Provincial physicians in England 1700–1900

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The dawn of the 18th century seems a reasonable point at
which to begin a survey of the life of physicians in the
English Provinces where change and innovation lagged
behind the Capital. The Civil War was almost forgotten
and the revolution of 1688 had produced a stable society
increasingly prosperous. Only Marlborough’s wars re-
mained to be a short-lived burden.

The structure of the medical profession, was, on the
surface, scarcely changed since the 16th century. Physi-
cians who were gentlemen and mostly graduates of
Oxford and Cambridge, the Fellows, Licentiates and
Extra-Licentiates of the Royal College of Physicians of
London looked down on the surgeons who used their
hands and were linked with the barbers, while the
apothecaries could dispense and charge for the prescrip-
tions of physicians but could not take money for advice.
This advice they were not allowed to give, or not
supposed to give, for they obviously did so, just as the
high street chemist does today. In the famous Rose case of
1703 brought by the College against an apothecary who
overcharged, the judgment of the Lords was that apoth-
ecaries could offer advice but still could not take money for
it [1].

But in the provinces little attention was paid to statutes
and regulations made in London which could not be
enforced outside the Capital. One physician with a
conventional background who did as he wished was
Claver Morris [2]. Born in 1659, son of the rector of
Bishop’s Caundle in Dorset, he became an Oxford BA in
1679, BM in 1685, DM in 1691. He was made an Extra-
Licentiate of the London College by examination, with a
fee of £11.15s 6d, in 1683, two years before his qualifying
degree. Yet this gave him the right to practise as a
physician anywhere in England or Wales outside London
and the seven miles around it. Only a small minority (the
average entry for each decade of the 18th century was 15)
of provincial physicians sought this extra-licence, and
none suffered from lack of it. Morris moved to Wells in
1686 and practised there until his death in 1726. For
several years he kept a diary and detailed accounts of his
expenditure. He rose early, often went to matins and
brought friends home to breakfast, then went off to the
coffee house to look at the news and to consult with
patients. Back home he saw more patients, and then some
in the town until dinner between twelve and one, after
which he might see a patient out of town, but more often
worked in his laboratory or practised music, which was
his passion. He mixed with the best families in Somerset
and Dorset, even the Berkeleys away in Gloucestershire,
and had a busy social life, seldom being in bed before
midnight. He saw anyone who asked for him, regardless
of whether another physician was in attendance, but this
does not seem to have earned him ill-will. In Wells he
charged the poor 2s 6d, small trades people 5s, substantial
people and officials 10s 6d, the gentry and clergy a
guinea. Only unbeneviled clergy escaped payment. In the
latter half of his career he earned between £200 and £300
a year, which was good going for a country physician.

Like Harvey 50 years earlier, Morris travelled every-
where on horseback at an average four miles an hour. By
this time London physicians had carriages and four
horses, but the first in Bristol was in 1740, that of Dr
Middleton, described by his coachman as ‘a genteeel
wagon’[3]. Morris’s prescriptions were lengthy and com-
plex. He supplied preparations from his laboratory to the
apothecary, and was not above selling to his patients hair
butter, face lotion and scented snuff; not a proper activity
for a physician. All the same, he was well-educated, well-
liked and business-like; a good physician for that time.

As the Hanoverian period began the upper class,
already very wealthy, became even more so, and a
middle-class including lawyers and physicians became
affluent. Oxford and Cambridge Universities entered a
particularly somnolent period. Almost the only ac-
nowledgment gained there by medical students was the
writing of elegant prescriptions in Latin. Sharp obser-
vation, common sense and compassion had to serve to
make a practical doctor. Nevertheless, the status of
physicians was maintained; the observant among them
must have noticed that apothecaries were increasing in
number and beginning to be recognised as ‘general prac-
titioners’, but any threat from them seemed remote.

