

SIR WILLIAM FERGUSSON, BT.,
F.R.C.S., F.R.S. (1808–1877)

by

The late SIR GORDON GORDON-TAYLOR

FORTUNATELY for our knowledge and for an appraisal of Sir William Fergusson there is a vast amount of material, apart from tradition, on which to draw. Although I doubt if there be a surgeon alive today who even saw him, there are the surgical books which he wrote, his contributions to the medical press, his case books at King's College Hospital, his private account books, the 'surgeon's day book' of the Edinburgh days, of which an account was given by a *Times* correspondent,* much of his correspondence which we have at the Royal College of Surgeons and also some in the possession of his grandson, Sir Louis Fergusson: there are portraits of him, notably the Lehmann portrait of 1874, a lithograph portrait in the 'Stone collection' (R.C.S.), and a portrait in the staff room of King's College Hospital, which that institution owes to the vigilance of Dr. F. F. Cartwright, F.F.A.R.C.S., and which makes the subject appear older than the 1874 portrait. There is a bust by H. Bain Smith (1886) in the library of the King's College Medical School, a plaque above the staircase of that school, and finally a wax impression by Colonel Cosmo G. Logie (son-in-law of Charles Kean) presented to the Royal College of Surgeons by Sir Louis Fergusson, 4 September 1957.

There is also a single remaining anatomical dissection of the arteries of the foot by Fergusson in the Museum of the Edinburgh Royal College of Surgeons; six specimens in the Department of Pathology, Royal College of Surgeons of England, emphasize two fields of surgery in which he had a peculiar interest, and finally there are also in everyday use and in museums as well as in catalogues examples of those talismans that open the gates of surgical immortality, eponymous surgical instruments. The storehouse of relevant information is therefore not bare.

William Fergusson was a Lowland Scot, and although his birth certificate attests his birth in Preston Pans, a name of happy memory to those with Jacobite leanings, yet for generations back his forbears had come from the uplands of Dumfriesshire, and belonged to the Dumfriesshire or Craigdarroch Fergussons, and in later years William Fergusson's motto, *Vi et Arte*, was that of this branch of the clan.

Careful local inquiry shows no evidence for the statement in Plarr's *Lives of the Fellows of the Royal College of Surgeons of England* that he ever schooled at Lochmaben, whence came his paternal ancestors, but as might have been surmised from his father's milieu his early education was in Preston Pans,

* *The Times*, 30 September 1958.

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for a letter (29 August 1875) from his eldest daughter to Thomas M. Stone informs us:

We met Papa in Edinburgh and . . . we went on to Preston Pans, his native place, and he showed us his first school and the house in which he was born, into which we went with the ready permission of the present inmates.

Fergusson subsequently attended the Edinburgh High School, where he formed a lifelong friendship with a schoolfellow, John G. M. Burt, who subsequently became F.R.S.E. and President of the Royal College of Physicians of Edinburgh, and to whom Fergusson in 1867 dedicated the volume containing his Arris and Gale Lectures of 1864 and 1865.

After a brief attempt at Law—his brother, John, was already a lawyer or writer—he took up the study of medicine at the age of seventeen, a move which is said to have '*delighted his parents*', but in fact his mother (*née* Elizabeth Hodge), who hailed from Anstruther, Fife, had died before he had reached the age of ten. Little is known of Fergusson's father, although the latter lived till June 1834 (W. F. had already married), and was buried in Preston Pans. That the surgeon dedicated his Introductory Lecture at King's College (1848) to his uncle, Colonel (afterwards General) William Fergusson, Royal Marines, referring to what he owed the latter for 'his conduct in early life and the continued friendship since my years of boyhood', suggests that the uncle rather than the father had been the guiding hand. He continues the dedication with the hope that the uncle would have 'many years of continued health to sustain the honours which you have yourself acquired in your own profession.' The General died in December 1861 at the age of eighty-one. Moreover, the fact that Captain Fergusson was recruiting not far away at Dumfries from 11 January 1825 to 20 April 1826 at the time when young Fergusson turned from Law to Medicine lends further support to this view of avuncular direction.

William Fergusson became a pupil of Robert Knox (1791–1862) who appointed him a demonstrator in 1828 at the early age of twenty. In 1829 he was F.R.C.S.E.; in 1831 he became surgeon to the Edinburgh Royal Dispensary and in 1835 assistant surgeon to the Royal Infirmary when only twenty-seven years of age. Knox, who took Barclay's Rooms in Surgeons Square, has often been hailed as the greatest anatomical lecturer ever heard in Britain and attracted enormous classes, which included members of other professions besides the medical. From 1826 to 1834 the average number of students was 335, and in the session 1828–9, and just after Fergusson joined him, the period of the 'Burke and Hare' affair, when it transpired that sixteen people had been murdered for the sale of their bodies to unwitting anatomical teachers, Knox had 504 pupils; no such anatomical class ever assembled again.

