

Physicians to the Duke of Clarence

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ABSTRACT Halliday and Beattie came from the small village of Dalton in Dumfriesshire and both became physicians to the Duke of Clarence, the King's brother. They had interesting and varied careers and accompanied their royal patron on his frequent visits to the Continent. Halliday served in the Peninsula War and at Waterloo while Beattie became a close friend and confidant of the Duke. Based on his visits to the Continent, Beattie produced a beautifully illustrated series of travel books.

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This article deals with the careers of two Dumfriesshire doctors, Andrew Halliday and William Beattie, both of whom became physicians to the Duke of Clarence who succeeded his brother, George IV, in 1830, to become William IV. (As Duke of Clarence, he commissioned John Nash to build Clarence House – built between 1825–1827 – now the official London residence of the Prince of Wales.)

Plight of the Present State of Lunatics and Lunatic Asylums in Great Britain and Ireland', so that when, because of ill health, he retired to Dumfries, he was well qualified to advise Mrs Crichton in her planning and establishment of the Crichton Institution in 1839. He was appointed its first non-resident consulting physician and died the next year.

SIR ANDREW HALLIDAY (1782–1839)

Andrew Halliday was born at Copewood, a small property on the banks of the River Annan and was christened at Dalton Church in 1783. Though intended for the ministry, he qualified in medicine at Edinburgh University in 1806. Before settling down, he travelled extensively in Russia hoping, no doubt, to follow in the footsteps of other Annandale medical men, notably Dr James Mounsey (1710–1773) who became 'Chief Director of the Medical Faculty through the whole Russian Empire', and whose mansion stands less than a mile across the River Annan from Copewood. On his return to England, Halliday took up practice at Halisworth near Birmingham but was, in 1808, appointed an assistant surgeon in the Army. During the Peninsular War, he served first with the Portuguese and then with the Spanish Armies. He was later present at the Battle of Waterloo.

WILLIAM BEATTIE (1793–1875)

William Beattie was born at Dalton, a small village a few miles from Copewood in 1793. His father was an architect and builder. William attended Clarencefield Academy for six years. Qualifying in medicine at Edinburgh, he travelled in Russia in the steps of Andrew Halliday. On his return to England, he married and set up practice in Hampstead.

For some time Halliday practised in London and, in 1821, he was appointed domestic physician to the Duke of Clarence. With his Royal patient, he travelled extensively on the Continent. Halliday was elected a Fellow of the Royal College of Physicians in Edinburgh in 1817, and knighted in 1821, the year of his appointment to the Duke's household. When, in 1830, his Royal patient became King, Halliday returned to private practice.

In 1822, he attended the Duke of Clarence and his party on a visit to Germany, and these journeys were repeated in 1825 and 1826. Beattie's relationship with the Duke must have been close, because he acted as his secretary for 14 years, and during the last three of these, he is said to have become a close friend.

After leaving the Duke's service, Beattie, with the aid of his friend, WH Bartlett, the artist, published a series of beautifully illustrated volumes on their continental travels, and one on Scotland. He became a close friend of Thomas Campbell, the poet laureate, and attended him during his final illness in Bouloque. He advocated Campbell's burial in Westminster Abbey.

COMMENT

It can be no coincidence that these two medical men, brought up within a few miles of each other, entered the service of the Duke of Clarence.

Halliday's connections with the Army cannot have been completely severed for he was appointed Deputy Inspector General of Army Hospitals, and then in 1833, Inspector General of Hospitals in the West Indies. During this period, Halliday wrote several papers on 'The Sad

Halliday, ten years Beattie's senior, had been appointed physician to the Duke in 1821, and almost certainly recommended his colleague when the Duke and his family

required a physician to attend them on their continental travels. Through their close ties with the hamlet of Dalton, and their subsequent medical careers, the two medical men must have built up a close friendship, in spite of their ten-year age difference.

Annandale is but a part of a small county of Dumfriesshire but it has produced a number of well-known physicians amongst whom are Benjamin Bell, James Mounsey, John

Hutton and John Rogerson. In London, Halliday and Beattie were acquainted with Thomas Telford, the eminent civil engineer, also from Dumfriesshire.