The great majority of the people—the poor—could not
afford medical care and relied on old wives’ remedies and
herbs. Of course, many of the better placed, especially the
upper-class, had faith in irrational forms of treatment,
just as they do today. Quacks, ill-educated but shrewd,
did well at all levels of society and far outnumbered the
professionals. The educated amateur cannot be ignored,
though George Berkeley, bishop of Cloyne, the great
philosopher, who did offer medical advice, believed that a
weak infusion of tar would cure most diseases. Parson
Woodforde [4], in Norfolk, took good care of his house-
hold and when Molly the maid fell sick he dosed her with
tar water. But when the servants were ill of what the
physicians called the ‘whirligigousticon’, he sent for his
own physician who prescribed quinine.

By far the greatest amateur physician of this or any
other period in England was John Wesley [5]. Son of a country parson, he graduated at Oxford, was ordained into the Anglican Church but broke away to found the Methodists. A voracious reader of medical works, he practised physic without a licence for 50 years on his travels, and learnt by experience. His writings, designed for all the people, contain nothing remarkable, but he condemned repeated blood letting and clysters, and that must have saved suffering and some lives. He had supreme confidence, eloquence and compelling charm, an ability to lift the spirits of his patients as of his followers.

A less attractive amateur was the Rev. Francis Willis, who was interested in medical matters and kept a reputable madhouse in Lincolnshire. He was called to King George III, who expressed regret that Willis had abandoned a profession he had always loved, to embrace one he detested. Willis was equal to that—or so he thought.

'Sir, our Saviour Himself went about healing the sick.'

'Yes, yes,' answered the king, 'but He had not £700 a year for it!'

A trend which was to have great significance for provincial physicians was the philanthropic movement which began early in the century and reached its height about 1750. Its origins are not easily explained; perhaps it was in part a reaction against the most godless period in English history, but the impulse was real enough and one expression of it was the founding of hospitals, beginning in London and spreading sporadically through the Provinces ([6] and Table I). The table shows the date of foundation of some of the main provincial hospitals. Churchmen were involved in most of them, notably Alured Clarke as a prebend at Winchester and later as Dean of Exeter. At Worcester Bishop Maddox, and at Norwich Bishop Hayter were among the prime movers. At Northampton a dissenting minister joined with a physician and later persuaded him to take Holy Orders. At Bristol Dr Bonython, a physician with ample means, made the Infirmary his chief hobby, while at Birmingham Dr Ash (Fig. 1), senior physician of the town, took the first step. At Shrewsbury the local gentry and at Leeds, Manchester and Liverpool men of business combined to get things going. The hospital buildings often copied the style of contemporary mansions, as at the Norfolk and Norwich hospital of the 1770s. Matrons were called 'housekeepers', whom they doubtless resembled.

The new hospitals were not greeted with universal approval, and Dr Champney in 1797 reported that they were founded 'for the benefit of doctors rather than to cure' [7]. When the Royal Cornwall Infirmary at Truro was opened in 1799 the Sherborne Mercury commented:

'... the new hospitals are Schools of Medicine and Surgery where the practitioners make experiments on the poor to improve themselves in the art of healing the rich.'

These views have been echoed in modern sociological studies, claiming that their importance lay in the stimulation of a consumer market for professional medical attention [8]. Cures were certainly not the rule and there were considerable dangers in admission to hospital, not all of which have disappeared, but the record of physicians is not amiss. This new extension of their work was accepted in the provinces with enthusiasm. They benefited from being able to study patients in detail without interference from family or friends, and to discuss them with colleagues. There is a record of a clinical meeting at

Table 1. Some provincial hospitals with dates of foundation.

| Town         | Date of Foundation |
|--------------|--------------------|
| Winchester   | 1736               |
| Bristol      | 1736               |
| York         | 1740               |
| Exeter       | 1741               |
| Bath         | 1742               |
| Northampton  | 1743               |
| Worcester    | 1745               |