There may have been laxity of inquiry as to the source of subjects brought to the doorways of the various anatomical premises, but it was specifically stated in Burke's holograph confession:

That worthy gentleman, Mr. Fergusson, was the only man that ever questioned me anything about the bodies. He inquired where we got that young woman, Mary Paterson, because she would seem to have been well known to some of the students.

Fergusson continued loyally in the dissecting rooms with Knox, although surgery was his goal; and even in April 1832, when he was already on the staff of the Edinburgh Dispensary the prospectus of the summer course in Dr. Knox's rooms contained the advertisement: 'Examinations and conversations on Anatomy will be held daily at the Practical Rooms by *Dr. Knox and Mr. Fergusson whose attendance in the Rooms will be constant.*'

Knox must have been proud of his young colleague, now turned surgeon, for one reads of at least two occasions in 1831 when he was present at Fergusson's operations, (a) the operation for imperforate anus and (b), the ligature of the third part of the subclavian artery. Lonsdale dedicated his own biographical study of Robert Knox to Fergusson (1870), referring to him as 'the favoured pupil, the zealous colleague and attached friend' of Knox. Fergusson was always loyal to his friends, yet there is no memorial, stone or plaque to Knox, who was buried in Woking Cemetery on 29 December 1862.

Two or three operations performed by Fergusson in Edinburgh when he was in his twenties may be mentioned. It would be difficult not to marvel at the courage and self-assurance of young Fergusson, only twenty-three years of age, operating on a new-born male child with an imperforate anus. Operation took place at 10 p.m. in March 1831: the name of the child was David Collison: a neighbour or relative of the infant said that there were ten doctors present, so that even at that age he was regarded highly. An incision in the perineum having failed to reach the rectum, a second intervention was undertaken at 6.30 a.m. the following morning, and this time meconium was evacuated. All this 'took place in a tiny room' in the North back of the Cannongate. A certain Mrs. Keir held the child while the operations were being performed. The diagnosis made at the operation of a communication between rectum and urethra was confirmed by the later history of the boy, who lived six years and four months after the operation, apparently dying from complications of measles. When he was about four years of age Fergusson 'extracted a stone from him'.

In *Young Surgeon's Day Book* there is opposite the date 24 July 1838 the almost casual note 'operated on a case of imperforate anus for Mr. Skene, Roxburgh Street'. (The previous case had been under Dr. Cam(p)bell.)

On 12 May 1831, when Fergusson was only twenty-three years of age he ligatured the third part of the subclavian artery for an axillary aneurysm in a man of sixty years. This was only the third occasion on which the artery had been ligatured in Scotland. He tells us that less than a thimbleful of blood was lost during the operation. The man lived four years, dying from cold and exposure in a field near Kelso. Fergusson hurried from Edinburgh to be present at the 'dissection'.

There was the dramatic operation on Helen Henderson, aged seven years, who had had a plum stone in her respiratory tract for some months. Dr. Wilson of Kelso had thought it to be in the right bronchus: Drs. Spottel and Henderson in Edinburgh did not help Fergusson much with their stethoscope and on 21 March 1837 when he had just passed his twenty-ninth birthday, he opened

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the trachea of the struggling girl in the presence of the physicians, Sir George Ballingall and Dr. Campbell; a probe passed the first time revealed nothing, but on a second attempt Fergusson fancied that he felt something, and introduced a suitably bent pair of long forceps, and opened the blades.

During a violent expiration I felt the stone strike, and on closing them rapidly seized the stone. The stone had been caught transversely and did not move readily at first: it came out suddenly at last, and slipped on to the girl's dress. An exclamation was made by all present that it was out, the patient could no longer be restrained, but darting out of the grasp of my assistants she seized the stone which had now fallen from her dress on the floor and ran to her mother almost out of her senses with delight. She seemed now no longer afraid of those around her, but ran to one and all to express her satisfaction at what had been done.

Unfortunately the girl died at Kelso three months after from swelling of mucosa of the larynx after a cold caught 'gadding round a kind of exhibition'!

