

The Medical Practice of George Chalmers, M.D.

by ROSALIE STOTT

Between 1964 and 1977 the National Library of Scotland acquired a large collection of estate and other papers¹ relating to the family of Chalmers of Aldbar, an estate two miles south-west of Brechin in Angus. The collection is in many respects incomplete, partly because the papers were sold privately along with Aldbar Castle in 1960, and have been reassembled only piecemeal through at least six separate accessions. Their value as estate records is therefore limited, but to the historian of Scottish medicine they are of particular interest.

Although the Chalmers of Aldbar were principally traders, before acquiring the Aldbar property the family had been based in Aberdeenshire, where two forebearers, Patrick Chalmers (? -1727) and his son George Chalmers (c.1692-1745?) were physicians practising medicine in and around Aberdeen. The medical journals of both these men, which list in some detail their daily medical practice, have survived and are held in the Chalmers of Aldbar collection. Both journals are supplemented by accounts of fees received, and in the case of George Chalmers by an incomplete personal running account of other business and expenses. Unfortunately, no letters of either man appear to have survived, and there is no personal commentary to supplement the information offered by the journals. Within this limitation, however, it is possible to draw a great deal of information from these manuscripts, and for reasons of space only this paper will be limited to outlining the medical practice of George Chalmers, the son, to see what can be learned about the life of a man with the title and qualifications of a physician practicing medicine in Scotland in the early eighteenth century.

A word first about the career of Patrick Chalmers, the father. Medical practice in Scotland in the seventeenth century was not a specialized occupation except in the case of a very few, who attended the very rich often as personal servants, or who practiced in some urban centres, such as Edinburgh, where sufficient numbers of comparatively wealthy families could be found to support the attendance of a physician. More usually, medical assistance was given either by a member of the family—the mother or other senior female—or by others who provided this function as a part of other duties. Lairds' and ministers' wives often kept their own herb garden, and "skeely" women, surgeon-apothecaries, apothecaries,

¹ The collection has not been completely catalogued but the relevant reference to which this paper refers is Mss. I5401-3.

carries and midwives all offered advice and assistance along with their more practical function. The great diversity of medical practice existing in Aberdeen and the surrounding countryside in the seventeenth and early eighteenth century has already been well-sketched.² The Poll Tax Returns for Aberdeenshire for the year 1696 list four physicians—Chalmers, Mr. John Dalgarno, Dr. Luis Gordon and Dr. Patrick Urquhart—the latter being Mediciner (professor of medicine) at Kings College, Aberdeen.³ The population of Aberdeen in the 1690s was approximately 8000,⁴ and of the whole county between 103,000 and 116,000.⁵ Thus Patrick Chalmers was one of a very tiny occupational group. He was a widely read and highly educated man. After graduating as an M.A. at Kings College in 1668, he studied at Paris, Leyden and Padua, receiving an M.D. from the last university in 1677. He collected many valuable books in Italy which he subsequently brought back with him to Aberdeen, where he began medical practice in the early 1680s.

In addition to intellectual competence, Chalmers' medical practice was given considerable support by his social connections. His father, the Rev. William Chalmers, had been not only Minister of Skene (a parish eight miles west of Aberdeen), but also held the barony of Fedrett, probably not located in Aberdeenshire, and the lands of Hazelhurst and Sniddyhill, which lay just outside Aberdeen. On the death of his father Patrick succeeded to the barony and the lands as the eldest surviving son. He married Rachel, eldest daughter of Alexander Forbes of Foveran, whose brother was M.P. for Aberdeenshire 1693-98 and 1700-1701 and created baronet in 1700. Samuel's son, Sir Alexander Forbes of Foveran married Jane, daughter of Major George Skene of Levaldstone and cousin of Sir George Skene of Skene. The Skenes were an ancient baronial family of considerable influence and property in the parishes immediately surrounding Aberdeen,⁶ and although they had produced many successful physicians themselves (commencing with Gilbert Skene, Mediciner at King's College 1556-1575) they patronised both Patrick and his son. Perhaps as a result of this connection, in 1700 Patrick Chalmers was appointed by the Earl Marischal to the newly-created chair of medicine in Marischal College, a post which he held until he was deprived in 1716 for participation in the rebellion of 1715.

One would assume from the relative lack of competition, his intellectual eminence, the patronage he received and the appointment he was awarded that Patrick was a successful physician. But this does not appear to be the case. He saw on average 50 patients a year (maximum 73, minimum 30) and his medical income averaged £680 scots (£56 sterling).⁷ He received no income as professor of medicine until 1712, when he was awarded a sixth part of a £65 sterling grant from Queen Anne,⁸ and in 1718, possibly as a result of his deprivation, possibly

2 E.H.B. Rodgers, *Aberdeen Doctors at Home and Abroad* (Edinburgh, 1898), particularly chaps. I-III.

3 *List of Pollable Persons within the Shire of Aberdeen, 1696* (Aberdeen, 1844), vol. 2, p. 632.

