

A nineteenth-century Scottish medical family: the Coghills

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ABSTRACT In the nineteenth century, the Highlands of Scotland provided many people to the medical profession. One such person, Dr JGS Coghill, served in the Crimean War, was an early European doctor and traveller in China and Japan, had a brief association with Sir JY Simpson and obstetrics, and finally served the Royal National Hospital for Consumption, Ventnor, in the field of tuberculosis until his death. Four members of his family also became doctors, two of whom served overseas.

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LIST OF ABBREVIATIONS Royal National Hospital for Consumption (RNHC)

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In the eighteenth and nineteenth centuries the great majority of British medical graduates were trained in Scotland's great medical schools. In the years from 1750–1850, England's two universities produced 250 graduate doctors; in the same period Scotland's four universities produced 10,000. Many of these Scottish doctors were born in the Highlands or other remote rural parts of the country and most were of quite humble origins. It has been said that, for all but a few Scots at that time, 'learning took the place of inherited money, property and status.'¹

Ambitious young Scottish doctors went on to make successful and distinguished careers in every part of the UK. They also played the dominant role in providing medical services for Britain's armed forces and in the expanding Empire overseas. One such man was Dr John GS Coghill who served in the Crimean War and became an early European doctor and traveller in China and Japan. At home he had a brief association with Professor Sir James Young Simpson and obstetrics and finally served the RNHC, Ventnor, in the field of tuberculosis until his death. Four members of his family also became doctors, two of whom served overseas.

JOHN GEORGE SINCLAIR COGHILL

Coghill's antecedents were in Caithness, the most northerly mainland county in the UK. Until the advent of a highly sophisticated scientific population associated with the UK Atomic Energy Authority Establishment at Dounreay in the middle years of the twentieth century, the main occupations of the people of Caithness were fishing, farming, crofting and quarrying. Yet the county

produced a large number of men and women for the professions, including medicine.

His forebears had no connection with the medical profession. His father, also John Coghill, was born in Thurso in 1805 and made his career in the army. He served in the Life Guards and later fought with the British Legion in Spain under Sir George De Lacy Evans in 1835–37. General Evans, at that time a half-pay lieutenant-colonel and radical MP had been given permission to raise a legion of 10,000 men to assist the cause of the Christinos in the Spanish Carlist Wars. The Legion was recruited largely from the urban unemployed, some being discharged veterans of the Peninsular War.²

Like his father, JGS Coghill's mother, Alexandrina MacKay, was also a Caithnessian. However, he was born at Windsor in 1834, presumably while his father's regiment was stationed there. On leaving the Life Guards his father took up residence in Edinburgh where he was employed by a local yeomanry regiment and sent his son to the Royal High School. From there, young Coghill entered the medical school of the University of Edinburgh where he was taught and influenced by several renowned professors such as William Pultney Alison, James Syme JY Simpson, Sir Robert Christison and J Hughes Bennet. He graduated MD in 1857; his thesis was entitled *On the Structural Relations of the Peripheral Nervous System*. This was a general anatomical and physiological review based on the views of his own anatomy teacher at the time, Professor John Goodsir, and also on the relevant literature, particularly, as he wrote, 'the prolix literature of our German neighbours.'



FIGURE 1 Portrait of Dr JGS Coghill in the 1880s.

THE CRIMEAN WAR

His student career did not, however, run a normal uninterrupted course. In November 1853, a Franco-British fleet entered the Black Sea to protect Turkey. War with Russia was inevitable but was not formally declared until 28 March 1854. Coghill had already volunteered as a surgeon's mate in the Royal Navy and on 26 March reported to his ship, HMS Conflict, which became part of the Baltic Fleet.