These early surgical feats were a harbinger of what was to follow in the surgical arena of London. Fergusson's reputation as an intrepid and most skilful surgeon had preceded him across the Border before he arrived in London in 1840 as Professor of Surgery at King's College, Partridge being his other surgical colleague in the Hospital. Fortune may have brushed Fergusson with her wings in the precise moment at which he irrupted himself into the metropolis: Astley Cooper died in 1841, Liston in 1847, and Aston Key, a dexterous operator, fell a victim to cholera in 1849: Benjamin Brodie had never been remarkable as an operator, and was glad in his later days to hand over many cases that required the knife to the hands of younger surgeons.

Fergusson's operating theatre in the new King's College Hospital soon became a surgical Mecca attracting medical practitioners to witness the performance of operations with a dexterity equal to that of Liston, and with a certain finish and carefulness which Liston had never displayed. The pupils of the hospital also carried the fame of their professor as a great surgeon to every part of the world.

Fergusson soon found himself without a rival in his own department. Honours were poured on him: in 1849 he was chosen to succeed Aston Key as surgeon to the Prince Consort: in 1885 he was made surgeon-extraordinary to Queen Victoria, and in 1867 in succession to Caesar Hawkes sergeant-surgeon, and in 1866 there had come a baronetcy.

He became M.R.C.S. on coming to London in 1840, and in 1844 became F.R.C.S. by election. Considerable opposition occurred to his candidature for the College Council, but he was successful and served on the Council from 1861 to 1877, becoming Vice-President in 1869, President in 1870, and Hunterian Orator in 1871. Subsequently he was President of the British Medical Association in 1873.

Fergusson's name has always been linked with *excision of the upper jaw*, although he was neither the first to suggest, nor to perform the operation. Limited scrapings, etc. had been done as far back as 1693 by Akoluthus of Breslau, and subsequently limited removals by Jourdain, Charles White of Manchester, Desault, Garengot and Dupuytren, but it was John Lizars of Edinburgh,



Fig. 1

SIR WILLIAM FERGUSSON

A sketch made by W. Bell, one of his dressers,
between November 1864 and April 1865.

(By courtesy of Dr. F. F. Cartwright, F.F.A.R.C.S.)



Fig. 2
SIR WILLIAM FERGUSSON
By 'Ape' (from *Vanity Fair*)
(17 December 1870)

Fergusson's friend, who in 1826 was the first to propose the removal of the whole superior maxilla, and Gensoul of Lyon was the first to perform the operation. Lizars had a successful excision himself in 1830, after two failures, but Syme had anticipated him in securing the first success in Britain in 1829.

By 1865 Fergusson had operated on nearly forty cases and had only lost five at operation. His distinguished pupil, Christopher Heath, who won the Jacksonian Prize for this subject in 1867, carried on the work of his master.

When one thinks of the performance of this operation without anaesthesia, one's amazement at the consummate skill and courage of the operator is tempered by pity for the unfortunate patient. Fergusson himself never forgot seeing this operation performed by Sir George Ballingall years before. He stressed the value of modified Liston's cutting forceps and the 'lion-forceps' which Fergusson introduced himself.

The story of the 'lion-forceps' being devised and constructed for the purpose of removing his own wife's superior maxilla is indubitably apocryphal. Mrs. William Fergusson died of 'apoplexy' at 16 George Street, Hanover Square, in 1861. There is no mention of the 'lion-forceps' in the 2nd Edition of Fergusson's *Practical Surgery* (1846), though he describes it in the 3rd Edition (1852). Mrs. Fergusson, even if she had suffered from a malignant growth of her superior maxilla is hardly likely to have survived an extirpation of the bone ten years or more before.

In mid-Victorian days the operation of *lateral lithotomy* was perhaps the yardstick by which a surgeon's prowess and dexterity were judged. Today it seems strange that a difficult and dangerous anatomical approach should have been the popular avenue to extract a vesical calculus when the modern suprapubic operation stands supreme, both because of its ease and safety, even in the hands of the veriest tyro. Doubtless the proximity of the *peritoneum* conjured up in the surgical minds of a century ago the menace of 'a sea of troubles'. Be this as it may, Fergusson shone in the execution of this operation.

Buckston Brown in describing Fergusson performing a lithotomy, spoke of him as

tall of frame, standing erect, silent, watchful and expectant, gently rising and falling on his toes, the swift movement of the knife, and the sure and certain, almost instantaneous click from the impact of the knife on the groove on the staff in the urethra, and the extraction of the calculus in a few seconds more.

Tradition has it that those who blinked as the knife penetrated the skin in the perineum missed the operation: others with perhaps greater accuracy and veracity, sterner critics, have admitted thirty seconds.