4 T.C. Smout, *A History of the Scottish People 1560-1830* (London, 1969), p. 146.

5 M.W. Flinn, *et al.*, *Scottish Population History* (Cambridge, 1977), p. 199. All population statistics prior to the nineteenth century can only be estimates, of course, although equally these estimates are based upon considerable scholarship and research.

6 *Memorials of the Family of Skene of Skene* (Aberdeen, 1887).

7 A Scottish pound was worth one twelfth of an English pound.

8 *Records of Marischal College and University* (Aberdeen, 1889), vol. I, pp. 383 and 395.

because of other financial difficulties—he was apparently involved in a long law suit with his cousin Forbes of Ballogie—Fedrett, Hazelhead and Sniddyhill were made over to his creditors. The inheritance of George Chalmers, his son, therefore, would appear to be less secure financially than it was socially.

George Chalmers' diary extends for a period of twenty-eight years, beginning in 1717 and finishing in August 1745. We do not know where Chalmers lived, but it seems probable that it was in Aberdeen, and his patients were drawn from Aberdeen and the surrounding countryside. The population of the town in 1755 was 15,600⁹ and although Aberdeen had shared in the general depression of trade in the late seventeenth and early eighteenth centuries, the town had continued to maintain its position of number three in the ranking of the Convention of Royal Burghs.¹⁰ Chalmers, then, had a considerably larger town in which to practice than his father, but he does not appear to have benefitted at all from the increase. From Table 1 it can be seen that the number of Chalmers' patients, particularly during his early years of practice, was extremely small. For the first two years Chalmers had not one patient a month, and even during his busiest year, 1741, he was only attending between two and three patients per week.

Table 1—Number of Patients

1717— 10	1731— 44
1718— 8	1732— 44
1719— 20	1733— 48
1720— 17	1734— 61
1721— 25	1735— 56
1722— 16	1736— 75
1723— 25	1737— 85
1724— 39	1738— 80
1725— 39	1739— 68
1726— 34	1740—103
1727— 35	1741—127
1728— 39	1742— 94
1729— 58	1743—111
1730— 34	1744— 75
	1745— 21

His medical practice was to some extent unstable. Over half of the entries represent single visits with no follow-up or repeat calls, but beneath this unstable section there was a fairly constant, although never extensive, pattern of relatively regular attendance—perhaps, one, maybe two visits a year—upon about 100-120 families. The total number of families he attended was 377, which in Table 2 has been broken down into the classes, where known, from which they were drawn. 377 may be an over-estimation of the total, because a large number of the

⁹ Smout, *op. cit.* p. 243.

¹⁰ The Royal Burghs of Scotland corporately paid one sixth of the total land tax, and thus periodically the Convention of Royal Burghs drew up a General Tax Roll, ranking the burghs according to their wealth in order to assess the percentage each burgh should contribute.

“unknown” are women, and it may well be that “Mrs. Anderson”, for example, is the wife of “William Anderson of Findlaystone”, who is already entered, although Chalmers would often enter such a patient as “William Anderson of Findlaystone’s wife”. There is, however, no way of knowing who these singly-entered females are, and they are therefore entered separately, unless the connection is given.

Table 2—Families attended by George Chalmers, M.D., 1717-1745

Gentry	138
Ministers	15
Merchants	20
Town Councillors	23
Professors, Regents	5
Military and/or merchant navy	19
Advocates	5
Tradesmen	31
Unknown	120

From Table 2 it can be seen, then, that Chalmers’ patients were drawn, as one might expect, to a large extent from the gentry, merchant and professional classes. The nobility—the Earl of Aberdeen, the Duke of Gordon, Earl Marischal,—do not appear at all, and at the same time, with the exception of five “hospital boys” treated for fever in October 1741, several sailors also treated for fever in mid-1740, and three soldiers treated for vertigo, head-ache and pox in 1727 and 1728, there is no evidence that Chalmers ever had dealings with the poorest classes. Moreover, tradesmen figured proportionately very low, although one or two were regular patients throughout Chalmers’ career. The wife and daughter of Alexander Logie, landwaiter, were amongst the first patients Chalmers attended, and in 1740 he was still being sought to treat Logie’s wife for hysteric colic. Alexander Baillie, wright, sought out Chalmers to treat his wife in July 1728, and although by no means an habitual patient, he was still calling for Chalmers’ attendance in 1740, for example, for his dropsie. But these were exceptional. Treatment of a tradesman’s family was more likely to be restricted to one visit, than to be a part of a pattern of regular attendance.

