

**By the Historical Method Alone Can Many Problems in  
Medicine be Approached Profitably  
– William Osler<sup>1</sup>**

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This volume of *Topics in the History of Medicine (THoM)* is devoted to papers presented at the 2023 BSHM Congress in Cardiff, presided over by Mike Davidson. The Congress featured oral and poster presentations on three main themes and general submissions. In this volume there are five papers on Medicine in War and Conflict, one from Medicine in the Age of European Colonialism, one on Literature and Visual Arts as a Historical Resource and a further two from miscellaneous contributions. By selecting and accepting papers submitted, I have attempted to reflect the extraordinary energy and enthusiasm from the hugely successful Cardiff Congress. The result is a diverse range of papers and authors.

Graham Kyle, a retired ophthalmologist, discusses the condition known as Egyptian Ophthalmia, an eye disease characterised by severe pain, redness, swelling of periocular tissues, causing significant sight loss, which affected both British and French troops involved in the Egyptian campaign. Many thought it resulted from local conditions in Egypt, principally the strong sunlight or the dampness at night. However, regimental surgeon Arthur Edmondston disagreed and successfully argued that the condition was in fact contagious.

Edward Wawrzynczak, BSHM President and Journal Editor, describes how hospital ships cared for British soldiers in the long nineteenth century. He discusses how these ships worked with auxiliary vessels including troop transports and naval troopships, supported by marine and river vessels, to clear field hospitals, treat the sick and wounded, isolate infectious cases, house convalescents and repatriate disabled people, predominantly soldiers but also seamen and marines, with some non-combatants. These developments of the previous half-century laid the foundations for British military use of hospital ships in the 1914-18 war.

Robin Fixter-Paterson, an archivist, evaluates the letters of Patrick Heron Watson who was twice President of the Royal College of Surgeons of Edinburgh. Watson, like

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<sup>1</sup> Osler W. *Aequanimatas*, Third Edition. Philadelphia: Blakiston; 1932. p.212-213.

many of his contemporaries, rushed at the chance for a rapid development of his surgical skills through military service, but his expectations were overturned. Watson's account took place exclusively on the hospital wards and in the surgeon's lodgings rather than on the battlefield. All of which led to many enlightening episodes in which he endured Army inefficiency, hospital politics and multiple brushes with death.

In a fascinating paper, Marius Dumitrescu, a psychoanalyst and philosopher, and pathologist Gabriela Dumitrescu explore the mental attitudes to violence. They argue that Sigmund Freud and Carl Gustav Jung understood the idea of the unconscious being seen as the seat of aggressive drives which can lead to disruption in human consciousness. Freud studied patients from World War I, who were under his care with war neuroses, and observed human aggression along with the existence of the instinct to kill. Furthermore aggression, according to Jung, sent humans into an area of prehuman atavisms.

An expert in clinical care, Ian Nesbitt evaluates the differences between the medical services of the Allied and Axis powers in World War II, using anaesthesia and resuscitation, and then triage and casualty evacuation, as examples of different national approaches to acute care. He discusses the underlying differences in professional education and access to technology between the opposing armies and concludes that this led to marked differences in mortality rates for the wounded in these nations.

Henry Connor, a retired consultant physician and an honorary research fellow in the History of Medicine in the University of Birmingham UK, explores medical topics in nineteenth-century British India. He examines relationships in healthcare between the British and Indian population, especially, but not limited to doctors, and exemplified by changing attitudes to the causation of disease and perceived professional abilities. Henry also describes attempts to mitigate what were seen as the harmful effects of the Indian environment and climate on European constitutions and argues in this thoughtful paper that there is ample scope for further research in this area.