At the time of his Arris and Gale Lectures in 1864 and 1865 he claimed to have had an experience of the surgery of vesical calculus 'which has fallen to the lot of few other men in Britain'. In 1865 Fergusson had treated 162 patients by lithotomy, but careful scrutiny of the case records at King's College Hospital discloses a number of lithotomies performed by him in hospital after that date, and although he was becoming more and more attracted towards lithotripsy

in the appropriate case, his total number of lithotomies cannot have fallen far short of *two hundred*.

It is well that Fergusson did not make any exaggerated claim for a unique experience of bladder stone, since Cheselden had operated and published a record of 213 cases at St. Thomas's, only losing ten per cent, but he was also lithotomist to St. George's, the Westminster Infirmary, the Chelsea Royal Hospital (1737-52) as well as his private practice, and doubtless exceeded 300 lithotomies, at even a low estimate.

Crichton, of Dundee, who continued to operate till he was ninety years of age, performed about 200 lithotomies, losing only fourteen patients, a percentage of recoveries that almost equalled a remarkable series of fifty-seven cases operated on by Martineau, in which only two patients died. From the Norfolk 'quarry'* Cadge (169), and William Donne (173) approximated, possibly surpassed Fergusson's total.

On the other hand, apart from Martineau, Cadge's mortality was only one in six, Donne's one in seven, whereas Fergusson lost in all one in five. In the case of children only two died out of fifty: thirty-three adults in 110 lithotomy operations.

In 1833, Fergusson designed a lithotrite with a rack and pinion, which he used throughout his life, and of which Liston wrote eulogistically, but Fergusson never acquired the experience of lithotritry that Sir Henry Thompson enjoyed: by 1896 the latter had performed 610 lithotrities, and finally left the Royal College of Surgeons his collection of 1,000 stones that he had crushed. Thompson (1820-1904) received a knighthood in 1867, the year after Fergusson obtained a baronetcy, and apart from his skill with the lithotrite he revived the old and safer operation of suprapubic cystotomy.

The operative treatment of *cleft palate* which had been initiated by Roux in Paris in 1819 was vigorously taken up by Fergusson on his arrival at King's College Hospital. Years earlier in Knox's dissecting room in Edinburgh he had been impressed by the considerable development of the palatal musculature in an aged cadaver with a cleft palate, and he had in fact operated (1834), though unsuccessfully, on a case of cleft palate in Edinburgh. The work of Stromeyer and Dieffenbach on tenotomy and myotomy once more revived Fergusson's interest in the cleft palate problem, and between 1845 and 1865 he operated on 134 cases, of which 129 were successful: of these operations only forty-five were performed in 'King's', so that his reputation must have attracted patients to him from far and wide.

The truth of this superlative claim of success may be confirmed by reference to his case-books in the 'King's' Medical School, where student-dressers, ever the most critical, record with monotonous repetition the successful union of the cleft. The number of 134 recorded in 1865 was considerably augmented during the remaining part of Fergusson's life, for in 1870 he claimed to have operated on more than 200 cases, and although Henry Smith

* From 1772 to 1885 there were admitted to the Norwich Hospital 1,270 males and 56 females with stone.

and William Rose were dealing with most of the operative work of his hospital wards in 1875 and 1876, the cleft palates had poured into his wards during the preceding few years. Fergusson certainly did a cleft palate at 'King's' on 15 January 1876.

Although Fergusson employed chloroform occasionally, in his publications of 1865 and 1870 he strongly advises operation without it, adding 'this in fact is the only operation in surgery in which I dissuade from the use of this agent.' He felt that division of the levator palati was the most important factor in success and latterly desisted from interfering with the palato-pharynx.

Excision of Knee

Fergusson's interest in excision of the knee may have been fired by the practice of his former Edinburgh rival, James Syme, in connection with the elbow. Excision of fragments of bone in the vicinity of joints in cases of gunshot wound in preference to a primary amputation had been earnestly advocated by Sir Charles Bell after Corunna and Waterloo, and an excision of the knee for disease of that joint had been performed by Park of Liverpool in 1781. An appeal by the Liverpoolian to Percival Pott to explore the possibilities of this procedure fell upon deaf ears, and although four or five such operations were performed in Britain in the intervening seventy years, it was not till 1850 that Fergusson took it up with enthusiasm. Fergusson's first case died, but Jones of Jersey by 1852 had secured three good results in four cases, and in addition to Fergusson, R. J. Mackenzie of Edinburgh, Page of Carlisle, Pritchard of Hunmanby and E. Thomas of Manchester were essaying resection, and by July 1857 Butcher of Dublin had collected eighty cases, and found that the percentage of success had been far superior to the average result of the ordinary amputation in the thigh for the condition. The procedure was called 'conservative' surgery, and there is no doubt that the enthusiastic advocacy of Fergusson did much to establish the procedure.

