unfavourable one and not likely to answer to Mr Wilmers method of treatment, his plan was altered . . . 30th Much the same . . . Aug^l 12th Neglected to attend for his medicines – No alteration for the Better – pretty well in health and able to work Discharged for Non attendance.

PATIENT SEVEN

A man with hydrocele was treated by use of a seton.

Mr Strother

Sam^l Holdsworth Aet 36 adm^d May 2^d for the Hydrocoele – He first observed the complaint about fifteen months ago, which has gradually been encreasing to the time of his admission: never had much pain or inconvenience from it till lately he complained of Pain in his Back: – The case was clearly a Hydrocoele of the Tunica Vaginalis. The Spermatic cord and vessels were very distinct to the touch, and the tumour had the piramidal form, and wore the transparency described by Mr Pott in his treatise on the Hydrocoele:¹¹ Being of a robust habit and healthy temporament, free from any complaints except the piles, he was judged a fit subject to attempt a radical cure upon in the way recommended by Mr Pott with a Seton to which he readily assented. – The Instrument made use of to discharge the water was a pretty large Hydrocoele Trochar which passed very easily and took away about 8 oz of fluid – as soon as the Tunica Vaginalis was emptied a silver cannula including a probe armed with a ligature of silk was passed thro' the Cannula of the Trochar and brought out about four inches from the first entrance, the whole was dressed with common pledget of Cerate and a T Bandage put over to support the part. He remained very easy for an hour, then Complained of pain in the side along the course of the Spermatic Vessels. . . . Tinct. Thebaica . . . 20 Rather easier this morning,

¹⁰ Bradford Wilmer of Coventry, *Cases and remarks in surgery*, London, Longman, 1779, p. 233. This book was in the Infirmary library in 1781 and is now in the library of the Leeds School of Medicine.

¹¹ Percival Pott (1714–88), surgeon at St Bartholomew's Hospital, London, *Practical remarks on the hydrocele or watery rupture*, London, 1762.

pulse about 80 very thirsty, tongue rather white, no sleep last night, not having had a stool since the operation, ordered Solut. Cathart. . . . to drink freely of Barley water and put upon a milk Diet. . . . 22^d No increase of pain since yesterday, except a little uneasiness from the weight of the Poultrice, has had one stool this morning, to continue the Poultrice carefully changing the Dressing so as not to disturb the Seaton – 7 P.M. had great pain this afternoon, the part much swelled and inflamed: a little discharge begins to appear from the String: pulse full with pain in the Head, has had another Stool: the Poultrice changed – Rep^t Maust. Anodyn. – 23^d much easier; a very good discharge taking place, inflammation nearly subsided, to continue the use of the same Dressing, also keep the Body gently open; – 28th goes on very well, entirely free from pain and the discharge pretty considerable: keeps moderately open in the Body, having a Stool every Day. – 31st the Seaton string becoming loose, eight threads have been taken away. – June 2. The whole of the Seaton string come away: had a good deal of pain last night, and the part rather swelled: very little discharge, began to complain of pain soon after the last poultice was put on, which by the negligence of the nurse was applied cold rather costive. . . . 4th Much easier; Inflammation gone and a good discharge taking Place: as the pain and swelling were abated the part was dressed with a Cooling Cerate instead of the Poultrice; he was ordered to sit up a little yesterday upon the Bed. 10 The Testis nearly of its natural size, no pain, can walk with ease: no discharge, the upper orrifice healed. 13 very well, the wound healed. Discharged *Cured*

PATIENT EIGHT

This patient suffered from incarcerated hernia. He died, but the history shows what a careful, thoughtful surgeon was William Hey, who would not operate until every other available means had failed.

