

# **RAISING UP HUMANITY**

**A CULTURAL HISTORY OF RESUSCITATION AND THE  
ROYAL HUMANE SOCIETY OF LONDON, 1774-1808**

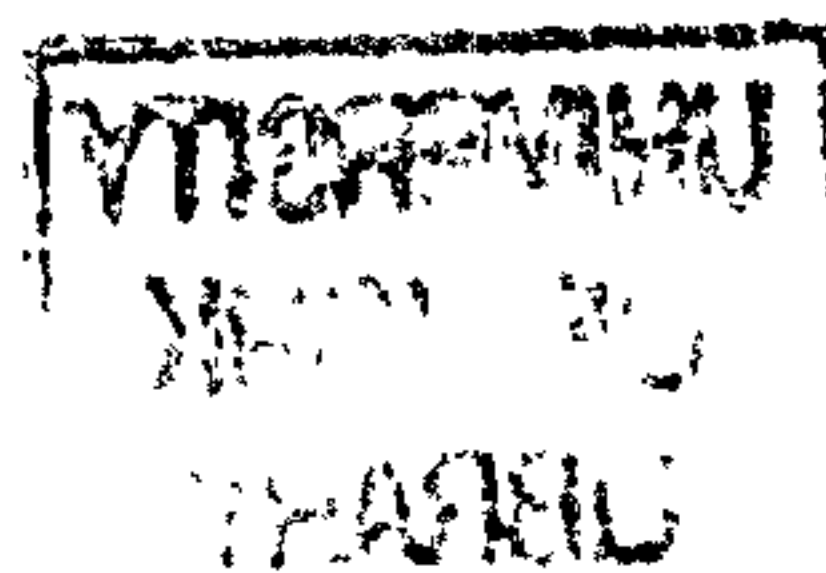
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**For Natsu and Roy, salvors**

## **ABSTRACT**

This thesis provides a historicized explanation for why implementing treatments for resuscitating the apparently dead generated so much feeling in late-eighteenth century Britain. It does so by charting the history of the Royal Humane Society of London (RHS), from its inauguration in 1774, to the death of its founder, William Hawes, in 1808. Chapter 1 explains what was unusual and innovative about the RHS's programme for recovering apparently drowned bodies from the Thames. It explains why resuscitation was considered plausible, how the Society came to concentrate on the drowned, where the various treatments came from, and who would have found it a challenging set of recommendations, and why. Chapter 2 shows how this programme was made viable by the efforts members of the RHS made to generate interest in, and financial support for, the initiative, identifies the arguments made in favour of the practice, and explains why particular kinds of medical men, with special ideas about how medicine should be organized and presented, were invested in the treatment's success. Chapter 3 shows how some people thought its objective, recovering the apparently dead, implausible and ridiculous, and how the RHS sought to overcome their objections. Chapter 4 shows how and why the treatment was considered blasphemous, and analyzes how the RHS's Anglican apologists sought to deal with this threat to the programme. Finally, Chapter 5 provides an account of why the marriage between resuscitation and the discourse of humanitarianism was so successful, and demonstrates how in practice following the RHS's agenda could be troubling for ordinary people. Seeing resuscitation's implementation as a frictional process, the thesis addresses the relations between medicine, philanthropy, science, religion and popular culture in order to establish resuscitation's cultural presence, and to appreciate the cultural effort that the treatment elicited.

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## PREFACE: THE BEGINNING

In 1773, an unexceptional London apothecary named William Hawes (1736-1808) came across a publication that changed his life and, in turn, changed the way English society organized its responses to accidental and sudden death. The book was a translation of the memoirs of an extraordinary society newly active in Amsterdam.<sup>1</sup> Brought into being six years previously by a group of Dutch gentlemen, this society had dedicated itself to the rescue and recovery of people found drowned in the city's many canals. Such an institution was entirely unprecedented; even to its members, the various recoveries of apparently dead people appeared nothing short of miraculous. The memoirs contained not only a plan for the successful treatment of apparently drowned people that eschewed old remedies in favour of more up-to-date measures, but also included notes of over sixty cases, taken over a period of four years, in which the lives of ordinary Dutch men and women had actually been saved by the intervention of the society's members.

In a personal quest to reproduce these dramatic cures, William Hawes made it known that he personally would pay his fellow Londoners if they brought him apparently drowned bodies, found between Westminster and London Bridges, upon which he could try out the treatment for himself. His 'incessant zeal' evidently made an impression in the London medical community, for Hawes' efforts were observed by the English translator of the Dutch memoirs, Thomas Cogan (1736-1818), who was practising as an accoucheur in London at the time.<sup>2</sup> Although the

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<sup>1</sup> Thomas Cogan, *Memoirs of the Society Instituted at Amsterdam in favour of Drowned Persons. For the Years 1767, 1768, 1769, 1771* (London, 1773).

<sup>2</sup> 'incessant zeal' is from [William Hawes], 'A tribute to the memory of Dr. William Hawes' (London, 1808), p. 1. For a discussion on the early relationship between Cogan and Hawes, see Appendix A.



time and circumstances of their first meeting is unclear, Hawes and Cogan about this time began a friendship, centred round their interest in resuscitation, that continued until Hawes' death, thirty-four years later, in 1808.<sup>3</sup>

In his book, Cogan had expressed a hope that London could support an initiative similar to that of the Dutch in Amsterdam. This hope had struck a chord with the editor of the premier polite journal, the *Gentleman's Magazine*, which had lamented that England did not enjoy such a society. 'Till such an establishment is instituted', it commanded, 'let all, who have it in their power, endeavour to supply its place'.<sup>4</sup> At this time, Cogan and Hawes were not the only people eager that England should learn from the society in Amsterdam; one Alexander Johnson (1715-1799) had brought out a pamphlet on the Dutch society just before

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<sup>3</sup> Hawes and Cogan certainly met during 1773 at the newly inaugurated Medical Society of London, since they were both elected members sometime between the 2nd meeting of May 31 1773 and the 3rd meeting of July 13 1773. See John Johnston Abraham, *Lettsom: His Life, Times, Friends and Descendants* (London, 1933), pp. 127-128.

<sup>4</sup> *Gentleman's Magazine*, 43, (1773), p. 174. The *Gentleman's Magazine* opened its volume for 1774 with a preface that drew attention to the new societies that were spreading across Europe for the recovery of the apparently drowned, including the new London society, and to the way the *Gentleman's Magazine* had in fact anticipated these developments by drawing its readers' attention to remarkable resuscitations between 1745 and 1767. As early as 1763, a writer signing himself 'Nauticus' drew attention to the recovery of a sailor who accidentally slipped overboard but 'to the great surprise of everybody', recovered fully after four hours of rubbing. Nauticus, who noted that subsequent experiments on the effects of submersion on dogs and cats had reinforced the findings of this case, insisted that the discovery of an effective remedy for the drowned 'must be acknowledged to be of the highest importance' and requested that the public take full cognizance of its implications (*Gentleman's Magazine*, 33 (1763), p. 486). The magazine had also printed the correspondence with the Dutch society. But what is certainly mystifying is its observation in this same preface that 'We have lately been informed, that a general plan, agreeable to the idea of extensive utility formerly set forth by us (all partial attempts being inadequate), was offered to this country about two years ago, by a gentleman who studied and practised physic abroad.' (*Gentleman's Magazine*, 44 (1774), preface, n.p.) This is the only mention of such an attempt (which must have taken place in 1772). To whom this refers is a mystery. Its failure, the *Gentleman's Magazine* suggested, was caused by the absence of a Continental-style system of police.

Cogan's *Memoirs*.<sup>5</sup> Yet it was Hawes and Cogan's initiative and association that secured the foundation of an English society dedicated to recovering the drowned.

It was concern with Hawes' financial commitments, rather than obeisance to the clarion calls of the *Gentleman's Magazine*, that encouraged Cogan to suggest to Hawes that the cost of finding bodies be spread between more people. Hawes consented. The two men then agreed to bring together fifteen of their friends with the intention of setting up a voluntary organization in favour of raising awareness of this enterprise.<sup>6</sup> In the event a group made up of sixteen men, including Cogan and Hawes, met on the 18th April 1774 at the London Coffee House, twelve months after Hawes first offered his rewards to the public.<sup>7</sup> This event marks the official inauguration of what was to become the Royal Humane Society of London, the institution that introduced resuscitation into English culture.<sup>8</sup> What happened to this society and to

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<sup>5</sup> For a discussion of Alexander Johnson's place in the early history of the RHS, see Appendix B.

<sup>6</sup> For a discussion on who attended the first meeting and the status of the Minute Book, see Appendix C.

<sup>7</sup> 'twelve months': It is the 1808 memoir of Hawes (from the *Gentleman's Magazine*) that specifies that Hawes went on paying rewards for the procurement of drowned bodies for 12 months. If we accept (as I think we should) that the first meeting for the society was 18 April 1774, it makes April of the previous year the time that Hawes first publicized his rewards. To be consistent with the argument that Hawes was inspired by reading Cogan's work, it must be shown that Cogan's work came out before April 1773. It is regrettable that Kimber's excellent *The Monthly Catalogues of the London Magazine*, which could enable us to pinpoint the exact month that Cogan's translation appeared in 1773, only includes material up to 1766.

<sup>8</sup> The society began as the Society for the Recovery of Persons Apparently Drowned. In a committee that met on the 22nd April, 1776, it was 'Resolved That it be recommended to this Society at their next General Meeting to distinguish this Society in future by the Name of The Humane Society Instituted for the Recovery of Drowned Persons' (*Minute Book*, 22.4.76). The name was recommended by Reverend Jeffries, and was accepted at a general meeting on 8 May 1776. George III became a patron either in 1783 or 1784 [J. C. Lettsom, *Hints Designed to Promote Beneficence, Temperance and Medical Science* (London, 1801), II, p. 296 says 1784], having been awarded, according to Lettsom, a



the treatment it supported over the next thirty-five years is the subject of this thesis.

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gold medal in 1778. The king allowed the use of the title 'Royal Humane Society' in 1787 according to Bishop, 1974. However, the title 'Royal Humane Society' was not in use until 1790; no sermons or reports used the phrase until then.

## ACKNOWLEDGEMENTS

A thesis is the culmination of years of thinking and writing. My interest in ideas began when I was at Winchester College, where I was inspired by two teachers. Dr. Lachlan Mackinnon stimulated in his students a response to literature that was critical and reflective, and encouraged them to voice their thoughts in a explorative way. Mr Mark Stephenson awoke in me the pleasure in, and vital importance of, a rigorous approach to formulating historical arguments. Although I was a most unexceptional student of both these teachers, they influenced me, nevertheless.

When I came to switch my choice of university subject from English literature to History, it was not through the influence of historians, but the influence of literary men. The writings of George Steiner, Milan Kundera, Primo Levi, and W.H. Auden made me feel that the study of history was crucial. In their different ways, their writings constitute powerful, emotive pleas for a historicized imagination, nourished by truthfulness, and capable of enlargening our moral reach. It also surprises me that a conservative political scientist, Allan Bloom, whose own way of understanding history (and indeed politics!) is so antithetical my own, should have been important to me. Bloom conveyed to me something of the burning passion, the gravitas, that was possible in a life of ideas. Finally, by falling into love with the writings of Oliver Sacks (also a fan of Auden), I found a voice that I really liked. I sometimes think that I am a historian who wishes to write an *Awakenings*. These men unwittingly started me on this journey.

In my academic career I have incurred many debts; it is a pleasure now to be able to acknowledge them. Dr. David Parrott has always been

tremendously encouraging in all my intellectual endeavours. I have been the recipient of innumerable kindnesses from him over the last few years, and he has always been most generous and interested in my work. Without Professor Ludmilla Jordanova I would not have begun this undertaking. It is impossible here to articulate fully the various ways in which she has enabled me to realize and express myself intellectually. The ethos that permeates her thinking, an ethos that I would characterize as critical, imaginative and integrative, is one that I continue to identify with strongly. She is, of course, not responsible for the quality of what follows.

I would like to thank Professor Christopher Clark, who was for a short while my supervisor. Thanks to Chris, I was fortunate to have the happy experiences of teaching a course at the University of York on the Enlightenment, and of enjoying his and Margaret Lamb's hospitality. In the last months I have been supervised by Professor Alan Forrest, who has been nurturing and unfailingly positive. Professor Colin Jones read a seminar paper and gave me generous feedback. Professor John Bossy has been a benign presence, as well as an important teacher. This thesis was supported by a bursary from the British Academy. The bulk of the research was undertaken in the British Library and the Wellcome Institute. I'd like to thank all the library staff at the Wellcome for being unfailingly helpful, and for continuing to smile at me the whole time I've been there. It is also a pleasure to be able to thank Major-General Christopher Tyler of the Royal Humane Society of London. He has always been welcoming during my visits to read the Society's *Reports*, and if anyone gave the RHS some money on the basis of this thesis, I'd be extremely pleased.

I would like to thank friends and family for helping me keep faith with this project during a time that has not been easy. My godfather, Dr.



Robert Ker, has not only given me a marvellous roof over my head during my time in London, but has been a super friend to me. Both he and Adrienne Ker have been lovely. I would like to record my thanks to Adele and everyone at G.A.P. for my experience there. I'm still processing everything I learned there and am conscious of having much more work to do. A part-time job with NetNames in 2000 kept me solvent and eased me back into the world of people. My friends there have been fantastic. Richard and Sue Charkin (not to mention Emily, Boo and Toby), my neighbours in SW10, have been the soul of hospitality and warmth; by spending an impromptu evening with them, many a day of base metal has been turned into gold. Emily's enthusiastic appearances at my seminar papers have been morale boosters. Richard Serjeantson has not only been a splendid friend, he has helped me practically at crucial moments - pivotal advice on computers, the supply of a laser printer, and the generous 'loan' of a filing cabinet have all reduced my stress levels.

Julian de Bono and Nick Webb turned around a heroic amount of proof-reading at short notice and at tremendous speed, just when it was needed. Readers of this thesis, I know, will be happier for their efforts. Nick, a onetime historian from the University of York cultural history MA, has been an incomparable friend these last five years. We've shared a lot; I do hope things will get less disagreeable as we get older. I'd also like to thank Anna Grimble and Tim Stonor, Beth Beamer, Dr. Karen Harvey, Dr. Fred Manby, for the crazy time we spent at York, and for his thoughtfulness, Harry Philpott, and Katy Millard. My mother and father have always taken pleasure in what I write and have, in countless ways, prepared the way for my interest in cultural things. Their financial support has been fabulously generous; the thesis could not have been completed without it. A big thanks to them. Finally, I'd like to thank Roy Porter and Natsu Hattori. This thesis would not have been done without them. At a time

of confusion, they have kept me and the thesis going, not simply by reading various drafts as they appeared, but by giving me the solidarity that has made being at the coalface bearable. This is why I dedicate this thesis to them.

## **DECLARATION**

This dissertation is the result of my own research and includes nothing which is the outcome of work done in collaboration.

## ABBREVIATIONS

*Reports.* The Royal Humane Society's Reports are difficult to footnote unambiguously because of the changes in the society's official name, the altering frequency of their publication, and the different ways the reports were entitled over the years. To minimize confusion, I refer to each report in the footnotes as *Reports* followed by the date and, if there were more than one set of reports published that year, a number. Readers keen to see the precise publication details are advised to go to the bibliography under *Reports* where they are listed in order of publication.

*Case Numbers:* Where an excerpt comes from a case history, I have placed the number of the case at the end of the citation, e.g. *Reports*, 1775, p.23 [12].

*Minute Book:* Manuscript Minutes of Committee Meetings and General Court Meetings of the Humane Society of London (1774-1784). In the possession of the Royal Humane Society of London.



## INTRODUCTION

In 1965, the historian of early modern British philanthropy, David Owen, said of the Royal Humane Society [RHS] that, 'moderns may be more than a little mystified by the enthusiasm which it evoked'.<sup>1</sup> The sense of surprise and bewilderment to which Owen refers has fed on basic ignorance about resuscitation's early history. Although I can only hope that the following pages will not provide clarity at the expense of that pleasurable wonder we experience before the stark otherness of the past, I believe that such mystery can now be understood as mystification. This is because the thesis constitutes the first full-length historical study of the early years of the treatment, from the time of the RHS's inception in 1774 to the death of its co-founder, William Hawes, in 1808. Its purpose is to explicate the first responses to the implementation of resuscitation by setting resuscitation firmly within its own varied contexts; to return resuscitation, insofar as it is possible, to its own time.

During their course through the five chapters of this thesis, readers should find some of the mysteries of resuscitation evaporate while, at the same time, they should come across new uncertainties (perhaps unperceived by the author!) that have hitherto been invisible. Chapter 1 explains what was unusual and innovative about the RHS's programme for recovering apparently drowned bodies from the River Thames. It explains why resuscitation was considered plausible, how the Society came to concentrate on the drowned, where the various treatments came from, and who would have found the directions a challenging set of recommendations and why. Chapter 2 shows how this programme was made viable by the efforts exerted by members of the RHS to generate interest in and financial support for the initiative, and explains why

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<sup>1</sup> David Owen, *English Philanthropy 1660-1960* (Cambridge, Mass., 1965), p. 60.

particular kinds of medical men, with special ideas about how medicine should be organized and presented, were committed to the treatment's success. Chapter 3 shows how the treatment ran into difficulties because people thought its objective — recovering the apparently dead — implausible, not to say absurd, and how the RHS sought to overcome these objections.

Chapter 4 continues with the more turbulent aspects of resuscitation's history by showing how it ran into further objections from people who deemed it blasphemous, and analyzes how the RHS's publicists sought to deal with this threat to the programme. It also reveals how successful recoveries provoked a triumphalistic and scientific rhetoric among medical men that made the Anglican clergymen asked to give the treatment good press very nervous. It reveals the ways in which Anglican intellectuals managed the threat of impiety from *within* the Society and further explains why resuscitation in particular had the ability to provoke religious tensions. Finally, in Chapter 5, readers are offered an account of why the marriage between resuscitation and the discourse of humanitarianism was so successful, but they are also taken behind this discourse to see how following the RHS's agenda could be troubling for ordinary people in practice.

In pursuing the topic in this manner, the thesis reflects upon a number of themes of relevance and interest. It has things to say, sometimes explicitly, sometimes implicitly, about the history of Enlightenment in England, the history of medical power and professional identity, and attitudes to death and dying in the past. Also considered are changing perceptions of the body, charity and the idea of humanitarianism, the tangled relationship between natural science and Christianity, and the role of science, as rhetoric and practice, in the formation of modern medicine. This thesis tackles the strange and often alienating history of



therapeutics, and does so in the context of the world of 'popular culture' and the people who sought to reform it.

What is being presented here is a history that amalgamates different domains, in particular philanthropy, medicine, science, religion and death. Each one of these domains already enjoys its own historical traditions and scholarship. They are sufficiently mature to be able to generate their own problematics. The history of resuscitation is decidedly immature by comparison; it has not a self-conscious historiography of its own. The secondary literature on the subject, most of which was produced in small articles during the late 1960s and early 1970s, is almost exclusively medical and concerned with representing the methods of treatment.<sup>2</sup> Like so much medical history of that period, it was written mainly by medical practitioners and, while gratefully used by this historian, varies hugely in quality. Judged by contemporary standards, it is marked by error, the absence of historical context, and presentist 'whiggish' assumptions quite at odds with those professed by the academic historians who have now colonized the history of medicine.<sup>3</sup> More recently, medical historians interested in the diagnosis and

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<sup>2</sup> Elizabeth H. Thomson, 'The Role of Physicians in the Humane Societies of the 18th Century', *Bull. Hist. Med.*, 37 (1963), 43-51. A. Barrington Baker, 'Artificial Respiration. The History of an Idea', *Medical History*, 15 (1971), 336-351; P. Brullard and A. Larcan, 'Histoires des gestes et des techniques de réanimation au XVIIIe siècle', *Histoires des Sciences Médicales*, 13 (1979), 261-270; A. Larcan and P. Brullard, 'Histoire des idées et développement de la réanimation respiratoire au XVIIIe siècle', *Histoire des Sciences Médicales*, 13 (1979), 251-270; Philippe Leveau, 'Evolution de la réanimation respiratoire vue à travers celle des noyés', *Histoire des sciences médicales*, 31 (1997), 9-30. L.H. Hawkins, 'The history of resuscitation', *British Journal of Hospital Medicine*, 4 (1970), 495-500; Elizabeth M. France, 'Some Eighteenth-Century Authorities on Resuscitation', *Anaesthesia*, 30 (1975), 530-538; Richard V. Lee, 'Cardiopulmonary Resuscitation in the Eighteenth Century: A Historical Perspective on Present Practice', *J. Hist. Med.*, 27 (1972), 418-433; J.P. Payne, 'On the Resuscitation of the Apparently Dead', *Annals of the Royal College of Surgeons*, 45 (1969), 98-107.

<sup>3</sup> The more regrettable consequences of these characteristics can be felt in American physician Mickey S. Eisenberg's *Life in the Balance: Emergency Medicine and the Quest to Reverse Sudden Death* (Oxford, 1997), whose celebratory, triumphalist account unwittingly denigrates the early years of the RHS because, to him, the treatments were 'irrational' and insufficiently scientific.

physiology of death, rather than the treatment, have made use of RHS materials.<sup>4</sup> The history of resuscitation, however, remains a sub-sub species in the history of medicine, despite the fact that the medical historian Erwin Ackerknecht could only find one medical precedent before the eighteenth century to match, in speed and scale, the way in which resuscitation marked European medical culture.<sup>5</sup> In general histories of medicine, resuscitation has traditionally had no place.<sup>6</sup> This thesis seeks to correct this blindness.

Within other histories, resuscitation has struggled to maintain the barest

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<sup>4</sup> Martin S. Pernick's, 'Back from the Grave: Recurring Controversies over Defining and Diagnosing Death in History', in Richard M. Zaner, ed., *Death: Beyond Whole-Brain Criteria* (Dordrecht, 1988), pp. 17-74 remains an essential departure point for this topic and for students of the RHS. See also D. Zuck, 'The Diagnosis of Death in the Late 18th Century', *The History of Anaesthesia Society Proceedings*, 18 (1995), 13-22. W. R. Albury, 'Ideas of Life and Death', in W.F. Bynum and Roy Porter, eds., *Companion Encyclopedia of the History of Medicine*, 2 vols. (London, 1993), vol. 1, pp. 248-280 draws upon the work of RHS prize-winner Edward Goodwyn. Most recently Kim Pelis has drawn historical connections between the history of resuscitation/ suspended animation and the early history of blood transfusion, see Kim Pelis, 'Transfusion, with Teeth', in Robert Bud et al., eds., *Manifesting Medicine: Bodies and Machines* (Harwood, 1999), pp. 1-29.

<sup>5</sup> This was the spread of Holy Ghost hospitals in the twelfth century; see Erwin H. Ackerknecht, 'Death in the History of Medicine', *Bulletin in the History of Medicine*, 42 (1968) 19-23, p. 20.

<sup>6</sup> The general histories of medicine I have consulted are: Albert H. Buck, *The Growth of Medicine from the Earliest Times to about 1800* (New Haven, 1917); Arturo Castiglioni, M.D., *A History of Medicine*, trans. by E. B. Krumbhaar, 2nd edn. (New York, 1947); Charles Greene Cumston, *An Introduction to the History of Medicine: From the Time of the Pharaohs to the end of the XVIIIth Century, with an essay on the relation of history and philosophy to medicine* by F. G. Crookshank (London, 1926); Fielding H. Garrison, *An Introduction to the History of Medicine*, 4th edn. [1913] (Philadelphia, 1929); Cecilia C. Mettler, *History of Medicine: A Correlative Text, Arranged According to Subjects*, ed. by Fred. A. Mettler (Philadelphia, 1947); Erwin H. Ackerknecht, *A Short History of Medicine* (New York, 1955); Charles Singer and E. Ashworth Underwood, *A Short History of Medicine*, 2nd edn. [1928] (Oxford, 1962); George A. Bender and Robert A. Thom, *Great Moments in Medicine* (Detroit, 1961); L.S. King, *The Medical World of the Eighteenth-Century* (Chicago, 1958); Christopher Lawrence, *Medicine in the Making of Modern Britain 1700-1920*, (London, 1994). Roy Porter's article in Lawrence Conrad, et al., *The Western Medical Tradition: 800 BC to AD 1800* (Cambridge, 1995) does make reference to resuscitation. The lack of interest in resuscitation was reinforced by the RHS's absence from older histories of London, such as Sir Walter Besant, *London in the Eighteenth-Century* (London, 1902). The RHS was also overlooked in D'Arcy Power, ed., *British Medical Societies* (London, 1939).



presence. Saving the bemused references made by David Owen, histories of philanthropy have so far ignored the RHS.<sup>7</sup> The RHS itself published a short pamphlet for its bicentennial in 1974 that still remains a departure point for historians, but this is hard to obtain and was never intended for a scholarly audience.<sup>8</sup> Work in the history of death has ignored resuscitation. Philippe Ariès, who established a cultural history of death over twenty years ago, managed to write a fascinating account of apparent death in the eighteenth and nineteenth centuries without mentioning resuscitation at all.<sup>9</sup> John McManners, in his *Death and the Enlightenment* (a title I would have happily borrowed for this thesis), also ignored resuscitation, despite including a chapter on medicine.<sup>10</sup> This silence has been reinforced by the latest attempt at an overview on death in the eighteenth century, which helps give the impression that the history of death remains an enterprise underdeveloped critically.<sup>11</sup> The history of resuscitation remains underrepresented in these areas because no domain, with the exception of medicine, has properly considered it its own. Further, the fact that these domains have traditionally been studied in isolation has also militated against the kind of study I have attempted here.

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<sup>7</sup> Donna Andrew's *Philanthropy and Police: London Charity in the Eighteenth Century* (Princeton, 1989), the most authoritative account today on London philanthropy, pays no attention to the RHS. See also her 'Two Medical Charities in Eighteenth-Century London: the Lock Hospital and the Lying-In Charity for Married Women', in Jonathan Barry and Colin Jones, eds, *Medicine and Charity before the Welfare State* (London, 1991), pp. 82-97.

<sup>8</sup> P.J. Bishop, *A Short History of the Royal Humane Society: To Mark its 200th Anniversary* (London, 1974).

<sup>9</sup> Philippe Ariès, *The Hour of Our Death* (Harmondsworth, 1981).

<sup>10</sup> John McManners, *Death and the Enlightenment; Changing Attitudes to Death in Eighteenth-Century France* (Oxford, 1985).

<sup>11</sup> Julie Rugg, 'From Reason to Regulation 1760-1850', in P. Jupp and C. Gittings, eds., *Death in England: An Illustrated History* (London, 1999), pp. 202-208.

This thesis, therefore, makes a case for resuscitation's inclusion in all future histories of charity, death and medicine, as I believe it provides necessary food for thought for a complete appreciation of these fields. The time is ripe for this reappraisal because the trend within history, both academic and popular, is now towards more integrative accounts of culture, accounts that reject seeing domains as autonomous parts that rarely communicate with one another. I have deliberately brought together medicine and religion, doctors and patients, charity and medicine, science and Christianity, enlightened and popular culture, in order to make connections impossible in older, outmoded ways of thinking.<sup>12</sup>

To make a critically sustainable ensemble of these areas has been the work of a generation of scholars in the social histories of science and medicine. Keen to liberate both areas from the self-serving histories written by scientists and medical men, scholars such as Karl Figlio, Ludmilla Jordanova, Roy Porter, and Simon Schaffer (scholars important for me), as well as a host of others, have, in their different but connected ways, made a history such as mine possible. And although resuscitation remains an underexplored topic, it draws upon recent social historical work, such as the history of London charity by Donna Andrew and Peter Clark's latest monograph on early modern societies. My thesis gratefully relies upon the work of all these scholars. Rather than itemize such conceptual and empirical obligations here, some of which are too deep for

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<sup>12</sup> Conceptualizing the historical field as an aggregate of extrinsically related structures generates a schismatic model of culture which appeals to those for whom associative links with other areas of culture are a source of shame and denial. The resistance of scientists and medical men to the implications of historical contextualization is a case in point. Histories of culture, such as this one, apprehend the historical field as a whole made of inter-relating parts; it is holistic in its premises and integrative in purpose. Its intellectual indebtedness is to social history inspired by Marx and social anthropology. Here the historical field is comprehended as a *system*. See Hayden White, *Metahistory* (Baltimore, 1971).



such itemization, I hope the reader will find them in the main body in the text. Their influence goes beyond footnotes.

I mentioned that the secondary literature on resuscitation has been too small to become self-conscious, to see itself as a literature. It follows that it has not bequeathed subsequent scholars with a set of problems. This thesis nevertheless possesses its own tasks, issues and problems that give it its historical character and value. I've set as my immediate goal the task of finding out what happened to resuscitation between the foundation of the Royal Humane Society in 1774 and the death of Hawes in 1808. This raises the question of what precisely a history of resuscitation is. We can either keep the current idea of 'resuscitation', (the restoration by humans of people nearly dead), or present the idea in a different way.<sup>13</sup> This certainly is a history of resuscitation in the first

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<sup>13</sup> The word 'resuscitation' is predominantly used in this thesis in the familiar but specific sense of 'the restoration of physical life or consciousness in someone almost drowned or dead or taken to be drowned or dead'. In doing so, I run the risk of anachronism for, in the advent of the Humane Societies, 'resuscitation' did not enjoy this particular acceptance. The word 'resuscitation' and its cognates originate from late Latin words, the noun 'resuscitationem' and the verb 'resuscitare'. Members of the RHS were certainly aware of the Latin; inscribed on the prize-winning medals for the best medical thesis on resuscitation rested the inscriptions *Propter optimam Dissertationem de Resuscitatione* (gold) and *Propter eruditam Dissertationem de Resuscitatione* (silver) (Charles Kite, *An Essay on the Recovery of the Apparently Dead* (London, 1788), p. xv). But in 1774 there was no 'resuscitation' as we understand it.

Resuscitation does have the virtue of being the word that came to be favoured by the RHS towards the end of the period I am examining. The OED dates the first published use of the modern meaning of resuscitation to an article in the *New London Magazine* of 1788, some fourteen years after the inception of 'The Institution for the Recovery of the Apparently Drowned' (*Reports*, 1774 (2)). I, however, have found use of the word in a case study of 1784 (see *Reports*, 1784, pp. 119-121 [485]). But it should be emphasized that this instance is exceptional. Charles Kite refers to the 'resuscitative art' in 1788, and Edmund Goodwyn, in the same year, uses the verb form 'resuscitating', but neither of the two men used the word as a noun. The first conspicuous mention of 'Resuscitation' I have found is in the annual report for 1790 (*Reports*, 1790, p. 437). It was William Hawes who took on the term in the early 1790s, having begun to refer to the 'resuscitative process' (William Hawes, 1793, William Hawes, 'Appendix by W. Hawes MD, Physician to the Surrey and London Dispensaries', p. 23, in S. Glasse, *The Policy, Benevolence, and Charity of the Royal Humane Society* (London, 1793). He then referred to the 'plan of Resuscitation' (Hawes, 'Appendix', p. 25) and the 'process of Resuscitation' in 1793, then 'the first instances of Resuscitation' and 'the praxis of Resuscitation' in 1794 (Hawes, *Transactions*, p. xvi, p. 235). Resuscitation was never a popular term, certainly never *the* term to



sense, since it is dedicated to understanding how one set of actions on a drowned and apparently dead body were replaced by another set. But in order to resolve the tension between conceptual clarity and empirical and narrational unity, it is also a history of 'resuscitation' in a wider sense. Here resuscitation becomes, variously, a shorthand for a practice predicated upon a particular idea about death (apparent death); a set of healing treatments dedicated to reversing the perceived effects of apparent death; a social process following an accident that leads to a recovery; and the subject of a social policy supported by the RHS. In order to negotiate 'resuscitation's' complex history, we need to keep these strands separate. For the historian, the historical challenge lies in maintaining these distinctions throughout the argument.

A particular concern animating this thesis is to bring together people, ideas and practices and show the precise links that exist between them. I have tried to take a tack that offers speculative but insightful prospects while revealing more concrete connections. The problem lies in obtaining the most persuasive balance. This is why the RHS is so useful. The history of resuscitation is not the same as that of the RHS - treatments for recovering the apparently drowned and dead go back to the Greeks and almost certainly further back - but, because the RHS is a society, by its very nature it brings people together. The Society therefore operates like a lens through which we can make out different strands of cultural life in a satisfyingly specific way.

My main point of departure is this: what was it about resuscitation that mobilized people in its favour at this time? Was there any fuss and, if so, what was it? What was it about this treatment that raised, in Carolyn

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describe the treatment of recovery during this period, but it was gradually emerging on the scene. However, as a short-hand analytical term for us, now, it will serve us well, provided we do not narrow its meaning to the treatment per se, but use it to refer to the entire social upheaval triggered by an accidental drowning for which treatment was the goal.

Williams' words, the 'emotional temperature'?<sup>14</sup> This agenda raises a number of issues. First, it raises the issue of novelty: what was it about the RHS's programme that was innovative or new in 1774? Going back to our historical analysis of the idea of 'resuscitation', was it the individual treatments, the idea of apparent death, the notion of a programme, or the focus on drowning, that marked 1774 as a date of departure? Locked into the first chapter is the problem about thinking about innovation historically. Here I eschew the more traditional analysis that seeks for 'discoveries' in favour of one that looks for changing values.

Consideration of 'emotional temperature' further raises the issue of practice. No existing account of resuscitation has reconstructed what resuscitation involved as an enterprise, as a problem of implementation. The assumption, perhaps, is that the rightness of the new programme (i.e. its desirability and plausibility) were so self-evident that resuscitation's place in the pantheon of acceptable healing practices was immediately assured. My task is to write a history of resuscitation that assumes neither its self-evident desirability nor its plausibility. The issue then becomes one familiar to readers of Shapin and Schaffer's *Leviathan and the Air-Pump*: of showing how the RHS came to 'prove' that recovery from apparent death was both possible and desirable.<sup>15</sup> For the treatment could not be reconstructed at will in a laboratory; moreover there was doubt about what precisely one could see in the drowned body (death or apparent death?) and what role the various treatments enjoyed in a recovery.

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<sup>14</sup> Carolyn D. Williams, ' "The Luxury of Doing Good": Benevolence, Sensibility, and the Royal Humane Society', in Roy Porter and Marie Mulvey Roberts, eds., *Pleasure in the Eighteenth Century* (London, 1996), pp. 77-107, p. 95.

<sup>15</sup> Steven Shapin and Simon Shaffer, *Leviathan and the Air Pump; Hobbes, Boyle and the Experimental Life* (Princeton, 1985).



Practice raises the subjects of power and relationships, analytical foci whose explication redeems any study from disappearing in the vagaries of ideas. Although this study makes ideas central, and involves what used to be called 'intellectual history', its focus on implementation has made the story social and hence political. A recovery is a social process. To understand that process, the thesis situates resuscitation in the context of the different constituencies that were involved in its welfare. What are offered here, then, are analyses about the relationships between medical men and layfolk, between those who stumped up money for the therapy and those who sold it, between the Anglican clergymen and medical men within the Society, between those high on humanitarianism and those who were risking their lives to rescue the drowned. These constituencies I take to have had different investments in the therapy, as well as shared ones. I further take these investments to have been bound up closely with their identities as collectivities (insofar as they thought of themselves as such). I am therefore particularly concerned to show how resuscitation was not just a 'medical' achievement conceived generally, but was a treatment whose success promised validation of a particular group of medical practitioners who identified closely with the ideals of the Enlightenment, and who, moreover, held strong views about how medicine should be presented to the public.

Politics involves conflict. While historians sitting within universities have had the words 'contested meanings' and 'negotiation' coming out of their ears since the mid-1980s, I am keen to show how resuscitation *was* a contested practice that involved the negotiation of interests. In some cases the disputes were more tacit than in others. In my analysis and representation of conflict the idea of cultural friction is central. It is an idea that dominates Chapters 3, 4 and 5, in which we see the RHS contending with opposition to the therapy on a number of different

fronts and from different quarters. Focusing on friction keeps the problems attending the implementation of the therapy centre-stage. Suddenly in 1774, a small society was asking people to change their attitudes and activities before apparently dead and drowned bodies. This involved getting people to change what they *did*. It was not enough to get people to acknowledge the therapy's rationality; they had to be prepared to put it into practice themselves. This is the core premise for the entire thesis and explains why a history of resuscitation is never just a history of the differing ideas of suspended animation, or the different treatments. Understanding ideas does not bring change; ideas have to be *embraced*. This means recovering, where possible, the feelings that resuscitation elicited or was supposed to elicit.

Recovering the apparently dead was one idea that was enthusiastically embraced by the small group of men who inaugurated the RHS in 1774. Their task was to get as many people to like the idea as possible, or at least to secure a sufficient number of supporters to make saving lives a going concern. This brings me back to my interest in enthusiasm and forward to the idea of 'cultural effort'. We will recall that David Owen thought the initial enthusiasm for resuscitation was unintelligible. My interest in reconstructing the history of resuscitation through the RHS has been motivated by the possibility of making that enthusiasm comprehensible to a twenty-first century reader. That has involved eschewing patronizing rationalist views dearly held by modern medical men that assume past treatments were 'mumbo-jumbo', irrational, confused, and so on.<sup>16</sup> You don't have to read Wittgenstein to know that people do not embrace ideas that are unintelligible or lack within them the kinds of

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<sup>16</sup> See Eisenberg, *Life in the Balance*, for such assumptions.



promise that trigger desire.<sup>17</sup> I therefore go to some effort to show how the treatments were plausible, and indeed how the RHS constructed resuscitation's plausibility in Chapters 1 and 3; while in Chapters 2 and 4 I demonstrate the precise ways in which resuscitation, and the dramatic reversal of death, came to appeal to (and repel!) eighteenth-century contemporaries. I am therefore not concerned with showing how the treatments presented by the RHS compare with those of today, but with narrating and explaining the upsurge in 'cultural effort' that resuscitation mobilized in this period.

Both a goal and a by-product of this endeavour is to give a sense of resuscitation's 'cultural presence'.<sup>18</sup> It may be premature to highlight the phrase thus, as if it already possessed an established status as an organizing category, but the elaboration of resuscitation's 'cultural presence' has been an animating principle behind my argumentation. This is why I have not drawn up any artificial boundaries between the 'right' and the 'wrong' kinds of primary source, but why I have been keen to show the appeal of resuscitation at work in all sorts of different contexts and media. It is why this thesis deliberately reveals not only where treatments may have taken place, but gives instances, if only sometimes in passing, of when resuscitation impacted upon everyday life. Finding out whose lives were touched by resuscitation has necessitated recovering the opinions of those, such as the poor, which have been marginalized from the historical record. This is never an easy

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<sup>17</sup> Although reading Wittgenstein can help. If you do want to know how Wittgenstein has influenced historians of popular culture, see an article that has been influential to this historian: Stuart Clark, 'French Historians and Early Modern Popular Culture', *Past and Present*, 100 (1983) 62-99.

<sup>18</sup> My preference for and interest in ideas of 'cultural effort', 'cultural presence', 'friction', and indeed my historiographical style more generally, is heavily indebted to the work of Ludmilla Jordanova. For a combined statement on how cultural history might be understood: Luke Davidson and Ludmilla Jordanova, 'Cultural History: A Utopian Impulse?', an unpublished paper delivered to the Cardiff Conference for Critical Theory in 1995.

business since it throws up anxieties about interpretative protocols, but has been central to this thesis because, in order to gain a better sense of the friction resuscitation generated, it has been vital to gain a sense of the 'grain' of popular culture at the time of resuscitation's introduction. Resuscitation went against the grain in significant ways; reconstructing, if ever so tentatively, what has sometimes been described as 'history from below' has illuminated the reasons why this was so.

In presenting here some of the problems, issues and concepts that run through this thesis, I have sought to prepare the reader for what is to come and invite him or her to take an interest in the thesis's animating principles. It seems to me that to identify and evaluate 'cultural effort' in the past, to establish the presence practices have enjoyed within a culture, to reveal the friction set off by new ideas and behaviours, to analyze the interrelationships between different constituencies, to show how ideas gain their status and their momentum in the very act of their constitution, are endeavours that should be at the heart of cultural history as it is practised today. This particular appropriation of the idea of 'cultural history' gains its heart not simply from convictions about the increased rigour and historical verisimilitude that these priorities will generate, but from sentiments that are hard to argue for abstractly and impossible to argue exclusively in terms of historical 'truth', however that is understood. Rather, conviction for the 'rightness' of this approach is sustained by the way it privileges qualities that I would like to see pertain more generally. To represent those who cannot represent themselves, to render different people intelligible, to avoid patronizing them, to acknowledge conflict and its roots in historically specific hopes and fears, to compare word and deed, to avoid idealizing and chastizing wherever possible - these virtues (as they seem to me) appear to exist independently of this thesis. Such qualities are prerequisites for achieving that 'imaginative reach' that Ludmilla Jordanova has argued

should be the goal of historical scholarship.<sup>19</sup> Ultimately, of course, this cultural history must be judged on its merits as a work of scholarship, while the logic of my approach can be evaluated in the following five chapters. The world has not been crying out for this history of resuscitation; but I have come to write it. I hope that, upon reading it, this decision will be considered to have been a good one.