A better appraisal of the criteria for the operation came from the work and pen of several of his acolytes, notably, William Paul Swain, who gained the Jacksonian Prize in 1865, and Peter Price, who was among the first to employ photography. Price's untimely illness and death left his work to be edited by his 'King's' colleague, Henry Smith.

In Fergusson's time, it was in the performance of an *amputation* that a surgeon showed his speed and prowess; for one third of his surgical lifetime there was no anaesthesia, and it behoved a man to be quick.

A surgeon who takes more than thirty seconds to three minutes, except under peculiar circumstances for the performance of an amputation ought not to be taken as an authority on the subject.

These were the days of transfixion flaps: Lisfranc is said to have amputated at the shoulder joint on the cadaver in two seconds, and on the living body in only a few seconds more. Even at the hip-joint amputation could be done in

twelve to twenty seconds on the cadaver and Fergusson had seen it performed with equal celerity on the living. These were days before surgeons swore by Auguste Rodin, the French sculptor, who thought that there should be written in gold in every studio: 'Décidément la lenteur est une beauté.'

Fergusson had a preference for the flap operation, which Ballingall once termed 'seductive', and the flap was for long cut by transfixation. Today Richard Charles and I are probably the only two practising surgeons who have performed transfixion amputations in any number.

He intuitively knew 'every trick of the tool's true play': he was an almost professional carpenter, and there used to be a dissection of the nerves of the face mounted on a stand made by Fergusson which Sir William Turner would show his anatomy class in Edinburgh. His skill in wood-carving seemed to have been transmitted to his eldest daughter Jane, and examples of her work were at one time to be seen in the room above the portico at Spitalhaugh, although this specimen has now disappeared, and also that in the Kirk at West Linton. It is said that Fergusson learned the violin to improve his sense of touch, and the hours which he spent in the dissecting room at least familiarized him with the use of forceps and scalpel.

It is beyond cavil that a man's measure of manipulative dexterity is increased by practice; even the unskilled labourer may become a skilled 'worker', and many a surgeon throughout the ages has advanced his skill in the service of Mars. That man must have missed his vocation whom four to five hundred gunshot wounds of the abdomen or a couple of thousand gastrectomies have not made speedy and technically perfect. But *in Fergusson's day the range of operative surgery was limited*, and one marvels at the preternatural skill and speed that were his. A tumour, whatever its size, wherever situated, except within the body cavities, was of course at all times a challenge to any surgeon, and the more formidable the tumour, the more frequently was Fergusson invited by other surgeons to operate: Prescott Hewitt, Pollock, Caesar Hawkins, Sir James Paget and others paid him this compliment. Who else was there?

The operative treatment of the mundane hernia, except when strangulated, and even then after delay, was still a tentative adventure; syphilis of course was rampant and provided the excitement of arterial ligation for aneurysm, especially in pre-anaesthetic days. Stricture of the urethra and its complications was almost universal and provided for every surgeon's rent.

Fergusson was not given to long explanations or elaborate statements to patients and their friends. Like Bland-Sutton he would say: 'We will do a little something.' The most formidable surgical procedures are often performed by the most kind-hearted of men, and Fergusson's very presence radiated confidence in the operating theatre and at the bedside, and in the pre-anaesthetic era the kindly smile and pleasant glance from the dark brown eyes gave encouragement and moral support to patient and assistants.

I have emphasized the dexterity, prowess and courage of Fergusson as a practical surgeon. I have made no claims for a scientific outlook, such as had his

great successor in the Chair of Clinical Surgery at King's College, the immortal Lister: in some of his expressions of opinion before Royal Commissions he is thought to have been ill-advised: his undergraduate students thought him the poorest of lecturers, but they recognized his wondrous skill as an operator; even in the operating theatres his teaching was a matter of example rather than precept.

Did not Moynihan write, 'The art of the surgeon is the pillar of his science'? The pillars of art and the Temple of Science! And if you wander round the Forum in Rome or on the Acropolis in Athens or at Sunium, or those ruins in Southern France, Sicily, or elsewhere, you will find that it is the pillars, those fluted columns pointing upwards to the azure blue of the Mediterranean sky that survive: there is much truth in *vita brevis ars longa*.

