

## THE CASE HISTORY OF ‘SIR H.M.’

by

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Sir Hans Sloane in the ‘Introduction’ to his monumental work, *Voyage to the Islands*, recorded two pages of clinical notes upon the illness and death of a certain “Sir H.M.”, generally believed to be Sir Henry Morgan, Governor of Jamaica, who died in 1688 when Sloane was on the Island, attending the Duke of Albemarle.<sup>1</sup> The identification of the patient as Morgan appears to rest mainly upon the fact that both the patient and Sir Henry died of a dropsy.<sup>2</sup> However two biographers have stated that the evidence is circumstantial inasmuch as Sir Henry Morgan is not specifically named, his age is given incorrectly, and the description of the patient does not agree with likenesses of Morgan in published engravings, or an extant portrait. They further claim that the patient was Sir Hender Molesworth because the initials clearly fit, he was nearer the age stated, and his death occurred during the period of Sloane’s stay in Jamaica.<sup>3</sup> Sloane attended many people professionally on the Island and it would not be unreasonable to assume that among them might be others, as yet unidentified, to whom the case history might well be applicable. At the present time lack of conclusive evidence, both for and against their argument, leaves the question of the patient’s identity unresolved, but this in no way detracts from the importance of the case in the history of medicine, and indeed may serve to add additional interest.

The clinical notes which begin with a description of the patient are entitled, and read, as follows:

Of a Dropsie in a very bad Constitution.

Sir H.M. aged about Forty five, Lean, sallow coloured, his Eyes a little yellowish, and Belly a little jetting out or prominent, complained to me of want of Appetit to Victuals, he had a kecking or reaching to Vomit every morning, and generally a small looseness attending him, and withal was much given to drinking and sitting up late, which I supposed had been the original cause of his present Indisposition . . .

At this first consultation with Sir H.M., the symptoms of leanness, poor physical condition, jaundice, diarrhoea, nausea and ascites are attributed solely to late hours and alcoholism. A convivial way of life was very common among seventeenth-century

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<sup>1</sup> Sir Hans Sloane, *A voyage to the Islands*, 2 vols., London, 1707, 1725, Introduction, vol. 1, pp. xcvi, xcix. In his recent comment on this case, Richard Sheridan takes it for granted that the patient is Morgan, and bases many speculations on that assumption. Richard B. Sheridan, ‘The doctor and the buccaneer: Sir Hans Sloane’s case history of Sir Henry Morgan, Jamaica, 1688’, *J. Hist. Med.*, 1986, 41: 77–87.

<sup>2</sup> London, BL, Sloane, Mss. Add. 3984, fol. 282–5, ‘Case history of Christopher, the Duke of Albemarle’, fol. 283, ‘S<sup>r</sup> Henry Morgan who was Lately dead of a dropsy . . .’.

<sup>3</sup> Charles E. Long, ‘Memoirs of Sir Henry Morgan, the Buccaneer’, *Gentleman’s Magazine*, March 1832, p. 233. W. Llewelyn Williams, ‘Sir Henry Morgan, the Buccaneer’, *Trans. hon. Soc. Cymmrodorion*, Session 1903–1904, London, 1905, pp. 40–1; Molesworth, Lt.-Gov. of Jamaica 1684–87, Frank Cundall, *Historic Jamaica*, London, West India Committee for the Institute of Jamaica, 1915, pp. xiii, 71.

gentlemen both in England and abroad; hearty eating was then thought to fortify the body, and alcohol considered necessary to combat the miasmas inhaled.<sup>4</sup> Sloane would certainly have seen excessive drinking among the Court circles in which the Albemarle moved, and the diagnosis was logical in view of the habits of his patient. However, if the sufferer was Morgan, who had a previous history of “fever” and had lived many years in areas notorious for endemic malaria, it was a restricted view to take, especially as Sloane himself elsewhere in his work had stated the cause of dropsy in the Island to be malaria and “drinking extravagantly”,<sup>5</sup> and his mentor Sydenham (like Celsus before him) had observed that the quartan often produced “accidents of sundrey Kindes as jaundice dropsies”.<sup>6</sup> Again, in considering the symptoms of leanness and poor condition, it is surprising that no account was taken of the debilitating effect of a tropical climate upon the resident.

Sloane’s first prescription gives clear indication of the quite close adherence of seventeenth-century physicians<sup>7</sup> to the remedies of Graeco-Roman medicine:

an easie Vomit of Oxymel Scill. with the help of a feather, and thin Watergruel, fearing Vin. Emet. might disorder him too much by putting him into a Looseness, or too great Evacuation. After that I gave him some Madera-Wine, in which the Roots of Gentian, Tops of Centaury &c. had been infused, with which Vomit, it working easily, and the bitter Wine taken very morning for some days, he recovered his Stomach . . .