Chalmers’ regular patients were most likely to come from amongst the merchants of Aberdeen and the gentry of the surrounding countryside. Some of them were of considerable influence and owned extensive property in the parishes immediately around Aberdeen. Sir Alexander Burnett of Leys, Sir George Skene of Skene, and Alexander Irvine of Drum whose families Chalmers attended frequently, were all the owners of baronies not far from Aberdeen. About a dozen of Chalmers’ patients can positively be identified as heritors (i.e. they owned property outright), and about fifty other families for whom Chalmers used a territorial designation (i.e. Arthur Dingwall of Brownhill) do not appear on the valuation rolls and were therefore probably feuars of property

which they then either leased out or farmed themselves.¹¹ Curiously enough, many of those whose property can be traced appear to have lived at a considerable distance from Aberdeen. For example, the only property listed in the valuation rolls for Alexander Gordon of Abergeldy was in the parishes of Craigie and Braemar, which are at the most westerly end of Aberdeenshire, on the borders of Invernessshire and Perthshire. Here also is Abergeldy Castle. Abergeldy's family were amongst Chalmers' most frequent patients; he attended them almost every year for various reasons—measles, fever, colds, smallpox, and on one occasion for toothache. It could be that Abergeldy had a house in Aberdeen in which his family lived frequently, of course. If not, then Chalmers must here been making visits to Abergeldy Castle, which would have involved him in a journey of over forty miles each way. Other patients,—Alexander Abercrombie of Glassaugh, Gordon of Ardmely, for example—lived in Banffshire, and similarly unless they had property in Aberdeen, Chalmers would have been involved in a 40-50 mile journey to attend their families. At the other extreme, the families of Baillie Chalmers; Mr. Ogilvie, Collector; Dean of Guild Thomas Paul; Captain Urquhart; Captain Thomas Irvine and William Middleton, merchant; most probably lived in Aberdeen, and names such as these contributed the other 40 or so families which made up Chalmers' regular practice.

The next step is to look more closely at these families to see what can and cannot be learned from the journal. In Table 3, therefore, the journal is broken down into a list of the patients, who were always specified by name and almost always by their illness. To begin with the negative, we cannot use this journal as a microcosm of those sections of Scottish society to determine causes of death during the period, because Chalmers never recorded the outcome of the illness. We do not know, therefore, how many of his patients died, although return visits obviously indicate those who did not. We can, however, learn what kind of medical practice Chalmers conducted, what the principal diseases were and who were most likely to be calling for the doctor's aid.

The most obvious observation from this table is the distribution of patients. Over two thirds of Chalmers' visits were to attend the wives and children of the household. Here again, the picture is not entirely accurate. The table records visits, and in the case of children while for the most part the record indicates a visit to a particular child, on some occasions, most notably during outbreaks of smallpox or measles, the visit would be to attend "Baillie Chalmers' three children" or "Skene's five daughters". By head count, therefore, the number of children should be somewhat higher, but as this does not invalidate the essential character of the table, it has been left as a count of visits.

11 In searching for these families I have used a directory recently compiled of landownership in Scotland c. 1770, which was drawn up from valuation rolls of the eighteenth century. In the case of Aberdeenshire the rolls used were one of unknown date and one dated 1741. L.R. Timperley, ed. *A Directory of Landownership in Scotland c. 1770* (Edinburgh, 1976), Scottish Record Society N.S.5.

Table 3
Distribution of Patients

	Male	Female	Children	Servants	Total
1717	4	5		1	10
1718	2	4	2	—	8
1719	7	7	6	—	20
1720	4	7	6	—	17
1721	6	9	10	—	25
1722	3	7	6	—	16
1723	6	11	8	—	25
1724	4	12	23	—	39
1725	2	17	30	—	49
1726	6	13	15	—	34
1727	10	14	11	—	35
1728	14	13	12	—	39
1729	11	17	29	1	58
1730	6	13	15	—	34
1731	8	12	24	—	44
1732	13	14	17	—	44
1733	15	14	19	—	48
1734	18	14	28	1	61
1735	18	23	15	—	56
1736	16	26	33	—	75
1737	17	27	41	—	85
1738	27	31	22	—	80
1739	16	33	19	—	68
1740	31	33	39	—	103
1741	20	31	76	—	127
1742	29	25	32	8	94
1743	29	50	30	2	111
1744	17	25	32	1	75
	359	507	600	14	1480

Without exception, dramatic increases in the size of Chalmers' practice indicated an outbreak of a disease most usually contracted by children. In the first four months of 1724 there were eleven cases of measles, and in 1725 smallpox accounted for 24 of his total visits. In 1729, the number of fever cases was exceptionally high, and a few smallpox cases were recorded, and in 1731 measles was back again, once again in the first three months of the year. In 1734, fever again accounted for a large proportion of the increase, and in 1736 and 1737 fever, smallpox and measles were all rampant, smallpox taking its toll from November 1736 until February 1737, measles and fever taking over in March as the principal complaints. By far the worst visitation to Chalmers' patients, however, came in the years 1740, 1741 and 1742. In 1740 the number of fever cases was abnormally high again and continued so during the first three months of 1741. In May 1741, smallpox devastated the children, with 35 cases being by far the highest recorded in any single year, and in July measles also appeared to intensify the havoc. By November, measles and smallpox had disappeared again, only to be followed by an equally intense bout of fever which continued for the

greater part of 1742. In 1743, measles and smallpox were completely absent, but another illness, obviously different from the usual “fever” because Chalmers designated it specifically “fever and cough” kept sickness levels high.

