ENGLISH DOMESTIC MEDICINE IN THE EIGHTEENTH CENTURY—IV

From the Letters of Josiah Wedgwood

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'Mice Volanti'

Early in November 1769 Wedgwood visited Bentley in London, and apparently during this period suffered some trouble with his eyes. On his return home, the condition having become worse, he consulted his surgeon, Mr. Bent, who advised that 'he should use them as little as possible and not to write by Candlelight.' He continued his numerous activities at the works and elsewhere and a month later he reports, 'my eyes continue the same.' His general health remained good, but he could not escape the feeling that his 'eyes were in a bad way and both equally affected.'

In January he was recommended to consult one Dr. Elliot:

'The Dr. I apply'd to has made these organs his study for many years, and is the most famous in this branch of the healing Art of any man in England. He cured the Duke of Bedford who was with him several weeks, and he was just return'd from attending the Duchess of Norfolk at Bath for a complaint in her eyes much the same as mine, when I waited upon the Dr. at his house. He has cured her, and hopes he shall be able to set me to rights but says there is always *some danger* in these cases (Mice Volanti, I think he calls the disorder). He has ord'd me a Collyrium consisting of Elderflower water, Sp^t of Wine Champorot^d-Sug^r of Lead and something else which I have forgot and with this I am to wash my eyes three times a day, and use them favourably and see him again in March, but in the meantime I must let him know the effect of his prescription. I have made use of it a week and percieve no alteration. The Atoms which appear when I look at the sky, the line or lines which are pellucid, and the little clouds continue still before my eyes when I look at the sky, or any distant object, as usual, and *sometimes* upon the paper when I am reading or writing but not allways. These things do not allways appear before my eyes, and never in the dusk of the evening or by Candlelight, but I can allways find them (in the daytime) by looking for

them in the Air, or against a cieling, and sometimes against the floor but not allways there. They are near, or farther from the Eyes, in proportion to the distance of the object I am looking upon. When I look at the sky, or at a distant landskip they seem floating in the air at twenty or thirty yards distance, allways descending till I raise them again by a turn of the eyes. If I look at a Window they are upon the glass, and float upon the paper (when they appear at all in that situation) when I read or write. The little Atoms are lucid, fill the whole compass which the eye takes in, and are ever twinkling and in motion. But these sorts of Atoms I have allways seen from a Child though not in the same degree as at present. The Dr. says that both they and the other appearances are of the same disorder. Both my Eyes are equally affected. The *lines* and *clouds* assume various forms but ever appear like two distinct and different objects—the lines allways pellucid, and the clouds dark and more opaque.'

He was definitely worried and the matter was apparently a topical subject of conversation in his home and among his friends.

'Mr. Whitehurst was at Etruria about fortnight since but I was at this place (Spence Green) and did not see him. He told Mrs. Wedgwood he wo^d insure my Eyes for 6d.—he had been affected in the same way, thought he was going blind immediately and apply'd to Dr. Darwin for advice. The Dr^r told him he was very safe—that everybody at one time of life or other had the same appearances before their eyes, but everybody *did not look at them*, that he wo^d be well again in a little time, which he soon was, and says he has no doubt but shall be so too.'

Though Wedgwood held a good opinion of his specialist and had confidence in his ability he was persuaded by Bentley to consult Mr. Bent again. Apprehension and fear had gripped him.

'I have seen Mr. Bent to-day at Newcastle and told him you had sent me to consult with him upon the disorder in my eyes. He says

perpetual blister, or a caustick behind my neck is *absolutely necessary for my safety*. I did not greatly like the earnestness of his manner for reasons you will easily get at, but I intend to try his prescription, though I must first consult the Doct^r under whose care I have put myself, and of whom I have a very good opinion.'

Following this nice allusion to medical ethic he proceeds (Bentley apparently has mentioned similar symptoms in himself, perhaps to placate his friend):

'I sh^d, my dear friend, be under some uneasy apprehensions for your Eyes, if I was not perswaded the crisis was over, and the danger past. Many I believe are attacked with this disorder. Some are perfectly recover'd, others remain in the same way with little variation their whole lives, whilst in others the disorder hurries on to the last dismal stage, a total deprivation of sight. Yours, my friend, I believe, and rejoyce in it, is of the middle kind, and there is all the reason in the world to believe the disorder will not proceed any farther, but I wish nevertheless you may believe them in so much danger as to induce you to use them *gently*. The disorder in my eyes is *recent*, and the event *uncertain*, but I am learning to acquiesce in this, whatever may be the issue, as I wo^d wish to do in every other unavoidable evil.'

He fears the worst and wonders what he should do, for at the age of 40 he is inflamed with the spirit to promote his art by the contribution which he believes he alone can make.

'I am often practising to *see* with my *fingers*, and I think I sho^d make a tolerable proficient in that science for one who begins his studys so late in life, but shall make a wretched walker in the dark with a single leg.'

Gossip about similar cases served only to aggravate and perpetuate his anxiety.