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<sup>19</sup> Ludmilla Jordanova, 'Gender and the Historiography of Science', *British Journal for the History of Science*, 26 (1993), 469-83, p. 483.



## CHAPTER ONE: THE CHALLENGE OF RESUSCITATION.

### 1. INTRODUCTION

In 1774, the RHS began the task of advertising the possibilities of recovering the drowned to its fellow Londoners. Naturally, we shall want to find out what the treatment was and what rationalizations were offered for it as soon as possible. Yet before going on and describing the treatment, I want us to pause to consider the RHS's programme as a whole. The RHS did not simply publicize a treatment, it offered an enticement; to those members of the public who rescued an apparently drowned body and treated it with the recommended remedies for a minimum of two hours, the Society would give a reward. Two guineas each were offered in unsuccessful cases; a reward of four guineas was offered in successful cases.<sup>1</sup> Medical men who offered their services free to the Society had not only to help orchestrate recoveries where possible, but also to provide testimony on behalf of their lay assistants. The offer of 4 guineas serves as the departure point for this chapter. My main contention is that, to value resuscitation historically, we need to appreciate that the treatment's fortunes depended upon an exchange between medical men who offered their services to the Society, the layfolk who participated in recoveries, and the RHS itself. Before there was any treatment, there was a social contract, a system of exchange.

The RHS was seeking to implement not simply a treatment, but its own social policy. Treating the drowned was and remains a social enterprise. For the RHS in 1774 this enterprise took on the character of a medical experiment. Typically, as with any experiment, unknowns were integral to the project from the very start. The task of implementing the

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<sup>1</sup> *Reports*, 1774 (1), p. 7.

treatment immediately presented potential problems of power and knowledge. Identifying these problems is a necessary requisite for appreciating fully the issues involved in implementing the treatment. The problem animating this chapter is, therefore: what challenges did this programme present for the RHS, which was seeking to implement it, and for the medical men and layfolk, who were being asked to cooperate with it? To provide answers to this question, the chapter focuses on three aspects of the treatment: the object of treatment, the cause of treatment, and the treatment itself.

## 2. THE OBJECT OF TREATMENT: THE APPARENTLY DROWNED

LONG HAD MANKIND, by dangerous error led,  
Entomb'd alike the breathless and the dead;  
Soon as the vital current ceas'd to flow,  
The eye to sparkle, and the cheek to glow,  
Despairing Art retir'd, nor strove to save  
The pallid victim from th'untimely grave.  
Unconscious she that, ere the spirit flies,  
LIFE'S ENERGY AWHILE SUSPENDED LIES;  
And oft', amid the gloom of Nature's night,  
Lurks the FAINT SPARK of unextinguish'd light.<sup>2</sup>

The object of resuscitation was to recover the *apparently* drowned: those who looked drowned, but were not. Within medical literature, methods for bringing people out of trances, swoons, drowning, fainting fits, apoplexies and so on, already existed. The similarity between these states

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<sup>2</sup> Richard Valpy, *The Anniversary Sermon of the Royal Humane Society* [1802], 3rd edn. (London, 1806), p. 49.



and death had been noted.<sup>3</sup> Yet it was not proposed that these methods should be continued once death had been prognosticated, let alone diagnosed. At such times human agency had no part to play. By contrast, the RHS was asking people to begin treatment just at the moment that normally it would be abandoned: at the moment of death. As William Hawes put it in 1797, 'Before the year 1774, the commencement of this Institution, no endeavours or exertions were made to recover the exanimate frames of human beings'.<sup>4</sup>

At the heart of the treatment, then, was the view that a drowned corpse was treacherous to read; the signs of death, while immediately persuasive, could disguise the continued existence of life within the body.<sup>5</sup> Such a corpse, dead on the outside, but alive on the inside, existed in a state that some contemporaries called 'apparent death'. Although this condition had aroused occasional medical and scholarly interest before the 1700s,<sup>6</sup> most particularly in papal physician Giovanni Lancisi's

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<sup>3</sup> Lloyd G. Stevenson, 'Suspended Animation and the History of Anesthesia', *Bulletin of the History of Medicine*, 49 (1975), 482-511. For a chronological eighteenth-century bibliography on the medicine of drowning, see Phillippe-Nicolas Pia, *Détail des succès de l'établissement que la ville de Paris a fait en faveur des personnes noyées*, 2nd edn. (Amsterdam and Paris, 1774), p. 100.

<sup>4</sup> *Reports*, 1797, p. 9.

<sup>5</sup> On the diagnosis of death in the eighteenth century, see Martin S. Pernick, 'Back from the Grave: Recurring Controversies over Defining and Diagnosing Death in History', in Richard M. Zaner, ed., *Death: Beyond Whole-Brain Criteria* (Dordrecht, 1988), pp. 17-74; D. Zuck, 'The Diagnosis of Death in the Late 18th Century', *The History of Anaesthesia Society Proceedings*, 18 (1995), 13-22, both of which make extensive reference to the RHS.

<sup>6</sup> In Daniel Le Clerc, *Histoire de la médecine* (Geneva, 1696) translated into English as *The History of Physick; or, an Account of the Rise and Progress of the Art* (London, 1699), asserted that Democritus [of Abdera (b. 460-457)], the Greek polymath who wrote on ethics, physics, maths, music, philosophy and literary criticism but whose books had been lost, was thought to have written a work entitled *Concerning the Want of Respiration* and was of the opinion that the signs of death were not sufficiently certain, see Bruhier, *The Uncertainty of the Signs of Death* (London, 1746), p. 11, p. 118. The Roman author Celsus attributed to Democritus scepticism of the signs of death, see Celsus, *De Medicina*, trans. W. G. Spencer, 2 vols. (London and Harvard, 1935), Book II, chap. 6



(1654-1720) *De Subitaneis Mortibus* (*On Sudden Death*) of 1707,<sup>7</sup> the idea of 'apparent death' took off in the 1740s in France with the publication of two editions of physician Jacques-Jean Bruhier's (d. 1756) augmented translation of J.-B. Winslow's (1669-1760) Latin thesis on the signs of death, which Bruhier entitled *Sur l'incertitude des signes de la mort*.<sup>8</sup>

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(not 5 as Winslow suggests) (l. 12-18) vol 1, p. 115. Galen thought hysteria, asphyxia and coma could all suspend signs of life for weeks without precluding recovery, while St. Augustine knew a monk who could suspend his own heartbeat. See Martin S. Pernick, 'Back from the Grave', p. 19. Pliny, who wrote of a consul who had been burnt alive on his funeral pyre in his *Natural History* (Book VII, ch. 52:), had his doubts too. He wrote that, 'That such is the Condition of Humanity, and so uncertain the Judgment Men are capable of forming of things, that even Death itself is not to be trusted to', in Bruhier, *Uncertainty*, pp. 119-120. This aphorism was chosen by Bruhier for the epigraph to the second edition of *Sur l'incertitude* of 1749. Those who wish to track down the history of apparent death before Bruhier in more details should start with the bibliography of G. Ploucquet, *Literatura Medica Digesta sive Repertorium Medicinae Practicae, Chirurgiae atque rei Obstetriciae*, 4 vols. (Tubingae, 1809), pp. 160-164. Experiments to reverse apparent death certainly go back to Vesalius and Francis Bacon. In his utopia, *New Atlantis*, Bacon wrote, 'We have also . . . all sorts of beasts and birds, which we use . . . for dissections and trials; that thereby we may take light what may be wrought upon the body of man. Wherein we find many strange effects; as continuing life in them, though divers parts, which you account vital, be perished and taken forth; resuscitating of some that seem dead in appearance; and the like.' In *Works* (Boston, 17 vols.) 5, 401, in G. J. Gruman, *A History of Ideas about the Prolongation of Life: the Evolution of Prolongevity Hypotheses to 1800* (Philadelphia, 1966), p. 80. Related conditions, such as catalepsy, had occasioned medical observation if not systematic scrutiny. Doctors had noted severe cases of sustained unconsciousness, insensibility brought on by hysteria, and other similar immobile states. Readers can begin with Lloyd G. Stevenson, 'Suspended Animation and the History of Anesthesia', *Bulletin of the History of Medicine* 49 (1975), 482-511.

<sup>7</sup> Giovanni Lancisi, *De Subitaneis Mortibus* (1707), trans. Paul Dudley White & Alfred V. Boursy (New York, 1971).

<sup>8</sup> J. B. Winslow, *An Mortis Incertae Signa Minus Incerta a Chirurgicis, quam ab aliis Experimentis?* (Paris, 1740) was translated by Jacques-Jean Bruhier d'Ablaincourt in 1742 as *Dissertation sur l'incertitude des Signes de la Mort, et l'abus des Enterremens et Embaumemens Précipités* (Paris, 1742). The textual apparatus of subsequent editions obscure the correct publishing history. This 1742 edition was translated into English and published in London in 1745 by M. Cooper as *The Uncertainty of the Signs of Death and Danger of Precipitate Interments and Dissections* (London, M. Cooper, 1746). The title page gives the date 1746; this was a usual practice to prevent the book appearing out of date too fast. The English edition did not give the name of either Winslow or Bruhier or the English translator in the text, nor did the Dublin edition of 1748 which was also published by Cooper (*The Uncertainty of the Signs of Death and Danger of Precipitate Interments and Dissections*) (Dublin, G. Faulkner, 1748). The English text does not make it clear where Winslow's text ends or Bruhier's begins, given that the contributions of both men are not attributed, nor does it point out the additions of the translator: the stories from Britain and the extended discussion on bronchotomy. These appear seamlessly in the text. Bruhier in fact incorporated some of the translator's stories, such as the story of Ann



The book argued, on the basis of numerous testimonies culled from an eclectic literature,<sup>9</sup> that people were being buried alive, and could recover spontaneously after being left for dead. Winslow himself had twice narrowly missed being buried alive.<sup>10</sup> Winslow and Bruhier used stories of recoveries on funeral pyres, in church services, in coffins, or under dissectors' knives, to undermine confidence in the existing semiotics of near-dead states. In so doing they offered (perhaps I should say, popularized) a crucial distinction between absolute death, which was evidenced by marks of putrefaction, and apparent death, when vital signs were absent but where vitality remained in the body. This distinction is

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Green, in a follow-up pamphlet to his Memoir to the king entitled *Addition au memoire présenté au roy* (Paris, 1746). When Bruhier came to republish *Sur l'incertitude* in Paris in 1749, he changed the format completely. The nine unheaded lengthy endnotes were replaced by a series of discrete chapters with headings. Winslow's text was no longer kept in its integrity but divided up under the relevant headings (signs of life, signs of death, methods of determining death, and so on). See J.-J Bruhier, *Dissertation sur l'incertitude des Signes de la Mort, et l'abus des Enterremens, et Embaumemens Précipités*, 2nd edn., 2 vols. (Paris, 1749). Since Bruhier is not attributed as an author of the work in the subsequent English translation, some historians, such as Pernick, list it under Winslow's name. I have not followed this policy. The second edition was translated into English, see J.-J Bruhier, *The Uncertainty of the Signs of Death and Danger of Precipitate Interments and Dissections*, 2nd edn. (London, 1751). The only known copy is in the United States. The identity of the English translator has been conjectured as being the publisher, M. Cooper, or the physician Rowland Jackson.

<sup>9</sup> Medical works included works of physiology, including Harvey and Pechlin, and works on women's diseases and issues (which included childbirth), and the writings of Celsus. The world of medical curiosities was plundered from Levinus Lemnius, *The Secret Miracles of Nature* (1658), Heinrich Kornmann's *De Miraculis Mortuorum*, and other authors. The papal doctor Giovanni Lancisi was a key authority on sudden and apparent death, as was the papal physician Paul Zacchias, whose expertise lay in legal medicine. The scholarship traversed a number of genres, especially travel literature, most particularly the distinguished French lawyer Maximilan Misson's *New Voyage to Italy*, 2 vols. [La Haye, 1694] (London, 1695), and the histories of Simon Goulart (1545-1628), a Protestant divine. For his history of funeral customs, Bruhier relied principally on G. Baruffaldus, *Dissertatio de Praeficiis* (Ferrera, 1713), the work of N. Muret, rendered into English as *Rites of Funeral Ceremonies, Ancient and Modern, in use through the Known World*, trans. from the French by P. Lorrain (London, 1683). See also John Andrew Quenstedt, (d. 1688) a Lutheran Divine, in his *Sepultura Veterum* (1660) and Voltaire's whipping boy, the remarkable Augustine Calmet (1672-1757), and his *Dictionnaire Historique, Critique, et Chronologique de la Bible*, 2 vols. (Paris, 1722). See Robert Watt, *Bibliotheca Britannica*, 4 vols. (Edinburgh, 1824).

<sup>10</sup> Bruhier, *Uncertainty* (1746), p. 26.

the single most important idea in the history of the RHS.

Reflection upon the differences between Bruhier's aspirations and those of the RHS helps us appreciate what was distinct about the RHS's programme in 1774. First, the RHS was primarily interested in sudden accidental deaths, principally those from drowning, but also those from lightning, mining accidents, hanging, and so on. Although he included advice on treating the drowned,<sup>11</sup> Bruhier emphasized the dangers of premature deaths in non-accidental deaths, such as coma and catalepsy, and did not take an especial interest in drowning. Second, the recorded experiences of the society in Amsterdam gave the RHS reason to believe that a full recovery from apparent death by drowning was entirely possible. According to the Dutch society, 150 people had been revived from apparent death through deliberate intervention between 1767 and 1773.<sup>12</sup> Bruhier, by contrast, had been doubtful whether recoveries from apparent death could ever be full recoveries even though he saw recovery to a 'durable life' to be a goal.<sup>13</sup> He had recommended methods for restoring the apparently dead, but not one of the people in his anecdotes who recovered had responded to treatment, let alone the

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<sup>11</sup> R.A.F. Réaumur, 'Avis pour donner du secours à ceux que l'on croit noyés' (1740) in Bruhier, *L'Incertitude* (1742), pp. 344-356.

<sup>12</sup> It may be noted that the Dutch society was not a medical society, but a society of gentlemen who had culled the literature for a treatment; this underlines that resuscitation was not an exclusive medical domain; it was a practice that was leaped upon by medical men eager to explore its possibilities and to benefit from its results.

<sup>13</sup> Bruhier, *Uncertainty* (1746), p. 107 [my emphasis]. His stories portrayed full recoveries, such as the woman from Cologne, who was woken in her grave when a servant tried to cut off the finger on which her wedding ring was kept, and went on to produce offspring. Or the story told by the surgeon William Fabri of a man, aged 22, who revived in 1566 during a plague in which he was mistakenly taken for dead and proceeded to father seven children: Bruhier, *Uncertainty* (1746), p. 51.



treatment of medical men.<sup>14</sup>

Some of the authorities called upon by Winslow, such as the papal physicians Giovanni Lancisi and Paulo Zacchias, did not think that a revived body had much hope of continued survival. The almost dead could be resuscitated, as Lancisi put it, 'not for a perfect Recovery, yet at least for regaining a happy, tho' perhaps a short Portion of Time, in which they may be duly touch'd with a Sense of their Sins, and recommend themselves to that Being, who alone is able to pardon them'.<sup>15</sup> Given that Bruhier urged treating the apparently dead even if only one person was recovered every century, I think we can conclude that he was doubtful of the prospects for therapeutic progress in this area.<sup>16</sup> The successes of the Dutch society, however, raised Europe-wide expectations that full recoveries were a real possibility if treatment was expeditious. For those ignorant of the success of the Dutch, and I think this includes in 1774 almost everyone save readers of Cogan and Johnson's pamphlets, expectations of recovery from apparent drowning were almost certainly no more confident than Bruhier's.

Winslow and Bruhier's main concern was avoiding the risk of premature burial rather than resuscitation; they wanted to replace the practice of

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<sup>14</sup> Some survived despite, rather than because of, the ministrations of others. The story of Ann Green, first told by William Derham in his *Physico-Theology* (1713) and introduced by the translator into the English edition of Bruhier's work, was the tale of a woman who recovered after being hanged in Oxford, and went on to have a number of children, despite the fact that the mob sought to put her out of her misery by stamping repeatedly on her chest, see Bruhier, *Uncertainty*, 1746, p. 64. According to Peter Linebaugh, Ann Green only revived under the surgeons' knife, a detail absent in Bruhier, see Peter Linebaugh, 'The Tyburn Riot Against the Surgeons', in Douglas Hay et al., eds., *Albion's Fatal Tree* (London, 1975), p. 103. See also J. T. Hughes, 'Miraculous deliverance of Ann Green: an Oxford case of resuscitation in the seventeenth century', *BMJ*, 285 (1982), 1702-3. I'm grateful to Norris Saakwa-Mante for this reference.

<sup>15</sup> Bruhier, *Uncertainty* (1746), p. 28.

<sup>16</sup> Bruhier, *Uncertainty* (1746), p. 107.

interring people within 24 hours, which they saw as excessively quick, with a legally sanctioned period which gave the body a chance to recover on its own. Judging by the opinion of historians of death, the fear of premature burial was an anxious concern in the eighteenth century. Consequently, it might be thought that the idea of apparent death enjoyed widespread currency prior to the experiments on recovering the drowned, and that the idea of spontaneous recovery (if not recovery as a result of treatment) from such states was one that people were familiar with.

In fact, while thorough work needs to be done in this area, it appears that the fear of premature burial, while acknowledged in wills, was not an issue in England, even if some took care not to bury the body immediately. The evidence is sketchy and anecdotal. The practice of not interring bodies immediately can be traced back among the English aristocracy to the medieval period, although this appears to have been motivated by the desire for lengthy funerals.<sup>17</sup> The English translation of Bruhier appear to have generated little interest, save in Rowland Jackson's (d. 1787) *A Physical Dissertation on Drowning* (1746).<sup>18</sup> Although Lord Chesterfield wrote in 1769 that 'All I desire, for my own

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<sup>17</sup> Elizabeth de Burgh, the founder of Clare Hall, Cambridge, in 1355 wrote, 'I will that my body be not buried for fifteen dayas after my decease', and Henry, Duke of Lancaster, requested five years later 'that our body be not buried for three weeks after the departure of our soul'. In 1397 John, Duke of Lancaster willed that his body 'not be buried for forty days, during which I charge my executors that there be no searing or embalming my corpse'; see Clare Gittings, *Death, Burial and the Individual in Early Modern England* (London, 1984), p. 30. Moving to the eighteenth century, the travel author, M. Mission, in his *Memoirs and Observations of His Travels over England*, (1719) said of English funerals that, 'They let [the corpse] lye three of four Days . . . which Time they allow, as well to give the dead Person an Opportunity of Coming to Life again, if his Soul has not quite left his Body, as to prepare Mourning, and the Ceremonies of the Funeral'. Reference in Julian Litten, *The English Way of Death: The Common Funeral Since 1450* (London, 1991), p. 52.

<sup>18</sup> Rowland Jackson, *A Physical Dissertation on Drowning* (London, 1746). Large chunks of Jackson's book are direct and non-attributed excerpts from the English 1746 edition of Bruhier, which invites the speculation that Jackson was perhaps the translator.



burial, is not to be buried alive', it is unclear how representative this attitude was. In fact, it seems likely that within 'popular culture' the onus was on speedy burial. In rural society of Lincolnshire in the mid-nineteenth-century, quick burial was still encouraged; 'Two or more people are soon buried if a corpse lies unburied on a Sunday' was one adage. If a corpse turned limp before the funeral or had a 'soft fleshy feeling', then it was assumed there would be another death in the family before long.<sup>19</sup> My sense is that prior to the RHS, the English trusted their signs of death. It was this trust that William Hawes sought to shake in a pamphlet he wrote in 1777 entitled *An Address to the Public*, in which he urged Londoners not to 'lay out' the body immediately after the cessation of vital functions, as was customary, in order to allow for spontaneous recovery.<sup>20</sup>

Hawes' pamphlet inspired a response from a surgeon named William Renwick, who considered Hawes' thesis and proposals excessive and overly scrupulous. Excepting these publications, there is no discernible debate on premature burial or laying out in Britain; certainly there were no alterations in the law on the basis of Hawes' pamphlet.<sup>21</sup> Rather,

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<sup>19</sup> James Obelkevich, *Religion and Rural Society: South Lindsey 1825-1875* (Oxford, Clarendon, 1976), p. 297.

<sup>20</sup> 'This performance' [i.e the pamphlet], wrote an author of Hawes' life, 'had been suggested to his mind, even prior to the establishment of the great object of Resuscitation which he afterwards so successfully pursued', [William Hawes], , 'A Tribute to the Memory of Dr. William Hawes' (London, 1808), p. 1 [Reprint from *The Gentleman's Magazine*, lxxxviii, pt. ii (1808), 1121-24].

<sup>21</sup> It is tempting, but probably wrong, to see Hawes' influence behind the observations of the Duc de la Rochefoucauld, who found upon a visit to England in 1784 that the English did not bury its dead immediately. Observing that 'It is the custom to keep the dead in their houses as long as possible, provided there is no danger of infection to the living', he explained that, 'The reason for this is that apoplexy and long drawn-out lethargy are common in England, and it is alleged that in early days a large number of people were buried alive. Accordingly, to guard against the horror of such a mistake, they choose rather to keep their dead for a longer period - sometimes for as much as a week - before burial.' F. La Rochefoucauld, *A Frenchman in England in 1784, Being the Mélanges sur l'Angleterre of François de la Rochefoucauld*, trans. S.C. Roberts, with intro.



debates on burial in this period revolved around burial's location, rather than its timing. It is significant that Hawes did not capitalize on the sensational awfulness of premature burial as his Victorian successors would do, nor would the RHS use the threat of subterranean revival to market its treatment.<sup>22</sup> Presumably during Hawes' life such appeals did not have much mileage. Until more evidence emerges, we should not see eighteenth-century England as especially characterized by doubts about the signs of death and interest in apparent death prior to the advent of the RHS. The impact of Bruhier in England should not be overstated; it did not arouse the 'acute alarm' Jack McManners attributes to his work in France.<sup>23</sup> Consequently, the history of premature burial and the history of resuscitation appear to follow largely independent trajectories.<sup>24</sup>

The RHS began its first public pamphlet of spring 1774 with a statement which was expressed with a bullish confidence that belied its unusual message. 'Many and indubitable are the instances of the possibility of restoring to life persons apparently struck with sudden death,' the Society announced, 'whether the evil proceeded from a stroke of apoplexy,

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Jean Marchand [1933] (London, 1995), p. 94. But when were the 'early days'? How old was this 'custom'? And did this refer to everybody, or the aristocracy?

<sup>22</sup> William Hawes, *An Address to the Public* (London, 1778); William Renwick, *To the Public, In Reply to the Address signed William Hawes and William Hawes's Reply and Appendix*, in Hawes, *Address to the Public*.

<sup>23</sup> John McManners, *Death and the Enlightenment; Changing Attitudes to Death in Eighteenth-Century France* (Oxford, 1985), p. 48.

<sup>24</sup> This situation is almost certainly different in France where the threat of premature death and burial was taken up again seriously in the 1790s, by Léopold de Berchtold in his *Projet pour prévenir les dangers très-fréquens des inumations précipitées; présenté à l'assemblée nationale* (Paris, 1791). Berchtold was a correspondent with Hawes and an admirer of the RHS, which he called 'the most glorious Queen of all Societies that ever existed for the welfare of mankind'; he translated Fothergill's book on shipwrecked seamen and was celebrated by Anthony Fothergill in a poem entitled 'The Triumvirate of Worthies', see R.H. Marten, *The Substance of an Address to the Right Hon. Charles Flower* (London, 1812), pp. 20-23.

without any the least signs of life, for a considerable time'.<sup>25</sup> Yet it went on to admit that, 'Cases of this nature have occasionally presented themselves in every country; and although they could not fail to surprise for a season, yet they were considered and *neglected* as very singular and extraordinary phenomena [sic], from which no salutary consequences could be drawn'.<sup>26</sup>

The first task for the RHS, then, was to reverse that neglect by persuading people of three main principles; first, that accidentally drowned and suddenly dead bodies could well be alive and should be assumed to be unless signs of putrefaction were evident (the idea of 'apparent death'); second, that such bodies were capable of full reanimation; and third, that ordinary human beings, prosecuting the recommended treatment, could bring about a full recovery. This dovetailed with a larger Enlightenment conviction, whose existence was essential for the future of resuscitation, that believed in the *unnecessary* nature of many deaths. This conviction was held strongly by Bruhier but it was becoming a standard rallying cry in the rhetoric of Enlightenment.<sup>27</sup> In short, deaths by drowning were *preventable* and ought to be prevented.<sup>28</sup> The challenge of resuscitation for non-RHS members, be they medical men or layfolk, by extension, was to concede a new uncertainty into their views about death, which flew in the face of their ordinary convictions; to believe in the possibility of

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<sup>25</sup> *Reports*, 1774 (1), p. 3 [their emphasis].

<sup>26</sup> *Ibid.*

<sup>27</sup> So, for example, William Buchan, one of the most significant medical contemporaries of the RHS, opened his domestic health manual with 'the following melancholy fact: *that almost one half of the human species perish in infancy by neglect or improper management*', William Buchan, *Domestic Medicine: or, a Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines*, 2nd edn. (London, 1772), pp. vi-vii [his emphasis].

<sup>28</sup> These distinctions were not formally made by contemporaries but help us analyze resuscitation as a historical phenomenon.



reanimation even though it went directly against their experience and expectations; and to accept that they could themselves effect this recovery using the RHS's treatments. And behind these challenges lay a deeper one: to accept that the prevention of drowning was itself desirable.

### 3. THE CAUSE OF TREATMENT: DROWNING<sup>29</sup>

The Society was interested in recovering everybody who had 'in an instant *been numbered amongst the dead*, by some dreadful disaster, or by some sudden impulse or frenzy'.<sup>30</sup> It insisted that its treatments were equally applicable in cases of 'strangulation by the cord, suffocation by damps and noxious vapours, to those seized with convulsive and apoplectic fits, and to the frozen'.<sup>31</sup> Yet in its programme, the RHS concentrated exclusively on the apparently *drowned*; the rewards were not valid for any other kind of death. We need to see the emphasis on drownings not simply as the result of drowning's intrinsic interest, but as a choice based upon practical considerations, in particular the procurement of an appropriate number of bodies.<sup>32</sup>

Contemporary mortality statistics made it clear that, of all accidental deaths, drowning was likely to provide the most plentiful supply. Death by drowning constituted the largest cause of accidental death in the Bills

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<sup>29</sup> My first attempt to work out the historical relationship between drowning and ideas of resuscitation was presented in Luke Davidson, 'Drowning', Colin Blakemore, ed., *Oxford Companion to the History of the Body* (Oxford, forthcoming).

<sup>30</sup> *Reports*, 1774 (1), pp. 5-6 [their emphasis].

<sup>31</sup> *Reports*, 1774 (1) p. 8.

<sup>32</sup> The minutes that record the decision to concentrate on the drowned sadly do not include the reasons behind the decision; these reasons have had to be extrapolated, see *Minute Book*.



of Mortality, the weekly and annual record of christenings and burials of select parishes across London. The Bills of 1773 revealed that out of a total 21,656 buried within the bills, 329 died as a consequence of 'casualties', and of these 123 were drowned. This number was certainly an underestimate, since these figures were based on burial figures which were highly selective.<sup>33</sup> They also gave little indication of the numbers rescued prior to death and therefore recoverable, let alone those who were found apparently dead. Estimates were bound to be shots in the dark. So while the statistics for drowning offered hope that treatable subjects could be obtained, they were no guarantee of it. They were, however, more encouraging than those for other accidental deaths. The second highest category of accidental death, namely those killed by 'Falls and several other accidents', managed only 51 fatalities. Drowning

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<sup>33</sup> The number 123 under-represents the total numbers of drowned in the year because the Bills of Mortality, the only source of demographic information in London, inherently possessed some significant limitations. First, the Bills presented figures of all the burials in 109 parishes contained within a perimeter of London that did not encompass the new villages of Hammersmith, Chelsea, Paddington, Marylebone and St Pancras: villages which were fast joining the metropolitan orbit (Roy Porter, *London: A Social History*, (London, 1994), p. 98). Second, although we should not underestimate the sophistication of demographic thinking in the eighteenth century, the collection of information was certainly not perfect, as criticisms of those using the bills to make calculations testify. The old women responsible for collecting the information (the 'searchers') were not reliable. Third, the bills do not record all the deaths that happened in London, only all the burials that occurred within its boundaries. A number of those who died in London, including those dead by drowning, were taken out and buried in their home villages in the country (William Black, *A Comparative View of the Mortality of the Human Species, at all Ages; and of the Diseases and Casualties by which they are destroyed and annoyed* (London, 1788), p. 421 ). Thus they will not figure in the bills. Fourth, the bills only record burials in Church of England parishes; they do not record the burials of those from other denominations and faiths. Given that the great London historian of the eighteenth century, William Maitland, identified 181 nonconformist burial grounds in London in 1751, we can be assured that this absence widens the margin of error considerably. Fifth, remember too that London was a hugely cosmopolitan city, no more so than on the River Thames, where vessels were manned from people of all colours and creeds from all over the world. When foreigners were found drowned, it is unlikely that they would have found parishes willing to accept them for burial; burial grounds were congested with bodies, and churchwardens were unwilling to accept the expences of burying someone outside the parish. Hence, drownings of such persons, too, are unlikely to show up on the bills.

tended to make up half of the recorded 'casualties'.<sup>34</sup> So, the Society felt justified in its initial concentration on drowning because 'these instances most frequently occur in and about this metropolis'.<sup>35</sup>

Resuscitations depended, as they do today, upon speed - speed of discovery and speed of access as well as speed of treatment. Compared to other accidental sudden deaths such as asphyxiation, drowning enjoyed a higher visibility. For where asphyxiation and drowning shared many similar characteristics, asphyxiation tended to happen in secluded spots: breweries that operated behind high walls, or little rooms hidden in the city. Drowning, on the other hand, was a drama that occurred on

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<sup>34</sup> The bills of mortality do not have a category of 'accident', only 'casualty', into which a host of deaths we would not call accidental were dumped. The sociologist Judith Green argues that during this period 'Accidents were essentially the remnants of an emerging classificatory system: left-overs that demonstrated its boundaries.' Judith Green, 'Accidents: The Remnants of a Modern Classificatory System', in Roger Cooter and Bill Luckin, eds., *Accidents in History* (Amsterdam, 1997), pp. 35-58, p. 46. Within the bills of mortality, under this heading of 'casualties', we usually find Excessive Drinking, Executed, Found Dead, Kill'd by Falls and several other Accidents, Kill'd themselves, Murdered, Overlaid, Scalded, Smothered, Starved, and Suffocated, few of which we would ascribe the word 'accidental'. McManners observes that 'Our modern concept of 'accident' as some technical failure—burnt-out wire, slipping flange broken lever—obtruding into well-organized habitual comfort, was almost unknown in the eighteenth-century.' McManners, *Death and the Enlightenment*, p. 14. Dr. John Fothergill distinguished between apparent sudden death from 'diseases' which were precipitated by 'some invisible cause', such as apoplexies, syncopes and hysterics, and sudden deaths from 'accidents', which he included strangulation, lightning bolt and drowning, see John Fothergill, 'Observations on a Case published in the last Volume of the *Medical Essays*', in J. C. Lettsom, ed., *The Works of John Fothergill* (London, 1784), I, pp. 145-151, p. 148.

<sup>35</sup> *Reports*, 1774 (1), p. 8. The RHS also considered the national death-rate: 'It would be difficult to form an estimate of the number of lives annually lost by drowning in this island: but when we recollect that we are surrounded by water; that we are the first maritime state; that accidents of this nature are perpetually happening upon navigable rivers, in sea-ports, and on voyages; and that there is not a town or village in the kingdom where the inhabitants are not exposed to danger by bathing, sliding, &c. we need not hesitate to pronounce the amount to be several hundreds.' *Reports*, 1774 (4), pp. 34-35. On London's terrible death-rate and issues of interpretation, see John Landers, 'London's mortality in the "long eighteenth century": a family reconstitution study', in W.F. Bynum and Roy Porter, eds., *Living and Dying in London, Medical History*, Supplement No. 11, 1991 (London, Wellcome, 1991), pp. 1-29.



London's main water highway: the River Thames. Rivers, which carried the bulk of domestic trade throughout the British Isles, were heavily populated areas. This was particularly true of London, whose large port dominated the economic life of Britain.<sup>36</sup> So, when Hawes in 1782 appealed to the government for support in promoting resuscitation, he pointed out that the campaign to revive the drowned had been successful precisely because accidents took place in public view. How unlike other forms of violent and sudden death. 'The Murderer and the Suicide,' he wrote, 'seek Privacy and Solitude; to effect Secrecy is a principal Object of their Attention; and the Victims of their Crimes are seldom speedily discovered . . .'.<sup>37</sup>

The visibility of drowning had two immediate pay-offs: it raised the chances of discovery and rescue and it reduced the opportunities available for making fraudulent claims. The papal physician Giovanni Lancisi, writing in the first decade of the eighteenth century, had observed how through fasting and narcotics, those guilty of crime could escape punishment by feigning death.<sup>38</sup> The RHS was also afraid of becoming 'exposed to perpetual impositions, which would not only

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<sup>36</sup> The magistrate Patrick Colquhoun (1745-1820), who acted as a steward to one of the RHS's anniversary feasts, described the Thames, as 'a Single River, unparalleled in point of extent and magnitude in the whole world', P. Colquhoun, *A Treatise on the Police of the Metropolis*;[1796] 7th edn. (London, 1806), p. 217. For a description of the port with all its bustling commercial activity, see Porter, *London*, p. 137. The river Thames does not have its own critical history. Historical books on the Thames tend to be anecdotal and do not, surprisingly, refer to resuscitation or the RHS. The following books were therefore of zero value: Patricia Burstall, *The Golden Age of the Thames* (London, 1981); Blake Ehrlich, *London on the Thames* (London, 1968); Eric de Maré, *London's River: The Story of a City* (London, 1964); Mervyn Savill, *Tide of London: A Study of London and its River* (London, 1951); Herbert Spencer, *London's Canal: The History of the Regent's Canal* (London, 1961).

<sup>37</sup> William Hawes, *An Address to King and Parliament of Great Britain* (London, 1782), p. 5.

<sup>38</sup> Lancisi, *De Subitaneis Mortibus*, p. 39.



exhaust our funds, but bring its design into discredit and contempt'.<sup>39</sup> Such fraudulence also undermined the Society's search for reliable data. From the beginning, therefore, Hawes and Cogan took special care to verify the sources of stories.<sup>40</sup> The presence of medical men at the scene of treatment helped prevent further cases of fraud.<sup>41</sup> In 1795 the Society insisted that requests for rewards be signed either by the minister of the parish, the churchwardens, or the medical assistants.<sup>42</sup> The RHS sought to reassure subscribers that drowning was could be seen and hence did not 'well admit of collusion'.<sup>43</sup> By comparison, 'how easily might a set of unprincipled wretches (and with such this metropolis abounds) agree to counterfeit syncopies, apoplectic fits, or even death by suspension by the rope, and claim, by knavery and deceit, the rewards due to *humanity*

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<sup>39</sup> This was not an idle fear. Fraudulent claims on medical practitioners were not uncommon in this period. Itinerant practitioners, who sought to establish their benevolence among the public by treating the poor for a fraction of the normal cost of treatment, would insist on seeing documents proving the indigence of the patient signed by the local clergyman or beadle of the workhouse. Jonathan Barry, 'Publicity and the Public Good: Presenting Medicine in Eighteenth-Century Bristol', in W. F. Bynum and Roy Porter, eds., *Medical Fringe and Medical Orthodoxy 1750-1850* (London, 1987), pp. 29-39, p. 34.

<sup>40</sup> 'Those who remember the first establishment of this Society recollect what extreme caution was then requisite in receiving the accounts of persons said to have been drowned and subsequently recovered. Both Dr. Hawes and Dr. Cogan saw the absolute necessity of guarding against the attempts which might be made, and were made, to impose on them in these respects. The very existence of the Society, and the proof that resuscitation was possible, depended on the facts being duly authenticated.' *Reports*, 1809, p. 4. Case histories were not unproblematic sources of authority. For earlier attempts to wrestle with the politics of case histories and the relation between testimony and statistics, see Andrea A. Rusnock, 'The Weight of Evidence and the Burden of Authority: Case Histories, Medical Statistics and Smallpox Inoculation', in Roy Porter, ed., *Medicine in the Enlightenment* (Amsterdam, 1995), pp. 289-315.

<sup>41</sup> *Reports*, 1776 (2), p. 99.

<sup>42</sup> *Reports*, 1795, p. 15. The success at keeping fraud to a minimum was lauded by the Reverend Dr. S. Parr in 1796 when he wrote to Hawes saying 'I cannot . . . name any one [society] which [. . .] perhaps rivals it in exemption from abuse'; see *Reports*, 1796, p. 19. Hawes' job as adjudicator of the rewards was eased by the introduction of special 'managers' in 1795, who were 'Appointed by the Court of Directors to adjudge the Payment of the Rewards to the Receiving Houses and the Claimants' (*Reports*, 1795, p. 15).

<sup>43</sup> *Reports*, 1776 (2), p. 89.

*humanity alone*'.<sup>44</sup>

Yet it was vital for the young Society that the numbers of drowned should actually be quite small because it also had to keep within its means, and its means were limited. Thomas Cogan observed at the end of 1776 that it had been the intention of the Society to extend the rewards to every kind of sudden death.<sup>45</sup> This, however, had been impracticable, because the finances of the Society were too limited, either to offer rewards in all these cases, or to provide a sufficient number of places where people could be treated. While the directors expressed in 1775 their eagerness to extend the premiums to cover all these deaths too, they could not realistically do so until they had the money.<sup>46</sup>

Drowning could happen anywhere, but treatment could not. In pursuing accidental deaths, the RHS was confronted with the challenge of location. Hospitals did not have emergency rooms and, in 1774, the RHS could not supply ready-built emergency stations. The RHS wanted the body removed from the scene of the accident to a makeshift theatre of operations where there was a reliable source of heat. If the victim was within the vicinity of a brewery, bakery, glass-maker, saltern,<sup>47</sup> or soap-maker, (anywhere where warm ashes, embers, grains, sand or water could be procured), then these places could legitimately become the place of treatment. The RHS deliberately did not ask the local hospitals to help them, 'for until we have given some demonstration of the efficacy of the means recommended,' Cogan wrote, 'any application to hospitals and

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<sup>44</sup> *Reports*, 1776 (2) p. 90.

<sup>45</sup> *Reports*, 1776 (2), p. 89.

<sup>46</sup> *Reports*, 1775, p. 55.

<sup>47</sup> A saltern is a place for making salt, or a plot of land, laid out in pools and walks, where salt-water is admitted and is allowed to evaporate off naturally.

workhouses would have been premature, and might have been deemed impertinent'.<sup>48</sup> Besides, Cogan subsequently observed, hospitals and workhouses were not close enough to the scene of the accident.<sup>49</sup>

The location of treatment had to be as close to the accident as possible, as time was at a premium. However, a body could not be treated just anywhere indoors as fully enclosed spaces were considered to be a hazard. Spaces had to have windows and doors that could be left open because 'the life of the patient greatly depends upon their having the benefit of a pure air'. It was common for rooms in the poorer parts of London to have no windows. The RHS therefore made the pubs along the Thames their favoured place for taking the body. The publican's approval was critical here. Hence, every landlord who accepted an apparently dead body across his threshold was offered a reward of one guinea.

The RHS had to track down apparently dead bodies to see what happened to them when treatment was performed. Drowning offered the Society the most affordable and likely means of obtaining treatable specimens. But procuring such specimens depended upon the unpredictable variables of the time of the accident and its location. London was the RHS's laboratory, but the Society's powers of examination were limited. The river Thames had to be watched; the RHS needed to make ordinary Londoners their ears, eyes and hands. This was surveillance, but it was remote, not direct. Medical men were necessary intermediaries - orchestrating recoveries (if they could get there in time), checking stories, writing reports back to the RHS which then could be examined. Those medical men who offered their services free to the Society, as many did,

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<sup>48</sup> *Reports*, 1776, (2) p. 89.