Attendance upon children, therefore, constituted an important part of Chalmers’ practice. Although his practice did steadily expand over the years, the periods of his most numerous patients were always directly related to outbreaks of the childhood illnesses of smallpox and measles. Teething, with accompanying convulsions or fever, was another constant, although much less numerous, cause for a doctor’s call, and in addition hardly a year went by without Chalmers being called to administer to a child suffering from suffocation.

Underlying these acute outbreaks (1721-24, 1732-5, 1738-40 and 1742-45 were completely free of smallpox or measles), fever provided a continually pervasive source of debility to both adults and children. 1742 was the worst year, when 43 cases of fever were recorded, but there were many years when Chalmers registered between 15-20 cases. Fever, of course, could mean any number of things. The classical definition—*Post horrorem pulsus frequens, calor major, plures functiones laesae, viribus praesertim artuum imminutis*, does not necessarily indicate any specific source of illness. It could mean a reaction to any debilitating experience acting on the nervous system, arising from viral, emotional or physical causes. It could mean an epidemic of typhus or typhoid, but it could equally be the result, as anyone familiar with Victorian novels will know, of a fall from a horse. It is, therefore, impossible to speculate on or generalize about the source of the fever Chalmers was treating, although of course in years when the figures were exceptionally high it is most likely to have had an infectious origin. All that can safely be asserted is that large number of Chalmers’ patients, including children, suffered periodic debilitating illness, and when smallpox appeared during a period when such debility ran high, the results as far as children were concerned could be particularly catastrophic.

In the course of his practice Chalmers saw eighteen per cent more females than males. This difference can to some extent be explained by the fact that Chalmers attended maternity cases. Although never an extensive part of his practice, each year he attended four or five women in “childbed”, sometimes specifically for difficult cases—“*partus difficilis*”—or for accompanying fever, but sometimes in what were obviously normal deliveries. He attended Baillie Chalmers’ wife in childbed in Jan. 1725, Feb. 1726, Aug. 1731, July 1733, Jan. 1737, July 1740 and Aug. 1743, and he made regular attendance upon Lady Forbes of Foveran, Lady Skene of Skene and, perhaps more surprisingly, the wife of Alexander Logie, the landwaiter. Chalmers was frequently called in cases of abortion, and on five occasions he attended women for what he elusively termed “breeding.” These women were not childless—Baillie Chalmers’ wife and Mrs. Logie were amongst those attended—and therefore presumably he was not prescribing fertility drugs for them. Each of the women subsequently had more children too, and so he was unlikely to be prescribing something to induce sterilization.

In addition to attendance on these specifically female functions, Chalmers’ journal attributes a greater incidence of emotional disturbance to women than to men. After childbearing, perhaps the most predominant, specifically female, call for his attendance was for hysteria, and for what he was probably diagnosing as

1723	
July 16	William Langster morn. wound in his head
17	Mrs Bathy's tumour fever and looseness
18	Mrs Swape, fever
25	William Taylor morn his daughter fever
Febr 1	Mr Logie's Children fever
28	Stene, of his two daughters fever
March 15	Baillie Robertson's Lady, haemorrhage
29	John Parnege's son William Phrenitis
April 29	Lady Stene, of pain in her thigh
May 4 th	Robert Elphinston servant to Hugh Rob
June 18	William Milne morn his wife fever
August 18	Miss Logie's youngest son fever
24	Pat. Wilson hosp fever his wife hysterie fever
26	George Mailland's son teething
29	William S. Lane glove pleurisie
Sept 3	William Kelly's daughter rheumatic fever
9	Mrs Ogilvie, haemorrhage episternum
9	Widow Gallo spitting of blood
24	George Milne yoke wife pain in her side
26	Lady Stene elder Pursey
Oct 9	Black, Rheumatic fever
Nov 11	Lady Forran, Childbed
Dec 4	Mrs Parogie gravel & hysterie Colic
28	Mr Piffen's youngest son erysipelas come to suppuration
29	Geo Robertson goldsmith fever
<hr/>	
1724	Stene, elder gravel & fever
July 10	John Gall's son measles
Febr 14	Kirkhill's eldest daughter measles
15	— second daughter measles
24	— his son measles
29	Mr Logie's son Patrick measles
March 1	Baillie Robertson's two youngest daughters measles
4	Mrs Jane Wilson Surgeon's Jaundice

Extracts (4) from the records of George Chalmers, M.D. (By permission of the Trustees of the National Library of Scotland)

