

this group and St. Margaret escaping from the Dragon below. (There was a Priory of St. Margaret at Ivinghoe.)

It is believed that the original building was of the early fifteenth century and was a high barnlike structure of wattle and daub on a very heavy oak frame with a steep pitched roof; that the painting was the background of an altar and that the place was a resthouse for pilgrims to the monastery of Ashridge where certain relics were exhibited. Another short day's walk would take the pilgrims to St. Margaret's priory. It is believed that soon after the dissolution of the monasteries (about 1538) a floor was put in and the gables so prominent in the present building put up to make a two-storied building. This roughly is the present opinion about the building but a more detailed and authoritative report is expected soon.

The West Herts Hospital today is an up-to-date unit of 167 beds, but we still keep the bust of Sir Astley Cooper in the hall and have Astley Cooper, Sebright, Clarendon, Ryder and Dickinson wards, names from our first annual report, to show that we were one of the earliest, if not the first, cottage hospital.

I thank Mr. A. D. Side, administrator of West Herts Hospital, for lending me the early Annual Reports; and the Hertfordshire County Record Office for the *Herts Mercury* files.

REGINALD FISHER

A NOTE ON EDWARD STANLEY, F.R.S. (1791-1862) AND HIS DESCRIPTION OF NEUROPATHIC ARTHRITIS

THIS note is the result of a chance finding. The *Louisville Medical News* of 1882 had an annotation¹ headed 'Charcot's Joint-affection Observed and Described in 1882 by Stanley'; and it freely quoted a recent number of the *British Medical Journal*.² This in its turn had quoted freely an article in *St. Bartholomew's Hospital Reports* by F. S. Eve,³ curator of the Hospital Museum.

Stanley was Abernethy's successor. He taught at Barts for fifty years, first as Demonstrator of Anatomy and later as a senior surgeon, had founded the museum and preserved in it a large number of specimens of bone disease. Eve³ listed a number of Stanley's contributions to *Medico-Chirurgical Transactions*, of which the most important was 'On Dislocations, Especially of the Hip Joint, Accompanied by Elongation of the Capsule and Ligaments'. In this, Eve found that Stanley had accurately described a case of locomotor ataxy with disease of both hips, and had mentioned a second case. Here is Eve's summary:

It is remarkable that no old specimens showing Charcot's disease of the joints associated with locomotor ataxy have been found in the various London Museums. That the absence of these specimens may rather be attributed to accident than considered an evidence of the origin of a new form of disease is, I think, demonstrated by the following cases. In looking through the above-mentioned paper on 'Spontaneous Dislocation,' I find that Stanley has most accurately described at least one case of locomotor ataxy, with disease of both hip-joints. . . .

'A gentleman, aged thirty-nine, in the year 1824, was attacked with spasms in the pectoral and intercostal muscles, and numbness of the whole of the left side of the body with the exception of the arm. In the left leg and thigh sensation was wholly lost, the power of motion remaining. He had no sensation of passing his urine after it had quitted the bladder, and was but just aware of the evacuation of faeces. Vision in the left eye was impaired to the extent that he could but distinguish daylight.'

The symptoms continued, with increasing weakness in the thighs and legs, to the complete loss of the power of support and of sensation in them.

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'Unless he saw his legs, he could not tell in what direction they were; but on looking at them so as to know their position, he could readily move them. He occasionally suffered most severe pains in the limbs.'

The displacement of the hips took place respectively during two attacks of 'violent spasms', which compelled him to remain in bed several days. At no period had there been any sign of inflammation in the soft parts around the hip-joints. Mr. Stanley saw the patient in 1831, and thus describes the condition of the hip-joints: There was a remarkable prominence at the back of the pelvis, caused by the projection of the thigh bones. The head of each femur thus situated upon the posterior part of the pelvis was two inches and a half below the crest of the ilium, and four inches from the anterior superior spine. In the erect position there was a diminution of stature to the extent of five or six inches; and in the horizontal posture the thighs could be pulled down nearly to their natural position. When last seen in 1833, there was an improvement in the power of directing the movements of the limbs.

In Case II., related to Mr. Stanley, the left hip-joint was dislocated as a consequence of hemiplegia (?) chiefly perceptible in the left lower limb. The lumbar portion of the spinal cord was found to be pulpy, and the post-mortem also showed that the femur was displaced backwards and the capsule much elongated. Although Stanley very imperfectly understood these cases, yet he clearly considered the spinal disease to be the cause of the joint affection, and therefore to him belongs the honour of having first drawn attention to this disease. . . .

When I had consulted Stanley's original article,⁴ I felt that Eve had not quite done justice to Stanley's description of the second case:

Case II. *Dislocation of the hip-joint consequent on an attack of hemiplegia*.—I did not witness the following case, but the history of it is drawn out by the gentleman who had the charge of it, and upon whose accuracy I can rely. A gentleman aged 48 had been for above eight years affected with hemiplegia, chiefly perceptible in the left lower limb. He had been a courier, and he attributed his complaint to the severity and vicissitudes of weather to which he had been constantly exposed. Two years before his death, it became evident, as he moved about on crutches, that the affected limb had become considerably lengthened; this was accompanied by wasting of the limb, with a remarkable flaccidity of the muscles; and on rotating the thigh, the head of the femur could be so plainly felt, that it was concluded it must be out of its socket. This circumstance gave an interest to the case, which led to a careful examination of the hip-joint after death, when the following peculiarities were noticed. The capsule and the ligamentum teres were entire, but elongated to the extent of allowing the head of the femur to pass beyond the limits of the acetabulum. The brain presented no other morbid appearance than a preternatural quantity of fluid in the ventricles. The spinal cord was found healthy in its cervical and dorsal portions, but in its lumbar portion it was so pulpy as to be almost of a mucilaginous consistence. . . .