The Fergusson Tradition

Among those who were house-surgeon to Fergusson were Henry Lee (1817–98), the very first house-surgeon at King's College Hospital, who subsequently went to St. George's Hospital; Henry Smith (1823–94) was house-surgeon in 1846, and in 1847 became his private assistant: he was present at Fergusson's death bed; John Wood was house-surgeon in 1850, of whom Plarr's Lives uncharitably says: 'ranks as one of the last English surgeons owing their position to that limited knowledge of anatomy as learnt by dissection'; George Lawson (1831–1903), who saw service in the field at Alma, Inkerman and Sebastopol, and becoming surgeon at Middlesex Hospital; John Whitaker Hulke (1830–95) subsequently surgeon to Middlesex Hospital; Christopher Heath (1835–95) went afterwards as assistant-surgeon to Westminster, and afterwards to University College Hospital.

William Paul Swain (1834–1916) succeeded Christopher Heath as Fergusson's house-surgeon, and subsequently became surgeon to the South Devon and East Cornwall Hospital. Others were James Kingston Fowler, later physician to the Middlesex Hospital; Arthur Fergusson McGill, who was Fergusson's godson as well as house-surgeon: subsequently surgeon to the Leeds Royal Infirmary (Moynihan was his house-surgeon); Francis Richardson Cross (1848–1931) was Fergusson's house-surgeon in 1871, subsequently a distinguished ophthalmic surgeon in Bristol.

Francis Mason (1837–86) was at one time a private assistant to Fergusson: later went to Westminster, and finally to St. Thomas's; also Hutchinson Royes Bell (1843–80), later as assistant-surgeon at King's; William Rose (1847–1910), also his private assistant: elected to staff of King's 1876. Sir St. Clair Thomson was his dresser, and spoke of Fergusson's strong Scotch accent; Thomas Bond (1841–1901) secured a surgical appointment at Westminster Hospital.

William Fergusson, like Lord Webb-Johnson, had a genius for friendship and seems to have known everybody. Thomas Madden Stone, who was in the service of the College from 1832 to 1883, first as assistant in the library, and from 1853 as Clerk, certainly dined with him at 16 George Street on occasion

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and also visited him at Spitalhaugh. On Stone's retirement a testimonial fund was organized with Sir Erasmus Wilson as Hon. Treasurer and Luther Holden as Hon. Secretary, and in 1883 a deputation which included the F.R.C.S. Sir Thomas Spencer Wells waited on Stone at his home in Wimborne and presented him with a purse of sovereigns.

The proximity of King's College Hospital to the College of Surgeons enabled Stone, who was in the habit of supplying the lay press with medical and surgical 'echoes', to readily hear of some of Fergusson's exploits, and the latter on an occasion in 1865 had to write and request Stone to refrain from giving him non-professional publicity: this referred to an operation on the superior maxilla.

Stone's habit of 'boosting' Fergusson did not escape the notice of confrères, and when the enthusiasm of the villagers of West Linton was 'bruited' in the press on the occasion of Fergusson's first visit to Scotland on 20 August 1866 after the conferment of his baronetcy, he wrote to Stone, 1 September, that 'it would be indeed hard if you were blamed seeing that you were so distant from the scene at the time'.

Fergusson evidently furnished Stone with 'titbits' of news; thus on 21 November 1862 he 'tipped' him that Caesar Hawkins had been selected as serjeant-surgeon. Jane Fergusson was a frequent correspondent to Stone, whose birthday almost coincided with her father's: on 20 March (Sir William's birthday) she wishes Stone 'many happy returns', and the College presentation to Stone was on 21 March. Stone published a series of portraits of eminent medical men drawn on stone and printed on India paper.

Fergusson was the friend of everyone; of authors and governesses; of editors and the stage; he 'hobnobbed' with the Church; he fished with the Duke of Buccleuch; he loved to dispense hospitality in George Street, Hanover Square, and at Spitalhaugh in Scotland. Everard Home, Brodie, Guthrie, Liston, Charles Bell in his later London period, had all resided in Mayfair: Fergusson after a brief sojourn in Down and Dover Streets, lived his life on the west side of George Street.

Among his special theatrical friends were Charles Kean (1800–68) and his wife Ellen Tree (1805–80), Henry Irving (1838–1905), John Toole (1832–1906), Squire Bancroft (1841–1926), Alfred Wigan, an extremely gentlemanly actor who stayed several times at Spitalhaugh, Walton Lacy, T. P. Cooke, great in nautical melodrama, and the Vokes family, famous in Drury Lane pantomimes: Frederick Robson was also one of his numerous theatrical patients. After Fergusson's death, James R. Anderson (1811–95), a fine tragedian of the old Macready school, made generous references to Fergusson in his 'Seven Decades of an Actor's Life', contributed to the *Newcastle Weekly Chronicle*, 1887–8.