<sup>49</sup> *Reports*, 1776 (2), p. 88.



were inspectors of a kind.<sup>50</sup> Resuscitation was not simply a technical challenge, but a political one: to assess the treatment and reap its benefits, the RHS had to establish itself within London's community. This involved bringing into existence a community that would be pliant or cooperative enough to execute its policy. As for the bodies that were treated for apparent death, they had already passed a number of stringent criteria; they had to have been genuine, visible, rescuable, rescued, taken to a suitable location, and apparently drowned. And they still had to be treated.

#### 4. THE TREATMENT

The first set of directions came out in the spring of 1774.<sup>51</sup> They appeared in a variety of formats: pamphlets, posters, and advertisements in the newspapers. The directions were taken almost entirely from the society in Amsterdam,<sup>52</sup> whose directions were culled from the medical literature that included Winslow and R. A. F. Réaumur (1683-1757). The

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<sup>50</sup> Resuscitation obliged medical men to adopt a new proximity to the urban poor as did the new dispensaries that were being started up at the same time. See I. S. L. Loudon, 'The Origins and Growth of the Dispensary Movement in England', *Bulletin of the History of Medicine*, 55 (1981), 322-342, pp. 330-332.

<sup>51</sup> The best articles on the treatment are Richard V. Lee, 'Cardiopulmonary resuscitation in the eighteenth century: A Historical Perspective on Present Practice', *J. Hist. Med.*, 27 (1972), 418-433 and P. Brullard and A. Larcan, 'Histoires des gestes et des techniques de réanimation au XVIIIe siècle', *Histoires des Sciences Médicales*, 13 (1979), 261-270. More partial and less reliable accounts provided by Mickey S. Eisenberg, *Life in the Balance: Emergency Medicine and the Quest to Reverse Sudden Death* (Oxford, 1997); Bianca Rose d'Este, 'Regulation for "saving" the drowned in Italy (XVIII-XIXth century): with particular reference to the Republic of Venice', *Medicina nei secoli*, 2 (1990), 61-73; Elizabeth M. France, 'Some Eighteenth-Century Authorities on Resuscitation', *Anaesthesia*, 30 (1975), 530-538; L.H. Hawkins, 'The history of resuscitation', *British Journal of Hospital Medicine*, 4 (1970), 495-500; J.P. Payne, 'On the Resuscitation of the Apparently Dead', *Annals of the Royal College of Surgeons*, 45 (1969), 98-107.

<sup>52</sup> Thomas Cogan, *Memoirs of the Society Instituted at Amsterdam in favour of Drowned Persons. For the years 1767, 1768, 1769, 1771* (London, 1773).

treatment was distinctive in two main ways. First, the RHS eschewed traditional methods for treating the drowned and replaced them with easily performed alternatives. Second, the new directions emphasized the importance of perseverance. The methods were to be performed for a minimum of two hours or the reward would not be paid.

The traditional methods were primarily hanging the victim up by the heels or rolling him or her over a barrel. Venesection was also popular.<sup>53</sup> In the cases of hanging or rolling the underlying theory was the same: that the drowned suffered from an excess of water in the cavities of the viscera, most particularly the lungs, and that this liquid needed to be drained away or forcibly expelled. The view that water entered the lungs had been argued for by the celebrated anatomist Anton de Haen (1704?-1776), but since Johann Conrad Becker's (1696-1729) contributions of 1704 and 1729 and Georg Detharding's (1671-1747) treatise of 1713, some practitioners such as Rowland Jackson had come to reject this view.<sup>54</sup> Water that was found in the lungs after drowning was deemed to have entered *after* death. This anatomical turnaround certainly inspired the RHS's directions. This is not to say that rolling and hanging by the heels was simply a 'vulgar' practice, already dismissed by the medical

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<sup>53</sup> A letter published in the reports of 1781 explained that 'The old and destructive (however well meant) practice of suspending the body with its head downwards, for the water to escape from the lungs, &c. together with indiscriminate blood letting, exposing the naked body to the cold air, &c &c. were universally practised here, till of late years; and it is now probable, that *these* are the first efforts made use of in many parts of this kingdom, where the improvements published by the Society are either totally unknown, or disregarded.' *Reports*, 1781, pp. 115-116 [355].

<sup>54</sup> Johann Conrad Becker, *Paradoxum medico-legale de submersorum morte sine pota aqua* (Giessae-Hassorum, 1704), Johann Conrad Becker, *De submersorum morte sine pota aqua* (Jenae, 1729). George Detharding, *Laryngotomia in Submersis* (Rostochii, 1713). Becker believed the drowned died at the moment of inspiration because water entering the mouth prevented expiration. The glottis imprisoned air in the bronchia. See A. Larcen and P. Brullard, 'Histoire des idées et développement de la réanimation respiratoire au XVIIIe siècle', *Histoire des Sciences Médicales*, 13 (1979), 251-270.

profession by 1774. The eminent Quaker physician John Fothergill (1712-1780), who recommended lung inflation in the 1740s, advised the practice in 1746. Rolling and hanging was almost certainly the practice of the overwhelming majority of both medical men and layfolk in 1774. Although we have no direct descriptions of rolling, it is to be presumed that such treatment was the work of a few minutes.

The RHS presented Londoners with a different set of therapeutic objectives: the restoration of heat to the body, the recommencement of lung action, the stimulation of the body's sensitive zones, most especially the intestines, and stimulation of the senses of smell and touch. All these objectives had to be prosecuted for far longer than rolling and hanging by the heels. Before proceeding to the rest of the thesis, we need to appreciate the character of these directions and their status as healing practices. To this end, in addition to describing what each remedy involved, I will provide answers to these questions: were the treatments innovative in themselves? Were they unusual in the context of drowning? What challenges did they pose and for whom?

#### 4. i) Warmth

We must recall that in comparing the traditional methods with the RHS's methods we are not comparing like with like precisely. The RHS's methods were designed to recover a body at a time when people formerly would have stopped rolling and hanging the body. The older methods were continued only while the body still retained some obvious vestiges of life. In such cases a modicum of heat would have been identifiable. The RHS believed that drowning caused death by drastically lowering the heat of the body and that this heat loss brought on the symptoms of apparent death. The success of the recovery largely depended upon the



successful restoration of heat. Theorization about the source of animal heat was old indeed and it is not clear which, if any, of the theories prevalent at the time inspired or reinforced the RHS's directions. The surgeon John Hunter (1728-1793) had recently done experimental work that had generated new theories of haemostasis.<sup>55</sup> They probably form the proper context. Hunter's experience of recovering animals too quickly from states of hibernation did inform the RHS's recommendations, since they rarely failed to remind people that warming people from intense cold had to be done very gently, lest the experience kill the victim.

So, in 1774, the RHS provided a new objective: to preserve and/or restore the heat of the body. To this end, the body's location was to be changed from the side of the river to some nearby house which had bed, blankets and a fire. Here the victim's wet clothes were to be immediately taken off, the body dried with cloths and then removed either to a bed with new clothes, or to a place moderately close to a fire. Only when the sun was shining brightly and the air was warm could the recovery take place outside. Heating involved external sources of warmth: hot baths, the skin of freshly slaughtered sheep, hot grains from breweries, and hot ashes from hearths, soap and glass factories, were all recommended in the first directions.<sup>56</sup> People were advised to snuggle up to the drowned body to convey natural body heat. Other methods were more localized: warming pans, hot bricks and bottles, and bags of dry salt could be placed at the feet, on the stomach and under the back. From these areas the

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<sup>55</sup> John Hunter, 'Experiments on Animals and Vegetables, with Respect to the Power of Producing Heat, *Phil. Trans.*, 45 (1775).

<sup>56</sup> *Reports*, 1774 (3), p. 12. Earth baths and animal dung were also recommended by pro-resuscitators during this period.

warmth could spread sympathetically to other parts of the body.<sup>57</sup>

#### 4. ii) Stimulation 1: Artificial Respiration by Mouth-to-Mouth Ventilation

The second new therapeutic objective after the restoration of heat was inflation of the lung.<sup>58</sup> Perhaps the oldest treatment for drowning is the tracheotomy: this is a surgical manoeuvre in which a small hole is made in the trachea of the patient through which air is then blown. It was also known as bronchotomy. The author of *A Physical Dissertation on Drowning* (1746), Rowland Jackson, who advised the treatment, suggested it was recommended by Antyllus, an author on medical topics from the 2nd century BC.<sup>59</sup> The idea was taken up in the eighteenth century by Georg Detharding, the naturalist R. A. F. Réaumur, and the Scottish physician Malcolm Flemyng (c.1700-1764) who, having heard of Detharding's work, also recommended bronchotomy to 'give it a Chance of being sometime or other the means of saving Lives which might

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<sup>57</sup> The doctrine of sympathy is an important one here. The various organs of the body were considered by some (notably John Hunter) to enjoy special affinities with one another even if they were physically remote from one another; the restoration of one organ's functionality was assumed to communicate vitality to its kin-organ. Hence, for Hunter, something acting upon the stomach would affect the rest of the body since 'the stomach *sympathizes* with every part of an animal, and that every part sympathizes with the stomach'; see John Hunter, 'Proposals for the Recovery of Persons Apparently Drowned', in *Observations on Certain Parts of the Animal Oeconomy* [1776] (London, 1786), pp. 115-125, pp. 116-117 [my emphasis].

<sup>58</sup> A. Larcan and P. Brullard, 'Histoire des idées et développement de la réanimation respiratoire au XVIIIe siècle', *Histoire des Sciences Médicales*, 13 (1979), 251-270; Philippe Leveau, 'Evolution de la réanimation respiratoire vue à travers celle des noyés', *Histoire des Sciences Médicales*, 31 (1997), 9-30; Joseph Rechtman, 'William Buchan (1729-1805): Le bouche à bouche et le massage cardiaque externe', *Histoire des Sciences Médicales*, 13 (1979), 291-298. On artificial respiration per se, see A. Barrington Baker, 'Artificial Respiration. The History of an Idea', *Medical History*, 15 (1971), 336-351.

<sup>59</sup> Jackson, *A Physical Dissertation*, pp. 50-59.



otherwise be lost'.<sup>60</sup> The idea that air blown into the lungs could revive a heart's motion was known to the eighteenth century partly through experiments on pigs performed by the famous anatomist Vesalius (1514-1564),<sup>61</sup> and partly through various experiments performed upon animals by members of the Royal Society at the end of the seventeenth century.<sup>62</sup> John Fothergill, writing in 1746, was aware that 'Anatomists, it is true, have long known, that an artificial inflation of the lungs of a dead or dying animal will put the heart in motion, and continue it so for some time'.<sup>63</sup> Although evidence is treacherous, tracheotomy seems to have become the surgeons' favoured remedy against drowning, at least in theory, by the 1770s. The practitioner John Franks (dates unknown) in

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<sup>60</sup> Flemyng went to considerable effort to obtain a copy of Detharding's letter, in which he recommended tracheotomy, see Malcolm Flemyng, *A Proposal for the Improvement of The Practice of Medicine. Illustrated by an Example relating to the Small-Pox. The Second Edition.* (Hull, 1748), pp. 59-72, p. 60. See Réaumur's *Avis* in Bruhier, 1742; for references to Detharding see Jackson, 1746.

<sup>61</sup> Vesalius' famous *De Humani Corporis Fabrica Libri Septem*, first published in Basel in 1543, described this experiment:

But that life may in a manner of speaking be restored to the animal, an opening must be attempted in the trunk of the trachea, into which a tube of reed or cane should be put; you will then blow into this, so that the lung may rise again and the animal take in air. Indeed, with a slight breath in the case of this living animal the lung will swell to the full extent of the thoracic cavity, and the heart become strong . . . for when the lung, long flaccid, has collapsed, the beat of the heart and arteries appears wavy, creepy, twisting, but when the lung is inflated, it becomes strong again . . . And as I do this, and take care that the lung is inflated at intervals, the motion of the heart and arteries does not stop.

(*Resuscitation: An Historical Perspective* (Park Ridge, 1976), p. 4)

See also Buchan's observations on artificial respiration and pigs, in William Buchan, *Domestic Medicine* (Edinburgh, 1769), p. 623.

<sup>62</sup> These were Richard Lower, Robert Hooke and Stephen Hales; they were eager to clarify the relationship between the heart and the lungs. See A. Barrington Baker, 'Artificial Respiration. The History of an Idea', *Medical History*, 15 (1971), 336-351. Barrington Baker has noted how, after Vesalius, William Harvey and Nathaniel Highmore (1613-1685) both made casual references to artificial respiration in their works in 1627 and 1659 respectively, see Baker, 'Artificial Respiration', p. 338.

<sup>63</sup> J. Fothergill, 'Observations on a Case', p. 148. For a contemporary discussion of this experimental work, see Jackson, *A Physical Dissertation*, p. 68.

his *Observations on Animal Life and Apparent Death* of 1790, wrote that 'At the time when I was a student, which is not many years since, for the purpose of inflating the Lungs with air, in these cases, some of the professors of anatomy and surgery, seemed to entertain the opinion, that the operation of tracheotomy, was absolutely necessary'.<sup>64</sup>

The cure that the RHS plumped for in 1774 was in fact mouth-to-mouth ventilation.<sup>65</sup> Direct ventilation of the lung via the mouth was a practice first recommended for use on the drowned by the Quaker physician Dr. John Fothergill in a lecture delivered in 1746 to the Royal Society.<sup>66</sup> Fothergill had been impressed by a small paper published a year previously by a Scottish practitioner named William Tossach (dates unknown).<sup>67</sup> The case concerned a collier, James Blair, who had been overwhelmed by fumes emitted from a newly opened pit that had been

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<sup>64</sup> John Franks, *Observations on Animal Life and Apparent Death* (London, 1790), p. 65. Both William Buchan and Alexander Johnson referred to Mr. Glover, a surgeon of Doctors Commons, London, who, to revive a man who had hung for 20 minutes, 'made an incision through the skin into the wind-pipe in the usual manner, and blew strongly through a canula into the lungs', see Alexander Johnson, *An Account of Some Societies at Amsterdam and Hamburgh for the Recovery of Drowned Persons* (London, 1773), pp. 135-136; William Buchan, *Domestic Medicine* [1769], 3rd edn. (Edinburgh, 1774), pp. 676-680. Tracheotomy was also recommended to surgeons as a cure for 'violent quinsey' and a blocked windpipe, see Lawrence Heister, *A General System of Surgery*, 3 vols, 3rd edn. (London, 1748), ch. cii.

<sup>65</sup> Readers were advised 'to blow with force into the lungs, by applying the mouth to that of the patient, closing the nostrils with one hand, and gently expelling the air again by pressing the chest with the other, imitating the strong breathing of a healthy person'. In *Reports*, 1774 (3), p. 12.

<sup>66</sup> John Fothergill, 'Observations on a Case'. Regrettably, Fothergill's biographer, R. Hingston Fox, appears not to know the paper. At any rate, he makes no mention of it, despite the fact that he describes John Fothergill's friend (and distant cousin) Anthony Fothergill's interest in the subject of reanimation, see R. Hingston Fox, *Dr. John Fothergill and his Friends: Chapters in Eighteenth Century Life* (London, 1919), pp. 131-133.

<sup>67</sup> William Tossach, 'A Man Dead in Appearance, Recover'd by Distending the Lungs with Air', in *Medical Essays and Observations, Revised and Published by a Society in Edinburgh* (1744), vol 5, part 2, pp. 605-608. [Case quoted in Bruhier, *Uncertainty*, (1746), 79-84]



closed for a month following a fire. Blair was removed to the surface to all appearance dead. There was no pulse or observable breathing. Tossach stopped the collier's nostrils and blew into his mouth 'as strong as I could', raising the chest fully. Instantly he identified six or seven 'very quick Beats of the Heart' and the pulse and the thorax thereafter continued to play.<sup>68</sup> According to Fothergill, it was the first time that the practice of inflating the lungs had been 'applied to the happy purpose of rescuing life from such imminent danger', and he was particularly enthusiastic about its possible use in drowning.<sup>69</sup>

Fothergill's suggestions fell on deaf ears<sup>70</sup> and nothing more was heard on the possible uses of mouth-to-mouth ventilation in drowning until the publication of Swiss physician S.A.A.D. Tissot's (1728-1797) *Advice to the People*, which was translated into English and published in London

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<sup>68</sup> Tossach, 'A Man Dead', p. 607.

<sup>69</sup> Fothergill, 'Observations on a Case', p. 148. Rowland Jackson, who was keen on lung inflation via tracheotomy, and who had not heard of Tossach, made no mention of mouth-to-mouth ventilation for the drowned in his *A Physical Dissertation on Drowning*, which was published the same year as Fothergill's lecture (1746).

<sup>70</sup> Hawes wrote in 1794: 'Strange and unaccountable as it may appear to the enlightened and philanthropic reader of the present day, the subject, closely as it is pressed to the bosom of every individual, drew *no attention* from the learned or philosophical world', William Hawes, *Transactions of the Royal Humane Society* (London, 1795), p. xv. For the view that Fothergill's paper was an inauguration of resuscitation and the idea of apparent death, see William Hawes, *Transactions*, p. xv. It actually was first expressed in Lettsom's edition of Fothergill's papers from which Hawes took his account. This became enshrined as orthodoxy and was still being repeated fifty years later in *Reports*, 1845, p. 28. Significantly, John Fothergill's achievement was presented by the RHS as being the discovery of the ambiguity of the signs of death, rather than mouth-to-mouth ventilation, which was patently false. Winslow and Bruhier published on the signs of death first in 1740 and 1742 respectively; Fothergill, to my knowledge, did not publish anything on the topic. This might be explained either in terms of patriotism, Lettsom's filial respect for his mentor, or subsequent embarrassment about his advice on mouth-to-mouth ventilation. To add confusion, Hawes attributes the first resuscitations to one Réaumur, who apparently made the first reports in 1767 to the Paris Academy of Sciences. This cannot be the naturalist Réaumur, who died in 1757. See Hawes, *Transactions*, p. xvi



in 1765.<sup>71</sup> When the *Gentleman's Magazine* put its full weight behind the foundation of an institution for the drowned in 1773, it suggested that their readers read Bicker's translation of Tissot for advice.<sup>72</sup> Tissot's book formed the basis of William Buchan's (1729-1805) *Domestic Medicine* of 1769, a manual of medicine directly inspired by Tissot's work both in form and content.<sup>73</sup> Both recommended blowing air into the lungs via the mouth as part of the treatment of the drowned.<sup>74</sup> Cogan and Hawes almost certainly knew of Tossach's achievement because Dr. J. C. Lettsom (1744-1815), a friend and keen supporter of the RHS, collected and

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<sup>71</sup> S.-A.-A.D Tissot, *Advice to the People* (London, 1765).

<sup>72</sup> *Gentleman's Magazine*, 43 (1773), pp. 175-176. Bicker's is not a translation that I have seen; Tissot's work was first translated into English by J. Fitzpatrick in 1765 and included his advice on drowning.

<sup>73</sup> In fact, Tissot had published his chapter on methods of curing the apparently drowned in June 1761 according to Tissot, *Advice*, p. 403, whereupon it was the means for the successful recovery of a labourer who was restored by people who owned a copy of Tissot's publication. Eisenberg incorrectly states that Buchan did not provide remedies for the drowned until the eighth edition of *Domestic Medicine* of 1784, Mickey S. Eisenberg, *Life in the Balance: Emergency Medicine and the Quest to Reverse Sudden Death* (Oxford, 1997), p. 58. Of drowning, Buchan wrote: '... as we have been greatly anticipated in this part of our subject by the learned and humane Dr. Tissot, we shall content ourselves with selecting such of his observations as seem to be the most important, and adding such of our own as have occurred in the course of practice', William Buchan, *Domestic Medicine* [1769], 2nd edn. (London, 1772), p. 732.

<sup>74</sup> Buchan, *Domestic Medicine* (1769), p. 623. Tissot and Buchan may have had the example of Tossach in their minds when they wrote their recommendations but they give no impression that they had read the article. Buchan almost certainly got his recommendations directly from Tissot. John Theobald, in the sixth edition of his *Every Man his own Physician* (1770; 1764) basically copied Tissot almost word for word, when he urged that 'Some person should force his own warm breath into the drowned person's lungs, and also the smoak of tobacco by means of a pipe or funnel introduced into the mouth, stopping the sufferer's nostrils close at the same time'. See Theobald, *Every Man*, p. 14. As evidence that Buchan knew nothing of Tossach, Buchan says nothing about holding the nostrils while blowing into the mouth, when it was during Tossach's experiment that the Scottish surgeon had learned how useless it was to attempt to inflate the lungs without such a precaution. Buchan's omission is more surprising since Tissot had observed that the 'Air or Fume' penetrates the lungs 'by stopping the Sufferer's Nostrils close at the same Time' (Tissot, *Advice*, p. 405). Perhaps Buchan's omission was a mere slip, a case of inaccurate copying, but I note that he did not improve his description of mouth-to-mouth resuscitation until his sixth edition of 1779, ten years later, in William Buchan, *Domestic Medicine* [1769], 6th edn. (London, 1779), p. 622.



published Fothergill's papers in 1784.<sup>75</sup> Further, in Cogan's translation of the Dutch *Memoirs* of 1769, the Dutch specifically referred to the sections on drowning in a new Dutch translation of the *Avis*.<sup>76</sup> Tissot's book was enjoying its sixth English edition in 1774 when the first RHS directions were published, while Buchan was bringing out his third.<sup>77</sup>

Despite these high-profile mentions, the recommendation of mouth-to-mouth ventilation in drowning in 1774 was not based upon results obtained from practice. The Dutch, who recommended the practice, thought it might prove to be as efficacious as the tobacco-smoke enema, which was the overwhelming preference of their practitioners, but this was still speculation.<sup>78</sup> This is not say that mouth-to-mouth ventilation was unheard of; it was already being used in a different context, for reviving apparently dead infants. It is perhaps through experiences in this field of therapeutics that members of the Amsterdam and London humane societies came to have the confidence to place mouth-to-mouth ventilation on its list of recommended remedies. Evaluating the extent to which mouth-to-mouth ventilation was practised before the RHS is very difficult. Speaking at the turn of the last century, the practitioner Arthur Keith claimed that mouth-to-mouth ventilation had been performed 'time out of mind' in Europe before the RHS, without saying when, where and for what. Keith went on to nuance this assertion,

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<sup>75</sup> J. C. Lettsom, ed., *The Works of John Fothergill* I (London, 1784). Lettsom had been Fothergill's protégé.

<sup>76</sup> Cogan, *Memoirs*, p. 69.

<sup>77</sup> In Theobald's sixth and final edition of *Every Man his own Physician* of 1770, in which he introduced Tissot's remedies on drowning for the first time, he warned his readers of the danger of reading counterfeit texts that used the same title, a case which reminds us that remedies of the drowned could and would have been passed to people in ways invisible to us.

<sup>78</sup> The experiment had worked in Holland but it was still little used. Cogan, *Memoirs*, p. 4.

observing, somewhat contradictorily, that the 'common people' did not often employ the method prior to the Humane Society. This suggests that it was a remedy utilized only by medical men before 1774. Unfortunately for us, both statements are left unsupported by proof.<sup>79</sup>

Finding decisive proof is far from easy. The first medical practitioner to have published a case in which he inflated a baby's lungs was William Smellie (1697-1763) in 1764, although the historian A. Baker has noted how the author Bagellardus (dates unknown) was advising blowing into the baby's lungs in the fifteenth century.<sup>80</sup> Smellie's treatment, in which he used a canula, led to a surprising recovery, but it was not a treatment Smellie advertised with any vigour.<sup>81</sup> The majority of books on midwifery in the eighteenth century make no reference to the treatment of nearly dead babies.<sup>82</sup> Attention was paid rather to saving the mother.

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<sup>79</sup> Arthur Keith, 'Three Hunterian Lectures on The Mechanism Underlying the Various Methods of Artificial Respiration, practised since the Foundation of the Royal Humane Society in 1774', *The Lancet* (1909, pt 1), 745-749, 825-828, 895-898, p. 746.

<sup>80</sup> P. Bagellardus, *Libellus de egritudinibus infantium* (1483), in Baker, 1971, p. 337. Smellie performed the operation in 1747, see William Smellie, *A Collection of Cases and Observations in Midwifery . . . to illustrate his former treatise, or first volume, on that subject* (London, 1764), p. 383.

<sup>81</sup> Smellie, *Treatise*, 1757, vol I, pp. 225-6. Smellie only used artificial respiration when the mother retained the placenta; when the placenta was expelled he recommended other expedients, see Smellie, *Treatise*, vol I, pp. 226-7.

<sup>82</sup> Sources consulted: N. Culpeper, *A Directory for Midwives, or A Guide for Women* (London, 1651); F. Mauriceau, *The Accomplisht Midwife, treating of the Disease of Women with Child, and in Child-Bed*, trans. Hugh Chamberlen (London, 1673), whose work was largely plagiarized in England until the 1730s when English writers began to contribute original works on midwifery on their own; 'Aristotle' [pseud], 'His Complete and Experienced Midwife: Being a Guide for Child-Bearing Women' [1700], in *Aristotle's Works Completed* (London, 1733); William Giffard, *Cases in Midwifery* (London, 1734); Edmund Chapman, *A Treatise on the Improvement of Midwifery, chiefly with regard to the operation*, 2nd edn with additions and improvements (London, 1735); Henry Bracken, *The Midwife's Companion; or, a Treatise in Midwifery* (London, 1737); Sarah Stone, *A Complete Practice of Midwifery* (London, 1737); Fielding Ould, *A Treatise of Midwifry [sic]. In Three Parts* (Dublin, 1743); Sir Richard Manningham, *An Abstract of Midwifry [sic], for the Use of the Lying-in Infirmary* (London, 1744); [Brudenell Exton], *A New and General System of Midwifery* (London, 1751); Paul Portal, *The Compleat Practice of Men*



It seems that midwives were quickly convinced of a baby's death, presumably since they lacked effective treatments. Cogan noted that 'if the restoration be not immediate, and the infant does not convince them by a loud cry, that it is roused from its insensible state; they are apt to give up the case as desperate, and it may be, lay the body in a place sufficiently cold or damp to extinguish any latent remains of life'.<sup>83</sup> Smellie recalled a case in which the methods of recovery were pursued for only five minutes before the baby was placed in a closet.<sup>84</sup>

Josephine Lloyd has noted in her research on the unpublished manuscripts of the man-midwife William Hey (1736-1819) that he consistently inflated babies' lungs from about 1767 onwards.<sup>85</sup> Hey was influenced by Michael Underwood (1736-1820) and Thomas Denman (1733-1815); they formed part of a 'national network' of practitioners, which included William Hunter (1718-1783), that pooled its knowledge on midwifery. Perhaps it was through acquaintance with these men that Thomas Cogan learned of the possible utility of mouth-to-mouth ventilation. Cogan, as a prosperous man-midwife in London, almost

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*and Women Midwives: or, the True Manner of Assisting a Woman in child-Bearing*, trans. (London, 1763). For publications first published after 1750: W. Smellie, *A Treatise on the Theory and Practice of Midwifery*, 3 vols. (London, 1757-1764); A. Tolver, *The Present State of Midwifery in Paris. With a Theory of the Cause and Mechanism of Labour* (London, 1770); Thomas Denman, *An Essay on Difficult Labours* (London, 1787). William Perfect, *Cases in Midwifery; with References, Quotations and Remarks*, 2 vols. (Rochester and London, 1783). See A. Wilson, *Childbirth in Seventeenth and Eighteenth Century England*, 2 vols. (Ph.D. Thesis, University of Sussex, 1982).

<sup>83</sup> *Reports*, 1776 (1), pp. 70-71. The accoucheur William Perfect (1737-1809) had on several occasions found children laid by as dead that on more exacting examination had turned out to be alive and revived, see William Perfect, *Cases in Midwifery; with References, Quotations and Remarks*, 2 vols. (Rochester and London, 1783), II, pp. 326-7.

<sup>84</sup> As Smellie prescribed for the mother, the baby was then heard to cry, see William Smellie, *A Collection of Cases and Observations in Midwifery . . . to Illustrate his Former Treatise, or First Volume, on that Subject* (London, 1764), pp. 383-4.

<sup>85</sup> Josephine Lloyd, 'The "Languid Child" and the Eighteenth-Century Man-Midwife', *Bulletin of the History of Medicine* (forthcoming).

certainly knew William Hunter, whose essay on infanticide was reprinted in the RHS's *Reports*. In his translation of the Dutch Memoirs Cogan commented that, 'I have great reason to believe that blowing with force into the lungs is the most efficacious method.' He continued, 'I have frequently observed in children *still-born*, the heart and carotid arteries to beat strong, when it was applied; but that all pulsation has ceased upon discontinuing this in order to try other experiments, which has returned upon repeating the operation. I have frequently been detained upwards of an hour by this alternate life and death, sometimes with, and sometimes without a happy issue'.<sup>86</sup>

Mouth-to-mouth ventilation was almost certainly not widely used by educated midwives (male and female), since it is never described, let alone recommended, by the midwives who published. The manuals do not refer to it as one of the 'common methods'.<sup>87</sup> Favoured methods of recovery practised by all midwives, whether male or female, were aggravating the soles of the feet, agitating and turning the baby's limbs, rubbing the skin, and placing burning tobacco or an onion under its nose.<sup>88</sup> In France, some practitioners blew wine into the baby's mouth, a practice which may have given rise to a technique of blowing into the mouth without liquids.<sup>89</sup> A low level of practice is implied in late-

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<sup>86</sup> Cogan, *Memoirs*, p. 4.

<sup>87</sup> The midwife Sarah Stone makes no reference to revival methods in her *Complete Practice of Midwifery* (1737). By contrast, German midwives did perform lung ventilation, see William Buchan, *Domestic Medicine*, 3rd edn (1774), pp. 672-3. Many English midwifery manuals were translations of French treatises of the seventeenth century, which makes claims about *English* practice particularly tricky.

<sup>88</sup> W. Smellie, *A Treatise on the Theory and Practice of Midwifery*, 3 vols (London, 1757-1764), vol 2, pp. 383-384; *Reports*, 1776, p. 71; Lloyd, 'Languid', pp. 9, 12, 40.

<sup>89</sup> See Paul Portal, *The Compleat Practice of Men and Women Midwives: or, the True Manner of Assisting a Woman in Child-Bearing* (London, 1763), p. 61. Portal may have inherited the practice from Louise Bourgeois who apparently revived the infant Louis XIII with the practice, see Lloyd, p. 12.



eighteenth-century writings even if its theoretical credibility and incidence of performance shot up immeasurably after 1774.<sup>90</sup> The accoucheur William Perfect, who performed a resuscitation on an apparently dead baby no later than 1783, made no mention of artificial respiration whatsoever.<sup>91</sup> The surgeon John Grigg, writing in the *Reports* of 1792, was astonished by the continuing neglect of lung inflation, both on children and adults, despite the 'immense numbers' of infants restored by the practice since the inauguration of the RHS.<sup>92</sup>

To complicate this position, however, the author of the first pamphlet on the Amsterdam humane society, Alexander Johnson, maintained in 1785 that after delivery, babies 'often ly [sic] breathless and motionless, while by moving, chafing, cheering, and, *as most nurses believe, by blowing breath into them*, they may be brought to life again'.<sup>93</sup> When reflecting upon the wisdom of deciding cases of infanticide on the basis of whether the lungs of the dead baby floated in water or not (thereby demonstrating whether the baby had breathed or not and hence whether it had been alive before death), the accoucheur William Hunter remarked that 'It is *so generally known* that a child, born apparently dead, may be brought to life by inflating the lungs, that the mother herself, or some other person,

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<sup>90</sup> Mouth-to-mouth ventilation appears in Samuel Bard's work of 1808 as one of the many treatments for an apparently dead baby, see Samuel Bard, *A Compendium of the Theory and Practice of Midwifery* (New York, 1808), while John Burns placed it as the most important remedy for newly delivered babies in a critical condition in his manual of 1809, John Burns, *The Principles of Midwifery; including the Diseases of Women and Children* (London, 1809).

<sup>91</sup> Perfect, *Cases in Midwifery*, II, pp. 323-9.

<sup>92</sup> *Reports*, 1792, p. 9.

<sup>93</sup> Alexander Johnson, *Directions for an Extension of the Practice of Recovering Persons Apparently Dead* (London, 1785), p. 3 [my emphasis].

might have tried the experiment'.<sup>94</sup> These statements are hard to tally with the published record and difficult to evaluate, since neither men explained where these ideas came from. The authors do not imply that these women had been influenced by the RHS, William Hey or other current practitioners. Could it be that they refer to a tradition of practice found among nurses and little-educated midwives that, on grounds perhaps of provincialism or disgust, was excluded from the manuals? Were Hunter and Johnson referring to a tradition that stretched back to Bagellardus?<sup>95</sup>

Possibly, but further speculation upon this is unlikely to yield decisive results. To conclude by returning to the RHS in 1774, we must note that, as a treatment for drowned adults, blowing into the lungs was certainly

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<sup>94</sup> William Hunter, 'On the uncertainty of the signs of murder in the case of bastard children', in *Medical Observations and Inquiries*, 6 vols. (London, 1757-1784), vol. 6 (1784), pp. 266-290, p. 285. [my emphasis] Its points were reproduced in Hawes, *Transactions*, 1794, pp. 423-429. The German physician, Struve, writing in 1803 and an opponent of artificial respiration, conceded that artificial respiration was known to work in still-born children (C. A. Struve, *A Practical Essay on the Art of Restoring Suspended Animation* [1801] (London, 1803), p. 89). Thomas Laqueur instances this essay as an example of the 'humanitarian narrative' in which the author uses expertise to encourage direct sympathetic identification with the sufferings of others. Perhaps Hunter deliberately exaggerated the knowledge of blowing into the lungs in order to sustain his wider argument that the state of the lungs was an extremely unreliable proof of guilt, see Thomas Laqueur, 'Bodies, Details and the Humanitarian Narrative' in Lynn Hunt, ed., *The New Cultural History* (California, 1989), pp. 176-204.

<sup>95</sup> Rowland Jackson records how the physician François Ranchin (1565?-1641), or 'Ranchinus', had recommended mouth-to-mouth resuscitation for recovering the hanged on the authority of other authors. The remedy consisted of 'blowing into the Mouth of hang'd Persons, provided the Administrator has in his own Mouth a bruis'd Nutmeg, Cinnamon, Cloves, or Caraway seeds'. Jackson, *A Physical Dissertation*, pp. 62-3. There is no direct evidence, however, that this remedy was put into practice. There were a number of celebrated recoveries of felons who had been hung at the gallows in this period. Yet while the vague wordings of the reports cannot permit us to rule out altogether the possibility that it was used as an expedient, it cannot permit us to claim unequivocally that it was, see Linebaugh, 'The Tyburn Riot Against the Surgeons', p. 103. Jackson thought most people would think the remedy 'as singular in itself as disagreeable to the Person who administers it', which underlines how unfamiliar it was (Jackson, *op. cit.*). The fact that Fothergill in his paper to the Royal Society explicitly recommended that hanged people could be used as experimental subjects for mouth-to-mouth ventilation suggests that hitherto mouth-to-mouth ventilation had not been used in such circumstances.



unprecedented, both in the context of the treatment of drowning, where Fothergill's suggestions had had no discernible impact and where experience of the practice was nil, and in the context of the treatment of adults for apparent death and related states, where it had never been used. The experiments of midwives clearly formed a decisive influence on Thomas Cogan, who had taken to ventilating stillborn or dying infants 'rather to satisfy my own mind, than from the most distant expectations of success'.<sup>96</sup> Yet, insofar as mouth-to-mouth ventilation existed as a treatment in 1774, it did so as a treatment for infants only.<sup>97</sup>

#### 4. iii) Stimulation 2: The Smoke of Tobacco

The third main therapeutic objective for the RHS was the stimulation of the intestines. For this purpose, the Society recommended that the smoke of tobacco be sent up the rectum. The Dutch were enthusiastic users of the 'tobacco enema', recommending that blowing ought to be 'the very first operation,' since it could be effected any time and anywhere without any loss of time, 'be it in a boat, upon the land by the water side, on the stony shore in towns and villages, or wherever else a drowned person may be first laid down'.<sup>98</sup> The majority of cases in the Dutch memoirs were treated by the tobacco enema. Its provenance as a healing practice is vague. The ordinary enema, which is 'a liquid remedy, to be

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<sup>96</sup> *Reports*, 1776 (1), p. 73.

<sup>97</sup> William Buchan's story about the woman who impressed a doctor attending a delivery by reviving the exhausted mother with mouth-to-mouth ventilation, a practice she had witnessed being performed by midwives in Aldeburg, demonstrates that German doctors were equally ignorant of the practices of midwives and that the use of mouth-to-mouth ventilation on adults was equally surprising. See William Buchan, *Domestic Medicine*, [1769], 3rd edn. (London, 1774), pp. 672-3. This story was referred to by William Dodd, *A Sermon Preached . . . for the Benefit of the Humane Society* (London, 1776), p. 9.

<sup>98</sup> Hawes, *Transactions*, p. 510.

injected chiefly at the Anus into the large Intestines',<sup>99</sup> was a standard remedy that became fashionable in the court of Louis XIV of France. Apparently performed by ladies even during official occasions, the king himself was estimated by his physician to have received over two hundred in one year.<sup>100</sup> It is not evident that this enthusiasm translated to England. The surgeon Lorenz Heister (1683-1758) claimed it was an operation 'with whose Administration every Nurse is acquainted', and perhaps this was true of the British Isles too.<sup>101</sup>

As for the tobacco enema, Heister believed that it had in fact originated in England, whereupon it was taken up by Continental medical men. The Dutch practitioner Régnier de Graaf (1641-1673), who designed a device to enable patients to give themselves liquid enemas, also attributed the tobacco enema to English healers.<sup>102</sup> There are, to my knowledge, however, no original treatises in English on its benefits. Its original purpose as envisaged by medical practitioners was for treating obstinate bowel conditions too intractable for treatment by a normal enema.<sup>103</sup> Its translation into a remedy for treating the drowned seems to have happened sometime in the early eighteenth century. It was perhaps inspired by older healing practices of blowing air up the anus of the drowned. In the 1670s, a naval chaplain, Henry Yeonge, went to investigate an incident near him in Deal, Norfolk, in which a boat had

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<sup>99</sup> Heister, *A General System of Surgery*, II, p. 241.

<sup>100</sup> Julius Friedenwald and Samuel Morrison, 'The History of the Enema with Some Notes on Related Procedures', *BHM*, 8 (1940), 68-114 and 239-276, p. 99.

<sup>101</sup> Heister, *A General System of Surgery*, II, p. 241.

<sup>102</sup> Friedland and Morrison, 'The History of the Enema', p. 88.

<sup>103</sup> 'It is used chiefly when other Clysters prove ineffectual, and particularly in the Iliac Passion, and in the *Hernia Incarcerata*, though it may be used for other Purposes, and is particularly serviceable in an obstinate Constipation or Obstruction of the Bowels.' Heister, *A General System of Surgery*, p. 243.



overturned and trapped a man underneath. When the sailor was released he was apparently dead. Whereupon 'A traveller, in very poor clothes (coming to look on, as many more did), presently pulled out his knife and sheath, cut off the nether end of his sheath, and thrust his sheath into the fundament of the said Thomas Boules, and blew with all his force till he himself was weary; then desired some others to blow also; and in half an hour's time brought him to life again. I drank with him at his house'.<sup>104</sup> This treatment, like that of mouth-to-mouth ventilation, was perhaps linked to older treatments for reviving babies. Bagellardus, who advised blowing into the baby's lungs, suggested that blowing into its anus would be equally satisfactory.<sup>105</sup>

That using the tobacco enema for the drowned was part of a set of healing practices that were performed and understood equally by practitioners and layfolk alike, is underscored by Rowland Jackson's discussion in *A Physical Dissertation on Drowning* of 1746:

Whilst some of the Spectators of this melancholy Accident were advising to hang her by the Heels, and others ordering different Measures to be taken, a Soldier with his Pipe in his Mouth, came to ask the Reason of such a Concourse of People; upon being inform'd of the Accident, he desir'd the disconsolate Husband to give over weeping, because his Wife would return to Life very soon. Then giving his Pipe to the Husband, he bid him introduce the small End of it into the Anus, put a Piece of Paper perforated with a large Number of Holes upon its Mouth, and thro' that blow the

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<sup>104</sup> E. D. Ross, ed., *The Diary of Henry Yeonge, Chaplain on Board H. M. Ships Assistance, Bristol and Royal Oak 1675-1679* (London, n.d.), p. 32, in Roy Porter and Dorothy Porter, *Patient's Progress: Doctors and Doctoring in Eighteenth-Century England* (London, 1989), p. 45.

