

Out of the College Archives

THE JOHN ABERCROMBIE COLLECTION

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On the 16th of November 1844, an extraordinary meeting of the Royal College of Physicians of Edinburgh was called by the President 'in consequence of the lamented death of Dr Abercrombie'. The minutes record that the Fellows,

cherishing the memory of their deceased Brother with feelings of the very highest respect, as well on account of his great professional attainments and celebrity, as of his eminent intellectual moral and christian endowments so happily illustrated in his life and writings, do resolve in testimony of the sincerity of these sentiments to accompany in their public capacity his remains to the place of interment...¹

[PHOTOGRAPH: John Abercrombie (1780-1844) by Henry W. Kerr R.S.A. from the original by Sir John Watson Cordon P.R.S.A. hanging in the Hall of the College.]

The following February the College Library recorded the acquisition of 70 titles 'Presented by the Family of the late Dr Abercrombie'.² A special bookplate marks these medical texts as gifted by the family from Abercrombie's own library. The College also received, presumably around the same date, 32 volumes of the doctor's assorted case-books, notebooks and annotated articles, together with a collection of his consultation letters, personal papers and correspondence. This manuscript material gives us an insight into how John Abercrombie (1780-1844), although he held no University post, became one of Edinburgh's most respected physicians.

EDUCATION AND MEDICAL TRAINING

John Abercrombie was the only son of the Reverend George Abercrombie of Aberdeen. He was educated at Aberdeen Grammar School and Marischal College. Apparently he had hoped to join the ministry, but was prevented by a stammer, only overcome later in life. ³

Abercrombie came to Edinburgh in 1800 to study medicine, lodging with the Reverend David Black. The collection includes notebooks of clinical cases from the wards of James Gregory (1753-1821), Francis Home (1719-1813) and Thomas Charles Hope (1766-1844)⁴

and other notebooks on the Practice of Physic⁵ written during this student period. John Barclay (1758-1826), who taught him anatomy, later wrote to him as follows:

I knew you when a student, diligent, intelligent, omitting no opportunity and sparing no exertion to acquire knowledge on the way of your profession.⁶

Abercrombie received his MD in 1803 with a thesis *de Patuitate Alpina*, on cretinism, based on the work of the French medical writer F. E. Fodere (1764-1835). After this he studied at St George's Hospital in London for a year.³

GENERAL PRACTICE

On his return to Edinburgh in 1804, Abercrombie was admitted as a Fellow of the Royal College of Surgeons, and commenced his career as a general practitioner from his residence in Nicolson Street. 'His punctuality... and... practical sagacity... led him soon to receive a considerable amount of public favour.' He also gave gratuitous advice to the poor and in 1805 was appointed a surgeon to the Royal Public Dispensary, moving to their New Town Branch in 1816.³

As was usual for a Fellow of the Royal College of Surgeons, Abercrombie took on apprentices who paid an annual fee and helped their master with the more mundane aspects of his work in return for basic training in their profession. Abercrombie apparently had a large number of apprentices, to the most senior of whom he assigned the care of the poor in different areas of the town. In this way the apprentices gained experience, the poor obtained medical assistance not otherwise available, and Abercrombie amassed considerable practical information which later benefited his own practice and so augmented his growing reputation. His future success had already been prophesied:

'Do you know,' said Gregory on one occasion. 'who is to be the future consulting physician of Edinburgh? I'll tell you. It's that little dark-eyed fellow who is always looking so closely at my post mortems.'³

Abercrombie's enthusiasm for pathology continued throughout his career.

When other physicians consulted him by letter he presumably made a point of requesting full reports of both success and failure, since there are many accounts of dissections included in the correspondence and with the case-histories sent to him.^{7, 8} His own casebooks also include post mortem reports. Unfortunately, he does not seem to have lived up to his good intentions about record keeping: of four large bound volumes, none is more than half-filled.⁴ Nevertheless, they cover many disorders; some of the earliest include abscess of the jaw,

rheumatism, melancholia, gonorrhoea and fatal apoplexy. Abercrombie applied the usual remedies of his day, including purgatives, poultices and bloodletting, although one record of successful treatment in about 1813 may seem somewhat startling to modern readers.

A stout young man aged abt 20 was sitting drinking punch wt some of his friends... when without warning he got at once into a state of most outrageous mania, striking furiously at everyone that came near him... I had him stripped naked, and dashed about him pitchers of cold water one after another: the weather being intense frost. After the first pitcher or two he was much calmed, but in a few minutes began to become maniacal again. The application was now repeated more vigorously-he sunk down completely exhausted in a state resembling syncope... passed... into that of sound sleep, & slept till next morning & awoke quite well. 9

The casebooks indicate that Abercrombie's patients at this stage of his career were predominantly local, with a few coming from north of the River Forth. Where he mentions their occupations, they are mainly tradesmen such as candlemaker, hatter, mason or shoemaker, with the occasional minister or teacher.

