EXTRACTS FROM "MISCELLANIES" OF SIR JAMES McGRIGOR.

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In the library of the Aberdeen Medico-Chirurgical Society, a Society of which Sir James McGrigor was the chief founder, and with which he remained in close and intimate relations till his death, there is a large number of manuscript papers presented to the Society by him some years before his death. I hope to be able to give some account of them at a later date; but they are written in ink which has generally faded considerably in the century or more since they were written, while water has damaged some of them, and, in addition, the writing itself offers not a little difficulty to the transcriber. Meantime I am much indebted to the Council of the Society for permission to make use of them. The following extracts are made solely from one slender volume entitled "Miscellanies."

While Sir James's fame rests securely on his great talents for administration, one has only to glance at his purely professional work to see how excellent was his ability, and how, had he followed his intention of establishing himself in private practice at the close of the Peninsular War, he might have risen to eminence in that walk of life, having already, at the age of 44, firmly established his reputation as an administrator. It will be remembered that he set sail with his regiment, the 88th Foot, from Portsmouth at the end of 1798, and reached Colaba, where they were to be stationed, in the following June. In June, 1800, he submitted his first annual report to the Medical Board at Bombay. This begins with some remarks on the barracks, in which he points out their deficiencies, and that instead of having been built on the central ridge of the island, exposed to all winds, they had been placed in the worst site. The report takes each month in turn and comments on the climatology and prevailing diseases and their apparent causes. In July there were 129 cases of dysentery alone, and 20 per cent. of the regiment was in hospital, while hepatitis appeared in August.

"Cases beginning as dysentery often ended as hepatitis, and, if not the same disease, the two are most closely allied in this
Taking the two together, there were 544 cases with 40 deaths during the year, the strength being a little over 500. Of the 40 deaths, 22 were examined post mortem, "and in 16 of these we found the liver diseased. So large a proportion as 16 out of 22 cases of dysentery and hepatitis taken together, having on dissection evident marks of diseased liver, the natural conclusion is that dysentery is almost always connected with a disease of the liver as a cause; that the diseases are, however, sometimes distinct and separate, we have satisfactory proof of, even from dissection." "When the symptoms indicated a suppurative state of the liver, I have never seen any medicine serviceable." The report ends as follows: "A loss of \( \frac{1}{4} \) in the first year in this climate of a regiment we learn, is as small a proportion as most newly arrived European corps have suffered in the same period, yet this proportion of deaths is very considerable, and if continued would in a short period exhaust a corps. In a political and economical view this waste of men is alarming, and were we to calculate what a loss of forty-three European soldiers cost, it would be highly worthy of the attention of the Honorable Company to take measures to lessen this waste of men, and that the gentlemen who direct the medical affairs in this country could suggest these measures there can be no doubt. Though to newcomers sickness is in a great many cases unavoidable, yet perhaps in as great a number of cases the cause of sickness might be, if not obviated, often lessened. Our loss has not been entirely confined to men. Of thirty-five women who landed with the regiment in India, five have died in the year, and of nineteen children thirteen have died during the same period, and all of them under 5 years of age."

During the following year the regiment was in Ceylon and Egypt after leaving Bombay. On December 5th, "with the exception of one, every man in the regiment appeared on the parade, and this was the case of consumption already alluded to. I met him on his way from the hospital to the parade, and I had some difficulty to prevail with him to return to the hospital." "For the last two years in the hot months the men were daily marched one mile to the fort of Bombay, were much exposed to the sun on duty, and in the heat of the next day were marched back to Colaba, yet it appears by the table of both years that the hot months were the most healthy. If heat is noxious, something in this instance obviated its effects. Was this exercise? One instance in point, though not within the date presented, will illustrate this. In June and July, 1801, the degree of heat on a march of 130 miles over
the sandy desert of Thebes on the banks of the Nile in Upper Egypt was extreme. I have seen the thermometer in a soldier's tent at 118. The soldiers had at the same time to combat severe duty, for want of native followers, much duty of fatigue and the effects of the pernicious drying wind peculiar to the country, yet under all these circumstances the state of health of the troops was equal to what it had been at any period in India. Heat of itself does not appear to be a principal cause of the prevailing diseases."

"On looking over the returns and noticing the proportional sickness of different periods a periodical increase was very striking. The eight or ten days that followed the payment of the balance due to the men regularly produced much sickness. The soldier's pay in India is very liberal; the established allowance of provision is as much as he can use. Perhaps the allowance of arrack is too great in the rainy season; it is [two or three illegible words] daily, but the price of arrack is low, and too often the soldiers get toddy. Some degree of intoxication and irregularity is perhaps unavoidable; intemperance has hitherto always appeared as a principal cause of the diseases that have prevailed. Subsequently on the march over the desert, and while sailing on the Nile, there were no spirits issued in July and August, 1801, yet the Army in general was uncommonly healthy." It will perhaps be remembered that forty years after this was written total abstainers were refused by life assurance offices, and so had to form an office of their own.

"Though, perhaps, the remaining a certain length of time or a naturalization to the climate was necessary, yet one reason may with much probability be brought forward to account for the difference in point of health between native and European corps. A native of India is astonished at first to see the meals of animal food and the quantity of spirits devoured by Europeans. There can be little doubt that the nearer approach to the mode of living of the native the more nearly we shall attain to their state of health.

"Of nearly 100 cases of fever which occurred the greater part was trifling, originating from inebriety or exposure to the sun; this required only rest, and perhaps a purgative, and recovered in two or three days. The fever which appears in October and November was remittent. In two cases . . . . there was at first a great deal of reaction, succeeded by extreme debility. These two approached the nearest to typhus" (this and typhoid were not differentiated for thirty years to come) "of any cases that I have ever seen since my arrival in India; the ablution with cold water seemed on these, and only on these, two cases to succeed, though it was tried on several of the other cases."
“Miscellanea” of Sir James McGrigor

“The irreparable injury done to the constitution by repeated courses of mercury at length becomes in that climate a disease of itself; too frequently have we seen the constitution thus broken and, if he had the means, a return to Europe rendered necessary for the patient. Too often the practitioner is more to blame than the remedy; sometimes the indiscriminate, sometimes the injudicious use of the mineral proves as hurtful as the original disease.” Sir James also wrote a lengthy paper on the value of nitric acid both externally and internally in syphilis, which, when the way in which mercury was then abused be considered, when all venereal conditions, based on Hunter’s inoculation of himself, were thought to be due to a common cause, and were treated by mercury to the point of salivation, was probably not without much value. Unlike many enthusiasts, however, he was not blinded to the virtues of all drugs but his own, for he says that in some cases where the acid fails mercury succeeds.

From a post-mortem report of August 11th, 1800: “Cæcum... Vermiform process enlarged, distended, and mortified to within an inch of its extremity; full of a thick purulent matter; at its origin from the pouch much inflamed.”

When it is considered that at the period in question the clinical thermometer, the microscope, and even the stethoscope were unknown, it will be agreed that Sir James gathered a rich harvest as the fruit of less than two years in the East, and that even after the lapse of a century his words are by no means without profit for us.