<sup>105</sup> Baker, 'Artificial Respiration', p. 337.

Smoke of the Tobacco into her Intestines, as strong as he possibly could. Accordingly at the fifth Blast, a considerable rumbling in the Woman's Abdomen was heard, upon which she discharg'd some Water from her Mouth and in a Moment after return'd to Life. <sup>106</sup>

It was the French naturalist Réaumur who, in 1740, in the first widely published directions on treating the drowned, first suggested the utility of the tobacco enema. Drawing upon the testimony of an Academician, he suggested that 'Mais tout ce qu'il y a de mieux peut-être, c'est de souffler dans les intestins la fumée du Tabac d'une pipe: un de nos Académiciens a été témoin du prompt & heureux effect de cet fumée sur un Noyé'.<sup>107</sup> Winslow too recommended the tobacco enema in cases of apparent death.<sup>108</sup> The prominent English physician Richard Mead, having read Bruhier and van Helmont, took up the treatment in England in the third edition of his work on poisons. His contribution was appreciated and publicised by Rowland Jackson, who saw the tobacco enema as a remedy of the 'highest importance'.<sup>109</sup> Its place in the treatment of the drowned was reinforced in the 1760s by its recommendation in the big-selling home medicine manuals of Tissot and Buchan.<sup>110</sup>

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<sup>106</sup> Jackson, *A Physical Dissertation*, p. 44 [Jackson claimed that this story, which was first told by a French surgeon, could be found in Bruhier's, *L'Incertitude des Signes de la Mort* (1742) but I have not found it in the original].

<sup>107</sup> Phillippe-Nicolas Pia, *Détail des succès de l'établissement que la ville de Paris a fait en faveur des personnes noyées*, 2nd edn. (Amsterdam and Paris, 1774-5), p. 54.

<sup>108</sup> Bruhier, *Uncertainty*, 1746, p. 21.

<sup>109</sup> Richard Mead, *A Mechanical Account of Poisons in Several Essays*, 3rd edn, with large additions (London, 1745), p. 175.

<sup>110</sup> Tissot, *Advice*, 1765, p. 407; Buchan, *Domestic Medicine*, 2nd edn (1772), pp. 740-741.



Why was blowing air and/or tobacco into the intestines of the drowned thought to be useful? Prior to the RHS, only Rowland Jackson provided what might be called a physiological explanation for the use of tobacco. In his words, 'the Irritation of the Intestines, excited by the Heat and Acrimony of the Smoke of the Tobacco, produces in the Muscles subservient to Expiration, such a Reflux of the animal Spirits, as induces a Contraction of them sufficient to surmount that Resistance which the Air contain'd in the Breast, found to its Discharge'.<sup>111</sup> In other words, the tobacco stimulated the muscles in the thorax to contract with sufficient violence to provoke coughing, thereby encouraging expiration and, as a result, inspiration. The proof of the tobacco's actions was further evinced by its ability to make the patient vomit up the contents of the stomach. 'Vomiting', explained Jackson, 'is excited by a stimulating Contraction of the Diaphragm, and of the transverse Muscle of the Abdomen, which contracting the Stomach, forces it to discharge its Contents, where the least Resistance is found, and consequently by its superior Orifice'.<sup>112</sup> Charles Kite (d. 1811), writing on resuscitation in 1788, offered a parallel explanation. Peristalsis, the process by which excreta is moved along the intestines towards the rectum, was known to continue after death. This was offered as proof that the intestines retained their irritability (their ability to contract) far longer than other parts of the body. It was concluded that the intestines were therefore amenable to stimulation long after the other organs had stopped functioning. As a last bastion of vitality with a sympathetic relationship to other body parts, such as the heart, the warming and stimulation of the bowels by the tobacco enema was thought to restart indirectly the other functions.<sup>113</sup>

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<sup>111</sup> A 'reflux' is a flowing back, a return, said of the sea, air, water, and the blood (see OED).

<sup>112</sup> Jackson, *A Physical Dissertation*, p. 46.

<sup>113</sup> Charles Kite, *An Essay on the Recovery of the Apparently Dead* (London, 1788), p. 180.

Tobacco was taken as a recreational drug through smoking, chewing and taking snuff. Its narcotic qualities were recognized. Tobacco was also known to offer special stimulation to the alimentary canal and was taken by some mixed with water in enematic form. An author of the *Edinburgh Medical and Physical Dictionary* (1807) observed that 'as this [form of enema] has no peculiar qualities, and its operation is commonly attended with severe sickness, it is not likely ever to come in common practice except amongst the vulgar', which suggests the practice originated with the uneducated classes and persisted independently of the medical profession. It should not be assumed, however, that tobacco-smoke enemas enjoyed unequivocal approval from 'the vulgar' either. In 1746 Jackson claimed fumigating the bowel with smoke was 'insignificant in the eyes of the Vulgar'. He was of course referring to it exclusively as a treatment for the drowned.<sup>114</sup>

As a treatment for 'violent constipation' and 'strangled hernias'<sup>115</sup> the tobacco enema was perhaps a more familiar feature of apothecaries' practice since the practice had been recommended by a number of medical authorities.<sup>116</sup> The fact that practitioners who wrote on the subject kept on recommending special devices suggests that there was inadequate demand for the supply of specialized equipment, despite its desirability.<sup>117</sup> But this lack of interest in specialized equipment should

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<sup>114</sup> Jackson, *A Physical Dissertation*, p. 46.

<sup>115</sup> Kite, *An Essay*, p. 183.

<sup>116</sup> For mention of the authorities, see Heister, *A General System of Surgery*, II, p. 243.

<sup>117</sup> Jackson designed his own apparatus in 1746 but there is no evidence it was made, let alone in any quantity. (Jackson, *A Physical Dissertation*, pp. 44-45). Tissot himself used a bladder of his own design 'which Necessity compelled me to invent and apply' because while 'There are very commodious Contrivances devised for this Purpose', they are 'not common'. In Tissot, *Advice*, p. 406-7.



not be taken to mean that tobacco-smoke enemas were infrequently performed. When Cogan came to appraise the various contrivances on offer in 1775 (Jackson's was not among them), he revealed that the clyster pipes commonly owned by apothecaries were used for tobacco enemas by the Society, while William Buchan left his readers with the vague assurance that 'common sense will generally suggest which is the most commodious [device] upon such emergencies'.<sup>118</sup>

Tissot was happy to recommend the use of a common pipe when no other apparatus was available. The RHS did not present the enema as a challenge to its readers. Its directions suggested that the assistants should use a pipe or special 'fumigator' to perform the tobacco enema, but did not indicate that these would be hard to find or use.<sup>119</sup> This should not disguise the fact, however, that in 1774 its use as a treatment for the drowning in Britain was probably nil. Tissot, who advised the practice, used as proof of its efficacy in drowning precisely the same anecdote as that supplied by Jackson, even mentioning the fifth blast, which suggests that new data had not been generated. The treatment still had to win its spurs. Its appearance with the RHS's directions was something new.

#### 4. iii) Stimulation 3: Frictions, Fomentations, Stimulants and Agitations

Finally, the directions itemized remedies whose purpose was general stimulation of the skin and senses. While mouth-to-mouth ventilation and the tobacco enema were being performed, 'a third attendant should, in the mean time [sic], rub the belly, chest, back and arms, with a coarse cloth or flannel dipped in brandy, rum, gin, or with dry salt, so as not to

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<sup>118</sup> Buchan, *Domestic Medicine*, 2nd edn. (1772), pp. 740-741.

<sup>119</sup> *Reports*, 1774 (3), p. 8.

rub off the skin'.<sup>120</sup> This activity was known as 'frictions' or sometimes by the more familiar term 'fomentations', which refers to the washing and rinsing of the body by flannels soaked in hot water or any gentle, warm medicinal substance. The word 'frictions' conveys better the fact that this rubbing was supposed to be vigorous, if not so violent as to actually 'rub off the skin'. The purpose of frictions was to irritate the skin and to generate further warmth. The origins of the remedy are vague, but they owe little to the violent, not to say cruel, expedients of Winslow who, to stimulate the apparently dead person, advised cutting or pricking the skin, pouring hot wax or boiling water over the body, and burning it in order to 'transmit a Sense of the most exquisite and lively Pain to the *common Sensory* or Seat of all the Sensations'.<sup>121</sup> While the skin was being irritated thus, the victim's sense of smell was provoked by the application of 'volatiles', such as the spirit of hartshorn 'or any other stimulating substance', onto the temples and nostrils. From time to time the body was to be taken up and shaken and rocked from side to side in a process known as 'agitations'. This was designed to get the blood's circulation moving.

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<sup>120</sup> *Reports*, 1774 (3), p. 12.

<sup>121</sup> Bruhier, *Uncertainty*, p. 23. Winslow's measures were, in turn, based upon the 'chirurgical measures' of Celsus. The RHS did not advocate rough treatment of the body. For example, the physician Terence Brady thought nothing of thrusting a pin through to the bone of a woman who habitually slept for eighteen hours a day, while other attempts to rouse her included whipping her until 'the blood ran down her shoulders', rubbing her back with honey and exposing it on a hot day to the attention of bees, whereupon 'she was stung to such a degree that her back and shoulders were full of little lumps or tumours'. Other experiments included thrusting pins under her nails (an action advocated by Winslow), together with 'some other odd experiments that I must pass over in silence, on account of their indecency', see Terence Brady, 'An Account of an Extraordinary Sleepy Woman, near Mons in Hainault' in *Medical Observations and Inquiries*, 6 vols. (London, 1757-1784), vol 1 (1757), pp. 280-285.



#### 4. iv) Bleeding (venesection)

Once the body showed signs of recovery, it was to be treated with cordials, gentle liquid enemas, emetics, and bleeding. Enemas and emetics were not traditional remedies for the drowned, although in all likelihood they were used to help empty the body of its contents. Bleeding, as we have noted, was certainly a traditional remedy for drowning. The justification for bleeding originated in Greek theories that saw all therapy as endeavouring to regulate the four 'humours' of the body (blood, phlegm, black and yellow bile). During the eighteenth century bleeding was still a popular remedy for fevers and was prescribed for all maladies that were considered to have been caused by an excess of blood, or 'plethora'.<sup>122</sup> Before 1774, within medical circles drowning was widely understood to cause death by apoplexy, an overload of blood in the brain. Jackson was one practitioner who held this view.<sup>123</sup> Réaumur was another.<sup>124</sup> Giovanni Lancisi in his *De Subitaneis Mortibus* (1707) had seen apoplexy as one of the integral elements of sudden death, along with syncope (disorder of the heart).<sup>125</sup> The purpose of bleeding, then, was to relieve the build up, or 'congestion' of, blood in the brain that caused the apoplexy. Hence, William Cullen (1710-1790), in his *Letter to Lord Cathcart* of 1774, recommended opening the jugular vein 'to relieve the congestion, which almost constantly occurs in the veins of the head, and

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<sup>122</sup> Roy Porter and Natsu Hattori, 'Blood for Blood: Eighteenth-Century Attitudes', unpublished paper, pp. 6-7

<sup>123</sup> Jackson, *A Physical Dissertation*, p. 50.

<sup>124</sup> Réaumur in Pia, *Détail*, p. 55, and in Bruhier, *Uncertainty*, p. 209.

<sup>125</sup> Lancisi, *De Subitaneis Mortibus*, p. 33.

is probably a frequent cause of death of drowned persons'.<sup>126</sup>

Bleeding was recommended either as a treatment to be performed upon immediate discovery of the body, or as a remedy to be performed at the identification of the first signs of life. The Dutch favoured the first variant; the RHS, the second.<sup>127</sup> In the first printed directions, bleeding was described as 'always proper, and sometimes essentially necessary'.<sup>128</sup> Such recommendations were to be expected, as venesection was a popular remedy for all unconscious states. Back in 1745, John Fothergill had remarked on treatment of the drowned that 'Bleeding has hitherto been almost the only refuge upon these occasions: if this did not succeed, the patient was given up'.<sup>129</sup> This was the early experience of the RHS; Thomas Cogan noted that bleeding was 'almost universally the first operation performed in attempting the recovery of persons seized with apparent death'.<sup>130</sup>

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<sup>126</sup> William Cullen, *A Letter to Lord Cathcart* (London, 1776), p. 21.

<sup>127</sup> The Dutch suggested that assistants 'draw blood if it be possible, or as soon as it is possible, from a larger vein of the arm, or the jugular itself', see Cogan, *Memoirs*, p. 4.

<sup>128</sup> *Reports*, 1774 (3), p. 14.

<sup>129</sup> Fothergill, 'Observations on a Case', p. 148 [my emphasis].

<sup>130</sup> *Reports*, 1776 (2), p. 95. That bleeding was seen as a panacea among layfolk, not just practitioners, is represented by Henry Fielding in his novel *Tom Jones* of 1747. His hero, Jones, has been discovered unconscious and bleeding and apparently dead. Fielding describes the response: 'Bleeding was the unanimous voice of the whole room; but unluckily there was no operator at hand: everyone then cry'd, 'Call the barber'; but none stirred a step', in Henry Fielding, *The History of Tom Jones* [1747] (1749 edn) (Harmondsworth, 1966), p. 344. Practitioners were also accused of excessive enthusiasm for bleeding. Later in the same novel, Fielding has Jones dismiss a surgeon who, arriving after the treatments performed by the landlady describes a story in which he cured haemorrhage by taking 20 ounces of blood from the arm! This passage against the surgeon and his bloodthirstiness can be seen as part of a tradition that critically represented the blood-lust of medical men. Guy Palatin of the Paris faculty in the seventeenth century apparently once bled a colleague thirty-two successive times for a fever. John Donne wrote 'sometimes, as soon as the *Phisicians* foote is in the *chamber*, his *knife* is in the patient's *arme*', see Porter and Hattori, 'Blood for Blood', p. 6



## 5. RESUSCITATION IN 1774: WHOM DID IT CHALLENGE?

Recovering the apparently drowned was a challenge for educated medical men as well as for laypeople. Medical men were not accustomed to intervening medically so close to death. Ever since Hippocrates, ancient, medieval, and early-modern medical men had not traditionally diagnosed death; they prognosticated it at the moment when further treatment was deemed useless. As Bruhier put it, 'it is proper to observe, that a Patient given over by his Physicians is only a Subject in whom is observed an unlucky Concurrence of the Signs, which prognosticate a quick approaching Death'.<sup>131</sup> The doctor was not therefore expected to be in attendance of the body when the patient actually passed away. Consequently, physicians did not require sophisticated appreciation of the signs of respiration and circulation, but relied on the description of the dying man provided by Hippocrates in the *Prognostikon* and relayed by Celsus.<sup>132</sup> While medical men could be fully expected to recognize a dead body, the diagnosis of death was usually left to members of the deceased's family and consisted of age-old tests. The *moment* of death was therefore not of decisive medical importance; it was part of a cosmic event that belonged to the dying man and those attending him. This assertion properly deserves a caveat, in that theorists on sudden death were interested in offering causes for spontaneous extinction.<sup>133</sup> But as matter of general practice, doctors relied upon a portrait of pre-death agonies and egestions, rather than any precise analysis of the circulation and

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<sup>131</sup> Bruhier, *Uncertainty*, p. 104; McManners, *Death and Enlightenment*, p. 40.

<sup>132</sup> Pernick, 'Back from the Grave', p. 20.

<sup>133</sup> e.g. Lancisi or Nicholas Robinson, *A Discourse upon the Nature and Cause of Sudden Deaths* (London, 1732).

respiration. So resuscitation brought medical men *qua* medical men abruptly to the moment of death, where traditionally they had played little, if any, therapeutic role. Death, no longer a terminus, was now an emergency.

Further, not all medical men were equally equipped to cope with resuscitation. Although there were physicians among the medical assistants, resuscitation did not rely on the traditional expertise of the physician at all. Physicians were university educated, elite practitioners whose expertise lay in interpreting the patient's account of an illness in relation to constitutional and environmental variables.

Notwithstanding the growing consumption and prescription of manufactured medicines, physicians prescribed whole regimens tailor-made for the individual patient which would generally involve diet, exercise and a change of environment. Their skill lay in appreciating the course of the disease and its various manifestations; the general therapeutic principle was that of assisting Nature to run its course and in ensuring that patients did all in their power to prevent obstructing Nature's capacity for self-healing.<sup>134</sup>

This specialist knowledge, which relied upon a nice appreciation of the patient's narrative underpinned physicians' sense of their superiority over the other medical ranks: the surgeons and the apothecaries. In resuscitation, however, patients did not provide narratives! It was the surgeons who, by contrast, dealt with illnesses that were manifest on the outside of the body - wounds, fractures, gangrene and so on - who were most conspicuous in the lists of medical assistants of the RHS.

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<sup>134</sup> The misfit between resuscitation and physicians' traditional skills is missed in Elizabeth H. Thomson, 'The Role of Physicians in the Humane Societies of the 18th Century', *Bull. Hist. Med.*, 37 (1963), 43-51. Richard Lee also assumes that it was the physicians who were at the forefront of practice; they were not, Richard V. Lee, 'Cardiopulmonary resuscitation in the eighteenth century: A historical perspective on present practice', *J. Hist. Med.*, 27 (1972), 418-433. Neither observe the significance of the surgeon-apothecaries.



Apothecaries were also familiar with giving enemas, an activity that no self-respecting physician would have undertaken. So, although resuscitation brought different medical practitioners together, in the distribution of medical skill resuscitation fitted the traditional roles of surgeons and apothecaries better than that of the physician. Physicians traditionally considered the manual activity of the surgeon to be demeaning and never touched the patient's body save when taking the pulse by the wrist.<sup>135</sup>

Medical men were not automatically masters of resuscitation. Layfolk were probably more likely in the event of drowning to attempt recovery than a medical man.<sup>136</sup> Medical men were unlikely to have had much experience of treating the drowned; in 1774 it was an area where they had yet to establish their expertise and the value of 'medical' treatments and theories. They had no more experience of giving mouth-to-mouth ventilation than had a layperson, and they had not performed tobacco enemas on the drowned. Medical men were not supposed to be indispensable to resuscitation, since, as the RHS put it, 'Most of the above rules are happily of such a nature, that they may be begun *immediately*, and that by persons who are not acquainted with the medical art'.<sup>137</sup>

We must not automatically underestimate the medical skills of layfolk.

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<sup>135</sup> Malcolm Nicolson has shown how the Paduan physician Giovanni Morgagni almost certainly used auscultation and percussion among other forms of physical examination during this period, but I suspect this was culturally specific to Padua, where physic and surgery enjoyed closer relations than in England. Malcolm Nicolson, 'Giovanni Battista Morgagni and Eighteenth-Century Physical Examination', in Christopher Lawrence, ed., *Medical Theory, Surgical Practice: Studies in the History of Surgery* (London, Routledge, 1992), pp. 101-134.

<sup>136</sup> On the extensive crossover between lay and professional medical knowledge, see Roy Porter, 'Laymen, Doctors and Medical Knowledge in the Eighteenth Century: The Evidence of *The Gentleman's Magazine*', in Roy Porter, ed., *Patients and Practitioners: Lay Perceptions of Medicine in Pre-industrial Society* (Cambridge, 1985), pp. 283-315.

<sup>137</sup> *Reports*, 1775, p. 10.

In a world where doctors were for the most part few and far between, people relied on their own makeshift remedies. They collected recipes, bought medicine chests, and treated one another and themselves. Mothers were expected to treat their children for minor illnesses; the local clergyman or the squire's wife was expected to have some ability to heal. Ordinary people did what they could to stay alive by themselves.

The century saw the huge popularity of health manuals and recipe books whose appeal lay in extending the sick person's independence from, and preventing unnecessary meetings with, practitioners.<sup>138</sup> Self-dosing was standard practice; calling in a physician was a last resort. When they finally consulted a doctor, patients expected to have their own opinions respected.<sup>139</sup> Hawes' contemporary William Buchan wanted to provide layfolk with the best contemporary medical knowledge; he believed everybody was a potential surgeon whether they liked it or not. His reforming programme was based upon a respect for existing skills. Writing on the treatment of dislocated necks, Buchan suggested that, 'I have known instances of its being happily performed even by women, and often by men of no medical education'. Such praise has led the historian Roy Porter to conclude that, 'Experienced and careful lay people could handle most accidents'.<sup>140</sup>

It's vital that we do not judge their skills merely on the opinions of authors who viewed ordinary people through the lens of Enlightenment. William Hawes is one such author. Henry Fielding (1707-1754) is

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<sup>138</sup> This is no doubt connected to hypochondria, the obsession with matters of health, sickness and doctors, which was a particularly eighteenth-century vice and pathology.

<sup>139</sup> Porter and Porter, *Patient's Progress*.

<sup>140</sup> Roy Porter, 'Accidents in the Eighteenth Century', in Roger Cooter and Bill Luckin, eds., *Accidents in History* (Amsterdam, 1997), pp. 90-107, p. 96.



another. In his comic novel, *Tom Jones* (1749), Fielding presents a number of apparently fatal accidents in class-specific ways that are highly caricatured. When the hero Tom Jones is found to be alive in the inn, having been presumed dead after being hit by a flying bottle, everyone sets to offering their own opinions. As Fielding narrates, '[The vital signs] were no sooner perceived by the company (for Jones was, at first, generally concluded to be dead) than they all fell at once to prescribing for him: (for as none of the physical order was present, everyone there took that office upon him).' Yet after this worthy solicitation, the scene falls into inaction and absurdity: bleeding and cordials are recommended but nobody does anything 'till the landlord ordered up a tankard of his strong beer, with a toast, which he said was the best cordial in England.'<sup>141</sup> Fielding immediately contrasts the landlord's approach with that of the landlady, and shows how layfolk could take their own initiative in crisis moments:

The person principally assistant on this occasion, indeed the only one who did any service, or seemed likely to do any, was the landlady. She cut off some of her hair, and applied it to the wound to stop the blood. She fell to chafing the youth's temples with her hand; and having exprest great contempt for her husband's prescription of beer, she dispatched one of her maids to her own closet for a bottle of brandy, of which, as soon as it was brought, she prevailed upon Jones, who was just returned to his senses, to drink a very large and plentiful draught.<sup>142</sup>

Generally, Fielding was keen to paint a vivid scene of the confusion that

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<sup>141</sup> Fielding, *Tom Jones*, p. 344.

<sup>142</sup> Fielding, *Tom Jones*, p. 344.

came from ignorance. A later scene, by contrast, shows the wise, enlightened and paternalist Squire Allworthy undertake with a team 'all experiments of bleeding, chafing, dropping, &c' in an attempt to bring Captain Blifil back to life.<sup>143</sup> Fielding does make clear that medical men were redundant, however; the two physicians who were called turn up to find they have nothing to do but argue over the fees. The point for Fielding was that the vulgar did very little, and what they did do was useless. We should not, however, take Fielding's word for it that this described accurately class-based responses to accidental injuries or losses of consciousness. Tissot remarked how in swoonings and fainting fits, it was in fact very difficult to prevent people from doing something to help.<sup>144</sup>

Significantly, the RHS did not tell people *how* to put these directions into effect. When the Society recommended getting a medical assistant to help, it justified itself by saying 'it is to be *presumed* that such a one will be more skilful and expert, and better able to vary the methods of procedure as circumstances require'.<sup>145</sup> This indeed was a presumption; bleeding was a skill possessed by many who had never received a regular medical education. Many people were able to give enemas, if not tobacco enemas, and self-dosing with vomits was absolutely commonplace. Of mouth-to-mouth ventilation, John Fothergill wrote, enthusiastically, that 'as it is practicable by every one who happens to be present at the accident, without loss of time, without expence, with little trouble, and less skill; and it is, perhaps, the only expedient of which it can be justly

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<sup>143</sup> Ibid.

<sup>144</sup> Tissot, *Advice*, p. 499.

<sup>145</sup> *Reports*, 1774 (3), p. 14 [my emphasis].



said, that it may possibly do great good, but cannot do harm'.<sup>146</sup>

Specialist instruments were soon introduced for artificial respiration and for the tobacco enema, but the majority of remedies required nothing particularly specialized: blankets, beds, clothes, cloths, bricks, bottles, quills (for feathers) were simple items that were widely available.<sup>147</sup> Brandy could be found in any pub, salt in any home. Hartshorn, or smelling salts, was a common remedy. It was recommended by Tissot to restore people (principally women) from any loss of consciousness through hysteria, swoons and vapours. Fielding's character Blifil is restored by hartshorn in *Tom Jones*.<sup>148</sup> Resuscitation did not require carefully prepared nostrums (it is impossible to force-feed a near-dead body), so there was no need to procure specialist drugs with rare ingredients. Tobacco was common everywhere. The bath itself was a popular remedy and domestic baths, while rare, were not unheard of. The banks of the Thames were bad places to find a freshly killed sheep in the event that a body needed warming, but there were plenty of rural communities where such advice was less problematic.<sup>149</sup> Procuring ashes in London for the same purpose was in principle not a problem. Breweries such as Whitbread's, where warm ashes could be found, were dotted up and down the Thames. Big distillers such as Booth's, Gordon's and Nicholson's had settled in Clerkenwell to use the good water there. St Katherine's and East Smithfield, east of the Tower, had many

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<sup>146</sup> Fothergill, 'Observations on a Case', p. 151.

<sup>147</sup> 'On the first alarm of any person being drowned, let *hot water, flour of mustard, warm blankets, hot flannels, flat bottles filled with hot water, a heated warming pan, bellows, brandy, hartshorn drops, and an electrifyng machine*, be procured.' *Reports*, 1790, p. 453 [their emphasis]

<sup>148</sup> Fielding, *Tom Jones*, p. 245.

<sup>149</sup> In fact, there was a flock of sheep residing in Cavendish Square, where they had been imported earlier in the century, and where they safely grazed behind iron railings. See Porter, *London*, pp. 106-7.

breweries, such as Red Lion, Hart's Horn and Three Kings.<sup>150</sup>

When equipment was not available, layfolk were expected to improvise; William Cullen thought nothing of suggesting that people make up their own tobacco clyster apparatus with pipes and playing cards.<sup>151</sup> The RHS was not so sanguine, however, as to believe resuscitation did not pose a challenge of skill for medical assistants or the layfolk. It fully expected some recoveries to fail 'through the inexpertness of the attendants', and the lack of timely aid from the medical assistants.<sup>152</sup> The RHS never stopped insisting that a medical practitioner should be consulted in every possible case, but it is worth noting that the RHS spent its time trying to challenge people's ignorance of the right methods, rather than seeking to train them. In 1774 resuscitation offered a challenge to medical men that was, to all intents and purposes, identical to that faced by layfolk. They were putting themselves in a situation in which they had to learn the new remedies and unlearn their views on what death looked like. They had to make themselves available to whoever needed them immediately and begin the treatment immediately. They were obliged to prosecute the treatment for a minimum of two hours in order to fulfill the requirements of the RHS programme. They were participating in an experiment with an uncertain object (apparent death), using means of cure that were either unprecedented (e.g. mouth-to-mouth ventilation),

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<sup>150</sup> Porter, *London*, p. 140.

<sup>151</sup> 'If, upon certain occasions, the apparatus referred to should not be at hand, the measure however may be executed by a common tobacco-pipe, in the following manner: a common glyster-pipe, that has a bag mounted upon it, is to be introduced into the fundament, and the mouth of the bag it to be applied round the small end of a tobacco-pipe. In the bowl of this, tobacco is to kindled; and, either by a playing card made into a tube, and applied round the mouth of the bowl; or by applying, upon this, the bowl of another pipe that is empty, and blowing through it, the smoke may be thus forced into the intestines, and, in a little time, in a considerable quantity'. In Cullen, *Letter to Lord Cathcart*, pp. 15-16.

<sup>152</sup> *Reports*, 1774 (1) p. 10.



or without a known track record in drowning (the tobacco enema, frictions). Their goal was a doubtful possibility (full revival), to which they brought little experience.

## 6. CONCLUSION

In 1774 resuscitation was an experiment characterized by promise and uncertainty. Could the RHS establish the veracity of the idea of apparent death in practice? Could it sell the idea to their potential collaborators or would it suffer from hostility and indifference? Was the therapy going to work? Would the Society be able to procure good specimens of the condition of apparent death? Could they rely on the help they got, both from medical quarters and the public at large? Would these people be able to generate useful data on the treatment? Were the individual remedies all appropriate? Could Londoners be able to react in time to the emergency that resuscitation presented, and would they? Satisfactory answers to these questions all depended upon getting people, both medical and lay, to do things they normally would not do. Londoners were being asked to help procure drowning bodies, preferably by rescuing them from the water, resist their immediate instincts about the body if the body looked dead, stop the familiar cures for drowning and replace them with a plethora of different treatments, find warm spots immediately, and get the medical man in at a time when, typically, he might not be called for.

Medical men would have to establish the legitimacy of their presence at the apparently drowned corpse, and carve out their role as supervisors and authorities. Yet their presence depended upon ordinary people calling upon them for help, people over whom they possessed little power. Between the medical men and these potential collaborators

existed a relationship marked by an awkward dependency and strong ambivalence on both sides. Medical men could not assume automatic deference or respect before a condition where they had yet to establish their expertise. And in 1774, the therapy had yet to be seen to 'work'. We may now begin to appreciate the importance of the four guinea reward - a necessary tactic for mobilizing puzzled and unpersuaded people to change their attitudes and behaviour to the dead. And with just 30 guineas collected from the first meetings, and appealing to the public for the first time, the Society was worrying that the money 'will enable us to assist but a very few of those numerous cases, which are likely to present themselves in the course of the year,—perhaps not enough to give the methods recommended a *just* trial'.<sup>153</sup> To secure that trial, it was now vital to establish resuscitation in the hearts and minds of British people. How the RHS went about impressing resuscitation on the consciousnesses of their contemporaries is the theme of the next chapter.

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<sup>153</sup> *Reports*, 1774 (1) p. 10.



## **CHAPTER TWO: RESUSCITATION AND ITS SOCIAL SETTINGS:**

### **HOW RESUSCITATION GAINED A CULTURAL PROFILE**

I profess—I speak from conviction,— I do not know a public Charity which, extended as it ought, promises to be more useful to mankind than this.<sup>1</sup>

Behold too the *wise*, the *good*, the *intelligent*, and the *enlightened*.<sup>2</sup>

#### **1. INTRODUCTION**

In drawing together friends and colleagues to share the financial and administrative burdens involved in implementing resuscitation, William Hawes and Thomas Cogan were doing the most natural thing in the world for metropolitan gentlemen of their time. When people wanted something done, they set up a voluntary society. As the historian Peter Clark has shown, Britain, and in particular London, witnessed an extraordinary proliferation of voluntary associations during the eighteenth century. By 1800 there were perhaps as many as 3,000 clubs and societies of over ninety different types in London alone.<sup>3</sup> To appreciate the RHS's achievement we need to understand that it was competing with improvement and social clubs, alumni associations, artistic bodies such as the Royal Academy, book clubs, benefit clubs, gambling clubs, horticultural societies, literary societies, the freemasons,

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<sup>1</sup> Colin Milne, *A Sermon Preached at St. Sepulchre's London . . . for the Benefit of the Humane Society* (London, 1778), pp. 14-15.

<sup>2</sup> William Dakins, *A Sermon Preached at the Anniversary of the Royal Humane Society* (London, 1808), p. 28 [his emphases].

<sup>3</sup> Peter Clark, *British Clubs and Societies, 1580-1800* (Oxford, 2000).

moral reform societies, charitable associations, prosecution societies, musical societies, medical, scientific and philosophical societies, agricultural societies, sporting clubs and professional clubs.<sup>4</sup>

While voluntary societies became the predominant mode of non-domestic and non-professional interaction for men in urban centres during the eighteenth century, they in turn were competing against older, more traditional forms of sociability. These forms were found in parishes, streets, fairs, markets, assizes, universities, and taverns. More recently popular forms of polite leisure activities, such as balls, horse-racing, theatre and music, provided further distractions to the work of the RHS. The purpose of this chapter is to show how the RHS competed with these alternative activities by generating a profile that drew upon intellectual and social resources within philanthropy. It also shows what resuscitation's success meant for the medical men who ran the RHS. At the end of the chapter we should have a sense of the cultural challenge that introducing resuscitation presented to contemporaries of 1770s London. From this we can develop our appreciation of the effort that was required to make resuscitation a viable cause.

## 2. AN EIGHTEENTH-CENTURY SUBSCRIPTION SOCIETY

To keep resuscitation from disappearing from public view the RHS needed money and manpower. Once again, the public, already collaborators in the treatment, were called upon to meet resuscitation's needs. They were invited to subscribe to the RHS. Paying for causes by public subscription was a familiar ploy for charities. It was an idea

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<sup>4</sup> Clark, *British Clubs*, p. 2.



borrowed from joint-stock companies.<sup>5</sup> The RHS's survival therefore rested upon its ability to secure subscription money continually. The number of donors had to be large not only to maximize income but to prevent the fate of resuscitation resting exclusively with one or two wealthy patrons. Although the RHS received large lump sums, the receipt of small sums was believed to govern against the embezzlement and misappropriation associated with large bequests. Subscription was annual; this ensured a regular income. All who subscribed a guinea to the Society became an annual 'director'.<sup>6</sup> The word 'director' did not ascribe to someone an administrative role; directors however elected the personnel who ran the Society. Lists of the subscribers and directors can be found in most of the annual reports until the 1790s. A donation of 5 guineas made a donor a perpetual director for life.<sup>7</sup>

The burden of running the RHS lay with a small group of medical men, clergymen, and other professionals. They pursued the Society's business in their spare time and were not paid for their pains. William Hawes was the exception to this. Mindful of his own time, effort and generosity, a committee forwarded the motion that he should be paid a salary of 100 guineas per annum. The motion was accepted in the subsequent general

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<sup>5</sup> Donna Andrew, *Philanthropy and Police: London Charity in the Eighteenth Century* (Princeton, 1989), p. 49. Bequests were declining during this period, see Roy Porter, 'The Gift Relation: Philanthropy and Provincial Hospitals in Eighteenth-century England', in Lindsay Granshaw and Roy Porter, eds., *The Hospital in History* (London, 1989), pp. 149-178.

<sup>6</sup> *Reports*, 1774 (4), list of directors.

<sup>7</sup> The amounts altered a little over the years. In the General Court of 1782 it was agreed that the donation of ten pounds would make the donor an honorary director for life (Robert Anthony Bromley, *A Sermon Preached at St. Andrew's, Holborn . . . for the Benefit of the Humane Society* (London, 1782), p. 47), and in the 1787 report it was announced that the payment of £50 would make an individual an 'honorary governor' for life (*Reports*, 1787, p. 225). The nomenclature for the various supporters of the institution is confusing. An honorary governor was not the same, it seems, as a Guardian of Life, an honorary position that was not dependent on any large donation. The two positions were separated in 1798, see *Reports*, 1798, pp. 99-107.

courts with the regret that there were insufficient funds for a more generous sum.<sup>8</sup> There was a small number of officers; a secretary dealt with communications and minutes, a registrar dealt with the cases and organized the reports, and a treasurer managed the benefactions, subscriptions, testaments and expenditures.

The officers met with other members regularly in small elected committees. Before Cogan left for Holland in 1780, they met in his house or in the coffee houses where donations were received.<sup>9</sup> Hawes was almost always present at these meetings. A core of activists usually supported him. Topics to discuss might include knotty claims for rewards, the propriety of specific remedies, the next sermons, recent communications, the state of the expenses, print runs, or the provision of equipment for the medical assistants. Committees were dissolved and re-elected. When a larger meeting was required, a 'General Court' was announced. This was attended by the directors.

We need to grasp, then, a number of features of this society. First, it was voluntary: its administration was dependent upon people who were prepared to give up their spare time. Even William Hawes remained a practising physician, despite his extensive commitments to the Society. Second, it was non-commercial. It was not run for profit. It did not provide direct financial reward to its members. Even the medical men who responded to the Society's call for medical assistants offered their services for free. Third, it had no link to government. On the continent, resuscitation was sustained by municipal involvement both of a financial

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<sup>8</sup> *Minute Book*, and passim. The payment of honorific salaries to officials of organizations based upon public subscription became common in the last couple of decades of the eighteenth century, see Clark, *British Clubs*, p. 251.

<sup>9</sup> Donations and subscriptions were officially received at the London Coffee House, Ludgate Hill, the Chapter Coffee House in Paternoster Row, the New York Coffee House, and the Ship Tavern, Radcliffe Highway. *Reports*, 1774 (3), p. 10.



and a legal nature; failure to cooperate in treatment could leave people open to fines.<sup>10</sup> The RHS, by contrast, needed to reach out to ordinary people and make resuscitation their problem. No-one was obliged to subscribe to the Society; they did so of their own free will. This voluntary nature was much approved by Thomas Cogan, who thought it 'more noble and more consonant with the genius of this nation, than measures of a coercive nature'.<sup>11</sup>

### 3. A PHILANTHROPIC SOCIETY

Although the RHS was set up by medical men, supported by medical practitioners, and was used to develop medical knowledge, we can see that the RHS was not a medical organization narrowly understood. It relied upon the subscriptions and the manpower of non-medical men. In fact, the RHS was not even cast as a medical society; it was structured, conceived and presented as a philanthropic organization. No historian of resuscitation has paid sufficient attention to this feature of the RHS; it is crucial if we are to appreciate the historical status of resuscitation.

Philanthropy was a voluntary response to the absence of social welfare. It emerged as a significant social movement in London during the 1730s and 1740s.<sup>12</sup> Medical men were extremely active within this movement both as donors and as organizers. Many charities enjoyed a medical dimension. Following the foundation of the Foundling Hospital in 1741,

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<sup>10</sup> Thomas Cogan, *Memoirs of the Society Instituted at Amsterdam in Favour of Drowned Persons. For the years 1767, 1768, 1769, 1771* (London, 1773), p. 14.

<sup>11</sup> *Reports*, 1776, p. v.

<sup>12</sup> David Owen, *English Philanthropy 1660-1960* (Cambridge, Mass., 1965); Andrew, *Philanthropy and Police*; Jonathan Barry and Colin Jones, eds., *Medicine and Charity before the Welfare State* (London, 1991).

a number of lying-in hospitals were set up in the 1740s and 1750s, such as the British (1749), the City of London (1750), Queen Charlotte's (1752), and the Westminster (1765). The Lock Hospital was founded in 1746 to help treat victims of venereal disease.<sup>13</sup>

The RHS was part of a second wave of philanthropic activity that took place in the capital during the 1770s. The emphasis had now shifted from hospital care to local outpatient care in the form of dispensaries.<sup>14</sup> These were clinics (usually located in the front room of a house) where poor patients received free medical advice and remedies. After the appearance of the first dispensary in 1770 dispensaries proliferated for the next thirty years. Thus, in providing free treatment, the RHS was participating in a wider movement. By offering *emergency* medical services for the drowned, however, the RHS was offering something distinct from the dispensaries. Further, in using public subscription to prosecute a particular ailment, they were almost entirely alone. Only John Haygarth's (1740-1827) much smaller Chester Smallpox Society, which was set up in about 1777, used public subscription to fund general inoculations and pay for rewards awarded to families nursing inoculated children.<sup>15</sup> Dispensaries were subsequently established that offered treatment for special disorders (e.g. the Ear and Eye Dispensary of 1805) or

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<sup>13</sup> Roy Porter, *English Society in the Eighteenth Century*, 2nd edn. (Harmondsworth, 1990), p. 284. Donna Andrew, 'Two Medical Charities in Eighteenth-Century London: the Lock Hospital and the Lying-In Charity for Married Women', in Jonathan Barry and Colin Jones, eds., *Medicine and Charity before the Welfare State* (London, 1991), pp. 82-97.

<sup>14</sup> I. S. L. Loudon, 'The Origins and Growth of the Dispensary Movement in England', *Bulletin of the History of Medicine*, 55 (1981), 322-342; Robert Kilpatrick, 'Living in the Light': Dispensaries, Philanthropy and Medical Reform in Late Eighteenth-Century London', in Andrew Cunningham and Roger French, eds., *The Medical Enlightenment of the Eighteenth Century* (Cambridge, 1990), pp. 254-280.