The feather or finger in the throat aided by an emetic draught, as here, had remained from ancient times<sup>8</sup> the standard method of provoking a vomit. *Oxymel Scillatum* was basically honey boiled in vinegar, to which squills, sliced bulbs of *Urginea maritima*, were added.<sup>9</sup> This syrup or vinegar of squills would, according to the size of dose, exert a stimulating or irritating effect on the kidneys and mucous membranes of the stomach and bronchial tubes. Squills were highly regarded as a cure for dropsy, dysuria, stomach pains, and chronic cough. Their use continued into modern times as an expectorant and constituent of Guy’s pills, effective in the treatment of dropsy. Gentian, *Gentiana lutea*, and centaury, *centaurium*, the names recalling their ancient discoverers,<sup>10</sup> were recommended by Culpeper for treating jaundice and agues. Gentian was also given to provoke urine and break up bladder-stones, when prepared

<sup>4</sup> G. M. Trevelyan, *Illustrated history of England*, London, Longmans Green and Co., 1956, p. 517, “drinking deep was scarce thought a blemish”; Kenneth F. Kiple and Virginia Himmelsteib, *Another dimension to the black diaspora*, Cambridge University Press, 1981, pp. 57–8, “the mysterious emanation of swamps” considered the cause of disease following the Hippocratic theory of “bad air”.

<sup>5</sup> Sloane, *op. cit.*, note 1 above, p. cxxiv; he also observed that malaria occurred near marshes.

<sup>6</sup> London, BL, Ms. Locke c29, ff. 25–8 ‘Febres intermittentes’, Kenneth Dewhurst, *Thomas Sydenham 1624–89*, Publications of the Wellcome Historical Medical Library, new series, vol. 10, London 1966, p. 133. Celsus, *De medicina*, iii. 21.1–2.

<sup>7</sup> G. Urdang, *Pharmacopoeia londinensis of 1618 reproduced in facsimile*, Madison WI, 1944, Preface, “anxious as we are to walk in the footsteps of the old masters”; William Brockbank, ‘Sovereign remedies: a critical depreciation of the 17th-century London Pharmacopoeia’, *Med. Hist.*, 1964, 8: 2.

<sup>8</sup> Martial, *Carmina*, iii. 82.9; Celsus, *De medicina*, i. 3.22; Scribonius Largus, *Compositiones*, 180–1.

<sup>9</sup> *Pharmacopoeia holmiensis*, Stockholm, Joh. G. Eberdt, 1686, pp. 2, 111 on *acetum scilliticum* and the method of preparing squills.

<sup>10</sup> King Gentius of Illyria, second century BC; and Cheiron, the centaur; Pliny, *Historia naturalis*, xxv. vii.34, and vi. 30–2.

by steeping in wine, while the powdered roots cured digestive disorders removing "obstructions of the liver".<sup>11</sup> Gentianin, the bitter glucoside extract, continues to be listed as a remedy for dyspepsia and loss of appetite. Centaury "wholesome but not very toothsome" was "boiled and drank"; an additional property was its power to treat "obstructions of the liver, gall and spleen" as well as the dropsy.<sup>12</sup> "Centaury tops", a noted seventeenth- and eighteenth-century febrifuge, blood-purifier and revitalizer, was an ingredient of the "Duke of Portland's Powder", a seventeenth-century cure for gout. The *Vinum Emeticum*, which Sloane hesitated about administering, appears in the *Pharmacopoeia londinensis* of 1677 and its Stockholm counterpart; it consisted of antimony, mixed with tartrate of potassium in wine. Preparations of antimony need careful control as Sloane indicated, but in appropriate amounts are valuable in stimulating secretions from the bronchial tubes, intestines and skin. Sloane commented on the treatment, that the patient "continued very well for a considerable time".

The second consultation revealed a return of the first symptoms, together with difficulty in passing water, the urine being "thick and very red", and a little swelling of the legs. The diagnosis was that the resumption of unhealthy habits, i.e. "Not being able to abstain from Company, he sate up late, drinking too much", had intensified his previous condition. The mention of discoloured urine in addition to the earlier symptoms in a patient constantly exposed to a virulent strain of malarial parasite, with possibly inadequate medical treatment, might suggest a blackwater fever complication.<sup>13</sup> Sloane, as already noted, had recorded the connection between dropsy and malaria, and in his first prescription had included febrifuges. However, there is no specific mention of fever or the administration of cinchona bark (quinine). It would seem that he attributed the discolouration of urine to the patient's long-standing trouble with gravel, upon which he later remarked; or perhaps he followed Celsus' belief that alteration in urine could be due to change of wine or of certain medicinal draughts, and was one of the hopeful signs in a dropsical patient.<sup>14</sup> Sloane at this point consulted with a very respected physician in Jamaica: "Doctor Rose<sup>15</sup> and I being join'd . . .".

The second prescription, "an Electuary of Cassia, Oil of Juniper, Cremor. Tart. and other things to purge easily the watery Humours, enjoyn'd Temperance, and desired the continuance of his former Medicines". The electuary (medicaments mixed in honey to melt in the mouth, its proportions being one ounce of powder to three of clarified honey) was taken on an empty stomach in the morning, or three to four hours after supper. The usual dose for a purging electuary was one-half to one ounce.<sup>16</sup> *Cassia (fistula)* was probably wild cinnamon, which is listed in the Stockholm *Pharmacopoeia* as an oil, and again in the list of distillations with juniper. Cream of tartar, bitartrate of potassium, was a deposit formed in wine-casks by fermentation. All three were

<sup>11</sup> *Culpeper's Complete Herbal* (reprint), Ware, Omega Books Ltd., 1985, pp. 138–9.

<sup>12</sup> *Ibid.*, pp. 78–9.

<sup>13</sup> Kiple and Himmelsteib, *op. cit.*, note 4 above, p. 16.

<sup>14</sup> Celsus, *De medicina*, II. 8.9.