1924		3
9	Mrs. Eyrhne. pain in her stomach	
11	Baird's Robert's son James measles	
12	Mrs. Logic's youngest son and daughter measles	
24	Robert Pittendruech's son measles	
26	Geo. Mailland's son measles	
29	Pittendrie son James measles	
April 1	Widow Logie Fever	
6	Lady Skeene elder sore throat	
20	Andrew Livingstone's son fever	
22	Widow Gallo's headach	
June 1	Kirkhill's son fever & convulsion	
8	William Chalmers wife breeding	
12	Widow Pharis Droopie	
July 2	George Leslie Leithan fever	
6	Baird's Robert's son fever	
13	Skene's son Suffocation	
14	Mrs. Taylor's daughter hemicrania	
August 1	Lady Skeene elder Cachexia	
9	Mrs. Douglas lues venerea	
16	Mrs. Bell Forbes Cholera with Colic	
24	Mrs. Chalmers Colic	
Sept. 3	Mrs. Riven's daughter fever	
9	Mother of his daughter's fever	
20	Mrs. Douglas Fluor albus	
Oct. 12	Mr. Abercrombie at Skeene's horrioploe	
13	Mrs. Riven's third daughter fever	
19	Mrs. Logic Chaldobed	
20	Mrs. Brem Swelled breast	
Dec. 6	George Mailland's wife headach	
7	George Robert's son rheumatism	
18	Boocraan's second daughter teething	
1925	Thomas Taven's daughter fever	
Jan. 2	Mrs. Logic breeding	
20	Mrs. Bellie Lindsay's Colic	
29		

		£	s	d
1724				
May 29	William Melon for his wife	6	0	0
June 12	William Chalmers for his wife	12	12	0
18	Andrew Livingstone merch: his son	8	00	0
July 13	Mrs Taylor her daughter fever	12	12	0
19	Shene his son	12	12	0
Aug 6	Lady Shene. elder caehraia	12	12	0
16	George Maikland merch	12	12	0
21	Mrs Bel Forbes Colic	12	12	0
Oct: 7	George Leslie Tertian. ague	6	6	0
13	Mrs Douglas Merch:	12	12	0
15	Mrs Abercrombie At Shene hampton	37	18	0
Dec: 21	Baillie Robert son. fever	12	12	0
	Sum	347	2	0
1725				
Jan: 2	Thomas Niven for his family	12	12	0
22	Mrs Trail for widow Logie	12	12	0
Febr 26	Goldwells for his Lady	18	18	0
Aprile 24	Mr Forbes for his Lady & Children	88	4	0
May 3	Mrs Janet Chalmers keelic	12	12	0
10	Widow Brand Droppie	7	4	0
23	Shene for his son	12	12	0
28	Mrs Douglas hysteric	12	12	0
June 4	Baillie Chalmers his wife & daughter	25	4	0
2	Andrew Livingstone merch his wife	12	12	0
July 21	Mr Pat. Strachan's daughter teething	12	12	0
22	Baillie Melissons wife	9	0	0
Aug: 23	Mrs Mills niece of the minister of Menay	6	6	0
25	Mrs Nivies merch his Children	12	12	0
Sept: 14	From Mrs Bel. Balfour for herself	9	00	0
Nov: 1	From Kirkhill for his Children small pox	12	12	0
14	From Mrs Douglas widow	12	12	0
18	From James Thom Taylor	6	00	0
Dec: 14	From Mrs Christian Robert son	6	00	0
20	From George Maikland's merch	12	12	0
	Sum	314	11	0

1726		33			
Jan'y 3	From Skene for his Lady	25	4	0	
13	From Scotsloun	19	5	7	
14	From Mr Lister	12	12	0	
19	From Mrs Douglas	12	12	0	
Febr: 2	From Andrew Livingstone	6	6	8	
March 19	From Forrean for his Lady	25	4	0	
21	From Lady Skene elder for Moncoffer daught	12	12	0	
24	From Skene for his daughter	12	12	0	
26	From Mrs Bettie Chalmers	25	4	0	
Apriles	From John James	12	12	0	
	From Mrs Douglas widow	12	12	0	
May 12	From Mrs Janet Chalmers	12	12	0	
13	From Scott Loxp	12	12	0	
June 20	From Willm Cairne for Sr Pat. Strachan	34	16	0	
July 14	From James Panton for his wife	12	12	0	
Aug: 11	From James Thom for his daughter	3	00	0	
Sept: 22	From Barlie Chalmers for his family	25	04	0	
Oct: 3	From Flaton for his son	25	04	0	
6	From Mr Ogilvie for his daughter	12	12	0	
Oct: 4	From Halton for his son	50	08	0	
14	From Forrean for his Lady	63	10	0	
29	From Andrew Livingstone	12	12	0	
Nov: 5	From Skene for his brother John	12	12	0	
16	From Forrean for his son and daughter	12	12	0	
Dec: 22	From Skene for his brother	12	12	0	
29	From Thomas Niven for his family	6	06	0	
30	From George Maitland for his family	12	12	0	
		Sum.	500	19	4
1727					
Febr: 10	From Sir Alex Forbes for his son	25	18	8	
15	From Lady Skene elder for herself	12	12	0	
March 21	From Abraham Davidson for his wife	12	12	0	
		Sum.	51	02	8
			10	0	71