'I must, my dear fr^d scarcely use these eyes, or this head of mine at present—my *life*, as well as my *sight* is at stake, for I find this disorder with which I am affected nearly as often deprives the miserable patient of one as the other, of which we have had two recent instances in this neighbourhood very lately wh^{ch} have come to my knowledge, and many more perhaps, of which I am unacquainted, for I have made no enquiry after such cases. If the disorder is seated near the brain w^{ch} is often the case, vertigoes, convulsions, etc., put a period to life and sight together. I only mention these things now as a reason why I dare not make use of my pen. Time—perhaps a little time may effect a change, and whether it be favourable to my hope, or the contrary, I shall endeavour after that resignation and fortitude which I know my

best friends wo^d advise, and if possible inspire me with through every trying occasion in life.'

Still the work went on under the lurking shadow of sudden death, and with it the end of his invention and claim to fame.

'Do not think by what I have wrote that my eyes are worse, but I am sensible of my danger, and the last attack may be sudden and not give me an opportunity of communicating many things which I wo^d not have to die with me.'

During the next six months he improved but then suffered a remission in which he again felt his life endangered. But it passed and for two years he remained well. Then from a letter to his nephew in April 1774 we learn:

'My Eyes were in so bad a state that I was under the greatest apprehension of loseing my sight, and was forbid almost to look upon writing paper. My eyes are better now, but far from being well, however I have not got those apprehensions of immediate loss of sight which I had on the first attack of the disorder, and I am told they are in no danger of a Gutta serena which I at first apprehended to be the case.'

Experience and the passage of time had brought a more placid outlook. The year 1772 was, for his wife, a time of almost continuous illness, acute rheumatic fever, a serious miscarriage and finally, collapse. Wedgwood's restless, sensitive temperament was sorely tried and the strain reflected itself in headaches, sleeplessness and:

'Writeing, sometimes even a single letter only, has for some time past brought on an uneasy sensation of straightness across my breast. I let writeing alone all last week to try what effect it wo^d have, and it had a very good one, for my breast was quite easy, but being oblig'd to write a few letters this morning I feel it will return again.

'Another symptom has alarm'd me a little, I have been growing thinner for some years past, but this summer I have lost a great deal of flesh. When I came from London last I could not wear any of my Cloaths till they were taken in several inches, and showing Dr. Darwin by one of my Wastcoats how much I was sunk in 9 or 10 months, he said it was wrong, and I must be very carefull of my health.

'After examining me very particularly, he said he wo^d not order me any Physick at present, as I was in rather a delicate situation in respect to my health, but he ord^d me to live pretty well, to take moderate exercise and to keep free from care and anxiety, and let him know if I sunk in my flesh.'

A month later he confesses that bodily he feels very well but not 'so stout of heart.' As usual it passed.

Here, by contrast, however, are the reactions of a good fellow, whose good living may have affected his liver rather than his heart.

'Last night I return'd from Bolton where I saw your friend Mr. D. Rasbottom who is much better than he has been, but is subject to sudden, very violent and alarming fits of pain and which his friends think dangerous and wish him to have some good advice. He tells some of them in his jocular way that no man alive has more advice than he has. His wife advises him from morning 'till night. His friends all advise him wherever they meet him, and besides all this he has submitted to have the advice of an apothecary, but is thankful to find their advices so contrary that if he was to follow them all they would neutralise each other, and no great harm would issue.'

The sequel is not told, but perhaps laudanum proved more effective than small beer, or did it?

Old Age

Geriatrics, the study of the problems of the aged, is a new branch of medicine, but old people, though formerly fewer in number, have always occurred in the family circle.

When Josiah Wedgwood was aged nine years his father died at the early age of 52 years. His mother, who was probably of similar age, then went to live with her daughter, Mrs. Byerley, herself a widow, who kept a milliner's business in Newcastle-under-Lyme. Wedgwood and his family frequently visited there but apart from one casual remark there is no reference to the old lady. She died about 1768.

His favourite sister, Katherine, married the Rev. William Willett, a Unitarian minister at Newcastle, who was many years her senior. To him Wedgwood owed a deep debt of gratitude for it was he who tutored him during a long illness and so stimulated his study of the philosophical sciences and the classics. It was this same humble theologian who first inspired Joseph Priestley with a love of research into natural philosophy, particularly magnetism and optics.

Mr. Willett, until the age of 78 years, maintained full vigour of mind and body, but at that time he became physically enfeebled and reluctantly had to resign his charge. He rallied for a short time. Hackwood modelled a portrait bust of him and when sending a copy to Bentley on July 5, 1776, Wedgwood writes:

'You may keep it as a shadow of a good man who is marching with hasty strides towards the Land of Forgetfulness.'

He lingered on for two years, just the slow inevitable decline of old age.

'Poor Mr. Willett is very ill, and I am afraid not likely to recover and Mrs. Willett will soon be as bad as himself for he will permit nobody else, either day or night, to do anything for him, and he has not had an hours quiet sleep for many nights past, and is very ill with so much anxiety and watching, notwithstanding which could not prevail upon the good old gentleman to have anybody with him last night but his wife. But his faculties are much impaired, and old age should be rendered as easy and comfortable as possible in complying with its caprice when the sacrifice it requires is not too great.'

