

Short Articles

ILLNESS AND AMPUTATION IN THE EIGHTEENTH CENTURY: THE CASE OF SIR JAMES LOWTHER (1673-1755)

by

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ABSTRACT

SIR JAMES Lowther of Whitehaven (1673-1755) suffered from gout, and eventually had his right leg amputated in 1750. He also experienced other serious illnesses. Surviving correspondence between Lowther, in London, and his Whitehaven steward, contain graphic accounts of his health, particularly the serious illness and amputation of 1750. From these letters, and a document surviving in the British Museum describing an attack of erysipelis in 1742, a short, documentary account of Lowther's medical history has been compiled. If for no other reason, he deserves to be remembered for surviving an amputation without anaesthetic, at the age of seventy-seven.

The sufferings of our forebears in the days before anaesthetics goes without saying, but only occasionally does sufficient detail survive from which we can piece together the medical history of an individual. Sir James Lowther of Whitehaven (1673-1755) falls into this category. A lifelong sufferer with one of the eighteenth-century Englishman's most common maladies, gout, he spent much of his time and energy avoiding or containing illness. However, in 1750, at the age of seventy-seven he underwent a successful operation for the removal of his right leg. Not only did he survive, but he recovered sufficiently to make use of a wooden leg in the last few years of his life. Lowther had estates and collieries in Cumberland, and was a Member of Parliament. For nine months of every year he resided in London, and the frequent letters to his steward in Whitehaven never failed to include comments on his latest disability. This short account of his medical history is mainly based upon those papers, together with a further document surviving by chance in the British Museum.

Lowther's father, Sir John (1642-1706), had first developed gout in 1668. By his own account this was the year in which "my great sickness began" and from then until the end of his life he suffered frequent attacks. Between 1669 and 1671 he visited Bath and Tunbridge Wells to seek relief by drinking the waters. Frequent attacks continued, however, and he eventually decided to abandon travelling between London and Whitehaven. Following a severe illness in 1699 he settled permanently in west Cumberland, where he died in 1706.¹

Such a history of indisposition convinced his son, Sir James Lowther, that his best hopes of good health lay in a temperate regimen. Despite a reputation as a child for having "contracted a great[er] liking for strong drink than is usual in those of his

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¹Carlisle Record Office, D/Lons, Wills, Settlements and Associated Papers, 1565-1814, no. 20. D/Lons/W Sir John Lowther's letterbooks, Sir John Lowther to Lord Lonsdale, 25 January 1699.

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years”, he was an acknowledged water-drinker by 1701.² It was, he believed, necessary for him “to be extreme temperate to preserve a moderate share of health”. By 1736 he was in hope that his way of living had been sufficient to subdue the gouty humour in his blood, which, “if it had not been hereditary might have [been] entirely subdued”.³

Lowther certainly took great care of himself. He consulted Sir Hans Sloane (1660-1753), one of the best-known physicians of the day, when in London. Whilst in Whitehaven he employed as his personal physician Dr. William Brownrigg, a noted eighteenth-century chemist.⁴ In the 1730s Lowther began drinking asses’ milk as a curative. He also insisted that the Whitehaven apothecary should keep a stock of the best drugs recommended by Sloane, in case he should be taken ill whilst on his summer visit to the town.⁵

Despite all these precautions Lowther’s illnesses were frequent; indeed, from the mid-1720s he seems to have undergone what amounted to an annual attack of gout. Fits of gout are recorded in every year from 1726 until his death, with the exception of 1730 and 1749. No records for 1745 have survived from which to measure his health. Attacks normally began some time between November and March, lasting up to three months (allowing time for convalescence). Only once, in 1735, does he appear to have been afflicted whilst on his summer vacation in Whitehaven, although in 1737 his illness began so late (mid-May) that he abandoned the summer visit.