I do not believe Charcot's disease should be renamed Stanley's disease; I have listed others who described neuropathic arthritis even earlier than Stanley.⁵ Doubtless a thorough search of the literature would reveal cases still earlier—though not as early as William Musgrave's *Ex Colica Paralyticis, Arthriticis* of 1703.^{6, 7} This case shows the futility of eponymous nomenclature—and the futility too of listing 'firsts' purely as such. My reason for writing this note is that I have happened on a man of remarkable character.

Stanley was F.R.S. and Surgeon-Extraordinary to the Queen, and had been President of the Medico-Chirurgical Society and twice President of the Royal College of Surgeons.⁸ In the Surgeon-General's Catalogue are references to his *Manual of Practical Anatomy* (1818, 430 pages), his Hunterian Oration (1839) and his *Treatise on Diseases of the Bones* (1849, 367 pages). Then I found references to him in two books on my own shelves,^{9, 10} and in Robert Bridges' Latin elegy *De Nosocomio Sti. Bartholomaei*.¹¹ Stanley's gift for accurate clinical description shines out when Scudamore⁹

quotes his description of a cadaver in whose joints: '... the articular surfaces in almost every situation exhibited a perfectly white surface, such as would be produced by a very thin layer of Plaster of Paris over them ...'.

The other book¹⁰ contains touching tributes to Stanley, written by Sir James Paget in his old age. When Paget (aged 20) went to St. Bartholomew's, he found the teaching school in a state of decline:

There was constant dissension and mischievous rivalry among the teachers: and since Mr. Abernethy's retirement there had been no one willing to do the constant routine-work of management in the school, and who was at the same time either strong enough or pliant enough to get his own way. Lawrence could have done anything, but he was disliked and hindered by many of the surgical staff; and, great as was his power in controversy, he evaded it when he could. Latham had more than intellect enough but he was not fond of common school work; he hated all disputes; and these never would have ceased while Hue his senior colleague lived. Stanley was the only one who worked hard for the school; but, with all his good qualities, he was timid, easily ridiculed; and men with half his good qualities and twice as many faults could appear better and have more influence than he.¹²

It would be hard to find two men more unlike than were Lawrence and Stanley; and yet it would be hard to say which was the better teacher. . . Stanley made all feel the value of dull hard work, the use of accuracy in common things, the need of learning the very commonest facts: his honest plodding day's work was a lesson to anyone who would watch it kindly, and the story of his life was full of teaching. As a boy he was poor and poorly educated; as a hospital student he was ridiculed and bullied; as a teacher he was opposed, hindered, laughed at in journals and caricatures; some of his colleagues did their best to make him miserable; and yet he became constantly more esteemed, more trusted, more gladly worked with by those who knew him well; and these became constantly more numerous; for he was completely honest, true and truth-loving, keenly conscious of his duty and resolute in doing it.

It was singularly happy for me that I had the teaching and the example of both Lawrence and Stanley. I learned nothing but what was good from either of them and, even in the later intimacy of collegueship and friendship into which I grew, found constantly more to esteem in both, even though the contrast between their intellectual characters became more marked.¹³

Paget describes his own discouragement while kept under the thumbs of others as curator of the museum from 1834 to 1843.¹⁴ Stanley vainly fought many battles for him and gave him extra employment as translator of French, German and later Dutch. The resurrection of the school was magical when, through Stanley's persistence, Paget was finally appointed lecturer in physiology (a despised job nobody else wanted).¹⁵

Bridges¹¹ wrote his ode of 558 lines in 1877, shortly after he had gained his M.R.C.S. It was addressed to his own chief, Patrick Black, and gave a few lines each to Brodie, Abernethy, Lawrence, Latham and Stanley in that order.¹⁶

Stanley did two things which had been unheard of in British medical schools. He resigned the lectureship of anatomy in 1843 when he was not obliged to,¹⁷ and in 1861 he resigned his surgeonsip while he was in full possession of his faculties.^{18, 19}

The centenary of Stanley's death was on 24 May, 1962. In the *Lancet* of 1862 is a touching description of his sudden fatal apoplexy in Henry VIII ward of St. Bartholomew's.¹⁹ He had been examining a case of joint disease for Mr. Lawrence and he pronounced the necessity for resection. He staggered and sank, and Wormald and Coote laid him on a bed. After his pulse had ceased to beat, he opened his eyes and said, 'I never felt better in my life.' Paget, Martin and Holden came and surrounded his deathbed. 'If he would have chosen his end', said the *Lancet*, 'this was the death he would have chosen to die.'

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MICHAEL KELLY

A CONNECTION BETWEEN CHARLES AND GILBERT WHITE

ONE hundred and fifty years ago, in February 1813, Dr. Charles White, F.R.S., died at Sale Priory, in North Cheshire, the home of his family for several generations. He had retired not long before from his important practice in Manchester and the surrounding counties. He was probably the most celebrated surgeon and obstetrician outside London. He had played the principal part in founding both the Publick Infirmary (later the Manchester Royal Infirmary), where he was the leading surgeon from the age of 24, and in later years the Manchester and Salford Lying-in Charity, the forerunner of St. Mary's Hospitals. His father, Dr. Thomas White, had a very large midwifery practice in the rapidly growing town. His son joined him at an early age, working mostly among the poorer classes. Appalled by the mortality due to puerperal fever, he set himself to fight against the prejudice and ignorance of the times. The *Dictionary of National Biography* emphasises 'the revolution he effected in the practice of midwifery, which he rescued from semi-barbarism and placed on a rational and humane basis'.