MEDICAL PUBLICATIONS

Abercrombie first ventured into print with two short case reports in the *Edinburgh Medical and Surgical Journal* of 1816. His more significant contributions to pathology, however, consisted of a series of major papers in the same journal on diseases of the brain and the spinal cord (1818-1819), and diseases of the intestinal canal (1820). The former were collected and translated into German in 1821, the latter in 1822. In 1828 he published two books based on these earlier papers, *On diseases of the brain and the spinal cord*¹⁰ and *On diseases of the abdominal viscera*,¹¹ both of which became standard texts of the day, ran to several editions and were translated into French and German.

Abercrombie's other publications in the *Edinburgh Medical Journal* included papers on consumption (1821-22) and the suppression of urine (1821). He was a vice-president of the Edinburgh Medico-Chirurgical society from 1822 to 1829, when he became president for four years. He contributed a paper on the pathology of the heart to the first volume of the *Transactions* of the society in 1824.

LATER CAREER

In 1821 the death of James Gregory left vacant the chair of the Practice of Physic at

Edinburgh University. Abercrombie's chief competitors for the post were James Home (1760-1844), then Professor of Materia Medica, and John Thomson (1765-1846), Professor of Military Surgery.¹² The manuscript collection includes a section of testimonials in his favour from over fifty different individuals willing to express their support for his application. The following from W. Briggs, 'in great Practice in Liverpool &... an alumnus of the Alma Mater', is a typical example.

I have not, directly or indirectly, any knowledge of him, but through the medium of his writings. These however are of a very superior character. Among the many able contributions which have been added to the stock of Medical literature in our own day, I know not any which, for depth and clearness of pathological research, and soundness of practical inferences... deserve to rank higher than the several Disputations by Dr Abercrombie.⁶

However, the sixty-three year old Home was elected, possibly on political grounds, and is said to have made a singularly unsuccessful teacher in his new subject, the students occasionally singing *Home, sweet Home!* during the lecture hour.¹²

At this point, Abercrombie decided to turn from general family medicine and restrict himself to consultation work. He accordingly became a Licentiate of the Royal College of Physicians of Edinburgh in 1823, and a Fellow the following year. Gregory's death had also left the path open for what soon became an extensive consulting practice. The casebooks show that he had already made a start in this direction as early as 1819, advising Dr James Stenhouse of Dunfermline on treatment for the 'general debility' and 'hysterical symptoms' of the Countess of Elgin, for example.⁴ His notes on Sir Alexander Jardine in January 1821 are similarly brief and to the point:

...Liver enlarged & hard-Bad appetite-pulse frequent-very unpromising case-long accustomed to drink spirits-A bottle or more daily. Has taken a great deal of mercury.

He wrote a prescription, and later commented 'Died in April'.⁴

His consultation correspondence, from 1819 to 1844, shows that he received requests for advice from doctors and individuals all over the British Isles, and occasionally further afield. Most of these are one-off enquiries, but a number of practitioners were more frequent correspondents: there are, for example, eleven letters from John Macanthe of Stirling, concerning four different patients over a period of two years. Letters from eminent physicians of the day include the introduction of a young woman with curvature of the spine by George C.

Monteath (1788-1828), the Glasgow oculist, in 1824; an account of a post mortem on Lord Kingston in 1839 from the fever specialist Alexander Tweedie (1794-1884), declaring that 'the morbid appearances were confined to the Brain', and a long description in 1842 of the 'shattered constitution' of Sir William Rae, from Richard Bright (1789-1858).⁷

Abercrombie's contemporary, Douglas MacLagan, described his professional qualities as follows:

...in him with whom we would consult, we require skill, resource, and learning, combined with integrity, honesty, and courtesy. In Abercrombie these qualities existed in happy combination, and for him they secured a high place in our confidence and esteem.... In manner... [he] appeared reserved... but he was never unkind in action... he was brief and business-like in his visits ... he formed his opinion of what was needed, and acted upon it promptly and decidedly. ... He had his favourite formulae... but... had no aversion to trying a recently introduced medicine or preparation. ... His whole clinical proceedings were essentially practical.³

PHILOSOPHY AND RELIGION

In 1830 Abercrombie entered the philosophical arena with the publication of *Inquiries concerning the intellectual powers and the investigation of truth*.¹³ His medical knowledge led him to believe that the brain could be seriously damaged or diseased without affecting mental processes, and that the mind could be deranged without any corresponding disorder apparent in the brain. He was therefore a dualist, rather than an idealist or materialist, believing in the existence of a separate entity, called mind, which interacted with the physical world through the medium of the brain and the nervous system. The knowledge of the external world which we derive from our senses is the limited base on which our minds then build. Abercrombie distinguished three types of mental process: knowledge of mental processes themselves; notions of relation, such as time, cause, number and so on; and basic convictions or intuitions, such as our confidence in our senses and powers of reason, and our belief in the uniformity of nature.