<sup>15</sup> Dr. Ffulk Rose was a respected practitioner in Jamaica who represented the parish of St Thomas-in-the-Vale in the Assembly. In 1724 Sloane married Rose's widow: Cundall, *op. cit.*, note 3 above, p. 114.

<sup>16</sup> Culpeper, *op. cit.*, note 11 above, p. 321.

diuretics, aperients, and aids to digestion. *Juniper communis* was considered especially potent; the lye of its ashes relieved flatulence and aroused appetite, while the oil from its berries, in addition to these properties, cured a cough, consumption, agues, fluxes, worm infestation and stone in the bladder.<sup>17</sup> Modern medical men would avoid its use in cases of renal impairment. Sloane's comment was that "This Course did very well with him".

The third consultation showed that the patient, concerned at "making but very little water, and being troubled with Belchings and a cough in the night", had sent for another doctor. The newcomer diagnosed a "Timpany, and that the swelling of his Belly came only from wind, according to Hippocrates" and concluded that there was "neither the beginning of a Dropsie", nor "Gravel". Sloane added, in parenthesis, the comment that the incidence of gravel was "not unusual in this case, and that he [the patient] had been always troubled with it". He corrected his colleague's ignorance of the fact that "later Observations upon Dissection of deceased Morbid Bodies had observed the Bellies of people dying of supposed Timpanies, to be distended with water and no more Wind than what is supposed to be effect of Phlegm, and Crude Humours lying in the Stomach and Guts".<sup>18</sup> Further, he "desir'd him" to "put off talking of the Theory and come to the Practice" because they "might very well agree in the Medicines" required. Sloane does not state what was the reply to his demand, or what his colleague recommended, merely that he "waited upon Sir H. and told him Dr. Rose's and my Opinion, which agreeing, he was satisfied therewith". It is again remarkable, if the patient was Morgan, that Sloane did not comment upon the new symptom here mentioned, namely "the cough in the night". Sir Henry and his friends of long standing<sup>19</sup> believed that he had contracted a "lingering consumption" during his stay in England; and yet Sloane, who noted the patient's lifelong problem with gravel, did not attempt to associate the cough with any earlier condition or to prescribe further contemporary remedies for the treatment of "consumption".<sup>20</sup> If haemoptysis had been present, Sloane undoubtedly would have remarked upon it in view of his own personal experience of this disorder for three years from the age of sixteen.<sup>21</sup> With hindsight, Kiple noted that a cough occurring at night in these tropical regions might have suggested the possibility of worm infestation, i.e. the larvae of intestinal parasites passing through the lungs and causing nocturnal bronchial symptoms.<sup>22</sup> Sloane was aware of the problems caused by parasites, as he recorded the slaves' method of

<sup>17</sup> Culpeper, op. cit., note 11 above, pp. 164–5.

<sup>18</sup> Sloane was obviously aware of the work begun by Benivieni (1507) in correlating "clinical observations of disease symptoms in living patients, with subsequent necropsy reports"; John Norris, 'The development of clinical pathological anatomy from Benivieni to Morgagni', Abstract from the 57th Annual Meeting of the American Association for the History of Medicine, San Francisco, 2–5 May 1984, quoted in the *Newsletter* of the Society for Ancient Medicine, May 1984, 12: 8.

<sup>19</sup> Sir Thomas Dalby, *An historical account of the rise and growth of the West Indian colonies . . .*, London, printed for Jo. Hindmarsh, 1690, p. 42.

<sup>20</sup> Willis's mixture for consumption consisted of snail-water, earthworm-water, liquid laudanum tartarized, and syrup of violets. Brockbank, op. cit., note 7 above, p. 8; Culpeper, op. cit., note 11 above, pp. 36, 66, 82, 157, 183, 106 on bay, burdock, sweet chevril, horehound, wild marjoram, and dandelions, respectively.

<sup>21</sup> *DNB*, vol. 18, p. 379, s.v. 'Sloane, Sir Hans'.

<sup>22</sup> Kenneth F. Kiple, *The Caribbean slave*, Cambridge University Press, 1984, p. 73.

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removing guinea-worm from their bodies,<sup>23</sup> but he did not make a connection here between the cough and infestation.

The third prescription:

all manner of Diuretics, and easie Purgers we could find in Jamaica, Linseed and Juniper-Berries infus'd in Rhenish-Wine, Milleped.ppd. in Powder, Juniper-water, advis'd him to eat Juniper-Berries, us'd Oil of Scorpion, with Ung. Dialth. outwardly . . .