One of the most delightful reunions of the London season was the annual gathering of notables of all sorts of celebrity at the Misses Fergusson's parties given at the residence of their father my dear old friend and fellow-countryman Sir Wm Fergusson . . . There one was sure to meet the élite of the literary, scientific, musical, artistic and fashionable world . . . people of

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title, authors, professors, opera singers, instrumentalists, barristers, painters, actors and actresses. On one occasion Sir William asked me to offer my arm to Mrs. Charles Kean whilst he escorted Mrs. Keeley to the supper room. Then came a mild stampede and a rush for places; it was great fun.

Regarding Fergusson's death James Anderson wrote:

I had the honour of his acquaintance for many years and deeply mourned his loss. He was a great man in his profession, a kind friend to those he loved, a noble host and an accomplished gentleman; devotedly fond of theatricals and honorary surgeon to our Covent Garden Fund. Nothing ever gave *him* or *us* more pleasure than when he joined us at our annual festivals given at Richmond or Greenwich. The world lost in him a gentleman, and the stage a staunch friend.

There are many references to the Fergussons in *Emigrant in Motley*, the unpublished letters of Charles and Ellen Kean (1863–6) to their daughter Mary. Thus Kean writes about finding a new Trustee of his Will: 'Fergusson is as old or older than I am and therefore would not do, but his son might answer the purpose, if he would accept the office.' Sir James did accept, and duly became Charles Kean's executor.

In March 1866, Kean wrote to his daughter:

It will be so nice for you in George Street should your natural parents become unnatural! you have only to cross the street to your adopted parents (i.e. the Fergussons).

Fergusson evidently liked the Wigans who visited Spitalhaugh; Alfred cut his name on the wooden wall of the harness-room in the stables, and Sir Louis Fergusson still has 'some affectionate letters which the wife wrote to Aunt Nell'. Kean calls them 'Bad people, very bad.'

Mary Kean certainly visited Spitalhaugh. She afterwards married in 1876 Cosmo Gordon Logie, of the Royal Horse Guards, and died in 1898.

Fergusson was a great family man: devoted to his wife and children: he married Helen Hamilton Ranken, who was two years older than himself, at Spitalhaugh in 1833, and pathetically in his diary on 10 October, 1875, wrote:

This is the anniversary of my marriage. It was in the room called the Back Room, and I wish that my wife were now alive to see all I have done for the place in which she so delighted. All her children have spoken of her enthusiasm in regard to it. I doubt if there be a family of three daughters and two sons who so relish all pertaining to the district.

Between 1849 and 1877 he had spent £25,000, gradually adding to the property.

Spitalhaugh House had been built in 1677 and there is a sketch of the house in Fergusson's hand as it was in 1843: the house is about a mile south of the village of West Linton which is situated on the southern slopes of the Pentlands about seventeen miles south-east of Edinburgh. Sir William in his lifetime had gradually elaborated the house into an imposing specimen of Franco-baronial architecture. Several different families live in the house today. The churchyard where the Fergusson vault is lies by the village green, alongside a burn. He may

The late Sir Gordon Gordon-Taylor

have hoped to found a great Border family with an appropriate mansion like Sir Walter Scott and Abbotsford, but in 1924 the property was sold by his grandson, Sir Thomas Colyer-Fergusson.

He enjoyed robust health until September 1875 when he wrote to a friend that his beautiful seat in Peebles did not seem to suit him. He returned to London in mid-October 1875, apparently active, though some observers noticed a little pallor and thought that a little of his wonted energy was missing. The hard winter of 1875–6 gave him bronchitis and nephritis was also found; however, he made an unexpected recovery, and was able to visit Scotland in July, returning to London in the end of October 1876. On 31 January 1877 he took to his bed, and died 10 February 1877. Sir James Paget in his Hunterian Oration on 13 February paid a noble tribute to him.

The obituary notices at the time of Fergusson's death spoke of his great-heartedness: his assistant-surgeon, Henry Smith, who was at his side as he passed away, thought him 'perhaps a little too easy-going and good-natured'. Syme whose professional rival he had been in Edinburgh and who never lost an opportunity of hailing him before committees and hospital boards for alleged professional breaches of etiquette, had for years continued his vituperations through the press, although four hundred miles away.

They make mortal incisions with smiling countenances, quite satisfied with the applause of spectators who estimate surgical skill not by results, but by the hands of a stop-watch. Avoid the coxcombery of dexterity.

The direction of these barbs was thinly veiled.