psychosomatic illness, i.e. hysteric colic, —fainting, —asthma, —fever, —headache, and hysteria after childbirth. There was no obvious correlation between such a diagnosis and social position. It might be Sir Alexander Forbes of Foveran's lady on one occasion, or "Skene's lady" on another, but it could equally well be the wife or sister of Alexander Baillie, wright. The picture should not be overdrawn; women were not continually fainting in drawing rooms or running around raving and screaming, but the incidence of hysteria, or to be more precise, Chalmers' conception of hysteria, was much higher in females. On the other hand, melancholy was more usually to be found amongst the male patients, as, for example, the case of poor Sir Alexander Burnett of Leyes, whom Chalmers was called to attend for melancholy in March 1740, vapours in March 1743, headache and vertigo the following month. He was recalled in late 1744 and early 1745 three times for vertigo.

With the exception of these two incidences of female variation, women appear to have suffered from exactly the same kinds of problems—gout, fever, swellings, scurvy, pains, spitting of blood, sciatica, rheumatism, etc.—as their husbands, and the higher incidence of female patients can perhaps only indicate a greater readiness on the part of women to call for the doctor. Vomiting, or colic, which meant largely pains and distension in the stomach and intestines, was a common occurrence, as was cachexia, which appeared to be the diagnosis for a general condition of debility without the accompanying temperature variations and nervous excitement associated with "fever". Cachexia was attributed to an overabundance of fluid in all the organs of the body, a sort of general dropsy.¹² Chalmers' patients do not appear to have been particularly susceptible to consumption, or spitting of blood, nor to dysentery, although the occasional cases are recorded. He was much more likely to have been called to administer to respiratory or rheumatic conditions—coughs, colds, sore throats, rheumatism, asthma and headaches. He also received a fair number of calls to treat ulcers, scurvy, scrophulous swellings, wounds, strains and burns, pains in various parts of the body, particularly the breast, side and stomach, and the occasional case of toothache.

Essentially, therefore, the picture of Chalmers' practice which comes through from this journal is of a medical attendant serving the whole family, treating the whole range of emotional and physical ills to which the human condition is heir. To what extent he maintained the traditional distinctions between his role and that of the surgeon-apothecary and the midwife—essentially the consultative and advisory as opposed to the practical and manual—cannot really be established from the journal. In most cases he probably did. Presumably, he did not actually pull teeth or deliver babies, but it is difficult to believe that in the case of cuts, bruises, wounds, burns, and so on that he was called in merely to diagnose that the person had a cut, or a fracture, or a burn. Perhaps he did, and perhaps he merely prescribed for accompanying fever or related problems, leaving the surgeon-apothecary to undertake dressings, stitching and splints. He was,

12 Will. Cullen, *Works* (Edinburgh, 1827), vol. II. p. 584-5.

however, certainly supplying drugs, because his account for 1734 shows a receipt of £53.18.0 for drugs, and another item in 1736 of £170.0.0 is probably receipts for drugs for the two previous years. Moreover, as will be shown later, the society in which Chalmers practiced does not appear to have had a great deal of cash money, and people were not likely, therefore, to have encouraged a multiplicity of services if they were not necessary. It seems probable, therefore, that when called upon Chalmers administered and treated, within certain limitations, whatever ailments his patients incurred. There is never any mention of his bleeding a patient, and his role in maternity cases was probably purely advisory, but he could well have been treating ulcers, burns, strains, and wounds without the intermediary of the surgeon-apothecary.

If the record of his medical income is to be believed, Chalmers was probably not in much of a position to stand on principles. His account book is divided into two sections. The first section is a book of receipts, seemingly receipts exclusively for medical attendance. From these accounts, listed in Table 4, it can be seen that the income from Chalmers' medical practice was, until the last ten years, not particularly high. £419 scots is less than 35 guineas sterling, and whilst he obviously would not starve on this, it was at the same time hardly sufficient to enable him to dress and live in the style to be expected from the social group from which his patients came. Moreover, these receipts only covered a fraction of the total number of visits Chalmers made during the course of his 27 years' practice. It is impossible to correlate exactly the relationship between visits made and fees made, but it is clear that, if his medical receipt book and journal are accurate records, then much of his unremunerated labour came from the occasional patients, families to whom only one or two visits were made. Whether he ever solicited for these fees is unknown. As a physician he could not take his patients to court for non-payment of his fee; the transaction was purely an honorarium and was entirely dependent upon the goodwill of his patient, and it is therefore unlikely that he pressed for any of these unpaid accounts. Of a total of approximately 210 single-visit patients, in 98 cases there is no record of a fee being paid. There are a few cases where regular patients of Chalmers appear never to have paid any fees, but by and large regular or semi-regular patients made payments, although often the fees paid bore little relationship to the visits made.