<sup>15</sup> Haygarth himself set up an initiative for the drowned in Chester, which perhaps gave him the idea for his society. Francis M. Lobo, 'John Haygarth, Smallpox and Religious Dissent in Eighteenth-Century England', A. Cunningham and R. French, eds., *The Medical Enlightenment*, pp. 217-253.



offered specialized treatments for various illnesses (such as the London Electrical Dispensary) but these were rare. Generally, specialist medicine was disdained by practitioners.<sup>16</sup>

Philanthropic activity was central to the lives and identities of the RHS's founders. In addition to his role as prime mover of the RHS, William Hawes became physician to three dispensaries and eventually became vice-president of the London Electrical Dispensary.<sup>17</sup> In 1791, at the latter end of his career, he moved into the poor part of Spitalfields, home of the old Huguenot silkweavers, and sought to draw their poverty and unemployment to public attention.<sup>18</sup> At the end of his life his work in the RHS was celebrated not as an instance of medical innovation but as exemplifying a heroic career in philanthropy.<sup>19</sup> Cogan gave his medical skills to a charity that provided help for poor married women wanting support during their labour. Lettsom was the founder of the General Dispensary, the first dispensary in London and, in addition to his work in the RHS, participated in a host of other charitable endeavours.<sup>20</sup>

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<sup>16</sup> George Rosen, *The Specialization of Medicine with Particular Reference to Ophthalmology* [1944] (New York, 1972); Luke Davidson, "'Identities Ascertained': British Ophthalmology in the First Half of the Nineteenth Century", *Social History of Medicine*, 9 (1996), 313-333.

<sup>17</sup> Hawes became physician at the London, Surrey and London Electrical Dispensaries in 1781, 1785 and 1796 respectively (although it is not clear whether he held them simultaneously). The London and Surrey dispensaries were founded in 1777, the London Electrical in 1793. See Kilpatrick, 'Living in the Light'.

<sup>18</sup> *Memoirs of William Hawes, M.D. of London* (London, 1802).

<sup>19</sup> R.H. Marten, *The Substance of an Address to the Right Hon. Charles Flower* (London, 1812).

<sup>20</sup> These included the General, Finsbury and Surrey Dispensaries, the Institution for the Relief and Employment of the Indigent Blind and the Society for the Discharge and Relief of Persons Imprisoned for Small Debts. See John Johnston Abraham, *Lettsom: His Life, Times, Friends and Descendants* (London, 1933).

Philanthropy offered these men opportunities for turning their chosen profession, medicine, into an instrument of social reform. Lettsom's opinions on charity, including his opinions on the RHS, were collected in his *Hints Designed to Promote Beneficence, Temperance and Medical Science* (1801).<sup>21</sup> In a sense both the dispensaries and the RHS were conduits of social policy; they provided medical services where there had been none. Only the RHS sought to transform thoroughly people's existing practices, however. Unlike the dispensaries, the RHS wanted people to change their behaviour in highly specific ways. This link between philanthropy and social engineering was made explicit by the Philanthropic Society. Set up fourteen years after the RHS, in 1788, the Philanthropic Society saw itself 'formed rather on the principles of police than of charity'. It attempted to isolate pauper children from their 'corrupting' families and give them a useful trade.<sup>22</sup> The RHS was not litigious, or quite as invasive as this, but it was aiming to influence people's behaviour. Unlike many societies which sought primarily to cater for the needs of its members alone, the RHS wanted to *change* the world outside itself.

#### 4. DISSENT

Philanthropy was a favoured means by which Dissenters made their presence felt. Denied access to formal positions of power, philanthropy gave Dissenters a means of expressing their social and political responsibility. Philanthropy also expressed the Christian convictions of those Baptists, Quakers and Unitarians who felt that their faiths represented a revived source of Christian virtue in a world marred by

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<sup>21</sup> J. C. Lettsom, *Hints designed to promote Beneficence, Temperance and Medical Science*, 3 vols. (London, 1801).

<sup>22</sup> Clark, *British Clubs*, p. 106.



torpid Anglicanism and atheism. The historian Francis Lobo has observed how philanthropy relied upon Dissenting networks that crossed the country and has shown how the new learned philosophical societies constituted important nodes in those networks. The most famous of these philosophical societies was the Lunar Society attended by Joseph Priestley (1733-1804) and Josiah Wedgwood (1730-1795); this inspired the Manchester Literary and Philosophical Society (1781). Other societies with large Dissenting presences included the Bath Literary and Philosophical Society and the Medical Society of London. These societies became zones of Enlightenment. Philanthropy through its link with Dissent was therefore an important conduit of Enlightenment ideas.<sup>23</sup>

The existence of these networks was crucial for the foundation of the RHS. Both Cogan and Lettsom were Dissenters. Cogan was raised a Calvinist and educated in Dissenting academies including Homerton.<sup>24</sup> For a short while he was a presbyterian minister in Southampton. He resigned this post in 1762 when he renounced Calvinism and professed Unitarianism, a heterodox position with roots in Socinianism and Arianism.<sup>25</sup> Returning to England in 1789 with a Dutch wife, he attended her congregation (Dutch Calvinist) and a Unitarian ministry run by a mutual friend of Cogan and Joseph Priestley's, one Mr. Jay.<sup>26</sup> J. C. Lettsom, who expressed gratitude for the 'pleasure and instruction' he had gained from conversing with the Anglican clergy while on RHS

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<sup>23</sup> Lobo, 'John Haygarth'.

<sup>24</sup> For biographical information on Cogan, see Henry Julian Hunter *Old Age in Bath: Recollections of Two Retired Physicians, Dr. John Sherwen and Dr. Thomas Cogan* (Bath, 1873) and DNB.

<sup>25</sup> J.C.D. Clark, *English Society 1688-1832: Ideology, Social Structure and Political Practice during the Ancien Regime* (Cambridge, 1985), p. 283.

<sup>26</sup> Hunter, *Old Age in Bath*, p. 40.

business,<sup>27</sup> was a Quaker and wore the traditional Quaker hat. The historian Robert Kilpatrick has argued that Quakerism holds the key to Lettsom's medical and philanthropic activities.<sup>28</sup> As the protégé of the Quaker physician John Fothergill and the highest paid physician in Britain, Lettsom was one of the most visible Dissenters. It was he who inaugurated the Medical Society of London in 1773, a breakthrough medical organization peopled mainly by Dissenting medical men. Hawes and Cogan were members of this society.

Even if Hawes occasionally made Christian noises, his own denomination is impossible to know with confidence because he never publicly professed a faith. Given that he was personally responsible for inviting the Anglican clergy to preach on behalf of the RHS, and given that he attended almost all the sermons,<sup>29</sup> we might readily infer that he was an Anglican like his friend Anthony Fothergill. Further, Hawes attended St. Paul's school - an Anglican establishment. He was, however, brought up and buried in Islington, in Newington Green, a key centre for Dissenters, with meeting-houses and schools.<sup>30</sup> It is conceivable that the reason Hawes was apprenticed as an apothecary was because, as a Dissenter, he was ineligible for a university education.<sup>31</sup>

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<sup>27</sup> Lettsom, *Hints*, II, p. 297.

<sup>28</sup> Kilpatrick, 'Living in the Light', p. 259.

<sup>29</sup> 'He attended personally when Sermons were preached for its benefit; and not unfrequently [sic] added his own private solicitations to those which the Reverend Clergy had used in public', Marten, *The Substance of an Address*, p. 10.

<sup>30</sup> The novelist Daniel Defoe (1651?-1731) and the methodist minister and hymn-writer Charles Wesley (1707-1788) were educated there. Mary Wollstonecraft had her school there. On Islington, see Ben Weinreb and Christopher Hibbert, eds., *The London Encyclopaedia*, rev. edn. (London, 1992), p. 424.

<sup>31</sup> Only Anglicans could attend university and hence become physicians. Joan Lane reminds us that physicians were never apprenticed, see her thorough 'The Role of Apprenticeship in Eighteenth-Century Medical Education in England', in W. F. Bynum



It would be wrong, however, to assert that the RHS was mainly Quaker and Unitarian as the historian Francis Lobo has done, particularly if that is understood to refer to its membership or its public face.<sup>32</sup> As in so many societies of the day, religious convictions were not qualifications for entry. Religious division was played down as much as possible. It was Hawes' wish 'to be serviceable to his Fellow-Creatures of all Sects, Parties and Denominations'.<sup>33</sup> Religious openness was part of an ecumenical ethos much in evidence within philanthropy. In dispensaries and infirmaries, members of all sects were admitted as patients, in a show of tolerance that Dissenters wanted more widely practised. Within the RHS, Anglican clergymen served on the committees and, moreover, delivered all the anniversary charity sermons given on the RHS's behalf. These preachers came from the heart of the Anglican establishment; the Evangelical John Wesley (1703-1791), who delivered a sermon in 1777, was unusual in this respect.<sup>34</sup>

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and Roy Porter, eds., *William Hunter and the Eighteenth-Century Medical World* (Cambridge, 1985), pp. 57-103.

<sup>32</sup> Lobo, 'John Haygarth', pp. 227-8.

<sup>33</sup> William Hawes, *An Address to King and Parliament of Great Britain* (London, 1782), pp. 1-2.

<sup>34</sup> John Wesley, *The Reward of the Righteous: A Sermon preached in 1777, for the Benefit of the Royal Humane Society* (London, 1830). The existence of John Wesley's sermon is a slight mystery, in that Wesley's *Primitive Physic* was the object of a withering attack by none other than Hawes himself a year before Wesley's sermon. See William Hawes' *An Examination of Mr. John Wesley's Primitive Physic*: [1776] 2nd edn. (London, 1780). Hawes sought to reassure his readers (unsuccessfully to my mind) that 'I have no personal animosity against Mr. Wesley, to whom I am totally unknown; nor have I been induced to engage in this performance, by any consideration, respecting the part Mr. W. has taken in the political world' (p. 83). In the context of Hawes' remarks about his book, Wesley's sermon might demonstrate a saintly disregard for personal rancour. However, Wesley's contribution to the RHS's wellbeing did not prevent Hawes from reprinting (from popular demand, according to Hawes) his denunciation of Wesley in 1780. There are no references to Wesley's sermon in the minutes. In the 1830 edition the sermon is said to have been delivered in 1777, but given that the editor refers to Horsley's sermon as having been delivered in 1784 (it was 1789), the accuracy of this date may also be a little suspect.

This tolerant attitude was pragmatic as well as ideological. The RHS needed money, and there is no evidence it refused it from anyone on religious grounds.

This alliance between Anglicanism and Dissent was typical in philanthropic circles. The Northampton Infirmary, for example, was run by Dr. James Stonhouse (1716-1795), a prominent Anglican author, and the leading Dissenting intellectual Philip Doddridge (1702-1751).<sup>35</sup> Within the RHS, Lettsom and the Hon. Philip Bouverie (who was not a Dissenter) collaborated to provide all the resuscitated with a Bible, the Book of Common Prayer, and a copy of *The Importance of the Religious Life*.<sup>36</sup> We should not be too surprised that the RHS's public face was Anglican. Anglicanism was the official state religion; it was the faith of the RHS's patron George III. It was the church of the establishment that the RHS wanted to woo, the religion of the majority of wealthy landowners and aristocrats. Further, once George III became patron, it was perhaps no longer possible, even if it was desirable, to court the coffers of the Non-conformists.<sup>37</sup>

There seems not to have been denominational conflict within the Society and no opposition to the presence of Anglicans as money-makers and publicists. Religious differences in philanthropic institutions could be

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<sup>35</sup> Porter, 'The Gift Relation', p. 154.

<sup>36</sup> Jacob Duché, *A Sermon Preached at St Dunstan's in the West . . . for the Benefit of the Humane Society* (London, 1781), p. 26; Robert Pool Finch, *A Sermon Preached at Christ's Hospital Middlesex . . . for the Benefit of the Humane Society* (London, 1788), p. 10. The practice of giving out bibles and prayer books to patients was common within the infirmaries, see Porter, 'The Gift Relation', p. 168.

<sup>37</sup> An unspecified Dissenting congregation from Derby did donate £100 to the Society in 1781 (*Minute Book*, April 18, 1781) but this seems to have been a gift unprompted by any efforts of the RHS itself. Cogan, it might be remembered, had left London for Holland by 1781, so it is unlikely that he was responsible for securing the donation.



disabling - they provided major obstacles to the smooth running of the charity school movement<sup>38</sup> - but the presence of the different sects within the RHS seems to have been acceptable to all. After all, many of these men were friends, despite their different religious backgrounds.<sup>39</sup> The RHS therefore relied upon, and contributed to, that religious and political consensus between establishment and Dissent that had been carefully built within philanthropic circles since the 1740s. This consensus lasted until the early 1790s, when the religious and political fissures that ran the length and breadth of the country were opened wide by the impact of the French Revolution.<sup>40</sup>

## 5. MONEY AND PRESTIGE: THE CHALLENGES OF GROWTH

I began by emphasizing the fact that the RHS needed a steady supply of money to keep it solvent. This supply became ever more important as the sheer numbers of requests for rewards came tumbling in and the

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<sup>38</sup> Andrew, *Philanthropy and Police*, p. 50.

<sup>39</sup> There was clearly a close friendship between Lettsom, Hawes, and Anthony Fothergill. Fothergill was also, despite being a devout Anglican, a friend of the radical Unitarian Joseph Priestley. A letter Lettsom wrote to Fothergill refers to the wishes of 'John the Antipode' [Lettsom] and 'William the Resuscitator' [Hawes] to see 'the wise man of Bath' [Fothergill] married. This adroit pastiche of Biblical writing is full of feeling and funny too. See Thomas Joseph Pettigrew, ed., *Memoirs of the Life and Writings of the late John Coakley Lettsom, etc, with a selection from his Correspondence*, 3 vols. (London, 1817), vol 2, no. 236. Francis Lobo incorrectly asserts that Anthony Fothergill was a Quaker; Lobo may have confused Anthony with his more famous namesake, John Fothergill, who was an eminent Quaker.

<sup>40</sup> The preacher Dr. Servington Savery saw this Anglican alliance as proof of the validity of the RHS's plan. He argued in 1786 that 'Had its Plan been less liberal and impartial, it would have been so far defective in the essential Purposes of Christian Philanthropy; and consequently less entitled to the *Denomination* by which it is distinguished; p. 11: and less deserving the Patronage by which it is supported', see Servington Savery, *A Sermon Preached . . . for the Benefit of the Humane Society* (London, 1786) pp. 10-11). We may, by contrast, see it as proof of the utility of an alliance with the richest and most establishment religious denomination.

outlay on equipment and publications grew larger and larger.<sup>41</sup> Income was always a concern. The expenditure on rewards and equipment would regularly extend as far as the income would allow and sometimes beyond.<sup>42</sup> In 1781 Hawes was complaining that, despite its patent utility, the Society had not received the support from the great and wealthy, 'which might have rationally been expected'.<sup>43</sup> The inadequacy of its income spurred the Society to apply to the government for help in 1782.<sup>44</sup> This initiative failed to receive a response from Parliament, but was perhaps responsible for drawing George III's attention to the plight of the RHS. On July 10, 1786, an author (probably Hawes) wrote to 'Mr. Urban' of the *Gentleman's Magazine* requesting the permission 'to address the public on behalf of an institution which has not met with the

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<sup>41</sup> How was the money spent? In the period December 1788 to December 1789 (to take a satisfactory year in the Society's finances), the treasurer Lettsom received £732.12 7 and 1/2 pence in cash. He received £100 and £50 legacies from two women (Mrs Elizabeth Chivers and Mrs Ann Gordon). Interest from £2500 capital invested in consols at 3% had yielded £75 for the year. The gross income was £975.12.0 and 1/2 pence. In that same year 159 rewards were paid on the advice of the managers for the various restorations, preservations and unsuccessful cases to the tune of £410.12.6. Then the circulation of apparatus (fumigators, bellows, drags, and so on) throughout Britain amounted to £157.18.9. The publication of Bishop of St. David, Samuel Horsley's anniversary sermon, *On the Principle of Vitality in Man*, the annual reports, several thousand large and small plans of resuscitation for the public, honorary medals and incidental expenditures (e.g. for renting a private room and services from the coffee houses) amounted to £349.16.4 and 1/2. This left in treasurer's hands at the end of this particular financial year: £30.7.7 and 1/2. A further £108. 5. 9 was left at a bank (Langston's Towgood's and Amory) leaving an overall balance of £138.13.4 and 1/2. (*Reports*, 1790, p. 463). Frequently, however, the Society wound up owing the Treasurer at the end of the financial year.

<sup>42</sup> Nearly all the annual reports came complete with an audit, or simply the balance at the end of the year. Particularly low was the balance of 1797, which stood at £1.9.1. At the end of the century, the Society found in successive years indebted to its Treasurer. In 1796 it owed Lettsom £65.10.2, in 1798 it owed Hawes £93.11.1 and it owed Hawes £79.7.11 in 1798, £67.9.4 in 1800 and £57.6.4 in 1801. Thereafter the Society went back into the black.

<sup>43</sup> *Reports*, 1781, p. vi.

<sup>44</sup> Hawes, *An Address to King and Parliament*.



encouragement and the importance it deserves'.<sup>45</sup> The author warned the public that, despite saving 850 lives, the RHS had spent all the public money donated by the Corporation of London in 1783 on drag nets. It was now wanting more help. Aiming to rouse the reader's guilty conscience, the author sought to frighten the public with the prospect of the Society's own financial drowning by asking rhetorically, 'What would the public say, what would posterity say, if such a laudable Society should *itself sink*, which hath been the providential instrument of restoring to life many valuable and useful members of the community, for want of the aid of the rich, benevolent, and powerful!!!'.<sup>46</sup>

In 1796, it was agreed by Hawes and Cogan that the Society should not attempt a second volume of its *Transactions* of 1795 on account of expense.<sup>47</sup> Thirteen years later, at the anniversary sermon, the Reverend Richard Harrison, who had delivered the first anniversary sermon in 1775, complained that 'it must be lamented, that the Patronage it has obtained, though truly munificent, has been barely equal to the Expenses incurred by the extensive circulation of the plans, the distribution of the apparatus at the different receiving-houses, and the liberal rewards paid to those who aid the Medical Assistants in their attempts to recover life'.<sup>48</sup> In 1805, the Society was pleading with its readership to prevent it having to break in upon its capital.<sup>49</sup> The learned commentator of London, James Malcolm, noted in 1808 that the RHS, despite royal

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<sup>45</sup> *Gentleman's Magazine*, 56, pt. ii (1786), p. 538.

<sup>46</sup> *Gentleman's Magazine*, 56, pt. ii (1786), p. 540 [their emphasis].

<sup>47</sup> *Reports*, 1796, p. 43.

<sup>48</sup> Richard Harrison, *The Anniversary Sermon of the Royal Humane Society*, 2nd edn. (London, 1799), p. 12.

<sup>49</sup> *Reports*, 1805, p. 87.

patronage, 'derives very small pecuniary aid from the publick, compared with some Institutions of less importance; nor has the Legislature granted it a farthing; though, as the Doctor [Hawes] once observed to me, there are benefactions recorded in the Journals of the House of Commons for a Veterinary College, to recover horses from diseases'.<sup>50</sup>

Although voluntary societies in general were attempts at a more democratic citizenship, the membership of people of high status was a boon, for the money and the cachet they brought. This was particularly true of philanthropic organizations. They needed the publicity a prestigious donor or associate could bring. In 1776, subscribers to the RHS could find their names alongside those of the famous actor and impresario, David Garrick (1717-1779), Sir John Pringle (1707-1782), the President of the Royal Society, and Jonas Hanway (1712-1786), the Founder of the Marine Society and a central figure in philanthropic circles.<sup>51</sup> But important and fashionable as these men were, they were not the biggest hitters. Lettsom and Cogan, who were extremely wealthy in their own right, had access to good families and contacts as the premier physicians of the day. Hawes too possessed fashionable acquaintances. Although the extent of his practice is unknown, he had been the doctor of Oliver Goldsmith (1728-1774) until the author's death in 1774, and was acquainted with Sir Joshua Reynolds (1773-1792) and Edmund Burke (1729-1797).<sup>52</sup> Even so, Hawes was complaining, in 1781, that despite the fact the RHS had been 'founded on the noblest principles of humanity', and therefore possessed a just claim to the support of 'the most elevated

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<sup>50</sup> James Peller Malcolm, *Anecdotes of the Manners and Customs of London during the Eighteenth Century* (London, 1808), p. 49.

<sup>51</sup> William Dodd, *A Sermon Preached . . . before the Humane Society* (London, 1776), p. 30.

<sup>52</sup> William Hawes' *An Account of the Late Dr. Goldsmith's Illness* (London, 1774) was dedicated to these two men.



minds', 'yet', he added, 'few persons of high rank have been found in the list of its Subscribers: nor are the present annual subscriptions to it from persons of any rank, nearly adequate to the necessary expenses of the institution'.<sup>53</sup>

## 6. PUBLIC RELATIONS

### 6. i) Print Culture

For resuscitation to survive, therefore, the RHS had to overcome the threat of financial instability and the lack of interest from the great and the good. To raise the profile of the treatment, the RHS pursued tactics that were becoming familiar to the world of eighteenth-century societies and philanthropy in particular. Perhaps the single most important medium of influence was the printing press.<sup>54</sup> The RHS used newspapers to contact subscribers and medical assistants, to warn of any impending general courts, to refer to changes in the treatment, and to cite successful cases. When the administration turned against venesection, its first initiative was to contact the newspapers and place twice-daily warnings.<sup>55</sup> Magazines such as the *Gentleman's Magazine*, which was a keen supporter of resuscitation, allowed the RHS to contact people through its pages. Obviously, people were also contacted via the posters and handbills that were put up in pubs and by the riverside. For the subscribers, the Society provided news, cases and directions for treatment

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<sup>53</sup> *Reports*, 1781, pp. vi-vii.

<sup>54</sup> The RHS's intensive exploitation of print culture should be contrasted to the hospitals, upon which hardly anything was published by medical men. See W. F. Bynum, 'Physicians, Hospitals and Career Structures in Eighteenth-Century London', in W. F. Bynum and Roy Porter, eds., *William Hunter and the Eighteenth Century Medical World* (Cambridge, 1985), pp. 105-128.

<sup>55</sup> *Minute Book*, December 1st 1777.

in its *Reports*. A copy was normally sent to the subscribers as an act of reciprocity and openness.<sup>56</sup> There was, however, some ambivalence towards the reports. In 1780, Dr. Cogan was requested to suspend publication of the reports for the years 1779 and 1780, whereupon it was agreed to print them every other year 'as the Publication is attended with a very considerable Expence to the Society and no apparent Advantage'.<sup>57</sup> This decision was put into effect until 1790 from which time, despite this pessimistic evaluation of their value, the reports were printed every year.

The Royal Society, then perhaps the single most successful learned society in the world in terms of the international reach of its correspondents, had already provided a benchmark for philosophical publication in its *Transactions*. Medical journals were still in their infancy at the time the RHS started printing its *Reports*.<sup>58</sup> The RHS, keen to establish itself as a learned society as well as a charity, published a single-volume *Transactions* in 1795.<sup>59</sup> The volume, which was dedicated to George III, was put together by William Hawes. The RHS's intellectual reputation was pursued more fruitfully in another format: medical treatises. These treatises were winners of essay competitions set by the RHS. Hawes described these competitions as 'advantageous in impelling Men to noble and virtuous Actions'.<sup>60</sup> In seeking learned publications, the RHS

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<sup>56</sup> The printing of accounts was beginning to be a trend in philanthropic circles in the 1770s and 1780s in attempts to demonstrate transparency. See Clark, *British Clubs*, p. 265.

<sup>57</sup> *Minute Book*, June 27 1780.

<sup>58</sup> Roy Porter, 'The Rise of Medical Journalism in Britain to 1800', in W. F. Bynum, Stephen Lock and Roy Porter, eds., *Medical Journals and Medical Knowledge: Historical Essays* (London, Routledge, 1992), pp. 6-28.

<sup>59</sup> W. Hawes, *Transactions of the Royal Humane Society from 1774-1784* (London, 1795).

<sup>60</sup> Hawes, *An Address to King and Parliament*, p. 30.



followed august bodies such as the Dilettanti Society and the Society of Antiquaries;<sup>61</sup> in setting essay competitions to find the works to publish, they were doing something quintessentially Enlightened; some of Jean-Jacques Rousseau's most remarkable work was done in response to essay competitions. Hawes had initially hoped to persuade other 'learned Societies' and 'respectable Bodies of Men' to offer a prize for an essay on resuscitation but found his endeavours unsuccessful.<sup>62</sup> In the event, the RHS published five treatises on resuscitation between 1788 and 1800.<sup>63</sup>

Incorporated into the *Reports* could be found extracts from poems, hymns and oratorios written and composed for the RHS. Although there is no direct evidence to suggest the RHS commissioned plays, as other societies did, a navy surgeon named Jenkin Jones dedicated a play entitled *The Philanthropist* to Dr. Hawes. Apparently it was published.<sup>64</sup> Augustus Kotzebue's (1761-1819) play *Self-Immolation* (1799) hinged upon a recovery from drowning undertaken by the Humane Society which reads like a deliberate plug.<sup>65</sup> Certainly people offered writings for

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<sup>61</sup> Clark, *British Clubs*, p. 263.

<sup>62</sup> Hawes, *An Address to King and Parliament*, p. 30.

<sup>63</sup> Edward Goodwyn, *The Connexion of Life with Respiration* (London, 1788); Charles Kite, *An Essay on the Recovery of the Apparently Dead* (London, 1788); Edward Coleman, *A Dissertation on Suspended Respiration* (London, 1791); Anthony Fothergill, *A New Inquiry into the Suspension of Vital Action* (London, 1795); Anthony Fothergill, *An Essay on the Preservation of Shipwrecked Mariners* (London, 1800). A reprint of Coleman's dissertation was published in 1802 in which the order of chapters was altered but the text and argument remained the same. There were no additions, see Edward Coleman, *A Dissertation on Suspended Respiration* [1791] (London, 1802).

<sup>64</sup> *Reports*, 1802, p. 100. The play had an 'introductory address attendant upon the blessings of civilization, demonstrated by the establishment of the Royal Humane Society'. It is not clear whether a copy of this play survives.

<sup>65</sup> Augustus von Kotzebue, *Self-Immolation; or, the Sacrifice of Love. A Play, in Three Acts*, trans. Henry Neuman (London, 1799). A comparison with the original German play would be instructive as it is not clear whether the play was adapted for an English audience by the translator. On June 25, 1783, a letter from Edmund Burnaby Green was read

the Society's use. In a committee meeting on the 24th of January 1776, Hawes reported to fellow members that a selection of poems had been sent to the Reverend Harrison (1762-1824), (who had given the first anniversary charity sermon in 1775), to be published for the benefit of the Society. This selection, along with an ode entitled 'Jonah', were then referred to some selected members for inspection.<sup>66</sup> Both these offers were respectfully declined on the basis of shortage of funds and compositional limitations.<sup>67</sup> Poems accepted included 'To Sympathy' and 'To Science' by William Walter Gretton, and 'Benevolence' and 'On the Use and Abuse of Reason' by John Gretton.<sup>68</sup> The poet S. J. Pratt (1749-1814) included a panegyric to the medical assistants of the RHS in his long poem, *Humanity* (1788), which was, for the most part, a tract against slavery.<sup>69</sup> His verses praising the RHS were perhaps an attempt to obtain patronage.<sup>70</sup>

After the *Reports*, perhaps the most important source of publicity was the

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to the committee in which the author offered a benefit play, but 'it was agreed that his kind Intentions would not essentially serve the Charity but the Thanks of this meeting were unanimously voted that Gentleman for his friendly Exertions'. *Minute Book*, June 25, 1783.

<sup>66</sup> *Minute Book*, 24.1.1776.

<sup>67</sup> *Minute Book*, 1.3.1776. In July 1776, Hawes presented two odes written by 'Dr. Willis of Orange Street' entitled 'Ode on Humanity' to the committee; one of the odes was accepted whereupon one Mr Denham offered to 'take upon himself the Trouble' of getting the ode set to music - which was also accepted. See *Minute Book*.

<sup>68</sup> See *Reports*, 1800, pp. 33-7.

<sup>69</sup> S.J. Pratt, *Humanity; or, the Rights of Nature* (London, 1788).

<sup>70</sup> Some correspondence between Lettsom and Pratt still exists. Although their meaning is opaque, it appears that Pratt fell foul of Lettsom in some way. One of Pratt's letters thanks the physician for not admonishing him. Perhaps Pratt owed Lettsom money or was tardy in delivering a commission, see Thomas Joseph Pettigrew, ed., *Memoirs of the Life and Writings of the late John Coakley Lettsom, etc, with a selection from his Correspondence*, 3 vols. (London, 1817), II, pp. 387-395.



charity sermon; nearly all the sermons given at the anniversary feast were published by the RHS and sent to subscribers and people of influence.<sup>71</sup> Charity sermons also raised money on the day. The Reverend William Romaine (1714-1795) had, at his death, raised over £500 for the Society.<sup>72</sup> In an average year there would be around eight sermons delivered for the benefit of the Society. These brought in between £50 and £100. p.a.<sup>73</sup> The Society also relied upon income from a wide range of other sources, including benefactions, testaments, occasional donations and money-raising activities such as the annual Royal Circus.<sup>74</sup>

## 6. ii) The Anniversary Festival

The most important event in the calendar was the anniversary meeting. Business was done, to be sure, but, perhaps more significantly, a sermon, a procession and a feast were provided too. Feasts and processions were a regular feature of public life in large Georgian towns and went back to gild and parish celebrations of the middle ages. Political, civic and ecclesiastical occasions might elicit a procession of societies; feasts, the

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<sup>71</sup> The charity sermons were delivered at a number of different churches in the capital, such as St. Andrew's, Holborn and St. Dunstan's in the West. For historical accounts of the individual churches, see Elizabeth and Wayland Young, *Old London Churches* (London, 1955).

<sup>72</sup> *Reports*, 1796, p. 20.

<sup>73</sup> In 1776 sermons were delivered by Reverend Mr. Harries (February 4), the Reverend Fly (February 25), the Reverend Dodd (March 10 and June 2 - this was the anniversary sermon), the Reverend Harrison (July 7), the Reverend Sir G. Booth (August 18), the Reverend Sellon (September 15) and the Reverend Banks (October 13), which raised around £230 for the Society in total. It was in this year that it was voted that every one who preached for the Society was to be made a perpetual director (*Reports*, 1776 (2), p. 105).

<sup>74</sup> The annual report of 1802 recorded that £112.5.6. had been brought in from the 5th annual circus (*Reports*, 1802, p. 86).

opening of sister branches of a society, or the funeral of a member, might do likewise. In common with other philanthropic societies that gathered together beneficiaries of the charity for their processions,<sup>75</sup> every RHS feast was accompanied by a procession of the 'saved'. Music played an important part in the sermon and the feast; a special hymn might be sung, or an oratorio performed.

Saving the committees, which met regularly, the RHS did not offer a talking shop nor, indeed, a social forum for its subscribers (it was not a club). Its relationship with its subscribers was mainly remote, not face-to-face. The feasts offered a welcome chance for the administration to present its face and sell the Society to existing as well as potential subscribers (the 1789 anniversary festival brought in £300 worth of subscriptions)<sup>76</sup> while subscribers had the chance to meet some of the more prestigious members. Some of these prestigious members would serve as stewards for the occasion; they would not only wait on the diners but stump up money for the privilege.<sup>77</sup> In 1791, diners at the RHS's feast were served by the President of the Royal Academy and Britain's foremost portrait artist, Sir Joshua Reynolds,<sup>78</sup> the Bishop of Oxford, the

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<sup>75</sup> For example, the display of penitent prostitutes was a major attraction of the Magdalen Hospital, see Sarah Lloyd, ' "Pleasure's Golden Bait": Prostitution, Poverty and the Magdalen Hospital in Eighteenth-Century London, *History Workshop Journal*, 41 (1996), 51-72, p. 56.

<sup>76</sup> *Gentleman's Magazine*, 69 (1789), p. 273.

<sup>77</sup> The RHS stewards first make a published appearance in 1776. The appointment of wealthy stewards was a standard practice, see Andrew, *Philanthropy and Police*, p. 79-82.

<sup>78</sup> Reynolds, alongside Edmund Burke, were dedicatees of Hawes' account of his treatment of Oliver Goldsmith. The two men had asked Hawes to look after Goldsmith's effects in the light of his death, William Hawes, *An Account of Dr. Goldsmith's Illness* (London, 1774), n.p, (p. ii). Reynolds, Burke, Goldsmith and RHS donor David Garrick were members of Johnson's 'Club' (afterwards 'Literary Club'). The RHS 'Guardian of Life', Bishop Samuel Horsley was one of the first members of Johnson's Essex Head Club, which he joined in 1783. He was probably acquainted with Reynolds, see Heneage Horsley Jebb, *A Great Bishop of One Hundred Years Ago* (London, 1909), p. 28.



Dean of Lincoln, the Lord Viscount Fitzwilliam and other sundry knights of the realm.<sup>79</sup>

These festivals came to be large occasions; in 1789, nearly 400 people were assembled.<sup>80</sup> No doubt the exact details of the procession differed from year to year. In 1809, for instance, during the intervals between courses, the saved, who had been displayed in the church gallery, processed again preceded by the stewards and the city marshals with the male adults last, each with a Bible in his hand. The Bible was a gift from the Society. The procession was accompanied by a band 'playing solemn and appropriate music'.<sup>81</sup>

It was not all piety and earnestness during the feasts. The biographer of Cogan declared that they were good-humoured affairs. Before leaving for Holland in 1780, Thomas Cogan sang songs of his own composition including one with the chorus 'And a begging we will go, will go'.<sup>82</sup> Yet it was the choreographed solemnity that made an impression on the visiting German physician Christian August Struve (1767-1807) in 1796:

Philanthropic songs, accompanied by instrumental music, excited the most sublime emotions in the minds of the hearers. What an impressive scene!—A long procession of

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<sup>79</sup> Patrick Colquhoun, author of *A Treatise on the Police of the Metropolis*[1796] was steward in 1794, see *Reports*, 1794. Lettsom gave a copy of the first edition and volume of his *Hints Designed to Promote Temperance, Beneficence and Medical Science* (1797) to Colquhoun as a gift in 1797. It is now kept at The Wellcome Institute. Edward Jenner was a steward in 1805, see Abraham, *Lettsom*, p. 148.

<sup>80</sup> *Gentleman's Magazine* 69, (1789), p. 273. In 1810 about 300 men were present. *Reports*, 1810 (2), p. 3.

<sup>81</sup> *Account of the Anniversary Festival of the Royal Humane Society* (London, 1810), p. 4.

<sup>82</sup> Hunter, *Old Age in Bath*, 1873, p. 36.

men, women, and children, who all were indebted for their lives to this Society, proceeded in several divisions. Each of these groups followed their colours, which were adorned with an inscription. That of the first was, *Thanks to the Supreme Being*; and that of the second, *Resuscitation*. The Medical Assistants were the next in succession; and, after these, the *Guardians of Life*, preceded by Dr. LETTSOM. Another division was distinguished by a flag, with the words *Divine Mercy*; and again another, with that of *Humanity*. The last banner displayed the inscription, *Return to Life*.<sup>83</sup>

The impact of these occasions should not be underestimated. The Reverend Dr. James Fordyce (1720-1796), writing just before his death, referred to the annual festival as ‘a spectacle, I must needs think, surpassing all that were ever exhibited on the theatre of the universe’.<sup>84</sup>

### 6. iii) Special Appointments

To remedy the lack of support from people of rank, a lack noted with consternation by Hawes in 1781, the Society did two things: it made prestigious appointments and it drew upon political networks. On the death of the first president and occasional Lord Mayor of London, alderman Frederick Bull (1714-1784), who had presided over the difficult early years of the Society, King George III consented to become the patron. The directors were then ‘permitted to mention his Majesty with due

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<sup>83</sup> Christian August Struve, *A Practical Essay on the Art of Recovering Suspended Animation*, [1801] (London, 1803), p. 13. Struve translated the *Transactions* of 1795 into German, see *Reports*, 1797, p. 18.

<sup>84</sup> *Reports*, 1797, p. 13.



respect accordingly'.<sup>85</sup> Monarchical recognition was a big feather in the RHS's cap; it conferred a certain legitimacy and kudos on the RHS, and it provided access to court chaplains.<sup>86</sup> Although it is not clear what the monarchy liked about the RHS, the king may have been swayed by the pamphlet William Hawes published in 1782. This pamphlet, which was addressed to king and parliament, requested their help in setting up 'Receiving Houses' for drowned bodies, and a school for studying suspended animation.<sup>87</sup> This alliance with the monarchy certainly determined the character of the Society, which became loyalist. The majority of dedications in the published sermons were to the king and the Society. The *Transactions* are replete with patriotic sentiments lauding the humanity and benevolence, the philanthropic virtues, of an enlightened British monarchy. The Society adopted its full title 'Royal Humane Society' in about 1790 at a time when the monarchy was enjoying unprecedented popular support in a century marked by indifference and hostility to the House of Hanover.<sup>88</sup>

In the same year that the King became involved with the Society, the Earl of Stamford, who had responded to the Reverend Markham's anniversary sermon of 1778 with a gift of £21, agreed to hold the post of

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<sup>85</sup> *Reports*, 1784, p. iv. It is not clear exactly when George III's position was made formal - 1782 or 3? - nor precisely what led George III to become patron.

<sup>86</sup> The anniversary preachers William Langford (1801) and Samuel Glasse (1793) were chaplains in ordinary to George III, and William Garrow (1812) was chaplain in ordinary to the Prince Regent.

<sup>87</sup> Hawes, *Address to King and Parliament*. There were doubts about the wisdom of applying to parliament for help at this time; on December 18, 1782, a committee decided it should be delayed on the grounds 'That the time is altogether improper on account of the present extensive and expensive War,' *Minute Book*, 18.12.1782.

<sup>88</sup> For the dating of the sobriquet, see footnote 7 in introduction. Bynum observes that the royal household provided the most lucrative medical patronage. This patronage was also extensive; between 1762 and 1800 it appointed fifty physicians and thirty-five surgeons. See Bynum, 'Physicians, Hospitals and Career Structures', p. 120.

president. Supporting these two dignitaries were the vice-presidents. They numbered around ten at any one time. The personnel of the vice-presidents remained fairly consistent. It is not clear whether they were elected or appointed; their consistency of service suggests to me the latter.<sup>89</sup> The vice-presidents were made up of aristocrats, members of parliament, metropolitan aldermen and doctors.

Peter Clark has described the RHS as 'fashionable'. There is no doubt that it made a special effort to secure other high profile supporters besides the king.<sup>90</sup> In 1778, it attempted to win subscriptions from the Dukes of Richmond and Manchester, Lord Shelburne, and the Marquis of Rockingham: a set of heavy-weight politicians.<sup>91</sup> The Society also inaugurated a special class of member, the 'honorary governor', or 'Guardian of Life'. These members included important allies in the medical field and foreign dignitaries. The honorary governors of 1795 included Thomas Russell (1740-1796), the founder of the Massachusetts Humane Society, the American physician Benjamin Rush (1745-1813) of the Philadelphia Humane Society, the Prague physician in charge of resuscitation in that city, Dr. Zarda, and the British physician and author

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<sup>89</sup> Regarding 'consistency of service': there were a few additions over the years. William Heberden, the highly regarded physician and author of a posthumous *Commentaries* that confirmed his reputation as the foremost clinician of the day, had joined his medical colleague J. C. Lettsom by 1788, see Finch, *A Sermon*. In 1792 two new dignitaries were added: the Rt. Hon. Earl of Fife, who retired in 1802 (*Reports*, 1802, p. 9) and was replaced by Lord Viscount Dudley and Ward, and the Rt. Rev. Lord Bishop of Oxford (probably Bishop Smallwell who preached an unpublished sermon in 1797). Samuel Horsley, the Bishop of St. David's joined in 1793 (he became the Rt Reverend Lord Bishop of Rochester in 1793) (*Reports*, 1793, p. 3). John Sawbridge died in 1795 and was replaced by Alderman Boydell, and Lord Beauchamp gave up his post in the same year. The name of Sir Joseph Andrews disappears from the list in 1801, as does William Heberden, who died that year. With only the addition of Rt. Hon. Earl of Romney, Admiral Sir J. Colpoys K.B. and H. Thornton Esq MP in 1802, and the Lord Henniker in 1804, this represents a remarkably consistent cohort of individuals.

<sup>90</sup> Clark, *British Clubs*, pp. 208-209.