At this date Wedgwood was only 48 but he muses:

'The decline and weakness's of old age afford but a melancholy prospect to those who feel themselves approaching fast to the same state, and from the observations I have made I find the oldest men—Philosophers, nay even Christians and the firmest believers cling as fast to this wicked world as younger folks and those who have their doubts concerning futurity.'

Mr. Willett's end came peacefully ten days afterwards:

'This truly good mans death was of a piece with his life, calm, serene and sensible to the last moment. A little after nine this morning he assisted him to drink a dish of tea as he sat in his chair, and a few moments after he expired in one single sigh. He had no pulse this morning, gasp'd for every breath, and after thanking his wife for all her goodness to him, and telling her he knew he was dying, and believed he should go off in a slumber, he still talk'd of coming down to take that breakfast with the family, which was scarcely out of his mouth before the lamp of life went out, merely thro' the want of a single drop of oil to sustain it another moment, and thus death, such an one as I suppose would be the general lot of mankind if accidents of various kinds did not interrupt the gentle hand of nature in preparing us to take our final rest.'

As so often happens, unfortunately, in marriages between partners of such disparate ages, he left 'a young and pretty numerous family' to be brought up by his poor sorrowing widow. Within a year his eldest daught, Kitty, on the eve of marriage, died of rapid consumption, and a few months later her sister Sally had manifested all the commencing symptoms of the same malady.

Wedgwood was likewise very attached to his father-in-law, Richard Wedgwood, retired cheese factor of Spen Green, Cheshire, whom he always affectionately called 'his father.' In 1770 the old gentleman suffered a 'fever of a bad kind,' in which the fever declined slowly but with occasional rises

over a period of five weeks. During his illness he was cared for in his home by his daughter, a filial duty highly commended by her husband.

'I left Spen Green yesterday and this time have brought my Wife and Child along with me. Etruria is now beginning to brighten up and look like itself again, five long weeks of absence have hung very heavy upon me, but her aid was much wanted to nurse and comfort an Aged, and

worthy parent, and I was well pleased that she was able to pay this debt of duty and affection to him. He is now pretty well recover'd.'

When his only son died four years later, the weak old man was grief-stricken, so Wedgwood decided to fetch him to spend the remainder of his days with them in their home at Etruria.

The problems of the ageing workman are more appropriately considered elsewhere.

CLINICAL SECTION

CLINICO-PATHOLOGICAL CONFERENCE—No. 10*

'Emphysema'

Case History (Dr. C. L. Cope)

The main theme of the case we are considering today is that of primary lung failure. It concerns a married man, aged 48, by recent occupation a bus conductor, who was first admitted to Hammersmith Hospital on January 17, 1949, complaining of shortness of breath and attacks of unconsciousness. His history was that from 1918 to 1930 he was a stoker in the Royal Navy and was quite fit, playing football, boxing and indulging in other strenuous activities. In 1937 he began to note mild dyspnoea on effort but this was little more than might have been due to his age. In 1939 he rejoined the Royal Navy but now found stoking difficult although he continued for a year. In 1943 he was discharged from the Service with severe headaches which were attributed to hypertension. In 1941 he had an appendix abscess and this recurred in 1946. In 1944 he started his work as a bus conductor, and in 1946 he noticed a gradual increase in dyspnoea on exertion together with periodic attacks of winter bronchitis. For the last three or four months of 1948 he used to arrive home from work, after about a mile walk, blue and dyspnoeic. He recovered from this after a short rest. Four weeks before admission he had a mild dyspepsia which cleared up on taking alkalis. One week before admission he was compelled to give up work because of dyspnoea. He consulted another hospital where an X-ray of his lungs was normal, and he was told that he was suffering from

'nerves.' Four days before admission he began to get attacks of cyanosis whilst at rest. This cyanosis was deep and was not associated with dyspnoea; it was of gradual onset over 10 to 15 min. and ceased in a few seconds when he was stimulated by shaking or walking him about. These attacks were accompanied by drowsiness and disorientation; they only occurred at rest or when asleep. Between these attacks he was absent-minded and his wife noticed that he frequently dropped things held in his hand. He now complained of mild precordial pain on exertion and he was liable to fall asleep every few minutes: he was seen to have frequent face and hand twitching when asleep. There was no nocturnal dyspnoea and at this time no wheezing of his chest.

Condition on First Admission. On admission on January 17, 1949, he was seen by the Casualty Officer to become suddenly cyanosed, dazed but not unconscious. His pulse became irregular but in spite of the deep cyanosis respirations were quiet and shallow. On arrival in the ward cyanosis was only slight. His temperature was 99, pulse 100, respirations 24, easy but shallow; there was no dyspnoea. He was rather drowsy and apathetic and no history could be obtained from him. Blood pressure was 150/90. Jugular venous pressure was +8 cm. There was no clubbing of the fingers and no oedema of ankles or sacrum. His chest was rather fixed but not barrel-shaped; it had an emphysematous percussion note. Fine respiratory crepitations were heard at all areas, but there were no inspiratory or expiratory rhonchi and no indications of bronchial spasm. There were a few coarser crepitations at both bases. Sputum was scanty and mucoid. In the cardiovascular

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