Linseed had long been regarded as a discutient and it has remained a popular cough remedy; Culpeper recorded that the distilled water of the flaxweed mixed with a "drachm of the powdered seed or bark" was held as "a singular remedy for the dropsy"<sup>24</sup> Juniper was again administered, now the main constituent of the prescription, in its three forms: firstly, the berries infused in wine as in the making of "Hungary Water";<sup>25</sup> secondly, juniper water, listed in the Stockholm *Pharmacopoeia* under the heading, "*de aquis destillatis simplicibus*"; and thirdly, the berries eaten raw. Culpeper<sup>26</sup> recommended that rustics, who could not extract "the chemical oil", should eat ten or twelve whole ripe berries every morning before breakfast. An infusion of juniper berries is still considered a stimulant to the appetite when taken in a weak dose to avoid irritation of renal conditions; the dried crushed berries are prized as a condiment and flavouring for gin. "Milleped", is a little more difficult to identify because an ancient tradition<sup>27</sup> classed any multipede insect (millepede, centipede, or caterpillar) as a "millepede". All such *animalia* were calcinated before use, as indicated here. *Oleum Scorpionum* is described in the *Pharmacopoeiae* of London and Stockholm,<sup>28</sup> it was made of thirty live scorpions of medium size, but because these were not found "*hic apud nos*", dried ones might be used in an emergency. The populace may have believed that the oil was prepared from the exotic, deadly arachnids but the scorpions in question are more likely to have been the prickly, stinging fish found in the Mediterranean.<sup>29</sup> The Stockholm prescription book notes, concerning the remedy, "*quod ex Italia ad nos transportatur . . .*". Ung. Dialth (*Althea officinalis*) marsh-mallow root, is a long-standing domestic remedy, a diuretic and soother of mucous membranes; today it is found chiefly in throat lozenges. Culpeper advised that the mucilage of the roots, made with linseed and fenugreek as a poultice, ointment or plaster, be applied externally "to mollify and digest all hard swellings and the inflammation of them, and to ease pain in any part . . .".<sup>30</sup> Sloane implied that other diuretics might have been added, e.g. turpentine, the *oleum terebinthinae* listed in the London drug manual of 1677.

Sloane commented after this treatment that "by which means he recovered again".

The fourth consultation found that the patient had fallen "into a great Looseness threat'ning his Life" due, so Sloane stated, to a return to "intemperance"; even a

<sup>23</sup> Sloane, op. cit., note 1 above, pp. 115, 126.

<sup>24</sup> Celsus, *De medicina*, v.9,11; Culpeper, op. cit., note 11 above, p. 129.

<sup>25</sup> Sloane, op. cit., note 2 above, fol. 284: "Hungary Water" was used to rub Albemarle's "hydropik Leggs" to "hinder the descent of serous matter".

<sup>26</sup> Culpeper, op. cit., note 11 above, p. 164.

<sup>27</sup> Pliny, N. H. xxx. xv.46; Scribonius Largus, *Compositiones*, 39, 231.

<sup>28</sup> Brockbank, op. cit., note 7 above, p.6; *Pharmacopoeia holmiensis*, op. cit., note 9 above, p. 95.

<sup>29</sup> Pliny, N. H. xxxii. xi.53.

<sup>30</sup> Culpeper, op. cit., note 11 above, p. 182.



century later, the “flux” killed more people than worm infestation in the West Indies.<sup>31</sup> Sloane, acting in conjunction with colleagues, prescribed “an Opiat &c. at night”, and commented “we stopt [the looseness] and he enjoy’d his Health for some time longer very well”. The opiate was possibly *nepenthes* (pitcher-plant) *opiatum*, listed in the London *Pharmacopoeia*, or “Laudanum Pills”,<sup>32</sup> or again, it may have resembled the famous “Powder” of Thomas Dover, a fellow protégé of Sydenham. This remedy was originally a mixture of opium, ipecacuanha, licorice, saltpetre, and tartar vitriolated, which long remained a popular medicine; emetine, one of the alkaloids of ipecacuanha, is very effective in treating amoebic dysentery.<sup>33</sup> The “Opiat” prescribed was more probably “Sydenham’s Laudanum”; the great physician’s celebrated specific consisted of an alcoholic tincture to which saffron, cloves, and cinnamon were added. In a letter to Dr Gould, Sydenham advised “the giving of Laudanum till the Looseness is stopt”, and he added a prescription: *Rx. Aq.cerasor.nigror.oz.ii.Laudanum liq.gut.xiiii, Syr.de Mecon. oz. 1.1/2*.<sup>34</sup> The insertion of “&c” here by Sloane indicates additional soporific medicaments such as *atropa belladonna* made up in a decoction with sugar or honey, analgesic and useful in drying up “tough phlegm”, thereby easing the cough and helping liver and spleen, according to Culpeper;<sup>35</sup> or mandragora (mandrake), an anodyne used in two preparations in the 1677 *Pharmacopoeia*.

At the fifth consultation Sloane had to warn the patient “of his very great danger”; the ascites had increased to the stage when it was no longer possible for the patient to fasten his coat, and he was “very weak and subject to a Looseness”. The reason given was as before, the resumption of “his old Course of Life and not taking well any Advice to the contrary”. Sloane explained that he could not prescribe “purging Medicines which seem’d to be the greatest Remedies for his Dropsie—seeing Diureticks did not now produce the desired Effect”. (Celsus made very similar comment upon dysentery, developing in diseases of the spleen which had turned to dropsy, that “scarcely any medical treatment could effect a cure”).<sup>36</sup> It is apparent that Sloane’s direct contact with the patient ended at this juncture; henceforth, he merely related the treatments prescribed by the various doctors whom the patient summoned in his efforts at recovery. As in the case of the doctor called in previously, Sloane did not identify these practitioners, probably for professional reasons as he clearly disagreed with all the treatments they prescribed. He stated that one was “a Black”, from which it may be deduced that the rest were white.

Firstly, “three or four other Physicians” were sent for who “said he had no Dropsie because his Legs did not swell”: Sloane interpolated, “the Reason of which was

<sup>31</sup> Kiple and Himmelsteib, op. cit., note 4 above, p. 76, quoting James Grainger, *An essay on the more common West Indian diseases and the remedies . . .*, second ed., Edinburgh, 1802, p. 53.