Fig. 1. Dr John Ash. (From an engraving in the library of the Royal College of Physicians by F. Bartolozzi of a portrait by Sir Joshua Reynolds.)
Birmingham in 1781 at which a young woman came to the hospital repeatedly with hysterical complaints, and was described as a nuisance. Dr. Ash commented: ‘In fact she’s what we would call in private practice a damned good patient.’ Physicians were allowed to take on students, two or three attached to each. In London there could be several hundred attending the surgeons at a hospital, but only a handful, and those graduates, with the physicians [9]. Students in the Provinces were usually from local families, and their teachers were likely to take a personal interest in their progress and prospects. Physicians, through their connection with the hospital, were able to enter more easily into civic life and made contact with the local grandees who enjoyed being involved in hospital affairs, and gained advantage by having the power to send into hospital their servants and dependants.

Those who appointed physicians to the new hospitals paid little regard to the London College. Their men were graduates, but a minority from Oxford or Cambridge. Many had trained at Edinburgh, some had been given degrees by Aberdeen or St Andrew’s, often on the recommendation of one or two doctors without any requirement of a period of teaching. Continental universities were at least as lax, even including Leyden, the greatest medical school of the time [10]. In the Provinces the hospital physicians had as a rule been in practice locally and many came from local families. At Manchester Infirmary all the original staff came from within 20 miles of the town [11].

Most hospitals appointed a resident apothecary or house surgeon (the post was the same) who might serve for some years although the salary was low. At Truro the first incumbent stayed for 50 years [12]. At Manchester Infirmary the apothecary was a respected figure who taught students regularly and was regarded as a colleague by the consultants, and at Nottingham General Hospital an apothecary gained an MD and became a physician on the staff [13].

As England prospered, physicians did well, including those in the smaller towns. Erasmus Darwin, a physician in the cathedral town of Lichfield, travelled 10,000 miles a year in his practice, using a carriage of his own design on roads which were still very rough. In spite of his reputation as a botanist, inventor, thinker and poet he valued his medical practice above all other interests and declined an invitation from George III to become his personal doctor, as he and his wife were happy in the Midlands [14]. Darwin had been at Cambridge for four years, and graduated in medicine at Edinburgh but never sought the extra-licence of the London College in spite of his interests in the Capital. It would not have given him any say in College affairs. John Ash, founder of Birmingham General Hospital and an Oxford graduate also ignored the extra-licence, but following an illness resigned his hospital appointment and started up in London. He was made a Fellow of the College within a year in 1787 [15].

Caleb Hillier Parry, an Edinburgh graduate, settled at Bath and became a Licentiate of the London College ten years later in 1788. He was never a Fellow, though one of the most distinguished physicians of his time, nor did he seek appointment to the Bath General Hospital which had three physicians, while there were another 10 well-qualified men practising in the city. At this time a town without a hospital would have one or at most two physicians [16].

As the 19th century opened, the most obvious movement in medical practice was the increasing status and confidence of the apothecaries. They had gradually given up the drug trade which was as well, since the lowly druggists could undersell them in making up the prescriptions of physicians. The regulation forbidding them to charge for advice had never been enforced in the Provinces, and from 1811 a series of legal actions left them quite free. They were the general practitioners, a term which soon came into everyday use, and, increasingly, their qualification was Licentiate of the Society of Apothecaries and Member of the Royal College of Surgeons, both by examination [17].

Jane Austen in her last illness, believed to be Addison’s disease, wrote in a letter:

Instead of going to town to put myself in the hands of some physician, I am going to Winchester instead for some weeks, to see what Mr Lyford can do towards re-establishing me in tolerable health.