Abercrombie also considered the application of the rules of philosophic investigation to the practice of medicine in collecting facts, arranging and comparing them, tracing connections and making generalisations to guide further investigations. He laid emphasis on the importance of distinguishing fact from mere opinion, and of being wary about assuming causal connections between, for example, remedies and recovery—a cautiousness which doubtless informed his own successful practice.

A contemporary reviewer commented,

It is true that there is little originality attempted in these *Inquiries*... but... our profession stands much less in need of brilliant discoveries on the essence, or existence of the mental powers, than of a general and practical acquaintance with mind, as it is already known.

He concludes that despite Abercrombie's language being 'not perhaps sufficiently precise for metaphysical disquisition', the book does nevertheless contain 'this more useful information'.¹⁴ It did, in fact, prove very popular and was twice reprinted, no doubt partly because of the fascinating examples of strange mental phenomena, such as 'Spectral Illusions', included in the text. There are several letters in the collection whose writers were prompted by a reading of the *Investigations* to tell Abercrombie about similar strange phenomena. One, from Sir David Dickson in 1834, encloses a letter from a J. Williams, describing a vivid dream accurately fortelling the assassination of the Prime Minister, Spencer Perceval (1762-1812). Another, from a Samuel Rix in 1833, recounts in entertaining detail his observation of a somnambulant botanist who, despite believing he was taking a boat down the Thames to Greenwich to collect specimens, rather than sitting on his bed, talked rationally to the writer and another gentleman at some considerable length.¹⁵

Abercrombie was a deeply religious man, becoming an elder of Lady Yester's church, the parish of his first Edinburgh landlord, as early as 1807. He is said to have 'visited in the parish much and usefully'. When his professional success left insufficient time for such personal contact, he wrote religious tracts to be

distributed free among the parishioners.³ Abercrombie was the first president of the Edinburgh Association for Sending Medical Aid to Foreign Countries, later the Edinburgh Medical Missionary Society.

Abercrombie's Christian background is strongly reflected in *The Philosophy of the Moral Feelings*,¹⁶ a sequel to the *Inquiries* published in 1833. In this smaller work he identified four 'First Truths', which he believed to be innate moral concepts: belief in an afterlife; belief in God as a first cause; convictions about right and wrong behaviour towards other people; and a sense of moral duty to God. He then proceeded to investigate the application of these principles to the regulation of various human desires and affections, duly aided by the divinity and individual faith. This publication, together with the religious tracts, was also very popular with the general public and ran to several editions.

HONOURS, ILLNESS AND DEATH

Abercrombie's dedication to medicine was recognised and rewarded in 1828 by his appointment as first physician in Scotland to the King. In 1835 he became Vice-President of the Royal Society of Edinburgh and the University of Oxford awarded him an honorary MD. In the same year he was also elected Lord Rector of Marischal College and University, Aberdeen. Although never president of either of the Edinburgh medical colleges, he is said to have been invited to take the post by the Physicians, but to have declined on the grounds of ill health.³

In 1841 Abercrombie suffered a mild stroke which affected his left side and caused him great anxiety lest he be left paralysed; but he recovered sufficiently to lead an active life for the next three years. On the morning of Thursday, 14th November 1844, however, having already taken breakfast and visited a sick servant, he failed to come down to his waiting carriage and was discovered dead in his room. A full account of this event and the subsequent post mortem was published in the *Edinburgh Medical and Surgical Journal* for the curiosity of Abercrombie's medical brethren. There Dr Adam Hunter gives his opinion that the fatal coronary attack was in part caused by a weakening of the heart brought about by the excessive blood-letting insisted on by the patient himself during his earlier illness. The article concludes with a brief appreciation summing up Abercrombie's claim to the high respect in which he was held by his colleagues.

His mind was as completely practical as it is possible to imagine. In all his researches and inquiries, while one object was truth and accuracy in results, another was the practical application. With him the object was as speedily as possible to determine what was to be done, what could be done, and how it was to be accomplished. In consultation this feature of his mind was, it always appeared to us, one of the most prominent.¹⁷

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