<sup>32</sup> Brockbank, op. cit., note 7 above, p. 12: Dr Pitt’s seventeenth-century price list, “The laudanum pills of one or two grains are of the lowest value, making the expense of two farthings”.

<sup>33</sup> The recipe for “Dover’s Powder” was published in his book, *The ancient physician’s legacy to his country*, London, 1732.

<sup>34</sup> Douglas Guthrie, *A history of medicine*, London, Thomas Nelson & Sons Ltd., 1947, p. 204; the letter to Gould is quoted in Dewhurst, op. cit., note 6 above, p. 173.

<sup>35</sup> Culpeper, op. cit., note 11 above, p. 135.

<sup>36</sup> Celsus, *De medicina*, II. 8.34.

because he lay in a Hamac with his Legs up and us'd very little exercise". Europeans in the West Indies slept in hammocks at that time, in preference to beds, for coolness; by then the patient was virtually confined to bed. The "panel of doctors" "advis'd him to a Cataplasm of Vervain of this Country &c. for his swell'd Belly, and would have given him a Vomit next morning but, that it was an unlucky day . . .". Vervain, *Verbena officinalis*, distilled to make a "water" was considered "very powerful" in treating jaundice, dropsy, worms, swellings and diseases of the stomach, liver, and spleen. It was mixed in honey or lard with barley meal or meal of lupins, and spread on a cloth to form a poultice for external application.<sup>37</sup> The plant remained a talisman against evil and infection in folk medicine into Victorian times: "holy vervain/ herb of the cross".<sup>38</sup> In modern herbalism, vervain is a recommended treatment for diarrhoea. The "panel" was like the first doctor called in, of the opinion that gases latent in the abdomen caused the ascites; dropsy had to be ruled out as there was no swelling in the legs. Sydenham himself had stated that "swellings in children" are "of the belly" but in old men, "of the legs first and afterwards of the belly".<sup>39</sup> The treatment advised, namely a poultice to relieve the discomfort of the swelling and a vomit to void the offending gases, is a logical follow-up to a reasoned diagnosis. However, as Sloane recorded, the result was disastrous: "for he [the patient] fell naturally by only the Cataplasm into a very dangerous Looseness which had almost carried him off; so the thoughts of this proceeding [i.e. the vomit] was put off".

The reason given for the deferment was, as noted, that "it was an unlucky day". Sloane, in recording this, added another interpolation, "as indeed it had in all likelihood been to him [the patient] if he had taken it . . .", and proceeded to describe the dreadful state into which the treatment had brought the sufferer. It would at first appear that Sloane was mocking the practitioners' belief in astrology but this was not so. Astrology was, to Sloane and his contemporaries, a respected science and a force in the business of healing, and yet another part of their classical heritage. The London *Pharmacopoeia* directs that squills for use in the preparation of *Oxymel Scilliticum*, are to be "set in the rays of the sun 40 days; to wit 20 before and after the rising of the dogstar" and the thirty live scorpions of medium size necessary for making "*Oleum Scorpionum*" "are to be caught when the sun has entered Leo".<sup>40</sup> During his attendance upon Albemarle, Sloane himself attributed the Duke's attacks of illness to susceptibility to certain phases of the moon, viz.:

the moon had gott some influence on the distemper—the fitts usually went off immediately on ye alteration of the aspect—but especially the moon's aspect altering he was very well—the moon's aspect far from change—soe that before then he dyed.<sup>41</sup>

Sloane's jibe was therefore directed at the physicians themselves who, unwilling to admit the inappropriateness of their treatment, made the inauspicious day the excuse

<sup>37</sup> Culpeper, op. cit., note 11 above, pp. 297–8, 326.

<sup>38</sup> *British Pharmacopia*, London, HMSO, 1837, quoted Kay N. Sanecki, *Complete book of herbs*, London, Macdonald and Jane's, 1975, pp. 184–5.

<sup>39</sup> Dewhurst, op. cit., note 6 above, p. 134.

<sup>40</sup> Brockbank, op. cit., note 7 above, p. 6.

<sup>41</sup> Sloane, op. cit., note 2 above, fols. 282–4; cf. Scribonius Largus, *Compositiones*, 16, medicine to be taken *luna decrescente*.

for discontinuing it. The patient was by then in an extremely parlous physical condition, and it is doubtful whether any treatment would have been beneficial, but obviously believing otherwise, “He chang’d soon his Physicians and first had a Black who gave him Clysters of Urine and plaister’d him all over with Clay and Water . . .”.

Healing, purging, or sedative enemata or irrigations for disorders of the rectum and bowels are well-established medical treatments; and clysters are among the oldest medical instruments, their design (*—vesicam—cui sit fistula recta ad finem annexa*) changing little from Roman times to the eighteenth century.<sup>42</sup> The choice of urine here for injection has echoes of “sympathetic magic”, as seen in classical authors;<sup>43</sup> the practitioner, believing that the swelling of the abdomen is caused by dysuria, flushed out the bodily cavity with urine to attract and draw out the retained urine. Comparable are the honeyed draughts of “urina caprae—to expel urine”, and the prescriptions of human adult urine for obstructions, listed in the 1677 *Pharmacopoeia*.