Before the Crimean War the medical service of the Royal Navy was held in low esteem compared to that of the Army. There was a lower standard of entry for doctors, pay was less and living conditions for assistant surgeons in a crowded gun-room were often deplorable. As a consequence, the Baltic Fleet in particular was understaffed and, in an attempt to correct this, Sir William Burnett, Medical Director General of the Navy, persuaded the Admiralty to agree to a scheme whereby medical students were offered appointments to serve afloat as assistant surgeons or dressers at a salary of £100 per annum. It was not a popular scheme; none were officially appointed dressers during 1854 but one or two served by private arrangement.³ Coghill was one of these. (However, his successor on HMS Conflict, Augustus Reid, was given rank of acting assistant surgeon and went on to join the Indian Medical Service and serve during the Indian Mutiny.⁴)

HMS Conflict was a wooden sloop built by Pembroke dockyard in 1846 and rebuilt by Blackwall shipbuilders in

1848. (Personal communication.) By the time Coghill served in her she was a steam screw frigate mounting a total of ten guns. She became part of the flying squadron of the Baltic Fleet engaged in blockading the Russian Fleet and Russian trade in that area.

From March until the end of September 1854, Coghill kept a journal which is an account of a young man's relish in the excitement of new places and experiences. Perhaps fortunately, the medical duties were not onerous. (Unpublished manuscript.) Routinely he made morning and evening visits to the sickbay with the surgeon when he dispensed prescriptions and made out a sick list for the first lieutenant. There was a regular overhauling of 'armamentaria' – ligatures, bandages and tourniquets – and making up packs of instruments for 'boat service'.

On 27 March he records: 'Drums beat to quarters, where everyone must be at his post. The Surgeon and myself with surgical apparatus in cockpit [normally the sleeping quarters of the midshipmen]'.

On 3 April he notes: 'A great increase in sickness among the men from the cold weather.'

Later, on 26 April, he again leaves us speculating on the precise medical problem:

'At six bells all men paraded on deck for medical inspection in consequence of the appearance of a troublesome cutaneous disease in the ship. Dr Slogget [the surgeon] examined the port side & myself the starboard and the result was very few additions to the sick-list.'

During the following month he had to deal with on shore several severe cases of smallpox from another ship. Fortunately, in his own ship's crew there was only one fatality from trauma, the result of a heavy wooden block falling on a seaman. Some gunshot wounds occurred as a result of onshore skirmishes. Non-medical duties included the thrice daily recording of barometer readings, temperature and wind direction.

He was clearly fascinated by many aspects of Royal Navy service. He enjoyed the attention of a servant – a Marine – to whom he paid eight shillings (40p) per month. He gave lengthier descriptions of his involvement with firearms than he did of his medical duties.

On 4 April:

'Afternoon engaged in Ball practice on the Poop with Colt's revolver one of which has been served out to each of the officers. Seems however not to be equal to Dean and Adams pulling the trigger of which brings the piece to full lock, turns the chamber and discharges the piece at one motion. Whereas in Colt

the trigger requires pulling up with the left hand after each discharge. The aim is steadier with Colt.'

Nor did he have any qualms about naval discipline and punishment. On 13 May:

'At seven bells a Marine was rigged up to the gratings with due ceremony and got three dozen [lashes] for striking a Marine artilleryman. He received his punishment without a murmur.'

But there is no doubt of his pleasure in visiting ports and cities particularly in Denmark. He had opportunities of visiting museums, art galleries and public buildings and attending opera performances and balls. Female society was not totally lacking and he comments at one point that 'the young ladies ... are extremely pretty and very elegant dancers.' But his upbringing did inhibit his total enjoyment of such activities.

On 5 May:

'Divine service as usual after divisions. Went ashore in the afternoon. There was horsemanship and tight-rope dancing on the glacis of the castle but I preferred a walk by myself not having got rid of my Scotch education against such things on a Sunday.'

The presence of the Royal Navy in the Baltic had serious intent, however, involving HMS Conflict in uncomfortable, sometimes boring, sometimes hazardous, cruising between Memel (present day Klaipeda, Lithuania) and Riga where she intercepted and sometimes took as prizes, enemy shipping. On occasions, shore incursions were mounted.

On 30 July:

'With HMS Archer anchored off Windau [present day Ventspils, Latvia] saw troops on shore beat to quarters and had some beautiful practice at them with broadside guns of both ships. Got out and armed boats. Flag of truce with the Governor of the town met us in a boat. The old gent quite terrorised. Landed and advanced towards the town ... Found the troops had hooked it.'