Mr Hey

Mr Ben Wilson Aet 46 About 9 years ago by lifting against a large Hogshead, and slipping his foot, brought down part of the Omentum and Gut into the Scrotum thro' the ring of the Abdominal Muscles; He applied to an Apothecary at that time, who made light of it and told him only to keep his Body open and there would be no occasion to wear a truss or use any other Method. He frequently had pain in it, and found it troublesome, but upon having a good stool, the pain was relieved and the parts settled to their former Size; On the [?] of May 1783 by lifting some Casks out of a Cart he sprained himself so that it came down considerably, and grew troublesome and uneasy. He took his pills as usual but without effect. Mr Hey was called on Saturday, and found the parts very hard and tense, especially near the ring: he applied Cloths wet in cold water to the extreme parts of the Hernia, and Cloths dipp'd in warm water to the Abdomen round about; He then took 16 oz of Blood from his Arm but without effect.¹² The next morning he took away the Same quantity of Blood and injected a Tobacco Clyster which made him extremely sick, and reach violently: Mr Hey then attempted to reduce the Hernia but without success: On Sunday afternoon Mr M. proposed the Operation, but first thought proper to try the warm bath. He got into the Bath between 5 and 6 in the Evening and stayed a half an hour which made him sweat considerably after he came out the parts seemed much relaxed, and to grow rather less in Size and hardness, but could not then be got up: He seemed however so much relieved by the warm Bath that Mr Hey thought he might postpone the Operation till he had made further trial of the Bath. . . . He received purging Clysters frequently, as was thought necessary. The warm bath was repeated between 4 and 5 on Monday morning, when he stayed in about 20 minutes, after which the parts were so much relaxed, the hardness and swelling so much reduced, that we thought all was likely to do well, and he said the parts were very little larger than they usually were when he was in health which was about the size of a common Bell-Pear: Soon after this he had a motion per Ano, and got upon the Close stool; About a quarter of

¹² In comparing these case notes with those of 1823–24 (Anning, 'The practice of surgery in Leeds 1823–24', *Med. Hist.*, 1979, 23: 59–95), notice the rarity of bloodletting and the use of leeches, both common in the later series.

an hour after I examined the parts and found them large and more tense than ever. We blamed some strong tea, which had inadvertently been given and which he said had affected his Stomach as soon as he had taken it; but Mr H. said it proceeded from going to the Close stool, and not using the Bed-pan according to instructions. In the afternoon the fume of Tobacco was plentifully injected, but did not produce a Stool, or give him relief. Mr H. then told him, there was no other chance afforded him than the Operation. To this he would not submit that night: The next morning Dr Crowther was consulted, who likewise advised it as the only resource to which he then consented: when Mr Hey being provided with apparatus operated in the following manner: – Having by the help of an assistant pinched up the integuments near the Abdomen, he made a longitudinal incision thro' them and carried it down into the Scrotum a little way; he then with the help of a pair of forceps, dissected away the cellular Membrane, layer by layer, till he came to the *Peritoneum*, which he carefully cut thro', only by a very small incision and rather obliquely, lest he should wound the contents of the Sac: The sign that he had got into the Sac and which he intently looked for while he was dissecting of the Cellular membrane, was the appearance of the smallest quantity of fluid. This opening would but just admit the Directors, which he then introduced and cut upon 'till he could get his finger into the Sac; and then finished his incision upon it, using the crooked Bistoury to divide the ring: he had a good deal of difficulty in getting the parts up; and was obliged to enlarge the ring as high as he possibly could for the Muscles. He then got the parts up: The Gut which was the Head of the Colon first & the Omentum after it. There appeared to be no adhesion, and the parts looked very well. During the Operation there was a little haemorrhage from a small vessel, which was taken up, but no more was seen of either it or the ligature afterwards. A large plug of lint with a ligature round it, was put into the wound immediately on the part being reduced, and afterwards the whole wound filled with layers of lint and covered with a pledget of Digestive and Compress of Tow with the T Bandage overall. – In the afternoon he seemed pretty easy, had a Glyster, took the Ol. Ricini [Castor Oil] every three hours, and had a watery stool or two. Having a little smarting with pain after the Operation a draught with 20 Drops of Laudanum was given. – About 5 or 6 hours after, he had slight fits of hicouping, at long intervals: perhaps twenty minutes or half an hour between each fit, when he hiccuped 3 or four times. His Body swelled a good deal, felt very tense and hard, complained of great pain in his Bowels, and made water only by drops and that frequently, having a constant motion both to stool and urine. His pulse was about 130. He had also some degree of Nausea and inclination to vomit: was very thirsty. During the night frequent emollient Glysters were injected, and the pills or Oil taken every two hours. He was fomented with flannels rung out of warm water as dry as possible and laid on several layers thick upon the abdomen as hot as he could bear them, and kept on till they felt cold, after which he was rub'd with a warm hand and olive Oil for 10 Minutes. . . . Monday – He continued growing better and following the same regime till Friday when he appeared out of Danger: On Saturday Morning he relapsed, the Hiccup had returned in the night; his Belly more tense. The fever high and all the Symptoms returning. On Sunday he was still worse: Monday and Tuesday was troubled with another Symptom of Inflammation. The thrush in the mouth to a considerable degree, attended with soreness of the throat; the Tongue and roof of the Mouth was covered as far as we could see and the skin came off. . . . On Monday morning the tongue was cleaner and there seemed an abatement of the Symptoms; he had several stools the night before. Body less tense and not so full. Pulse about 110 – On Tuesday Morning he was altered for the worse; his fever increased with the other Symptoms. He slept but little the night before and had fewer Stools. The wound looked very well and was dressed . . . The wound was contracted or reduced to half its original size. If any way altered it was a little for the Better: He had a large Blister prescribed to lay upon the Abdomen, but would not consent to have it applied. Thursday very weak indeed so as scarcely to be able to speak three sentences together. Pulse quick, tongue and Mouth sore. The Blister was applied yesterday Evening, Which he thinks brought on a suppresion of Urine and Stools. He had last night a Clyster of Tobacco injected. Had a few stools last night and slept little. In the Evening appeared rather better; had 6 Stools since morning and felt pain from the blister at 4 P.M. about which time he thought he began to find Ease. The Blister discharged pretty well; The Enema of Tobacco was repeated. – Friday morning, he thought himself con-