The clay and water plasters which followed are also interesting. At first sight they appear to have been like the mud or peat baths, today accepted as useful in the treatment of Bright’s disease, which by high temperatures promote perspiration. Both folk and orthodox medicine have a long tradition of various “earths” applied externally to promote healing. Sloane described this plaster as “Clay” so that it is clear its colour was yellow.<sup>44</sup> Possibly the earth used was the crude sulphur which could be obtained on the Island; there was a sulphur spring which was later exploited as a health resort. Mustard or some similar “secret” ingredient known to the practitioner could have been mixed with the paste to produce a more stimulating action on the skin; as well as inducing sweat, the plaster would have given some further relief to the patient by reason of its support to the abdomen, and the analgesics and counter-irritants in its composition.

The black doctor’s ministrations were of no avail. Sloane described how they “augmented his [the patient’s] Cough” and that “He left his Black doctor and sent for another”, whose remedies were not apparently worthy of detailed recall: Sloane laconically remarked that although a cure was promised, the patient “languished, and his Cough augmenting, died soon after”. It is interesting to compare Celsus’ comment concerning dropsy that, “in this disease a cough takes away hope”.<sup>45</sup> Time was obviously not on the side of the sufferer who, it would seem, had developed terminal broncho-pneumonia and had much the same demise as General Monck, the first Duke of Albemarle. He was likewise afflicted with dropsy, and his breathing became so laboured that finally he was unable to lie down but was forced to take short naps in his chair.<sup>46</sup>

<sup>42</sup> Galen, *Methodus medendi*, x. 337; Pseudo-Galen, *Introductio*, xiv. 675; compare the design for a “douche bag” in Lorenz Heister, *A general system of surgery*, third ed., London, W. Innys, 1749, vol. 1, plate 34, figure 2.

<sup>43</sup> Pseudo-Galen, *Introductio*, xiv. 788: to withdraw urine, insert the catheter with wool projecting dipped in urine; somewhat parallel modern treatments of “like with like” include liver extract for liver disease and insulin for diabetes.

<sup>44</sup> Coincidentally, in Scribonius Largus, *Compositiones*, 215, is listed a specific of the surgeon Euelpus, “*emplastrum luteum*” for dysentery and constipation: it is impossible to decide if the word “luteum” here means “yellow” or “clay”.

<sup>45</sup> Celsus, *De medicina*, II. 8.26.

<sup>46</sup> Sloane, *op. cit.*, note 2 above, fol. 283; Estelle F. Ward, *Christopher Monck, Duke of Albemarle*, London, John Murray, 1915, p. 29.



The case history of 'Sir H.M.'

Reviewing the case history in its entirety, it is interesting to see the light it casts upon Sloane himself. Firstly, after each stage of treatment he recorded, without fail, that his prescriptions were successful and it was the patient, through wilful stupidity, who undid the good work. The same self-justification can be seen in the case of Albemarle, obviously in Sloane's opinion another difficult patient: "I was blamed by some for want of success, when his Grace would not take advice".<sup>47</sup> Celsus had made the same comment in his treatment of dropsy, warning that if patients could not exercise complete self-control they could not be cured; hunger, thirst and "troublesome treatments" had to be endured, and he noted "they are safer if they give attention, but generally are undone by over-confidence in their health".<sup>48</sup> However, Llewelyn Williams detected a hostile undercurrent even in the opening description of the patient, which he found to be "limned with such a subtly malicious pencil by Sir Hans Sloane".<sup>49</sup> Similarly, towards the other doctors called in by "Sir H.M.", Sloane showed little mercy, appearing to consider them not much better than the "illiterate pretenders to physick", which the popular press in England was then lampooning.<sup>50</sup> In the case history preceding that of Sir H.M. he refuted the belief of doctors from Jamaica, Guinea, and "the remote Eastern parts of the World" that newcomers to their regions inevitably suffered "an acute Disease", the "Seasoning". In the case history of Albemarle, he again took issue with the Island practitioners' claim that swollen legs were a complication of "every Distemper" in Jamaica and "prov'd beneficial"; he also opposed "bleeding butt upon cases of extremity" and advised the Duke accordingly.<sup>51</sup> The work and speech of Sydenham, his mentor, were said to show a similar strain of "occasional bitterness—and strong undercurrent of resentment against those whom he regarded as his enemies".<sup>52</sup> There is something reminiscent of Galen<sup>53</sup> in the attitude of both these distinguished seventeenth-century physicians, in spite of their independent stance against the dogmatic medical authorities of the past.<sup>54</sup> Professor Sheridan,<sup>55</sup> in addition, stated that Sloane held "the ethnocentric and racist views of his times with respect to the folk medicine of African slaves and Amerindians". Long, viewing the case history from a nineteenth-century standpoint, shared the same opinion: e.g., "The highly ludicrous account of the medical treatment by a black doctor and the consequent growing worse of the sufferer who sent for a whiter son of Esculapius but died soon after".<sup>56</sup> On the

<sup>47</sup> Sloane, op. cit., note 2 above, fol. 284.

<sup>48</sup> Celsus, *De medicina*, III. 21.2–3.

<sup>49</sup> Llewelyn Williams, op. cit., note 3 above, pp. 40–1.

<sup>50</sup> *Hippocrates Ridens, or joco-serious reflections on the impudence and mischief of quack illiterate pretenders to physick*, Printed for Walter Davis in Amen Corner, No. 1, 26 April 1686.