On 14 August Coghill appeared to be in charge of a jolly-boat approaching with others a village he calls Kasken.

'At about 100 yards from the shore ... a body of troops opened a smart fire on the boats which was returned from the boats and ship.'

Coghill was ordered to land Marines who drove the enemy from the village which was burned along with some shipping. Naval casualties appear to have been slight although in his final entry for that day he says:

'The boats were hit in several places. The ensign-staff of my boat was shot through.'

Coghill had earned his Baltic medal. As a footnote to his naval service he records in his journal that, on 27 August, HMS Conflict rendezvoused with HMS Calcutta. He presumably did not know that on that ship at that time there served a fourteen-year-old midshipman called Jackie Fisher, later to become Lord Fisher, First Sea Lord.⁵

EARLY PROFESSIONAL LIFE

There is no doubt that his naval service would have given Coghill an unrivalled experience of life and places often lacking in a newly qualified doctor. It probably also kindled a degree of restlessness which may have influenced his subsequent career. It did not adversely affect his remaining undergraduate progress; he gained gold medals in anatomy, midwifery and medical jurisprudence. On graduation, he became assistant to the eminent professor of midwifery, JY Simpson.⁶ The assistantship was probably of a private nature; he lived with the professor for two years and it would appear to have been an ideal entry to a career in that discipline. What therefore influenced his move to Glasgow in 1859 to become a demonstrator in anatomy under Professor Allan Thomson in the university there, is difficult to explain. He certainly continued a busy and successful life. His lectures on his MD thesis subject and on the organs of special sense were published in seven parts in *The Lancet*. He continued in private practice as he published papers on gynaecology and, surprisingly, on operative ophthalmology; his paper on the surgical treatment of strabismus includes illustrations of the instruments that he had designed and had specially made for this operation. In his paper on the treatment of 'irritable uterus' he described the innovative use (claimed to be beneficial) of galvanic currents.

In 1861 while in Glasgow he married Agnes Darling. It is even more surprising therefore that he contemplated a further career move, this time to distant places.

THE FAR EAST

In the same year as his marriage, he and his young bride departed for China where he became municipal medical officer of Shanghai and consulting physician to the General Hospital there. This was a courageous move for a young married couple as China was still in the throes of the Taiping rebellion and the foreign enclave at Shanghai had been threatened by a rebel army only a year before.

What his duties were there is not clear but presumably he would have attended the British and other western nationals and their families. No records of this hospital exist. At that time a Chinese Hospital functioned in Shanghai which was a Christian Mission hospital, staffed by a British doctor and a Chinese house-surgeon and

apothecary. The annual report of this hospital for 1864 records that 'cholera raged during the hot season with a daily mortality of between 700 and 1,200.'⁷

This was probably when the Coghills lost their first son to this disease. The marriage produced a large Victorian family of twelve children, seven of whom were born in China. Sadly, only two of these survived infancy, both daughters, one of whom qualified in medicine. On the family's return to the UK, the mortality of the male children continued with another son dying in infancy. Thereafter four children survived to adulthood including a son and another daughter who qualified in medicine.⁸

Despite the heavy workload which he must have experienced during his stay in the Far East, Coghill found time to make a number of exploratory journeys. In 1865 and 1869 he visited Japan scarcely a decade after it was opened to foreigners. Although he left no record of these journeys he did, later, write a paper on subjects which obviously fascinated him, namely, feudalism, the royal court and aristocracy in Japan. But, in 1868, he undertook a journey to the Great Wall of China, a trip of considerable length and difficulty and which he did write about later:

'I left Peking at noon of the 12 October 1868 by the Ta-ling Mun or north-west gate with a party of friends mounted on the excellent native ponies with three double mule carts containing our servants and baggage.'⁹

After a three day journey he continues:

'Thursday we were astir early anxious to gain a closer inspection of the Great Wall which we had had in sight most of the previous day . . . We then toiled up on the top of the wall to the highest mountain peak above the town. The view was superb and the noble wall with its frequent towers could be traced with the glass for miles following the highest ridge of the mountain range east and west.'