He was an apothecary and the Austens were a socially grand family [18]. George Eliot, shrewd as ever on her home ground, describes the reception in the 1820s of Tertius Lydgate, a well-qualified graduate aspiring to be a physician but setting up as a general practitioner in Middlemarch, a Midland town. Lady Chettam discusses him:

Mr Brooke says he is one of the Lydgate of Northumberland, really well connected. One does not expect it in a man of that kind. For my own part I like a medical man on a footing with the servants, they are often all the cleverer. I assure you I found poor Hicks’ judgment unfailling. He was coarse and butcher-like but he knew my constitution.'

Hicks was a surgeon [19].

Things were certainly not entirely stable among the physicians, largely through the influence of Edinburgh whose graduates flooded into England far better trained in the well-designed and comprehensive course of the Monros [20] than those with the piecemeal and largely unsupervised education of English doctors. Many found employment in the dispensaries which were now established both in London and the Provinces, and provided free advice and treatment, often with home visiting as necessary. Clinical teaching in dispensaries was usually recognised as part of training, and by 1830 students from all over the country were being taught in them. Physicians in London and the Provinces found them to be stepping-stones to appointment to a major hospital [21].

Samuel Malins (1807–1843) (Fig. 2) left letters and a journal [22]. Born in Birmingham, he was apprenticed at the age of 13 to a surgeon in Nuneaton but was unhappy and was released 10 months before completing the full five years when his father paid the total fee of £157.10s, and allowed him to register as a student at Edinburgh. Before going there, he attended lectures at St Bartholo-
mew's Hospital in London and was strongly attracted to midwifery by Dr John Conquest, the physician-accoucheur. After becoming MB in 1827 he studied in Paris and in 1830 returned for the MD.

Soon he was persuaded by a friend to go to Liverpool to join the staff of the new Royal Institution School of Medicine and put up his plate: 'Dr Malins—Accoucheur'. All this had cost his father a considerable sum, an essential expense at that time in embarking on a career as a physician. There was more expense when he applied for appointment to the Ladies' Charity, which supported poor women through pregnancy and delivery, and there was strong opposition from surgeons who argued that he was a physician and unfitted for the post. Canvassing was necessary, and he carried it out on foot or on a hired horse. It was no small matter. In Manchester a year earlier (1835) when there was an election of a surgeon, 900 trustees assembled in the Town Hall, and the successful candidate spent nearly £700, mostly for transporting voters [23]. Malins got in by a few votes and found plenty of unpaid work among the poor Irish, but fees were few and at the end of three years he had made a total of £127.14s. The medical school became a success, but lecturing barely paid. Just as his fortunes were on the mend he died rather suddenly, aged 36.

Two points about Malins are worth remarking. At this time the London College in a bye-law forbade the practice of midwifery by Fellows, delivery being regarded as a manual operation in the province of surgery. The Royal College of Surgeons did not include accoucheurs among its examiners, while the Society of Apothecaries required attendance at midwifery lectures but held no examination. Even at Edinburgh which had appointed its first Professor of Midwifery in 1726, the subject was not compulsory until 1833. This neglect by the institutions must surely have had a harmful effect on the art of obstetrics, which fell into the hands of surgeons with a very surgical outlook persisting well into this century.

Second, Malins was a keen member of the new Liverpool Medical School which in 1836 was recognised by the Royal College of Surgeons and by the Society of Apothecaries. Manchester already had several schools connected with the Infirmary and Birmingham (1828) and Leeds (1834) followed. At Birmingham the founder, Sands Cox, aimed:

... to shield students from the coarse influence to which they would be exposed in the Metropolis and to offer them at least an approximation to Collegiate and communal life [24].

These schools all originated in hospitals which ensured that there would be a strong clinical emphasis in the course with students playing the rôle of apprentice in contrast to the continental system most pronounced in Germany.

Practice in the Provinces continued without any great change. The development of railways must have had some impact. By 1838 there were 12 trains each way daily between Birmingham and London, and six between Birmingham and Liverpool [25]. By 1850 most of the lines existing at the time of nationalisation in 1948 were in regular use, so provincial practices could expand. On the other hand, well-to-do patients could travel to London or other large towns for advice.