Apart from gout, Lowther also suffered from erysipelas, in 1742, and colic, in 1744. The first of these occurred in Whitehaven, and was described by Brownrigg in a long letter to Sir Hans Sloane, dated 10 September 1742:⁶

On Sunday last at dinner Sir James was first observed to be indisposed, although no manifest external cause was known which could disorder him except the changeableness of the weather. That evening he began to complain of an unusual load and heaviness all over his body, and heat and pain in his head, and a great stiffness and distension in the back part of his right leg (which leg had been swelled more than usual ever before since the fit of the gout which Sir James had last winter) he was very heavy and drowsy, slept much and seemed to labour under a great depression of spirits. On Monday he continued much in the same way as on the evening before, slept much and complained of thirst, which is what he has seldom done. The night following the pain in his leg increased and he rested but very indifferently.

On Tuesday morning he therefore sent for a surgeon who took 12 ounces of blood from his arm, which appeared very thick and sizey. Being sent for soon after I found his pulse quick, weak and depressed, his tongue white and dry. He complained of a heat in his head and was thirsty. The stiffness and distension in his leg was much increased; it seemed chiefly to affect the muscles *surales* and *chorda achilles*.⁷ The knee, ankle and foot in which he was before accustomed to have the gout, were no ways affected. He did not complain of any pain in his leg when it was lying in an easy posture, but found it excessive troublesome when moved in some particular directions, and compared the pain which it then gave him to the cramp, and since that time he has been constantly confined to his bed by it. I did not think fit to order him any medicines only desired him to drink plentifully of white wine whey, and other diluting liquors, and to make use of very light kinds of food, which he hath confined himself to ever since. On Tuesday night he had pretty plentiful sweatings from the use of the white wine whey, by which I found him much relieved.

²Ibid. Sir John Lowther to Dr. Lancaster, 9 August 1688, D/Lons/W, James Lowther to Sir John Lowther, 1 April 1701.

³Carlisle Record Office, D/Lons/W James Lowther to William Gilpin, 8 June 1710, Lowther to John Spedding, 11 March 1736.

⁴J. V. Beckett, ‘Dr. William Brownrigg, F.R.S.: physician, chemist and country gentleman’, *Notes Rec. R. Soc. Lond.*, 1977, 31 255-271.

⁵Lowther to Spedding, 15 May 1736, 16 April 1737, Spedding to Lowther, 22 April 1737.

⁶British Museum, Sloane MSS. 4034, f.267. I should like to acknowledge the help of Mr. P. Burge in explaining some of the medical terms.

⁷*Sural* muscle of the calf and *achilles tendon*.

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On Wednesday morning, his pulse being then considerably slower and more full, the heat and pain in his head and thirst were almost quite removed, and his lips were all covered with a kind of vesicular eruptions, as is common towards the crisis of pleurisy and other inflammatory fevers. He now found himself free from the heaviness and drowsiness, was very cheerful and had a good appetite. The sweating continued pretty plentifully most part of the day. He still complained of the stiffness and distension on the back part of his leg, and pain upon moving it, but thought that both his legs were smaller than they were before the illness, which we attributed to his lying constantly in bed. He also observed wandering gouty pains in several other parts of his body, particularly in the left knee. On Wednesday night the sweating went off.

On Thursday morning I found his pulse slow, regular and strong. There was a good sediment in his urine, so that the fever was almost gone off. He continued very cheerful, had a good appetite, and found the pain and stiffness in the right leg constantly abated.

But in the evening, pulling off the stocking to examine his leg in which the disorder was seated, he was much surprised to find that, since the preceding night, the skin was in many places risen into blisters several of which broke while the stocking was pulled off and discharged a thin, watery humour. The surgeon and myself being called, we observed all the leg to be very greatly swelled. It was in many places covered with blisters, one of which was extended along the back part of the leg from the middle of the leg almost to the heel. Those parts of the leg which were not covered with blisters were of a florid red colour. Upon applying the hand to the leg it felt very hot and exceedingly stiff and hard. The parts which were pressed upon did not pit in, but appeared white, although upon removing the hand from them they again immediately recovered their red colour. The knee and foot were no ways affected by the inflammation.

As we judged all these symptoms to proceed from the great inflammation of the leg and its violent distension by the humours, in order therefore moderately to relax the vessels and abate the violent tension of the part, to resist the putrefaction of the humours and promote perspiration through the cutaneous vessels and so remove the inflammation, we thought proper to apply a fomentation prepared of a decoction of hypericum, centaury wormwood mallows and other discutient and emollient ingredients, to each quart of which we added about ʒiij⁸ of camphorated Sp[irit] of Wine. This we have used once every four or five hours and today, viz.