He comments particularly on 'the beauty of its materials and workmanship and the extraordinary engineering feats overcome in its construction.'

EDINBURGH AND OBSTETRICS

Coghill's decision to leave China in 1869 and return to Edinburgh must have been influenced by the death in infancy of five children and by his wife's ill health; she suffered greatly from 'the ague' as well as the trauma of repeated pregnancies and the loss of so many children. He had also been elected to the Fellowship of the Royal College of Physicians of Edinburgh and possibly had thoughts of resuming a more academic career.

Nevertheless he continued his interest in non-medical subjects particularly archaeology and in 1869 was elected a Fellow of the Society of Antiquaries of Scotland. To the Proceedings of this Society he contributed two papers and to the Society itself donated items from his travels in the East, namely, a complete suit of Japanese armour, an iron bell from a pagoda near Peking and a brick from the Great Wall of China. The whereabouts of these artifacts is now unknown.

He resumed his association with JY Simpson, by this time Professor Sir James Y Simpson following his pioneering work on anaesthesia in obstetrics. Coghill undertook the editing of some of Simpson's papers and he delivered lectures on his behalf to the university students during Simpson's last illness.¹⁰ Moreover he was one of the physicians who attended Simpson professionally at this time.¹¹ There is no doubt therefore that he had a close relationship with the great man and it is perhaps not surprising that Coghill applied for the chair of obstetrics at the university. He did not make the shortlist but, even if he had, it is unlikely that he would have been appointed. Of the three who were shortlisted one, Dr M Duncan was considered by his peers to be outstanding. However, it was not this candidate but Simpson's nephew, Dr AR Simpson, who was appointed. This caused a national – UK-wide – furore. The lay press and both the *The Lancet* and *BMJ* voiced their concern.

Editorial comments included:

'The result of the election to the chair of midwifery has given rise to much astonishment and just indignation.'¹²

'An effort must be made to place the appointment of university chairs in more competent hands.'¹³

'The least strongly recommended candidate was chosen.'¹⁴

The problem was that after the Universities (Scotland) Act of 1858 the patronage of the seventeen chairs at Edinburgh was transferred to seven curators, three from the University and four from the Town Council. AR Simpson was elected by the four votes from the Town Council. This matter brought about appropriate changes in the constitution of the Board of Curators. A sad post-script to this event was that AR Simpson's public installation into the chair was occasion of a riot.

During this time in Edinburgh three further children were born to Coghill's family. Two died in infancy. Two were born in Thurso while Mrs Coghill was staying at Oldfield House there; this may have been by chance at a holiday home or a deliberate act to ensure that some of their children were born in the county of the family's origin. After the failure of his bid for academic recognition in

obstetrics, Coghill lectured on general pathology and pathological anatomy in the extra-mural medical school and presumably carried on private practice. It has been said that when he left Edinburgh in 1875 he did so for health reasons but there may have been an element of disappointment in his professional status in the city.

VENTNOR AND TUBERCULOSIS

He moved about as far as he could from Edinburgh within the UK. It has been suggested that he was acquainted with Dr AH Hassal¹⁵ who had founded the RNHC at Ventnor, Isle of Wight, and was its first consulting physician. Hassal had himself suffered from tuberculosis while he was senior physician to the Royal Free Hospital, London and had moved to the Isle of Wight in search of a cure. On his recovery he determined to found a hospital there for the treatment of tuberculous patients. With enthusiastic local and financial support land was acquired in 1868 and building took place over the next twenty-five years. In 1879 one hundred and two beds were available. These had increased to one hundred and seventy by 1929, a year in which 467 in-patients were treated by a medical staff of eighteen. It became a part of the National Health Service in 1948 but closed in 1964 and is now no more.¹⁶