But there was no rancour about Fergusson, who at all times paid tribute to the Professor of Clinical Surgery in Edinburgh, and in his Hunterian Oration in February 1871 paid a noble tribute to Syme's memory. Some lines of the eulogy on Syme are quoted here:

Like most who have specially distinguished themselves in surgery, Mr. Syme began his brilliant professional career as a teacher of anatomy. His destiny, however, had been surgery, and he soon relinquished the scalpel for the knife of the surgeon.

The migration of Liston to London left Syme on the well-won throne of practical surgery in Edinburgh and Scotland; and how he held sway, and increased his renown, is well known to all who have watched our schools during the last thirty or forty years. There is scarcely a subject in surgery which he has not touched, and thereby adorned. Besides his standard works 'On the Principles of Surgery', 'On Excision of Diseased Joints', 'On Diseases of the Rectum', 'On the Pathology and Practice of Surgery', and his remarkable papers on stricture of the urethra and perineal section, he has written more voluminously in the shape of isolated papers on surgical subjects than any practical man that could readily, perhaps possibly, be named. His operations on the jaws, when they were little known in Britain, his revival of excision of the elbow, his special amputation at the ankle-joint, his ingenious plastic operations on the face, his operations on the great arteries for aneurism (on Hunterian Principles, and notably on the old principle), and his bold removals of the entire upper extremity, will indelibly associate his name with the grandest deeds in practical surgery with which we are acquainted.

Mr. Syme was in every sense an accomplished surgeon. His preliminary education was good; he had knowledge and skill in modern languages, and inborn taste for science and

Sir William Fergusson, Bt., F.R.C.S., F.R.S. (1808–1877)

natural history, which he cherished throughout life. But a passion for surgery seemed to dominate in his temperament. Happy for himself that it was so, for it may be justly said that he was king among his fellows: and happy it has been for surgery that such a man should have devoted his great abilities to the embellishment of that department of art and science in which the disciples of John Hunter are so deeply interested.

Some of the tributes paid to Fergusson contained such expressions as ‘unselfish to a degree’, ‘consideration for others’, ‘staunchest of friends’, ‘most forgiving to those who had done him wrong’, ‘high moral worth’, ‘best type of Christian gentleman’, ‘unfailing courtesy’, ‘a temper scarcely ever disturbed’, ‘a mind always calm and serene under the most trying circumstances’. If he had not the genius of Syme, he had none of the jealousies or unforgiving nature of the Edinburgh surgeon.

Lord Tweedsmuir, in one of the Walker Trust Lectures at St. Andrews University tells us that the gift of leadership or greatness is primarily one of character. There must have been something more than Fergusson’s supreme gifts as an operating surgeon that made hosts of his friends and pupils present him with a silver dessert service on the occasion of his baronetcy in 1866; that made 250 admirers of every rank and profession present him with his portrait in 1874; that forty private carriages followed his coffin from 16 George Street to Euston on a wintry February night in 1877, and that 2,000 men and women filled the station platform to see him off on his journey to his last resting place in the churchyard at West Linton.

‘And the greatest of these is charity.’ Plarr’s *Lives of the Fellows* says that he was beloved by hosts of students whom he had started in life and of patients whom he had aided gratuitously: he never forgot the face of a pupil. He loved surgery, he loved life, he loved his fellow men, but in February 1877 the flight of the surgical flamingo was ended.

Fergusson’s principal work is his *System of Practical Surgery*, London, 1842: 5th ed. 1870. He also wrote ‘Lectures on the Progress of Anatomy and Surgery during the Present Century’, 1867 (also in *Lancet*, 1864–7); and the following papers and pamphlets: ‘On Lithotrity’, in *Edinburgh Medical and Surgical Journal*, vol. XLIV; ‘Account of the Dissection of a Patient in whom the Subclavian artery had been Tied for Axillary Aneurysm’, in *London and Edinburgh Monthly Journal of Medical Science*, September 1841; ‘Case of Aneurysm of the Innominata, treated by Ligature of the Right Carotid Artery’, *ibid.* November 1841; ‘Introductory Lecture at King’s College, London’, 1848; ‘Hunterian Oration’, 1871; ‘Observations on Cleft Palate and on Staphyloraphy’, *Med.-Chir. Trans.*, vol. XXVIII; ‘Case of Excision of the Upper End of the Femur’, *ibid.* XXVIII; ‘Case of Resection of the Scapula’, *ibid.* XXXI; ‘On the Treatment of Aneurism by Manipulation’, *ibid.* XL; see also *Lancet* during many years for reports of cases.

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