Peter Mitchell, senior lecturer in Early Modern English Literature, in a challenging but stimulating paper sets out to answer the question, why should dissection be considered in the Renaissance to be a remedial event at a time when anatomical knowledge had little direct use in the practice of medicine and surgery? He explores how dissection dismembers yet simultaneously connects and integrates parts into their functioning relationship to the whole body, which is the foundation of health. The article examines the connection of anatomy with legal practice through the dissection of criminal cadavers, revisiting the concept of dissection as punishment, and argues that anatomy may have been thought to promote the healing of injuries inflicted by offences against the body politic.

Adrian Thomas, a retired radiologist and past president of BSHM, with his co-author Conrad Donaldson discuss the Welshman William Morgan who was an apothecary, actuary and scientist. In his long life he made significant contributions to the development of actuarial science, as well as to the understanding of electrical phenomena. Morgan's successful career demonstrated the professionalism and skills needed to be an actuary to such an extent that within fifteen years of his death the Institute of Actuaries was established in 1848.

In an intriguing paper Stephen Gillam, a retired GP and public health specialist, examines the proposition that doctors are thought to have parents who are also doctors.

From the eighteenth century onwards, the advantages of being able to join a medical relation, perhaps first as an apprentice then as a partner, had benefits both financially and socially. Stephen argues that the high proportion of doctors' children recruited to medical schools may be because doctors had ample financial means to support their children, or perhaps their children developed an interest in medicine because of their parents' line of work. Today however, the number of entrants to medical school has expanded with an increasingly diverse background.

These nine papers all support the views proposed when this new journal was launched in 2021 in the first editorial by Mike Collins and Christopher Gardner-Thorpe, that *THoM* 'will have a distinct and unique flavour reflecting the characteristics that distinguish the BSHM and its membership'.<sup>2</sup> This view was illustrated by Hilary Morris, BSHM President Elect, in the same edition where she argued that medical history as a subject progresses because there is 'more of a collaboration between those who are fascinated by the history of medicine, regardless of their academic credentials' and that authors should come 'from diverse backgrounds yet whose common goal which is to share a particular area of interest that will ultimately add to the wider picture which is the history of medicine'.<sup>3</sup> In 2022 Mike Davidson when president of the BSHM wrote that the society needs to 'reach out and engage with the wider historical community, from academics in the humanities department to health undergraduates undertaking a humanities module or reading history and looking to fine tune their understanding of the history of healthcare'.<sup>4</sup> To large extent this volume has achieved this purpose, reflecting the wide and diverse interests of the BSHM and *THoM*.

There are naturally many people to thank for my involvement with Volume 4. First Editor-in-Chief Christopher Gardner-Thorpe along with the Editorial Board for inviting me to take on the task of guest editor for this volume. Specifically, the expertise and diligence of Edward Wawrzynczak the journal editor was invaluable to me. But it is the authors who submitted their papers and the reviewers who have given their time to improve the quality of the papers to whom I am really grateful. I have no doubt that many of you reading the papers in this volume will find them exciting, interesting and stimulating, and hope they will encourage further research in the subject. The articles in this volume all go a long way to reflect the depth and experience of the membership of the BSHM.

To quote William Osler:

The past is always with us, never to be escaped; it alone is enduring; but, amidst the changes and chances which succeed one another so rapidly in this life, we are apt to live too much in the present and too much in the future.<sup>5</sup>

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<sup>2</sup> Collins M, Gardner-Thorpe C. A New History of Medicine Journal. *Topics in the History of Medicine*. 2021; 1: 1-2.

<sup>3</sup> Morris H. Who Really Owns the History of Medicine? *Topics in the History of Medicine*. 2021; 1: 3-5.

<sup>4</sup> Davidson MJC. New Models for Enabling Member Recruitment and Retention? *Topics in the History of Medicine*. 2022; 2: 1-4.

<sup>5</sup> Osler. *Aequanimitas*, 1932 (Note 1). p.8-9.

## **Keywords**

History of medicine, British Society for the History of Medicine, BSHM, War and conflict, European colonialism, Literature and visual arts

## **Biographical details**

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