Coghill knew it in its heyday and it could be said that it was here that he did his most consistent and productive professional work. Hassal did not retire from the hospital as its consulting/visiting physician until 1877 when Coghill succeeded him. On his appointment to RNHC, Coghill embraced the field of tuberculosis enthusiastically although not wholly abandoning his interests as a generalist and in gynaecology. On June 3 1899 (two days before his death) there appeared in *The Lancet* an article entitled *The Rational Treatment of Consumption*, a paper first read at the International Congress on Tuberculosis at Berlin in May of that year. It dwelt largely on the general therapeutic concepts of the time but stressed his belief in two new remedies namely, hypodermic guaiacol and tuberculin. His enthusiasm for the use of tuberculin stemmed from a visit he made to Berlin in 1890 where he met Robert Koch and obtained from him a supply of 'lymph' (Koch's Old Tuberculin) which he used to treat ten patients at the RNHC. This study was reported in *The Lancet* of that year. His conclusions ended with the expectation that tuberculin should 'receive the recognition it deserves as an invaluable and essential part of the treatment of pulmonary tuberculosis.' This was despite the reservations, already expressed by others to which he replied:

'I confess myself quite unable to understand the failure and even the disasters that have attended this method in other hands . . . In some instances the lymph may have undergone decomposition into some toxic elements.'

It is disappointing to find therefore that almost a decade later when the use of tuberculin in treatment was discredited Coghill should write (in his 1899 Berlin paper):

'I do not hesitate to state my belief that the reaction of professional opinion against Koch's tuberculin is as unwarranted as its too sanguine and hasty announcement was unwise. In the cases I have carried out this treatment it has given most satisfactory and encouraging results.'

Other papers on tuberculosis appeared (see Appendix) and also papers on non-tuberculous respiratory diseases. But his papers on general and gynaecological topics were diverse ranging from chloral hydrate poisoning and 'irritable spine' to displacement of the uterus (see Appendix). He was essentially a generalist to the end. Only a year before his death, he sought to increase his private practice by consulting in London one day a week.

He was undoubtedly held in high regard. In 1894 he became a Knight Commander of the Royal Servian Order of St Sava, an award conferred for distinction in science, literature or public affairs.¹⁷ He was elected a Corresponding Fellow of the Gynaecological Society of Boston; as Vice President of the British Gynaecological Association he addressed the appropriate section of the BMA meeting in 1881 and in 1887 was Vice President of the Therapeutics section of the International Medical Congress held in Washington USA. His paper on 'Chlorate of Potash' appeared in the *Transactions* of that event the same year. Although he became a Member of the Royal College of Physicians of London in 1888, he never became a Fellow.

His commitment to the RNHC was never in doubt. By 1920 only twelve beds had been endowed in memory of personalities, one of which was Coghill. In 1888 he had the honour of receiving Queen Victoria on her visit to the hospital (his young son Harold 'in Highland dress' presented her with a bouquet). Some of his actions betrayed his Scottish origins; he presented nine sets of golf clubs for the use of patients and managed to persuade the Management Board that whisky was more worthy of expenditure than port, sherry or brandy!¹⁸

His terminal illness was short. He experienced haematemesis and melaena and died of a perforation of the stomach.

OTHER COGHILL DOCTORS

JGS Coghill's relatives did not have as striking careers as he did and less information is available on them. Both his younger brother and a son followed his example in working abroad and both his daughters made a career in medicine at a time when relatively few women entered the profession.

James Davidson MacKay Coghill

JD MacKay Coghill was born in Edinburgh in 1839. Nothing is known of his schooling but it would be surprising if he was not educated in the same way as his brother John at the Royal High School of Edinburgh. He became LRFPSG in 1859 and LRCPE a year later. Following family interests and tradition he was assistant surgeon to the second Royal Lanark Militia and then to the Royal Midlothian Yeomanry Cavalry. He is known to have been in Edinburgh from 1861 to 1865 during which period he married Jane Mills a daughter of a lieutenant in the Royal Scots Greys. For a year from 1866–67 he was drawn, like his brother, to the Far East as medical officer to the Imperial Chinese Maritime Customs at Hankow. He returned to the UK this time to Aberdeen and graduated MD, CM there in 1867. He remained in that city until 1870 when the familial restlessness again took him to the Far East, first as colony surgeon to the Straits Settlements and then for the next twenty years to Ceylon. During this time he became medical inspector of Coffee Districts and superintendent of the Central Convict Establishment. His great interest in and devotion to the East is reflected in his membership of the Royal Asiatic Society.