On the surface, the distinction between physicians, surgeons and apothecaries continued. There is no doubt that many physicians, especially in the Provinces, practised some surgery, perhaps not very ambitious, and surgeons prescribed in English for the medical problems of their patients, but this caused no great stir. All were doing well. Relations between physicians and apothecaries were not always easy. Henry Acland, a physician in Oxford, was called in by a county practitioner and as he left was told: 'When we send for a physician from Oxford we expect the prescription to come to at least a guinea; this comes to eighteen pence.' He was not called there again [26].

Charles Hastings [27], an apprentice apothecary, was appointed House Surgeon at Worcester Royal Infirmary in 1812. He was soon advised to graduate in medicine and his family found the money with difficulty. After graduation he returned to Worcester and at the age of 26 was made Physician to the Infirmary (Fig 3). Soon he flourished as physician and researcher, and from the start wished the material in provincial hospitals to be used for the advancement of knowledge, and that the doctors should combine to publish it. In 1832 he launched the
Provincial Medical and Surgical Association, later to become the British Medical Association. Its main purpose, according to him, was 'to extend the Empire of knowledge and increase our power over disease.' Politics did not yet come into it. The combination of all practitioners on an equal footing was to be vital in establishing the Association as a body representative of the whole profession after the Medical Act of 1858. Hastings continued in active practice as a physician, retiring very reluctantly from the Infirmary in 1861, aged 67 after the junior physician complained that the two seniors were too occupied with outside affairs to look after their hospital patients properly.

The Medical Act defined the qualifications required for inclusion in the Medical Register, persons registered being entitled to practise medicine and surgery in any part of Her Majesty's dominions. The Act was resisted to some extent by the Colleges. The London College of Physicians did not wish the superior standing of physicians to be altered, and insisted that they should have a good standard of general education. It had been critical of this standard in the new medical schools but also of the medical teaching at Oxford and Cambridge (soon to be radically reformed in both cases). Most important, the College managed to retain its examining function. Straight away the licensing examination was converted to that for Membership, first held in 1859 with a sensible emphasis on clinical competence. It was soon recognised as a measure of fitness to be a physician and therefore a requirement for appointment to the larger hospitals, and was subjected to repeated enquiry and criticism by the Fellows of the College, becoming, as Dr Donald Hunter claimed in 1953: 'an examination currency which has never been debased'.

After the 1858 Act the pattern of practice for physicians settled in the form that continued with little change until the arrival of the National Health Service in 1948. Competition for patients was at first severe for the general practitioners, and there was whingeing in the medical press over the stealing of patients by consultants, especially in hospital outpatient clinics. However, the relationship between physicians and general practitioners was mostly cordial; they did not write to the Press to say so.

Though he is not a typical provincial, the career of Clifford Allbutt [28] tells us a good deal about the life of a north-country physician in the later 19th century. Born in 1836, son of the Vicar of Dewsbury, he proceeded via

Fig. 3. Charles Hastings, 1839. (From an engraving in the library of the Royal College of Physicians by S. W. R. Reynolds of a portrait by Benjamin Faulkner.)

Fig. 4. Dr Clifford Allbutt, 1881. (From a photograph in the library of the Royal College of Physicians.)
Caius College, Cambridge, to St George’s Hospital and, once qualified, decided to try for a post in Leeds. In 1861 he was appointed physician to the Leeds House of Recovery, a fever hospital, then to the Leeds Dispensary, and in 1864 to the General Infirmary.

He set up as a consultant but found it difficult to get going until the retirement of Charles Chadwick in 1871, after which he soon became the leading physician of the north (Fig. 4). In 1881 he moved from the centre of Leeds to Carr Manor, about five miles out. He was forced to retire from the Infirmary in 1884 by a rule which limited consultant appointments to 20 years. He was only 47 and the rule seems foolish in his case, but there were too many instances in most large hospitals of men who came to neglect their hospital commitments. Life should have been easier but as he said:

I am busy in my rooms at Park Square all the forenoon. Consultations at Dewsbury, Halifax, Harrogate and so on fill up all the afternoon, and then when I get back (to the station) I have this long drive, am generally late for dinner and after that don’t feel equal to the work I would like to do.