With regard to the fees he did collect, these were obviously adjusted according to the ability of the patient or the head of the family to pay. One guinea was the standard fee, but tradesmen, and often ministers, more usually paid $\frac{1}{2}$ guinea, while some lairds, such as Sir Alexander Burnet of Leyes, regularly paid 2 guineas each time Chalmers called. The standard fee for attending at childbirth appeared to be one or two guineas, perhaps depending upon complications, but Sir Alexander Forbes of Foveran paid £79.12.0 scots for Chalmers' attendance on his wife's delivery in December 1723, and £63.0.0 scots for similar attendance in 1726. Perhaps Lady Foveran's confinements were difficult, but Foveran appears to have paid particularly highly for his medical services in general. Although Chalmers visited the family less than once a year, in 27 years Chalmers received £733.14.0 scots from this laird. Sir George Skene of Skene usually paid the more regular one guinea for each visit, but as hardly a year past without Chalmers being called three or four times, he paid Chalmers £1080.18.0 during the course of Chalmers career.

Table 4 — Cash Receipts for Medical Attendance
(given in scots pounds)

1717	—	£ 174.	03. 0)	
1718	—	243.	06. 0)	
1719	—	197.	02. 0)	
1720	—	185.	00. 0)	
1721	—	213.	18. 0)	Average £236. 9. 0.
1722	—	131.	8. 0)	
1723	—	321.	18. 0)	
1724	—	347.	2. 0)	
1725	—	314.	11. 0)	
1726	—	500.	19. 4)	
1727	—	170.	3. 4)	
1728	—	285.	10. 0)	
1729	—	436.	10. 0)	
1730	—	391.	02. 0)	Average £419. 0. 0
1731	—	466.	04. 0)	
1732	—	503.	08. 0)	
1733	—	327.	6. 0)	
1734	—	690.	10. 0)	
1735	—	554.	0. 0)	
1736	—	906.	06. 0)	
1737	—	1194.	6. 0)	
1738	—	757.	0. 0)	Average £906. 0. 0
1739	—	754.	0. 0)	
1740	—	836.	8. 0)	
1741	—	809.	2. 0)	
1742	—	1028.	11. 6)	
1743	—	1449.	0. 0)	
1744	—	781.	0. 0)	

Between these two extremes of free service and the beneficence of the more wealthy lairds, another form of payment appears to have been quite common. Often the receipt book will record a payment by someone “for his family”, and in a number of cases a more or less regular annual retainer was paid. Thomas Glenny, merchant; Patrick Guthrie; James Irvine, advocate; Alexander Michie; Baillie Molyson; Dean of Guild Paul; Patrick Ross and Baillie William Chalmers all made such payments for Chalmers attendance on their families during various periods of Chalmers career. The fee was not standard; most of them paid one guinea per annum, but Thomas Niven paid ½ guinea and James Irvine 2 guineas each year. None of them, however, were as regular or as prolonged as the arrangement made by Baillie William Chalmers for his family. The burgher paid a regular annual retainer to Chalmers—£25.4.0 scots from 1725-1730, £37.16.0 between 1731-1738, and from 1739, when he became Provost Chalmers, the re-

tainer was increased to £63.0.0 scots. Over the period of 27 years he paid £932.8.0 scots for medical attendance. In return, the doctor attended Chalmers' family on an average four times a year, not infrequently visiting six or seven times annually. The visits were primarily made to Chalmers' wife or children, Mrs. Chalmers, when she was not bearing children, having been particularly prone to hysteria. The household in general appeared to be occasionally chaotic; on two occasions the doctor was called to administer to a child who had been burnt, in 1740 the maid was having hysterics too, and Baillie Chalmers himself did not escape the odd attack of vertigo. Small wonder! Throughout his career Dr. Chalmers gave the baillie excellent service, and whatever the inadequacies of medical knowledge at that time the service was obviously satisfactory; Baillie Chalmers paid promptly every mid-summer and continued to retain the doctor throughout his career.

In addition to his medical receipt book Chalmers kept a record of personal expenses. Only a fraction of this has survived, but enough to round out the picture a little more. For example, he was solvent in January 1730 but only just, having assets of £2197 scots, mainly in the form of money owed to him, and liabilities of £1767 scots. He had only £72 scots cash and household furniture and books to the value of £300 scots. He had that year spent only £165.14.4 scots on "cloathes, dyet and other necessairs." During 1730, however, he spent £679.18.0 scots on household expenses and by the end of that year had books and household furniture of £1000 scots. In 1731 his household expenses were £836.13.0 scots. Obviously the doctor was not wholly reliant upon his medical practice, and this book of personal expenses throws some light on other business carried on by the doctor in addition to his medical practice.