When he returned to the UK in 1891 he was associated for a short time with the General Hospital, Birmingham but then lived in various towns in the Midlands of England, presumably in private practice. He died in Shrewsbury in 1906.

Mary Stuart Sinclair Coghill

MS Sinclair Coghill was born in Shanghai in 1862, surviving the cholera epidemic which killed her brother and the other diseases which killed her other brothers and so affected her mother. Nothing is known of her early education but she gained entry to the London School of Medicine for Women and took the Triple Qualification (LRCPE, LRCSE, LRFPSG) in 1896. Four years later she graduated MD at Brussels and shortly afterwards married Dr Lewis Hawkes who had also trained at Edinburgh and had been a medical officer at RNHC Ventnor. She became registrar and anaesthetist at the Waterloo Hospital for Children and Women and in 1914 was principal of the Swedish Institute and Clinic in London.¹⁹

Agnes Irene Sinclair Coghill (1872–1904)

Her father was born in Windsor and her sister and brother in China but Agnes was born in Thurso, Caithness at a time when the family was domiciled in Edinburgh. She attended the Medical College for Women at Minto House, Edinburgh where she did well, gaining a distinction in gynaecology. She graduated MB CM in 1897, her graduation photograph suggesting a young woman of intelligence and strong character. The following year she



FIGURE 1 Portrait of Dr Agnes IS Coghill at her graduation in 1897.

married Mr Percy Coghill (no relation) of Liverpool (personal communication) but sadly died in 1904. She had two sons neither of whom studied medicine.²⁰

Harold Sinclair Coghill (1880–1919)

H Sinclair Coghill, JGS Coghill's younger son was born in Ventnor, Isle of Wight. Following his father to Edinburgh University, he graduated MB ChB in 1905 and immediately showed an interest in going East, preparing himself well by taking the Certificate of the London School of Tropical Medicine in 1908 and the Diploma in Tropical Medicine and Hygiene at Cambridge in 1911. After serving as a senior demonstrator at the London School of Tropical Medicine he joined the West African Medical Service and was an assistant at the Medical Research Institute at Lagos, Nigeria. He was then sent to Sekondi in the Gold Coast as a member of the special commission investigating yellow fever and other non-malarial fevers. Important work was done on the differentiation of fevers and their insect carriers. He returned to the UK in 1919 and died that year at Guildford at the early age of thirty-eight.²¹ His obituarist records that he 'was generosity and honour personified; great patience and care marked his work.'

CONCLUSION

Scottish medical graduates of the mid-Victorian era often came from humble origins. But their intellectual vigour,

breadth of interests and spirit of adventure served the British Empire well and were qualities that survived in their offspring well into the twentieth century.

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APPENDIX

Publications by Dr JSG Coghill

- 1 Observations on strabismus with the description of a new method of operating. *Glas Med J* 1859; **25**:vii:49–58.
- 2 The pathology and treatment of irritable uterus. *Glas Med J* 1859; **26**:vii:177–86.
- 3 Successful operation for vesico-vaginal fistula. *The Lancet* 1859; **1**:455–7.
- 4 Lectures on the structure & relations of the nervous system at the periphery including the neurology of the organs of special sense. *The Lancet* 1859; **1**:181(7 parts).
- 5 Notice of a recent visit to the great wall of China. *Proc Soc Antiquaries Scot* 1870; **viii**:403–7.
- 6 Notes on feudalism in Japan. *Proc Soc Antiquaries Scot* 1873; **x**:51–6.
- 7 The mechanical treatment of flexions & displacements of the uterus. *Br Med J* 1876; **1**:624–7.
- 8 Case of oesophageal fistula opening through thoracic parietes laterally. *Br Med J* 1877; **1**:68–9.
- 9 The hypodermic treatment of bronchocele by ergotine. *The Lancet* 1877; **2**:158–9.
- 10 Antiseptic inhalation in pulmonary disease (Letter). *The Lancet* 1877; **2**:598.
- 11 Jaborandi and its alkaloid pilocarpine in hydrophobia. *Br Med J* 1878; **1**:153.