That was presumably reading and writing. He does not mention Bradford, and it is likely that a Bradford patient would not have consulted him because he came from Leeds. A great part of his day must have been spent in travel by train and carriage. Chadwick had kept four horses standing in his stable. Allbutt drove a pair of roans. In 1889 he was advised by a London physician that he was heading for a breakdown (always a useful diagnosis) and suddenly left Leeds to become a Commissioner in Lunacy at £1,500 a year instead of the £5,000 he had regularly made. His subsequent lengthy career as Regius Professor of Physics at Cambridge does not concern us here.

The large voluntary hospitals modelled their practice on that of London. The honorary status of the senior medical staff gave them standing, with some independence from the administration and thereby influence and power. An assistant physician could expect to become a full physician after some years but meanwhile would enjoy only a token number of beds, more only if his senior was magnanimous, but would carry the greater part of the outpatient burden, often extremely heavy. He would have only a small share of a house physician and of a medical registrar, if there were one. The first recorded appointment with this title is in the minutes of Guy’s Hospital for 1853. He was to supervise the case reports and later was put in charge of the teaching of students [29]. The term ‘Registrar’ had originated in the 18th century, but described then a layman who acted as House Governor.

The great majority of the voluntary hospitals were small, with less than 250 beds and, right up until 1948, no more than two physicians. The physicians were usually local general practitioners, often with no higher qualification. In densely populated areas a post might be held by a consultant from the main hospital of the district, who enjoyed the contact with local practitioners and, incidentally, a source of private practice.

Early in the century the chance of a physician being rewarded with an honour depended largely on the social standing of his patients. Gradually this changed, as noted by Lady Joan Fitzwarren in Disraeli’s Sybil or the Two Nations of 1845:

‘A baronetcy has become the distinction of the middle class; a physician, our physician for example, is a baronet; and I dare say some of our tradesmen—brewers and people of that class.’

She is speaking from the industrial north. Honours were coming for public or political service rather than medical distinction. In 1890 Birmingham General Hospital had three physician knights, one of whom became a baron. All were admirable men but not outstanding as physicians; their participation in public life indicates the somewhat leisurely medical life that was possible for them in a provincial hospital at that time.

With the development of anaesthesia, surgery came into its own and towards the end of the century surgeons became dominant in many hospitals, even showing a degree of contempt for physicians who had such meagre therapeutic ammunition. All his consulting life this author was addressed by well-meaning patients as ‘Mr Malins’, a label of superiority in spite of all the indications that he did not deserve the title.

In 1900 only the most percipient could have anticipated the radical changes in the provincial hospital world which the next 50 years would bring, greatly accelerated by two World Wars. After the first, moves towards a National Health Service gained momentum, and in the second a regional organisation of hospital facilities was instituted at once through the Emergency Medical Service. Many established physicians from all parts of Britain served in the Armed Forces, and this helped to broaden the outlook of Fellows of the London College, who have accepted the inclusion in their ranks of all those who are established in hospital practice a few years. Three initiatives by the British and Irish Colleges—the approval of training posts, the system of Regional Advisers, and the inclusion of College representatives on all appointment committees for consultant posts—have undoubtedly contributed to a marked rise in the accepted standard of medical care in areas which were formerly considered ‘deprived’. The Royal College of Physicians of London is now in fact, if not in name, the Royal College of Physicians of England and Wales, and four of the last six Presidents have come to the post from the Provinces.