<sup>91</sup> *Minute Book*, 24.3.78. There appears to have been some confusion over whether these men had agreed to become directors of the Society or not.



on resuscitation, Anthony Fothergill (1732?-1813).<sup>92</sup> The group also included Bishop Samuel Horsley, who gave an anniversary sermon that ran to nine editions.<sup>93</sup> Prestigious donors included Julia, Duchess of Giovanni and Baroness of Mudersbach, and the Portuguese dignitary, the Honourable J. Ignacious de Pina Manique, who was entered in the subscription lists as 'Gent. of Her Majesty's Household, and of Her Privy Council; one of Judges of the Supreme Court, Intendant General of the Police of Portugal, First Commissioner of Customs in Lisbon and Chief Agent of all the Customs in the Kingdom'.<sup>94</sup> Both these figures were first mentioned in 1791 as having given enough to be designated a life director, but their rank in élite European society introduced them into the RHS's list of most favoured associates.

Of all the attempts by the RHS to link itself with the world of the elite, perhaps the most remarkable and singular of all involved Alexander I, Tsar of Russia (1777-1825).<sup>95</sup> On Tuesday, 15th April, 1805, Baron de Robeck (Chair), vice-presidents the Earl of Romney, Lord Hawarden, Philip Pusey, Lettsom, and about 300 other merchants, governors, and supporters, came together to hear a communication written earlier that year. It described the personal supervision by the Russian Emperor of the

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<sup>92</sup> *Reports*, 1795, p. 33. Benjamin Rush, the leading American physician, was a correspondent of Lettsom and a remarkable ideologue for the 'republic of science'. He shared the wide-eyed progressivist view of medicine expressed by Hawes, and saw medicine as a noble calling. He was a member of the Humane Society of Philadelphia, and an honorary member of the Massachusetts Society. In his *Letters* it is said that Rush was made Guardian of Life in 1807 but this is incorrect. In L. H. Butterfield, *Letters of Benjamin Rush*, 2 vols. (Princeton, 1951), II, pp. 629-630.

<sup>93</sup> A tenth edition came out much later in 1844.

<sup>94</sup> For Manique's titles, *Reports*, 1791, pp. i-xxviii.

<sup>95</sup> An honorary medal was awarded to Prince Ernest (1771-1851) for saving a suicide. See Carolyn D. Williams, ' "The Luxury of Doing Good": Benevolence, Sensibility, and the Royal Humane Society', in Roy Porter and Marie Mulvey Roberts, eds., *Pleasure in the Eighteenth Century* (London, 1996), pp. 77-107, p. 96.

recovery of a poor peasant. Refusing to accept his physician's prognosis, which recommended abandoning the peasant after three hours of attention, the Emperor had the peasant bled again. This action elicited groans from the victim, whereupon the emperor, speaking in French, exclaimed 'Good God! this is the brightest day of my life'. Tears were claimed to have fallen upon his breast. The Emperor then bound the arm with his own handkerchief and ensured that the sufferer was provided for.<sup>96</sup> The RHS preacher and stalwart George Gregory proposed the motion that the Emperor be awarded a RHS medal. This proposal was duly accepted. When Alexander visited London in 1814 during the celebrations of peace in Europe before Napoleon's final battle at Waterloo, the RHS took the opportunity to make a formal presentation to the Emperor.<sup>97</sup>

#### 6. iv) Political Networks

We have noted how charities such as the RHS were sustained by Dissenting networks. Quite apart from the influence provided by publications, festivals and valuable appointments, the RHS's cultural and economic viability was secured by using political networks. This is despite the apolitical stance presented by the Society. Writing of the difficulty of setting up sister organizations outside London, William Hawes wrote:

It is well known, and much to be lamented, that a spirit of party both in religious and political matters, operates much

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<sup>96</sup> *Reports*, 1814, p. 5.

<sup>97</sup> The deputation included J. C. Lettsom and Samuel Whitbread, see *Reports*, 1814, and Abraham, *Lettsom*, pp. 426-7. For an illustration of this event, see *Reports*, 1807, p. 15.



more powerfully in the country, than in the metropolis; and that this, together with all the little jealousies, personal, and family animosities, and various other causes which have no influence *here*, will often render the best-intentioned, and best concerted schemes, abortive . . .<sup>98</sup>

Since the RHS secured the patronage of the king, it clearly possessed political allies within the establishment, despite its strong link with Dissent. Both establishment Whigs and extreme Whigs who opposed the 'Church and King' Tories, were allied to the Dissenters' cause. As if to reinforce the centrality of the Dissenting presence within the RHS, all the evidence suggests that the politicians involved in the RHS were overwhelmingly either radicals or Whigs. The RHS's first president, Frederick Bull, who was serving time as City of London's mayor at the time of the inauguration of the Society, was a major player in the anti-Catholic, anti-élite Gordon Riots of 1780, the most devastating demonstration of popular dissatisfaction and violence the capital had ever seen.<sup>99</sup> When Lord Gordon lost control of the crowd, Bull lent him his coach and put him up for the night. Even that great demagogue of liberty, John Wilkes (1727-1797), in his capacity as a London magistrate, criticized Bull for actively encouraging the violence in his ward. Bull's attitude to Dissent is not clear, but presumably it was tolerant. By having Bull as president, the RHS tacitly accepted Bull's radical activities.

Among the vice-presidents of the RHS was the colourful radical politician John Sawbridge (1732?-1795). Sawbridge was a man of independent means who had, by 1782, donated over £15 to the RHS. He

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<sup>98</sup> *Reports*, 1776 (2) p. 93 [his emphasis].

<sup>99</sup> John Stevenson, *Popular Disturbances in England 1700-1870* (London, 1979), p. 76. See also George Rudé, *Hanoverian London 1714-1808* (London, 1971), ch. 9.

first appeared in the lists of directors in 1778. He was a popular political figure in London principally because he was, with Alderman Bull, one of the MPs who represented the interests of the mob's favourite politician, John Wilkes. While he seems to have been less of a rabble-rouser than Bull, he was an important player in metropolitan political life. When Sawbridge was alderman, he returned Wilkes as MP five times and was duly threatened with penalties from the House of Commons. He became a London MP in 1774 and was Mayor of London in 1780, 1784 and 1790. Eventually he quarrelled with Wilkes and worked keenly in Charles Fox's interests. He was an outspoken critic of the conservative Lord North and was a keen republican and founder for a society named Supporters for a Bill of Rights. The loyalist, pro-monarchical nationalism of the RHS must have provoked mixed feelings for Sawbridge and the other Dissenting supporters of resuscitation, who saw the monarchy as reactionary; if so, there is no direct evidence of disaffection within the pages of the Society's literature.

Sawbridge's political sentiments were shared by Thomas Erskine (1750-1823), who replaced the Earl of Stamford as president of the RHS. He was, on top of being a brilliant socialite and the most highly paid barrister of his generation, a conspicuous Whig politician, if an ineffectual MP. He courted publicity, defended the radical Thomas Paine, surely one source of Sawbridge's enthusiasm for a Bill of Rights, and was close to the playwright and Foxite MP Richard Sheridan and the radical MP Charles Fox himself. He was also intimate with the Prince Regent, which was perhaps important for the RHS in the wake of George III's insanity. In the event, the only speech we have by Erskine to the RHS is an extremely pious homily on the virtues of Christianity.<sup>100</sup>

Other RHS vice-presidents working in a political line were not working

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<sup>100</sup> *An Account of the Anniversary Festival.*



in Foxite or radical interests, so far as I know, but they were Whigs and not Tories. RHS vice-president William Lygon, 1st Earl of Beauchamp, represented as MP the county of Worcester from 1775-1816. Vice-president Isaac Hawkins Browne (1705-1760), who was the son of a whig MP, Isaac Hawkins Browne the Elder, made his first donation to the RHS in 1778, and entered the House of Commons as MP for Bridgnorth in 1784 in the interest of Pitt. He stayed there for 24 years and retired in 1816. Samuel Horsley, Bishop of St. David's (1733-1806), was active politically in the interests of George, Lord Grenville, but allied himself with Charles Fox in the 'Ministry of All the Talents' of 1806.<sup>101</sup>

It would be rewarding to provide a full political breakdown of the donors and the medical assistants, the 'file' of the RHS as opposed to the 'rank', to find the extent of the link between RHS membership and radical and Whig politics. On account of the limits of the evidence, such an analysis is impossible to do in a thorough way. However, among the medical assistants was James Parkinson (1755-1824), member of the anti-war London Corresponding Society and author of highly radical and vehement reformist tracts. Richard Price, the radical Unitarian and friend of Joseph Priestley, whose address to the London Corresponding Society on the subject of the French Revolution inflamed Burke, subscribed to the Society in 1776. Resuscitation was also associated with radicalism through its link with the pneumatic chemistry of the radical Joseph Priestley, a connection I shall be drawing out in Chapter 4. The RHS also made regular use of the radical publisher Joseph Johnson. Johnson, who published Priestley's works and other scientific writings, and who went on to publish Paine's *The Rights of Man* and Wollstonecraft's *Vindication on the Rights of Women*, published the neo-Priestleyian, RHS-prize-winning works of Edmund Goodwyn and

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<sup>101</sup> Clark, *English Society*, p. 363. That Grenville was Horsley's political master is argued by his son Samuel Horsley in Samuel Horsley, *The Speeches in Parliament of Samuel Horsley*, 2 vols. (Dundee, 1813).

Edward Coleman. Johnson also published the work of another stalwart RHS member, the Reverend George Gregory (1754-1808), author of an anniversary sermon of 1797 on suicide.<sup>102</sup>

## 6. v) The Humane Movement

Resuscitation spread through the Dissenting, medical and philanthropic networks up and down the country. As we have noted, John Haygarth, the Dissenting medical man who sought to introduce widespread inoculation into Britain with the Chester Smallpox Society, also set up a humane society in Chester. The Bristol Humane Society was set up by William Dyer, who supported the anti-slavery movements and the dispensary movements along with J. C. Lettsom, whose Medical Society of London he attended in 1775. It is probable that it was at the Medical Society that Dyer met Cogan and Hawes. Dyer knew Joseph Priestley, James Ferguson and Edward Jenner, which shows how he inhabited both Dissenting and medical networks. Although he was an Anglican who worshipped in the mystical tradition of William Law, Dyer visited

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<sup>102</sup> Gerald P. Tyson, *Joseph Johnson: A Liberal Publisher* (Iowa City, 1979); George Gregory, *A Sermon on Suicide* (London, 1797). It is almost predictable that Johnson should also publish the pro-Priestleyan counterblast to the RHS anniversary sermon delivered by the arch-conservative enemy of Priestley, Bishop Samuel Horsley. See *A Letter to the Right Reverend Samuel, Lord Bishop of St. David's; occasioned by his Sermon on The Principle of Vitality in Man* (London, 1789). This letter was not written by Priestley himself despite superficial appearances of Priestley's authorship. Priestley wrote to the Reverend T. Lindsey on October 29 1789 with the comments, 'I thank you for sending me the letter to Bishop Horsley. It is clear, but it does not enter sufficiently into the argument'. In a later letter to the Reverend J. Bretland of December 19, 1789, he wrote, 'I am inclined to think Mr. Watson is not the author of the "Letter to the Bishop of St. David's," but rather the person to whom you allude to, whose name I do not now recollect'. In J.T. Rutt, *Life and Correspondence of Joseph Priestley*, 2 vols. (London, 1831), II, p. 39 and p. 51. Besides, Priestley didn't approve of anonymity, which went against his ideal of 'candour' in public debate.



Dissenting chapels and Quaker meeting houses.<sup>103</sup> The members of the Medical Society provided the RHS with some of its medical assistants. Founder members of the Medical Society such as Messrs. Vaux, Shaw, Lane and Atkinson were on the RHS lists.<sup>104</sup>

More work has to be done on the provincial humane societies; suffice it to say they sprung up in diverse locations in Britain, such as Liverpool, Maidenhead, Bristol, Lancaster and Whitehaven. The RHS was instrumental in their proliferation. Following a request for support from a coroner in Devon in 1776, the RHS sat down to 'Consider a general Plan for conveying the Patronage of this Society to other parts of England where it may be deserved'.<sup>105</sup> While the foundations of the provincial societies were independent from the RHS, the London Society did support them financially. They did not all take the name 'humane society', but many of them did.<sup>106</sup>

The RHS made itself the epicentre of this network of societies, and the *Reports* became a kind of gazette for the provincial societies. Although there is not much international news from Europe in the *Reports*, the

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<sup>103</sup> See Jonathan Barry, 'Piety and the Patient: Medicine and Religion in Eighteenth-Century Bristol', in Roy Porter, ed., *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society* (Cambridge, 1985), pp. 145-176, p. 148.

<sup>104</sup> Abraham, *Lettsom*, ch. vii for names of founder members.

<sup>105</sup> At a Society meeting on the 24th of January, 1775, 'Mr Reynolds One of his Majesty's Coroners of Devon being present Requested the Patronage of this Society to encourage his carrying into execution an association for the Recovery of Drowned Persons in that County'. *Minute Book*

<sup>106</sup> For example, the Northampton Preservative Society, which was set up in 1789, commissioned James Curry's *Popular Observations of Apparent Death* which was recommended by the RHS. William Agutter, who preached the first sermon in favour of the Society preached the same sermon to the Royal Humane Society a little later in the year, see William Agutter, *The Origin and Importance of Life* (London, 1789). The Newcastle Dispensary published: *Proposals for Recovering Persons Apparently Dead by Drowning and Suffocation and Other Causes* (Newcastle, 1789).

RHS kept in contact with the societies of Massachusetts and Philadelphia, and gloried in the establishment of institutions, modelled on itself, that were founded as far away as India and on the 'barbarous soil' of Algiers.<sup>107</sup> Knowledge of resuscitation techniques and the work of the RHS were also conveyed through domestic health manuals and cookbooks that were independent of the RHS.<sup>108</sup> Indeed, it is worth remarking that resuscitation methods were also passed on to people during this period without any reference to the RHS.<sup>109</sup>

## 7. MAKING A CASE FOR RESUSCITATION

### 7. i) Helping the Poor

Among all the competing social and philanthropic opportunities available to Britons during the 1770s, the RHS had to present a desirable alternative. As we have seen, to secure a niche in British culture, the RHS exploited with vigour such mechanisms of influence as were open to them. Yet resuscitation also needed to be argued for, its virtues sold, its

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<sup>107</sup> Anthony Fothergill, *A New Inquiry into the Suspension of Vital Action* (London, 1795), p. iv.

<sup>108</sup> For example, George Alex Gordon, who had read Alexander Johnson, made admiring and celebratory remarks on the Humane Society in his *The Complete English Physician; or, an Universal Library of Family Medicines*, new ed. (London, [1780?]), pp. 79-80. Lewis Robinson, in his *Every Patient his own Doctor; or, The Sick Man's Triumph over Death and the Grave* (London, 1778), was content to reproduce the latest Humane Society directions (p. 51 passim), as was Mary Cole in her *The Lady's Complete Guide; or, Cookery in all its branches*, 3rd edn. (London, 1791), p. 439. Not all texts reproduced the directions with accuracy. The 'humane society' directions reproduced in *Frostiana, Or a History of the River Thames in a Frozen State* (London, 1814) are particularly inaccurate.

<sup>109</sup> For example, in the 1798 edition of the *Universal Family Physician*, the author comments on the part devoted to resuscitation that 'in this useful part of the treatise we have collected the observations of the learned and humane Doctors Tissot and Buchan, whose sentiments on this subject are the best we have seen'. There is not one reference to the RHS. In *The Universal Family Physician and Surgeon* (Blackburn, 1798), p. 454.



significance spelled out. It had to be *useful*.

The arguments took a number of forms. First, Britons were asked by the RHS to consider the threat of sudden death visited on the poor who, by virtue of their dangerous occupations in boats and down mines, were at the greatest risk from accidents. 'Surely', Thomas Cogan asked in 1774, '[the at-risk poor] have a kind of demand upon us, to step in, and avert, if possible, the fatal consequences to which they are exposed'.<sup>110</sup> Since these people were impecunious, they could not afford to lose any source of income that resulted from a death in the family. Behind this argument in favour of rescuing the poor lay a broader argument about the relation of national strength to population; the more industrious citizens a state could call upon, the richer the state: 'the welfare and the glory of every state consisting in the multitude of its people' as the Reverend William Dodd (1729-1777) put it in 1776.<sup>111</sup> By contrast, 'the life of every healthy subject unfortunately lost, or weakly despaired of, is a loss to the state . . .' argued the Reverend David Garrow (d. 1827) in his anniversary sermon of 1812.<sup>112</sup>

According to this argument, to preserve a male labourer was to preserve a breadwinner who provided for his family and who then in turn produced more offspring that generated more wealth. His death deprived the family of necessary income and forced them to seek community welfare, an unpopular and expensive remedy for the indigent; this in turn jeopardized the generation of new children. In the sentimental reconstructions of recoveries relayed in the sermons, it is almost always

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<sup>110</sup> *Reports*, 1774 (1), p. 6.

<sup>111</sup> Dodd, *A Sermon Preached*, p. 18.

<sup>112</sup> David William Garrow, *A Sermon Preached at the Anniversary of the Royal Humane Society* (London, 1812), p. 8.

the labouring father or son who is portrayed as having drowned and whose resurrection reintegrates the family and helps sustain society.<sup>113</sup> As William Hawes pointed out in the *Transactions* of 1794, it was Adam Smith who made the economic arguments in *The Wealth of Nations* of 1776.<sup>114</sup> This utilitarian and gendered way of thinking informed the observations made by the medical assistants following recoveries. Wrote one medical assistant, 'The sight of so hearty a person in the full vigour of life, a worthy husband, and father of a family, and useful member of society, snatched from instant death, inspired every one present with the highest satisfaction and triumph: and they agreed the pains and expences of the Society had been at, would have been abundantly recompensed, had this been the only instance of restoration of life by their means'.<sup>115</sup>

When the Bishop of Gloucester, George Huntingford (1748-1832), said in his anniversary sermon of 1803 that, 'The Wealth of our Country depends on its Industry' and 'the success of its industry, to large extent, depends on the distribution of labour', he was not offering an economic truism, but seeking to appeal to the better natures of those capitalist

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<sup>113</sup> Milne, *A Sermon*, pp. 18-19; Anthony Fothergill, *Hints for Improving the Art of Restoring Suspended Animation* in Hawes, *Address to King and Parliament*, pp. 5-6; G. H. Law, *A Sermon Preached at the Anniversary Festival of the Royal Humane Society* (London, 1813), pp. 16-17: 'Behold, as is often the case, the father of a family suffering under one of the various accidents which this Society is instituted to relieve—lying in a state of apparent extinction . . .'. 'If there be any thing which raises us above the lot of mortality, and which communicates to us a particle of that divine nature which the good are hereafter destined to inherit, it is the re-animating the almost lifeless clay—it is the restoring a father to the embraces of his children.' See Archer Thomson, *A Sermon Preached . . . for the Benefit of the Royal Humane Society* (London, 1798), p. 12 for the biblical story of a son (the breadwinner) restored to his widowed mother by Christ. See also Richard Valpy, *A Sermon Preached at the Anniversary Festival of the Royal Humane Society* [1802] 3rd edn. (London, 1806), p. 22.

<sup>114</sup> Smith writes: 'We may establish it as a fair and incontrovertible position, that the subduction or addition of a single life, not past the period of propagation, from or to the general mass of the population of the country, is to be considered as the subduction or addition of a number of lives, increasing in an ascending series'. Quoted in Hawes, *Transactions*, p. xiii.

<sup>115</sup> *Reports*, 1775, pp. 25-26 [6].



manufacturers who might be reading RHS publications or sitting at its feasts.<sup>116</sup> This argument sought to touch listeners' sense of paternal responsibility. As Dodd put it, 'For as all men compose but one great family, the rich and the powerful should consider themselves as the elder sons, and should treat all others as their brethren, of whom they are constituted the protectors and guardians'.<sup>117</sup>

The interest in preventing families from breaking up should be placed in the context of the unprecedented scale and intensity of mob violence in the capital in the 1760s, 70s and 80s. Indeed, civil unrest was offered as the reason why in 1776 resuscitation was failing to grab the hearts and wallets of the wealthy, for 'alas! amidst the constant struggles for pre-eminence and place and the foul contests of dangerous civil strife,' the Reverend William Dodd told his audience, 'what attention can the ruling powers be supposed to pay to milder works of humanity like this?'<sup>118</sup> Social reintegration sustained political pacification. In the majority of the sermons, the saved, who were normally sitting in the gallery of the church during the proceedings, were addressed by the preacher and urged to give thanks for their deliverance. The Reverend Harrison told the saved to 'contribute your parts to the general welfare, as sober and faithful apprentices, honest and industrious tradesmen, and quiet and useful

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<sup>116</sup> George Huntingford, *A Sermon, Preached at the Anniversary of the Royal Humane Society* (London, 1803), p. 24.

<sup>117</sup> Dodd, *A Sermon*, p. 18. The same arguments are rehearsed by Robert Markham, *A Sermon Preached . . . for the Benefit of the Humane Society* (London, 1778); Finch, *A Sermon*, p. 8; Joseph Holden Pott, *A Sermon Preached . . . for the Benefit of the Royal Humane Society* (London, 1790), p. 32, p. 36 ('The number of citizens are the riches of the State'); Huntingford, *A Sermon*, pp. 23-24; Garrow, *A Sermon*, p. 8. It is unclear whom Dodd is quoting.

<sup>118</sup> Dodd, *A Sermon*, p. 15.

members of society'.<sup>119</sup> An appeal for political agitation this was not. As Harrison put it in his second anniversary sermon of 1799, 'To preserve the lives of the lower classes of the Community must ever be most politic and useful'.<sup>120</sup>

## 7. ii) Helping oneself

These arguments in favour of the poor were familiar in the world of philanthropy. Less familiar was the RHS's pitch to subscribers' self-interest. Accidental deaths by drowning exemplified the sheer contingency of life, the ubiquity of uncertainty. Unlike deaths by asphyxiation, which tended to happen in mines or breweries, 'There is scarcely any one [sic] but what is exposed to accidents by water, where business or pleasure may call them'.<sup>121</sup> The RHS contrasted itself with other charities whose miseries were unlikely to be experienced by the donors themselves. In supporting resuscitation, a donor 'may owe his own preservation, or the preservation of some one still dearer to him, to that institution he patronized from a motive of public utility'.<sup>122</sup> In this context, Cogan advised that the RHS should be thought of less as a charity, and more as a 'kind of insurance', 'an association against those calamities which are common to us all' rather in the manner of the mutual assurance societies that were burgeoning in this period. Perhaps we should see this argument as a recapitulation of the old theme of the dance of death which emphasized how death danced with anyone, at any

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<sup>119</sup> Richard Harrison, *A Sermon Preached . . . to recommend the Institution for the Recovery of Persons Apparently Drowned* (London, 1775), p. 19.

<sup>120</sup> Harrison, *The Anniversary Sermon* (1799), p. 14.

<sup>121</sup> *Reports*, 1774 (1) p. 6.

<sup>122</sup> *Reports*, 1774 (4) pp. 37-38.



time.<sup>123</sup>

The RHS benefited from the general hostility towards the institutional care of the poor that existed between the 1770s and 1790s. Workhouses were condemned for creating cultures of dependency.<sup>124</sup> The idea of charity had, according to the Reverend Hawtayne, become sullied by having its meaning confined 'to the promiscuous relief of mendicants'. He continued: 'But in what proportion can the mite bestowed on the vagrant, often bestowed, I grieve to say, on idleness, deceit, and infamy; in which proportion can this species of charity or benevolence be compared, with the extraordinary occasion on which we are now assembled? It is almost an affront to join the mention of them'.<sup>125</sup>

### 7. iii) Spreading the Gospel of Humanity

Far more important than the excellence of the product of the RHS, the recovered person, was the spirit taken to be synonymous with resuscitation: humanity. Here we reach the heart of the RHS's enterprise. The idea of humanity is central to the history of the Enlightenment and is of considerable importance to ideas concerning social relations in the eighteenth century. The literary critic, Carolyn

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<sup>123</sup> Nearly twenty years later, the preacher Samuel Glasse was observing 'a *peculiar* circumstance of distinction which marks *this* establishment, as different from every other. That, whereas the attention of *other* charitable institutions is confined to the lowest classes of the people, this before us extends its influence to all orders and degrees, without discrimination; those of *every* rank and situation in life, being liable to the calamities, against which the wisdom and humanity of this society so carefully provide'. In Samuel Glasse, *The Policy, Benevolence, and Charity of the Royal Humane Society* (London, 1793), pp. 8-9 [his emphases].

<sup>124</sup> Andrew, *Philanthropy and Police*, p. 155 and *passim*.

<sup>125</sup> William Hawtayne, *A Sermon Preached . . . at the Anniversary of the Royal Humane Society* (London, 1796), p. 11.

Williams, has, in a recent article, shown how the RHS adopted a humanitarian discourse whose ideas she traces back to the writings of Archbishop John Tillotson and the aristocratic philosopher the Earl of Shaftesbury. In this discourse, to do good was to feel good; virtue was linked to enjoyment. 'Humanity' was the word given to express selfless benevolence.<sup>126</sup>

Humanity, which was coming to refer to a disinterested love for mankind in general, was widely cultivated by philanthropic organizations as a mobilizing slogan. It was closely linked to the familiar Christian virtue of neighbourliness. In his *Treatise on the Passions*, in which he analyzed all the different human emotions and sentiments, Cogan claimed that, 'When love extends to the whole human race, it is termed *Philanthropy*; a principle which comprehends the whole circle of social and moral virtues. Considering every man as his neighbour, and loving his neighbour as truly and invariably as he loves himself, the philanthropist can neither be unjust nor ungenerous'.<sup>127</sup> It was this love that RHS linked tightly to the practice of resuscitation.

Thus Cogan wrote in the annual *Reports* of 1776 that, 'We rejoice for the honour of humanity, to see the number of subscribers to our institution is so greatly increased; since *ours* is an institution from whence neither personal honours, nor private emoluments of any kind, can be obtained; and the Members of which are united by no other tie than by motives of genuine philanthropy'.<sup>128</sup> Hence the title, the *Humane* Society, which replaced the first name, the Society for the Recovery of Persons

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<sup>126</sup> Williams, 'The Luxury of Doing Good'.

<sup>127</sup> T. Cogan, *A Philosophical Treatise on the Passions*, 2nd edn. corr. [1800] (Bath, 1802), p. 27 [his emphasis]

<sup>128</sup> *Reports*, 1776 (1), p. iv.



Apparently Drowned, in 1776.<sup>129</sup>

Humanitarianism was incorporated into the ideology of the Dissenting and Whig intelligentsia eager to see a more inclusive and ecumenical political culture in Britain. Within this context, the RHS sought to make a indissoluble link between resuscitation and the idea of 'humanity'. The two notions were presented as a single one. For example, in his *Hints for Improving the Art of Suspended Animation*, the physician Anthony Fothergill told Dr. Hawes that, 'The Cause which you have so zealously espoused is the Cause of HUMANITY, *which*, therefore, claims the united aid of your Brethren of the Faculty'.<sup>130</sup> It was not a mere marketing ploy. Resuscitation carried the hopes of men who sought a humane society as they understood it, a society noted by a brotherhood of feeling and a community of compassion. The goal was the extension of happiness, a central moral idea in eighteenth-century Enlightened discourse. Cogan, who eschewed the lapsarian pessimism of contemporaries such as William Wilberforce, argued in his writings that the pursuit of happiness was a fundamental human objective. That resuscitation was part of a policy to extend human happiness was frequently alluded to.<sup>131</sup>

At the centre of the RHS's humanitarian message lay a conviction about feeling. Apostles of resuscitation claimed that the experience of snatching people from the jaws of death at a time of crisis generated unutterable,

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<sup>129</sup> The name was suggested by one Reverend Jeffries in a committee on the 22nd of April 1776 and was accepted in a general meeting on the 8th May. Unfortunately, the minutes do not reveal what the thinking was behind this decision. *Minute Book*, 22.4. 1776.

<sup>130</sup> Fothergill, *Hints*, p. 3 [his emphasis].

<sup>131</sup> It is in the context of this ethico-political enthusiasm for happiness that we should place remarks of this medical assistant: 'It would have made you smile to have seen the strange contortions of countenance, and heard the incoherence of his speech on his *return to life*, as I may say; for I am sure I thought his recovery impossible'. In *Reports*, 1776 (1), p. 15 [22].

oceanic inner states. 'It is a new species of feeling that is awakened, when we shew *the dead restored to life*' the Reverend Bromley (1735-1806) told the directors who gathered for the anniversary sermon of 1782.<sup>132</sup> The clergymen mined tropes from the discourse of sensibility to capture the intensity of feeling resuscitation provoked, or was said to provoke. The Reverend William Dodd's anniversary sermon of 1776 (the year before he was hanged for forgery and unsuccessfully resuscitated), was perhaps the most significant contribution in the link between the discourse of sensibility and the discourse of recovery, as Carolyn Williams suggests.<sup>133</sup> Yet this rhetoric was ceaselessly recycled, even among medical men. In language redolent of the ur-novel of sensibility, Henry Mackenzie's *Man of Feeling* (1771), Dr. Anthony Fothergill, one such apostle of humanity, perfectly describes in typical terms the transforming power of a recovery:

It is impossible for susceptible minds to contemplate such affecting instances [of accidental death by drowning] without experiencing the tenderest emotions of sympathy. What transport then must it afford every compassionate bosom, to be instrumental in recalling a helpless fellow-creature from an untimely grave! - To witness the heart-felt passions of hope, fear, surprize and joy, which alternately agitate the human frame on such interesting occasions! To mark the lively traits of gratitude painted in the countenances and deportment of the mothers, sisters, brothers, &c. of the restored object! What epicure could ever boast so refined, so exquisite a luxury as the benevolent deliverer must experience from such a scene! - a scene far beyond what any pen has yet been able to describe - any pencil to express! -

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<sup>132</sup> Bromley, *A Sermon*, p. viii [his emphasis].

<sup>133</sup> On Dodd's resuscitation, see *Gentleman's Magazine*, 47 (1777), 346; Williams, 'The Luxury of Doing Good', p. 98.



This humane Institution therefore, has one peculiar excellence, which seems to have been generally overlooked, which is to call forth in the most forcible manner the finest feelings, and most endearing affections of the human soul - Affections which ennoble the Species, and exalt even humanity!<sup>134</sup>

By rescuing a stranger, by recovering a neighbour from near death, individuals were doing good and contributing to an overall sense of human fellowship that came from a shared emotional journey. In fact, for Hawes, 'The most sublime Poet, or the most eloquent Speaker, cannot produce sensations so exquisite, as often arise on reading the plain and artless narrative of an unexpected instance of recovery'.<sup>135</sup> The sensations that recoveries produced, either in witnesses or readers, were the adhesive of humanity, the bond of common fellowship. As a writer

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<sup>134</sup> Fothergill, *Hints*, pp. 5-6. For sensibility, see Janet Todd, *Sensibility: An Introduction* (London, 1986).

<sup>135</sup> *Reports*, 1787, p. iv. The preacher Reverend Seth Thompson returned to this theme of the inner joys of witnessing a recovery in his anniversary sermon of 1785. While the language is borrowed and familiar, it is nevertheless interesting that he feels able to suggest that medical men *did* in fact experience these intense feelings and attribute them to divine origin:

Would you have a description of *such* a scene of joy and wonder?—Ask those who have beheld it, as some of the Members of the Humane Society have done; and they will tell you, it may be seen—it may be felt—but it cannot be described. Ask those who, under Providence, have been the happy *Instruments* of restoring life, their own sensations, on finding the exertions of their skill attended with success; and they will tell you, that they never found their hearts affected *after such a fashion*; and that they could not have been thus affected, but by that GOD who feelingly convinced them of his approbation of their endeavours to restore life, by the unspeakable raptures which he sent for its immediate reward; raptures, which still return, and improve upon thought and reflection. And this joy, this rapture, *many* must have felt: Some, perhaps, who are here assembled, may now feel it again revived at the moment I am speaking, by grateful recollection.

Seth Thompson, *A Sermon Preached . . . for the Benefit of the Humane Society* (London, 1785), pp. 10-11.

(probably Hawes again) put it in the *Gentleman's Magazine*, the RHS was 'an admirable institution for strengthening all the finer feelings and affections of the human mind, for drawing closer those delicate links and chains that united mankind together in the various relations of husband and wife, or parent and child, of brother and sister'.<sup>136</sup>

This emphasis on an enlightened humanitarianism characterized by sensibility distinguished the RHS from any of its rivals in degree, if not in kind. As the Society grew, so did its humanitarian ambition. The RHS's programme for resuscitation was not, therefore, an attempt simply to transform ideas and practices before an apparently dead body, but a country-wide crusade to change people's feelings, their moral sense. The RHS was spreading the gospel of Enlightenment, of humanity and sensibility, by implementing the therapy across the nation. 'May we not confidently hope,' the Society asked in 1776 in a phrase evoking St Paul's ministry on behalf of Christianity, 'that the *cloud of witnesses* we now send forth into the world, will makes Proselytes in still greater abundance?'.<sup>137</sup> The *Reports*, which initially included much medical information until 1790, served to 'delineate the progress of *enlightened humanity*' to its readers above all else.<sup>138</sup>

The foundation of new humane societies in the outreaches of empire and

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<sup>136</sup> Williams, 'The Luxury of Doing Good', p. 97. The Reverend Harrison, speaking in 1799, described the kind of pleasure promised to the successful resuscitator in these terms: 'You would then, with me, my friends, have enjoyed the truest feast of the soul. You would have seen the tear of gratitude starting from the eye of the aged matron. You would have beheld the fond father returning, by a silent but irresistible kind of eloquence, his ardent thanks to the promoters of his present happiness. You would have been witness to a group of happy beings, each bearing the Great Charter of his faith, and offering up to God and their preserves the incense of their unfeigned thanks'. In Harrison, *The Anniversary Sermon* (1799), p. 18.

<sup>137</sup> *Reports*, 1776, p. viii [their emphasis].

<sup>138</sup> *Reports*, 1797, p. 3.



beyond testified to the resuscitation of humanity throughout the world; humanity itself was being roused from a state of apparent death. J. C. Lettsom put this view with resounding pride in his oration of 1794, on the occasion of Fothergill's gold medal:

GENTLEMEN, I cannot resist recalling your attention to the establishment of a *Humane Society* under our auspices at ALGIERS.—I repeat Algiers; for it is surprising, and almost incredible, though indeed we know it as a fact, that in that barbarous soil, *a spark of humanity* is at length kindled.—May it expand, illumine, and soften, the heart equally dark and callous!—What a grateful contrast does this present of the CHRISTIAN SYSTEM to the barbarity of the infidels. In that land, where a Muley Ishmael immolated with his own hands eighty of his relatives—the *amities of the Gospel* have lead to an establishment that saves the life even of a stranger!<sup>139</sup>

Lettsom makes clear here the link between humanity and Christianity. Humanitarian language was gladly taken up by Anglican preachers - the Reverend John Bond described resuscitation as a 'gift' from the 'Creator' and 'a new means of benefitting the cause of humanity'. For Bond, men were enjoined to show gratitude to the Creator by 'extending its [humanity's] benign influence to the ends of the earth'.<sup>140</sup> The crusading aspirations of these apostles of humanity was expressed by the Reverend William Dakins, who, speaking at the 1808 anniversary festival, asked his congregation to 'Behold the philanthropy of Britons traversing the Ocean,

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<sup>139</sup> Fothergill, *A New Inquiry*, p. iii. The link between the resuscitation of people and humanity is conjured in Lettsom's metaphor of the 'spark' - the RHS constantly described the apparently dead body as one with a spark of life still left.

<sup>140</sup> John Bond, *A Sermon Preached for the Benefit of the Royal Humane Society* (London, 1815), p. 7.

to teach distant nations the inestimable value of human life'.<sup>141</sup>

A contributor to the *Reports* described one medical assistant as like 'the Good Samaritan'.<sup>142</sup> Although far removed from the 'enthusiasm' of the methodists and the Anglican evangelical revival, the humanitarianism of the RHS was nevertheless an attempt to revive the moral fibre of British culture in a way consonant with Christian principles. The language of humanity was Christian but not denominational; it emphasized moral goodness and fine feeling over doctrinal nicety and the visions of inspired righteousness. Hawes for one was keen to remove from resuscitation all traces of doctrinal specificity. He suggested that clergymen had been attracted to the RHS because it was founded 'in a more eminent degree, perhaps, than any other, on the exercise of that *virtue*, which constitutes the primary and essential duty of Christianity' — a deliberately moral, non-doctrinal formulation.<sup>143</sup>

The religious fervour behind the RHS was perhaps most vividly expressed by J. C. Lettsom, who told an audience in 1795 that he had often viewed the RHS 'with a sacred and religious awe', whose 'good and beneficence' he hoped to see 'diffused and expanded to the extreme limits of the universe!'.<sup>144</sup> The Reverend James Fordyce told readers of the annual report of 1797 to 'go and sacrifice, at the altar of Humanity' those sums previously frittered away on luxury.<sup>145</sup> Lettsom's American friend,

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<sup>141</sup> Dakins, 1808, p. 28.

<sup>142</sup> *Reports*, 1794, p. 18.

<sup>143</sup> 'Appendix by W. Hawes MD, Physician to the Surrey and London Dispensaries', in S. Glasse, *The Policy, Benevolence, and Charity of the Royal Humane Society* (London, 1793), p. 20 [my emphasis].

<sup>144</sup> Fothergill, *A New Inquiry*, pp. iii-iv.

<sup>145</sup> *Reports*, 1797, p. 13.



the physician Benjamin Waterhouse (1754-1846), also conceived of humanity in religious terms. Using biblical language in his sermon to the Massachusetts Humane Society in 1790, Waterhouse described in a chronologically vague way how 'Humanity' and 'Science' had replaced the barbarity of the Old Testament figures: 'But the *Founder of the Religion of humanity* came without judgment, anger, or revenge. All his transactions were for the benefit of man. He allayed the winds which threatened destruction of the mariners; he restored limbs to the lame, sight to the blind, speech to the dumb, clean flesh to the leprous, a sound mind to the insane, and *life to the dead*.'<sup>146</sup>

Everything done in the name of resuscitation was presented as an act of humanity. For example, the RHS prize medals, Lettsom asserted, had 'brought together so many of our members and friends in the cause of active humanity'.<sup>147</sup> This humanist rhetoric was vociferously promulgated by the preachers, especially at the anniversary festivals. The elaborate banners at the festival of 1795 demonstrate how, through text and performance, the interludes between courses constituted a visual sermon in favour of humanity. William Hawes began the procession holding a banner that declared: 'A rich banquet prepared for sensibility. The living monuments of this institution, lamented as dead, restored to life, to their parents, their friends, and to the state, to swell the awful triumphs of this glorious day'. A second banner, held by Alderman Langston accompanied by a clergyman, his wife and their restored son, read: 'The prize of dubious life at last is won, and to their arms restored their only son! She weeps with joy the gladd'ning sight to see, And blesses heaven and sweet humanity!' A third banner introduced the company to a young girl recently saved: 'This blooming young maid,

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<sup>146</sup> Benjamin Waterhouse, *A Discourse on the Principle of Vitality* (Boston, 1790), p. 23. We will see this language used more extensively in Chapter 4.

<sup>147</sup> Fothergill, *A New Inquiry*, pp. vi-vii.

Now before the governors of life, Will probably be the mother of children, And those children the parents of others, Whilst the almighty suffers this world to exist'. And so on.<sup>148</sup>

## 8. RESUSCITATION AND THE DILEMMAS OF EIGHTEENTH-CENTURY MEDICINE

### 8. i) A New Medical Community

At stake in the success of resuscitation was the power of a new cadre of medical practitioners. These men wanted to improve medicine in keeping with ambitions already forged in the crucible of Enlightenment. In 1774, medicine did not enjoy a secure identity as a profession.<sup>149</sup> Even though they were extraordinarily active in building societies during this period, most medical men worked by themselves in a community. There were few opportunities for the majority of medical men to participate in the public realm as practitioners, save those provided by contributions to the occasional medical journal. There was little by way of a public face to medicine. The existing tripartite division of medicine into physicians, surgeons and apothecaries was embodied institutionally by the colleges of physicians, by the Surgeons Company, which had seceded from the Barbers in 1745, and by the Society of Apothecaries. These institutions were unrepresentative and closed. Between them lay rivalry,

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<sup>148</sup> *Reports*, 1796, p. 37. For other banners and their legends, see *Reports*, 1797, p. 8. and *Reports*, 1798, p. 25.