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- 3 Shepherd J. *The Crimean Doctors*. Liverpool: Liverpool University Press; 1991;46.
- 4 Crawford DG. *Roll of the Indian Medical Service 1615–1930*. London:Thaker and Co; 1930;40.
- 5 Fisher is often considered to be the father of the modern Royal Navy. He was not enamoured of serving in HMS Calcutta as she was a sailing vessel.
- 6 Obituary. *Br Med J* 1899; **1**:1441.
- 7 *Annual Report of the Chinese Hospital at Shanghai*. 1864;30.
- 8 The two non-medical sons showed the family liking for travel and adventure but died young. John (1875–1900) died in Penang. Kenneth (1876–1898) emigrated to South Africa, joined the British South African Company Police and took part as a trooper in the notorious Jamieson Raid in which he was one of those killed.
- 9 Coghill JGS. Notes of a Recent Visit to the Great Wall of China. *Proc Soc Antiquaries Scot* 1870; **8**:403.

- 12 The dose of hyoscyamine. *The Lancet* 1878; **2**:152–3.
- 13 National hospital for consumption and diseases of the chest (Letters). *The Lancet* 1879; **1**:426, 468.
- 14 Nitrite of amyl in chloral poisoning. *Br Med J* 1879; **1**:969.
- 15 The hypophosphites in phthisis. *The Lancet* 1879; **2**:311–3.
- 16 Irritable spine as an idiopathic affection. *Br Med J* 1879; **2**:571.
- 17 Respirators (Letter). *The Lancet* 1879; **2**:714.
- 18 A new form of vaginal pessary. *Br Med J* 1885; **1**:15.
- 19 Chlorate of potash. *Trans Int Med Congress, Washington USA* 1887; **3**:23–33.
- 20 Dr Bergeon's treatment in pulmonary affections. *Br Med J* 1887; **1**:1095–6.
- 21 Koch's treatment at the RNHC, Ventnor. *The Lancet* 1891; **1**:1086–8.
- 22 Observations on the effect of the injection of tuberculin on the pulse. *Br Med J* 1891; **2**:1037–8.
- 23 Sequel of a case treated by Koch's tuberculin. *The Lancet* 1895; **2**:1219–20.
- 24 Acute lobar pneumonia. (Contribution to annual meeting of BMA section of medicine, London) *Br Med J* 1895; **2**:1160.
- 25 The hypodermic use of guaiacol in acute pulmonary tuberculosis. *Br Med J* 1896; **1**:586–90.
- 26 Sanatoria for the open-air treatment of consumption. *Br Med J* 1898; **2**:206–7.
- 27 The rational treatment of consumption. *The Lancet* 1899; **1**:1479–82.
- 10 Obituary. *The Lancet* 1899; **1**:1899.
- 11 News item. *The Scotsman* 1870; 7 May.
- 12 Editorial. *Br Med J* 1870; **2**:42.
- 13 Editorial. *The Lancet* 1870; **2**:58.
- 14 *Ibid.*, 99.
- 15 Hassal was a polymath. Three years after qualifying as a doctor in Dublin he published *A History of British Freshwater Algae*. He became a Fellow of the Linnaean Society and later published the first textbook on human histology. He was the first to describe the structure in the thymus still known as Hassal's Corpuscles.
- 16 Laidlaw EF. *The Story of the Royal National Hospital, Ventnor, Newport, Isle of Wight*. Isle of Wight, EF Laidlaw; 1990;37–41.
- 17 Medical News. *Br Med J* 1894; **1**:837.
- 18 Laidlaw, *op. cit.*, 57.
- 19 *Medical Directory*. 1914.
- 20 After Agnes Coghill's death, Percy Coghill married Edith Dawson and had three children, one of whom, Nelson Fuller Coghill graduated in Medicine from Cambridge in 1937. He became a Fellow of the Royal College of Physicians of London and consultant gastroenterologist to the West Middlesex Hospital where he was a pioneer in gastric biopsy. He died in 2002.
- 21 Obituary. *Br Med J* 1919; **1**:89.