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Curious indeed; for that is the title of the handsome two volume folio that was undertaken by Elizabeth Blackwell in the hope of freeing her husband from a debtors' prison. Although she had no knowledge of botany, she was a skilful artist and engraver. She was the daughter of an Aberdeen stocking manufacturer, and when she married Blackwell, she brought him a handsome dowry.

Alexander Blackwell received a liberal education at the Marischal College, Aberdeen, where his brother, Thomas, was principal. After four years he left there with a degree in arts; but there is no evidence that he studied medicine at Aberdeen, or at Leyden, where he is said to have studied under Boerhaave, and to have returned home to practise medicine. He eventually came to London and lived in a house in Swan Walk, near the garden of the Society of Apothecaries. He does not seem to have been successful in his practice of medicine, and, tiring of it, he became a 'press corrector' to a printer, and presently set up as a printer on his own account. He was on the way to achieving some success despite not having served any apprenticeship in the trade. His competitors, however, regarded him as an interloper and ganged up on him, determined to ruin him. He was forced into bankruptcy and consigned to a debtors' prison, where he might well have remained, but for the resourcefulness of his wife. When Elizabeth Blackwell heard of a plan to publish a herbal of medicinal plants, or else was made aware of the need for one, she sent some specimens of her drawings to Sir Hans Sloane. Both he and Isaac Rand, demonstrator to the Society of Apothecaries, encouraged her to continue with her efforts. Living near the Society's garden, she would have been able to obtain examples of plants in as fresh a condition as possible. In all Elizabeth produced 500 drawings, and engraved and coloured them by hand herself. The first volume came out in 1737 and the second in 1739. The work includes a copy of a minute of the Censors' Board of the College, dated 1 July 1737, commending it as most useful; this was supported by the favourable opinions of other leading medical men of the day. The illustrations are the most important part of the work, and one whole plate is devoted to each plant; whereas the notes relating to each plant are comparatively brief, four being dealt with on one page. There is a short description of each plant, with its place of growth, time of flowering, and its common use in physic. Since she had no skill in botany, Mrs Blackwell acknowledges her debt to the Botanicum officinale of Joseph Miller, who was appointed demonstrator after Isaac Rand's death in 1743.

The notes generally end with the name of the plant in Greek, Latin, Spanish, Italian, French, German and Dutch. It is a matter for speculation whether her husband had any part in writing the notes; if so, he may have used his knowledge of foreign languages, in which he was said to be proficient, to furnish the names. The first illustration is of the dandelion 'which grows almost everywhere in fallow ground and flowers most months of the year... its roots and leaves are used as cooling and aperitive... and much eat as a stallad in the spring.' The ground ivy, which grows by hedges and banks, 'is esteemed a very good pectoral, much used for coughs, shortness of breath and other disorders of the lungs for which a tea made of leaves and syrup made of the juice is very beneficial.'

It is worth noting that in the minutes of the Censors' Board for 1 July 1737, recorded in the Annals, there is no reference to Mrs Blackwell's Herbal. However, on 2 February 1738/39, it is recorded that 'Mrs Blackwell came to the College to present her second volume of plants.' Unlike George Edwards, when he presented each volume of his Natural history of uncommon birds, she received no special thanks nor any monetary gift. By now the work had achieved such success that she was able to have her husband released from prison; but it was not a case of living happily ever after. The year following (1740) Alexander Blackwell, who had set himself up as an adviser on estate management and agriculture, was invited to go to Sweden where he published An essay on the improvement of Swedish agriculture and put before the king a scheme for the draining of a large area of marshland. Unfortunately he now chose to become embroiled in a plot to change the Swedish succession. He was arrested, convicted of high treason and executed in August 1747.

Meanwhile his wife was left to support herself and her only child, to do which she studied obstetrics with William Smellie. He described a case to which he had been summoned by Elizabeth Blackwell and mentioned that she was also present on the first occasion that he had delivered a baby by means of his wooden forceps. She continued her obstetric and general practice until her death in 1770 at the age of 58.

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