siderably relieved, Pulse rather calmer than Yesterday, Body less full and tongue cleaner: In the night had 5 or 6 Stools and passed much wind; He spoke with more ease and seemed rather stronger. The wound goes on very well, a little portion of the Lint yet remains upon the inferior edge not cast off. Saturday, – He was this morning judged much better. Pulse 96 which had never been so low for some time: Countenance not so much fallen, Belly less tense and hard: – Nevertheless his hiccup remained as violent as ever and tongue and mouth appeared considerably inflamed – Sunday Morning he was rather worse & about 3 in the afternoon his pulse seemed very languid and much fallen. He had a Clyster injected about 10 in the forenoon which came away immediately and in the Evening, he parted with Blood instead of a Stool; cold clammy sweats came upon him and his Body seemed fuller than before, yet his voice appeared stronger than it had been for 3 or four Days past. After this he parted with more Blood and early in the morning he *Died*.

PATIENT NINE

This patient suffered from tetanus, the infection resulting from a minor wound sustained from a sickle.

Mr Hey

Geo. Saville Aet. 18 Was brought to the Hospital Aug^t 20th 1783 with a lock'd jaw from a Wound in the little finger which he received by a sickle in Shearing about 12 Days ago. – The Wound was very trifling and not much attended as he never Complained of pain. On Sunday last he first began to complain of a Stiffness in the Neck and lower Jaw with some tightness across his Breast, and difficulty in taking solid food. Monday and Tuesday he gradually grew worse and on Wednesday (the Day on which he was brought) he was very uneasy; The Muscles of the neck were very rigid, and the Head was forcibly pulled backwards almost constantly, which produced great pain with a Sense of suffocation. The lower Jaw was very stiff with little motion, could swallow liquids pretty freely after they were taken into the mouth. The whole Body was in a degree rigid – pulse regular and full. A cataplasm of white Bread was applied to the wound immediately, the part which had been cut thro' by the accident was put together at the time and dressed up, but no union had taken place, the whole looked rather sloughy without any inflammation or pain: after the Cataplasm was applied he was plunged suddenly into the Cold Bath taken out as expeditiously as possible and carried to bed covered with a Blanket. – He sweat profusely after and seemed much relieved having a freer use of the muscles of the arms and neck. . . . 10 P.M. As the purgative had not answered a Cathartic Clyster was administered; to continue the Embrocation Ol. Succin. and take one of the following Antispasmodic Draughts over six hours. Asafoetid. . . . Two drams of Aether was then given alone, by putting a teaspoon within his Teeth; he was seized with a Spasm before the Spoon could be taken away, his Jaw was so fixed as to make it difficult to remove it, the force was so great as almost to have bit in two. At 1 P.M. He appeared much worse, pulse sunk and Very laborious About 64 Strokes in a Minute, complained of great pain in the left arm, Countenance fallen, and the Jaw much closed, it was with difficulty anything could be got within his Teeth. At 3 P.M. Mr Hey saw him and thought him much worse; He was then determined to alter his plan and try the use of Opium; he first thought of giving the extract beginning with two grains and increasing the Dose every hour but as it was difficult to open his mouth so as to get the Pill within his Teeth; the Tinct. Thebaic was preferred, he began with 60 Drops, with directions to increase the Dose twenty Drops every hour, ordered to have a flannel Shirt put on and one Ounce of the Ung. Mercur. fort. rubbed upon the neck, spine, Arms etc. – At 6 P.M. He seemed greatly relieved, sat up and took a pint & half of Broth by himself, could open his Mouth much wider, spasms less violent and seemed inclined to sleep. 7 P.M. The Dose of Laudanum 120 Drops which was kept to as he seemed Better, had taken equivalent to 19 Grains of Solid Opium allowing 25 Drops to a grain which is nearly right. . . . 5 A.M. had taken three Doses of Tinctur. Thebaic. in the night from the Time I left him; I found him considerably altered for the worse, breathing very Difficult, had a constant rattling in the Throat with a sense of Suffocation. Countenance sunk and very pale with a cold