Patrick Chalmers' youngest son, William, had become a merchant in Gibraltar and held several government appointments there, including for a while the governorship. Chalmers' brother obviously prospered, because in 1728 he was able to repurchase the lands of Hazelhead and Sniddyhill which their father had been forced to forfeit in 1718. After 1728, Dr. Chalmers acted as factor of these properties for his brother, collecting rents, selling grain from the land and administering enclosure projects. In addition the doctor was acting as middleman for his brother's trading concerns, selling goods—handkerchiefs and cambric are specifically mentioned—to various people in Aberdeen, including some of his patients, and periodically transmitting the receipts back to William in Gibraltar. The records do not indicate whether George received commission for this labour, but there is no doubt that large sums of money passed through his hands which could be used to make good, for short periods at least, any shortage of funds he might be experiencing.

Moreover, short term cash loans appeared to be an integral part of the financial life of the community in which George Chalmers lived. His running account is full of short term loans received and disbursed. In 1727 he was borrowing money from James Thomas, advocate in Aberdeen—£60 scots in July, £25 scots in November—and from Baillie William Chalmers he received £72 scots "to pay James Findlater [a merchant in London from whom Chalmers bought food and grocery supplies] his bill." In July 1729 he borrowed £300 scots from Sir George Skene of Skene. At the same time Chalmers was loaning money; sometimes quite small sums—"May 2 1728 Mrs. Ann Forbes £1.4.0 having lent her said sum"—sometimes larger, such as £100 scots lent to Mrs. Irvine in July 1728.

Sometimes these loans appear to have been purely personal, such as £18.18.0 scots loaned to Patrick Forbes of Killermont in April 1728 “having at his Desire sent him a guinea and a half by the post to bring him home”, and two guineas lent to the same person the following month “to defray the expence of his journey to Caithness.” On other occasions they were obviously intended to bridge what would now be called a “cash flow problem”. In November 1728 he loaned Captain Thomas Irvine £240 scots “to pay his sailors”, and a further £120 scots the following year for the same reason.

Financial and business transactions, it would appear therefore, were conducted within a very fluid and mutually-supportive economic community.¹³ It was politic to help Captain Irvine out; the shipmaster supplied Chalmers with many items, including ½ gross of wine and a wig on one occasion. In his turn, the doctor could always look to someone like Sir George Skene of Skene to provide financial assistance when the need arose. Chalmers kept his medical accounts separately, which suggests that he saw his medical duties as a quite separate activity. Yet many of Chalmers’ patients were customers of his brother in Gibraltar and some of the loan transactions Chalmers made were with patients. Obviously, this financial interaction explains why some of his medical fees appear to be unpaid, and it also illustrates how closely interrelated his function as doctor was with the wider economic activities of the community.

The picture one finally forms of this physician, then, is perhaps not quite what the title would have conjured up. His practice was not limited to adults, nor probably was it merely consultative and advisory. He served the whole family and treated all ailments, and indeed the treatment of children was perhaps the most extensive and fundamental part of his practice. If indeed it is true that he travelled as extensively as it would appear to attend patients, then it is a measure of the scarcity of the demand for a physician’s service in Aberdeenshire in the first half of the eighteenth century. A physician could hardly survive on his medical fees until he had spent many years building up a network of patients. In spite of the fact that he had a father with a considerable local medical reputation, who had spent thirty years building up such a practice, George Chalmers would have had great difficulty surviving merely on his medical income for the greater part of his career. That he did survive was most likely due to the fact that he had access to funds and could command credit to enable him to live at a higher rate than his medical income would have allowed. Moreover, his practice was at least to some extent interwoven with his other business and trading interests. He could provide financial as well as medical assistance; through his medical role he could factor and middleman extend his circle of acquaintances, which in turn would lead to more patients. The interrelationship of all these functions made possible the successful medical practice of this physician in Aberdeen.

13 For an account of the extent to which mutual confidence and credit could support a capital outlay of £5.4.4¼d to create an extensive trading business see T. McAloon, “A Minor Scottish Merchant in General Trade: the case of Edward Burd 1728-39” in J. Butt, and J.T. Ward, eds., *Scottish Themes* (Edinburgh, 1976).

Résumé

L'auteur raconte la vie quotidienne d'un praticien général, les maux qu'il avait à traiter, les diagnostics prononcés et les ordonnances prescrites à ses patients d'Aberdeenshire en Ecosse, au XVIII^e siècle.

THE PROVINCIAL ARCHIVES OF NEW BRUNSWICK

*Historical Archives and Records Management
for the Province of New Brunswick*

*Bonar Law-Bennett Building, U.N.B. Campus
Box 6000, Fredericton, N.B., E3B 5H1*



Provincial Archivist

Marion Beyea

(506) 453-2637

Open Monday to Friday

08:30 to 17:00

and by appointment