Outside Dalton Parish Church stands a memorial to the fallen in the First World War. Amongst the 23 names inscribed on it is that of Brigadier Richard Linton of the Australian Expeditionary Force who was killed at Gallipoli, another far-travelled son of Dalton.

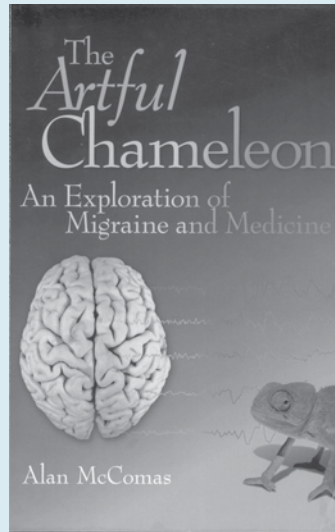
THE ARTFUL CHAMELEON

Alan McComas
ISBN 978 1 894088 70 1
Alkat Neuroscience Inc.; €25.00

Dr Samuel Johnson's provocative 'no man but a blockhead ever wrote except for money' is belied by the author who was motivated to write this book by the refusal of editors of reputable journals (*The Lancet*, *Neurology* etc) to publish his papers on his wife's incapacitating migraine, with highly original observations on a new form of treatment.

McComas' wife had her first attack of vertigo when she was a 21-year-old nurse, misdiagnosed as hysteria, and later as Ménière's disease, despite concomitant headache and visual symptoms. The monthly attacks were very unpleasant but only briefly disabling. Their 1971 move to Ontario was followed by dental pain, diagnosed as trigeminal neuralgia, and after surgery to the nerve she was completely pain free for six months. But then came attacks of incapacitating pain in various sites in the trunk, together with recurrence of the jaw pain and headache.

It was only in 1998, when she was 65, that the diagnosis came to be complicated migraine, when episodic paralysis of one or more limbs was added to the other symptoms; in some of the attacks there was also distortion of the body image. The attacks worsened in 2002 when the paralyses could also affect breathing, requiring minutes of mouth-to-mouth artificial ventilation. By 2004, there were about 50 attacks per month, and she had become quite disabled.



All was then transformed by the application of transcranial magnetic stimulation (TMS), marketed by Adrian Upton, the author's colleague at McMaster. This dramatically reduced the number of attacks from 10–16 per week to 1–4 per week, and relieved individual symptoms when TMS was selectively aimed at different contralateral cortical areas during the attacks, viz: for the head or trunk pains, the vertigo, the limb pareses, the visual hallucinations and distortions of body image.

The empirical cortical map from successful aimed TMS conformed to Wilder Penfield's cortical 'homunculus' which had resulted from direct cortical stimulation in the 1930s. McComas' cortical map changed and extended with time (2004–2006), in keeping with the newer concepts of cortical plasticity.

The muscle jerkings of successful TMS came at lower levels of stimulation than in controls, and suggested to McComas that there was heightened

cortical excitability during migraine attacks. He postulates a greater role for the cortex in pain perception from this unique therapeutic experimentation with TMS on his wife in no fewer than 159 recorded attacks of complicated migraine. The severity of her condition is fortunately quite exceptional, and almost unique. In a postscript the author gives a brief account of one other very disabled sufferer. He flew across Canada to treat her successfully by TMS, and she then did so herself, being a medical scientist.

Transcranial magnetic stimulation seems safe. It was first used experimentally in 1896 by D'Arsonval, and increasingly by physiologists since the 1980s. This book strongly suggests that it now also has a clinical use.¹

The author writes well, with many entertaining diversions, biographically of distinguished medics he has known, autobiographically on both sides of the Atlantic, on university politics, and on nature and culture in Canada. The main impact is, of course, the pathophysiology of migraine, but he also has original observations on consciousness and pain perception.

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REFERENCES

- 1 Clarke BM, Upton AR, Kamath MV, Al-Harbi T, Castellanos CM. Transcranial magnetic stimulation for migraine: clinical effects. *J Headache Pain* 2006; **7**(5):341–6.
- 2 He flew from Ontario to the College library to read this book.

The full version of this review can be found on the College website.