sweat, the Opium had produced a Stupor and therefore was omitted; – He had a violent convulsive fit and seemed in great agonies, pulse small but quick and intermittent; – It was with difficulty he could swallow any liquid so that he had taken little nourishment since yesterday. – 9 A.M. A Consultation was convened; On Visiting him he was thought to be no worse than last night. – The Spasms were not so violent as at that time, he offered to Drink a Bason of Tea, but as soon as the liquid touched his lips a Convulsive Spasm prevented him from Swallowing for some time, except by a sudden effort which seemed to give him pain. Pulse small and quick, about 120. – About half an hour afterwards Dr Davison saw him (before the Gentlemen of the Faculty were gone) and found him much altered for the worse with a continual stupor approaching to a state of Insensibility; his Eyes fixed with little or no vision. The Gentlemen were consulting upon the Plan to be pursued, When the Doct. informed them of the Change, and thought there was little prospect of his continuing long. They immediately went into the room and found him seized with a violent convulsive fit which threatened to put an end to his Existence, his hands clenched, froth'd at the Mouth, and appeared in great Agonies. As soon as he came a little to himself it was judged adviseable to give some powerful Stimulant in order to rouse the languid Circulation and Ease the difficulty in Breathing which was now very oppressive, he had twice two teaspoonfuls of Aether given which seemed to relieve him much as his pulse became fuller and not so frequent, Breathing somewhat easier – He swallowed a few spoonfuls of Wine. As he had had no stool since the night before last, a Cathartic Clyster was administered: half an Ounce of Ung. Mercur. fort. was again rubbed in and the friction continued for some time – As his breathing was very laborious in a reclined posture, approaching to suffocation, he was placed in an Armed Chair Covered up with a Blanket. – he frequently spit up a little mucus which seemed to come from the Trachea – no effects from the Mercury yet produced [salivation]. – His pulse small, quick and intermitting – as the Stupor continued a Table spoonful of Lemon Juice was given to obviate the effects of the Opium with orders to repeat the dose occasionally – A large Blister was applied between the Shoulders, and wine given frequently. – At 2 P.M. the Clyster came away with a small quantity of faeces along with it; He expressed a desire for some cold water but on taking it was seized with a Violent convulsive fit and universal rigour, the face and neck quite Black, pulse small and very quick 136 Strokes. – At 3 P.M. Sat up and had half a pint of Broth with difficulty. At 5 had a Copious stool, complained of great uneasiness in making water on account of the Spasms – At 7 P.M. a Draught with 30 drops of Potestat. Succine was given; in about half an hour after he seemed much easier, pulse full soft and only 76 Countenance looked Better, had a stronger and steadier use of his Arms especially the right, had very little pain or uneasiness from the Spasms took half a Bason of Tea and swallowed it freely after the first attempt – Breathing not so laborious, complained a little of the Blister Smarting, sweat a good deal and appeared more sensibly relieved than he had ever been since he omitted the Spasm; – The Stupor entirely gone, spoke very rationally and said he was hungry. – He had got down a good quantity of nourishment since morning, the stiffness about the neck and Jaw considerably abated. – At 9 P.M. had been got up which hurried him and increased his pulse at 108, in a short time his pulse became fuller and got down to 90. repeated the Draught . . . not to have nourishment quite so freely for fear of loading his Stomach – He still continues to get up a little mucus at times which is very thick and hard. – 23^d 6 A.M. had a very restless night, could not lie down till 4 oClock, but obliged to be supported with Pillows in an armed Chair – Breathing now laborious, pulse small & quick, the Blister had produced a strangury which was very troublesome – at 7 had a Severe fit, – The Blister was removed and discharged very well. – At 9 was visited and appeared much worse than the last evening – . . . Had two very offensive stools – as the Difficulty in swallowing was great could scarcely perswade him to take any thing. At 1 P.M. with difficulty got him to take a second Draught. Complained much of the Cramp in his legs and thighs – 3 P.M. had another stool – appeared to sink fast, pulse 110, rather Dosed a little, could not take any thing down, was frequently convulsed and rather delirious – 5 P.M. had another Stool – Body very tense and rigid, had a constant gasping or catching for Breath asked for little cold water but could not swallow any – 8 P.M. Very Ill – pulse thready & intermitting, hands closed; † past, expired.