<sup>149</sup> This had to wait until 1858, see Irvine Loudon, 'Medical Practitioners 1750-1850 and the Period of Medical Reform in Britain, in Andrew Wear, ed., *Medicine in Society: Historical Essays* (Cambridge, 1992), pp. 219-247, whose account forms a basis of my own. On medicine as a profession in the eighteenth century, see Geoffrey Holmes, *Augustan England: Professions, State and Society, 1680-1730* (London, 1982); Penelope J. Corfield, *Power and the Professions in Britain 1700-1850* (London, 1995). Both these books fail to consider the rhetoric of power in the making of professional identity.



indifference and snobbery.<sup>150</sup> Further, in practice the traditional boundaries between physicians and surgeons, and between surgeons and apothecaries, were becoming blurred. The appearance of the 'surgeon-apothecary', a very common figure among the medical assistants of the RHS, could find no direct expression within these medical institutions.<sup>151</sup>

The RHS accepted practitioners regardless of whether they were a physician, surgeon or apothecary; they were all expected to follow the same procedures.<sup>152</sup> After all, Hawes was an apothecary while Cogan was an accoucheur. Perhaps Cogan, by eschewing the traditional dress of the physician with its hat and gold-tipped cane, expressed a more relaxed view about professional niceties than was usual.<sup>153</sup> Distinctions still mattered, however. In a manner that is obscure, William Hawes turned himself from an apothecary into a physician, a more prestigious title. Nevertheless, the collaborative nature of medical practice was a crucial ingredient in the RHS's agenda.

The medical community of the RHS was defined by Enlightenment. In their writings, indeed in the very fact of their writing, Cogan, Hawes,

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<sup>150</sup> W.F. Bynum, *Science and the Practice of Medicine in the Nineteenth Century*, (Cambridge, 1994), ch. 1.

<sup>151</sup> This is the view of Loudon, who sees medicine as 'outgrowing' its own institutions in this period, Loudon, 'Medical Practitioners 1750-1850', p. 229.

<sup>152</sup> This greater tolerance was in keeping with the views expressed by the physician John Gregory, who observed that, 'If a surgeon or apothecary has got the education and knowledge required in a physician, he is a physician to all intents and purposes, whether he is a doctor of not, and ought to be respected and treated accordingly', see his *Observations on the Duties and Offices of a Physician; and on the Method of Prosecuting Enquiries in Philosophy* (London, 1770), p. 46. We should not assume that this was anything but a minority view among physicians in 1770.

<sup>153</sup> By the 1770s doctors were becoming less clothes conscious. The physician John Gregory faulted men for excessive attention to personal appearance, see Mary E. Fissell, 'Innocent and Honourable Bribes: Medical Manners in Eighteenth-Century Britain', in Robert Baker, Dorothy Porter and Roy Porter, eds., *The Codification of Medical Morality* (Dordrecht, 1993), I, pp. 15-45, p. 39.

Anthony Fothergill and Lettsom reveal themselves to be typical figures of the English Enlightenment.<sup>154</sup> They were committed to the light of reason (their writing is replete with metaphors of Enlightenment)<sup>155</sup>, the spread of science and, as we have seen, humanity. The RHS's interest in making resuscitation 'scientific' distinguished it from the earlier charity hospitals.<sup>156</sup> Medical men did not, by and large, publish their hospital experiences. By contrast, resuscitation was presented at the beginning as a giant experiment. Its large collaborative nature might be compared to the study of the transits of Venus in 1761 and 1769, in which over 500 people collaborated across the globe.<sup>157</sup> This enthusiasm for collaboration in the name of science was a feature of the Enlightenment generally - the *Encyclopédie* was the bible of the Enlightenment, after all.

Happy to refer to their time as 'this enlightened aera [sic]',<sup>158</sup> Hawes, Cogan and Lettsom championed the cause of knowledge and the world of belles-lettres. Although not one of them would have called themselves a

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<sup>154</sup> The notion of an 'English Enlightenment' is argued for in Roy Porter, *Enlightenment: Britain and the Creation of the Modern World* (London, 2000). I endorse the view that England had its own Enlightenment; it should become clear that I view Hawes, Cogan and Lettsom as epitomizing the hopes of Enlightenment in the years before the French Revolution.

<sup>155</sup> For example, in Lettsom's oration to the prize winners of the RHS medal, he proclaimed that, 'Had not the spring and energy of the mind broken the fetters of darkness, by the application of the principles upon which the HUMANE SOCIETY was founded, how many of our fellow-creatures, whom we can now felicitate, would have been sunk in endless night'. In *Kite, Essay*, p. xiv. For Hawes' Enlightenment metaphors, see his *Transactions*.

<sup>156</sup> The hospitals were designed as solutions to the problems of poverty brought on by sickness; they constituted alternatives to the workhouse and were not primarily viewed as places for medical training or investigation. See Roy Porter, 'The Gift Relation'.

<sup>157</sup> Robert Darnton, *Mesmerism and the End of the Enlightenment in France* (Cambridge, Mass., 1968).

<sup>158</sup> *Reports*, 1797, p. 1.



*philosophe*, a term too Frenchified by far, the term nevertheless captures them well. The commitment of contemporary French intellectuals to influencing a rational public discourse that was characterized by its faith in empirical and useful knowledge, and marked by its politeness, was one shared by the stalwarts of the RHS. This discourse looked to the Ancients for literary authorities and rhetorical figures. As befits a *philosophe*, Hawes liked to sprinkle the *Reports* with quotes from the Roman writers so beloved of the Enlightenment such as Horace, Lucretius, Terence, and Cicero.<sup>159</sup>

As active members of the Republic of Letters, they were well aware of the standards of literary quality that polite readers might bring to the Society's *Reports*.<sup>160</sup> Hawes introduced the 1790 edition with an apology. Identifying a growing demand among British literati for writing that mixed the 'utile' and the 'dulce', he could only admit his regret that the case histories and accompanying information lacked literary finesse.<sup>161</sup> The decision to abandon automatic publication of the cases from the *Reports* in subsequent years was almost certainly determined by Hawes' concern to make the business of the RHS more immediately tolerable for the general reader of taste.<sup>162</sup>

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<sup>159</sup> Hawes discusses the aptness of quoting Terence's 'Homo Sum, Nihil Humani Alienum a Me Puto' (I am a Man: Nothing Human is Foreign to Me) on the Anniversary Festival Ticket in *Reports*, 1794, p. 14.

<sup>160</sup> *Reports*, 1790, p. 6. See Dena Goodman, *The Republic of Letters: A Cultural History of the French Enlightenment* (Ithaca and London, 1994) and Anne Goldgar, *Impolite Learning: Conduct and Community in the Republic of Letters 1680-1750* (New Haven and London, 1995).

<sup>161</sup> *Reports*, 1790, pp. iii-iv.

<sup>162</sup> Hawes did feel, however, that resuscitation had been a force for good in the century's literature. He observed in 1793 that, 'Nor have Philosophy and Medicine engrossed all the advantages which the Resuscitative Art has expanded to public view; the Fine Arts, the enthusiasm of Fancy, and classic composition—the fire of Genius has been kindled by the torch of Philanthropy; and while "the resuscitating breath of medical benevolence" has strove to wake the dormant flame of vitality, the sparks have

Outside the RHS, Thomas Cogan, the most intellectual of the three, contributed extensively to what Hawes described as the 'evident refinement of national taste'.<sup>163</sup> He published two substantial volumes on moral philosophy in the tradition of the human science of David Hume. He wrote a novel quietly teasing the language of sensibility,<sup>164</sup> penned a volume of travel literature replete with references to Voltaire and Rousseau,<sup>165</sup> and translated Peter Camper's thesis on the relations between sculpture and anatomy.<sup>166</sup> He translated a work of natural theology as well as the Amsterdam Society's memoirs on the drowned. After his wife's death, he retired to Bath to pursue scientific agriculture on which, characteristically for a man of Enlightenment, he wrote a treatise.<sup>167</sup> The RHS founders offered medical men the image of a respectable enlightened medical community united in the pursuit of science.

The collaboration between Anglican and Dissenting medical men within the RHS was part of this enlightened vision. Medicine was one profession that Dissenters pursued eagerly. Although Dissenters could not attend English universities, a good medical education was open to Dissenters in Edinburgh and Leiden. Elite English medicine sought to

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communicated themselves to the poetic bosom, and produces some effusions of that spirit, which will not disgrace the Literature of the eighteenth century'. In *Reports*, 1793, p. 9.

<sup>163</sup> *Reports*, 1790, p. iii.

<sup>164</sup> [Thomas Cogan], *John Buncle, Junior. Gentleman*. (London, 1776).

<sup>165</sup> [Thomas Cogan], *The Rhine: or, a Journey from Utrecht to Francfort*, 2 vols. (London, 1793).

<sup>166</sup> Petrus Camper, *The Works of the late Professor Camper, on The Connexion between the Science of Anatomy and The Arts of Drawing*, trans. T. Cogan (London, 1794).

<sup>167</sup> According to Hunter, *Old Age in Bath*, pp. 40-42.



keep Dissenters at bay. The Royal College of Physicians did not allow Dissenters to reach the higher echelons of the organization, which were reserved for Anglicans. This intransigence led to one of the most violent conflicts of the eighteenth-century medical scene, 'the battle for Warwick Lane' of 1767. Dr. John Fothergill, a supporter of mouth-to-mouth ventilation for the drowned and Lettsom's mentor, was an important voice on the Dissenters' side.<sup>168</sup> The RHS and Lettsom's Medical Society of London offered alternative spaces to the Royal College in which Anglicans and Dissenters could operate as medical professionals on an equal footing.

The commitment to openness and collaboration was part of a determined attempt to distinguish the medical culture of resuscitation from the ethos of the medical marketplace, where careers were made by keeping the composition of nostrums secret and where collaboration was unfamiliar. The prize essays were presented anonymously to the Medical Society of London for adjudication. This prevented (theoretically at least) rank, religion, or medical background from overdetermining the production of new knowledge.<sup>169</sup> The RHS was therefore seen to encourage a medical meritocracy which operated on lines far removed from the colleges and English universities. By distributing plans of treatment all over Britain, resuscitation could not be seen as the exclusive right, the secret, of a

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<sup>168</sup> Ivan Waddington, 'The Struggle to Reform the Royal College of Physicians, 1767-1771: A Sociological Analysis', *Medical History*, 17 (1973), 107-126.

<sup>169</sup> In practice it was perhaps less open. The award of the gold medal to Anthony Fothergill looks in hindsight to be a little suspicious. When he received the medal, Fothergill was asked for two new questions. He immediately thought of his protégé James Woodforde who had attempted (and failed) to get William Hawes elected to the Royal Society of Medicine in Edinburgh. In a letter to Woodforde from Bath on October 28 1794, Fothergill wrote 'I contrived to bring forward 2 [questions] which I thought might suit you to a T. So thinks friend Hawes, one would think we had been plotting. Behold one of the 2 is syncope from profuse haemorrhage'. In Christopher Lawrence, Paul Lucier and Christopher C. Booth, eds., *"Take Time by the Forelock": The Letter of Anthony Fothergill to James Woodforde 1789-1813* (London, *Medical History*, Supplement, no. 17, 1997), p. 54.

particular medical man. Everyone had the ability to see the rationales behind resuscitation for themselves. As John Brooks put it in his address to the Humane Society of Massachusetts in 1795 (reprinted in the RHS's *Reports* of 1796), 'By the liberal and enlightened spirit which pervades and animates these institutions [humane societies], knowledge has become the property, not of individuals or of particular associations, but of man'.<sup>170</sup> The importance of the RHS's ideal of medical science was not simply in its provision of reliable knowledge, but in its provision of inspectable knowledge. The RHS presented a consciously open intellectual protocol that challenged entrepreneurial medicine and élitist medical introversion.

## 8. ii) The Politics of Trust

The RHS's conspicuous accountability and cooperation was an attempt to diminish public doubts about the trustworthiness of medical practitioners, and to ease anxiety about the power of medicine as a collective enterprise. There was a huge market for healing practices and medical commodities in the eighteenth century; medicine offered lucrative careers for entrepreneurial apothecaries and charismatic physicians. Yet the trust placed in individual practitioners was rarely extended to the profession as a whole. Rather, medicine was a domain about which there was tremendous ambivalence within English culture more generally. Heroizers of medicine, such as William Hawes or his American colleague Benjamin Rush, were exceptional. Medical practitioners were widely lampooned as agents of death and prurient voyeurs, as ignorant, money-grubbing charlatans, and as purveyors of

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<sup>170</sup> *Reports*, 1796, p. 49.



useless, irrational and acutely disagreeable treatments.<sup>171</sup> This is not to deny the respect given to individual doctors and the passionate interest in and love of medicine among medical men and layfolk alike. The strength of hostility and its ubiquity was generated from the excruciating nature of many ailments in a world without pain-killers, the acknowledged futility of many remedies, and the particular intimacies of the doctor-patient relationship. Further, practice was private - medical men were dependent upon patients for their incomes. For some practitioners at the end of the century, such as Thomas Beddoes (1760-1808), who was a critical admirer of the Humane Societies, this state of affairs was intolerable; the dependency on patients, with their whims and disobedience, was experienced as a terrible impotence.<sup>172</sup> Although Beddoes' hostile views were unusual, his basic position was correct; eighteenth-century medicine was patient-dominated, as Nicholas Jewson so brilliantly pointed out over thirty years ago.<sup>173</sup>

In the eighteenth century the vast majority of healers were not professional men, but included clergy, wise women, local ladies, barbers, and niche healers such as bonesetters. These healers, as the historian

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<sup>171</sup> Roy Porter, 'Death and the Doctors in Georgian England', in Ralph Houlbrooke, ed., *Death, Ritual and Bereavement* (London, 1989), pp. 77-94.

<sup>172</sup> The RHS was pleased to place on the frontispiece of the 1802 Annual Report under an extract from Cicero a quote from Beddoes, viz: 'I desire to be instrumental in diffusing a taste for the most useful species of knowledge, and in converting nations into Humane Societies'. Beddoes was, however, critical of the patrons of the RHS, seeing their enthusiasm for the Society as animated by the vicarious pleasure of playing the doctor. For Beddoes this explained why they patronized the RHS but failed to give money to tuberculosis victims. See Roy Porter, *Doctor of Society* (London, 1992), p. 77.

<sup>173</sup> N. D. Jewson, 'Medical Knowledge and the Patronage System in 18th Century England', *Sociology* 8 (1974), 369-385. For Thomas Beddoes and eighteenth-century medicine, see Roy Porter, *Doctor of Society: Thomas Beddoes and the Sick Trade in Late-Enlightenment England* (London, 1992). My portrait of medicine's social dimension comes mainly from Dorothy and Roy Porter, *In Sickness and in Health: The British Experience* (London, 1988); Dorothy Porter and Roy Porter, *Patients Progress: Doctors and Doctoring in Eighteenth-Century England* (Cambridge, 1989); Roy Porter, *Health for Sale: Quackery in England 1660-1850* (Manchester, 1989).

Mary Fissell has argued, supported medical protocols that were not especially distinct from those found in educated practice. Both domains, educated and uneducated, she views as part of a single 'vernacular tradition' that was held together by a common substratum of theories and practices. Interpreting illness was deemed the right of everyone; there were very few privileged ideas in health and healing. Early modern medicine, therefore, 'embodied a practice in which physicians, surgeons, and apothecaries lacked professional autonomy and power'.<sup>174</sup>

Both outside and inside the profession, influential voices argued that this powerlessness was essential for the good of medicine. The Evangelical preacher John Wesley's *Primitive Physic* of 1749, a bestselling medical recipe book, was designed to make a visit to a physician unnecessary. Physicians, Wesley argued, were the agents of obfuscation and daylight robbery. This argument was well received. Wesley's book was, according to George Rousseau, 'found in almost every English household, especially in those of the poor'.<sup>175</sup> The mistrust of the medical profession was further expressed in another medical bestseller, William Buchan's *Domestic Medicine*, the first edition of which appeared in 1769. Buchan was a sworn enemy of élitism, oligarchy and aristocracy, whose spirits contaminated medicine as he saw it. Ordinary people needed the knowledge presented in his manual to be able to inspect medicine critically - to keep the power of practitioners in check.<sup>176</sup>

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<sup>174</sup> Mary Fissell, *Patients, Power and the Poor in Eighteenth-Century Bristol* (Cambridge, 1991), p. 38.

<sup>175</sup> G.S. Rousseau, 'John Wesley's *Primitive Physic* (1747)', *Harvard Library Bulletin*, 16 (1968), 242-256, p. 242.

<sup>176</sup> C. Lawrence, 'Medicine Laid Open: William Buchan's *Domestic Medicine*', *Medical History*, 19 (1975), 20-35; C. Rosenberg, 'Medical Text and Medical Context: Explaining William Buchan's *Domestic Medicine*', *BHM*, 57 (1983), 22-42; Ginnie Smith, 'Prescribing the Rules of Health: Self-Help and Advice in the Late-Eighteenth Century', in Roy Porter, ed., *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society* (Cambridge, 1985), pp. 249-282.



These ideas form a crucial context to the ideas of William Hawes and the professional ethos of the RHS. The RHS was an attempt to transcend these critical views by offering an alternative vision of medical power which presented it as both desirable and safe. Hawes needed trust to exist between laypeople and medical assistants if the outcomes of resuscitations were to be observed and knowledge of apparent death generated. The real reluctance ordinary people had in consulting medical practitioners had to be abated. Hawes hated Wesley's demonization of the medical profession and vented his loathing of it in his *An Examination of Mr. John Wesley's Primitive Physic* of 1776.<sup>177</sup> The literary critic George Rousseau accuses Hawes of attributing to Wesley statements he never made, of failing to place Wesley's work in the context of the medicine of the 1740s, and making criticisms of gross unfairness. Be that as it may, Hawes sought to destroy Wesley's medical reputation in order to demonstrate how unwise it was to trust to medical advisers who had neither received a formal medical education nor were of the faculty. Hawes urged the poor to go to physicians since they are 'always ready to do every kind office to the indigent', particularly in the metropolis, with its 'number of its charitable institutions'.<sup>178</sup> In his defence of his treatment of Oliver Goldsmith, Hawes urged the public to consult their practitioner whenever possible and respect his opinion. He also criticized the widespread if informal practices of domestic healing between friends; the prescription of dangerous drugs, he argued, should be the exclusive task of the doctor.

Hawes shared Buchan's view that nature was the best healer and that strong drugs should be avoided where possible. If Hawes was far keener

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<sup>177</sup> William Hawes, *An Examination of Mr. John Wesley's Primitive Physic* [1776] (London, 1780), pp. i-ii.

<sup>178</sup> Hawes, *An Examination*, p. 40.

than Buchan to see medical men consulted and their opinion respected over and above those of friends, clergymen and indeed of the patients themselves, he nevertheless shared with Buchan a professed hatred of quackery.<sup>179</sup> The word 'quack' was often used to refer to itinerant healers with little formal education who hawked nostrums and wonder-drugs round the towns and villages. In fact, it was also a word of abuse used by professionals on other professionals, its meaning altered relative to the speaker. For Hawes, Wesley - not even a medical man by training - epitomized the quack: he recommended remedies with bad track records, dangerous consequences and in bad faith. Those practitioners who kept their recipes secret were also deemed beyond the pale, since they profited from mystery and unaccountability. Lettsom would not admit purveyors of such medicines to the Medical Society.

Provoked by Wesley, Hawes announced that, 'I have made Quacks of all denominations my sworn enemies: but what Medical Man of honour and reputation, would wish to be upon tolerable terms with the Murderers of the Human Race'.<sup>180</sup> Amidst this impassioned self-righteousness, it was essential that resuscitation's supporters came to 'convince the most rigid censors of medical practice, that, however they may discover what they call the *opprobrium medicarum* in other parts [of medical practice], there is none to be traced in the doctrine of Resuscitation'.<sup>181</sup> An accusation of quackery could undermine, perhaps

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<sup>179</sup> See Porter, *Health for Sale*; Jonathan Barry, 'Publicity and the Public Good: Presenting Medicine in Eighteenth-Century Bristol', in W. F. Bynum and Roy Porter, eds., *Medical Fringe and Medical Orthodoxy 1750-1850* (London, 1987), pp. 29-39; Irvine Loudon, 'The Vile Race of Quacks with which this Country is Infested', in Bynum and Porter, *Medical Fringe and Medical Orthodoxy*, pp. 106-128.

<sup>180</sup> Hawes, *An Examination*, preface, n.p.

<sup>181</sup> Hawes, *Transactions*, p. 54.



destroy, a medical reputation, including that of the RHS.<sup>182</sup>

Hence the Society did not let just anybody join the ranks of medical assistants. Medical assistants were approved by committee.<sup>183</sup> The existence of this screening process does not mean that the RHS members were immune from accusations of quackery. Far from it. By 1774, Hawes and Lettsom had themselves been accused of quackery and bad practice. Hawes had to dampen down speculation that his handling of Dr. James' Fever-Powders had been so maladroit so as to have caused Dr. Goldsmith's death.<sup>184</sup> One of his critics was none other than Horace Walpole, who had announced in 1764 that, 'I have such faith in these powders that I believe I should take them if the house were on fire'.<sup>185</sup> With Goldsmith's death, he lamented that, 'The republic of Parnassus has lost a member: Dr Goldsmith is dead of a purpose fever, and I think might have been saved if he had continued James's powder, which had had much effect, but his physician interposed'.<sup>186</sup>

Lettsom's ferocious onslaught on the London uroscopist, Dr Mysersbach, was so bad-tempered that members of the faculty felt that Lettsom was

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<sup>182</sup> David Harley, 'Honour and Property: The Structure of Professional Disputes in 18C Medicine', in Andrew Cunningham and Roger French, eds., *The Medical Enlightenment of the Eighteenth Century* (Cambridge, 1990), pp. 138-164.

<sup>183</sup> e.g. see *Reports*, 1794, p. 9. Although there is no record of screening of members of the Society, let alone donors, it is notable that the Society refused a large sum from New Fire Office of Lombard Street London, which was offered to the Society on the condition that the RHS would administer rewards 'to such person as by their Exertions shall have been the means of rescuing any Child or infirm person from the Danger of perishing by Fire'. 'The honor [sic] intended the Humane Society', the minutes recorded, 'is not connected with its Views'. See *Minute Book*, Dec 11, 1782.

<sup>184</sup> Hawes, *An Account*, p. 19.

<sup>185</sup> Porter and Porter, *Patient's Progress*, p. 49.

<sup>186</sup> A. L. Sells, *Oliver Goldsmith: His Life and Works* (London, 1974), p. 187 quoted in Porter and Porter, *Patient's Progress*, p. 110.

doing his cause, and the reputation of the faculty, no good at all.<sup>187</sup> The debate led one author, who called himself 'Galen', to write a poem in which he decried Lettsom as a quack. Cogan, while never accused of being a quack, was, by being an accoucheur, in a practice that gave him notoriety. His biographer Henry Hunter asserts that, 'through his immense nocturnal practice, [Cogan] became one of the men in London best known to all classes of people. The footpads knew and spared him, and he was the occasional confidant in strange adventures.' Some of his more glamorous, anonymous patients intrigued the gossips.<sup>188</sup>

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We should not see Hawes as representing the medical profession in an uncomplicated way. In fact, it was widely accepted that medical men who had devised a successful drug had every right to keep it secret; sympathy lay with the entrepreneurs.<sup>189</sup> Hawes was sailing against the prevailing winds. The fact that Wesley's book had circulated for thirty years unharrassed by medical jibes until Hawes' own polemic gives us some indication of the comfort with which Wesley's writing sat within English medical culture. Hawes consciously attempted, using an Enlightenment rhetoric, to link quackery with the entrepreneurial spirit in medicine. He then sought to distinguish them from a notion of a disinterested medical profession associated with knowledge, science and candour. This idealized profession was not motivated by profit. To underline this, Hawes told readers of his *An Account of the Last Illness of Dr. Goldsmith* that he was dedicating the profits to the RHS, in honour of Dr. Goldsmith, who had before his death taken an early interest in the

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<sup>187</sup> Porter, *Health for Sale*, ch. 7.

<sup>188</sup> Hunter, *Old Age in Bath*, pp. 33-34.

<sup>189</sup> For a case in favour of the entrepreneurs, see the preface to W. Brodum, *A Guide to Old Age: or a Cure for the Indiscretions of Youth* (London, 1795).



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We can see Hawes' views at work throughout the RHS. Laypeople were always advised to secure the services of a medical practitioner whenever possible. The disinterested nature of this request was confirmed by the fact that people were paid by the RHS to do resuscitations while medical assistants were not. They only received a medal.<sup>191</sup> We can further see how important it was for resuscitation to be situated in the context of philanthropy; perhaps we should say how lucky it was to be taken up by people who made philanthropy so central to their lives. For philanthropy, with its intoxicating brand of humanitarianism, stood blithely outside the commercial cash nexus in which medical practitioners habitually sustained their reputations. It presented medical practitioners as enlightened, disinterested and trustworthy, as serving the cause of moral progress. The language of science and hatred of quackery served the same purpose.

## 9. CONCLUSION

The purpose of this chapter has not been to provide 'background' to resuscitation, but to demonstrate how the cause of resuscitation was served by people who were committed to it in historically specific ways. Resuscitation was one cause among thousands; it was a miracle cure in a period of miracle cures; it took cultural effort to earn for it a stable place

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<sup>190</sup> Hawes, *An Account*, p. 21.

<sup>191</sup> This link between income and shame had always been demonstrated by physicians, who identified strongly with an aristocratic ethos where exchanging services for coin was deemed degrading. In eschewing payment for recoveries and offering rewards, the RHS was effectively identifying its entire project with a more salubrious class of practitioner.

in British culture. The RHS became a public subscription society in order to make its programme economically viable; resuscitation was provided with a market, style, network and *raison d'être* by being conceived as a cause of philanthropy. Through the RHS, resuscitation obtained a cultural profile. The Society was not simply implementing a new treatment for a hitherto unrecognized condition, but establishing, through resuscitation, a particular form of social life - a world inspired by rationalist Enlightenment science and the humanitarian, Christian and utilitarian ethos of philanthropy. One central payoff from a successful campaign for resuscitation was vindication for the socially ambitious Enlightened medical practitioners who associated themselves closest with it. In a world with very few efficacious remedies, resuscitation had the potential to make a dramatic assertion of medical power.

A potential handicap to the fulfilment of this dream was the spectre of quackery. Further, the language of humanitarianism, which had the potential to offset the unpredictable nature of medical reputation, was not a failsafe resource either. People recognized it as a marketing ploy. They would have read, doubtless, any number of similar protestations from medical men before, in the endless advertisements for remedies found in newspapers and on the walls of coffee houses. 'The first general rule,' wrote the medical practitioner P. Stern, in 1767, in some remarks on quackery, 'is never to pay the least regard to the canting of those who pretend, that the good of mankind is their sole motive for offering their medicine to sale'.<sup>192</sup> In an exposé of Lettsom entitled 'Mr Wriggle, Or the Art of Rising at Physic', the anonymous author wrote 'Dr. Wriggle (i.e. Lettsom) has the skill to convey an artful and designing disposition, with the utmost semblance of gravity and simplicity. He passes with the public for a man of humanity and deep learning; and has had the address to

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<sup>192</sup> P. Stern, *Medical Advice to the Consumptive and Asthmatic People of England . . . and a New Easy Method of Cure* (London, 1767), in Porter and Porter, *Patients' Progress*, p. 101.



work himself into considerable practice by his subtle conduct . . .’ The author encouraged readers to see humanitarianism as a facade that veiled the reality of Lettsom’s relentless ambition.<sup>193</sup>

The American physician Benjamin Rush, who was a member of the Philadelphia Humane Society and an honorary member of the RHS, advised a young doctor to wear the mask of humanity in order to achieve a reputation for it.<sup>194</sup> The idea that resuscitation represented a movement of more refined ‘moral feelings’ and a greater appreciation for the value of life, a view vigorously promulgated by the RHS, was denied even by such an inspired enthusiast for the RHS as Christian Struve. He could not square such an idea with the ‘sanguinary wars’ ravaging the continent.<sup>195</sup> In other words, resuscitation involved theories about moral progress with which not every supporter of resuscitation could agree. The RHS put its full weight behind humanitarianism despite the scepticism that attended the discourse.

When we consider resuscitation as a historical achievement then, we must consider it as a battle to overcome weaknesses inherent in medicine, using resources, such as Enlightened self-righteousness, that were far from hegemonic. The utility of resuscitation was not self-evident; the argument that nations needed huge populations of labouring poor was in fact going out of fashion in the late eighteenth century. The idea of collective medical power was treated with mistrust. The prospect of a damaged reputation was never far away. The RHS, by championing a remedy used so close to death, threatened to reinforce the

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<sup>193</sup> Abraham, *Lettsom*, pp. 212-213.

<sup>194</sup> Porter and Porter, *Patients’ Progress*, p. 121.

<sup>195</sup> Christian August Struve, *A Practical Essay on the Art of Recovering Suspended Animation*, [1801] (London, 1803), pp. 3-4.

medicine and premature death that sustained satirical commentary on the profession. To implement resuscitation, men were using a highly moralized humanitarian discourse which, while popular, was not treated uncritically. Worse still, the appeal of resuscitation initially fell on deaf ears. To understand the reasons why we must turn to the next chapter.



## **CHAPTER THREE: AGAINST INCREDULITY: ESTABLISHING RESUSCITATION AS A CREDIBLE PRACTICE**

### **1. INCREDULITY AND RIDICULE.**

The Reverend Colin Milne (1743-1815), who became a chaplain for the RHS, described the attitude to apparently dead bodies prior to the RHS in this way:

In the days of our forefathers; nay, even in our own days, till lately, when, in consequence of any fatal accident by drowning, or suffocation of any kind, the vital functions, suspended, had ceased, though for a moment only, to perform their accustomed operations, and the appearances of death, almost universally deceptive, had passed upon the unfortunate sufferer, the possibility of his recovery from such a state of insensibility and torpor was not so much as thought of.<sup>1</sup>

When the RHS sought to broadcast the new idea of apparent death, and the treatment to reverse it, people did not immediately accept the basic premise. What the RHS met with was incredulity.

Two years after the Society's inauguration Thomas Cogan wrote that, 'our first object and chief difficulty was to remove that general and destructive incredulity which prevailed'. Many more people would have been saved since 1767, he argued, 'had not *Britain* been so shamefully inattentive to

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<sup>1</sup> Colin Milne, *A Sermon Preached . . . for the Benefit of the Humane Society* (London, 1778), pp. 16-17.

these cries of the distressed; had not a baneful, may we not say *murderous* spirit of incredulity, rendered us deaf to the repeated assertions and demonstrative facts communicated to us by our neighbours on the continent; who, we are sorry to say, have in this instance taken large strides before us, in serving the great cause of humanity'.<sup>2</sup> People simply didn't believe in the idea of a state resembling death which still contained the possibilities of full animation.

'The common opinion,' wrote members of the Newcastle Dispensary in 1789, 'that life deserts the body as soon as the breath ceases, is not confined to the vulgar alone; but, notwithstanding the instances of recovery from apparent death, is still believed by many of the more discerning part of the community.'<sup>3</sup> Both 'the vulgar' and 'men of eminence' dismissed resuscitation of the apparently drowned 'as idle and visionary, and placed nearly upon a level with professing to raise the dead'.<sup>4</sup> These doubters did not, it appears, suspect the RHS of trying to restore dead people to life, but they were sceptical of the idea of apparent death or suspended animation altogether. The reports of dramatic recoveries from abroad were judged to be fables and exaggerations.<sup>5</sup>

Although the RHS found many practitioners willing to become medical assistants, some remained doubtful (although how many is impossible to say). In 1782, Anthony Fothergill looked forward to the time, 'When the learned of the Faculty, convinced of its [resuscitation's] utility, shall unite in the endeavours to supply the remaining deficiencies, and to cultivate

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<sup>2</sup> *Reports*, 1774 (4), p. 34 [their emphasis].

<sup>3</sup> *Proposals for Recovering Persons Apparently Dead by Drowning and Suffocation and Other Causes* (Newcastle, 1789), p. 5.

<sup>4</sup> *Reports*, 1776 (2), p. 87.

<sup>5</sup> *Ibid.*



the important art of restoring Animation, with the same zeal that they apply themselves to other branches of science'.<sup>6</sup> Clearly, in 1782, that unification had yet to take place. The medical doubters shared the view of most folk that once a body stopped breathing, it was dead.<sup>7</sup>

The 'popular' view of the moment of death imagined that when the body stopped breathing, the immortal spirit immediately escaped from the body through one of its apertures, such as the mouth or nostril.<sup>8</sup> The idea that people may stop breathing and still be technically alive was not easily absorbed by 'the vulgar'. In 1803, thirty years after the Society's inception, the preacher S. Girle (1756-1813) asked his Lancaster congregation to excuse his troubling them with 'one of the commonest of all observations', namely, 'that the most *ignorant* people are often the most *positive* and *stubborn*. It is so in the present case. The common opinion is, and a very *positive* opinion with the *poorer* sort of people, that as soon as a man *ceases to breathe*, he is fully and entirely *dead*'.<sup>9</sup>

The fact was that nothing in ordinary people's experience justified the view that people might look dead and still be restored. Consider the following story published in the 1790 *Report*:

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<sup>6</sup> Anthony Fothergill, *Hints for Improving the Art of Restoring Suspended Animation*, p. 7 in William Hawes, *An Address to King and Parliament of Great Britain* (London, 1782).

<sup>7</sup> It is surprising and awkward that there are no tracts, rejoinders, pamphlets or chapters in medical tomes that offer direct evidence of scepticism towards the RHS's claims. I do not assume that this scepticism was not significant, however, only that it did not take publishable form, or, at any rate, take such a form that has enabled it to survive down the years.

<sup>8</sup> Henry Fielding, 'A Journey from this World to the Next', in *The History of the Life of the Late Mr. Jonathan Wild* (London, 1905), p. 209.

<sup>9</sup> S. Girle, *The Duty of the Relations of those who are in Dangerous Illnesses, and the Hazard of Hasty Interments: A Sermon, Preached at Lancaster July 17, 1803* (London, 1804), p. 9 [his emphases].

A man having been taken out of the water soon after he had fallen in, was conveyed to a house near, and the Coroner sent for, who came in a short time, and was surprised to find in him strong signs of life. On his saying that the man was not dead, and angrily desiring that a Surgeon might be sent for; he was answered that the man would be dead before a Surgeon could be brought, and therefore it was needless to go for one. This shews the necessity of exerting every effort, to promote the establishment of such Societies in various parts, which will tend to eradicate vulgar prejudices, and universally diffuse the knowledge of so important a discovery as Resuscitation.<sup>10</sup>

This story underlines the confidence with which ordinary people made their prognoses of death, and demonstrates their lack of faith in, or knowledge of, the possibilities of immediate treatment. These people thought they knew a dying man when they saw one, and would not consider asking a surgeon to make, to their eyes, a useless journey. It would be wrong to dismiss this as callousness or sullen resistance to the power of medicine as the author implies. This would only rehearse uncritically the prejudices of Enlightenment discourse, and lend to medicine a reputation for helping the drowned it was only now beginning to make for itself.

These strongly held views on death, according to the medical practitioner James Curry (d. 1819), author of *Popular Observations on Apparent Death* (1792), were particularly prejudicial in cases of apparent death by fainting fits. He remarked that, 'It is seldom that any attempt at recovery is made in such cases', for which he gave the reason of 'the great resemblance that

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<sup>10</sup> *Reports*, 1790, p. 437.



fainting fits of any duration, bear to actual death.' Curry also pointed to beliefs held by by-standers 'that the circumstances which preceded, were sufficient to destroy life entirely'.<sup>11</sup> In other words, people readily accepted that sudden fits, unexpected collapses and drownings were forceful causes capable in themselves of removing life. They did not imagine any need for more detailed empirical verification. Even people well disposed towards resuscitation could not swallow all the stories about resuscitation published by the RHS. One reviewer of the *Reports* of 1789 referred to a case of a woman who, having thrown herself down a well, was discovered four later hours with a perceptible pulse. He was moved to remark that, 'it staggers all belief, that any person, after remaining four hours under water, could retain *perceivable* symptoms of life'.<sup>12</sup>

The response of the 'incredulous' to the RHS's ideas was to ridicule them. The Reverend Richard Harrison (1762-1824), reading the first anniversary sermon of 1774, spoke out against those who 'treat our plan with ridicule, as chimerical and impracticable'.<sup>13</sup> 'I have had occasion once or twice to mention the Royal Humane Society. . . tho' this undertaking was at its beginning *ridiculed* and *despised* . . .', the preacher S. Girle declared to a congregation in Lancaster in 1804.<sup>14</sup> Newton Bosworth (d. 1848), author of perhaps the first general book on accident prevention, wrote of William Hawes in 1813: 'For some time his plan was treated with ridicule, and encountered much opposition: his object seemed so much

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<sup>11</sup> James Curry, *Popular Observations on Apparent Death* (London, 1792), pp. 69-70.

<sup>12</sup> [Anon], Review of *Reports of the Royal Humane Society* [for the years, 1787, 1788, 1789] *Monthly Review*, 2 (1790), pp. 229-230.

<sup>13</sup> Richard Harrison, *A Sermon Preached . . . to Recommend the Institution for the Recovery of Persons Apparently Drowned* (London, 1775), p. 18.

<sup>14</sup> Girle, *The Duty of the Relations*, p. 12. [his emphasis].

like an attempt to raise the dead, that many persons either could not, or would not, see the difference between them, and therefore looked upon him as the patron of a vain and visionary scheme'.<sup>15</sup> In 1776, Cogan described the 'impediments to our first establishment' as 'great and very discouraging'. It was only with 'a degree of reluctance' and 'ardent desire to relieve distress' that the Society proposed a scheme 'which we were well apprized would not only expose us to the ridicule of little minds, but to the objections of men eminent for their sense and learning'.<sup>16</sup> Little wonder that he should conclude that 'we cannot forbear expressing our most earnest desires, that the portion of incredulity which still remains may be speedily removed'.<sup>17</sup>

The preacher Robert Bromley, speaking in 1782, claimed that, 'For a considerable time, the exertions of this Society met with the most unaccountable prejudices, which perhaps not all their marvellous success has yet been able to extinguish.' He then drew a comparison between the ridicule suffered by the medical assistants with that suffered by Jesus Christ for his miraculous healing. Reminding his listeners that Christ was laughed to scorn when He told His friends that a woman that He had healed was asleep and not dead, Bromley observed:

And how many difficulties had the first institutors of this *humane design* to encounter, when, on the assured distinction between *absolute* and *apparent* death, they proposed the restoration of the drowned to life: They could tell you, that *they were laughed to scorn*. They recollect with

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<sup>15</sup> Newton Bosworth, *The Accidents of Human Life* (London, 1813), pp. 116-117.

<sup>16</sup> *Reports*, 1776 (2), p. i, repeated in William Hawes, *Transactions of the Royal Humane Society* (London, 1795), p. 82.

<sup>17</sup> *Reports*, 1776 (2), p. iii.



pain the coolness, the unbelieving backwardness, with which they met, even in the walks of the medical profession itself; and then no wonder if the same things attended them from the common classes of people, who were to come forward in the labors necessary to give success to these attempts.<sup>18</sup>

Having introduced to his congregation the unusual idea of apparent death, John Wesley (1703-1791) asked them, 'Is it any wonder then, that the generality of men should at first ridicule such an undertaking? That they should imagine the persons, who aimed at any such thing, must be utterly out of their senses?'<sup>19</sup>

There was, in short, considerable resistance to the idea of 'apparent' death. People did not understand the subtleties of the RHS's claims about the condition. A certain 'T.W' wrote to the *Gentleman's Magazine* in 1777 with the opinion that, when the circulation of the blood had stopped and the blood congealed, when the breath had ceased, the jaw had fallen and putrefaction was already under way, then 'we may safely pronounce the body *actually dead*. If this is not the case,' he continued, 'I have no idea of any difference there is between a *living* body and a *dead* one.' He concluded: 'Bodies, therefore, which have lain for some time under water, and are from thence drawn out under the above description, and moreover filled with water, and cold, and stiff, can admit of no doubt of their being *actually dead*, though I observe it is the fashion to call them by the softer appellation of persons [only] *apparently drowned*'.<sup>20</sup> In fact, no-

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<sup>18</sup> Robert Anthony Bromley, *A Sermon Preached . . . for the Benefit of the Humane Society* (London, 1782), pp. 21-22.