Friday we find the heat and tension of the leg very considerably abated, especially towards the knee. We have opened several of the blisters, particularly the large one along the sural muscles, and two which were about the middle of the leg towards the forepart of it. Sir James is entirely free from the flying gouty pains, and does not complain of any great heat or soreness in the inflamed leg, or of that violent pain like the cramp which he had upon moving it, and he is cheerful and has a good appetite. He does not now seem to be affected with any considerable feverish heat, although his tongue is still a little dry, his urine today high coloured and without sediment, and has a little thirst. I have not yet ordered him any internal remedies, but if the last mentioned symptoms continue, intend to advise him some draughts of Sal Absinth⁹ saturated with full Limars and mixed with some moderately warm ingredients. We intend to continue the use of the fomentation until the inflammation is removed, which we hope may be in a little time. And afterwards intend to apply the Ung Diapompholid¹⁰ or some other moderately drying ointment.

Two years after this illness Lowther had an attack of colic. He told John Spedding, his Whitehaven steward, that the illness

proceeded from the obstructions of the bile. I had continual vomiting and retching for almost twenty-four hours and great sickness in my stomach, and grievous pains there in my bowels, back and sides. The vomiting was soon stopped, but the pains, and uneasiness of the parts, continued and went off slow. I believe there was nothing of the gout in it. I have had a little return of it again. The doctor thinks to carry it off soon, but that nothing will secure me from returns of it like going to the Bath [*sic*] after a while and drinking the hot waters there at the pump for a fortnight. I design to do so.¹¹

He spent most of September in Bath, and later claimed to have derived great benefit from the visit.¹²

⁸This represents the symbol for three drachms.

⁹Probably a salt of absinthic acid; the acid derived from wormwood (*Artemisia absinthium*) used as a gastric tonic and anthelmintic.

¹⁰Unclear in the text. Two possibilities are Unguentum Diachylon and Unguentum Diachylon Carbolisatum, both of which could be used in drying. They would not be used today, especially on broken skin, owing to the high lead content.

¹¹Lowther to Spedding, 9 August 1744.

¹²Lowther to Spedding, 13, 25 September 1744.

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Without doubt, however, it was the illness of 1750 which was the most serious; indeed it was very nearly fatal. The customary attack of gout arrived in February and was extremely severe. He wrote to Spedding on 15 March. "It is next to a miracle that I am now alive. For four or five nights about the end of February I was not likely to live, but God Almighty was with me and comforted and supported me in a wonderful manner."¹³ It was, he added twelve days later, "as uncommon and severe an attack as few men in England of my age would have got over."¹⁴ During April he appeared to be recovering, only to suffer a relapse in May. On the 8th he told Spedding that he had "a general want of sleep in my bed, and such inflammations as burnt me up within and hindered me from sweating outwardly." Two weeks later Lowther's cousin, Catherine Orfeur, heard that he was dying, but the report proved to be unfounded.¹⁵

By early June Lowther's condition was giving cause for concern. John Stevenson, a cousin and London business associate, told Spedding, "He is greatly wasted and weak, and I much fear he will not get the better of this sixteen weeks grievous disorder without it please God to give him a speedy and favourable turn in his stomach . . . prepare you for the worst."¹⁶

Despite such gloom, Lowther soon began to show signs of improvement, but by mid-July the condition of his right leg was desperate. Stevenson described its appearance to Spedding on the 28th:

the symptoms of this last deep and hollow wound on the side of his instep are not favourable, at best bespeak a tedious cure. I fear one of the small bones in the bottom of the wound near the root of the great toe is bare, by its whiteness and hardness. The surgeon had some faint hopes yesterday it was a large piece of hard chalk that had generated in that obstructed foot.¹⁷

On 7 August he wrote again:

after a very promising appearance of the wound, we had a fresh flood of matter three days ago came pouring into the wound, and it was absolutely necessary (as indeed it since appears) to pursue the probe with the scissors and lay open the foot for two inches across the top of the instep, where two or three of the bones of the meta tarsus have since discovered themselves to be foul, the ligament that covered them quite decayed, and it is much to be feared those bones will unavoidably exfoliate and quite throw themselves off, to the loss at least of that foot in a person of his age and infirmity . . . The said bones are partially separated in their articulation, and it is somewhat probable they are foul underneath.¹⁸

