

JOHN GREGORY AND THE BACKGROUND TO MEDICAL PHILOSOPHY*

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The recent technical revolution has stimulated a revival of interest in medical philosophy. John Gregory seems to be a neglected figure in medical history despite his extensive writings in the mid eighteenth century until recently, most of his work was out of print.¹

Plato emphasised virtue, and said that good medicine is that which attains good ends. This is now known as teleological ethics. From ancient times there was emphasis on codes, oaths and other formulations. The Hippocratic oath² defined morally acceptable conduct towards patients, considered duties to patients and referred to priestly vows and sacred art. Gregory's thinking was more than an appendage to this. He pointed out that the feeling and opinion of the patient had been ignored, and in his writing went on to discuss most other aspects of ethics and clinical practice. The practice of medicine consisted of the arts of preserving health, prolonging life and curing diseases but also required a 'habit of nice discernment', knowledge of the world, an ability to deal with prejudice and a controlled temperament. The moral qualities of humanity and sympathy were to be combined with firmness of mind, good humour, candour, decorum and good communication with patients.³

THE GREGORY FAMILY

John Gregory (1724–73) came from a famous family of mathematicians, astronomers, philosophers and doctors in Aberdeen; his grandfather had invented the reflecting telescope. His father died when he was eight years old. The family also included strong-minded intellectual women who had a major influence on Gregory. In 1752, he married the Honourable Elizabeth Forbes of Fettercairn, the younger of two surviving daughters of William, the thirteenth Lord Forbes. She died nine years later during the birth of their sixth child.⁴

John Gregory studied classics and philosophy at King's College, Aberdeen, and medicine in Edinburgh and Leyden. While at Leyden, the MD of Aberdeen (then a qualifying degree) was conferred on him. Gregory only reached Leyden after Boerhaave had died, but the teaching tradition that had been established by him continued. Gregory was appointed Regent of Philosophy in Aberdeen, a post that carried professorial status, but he also practised medicine. He was co-founder of the Philosophy Society in Aberdeen, which often discussed

medical problems. About ten years later, when he moved to London, he entered the society of Samuel Johnson and others and met Mrs Elizabeth Montagu of the Blue Stocking Circle, with whom he corresponded for the rest of his life. He was elected a Fellow of the Royal Society and one year later he was called to the Chair of Medicine in Aberdeen to fill a vacancy created by the death of his half-brother. However, he was not able to establish clinical teaching in King's College. A few years later he moved to Edinburgh, where he was soon appointed Professor of Medicine with duties in the Royal Infirmary of Edinburgh. His professorial colleague was William Cullen, and they came to an arrangement of giving a course of lectures on the theory and practice of medicine in alternate years.^{5,6}

EIGHTEENTH-CENTURY MEDICINE

Gregory had entered the medical scene from a position of independence and privilege at the time of the Scottish Enlightenment. Medicine was in a chaotic state, with no regulation in the profession and no national agreement about qualifications: physicians, barber surgeons, apothecaries and quacks practised in the market place and coffee house, and competition was intense. Political upheaval following the union of the Scottish and English Parliaments in 1707 continued over many years. Hospitals were evolving across the country, and the Royal Infirmary of Edinburgh, which opened in 1729, became the first major voluntary hospital outside London.

The development of hospitals required a change in attitudes to medical practice. Samuel Johnson said:

A physician in a great city seems to be the plaything of fortune . . . they that employ him know not his excellence: they that reject him know not his deficiency.⁷

PHILOSOPHY OF MEDICINE

Gregory based his approach to teaching on Francis Bacon and aimed to develop a practical, systematic body of knowledge based on observation and experiment. Although schooled in philosophy, Gregory was no mere theorist and recognised that a physician must make decisions and take action. Gregory was a friend of David Hume, the philosopher who published his *Treatise on Human Nature* in 1739 and who had also absorbed Francis Bacon's principles; however, Gregory did not share Hume's rejection of religion.