<sup>51</sup> Sloane, op. cit., note 1 above, p. xcvi; *idem*, op. cit., note 2 above, fol. 283.

<sup>52</sup> *DNB*, vol. 19, p. 250, s.v. 'Sydenham, Thomas'.

<sup>53</sup> Galen, *De praeceptione*, XIV. 614, 623–4.

<sup>54</sup> The medical attitudes of the seventeenth-century "Age of Enquiry" were typified by Nicholas Steno (*De musculis et glandulis* . . ., Copenhagen, M. Godiscchenius, 1664) who opposed the theories of Aristotle, Plato and Galen on heart function, and Sloane who followed Sydenham's insistence on personal observation. C.f. Sydenham, *Methodus curandi febres*, London, 1666; 1668 (another ed.); *Observationes medicae*, London, [Andrew Clark] impensis Gualteri Kettilby, 1676, (third ed., enlarged); and London, BL, Sloane Ms. 4376, 'Letter to Gould'.

<sup>55</sup> Sheridan, op. cit., note 1 above, p. 87, n. 43.

<sup>56</sup> Long, op. cit., note 3 above, p. 233.

evidence of this case history it is difficult to find justification for either critic's view: Sloane was very even-handed in the scorn he poured on colleagues whom he deemed incompetent, be they black or white. In fairness to him it must be noted that he took the opportunity when in Jamaica to seek out and observe the "practice" of "Indian and Black Doctors", because of their part in the discovery of the healing powers of cinchona bark;<sup>57</sup> Sydenham was famous for his researches into its use for the treatment of ague and had probably urged the young doctor to make this contact. Sloane found the performance of these Island doctors did not live up to their claims or reputation, not because of race, but because their lack of knowledge of medicine as a whole rendered their ministrations in some cases potentially dangerous to patients. Some sympathy must be felt for the unfortunate Jamaican practitioners associated with this eminent doctor, for he was far ahead of his time and he would immortalize them as the reverse. They were far removed from the mainstream of European medical thought with relatively few competent mentors or medical writings to which they could turn to update their knowledge,<sup>58</sup> besides, by no means all reputable doctors in contemporary England had abandoned past practices and the teachings of Hippocrates and Galen.<sup>59</sup>

Secondly, Sloane insisted that alcohol and high living were the cause of all the patient's disorders. The diagnosis for Albemarle was the same, although his symptoms, viz., "sanguine complexion, face reddish & eyes yellow as also his skin", did not correspond very closely with those of the patient. Albermarle's recurring symptoms were defined as being unable to eat a proper diet or to sleep, "head somewhat out of order", "habitual Jaundice", prone to a "fitt" or "paroxysme" during which he became "extraordinarily ill", "from malencholly rising to a great height": "incoherent discourse", "violent clamour" and haemorrhage from the nose or gums, were features of the attacks. He developed "in one of his his Leggs a great pain—wh. had all the symptoms of a true Erysipelas—there appeared ane oedematous pitting Swelling in the ankle" and "hydropick leggs", then pain in his stomach and right side from his "liver very much out of order". Finally, death occurred in violent delirium.<sup>60</sup> Again only two of the medicaments (*Oxymel Scillatum* and "Roots of Gentian") administered to "Sir H." appear in the prescriptions for the Duke.

It may well have been that Sloane's own very sober life-style coloured his judgement in these diagnoses; after his youthful illness, "he gave up wine and ale and thereafter was very temperate all through his life".<sup>61</sup> Certainly as far as Morgan was concerned,

<sup>57</sup> Sloane, op. cit., note 1 above, p. cxli.

<sup>58</sup> Among reputable Island doctors were Sloane's colleague Rose; Thomas Trapham (*A discourse on the state of health in the Island of Jamaica*, London, 1679); and Samuel Knight, a Council and Assembly Member, who practised *magna cum laude* for 34 years: Cundall, op. cit., note 3 above, p. 156. Kiple (op. cit., note 21 above, p. 154) notes that the "first medical journal in 1830 failed after 3 issues".

<sup>59</sup> Compare the successful and wealthy Baldwin Hameys, father and son. Both adhered to Galen's "four humours" theory and consequently, the treatments for patients of all ages and conditions were emetics and purges (by the Elder) and, blood-letting until the sufferer fainted (by the Younger): Maurice Ashley, *Life in Stuart England*, third ed., London, B. T. Batsford, 1967 pp. 53–4.

<sup>60</sup> Sloane, op. cit., note 2 above, fols. 282–4; "sanguine complexion" was a technical term denoting a combination of the hot and moist humours which produced great desire and capacity for all kinds of self-indulgence. A ruddy face went with this "complexion".