N.B. Would an Immediate Amputation of the Finger upon the first appearance of the Symptoms have lessened their violence or conduced to his recovery.

The liberal use of Mercurial friction was to produce a Ptyalism as early as possible is strongly recommended and exemplified in twelve or more of the Tetanico and Opisthotones related by Dr Chalmers of Charlestown,¹³ all of which were successfully treated. He prefers this to the most powerful medicines known and remarks that this method answered when every other means failed – The cases he relates were none of them produced from Wounds or after Capital Operations.

PATIENT TEN

This patient had a “white swelling” of the ankle, a condition caused by tuberculous disease of the joint. He also had pulmonary tuberculosis, from which he died.

Mr Hey

Edw^d Johnson Aet 32 Castleford Adm^d 16th Jan^y 1784 for a white swelling of the Ankle which Appeared about 3 years ago – before that period he was a Stout healthy man, had followed the Sea for many Years and was taken by the French during the War, & Clappd into prison under heavy Irons: about 4 Months ago was seized with a Cough and difficulty in Breathing, lost flesh much, looseness at times, limb greatly wasted, both sides of the foot ulcerated about a year ago – pulse small and quick, rather thirsty . . . 23^d Much the same – sweats profusely in the night. 24th Appl. Emplast. Vesicat. Nuchae . . . to continue the Pectoral Linctus. – Cough and Breathing still very troublesome . . . 29th . . . Has very restless nights; urine high Coloured – cold shiverings at times and great thirst. Feb^y 1st Breathing more troublesome . . . 5th March the same . . . 9th The Emetics operate well. Breathing easier, Cough troublesome – Complains of great pain in his foot which discharged a very Ichorous fluid . . . 14th Much better the last 3 Days, coughs but little and breaths with greater ease. . . . 18th Not so well – Breathing very short and troublesome – Cough Violent and spits up a heavy Matter – appetite bad . . . 21st Very ill – tongue Glossy & white; constant cough, hectic heats, great thirst with a small quick pulse. It was judged expedient to remove him out of the house into the Country as he was not in a situation to undergo an Operation – ordered to omit the Emetics and take the Linctus Pectoral. when his cough was troublesome. 28th Being very Ill was sent out of the House – March 1st *Died*

¹³ Lionel Chalmers (1715–77), *An essay on fevers . . .*, London, 1768.