* Based on a presentation to the British Society for the History of Medicine, Leeds, September 1999.

Gregory's main contribution to medical teaching was to emphasise the importance of sympathy – which did not have to be ostentatious – towards the patient. He claimed that this enabled instinctive ideas to create an impression, promoted communication leading to group identity and helped when working with strangers. He linked sympathy with feminism (not to be confused with the politics of the feminist and the social subordination of women). The emphasis was on tender, loving care.

Gregory expressed this by saying:

If the physician possesses gentleness of manners, and a compassionate heart, and what Shakespeare called 'the milk of human kindness' the patient feels his approach like that of a guardian angel administering to his relief: while every visit of a physician who is unfeeling and rough in his manners, makes his heart sink within him, as at the presence of one who comes to pronounce his doom. Men of the most compassionate tempers, by being daily conversant with the scenes of distress, acquire in process of time that composure and firmness of mind so necessary in the practice of physick.⁸

The problem list that Gregory compiled included the lack of any established pathway into practice in a 'free for all' situation. He condemned intense competition with commercial motivation, pomposity, arrogance, extravagant dress and over-treatment. Gregory had reservations about guilds because of the trend to institutional ethics, but he became Secretary to the Royal College of Physicians of Edinburgh. His early death precluded election to the Presidency.

Gregory was a religious man, but his approach to teaching was secular. Edinburgh medical teaching had evolved through the town's College, which was not controlled by any religious organisation; the situation at Leyden had been similar. This was a significant factor in the rapid expansion of student numbers at Edinburgh University. Entry was available to those ineligible for Oxford and Cambridge because they were not members of the Church of England, a *sine qua non* for admission, and also to visitors from overseas.

Of dignity, Gregory commented, 'I apprehend, this dignity is not to be supported by a narrow, selfish corporate spirit, by a peculiar formality in dress and manners, or by affected airs of mystery and self-importance.'⁹

Gregory's lectures were subsequently published. In 1770, an edition of his *Observations on the Duties and Offices of a Physician and on the Method of Prosecuting Enquiries in Philosophy* appeared. The author was not named specifically, as was common at that time. Some have suggested that the text was plagiarised by students who heard the lectures. An edition published in 1772 carried

Gregory's name.

MEDICAL CONTEMPORARIES

Thomas Percival (1740–1804), who came from Warrington in Cheshire, was a dissenter and therefore not admissible to Oxford or Cambridge (then the only English universities). He graduated in Edinburgh and later became Physician to Manchester Royal Infirmary. In 1803, he published his text on medical ethics.¹⁰ He was particularly concerned with conduct in hospitals, professional conduct in practice, relations with apothecaries, psychiatry and legal matters relating to criminals. Much of his text became incorporated into the rules of other medical societies.

Benjamin Rush (1745–1813) was a student under Gregory. He came from Pennsylvania, and after graduation in Edinburgh returned to Philadelphia and became Professor of Chemistry and later Professor of Medicine there. He carried Gregory's message to the New World. Rush was also active in politics and signed the Declaration of Independence.

PATERNALISM

Gregory has been called the founder of paternalism. He sympathised with efforts to 'smooth the avenues of death', allowed deviation from complete truth in talking to seriously ill people and disliked therapeutic enthusiasts. Gregory was an active clinician. He was consulted by many people, including James Boswell, and he became Physician to the King in Scotland. He died in 1773 at the age of 49.

John Gregory was a humble man and he was liked by colleagues and students. As a lecturer he was overshadowed by Cullen and his teaching was not rapidly accepted. He was particularly concerned with Scottish Moral Sense Theory, which was based on motivation and character not action and consequence.¹¹ It stressed humanity leading to empathy, discretion, confidentiality and tolerance. He condemned commercial self-interest, argued that reason could not be the basis of morality and thought that instinct needed training and control. Among his other publications were *A Comparative View of the State and Faculties of Man with Those of the Animal World* (1765) and *A Father's Legacy to his Daughters* (1774).

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