<sup>61</sup> *DNB*, vol. 18, p. 379, s.v. "Sloane, Sir Hans".

an appraisal of his political career and achievements counterbalanced the impression of him as the stereotype of white West Indian settlers at that time, "a hard-drinking lot—who lived fast, spent recklessly and played desperately".<sup>62</sup>

It is not surprising that, in considering the case as presented by Sloane, and in the absence of any modern clinical tests, medical men are divided in their diagnoses. On the one hand, there is agreement that alcoholic disease is by far the most likely cause of death, although the history is not typical and tropical diseases were probably present. On the other hand, alcoholic disease is considered an unlikely cause unless cirrhosis of the liver was present and a complication such as a liver tumour which is associated with cirrhosis, developed. It is agreed that the medication administered would be unhelpful at best, except for the symptomatic relief of the "looseness" with opium. The case history has several puzzling features:

1. *The nature of the abdominal swelling.* If ascites was present at the first consultation, the emetics, purgatives and diuretics prescribed would have effected the patient's demise in a matter of days or weeks, and not in the period indicated by the case history, six months if "Sir H.M." was Morgan. If the abdominal swelling was due to hepatosplenomegally brought on by previous malaria, the time-scale would be compatible with malignant disease, but the claimed remissions would exclude it.

2. *The discoloration of the patient's urine.* Falciform malaria may produce red colouration in alkaline urine and liver abnormality, but Sloane gave no indication of fever and its absence is rare in malarial infection, whereas ascites is not a feature of the disease. It is true that nephrotic syndrome induced by plasmodium malaria may give rise to fluid accumulation with soft tissue oedema, but the reduced urine output later recorded would not be expected. A more likely cause would be the very concentrated urine (noted at the second consultation and possibly caused by dehydration), together with the gravel in the bladder producing haematuria, which in alkaline urine would be red.

3. *The leg swelling.* The causes which could be advanced to account for this swelling are manifold and include low plasma proteins induced by renal failure, liver failure and malabsorption, as well as tropical disease (e.g. Sloane's "dry dropsie"<sup>63</sup> i.e. wet beri-beri, as rife among the plantation slaves as parasitic infestation).

4. *The reduced urine output.* This is mentioned at the third consultation, and indicates kidney failure caused or exacerbated by the dehydrating medicines, or brought on by disease or liver failure. A bladder or bowel tumour obstructing both uretic orifices would be unlikely, and prostatic or urethral tumours do not fit in with the general picture.

It is suggested that human, or bovine tuberculosis from unpasteurized milk, could produce all the symptoms as set down. To this conclusion there are also opposing factors: there would be no remissions as noted by Sloane, and the patient would suffer a steady decline and would not be active during the course of the illness.

The diagnosis forces a return to the question of the patient's identity because it recalls Morgan's stated belief that he had contracted "a lingering consumption".

<sup>62</sup> Richard S. Dunn, *Sugar and Slaves*, Chapel Hill NC, University of North Carolina Press, 1972, pp. 276 ff; quoted Kiple, op. cit., note 22 above, p. 181.

<sup>63</sup> Sloane, op. cit., note 1 above, pp. 151–2.

However, if the diagnosis is correct, Sir Henry's continued activity almost up to the time of his death is not compatible with it, and he is not "Sir H.M.". This brief study of the case history reveals little further definite information upon the question. The patient was a wealthy man, able to summon and dismiss doctors at will, and he held a prominent place in society, viz., "Not being able to abstain from Company". Sloane's somewhat ambiguous statement may not imply weakness of will, but the *noblesse oblige* which would have been especially true of Jamaica at the time of celebration for a new Governor and a royal heir: Albemarle almost killed himself imbibing loyal toasts at these festivities.<sup>64</sup> Morgan's bravery was acknowledged even by his enemies, yet conspicuously lacking from the description of the patient is any sense of courageous deportment. The only sign of spirit, if such it can be called, as shown by "Sir H." was his opposition to medical advice: "Falling afterwards into his old Course of life and not taking well any Advice to the contrary." Had Sloane used the patient's own words, instead of the euphemistic paraphrase, it might have made more interesting reading and allowed a comparison to be made with others of the Morgan clan such as Sir Henry's "choleric" step-brother or his "great-spirited" uncle.<sup>65</sup>

A final point which should perhaps be made is that Sloane was not mentioned in Morgan's will, although it was quite a common practice of the time to leave a bequest to a doctor who had been in attendance. If the case history refers to Morgan, it is a strange omission as Sloane had given him very careful and professional treatment. Sir Henry began his will stating that he was of, "perfect mind and memory",<sup>66</sup> and it must be said that he seemed to have remembered everyone, great or humble, who had ever done him a service. His "dispensations of favour and kindness were great and many"<sup>67</sup> and it would have been alien to his nature to have passed over a deserving attendant, especially a member of the suite of his friend Albemarle.

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<sup>64</sup> Sloane, *op. cit.*, note 2 above, fol. 284; "his usuall jaundice—head, that being out of order—violent bleeding at the gums, violent clamour, incoherent discourse".

<sup>65</sup> George T. Clarke, *Limbus Patrum Morganiae*, London, Wyman & Sons, 1886, p. 315—Sir Thomas, Gov. of Jersey; *Calendar of state papers, colonial*, vol. 5, *America and the West Indies 1661–1668*, ed. W. N. Sainsbury, London, HMSO, 1880, no. 1085: Modyford to Arlington, 16 November 1665—Sir Edward, Lt.-Gov. of Jamaica.

<sup>66</sup> Island Record Office, Spanish Town, Jamaica, *Library of Wills*, 6, fol. 8, entered 14 September 1688.

<sup>67</sup> *Calendar of state papers, colonial*, vol. 12, *America and the West Indies 1685–1688*, ed. J. W. Fortescue, London, HMSO, 1900–01, no. 1845, 20 July 1688: speech of the Speaker of the Assembly of Jamaica to the Duke of Albemarle.