There now seemed little hope without major surgery, and a few days later Lowther's right leg was amputated. On 18 August he dictated a letter to Stevenson in which, with almost dispassionate calm, Spedding was informed that

the long continuance of my grievous disorder and the great quantities of matter my fever had, in the beginning, thrown upon my limbs, brought me under a necessity of parting with my right leg, which operation (by God's assistance) I complied with on Thursday last, and am as well as ever since, as anybody can be conceived to be under such circumstances.¹⁹

Lowther himself was rather more explicit about the affair, adding the details in a covering letter to Spedding:

It was high time to apprise him of the danger of delay and what was necessary (with his consent) to be done, both which he submitted to with his own peculiar calmness and resolution without the least

¹³Lowther to Spedding, 15 March 1750.

¹⁴Lowther to Spedding, 27 March 1750.

¹⁵Lowther to Spedding, 8 May 1750. D/Lons/W Additional Correspondence, bundle 42, Catherine Orfeur to John Spedding, 22 May 1750.

¹⁶John Stevenson to Spedding, 9 June 1750 (Stevenson's letters are among those from Lowther).

¹⁷Stevenson to Spedding, 7 June, 21, 28 July 1750.

¹⁸Stevenson to Spedding, 7 August 1750.

¹⁹Lowther to Spedding, 18 August 1750.

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tendency to faint under the operation, which was performed with the greatest appearance of success by Mr. Bell, assisted by Mr. Middleton, another eminent surgeon who had been consulted before, as well as Dr. Wilmot. N.B. There was no mortification in the muscular parts to induce an amputation, but only a caries of some of the bones, and the tendon of the leg rotting.²⁰

Lowther had just passed his seventy-seventh birthday, but not only did he survive the ordeal, he showed no wish to retire from active involvement in his business affairs. Within a few days he was dictating letters to Stevenson, and, after four months in bed, was at last sitting in an armchair by mid-September. The following month a wooden leg was being made, although it took rather longer than expected for the stump to heal. So, although by February 1751 Lowther was going out again,²¹ it was not until May that the first news was sent to Whitehaven of his using the leg. On the 17th he started taking tentative steps in his bedroom. By the 21st, with help, he could “get along from the window in my room towards the street, to the window that looks into my garden backwards, and as I am much better at it every day, I doubt not in a month to walk alone with one or two sticks, so as to travel to Whitehaven and be better for the journey.”²² By 28 May Lowther had made sufficient progress to walk downstairs. Two days later he could “walk so well on my stump with a stick in each hand without a servant having any hold of me”, and on 6 June he took great delight in being able to walk into the House of Commons for the first time since his illness began. A week later he got a new artificial leg, which fitted so well that he was able to walk with just one cane, “better than I have yet done with a cane in each”.²³ A month later, wooden leg and all, Lowther travelled to Whitehaven to pay his customary summer visit. Perhaps not surprisingly he appreciated the journey more for having been so ill: “it is exceedingly pleasant to me that have seen little for a year and a half”.²⁴

Lowther’s survival of the operation and his subsequent recovery was remarkable. He continued to run his own business affairs and to travel each year between Whitehaven and London. His annual attacks of gout continued, but his death was, in the end, sudden. The last mention of his health was in a letter written on 23 November 1754. He continued to write regularly until 31 December.²⁵ He died two days later at his London home, and was taken to Whitehaven for burial. Despite his chronic ill health, and the serious illness of 1750, he lived to the age of eighty-two.

²⁰Stevenson to Spedding, 18 August 1750.

²¹Stevenson to Spedding, 15 September, 20 October 1750, Lowther to Spedding 28 February 1751.

²²Lowther to Spedding, 21 May 1751.

²³Lowther to Spedding, 25, 28, 30 May, 6, 13 June 1751.

²⁴Lowther to Spedding, [?] July 1751.

²⁵Lowther to Spedding, 23 November, 31 December 1754.