<sup>19</sup> John Wesley, *The Reward of the Righteous. A Sermon Preached, for the Benefit of the Royal Humane Society* [1777] (London, 1830), p. 20.

<sup>20</sup> *Gentleman's Magazine*, 47 (1777), p. 482 [his emphases].

one within the RHS believed that it was possible to recover a putrefying body; bodies that showed signs of putrefaction were not open to rewards from the Society. The body was not to be treated if it had spent more than two hours in the water. T.W. claimed that referring to putrefying bodies as only apparently drowned was the current 'fashion'. If this confusion was the 'fashion' in 1777, then we can readily understand why people thought the RHS was attempting the impossible.

Resuscitation was founded upon a sceptical attitude towards existing accounts of death.<sup>21</sup> But scepticism cut both ways. The sceptical opposition from within and without the medical world towards resuscitation's central premise was an obstacle to the successful implementation of recoveries. Such scepticism had to be challenged and overcome if people were going to support the Society, or give resuscitation a try on the kinds of bodies the RHS thought were treatable. The idea of recovering the apparently drowned lacked credibility. The remainder of this chapter demonstrates how that credibility was generated, by attending to the ways in which the treatment's results were interpreted, presented and marketed, and the way the idea of apparent death was theorized.

## 2. REPORTING SUCCESS AND PRESENTING PROOF

'The surprising facts recorded by our neighbours the Dutch and the French, induced us to make the like experiments', the Society claimed in August 1774. Early in 1774, the RHS was itself an experiment which had yet to obtain its own results. It had set itself up in order to give 'the methods recommended by others as so remarkably efficacious, a fair and

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<sup>21</sup> Rowland Jackson, who I discuss later on in the chapter, seriously entertained, in the name of sceptical knowledge, the possibility that people could survive under water for seven weeks and survive.



impartial trial'.<sup>22</sup> It was, in their view, a disinterested appeal for knowledge. 'Had we not succeeded,' they insisted, 'we should have made our report to the world; and resting satisfied with the goodness of our intention, we should have left others to draw what consequences they pleased'.<sup>23</sup>

It is impossible to say with certainty how confident the various members of the RHS were of success, how much credulity *they* extended to the stories emanating from Holland. Lettsom suggests that initial expectations of success were low. In his rousing speech to those gathered to watch Anthony Fothergill receive the gold medal for a prize-winning essay, Lettsom recalled that when the Humane Society was first instituted, 'not one of the Directors entertained the least idea of the success which later experience has most happily realized; and, as some proof of the novelty of this plan of beneficence — I repeat to this numerous and respectable meeting, what I then said to its author; that, were *one life* saved within twelve months, it would establish the Institution, and amply compensate every expence and solicitude attending this arduous undertaking'.<sup>24</sup>

Lettsom recalled that, when the first recovery was recorded, the event met with tremendous excitement. 'In the first case of restoration', he recalled, 'I cannot but recollect with pleasure, even at this time, the joyful extacy [sic] this single instance of success afforded'.<sup>25</sup> These early recoveries constituted breakthroughs so far as the RHS was concerned.

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<sup>22</sup> *Reports*, 1774 (4), p. 19-20 and p. 33.

<sup>23</sup> *Reports*, 1774 (4), p. 20.

<sup>24</sup> J. C. Lettsom in Anthony Fothergill, *A New Inquiry into the Suspension of Vital Action*, (London, 1795), p. ii. (his emphases).

<sup>25</sup> Fothergill, *A New Inquiry*, p. iii.

They presented decisive and joyful proof that the experiment worked. 'It gives us unspeakable pleasure,' the Society communicated to its supporters in 1774, 'that we are now able to unite our evidence with that of other nations, in confirmation of a fact equally interesting as it is curious and surprising, *viz.* that persons may, either by immersion in water, or by other species of strangulation, have every corporeal faculty totally suspended, so that they shall, to all appearance, be dead for a considerable period or length of time, and yet it may be in the power of art to recover them'.<sup>26</sup>

Satisfied that they were seeing recoveries from apparent death, the Society presented the state of apparent death and recovery as a *fait accompli*, even though the number of saved only amounted to seven in total. 'The above examples of recovery, few as they are,' it claimed, 'incontestably prove the practicability of restoring those who are to all appearance dead, as if they had been more numerous'.<sup>27</sup> 'We *have succeeded*', it crowed, 'and we congratulate our countrymen upon having demonstrated a fact, which we hope will, in process of time, wipe tears from the eyes of thousands'.<sup>28</sup> After two years, the Society announced that 'that little now remains but to become faithful historians of interesting facts!'<sup>29</sup>

Yet the members of the RHS knew that they could not assume a reputation for being 'faithful historians'; it had to be made. They had to

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<sup>26</sup> *Reports*, 1774 (4) p. 19. The medical practitioner and writer G. A. Gordon, not a RHS man, described the new methods as 'productive of salutary effects, even beyond the most sanguine expectation'. In G. A. Gordon, *The Complete English Physician* (London, 1780), p. 79.

<sup>27</sup> *Reports*, 1774 (4) p. 33.

<sup>28</sup> *Reports*, 1774 (4), p. 20.

<sup>29</sup> *Reports*, 1776 (2), p. i.



show that they were neither impressionable, nor out to make a fast buck out of the gullibility of the public. 'As to ourselves, we can have no motive to induce us to be absurdly credulous on the one hand, or on the other, attempt to impose falshoods [sic] on the public,' the Society insisted in 1774.<sup>30</sup> To show that they were not in it for the money but for knowledge, they reminded readers that they handed out money for failed recoveries too.

Although the RHS brought to its task a cultural profile that served to assure the public of its integrity and sense, as we saw in Chapter 2, part of the problem faced by the RHS was that direct demonstration of resuscitation was entirely dependent upon contingent factors. The therapy could not be demonstrated at will to audiences at lecture theatres. It could only be demonstrated in those unexpected moments when a drowning was identified.<sup>31</sup> So the RHS began at a considerable disadvantage; it wanted to prove that recovery from apparent death was a fact, a possibility, but it had little control over the times of the demonstration, the reliability of the practitioner, the size and cooperation of the audience, and the success of the proceedings. Even if the numbers of saved exceeded the expectations of J. C. Lettsom, and perhaps his colleagues, the actual numbers of witnesses to these events will have been comparatively minuscule. This is why the Society asked people to believe that the seven persons saved in 1774 proved the truth of apparent death, 'as if they had been more numerous'.<sup>32</sup>

To draw attention to the possibilities of resuscitation, William Hawes

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<sup>30</sup> *Reports*, 1774 (4), p. 20.

<sup>31</sup> Simon Schaffer, 'Natural Philosophy and Public Spectacle in the Eighteenth Century', *History of Science*, 21 (1983), 1-43.

<sup>32</sup> *Reports*, 1774 (4), p. 33.

embarked on a lecture course on 'suspended animation' in or around 1779/1780. Hawes was 'the first, and perhaps only, person that ever introduced the subject as a part of medical education', according to the author of his obituary, which was written in 1808.<sup>33</sup> We have no lecture notes left<sup>34</sup>, but we know that he spoke on a number of topics, including how to teach the young to recover bodies, the physiological causes of suspended animation, the action of poisons, the different treatments, still-born children, and the symptomatology of apparent death.<sup>35</sup>

This was not the only way of making suspended animation 'real'. Considerable effort was also made to present recoveries textually in the annual reports. These case histories provided virtual alternatives to the direct witnessing of a resuscitation itself. Yet the case histories, the textual trophies of resuscitation, were not unproblematic sources of proof. Case histories were a genre that traditionally served to sustain the reputation of the practitioner and were read critically. The practitioner P. Stern put in his recommendations on how to detect quackery in 1767 the advice: 'give no credit to the recital of Cases, as they are generally

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<sup>33</sup> [Hawes], 'A Tribute to the Memory of Dr. William Hawes' (London, 1808), p. 2.

<sup>34</sup> This is surprising, as the RHS were tremendous publishers of resuscitation-related material which, as I have argued in Chapter 2, was part of its attempt to challenge old-style medical introversion and establish a profile in Britain. However, it is possible that Hawes did not publish the lectures for the same reason as his more prominent contemporary, William Hunter. Publication would make attendance unnecessary and lead to a drop in the numbers attending. In Hunter's case such a situation threatened an immediate drop in income; in Hawes' case, possible donations were perhaps at stake. For the thinking behind Hunter's commerciality, see Roy Porter, 'William Hunter: A Surgeon and a Gentleman', in W.F. Bynum and Roy Porter, eds., *William Hunter and the Eighteenth-Century Medical World*, (Cambridge, 1985), pp. 7-34, pp. 24 and passim.

<sup>35</sup> [Hawes], 'Memoirs of William Hawes, M.D. of London, with a portrait', *The European Magazine and London Review*, (June 1802), 427-431, p. 430.



invented by the doctor'.<sup>36</sup> The RHS wanted to convince the public that they were not cooking up the results; on the contrary, 'In order to gain that universal credit which we know we deserve,' the Society insisted in 1776, 'we have taken the utmost pains to collect true information'.<sup>37</sup>

The cases were largely unedited, unmediated, 'related in the very words of the gentlemen who have communicated them to us'. 'We lay it [a case] before the publick just as we have received it', the Society emphasized.<sup>38</sup> When cases were ambiguous, members of the RHS would seek out the assistants to find out more information. Medical assistants sometimes demonstrated that they went to considerable pains to ascertain the details of the case before they arrived on the scene, which was usually after the rescue and the beginning of the treatment.<sup>39</sup> The RHS also sought accounts with as much as circumstantial detail as possible, arguing that, 'Whatever relates to the state of the patient, and the comparative effects of the method employed, may prove of the utmost moment to the cause of humanity. In a business so new to us, and yet so extremely interesting, it is dangerous to pronounce any circumstance *trivial*, until repeated

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<sup>36</sup> P. Stern, *Medical Advice to the Consumptive and Asthmatic People of England . . . and a New Easy Method of Cure* (London, 1767), quoted in Roy Porter and Dorothy Porter, *Patient's Progress*, (London, 1989), p. 101.

<sup>37</sup> *Reports*, 1776 (2), p. iv.

<sup>38</sup> *op. cit.*

<sup>39</sup> Take for example this case: 'As I wished much to know how long he had been in the water, I made what enquiries I could for that purpose, but could get no other information, than that his hat was found on the bank, a considerable distance from where he was taken up. However I made what I could of this intelligence. I measured the distance, and found it to be 162 yds. I then caused a large block to be put into the river, and watched how long it was in floating that distance. I found it was *nineteen minutes and a half*, which I should conjecture was near the time he was senseless, as it hardly to be supposed that he floated while any power of action remained.' *Reports*, 1776, pp. 7-8 [19].

experiments have proved that it deserves that character'.<sup>40</sup> From time to time they requested a recommended level of information for each case history which, it should be said, was rarely reached.<sup>41</sup>

The emphasis on detail was part of the wider attempt to establish the credentials of the Society, to show that it was well-meaning and open. 'If the whole be a *fable*,' the Society declared, 'we challenge our antagonists to demonstrate this; we have, by being circumstantial in our narratives, put into their hands ample materials for the purpose . . .'<sup>42</sup> Yet additional authority for their stories came not simply from textual scrupulousness but from the class status of the authors. These narratives were not put forward by anyone, but by *gentlemen*, 'whose veracity is unquestionable, and who could readily produce a sufficient number of vouchers, were any to discredit their evidence'.<sup>43</sup> The status of the authors underlined the reliability, as well as the politeness, of the exercise. Furthermore, many of these gentlemen were acting independently of one another. 'Nor can it be rationally supposed', the Society insisted, 'that a number of persons, of whom several are equally strangers to each other, and to us, would all unite in confirmation of this interesting axiom, "that an object may *not* be really dead, a very considerable time after every vital function *has ceased*" were it not an axiom founded upon their joint experience'.<sup>44</sup>

Proof was gold dust, but establishing proof required hard mining. In the early reports, to counteract the view that resuscitation was merely a

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<sup>40</sup> *Reports*, 1776, pp. 51-52.

<sup>41</sup> e.g. the 'address to the medical assistants', in *Reports*, 1797, p. 16.

<sup>42</sup> *Reports*, 1776, (2), p. iv ('circumstantial' meaning 'detailed').

<sup>43</sup> *Reports*, 1775, p. 19.

<sup>44</sup> *Reports*, 1776 (2), pp. iii-iv [their emphases].



fantasy cooked up by foreigners, the Society emphasized that resuscitation was not the stuff of theory, but had been *seen*, it was the stuff of *experience*:

We have *seen* the child unexpectedly restored to the arms of its fond parents; the father, and support of a family, to his wife and children; the suicide has been snatched from the guilt of becoming his own destroyer, without as yet being tempted to repeat the horrid attempts. In a word, we can *already contemplate* numbers, at this instant, enjoying all the blessings of life and health; who, without out institution, would have been numbered among the dead: and we can *behold* families, thankfully receiving those supports and comforts, which an honest husband and parent is able to bestow; who would otherwise have been involved in the depth of poverty and distress.<sup>45</sup>

This rhetoric of experience might have persuaded readers, but large numbers of the people the RHS hoped to reach were not readers and, moreover, were not prepared to simply trust the RHS as witnesses. One correspondent wrote that, 'I cannot help remarking to you the difficulty of convincing the lower class of people, that persons apparently dead may be restored to life, and I believe that nothing but ocular demonstration will convince some of them'.<sup>46</sup> Yet proving the idea of apparent death was not an easy case of 'seeing' a recovery. It was a case of demonstrating to the viewer that what the viewer saw was indeed recovery from apparent death. It is clear that on some occasions people were genuinely

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<sup>45</sup> *Reports*, 1776, pp. vi-vii. [my emphases].

<sup>46</sup> F.W. in *Reports*, 1790, p. 437.

taken aback by the cure of a person that they had thought irrecoverable.<sup>47</sup> But we must also realize that many resuscitations were made on people in whom some signs of life were already evident, even if their recovery was by no means assured. Ocular proof was not a simple idea.

If it was difficult to gain adherents to the idea of apparent death simply by hearsay, or even by watching a recovery, it was far easier to show prospective supporters the results of resuscitations. In the anniversary festival, the saved would be gathered in the church's gallery for the contemplation of all and sundry, 'to satisfy the philanthropic friends of this Institution, annually assembled, to witness the pleasing consequences of the labours of the intervening period'.<sup>48</sup> If the congregation was too big, the 'saved' could find themselves standing outside.<sup>49</sup>

Judging by the joyousness of the anniversary festivals, I think we can be confident that the audience was prepared to accept either that these people were bona fide cases of recovery from apparent death, or that, since their lives had been saved from probable death, the precise state from which they were recovered was not important. Certainly, the preachers never called into question their status as genuine recoveries. Yet it is interesting that the Reverend Servington Savery (1750-1818), preaching in 1786, directed his audience's attention to the collected saved with these words:

The Picture before us forms of itself an Argument which at

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<sup>47</sup> See Chapter 4 for recoveries likened to miracles.

<sup>48</sup> Hawes in *Reports*, 1795, p. 1.

<sup>49</sup> Thomas Burgess, *A Sermon Preached at the Anniversary of the Royal Humane Society* (London, 1804), p. 20.



once carries Conviction to the Mind, and Evidence of the Senses: a compleat (and if I may so speak) a visible and embodied Argument, which can receive no additional Force from the most accurate Reasoning or the most polish'd Eloquence, and which is open to no Cavil and liable to no Imposition.<sup>50</sup>

Clearly, if the group of the saved signified the doctrine of apparent death in so self-evident a fashion, then presumably Savery would not have felt the need to insist on their unambiguity with such polished eloquence. Savery's argument was a form of the empiricist fantasy that saw truth as an unmediated product of objective experience, which was itself part of the rhetoric of certainty that served to bolster the truth-claims of the RHS. The presentation of the saved certainly showed that people's lives were being saved, but it did not resolve all the uncertainties about apparent death.

### 3. SPREADING SUCCESS

Steadily, if not spectacularly, the numbers of the restored grew at a rate 'far exceeding our most sanguine expectations'.<sup>51</sup> In 1774, 8 people were recorded saved from apparent death; in 1775 it was 14; in 1776, 15; in 1777, 20; in 1778, 29; in 1779, 22, and 1780, 18. By 1782, 124 persons had been rescued from apparent death.<sup>52</sup> Of course, there were a larger number of failures, but these disappointments pointed to something equally

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<sup>50</sup> Servington Savery, *A Sermon Preached . . . for the Benefit of the Humane Society* (London, 1786), pp. 13-14.

<sup>51</sup> *Reports*, 1776, p. vii.

<sup>52</sup> Bromley, *A Sermon Preached*, p. 53.

important: that drowned bodies were being found and the treatment was being attempted. By the end of 1775, the Society had already paid out rewards for 103 attempted treatments.<sup>53</sup> For whatever motive, medical men and layfolk were responding to the Society's requests. Behaviour towards accidental drowning seemed to be changing.

The success of the RHS had an immediate impact on people in other parts of Britain. Resuscitation in Scotland was organized by Lord Cathcart, for whom Cullen wrote his recommendations for treating the drowned in 1774.<sup>54</sup> In Liverpool, a society for the drowned began in early 1775 by Dr. Houlston, a practitioner who had been inspired by Cogan's *Memoirs* of the Dutch society, and the news of Hawes and Cogan's efforts. Societies sprung up in other towns such as Norwich,<sup>55</sup> while Newcastle, Cork, Exeter, Hull, and Bedford inaugurated initiatives almost certainly in response to the RHS's massive advertising campaign across Britain, which it made in 1775 'in order to diffuse knowledge . . and to excite inhabitants to form similar institutions'.<sup>56</sup>

Medical practitioners were sent bundles of handbills and posters. 'My kind respects to Dr. Cogan, though unknown [to him],' wrote one practitioner in 1781, 'his favor [sic] of the 20th of May last, with the bills

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<sup>53</sup> *Reports*, 1776 1, p. vii.

<sup>54</sup> Cathcart may only have heard of the Dutch experience in 1774, since there is no mention of the RHS in his letters in *A Letter to Lord Cathcart*. Hawes, however, claims Cullen's directions were modelled on the RHS's own treatment, see *Reports*, 1794, p. xxxviii.

<sup>55</sup> *Reports*, 1775, [13], p. 39.

<sup>56</sup> *Reports*, 1775, p. 55. A year later, the Society claimed that the evidence of cases outside the RHS's immediate influence was testament to the 'utility' of its project, 'for a perusal of several of these cases will shew, that the benefits obtained have been in consequence of our having diffused a knowledge of the methods of treatment, and excited the general attention of this most interesting subject.' In *Reports*, 1776 (1), p. viii.



from the Humane Society, came safe to my hands; I have (as requested) caused the large papers to be stuck up, the others I have disposed of amongst the humane and attentive'.<sup>57</sup> At the time of the first reports of 1776, a new society was being set up in Worcester, and in Chester advocates were busy publishing handbills, looking for patrons, getting medical assistants and locating suitable receiving houses.<sup>58</sup> These societies sent their communications to the RHS with their own successes. In 1787, the RHS received communications from Bristol, Norwich and the Severn Humane Society;<sup>59</sup> in 1788 it received them from similar 'humane societies' in Leith, Hull, and Philadelphia;<sup>60</sup> while in 1789 they received news from Northampton Preservative Society, Lancaster Humane Society, the Newcastle Dispensary and an institution in Jamaica.<sup>61</sup>

Although the RHS did not officially extend its reward policy to other forms of accidental sudden death, it quickly extended the boundaries within which applications for rewards were accepted. In the first programme, bodies were only accepted within the patch of the River Thames that extended between London and Westminster Bridges. By 1776, the rewards were accepted within a 30 mile radius of London, including the areas of Greenwich, Putney, Brentford, and Ware.<sup>62</sup> In 1788, rewards were being extended as far as Rochester, Stroud,

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<sup>57</sup> *Reports*, 1781, p. 150 [349].

<sup>58</sup> *Reports*, 1776 (2), p. 107.

<sup>59</sup> *Reports*, 1790, pp. 159-168.

<sup>60</sup> *Reports*, 1790, pp. 190-215.

<sup>61</sup> *Reports*, 1790, pp. 332-336.

<sup>62</sup> *Reports*, 1776 (1), p. viii.

Gillingham, and Chatham.<sup>63</sup> In the case of the resuscitation programme in Colchester, the RHS gave the local society funds for the rewards but left the administrative costs to local men. The numbers of medical assistants listed by the RHS grew rapidly. By 1778, medical assistants could already be found in more than 60 locations in the London area.<sup>64</sup> By 1782, there were 195 medical assistants listed at the back of the anniversary sermon.<sup>65</sup>

So, although there were doubters, the cause of resuscitation (and the cause of 'humanity') gained adherents and enthusiasts, much to the delight of the RHS. It observed in 1776, just two years into its experiment, that resuscitation, 'has made the most encouraging advances in a very short space of time; that not only the public attention has been gained (which, in the midst of such various and numberless applications on behalf of the Unfortunate, was no easy task), but the many indubitable instances of success, which they have even in their infancy been able to report, have been followed with general conviction; and incredulity is changed into astonishment at restorations to life, which have hitherto been deemed beyond the power of mortals!'<sup>66</sup> 'With what satisfaction do we reflect', gushed Cogan, 'that we have already made such progress in the preservation of life, and have received such encouragements in the prosecution of our designs'.<sup>67</sup> In 1778, the RHS was beginning to sound almost blasé. 'The liberal support that our institution has received from its first establishment,' it observed, 'and the amazing successes

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<sup>63</sup> *Reports*, 1790, pp. 166-170.

<sup>64</sup> Robert Markham, *A Sermon Preached . . . for the Benefit of the Humane Society* (London, 1778), p. 51.

<sup>65</sup> Bromley, *A Sermon Preached*.

<sup>66</sup> *Reports*, 1776, pp. iii-iv.

<sup>67</sup> *Reports*, 1776 (2) p. i.



consequent upon this support, are too generally known to require particular enlargement . . .'.<sup>68</sup>

It looked as if the spirit of humanity was really beginning to work its way into the hearts of the British public. 'We rejoice for the honour of humanity', Cogan proudly announced, 'to see the number of subscribers to our institution is so greatly increased'.<sup>69</sup> What is more, the support for resuscitation did not simply come from medical men and the odd provincial enthusiast, but extended to the footsoldiers, the public itself. The experiment of social collaboration between medical man and layperson seemed to be working, despite the scepticism and the ridicule. 'Justice also requires us to declare,' the Society announced in 1776, 'that the public in general have exerted themselves with amazing spirit and assiduity in forwarding our designs. Houses are readily opened for the reception of unfortunate objects; every requisite article is fully administred [sic]; and the assistants and attendants seem to vie with each other in their zeal and anxiety to save their fellow creatures'.<sup>70</sup>

Medical assistants wrote to the Society to congratulate it for introducing them to the treatment, and for encouraging medical men to stick to the task, despite all the dispiriting signals. 'I cannot help adding here,' wrote one, 'that had I not been prompted by the hints you furnished me with, this child had been most certainly lost; as I never would have otherwise thought of such resolute perseverance in any means, with so little apparent success for so many hours'.<sup>71</sup> The change of attitude that the

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<sup>68</sup> *Reports*, 1778, v-vii.

<sup>69</sup> *Reports*, 1776, p. iv.

<sup>70</sup> *Reports*, 1776 (1), pp. v-vi.

<sup>71</sup> *Reports*, 1781, pp. 121-3 [357].

RHS was introducing is nicely exemplified in the case of a still-born child brought forward by a medical practitioner named Thomas Mantill:

I attended Mrs *Howard*, of *Molash*, near *Chilham*, in her labour, which was not praeternatural or laborious, though to my own and gossip's thinking, the child was born dead, and laid by as such. In about twenty minutes, after I was disengaged from my attendance on the mother, as I looked at the child, which, though it appeared totally dead, it struck me as a thing worth trying, to endeavour to set the little animal frame in motion: accordingly I laid it up by the fire, rubb'd it well with warm cloths, applied volatile spirits, burnt feathers under its nose, blowed in its mouth, and very soon, to my great pleasure, as well as surprize, the child struggled, breathed and soon after, announced his recovery, by his cries.<sup>72</sup>

Practitioners who narrated cases believed that they were witnessing a fundamental change in attitudes to the drowned. 'I am fully persuaded the means used to restore life would not have been applied by the person present', wrote one in July 1776, 'had they not been generally known, by being repeatedly published; indeed, in this case, as in many others, before the institution of the Society, despair would have prevented any attempt to restore life'.<sup>73</sup> The medical assistant Mr Goodwin, quite possibly the author of *The Connexion of Life with Respiration*, wrote 'that he is clearly of opinion that, had it not been for our Institution, this poor man would now be numbered among the dead'.<sup>74</sup>

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<sup>72</sup> *Reports*, 1781, pp. 108-110 [351].

<sup>73</sup> Mr Squire on July 11, 1776 in *Reports*, 1776, p. 21 [68].

<sup>74</sup> *Reports*, 1776 (1), p. 24 [28].



Another wrote that, 'The present improved mode of treating bodies apparently dead, by drowning, suffocation, &c. has, indisputably, arisen from that universal communicative disposition, which the members of the Humane Society have always shewn to the public, in dispersing their annual reports, and in giving the particular history of each individual case, with the means used for recovery.' He continued, 'The old and destructive (however well meant) practice of suspending the body with its head downwards, for the water to escape from the lungs, &c. together with indiscriminate blood letting, exposing the naked body to the cold air, &c &c. were universally practised here, till of late years; and it is now probable, that *these* are the first efforts made use of in many parts of this kingdom, where the improvements published by the Society are either totally unknown, or disregarded'.<sup>75</sup>

Praise for the 'communicative disposition' of the RHS extended to William Hawes' lecture courses on suspended animation and resuscitation, which opened practitioners' eyes and materially influenced their attempts to cure the drowned. A journeyman wrote to Hawes about a case in which he had found himself on his own with a drowned body. 'As I was the house-pupil at that time,' he recalled, 'and nobody in the house that could assist me in the medical way [sic], I recollected as well as I could your valuable Lectures, which I had the honour of hearing you deliver to your pupils in the *borough*, and I immediately put them in force'.<sup>76</sup> One practitioner, Thomas Hayes, writing from Hampstead on December 3, 1784, referred to a case in which he bled a victim to demonstrate to the bystanders that the victim was dead and then left, 'as no professor that I had then attended ever gave any directions relative to

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<sup>75</sup> *Reports*, 1781, pp. 115-116 [355].

<sup>76</sup> *Reports*, 1782, pp. 8-10, [362]) [See also case numbers 395 and 396, *Reports*, 1782, pp. 77-80].

resuscitation, and therefore I had not the least conception that life might remain after the appearance of death'. Yet the experience of this and other cases of sudden death induced the practitioner to attend Hawes' lectures, 'though very inconvenient to me in my extensive practice and distant situation.' He found his experience listening to Hawes suitably rewarding. 'I am bound however in justice to declare,' he admitted, 'that my trouble has been amply compensated by the improvement and satisfaction I thereby received. To you, Sir, the world is much indebted for your valuable researches into the art of restoring suspended animation'.<sup>77</sup>

It was not just medical men who were benefiting. Laypeople who had read the methods were also applying them. In one case, the methods were applied 'with so much success, that the body shewed returning life before any medical gentlemen attended'.<sup>78</sup> Another practitioner wrote to Hawes with a case in which he recorded that, 'the fond mother, who anxiously persevered in the use of the means the whole time, told me, that if she had not heard much of the manner of treatment in like cases, Mr. G. and herself would have been greatly at a loss, and probably nothing might have attempted before my arrival; which indeed was not many [minutes] after, yet without the progress which had been made, the case might have proved irretrievable'.<sup>79</sup>

Despite the the scepticism and disbelief that resuscitation met with, the Society painted a picture of the overwhelming influence the Society was enjoying. 'We cannot reflect, without a degree of exultation, that a

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<sup>77</sup> *Reports*, 1784, pp. 119-121 [485]. See also the gratitude expressed by Mr Williams for Mr Hawes' lectures, in *Reports*, 1790, p. 11.

<sup>78</sup> *Reports*, 1782, pp. 146-7 [409].

<sup>79</sup> *Reports*, 1777, pp. 78-80 [258].



society, first established upon the testimony of others, should so soon be able to support its credit by *its own* incontestable facts . . .'<sup>80</sup> As early as 1775 it was suggesting that, 'We suppose that the prejudice of every man in the kingdom will now be removed, upon such repeated instances of restoration which have fallen under our own immediate enquiry'.<sup>81</sup> In 1777, it was considering abandoning publication of the annual reports, 'Given that 'publick curiosity is now gratified, and general incredulity removed'.<sup>82</sup> In 1781, the Society judged that, 'The Plans of the Humane Society have been so generally distributed, and the utility of it so self evident, that no accounts of the nature or merits of the institution are now requisite'.<sup>83</sup> In 1787, it announced that, 'The prejudices, which formerly prevailed, have been so far subdued by reason and experience, that the utility of the RESUSCITATING ART is now universally acknowledged'.<sup>84</sup> These statements were as much an expression of hope as a description of fact; other voices in the Society continued to remark upon how strong prejudices were during this period. James Curry, eighteen years after the inauguration of the RHS, wrote of 'the doubts which we have repeatedly heard professional men express, with regard to the truth of the greater number of cases where a recovery is said to have been accomplished'.<sup>85</sup> Far from abandoning the Reports in 1777, the

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<sup>80</sup> *Reports*, 1776, p. vi [their emphasis].

<sup>81</sup> *Reports*, 1775, p. 54.

<sup>82</sup> *Reports*, 1777, p. 5.

<sup>83</sup> *Reports*, 1781, p. iii.

<sup>84</sup> *Reports*, 1787, p. iii.

<sup>85</sup> Curry, *Popular Observations*, p. viii. It is a great shame that Curry does not explain what 'truth' means here; I take it to refer to the claim that people were recovered from a state of apparent death. There were of course debates about the efficacy of individual remedies, but no written criticisms by medical men sceptical of apparent death *per se* survive.

Society continued to publish them. From the beginning, the RHS had to make, and continue to make, a case for recovery from apparent death.

#### 4. VITALISM: INTRODUCING AN INTERPRETATION OF LIFE THAT SUPPORTED RESUSCITATION AND COUNTERACTED SCEPTICISM

A necessary objective for the Society was to bolster the idea of apparent death, an idea that did not enjoy much medical credibility, or familiarity, in 1774. The cause of resuscitation in Britain was much boosted, therefore, when two of the most reputable medical men of the day, the surgeon John Hunter (1728-1793), and the Edinburgh physician William Cullen (1710-1791), published their views on the treatment of the apparently drowned in 1776. William Cullen's opinions were written in 1774 and published as *A Letter to Lord Cathcart*, while John Hunter's views were first published in the *Philosophical Transactions*.<sup>86</sup> William Hawes attributed to himself their interest in apparent death; John Hunter published his article at the request of 'a principal member of the society established for the recovery of persons apparently drowned' - presumably Hawes, who considered himself a friend of Hunter's.<sup>87</sup> Getting these two colossi of late eighteenth-century British medicine to come out in favour of resuscitation was a coup. What both men did was to offer a theoretical underpinning for apparent death that rendered it intelligible as a physiological possibility. Cullen appreciated that the provision of such an account was essential, 'if we can engage men to consider, that, from the reason of things, [i.e. rather than from direct experience] drowned persons

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<sup>86</sup> John Hunter, 'Proposals for the Recovery of Persons Apparently Drowned', in *Observations on Certain Parts of the Animal Oeconomy* (London, 1786), pp. 115-125 and William Cullen, *A Letter to Lord Cathcart, President of the Board of Police in Scotland concerning the Recovery of Persons Drowned and Seemingly Dead* (London, 1776). Cullen's essay was reprinted in London in 1791 with no alterations.

<sup>87</sup> John Hunter, 'Proposals', p. 115 and Hawes, *Transactions*, p. xxxviii.



are more generally in a recoverable state than has been imagined'.<sup>88</sup> Both men had recourse to a vitalist interpretation of the body, a view of animal function that, largely through their efforts in other areas of medical thinking, was coming to replace mechanical models of the body that had been preferred in the post-Newtonian medical world.<sup>89</sup>

Hunter's account was the more forthright of the two. In order to account for apparent death, he made a distinction between the 'actions' and the 'powers' of life from one another. The 'actions' were the perceivable vital phenomena of the animal organism; the 'powers' of life referred to the causal agents of those vital phenomena that existed prior, and extrinsically, to the mechanisms of vitality. This constituted a critical shift from Winslow and Bruhier's position; life was no longer defined in terms of cardiopulmonary function, but in terms of a capacity, a potential for action. What was necessary to life was now redefined to include a prior 'principle'. This was the 'vital principle'. Winslow had hoped that more stringent tests for circulation and respiration would resolve ambiguities inherent in apparently dead states. But, as Rowland Jackson had put it in 1746, 'hitherto no Person has discover'd wherein the Essence and Principle of Life consists; and that there are in Nature various Phaenomena, which seem to prove, that the Motion of the Heart, and the Circulation of the Humours, are rather palpable *Signs* of the Existence of life, than its proximate and immediate *Causes*'.<sup>90</sup> Hunter took this line too. His 'vitalist' distinction drew a line between function and existence that permitted a more radical definition of apparent death, namely, a state

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<sup>88</sup> Cullen, *Letter*, p. 2.

<sup>89</sup> For vitalism see Thomas S. Hall, *Ideas of Life and Matter: Studies in the History of General Physiology 600.BC to 1900 AD*, 2 vols. (Chicago, 1969), vol II; Theodore Brown, 'From Mechanism to Vitalism in Eighteenth-Century English Physiology', *Journal of the History of Biology*, 7 (1974), 179-216.

<sup>90</sup> Rowland Jackson, *A Physical Dissertation on Drowning*, (London, 1746), p. 18 [my emphasis].

in which the complete cessation of vital phenomena was still compatible with life. This definition, in turn, opened up the idea of a *suspension* of vital function.

Thus Hunter began his paper by considering 'an animal, apparently drowned, as not dead', but one in which 'only a suspension of the actions of life has taken place'.<sup>91</sup> He likened the suspended state of a drowned animal to that of a trance: 'in both the action of life is suspended, without the power being destroyed'.<sup>92</sup> The only difference between the two states was that trance was the 'natural effect of a disposition in the person', whereas drowning was more likely to 'last for ever, unless the power of life is roused to action by some applications of art'.<sup>93</sup> When the 'powers' of life were destroyed, all was lost, but if the 'powers' were retained within a body whose organization remained undamaged, then the removal of the cause of the privation would enable the powers to recommence their activating work. This was an indirect reworking of John Fothergill's powerful analogy of the body with a clock, made in 1745:

It does not seem absurd to compare the animal machine to a clock; let the wheels whereof be in never so good order, the mechanism complete in every part, and wound up to the

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<sup>91</sup> Hunter, *Proposals*, p. 115.

<sup>92</sup> Hunter, *Proposals*, p. 116. There had been occasional interest in 'trance' and extraordinary cases of sleeping (what we would call catalepsy) in the eighteenth century, but no systematic study. See William Oliver, 'A Relation of an extraordinary sleepy person, at Tinsbury, near Bath, *Phil. Trans.*, 24 (1704-1705), 2177-2182, regarding a person who would sleep for a month at a time. See *The Sleepy Man Awak'd out of his Five Days Dream* (London, 1710) for more outlandish stories of people who slept the same five days every August or, better still, woke up to find two hundred and seven years had passed and their loose change no longer recognized (I thank Tim Hitchcock for this reference). See also Dr Terence Brady, 'An Account of an Extraordinary Sleepy Woman, near Mons in Hainault' in *Medical Observations and Inquiries*, 6 vols. (London, 1757-1784), vol 1 (1757), pp. 280-285.

<sup>93</sup> Hunter, *Proposals*, p. 116.



full pitch, yet without some impulse communicated to the pendulum, the whole continues motionless . . . Inflating the lungs, and by this means communicating motion to the heart, like giving the first vibration to a pendulum, may possibly, in many cases, enable this something to resume the government of the fabric, and actuate its organs afresh.<sup>94</sup>

The therapeutic goal was, therefore, intervention at the level of the 'powers', or, in the clock analogy, the 'impulse' that pushed the pendulum. The powers of life were also called by Hunter the 'living principle', which he defined as 'that principle which preserves the body from dissolution with or without action, and is the cause of all its actions'.<sup>95</sup> For Hunter, this principle had no obvious material presence. In his 'Experiments on Animals and Vegetables' of the previous year (1775), he had posited the thesis that heat depended upon the vital principle. Believing heat could be generated by animal bodies without circulation, he concluded that the living principle was independent of circulation, volition and sensation in animal bodies.<sup>96</sup>

William Cullen also accepted that there could be a suspension of the vital action without an immediate cessation of vitality itself. To those unpersuaded of the possibility of recovering the drowned he wrote, 'I would have them observe, That in men, and other animals, life does not immediately cease upon the cessation of the action of the lungs and heart,

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<sup>94</sup> John Fothergill, 'Observations on a Case published in the last Volume of the *Medical Essays*, etc., "of recovering a Man dead in Appearance, by distending the Lungs with Air. Printed at Edinburgh, 1744', in J. C. Lettsom, ed., *The Works of John Fothergill I* (London, 1784), pp. 145-151, p. 150. The analogy of the body as a clock was favoured by Cartesians, see Hall, *Ideas of Life and Matter*, II, p. 71.

<sup>95</sup> Hunter, *Proposals*, 1776, footnote 'b', p. 116.

<sup>96</sup> Everett Mendelsohn, *Heat and Life: The Development of the Theory of Animal Heat* (Cambridge, Mass., 1964), pp. 100-102.

and the consequent ceasing of the circulation of the blood'.<sup>97</sup> Unlike Hunter, Cullen incorporated the ideas of irritability and sympathy into his account. Irritability referred to a quality of muscles that enabled them to contract independently of the nervous system and consciousness. It came to be seen as an essential feature of living tissue. The concept was first put forward by François Glisson (1597-1677) in the seventeenth century to account for the response of the gall bladder to distension and the contraction of the muscles of the heart.<sup>98</sup> Today muscle contraction in the heart is explained in terms of electric impulses; for Glisson, the heart's contractions appeared to be a quality inherent in muscle itself. Glisson's idea was placed on an experimental footing by the work of Albrecht von Haller (1708-1777).<sup>99</sup> The idea of sensibility was one of huge currency in the eighteenth century, since it enjoyed wide usage as a term denoting emotional temperament. Both irritability and sensibility were central planks in Cullen's vitalism. 'Though the circulation of the blood is necessary to the support of life,' Cullen argued, 'the living state of animals does not consist in that alone, but especially depends upon a

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<sup>97</sup> Cullen, *A Letter to Lord Cathcart*, p. 2. A separation between life and pulse was effected by Rowland Jackson in his *A Physical Dissertation on Drowning* (London, 1746) when he considered hibernation. There was considerable uncertainty on how hibernation worked and whether animals hibernated or transmigrated. Jackson knew of transmigration, since he told the story of the swallows that, when fatigued with flying, sat on the backs of storks, 'whom they recompens'd by an uninterrupted and melodious Song'. Many authorities believed however that swallows spent their winter under water and under ice in a long sleep. Jackson was certainly open to this analysis and equated apparent death with hibernatory states, observing that, 'Some sanguineous Animals live long without any Pulse, and lie conceal'd during the Whole of the Winter, notwithstanding which they remain alive, tho' their Heart retains no Motion, and their Respiration stops, just as it happens to Persons attack'd with Sincope, and hysteric Fits, whose Pulse is totally abolished' (Jackson, *A Physical Dissertation*, p. 27). Hunter and Cullen's advice to warm hypothermic patients slowly was almost certainly inspired by accounts of warming hibernating animals, since it was known that heating them quickly from deep sleep killed them.

<sup>98</sup> D. Zuck, 'The Diagnosis of Death in the Late 18th Century', *The History of Anaesthesia Society Proceedings*, 18 (1995), 13-22.

<sup>99</sup> Albrecht von Haller, *A Dissertation on the Sensible and Irritable Parts of Animals* (London, 1755).



certain condition in the nerves, and muscular fibres, by which they are sensible and irritable, and upon which the action of the heart itself depends'. He continued, 'It is this condition, therefore, which may be properly called *the vital principle in animals*'.<sup>100</sup>

Both Cullen and Hunter were dealing in theories; they had little or no personal experience of drowning. As Hunter admitted, 'I have had no opportunities of making actual experiments upon drowned persons'.<sup>101</sup> His idea of the suspended actions of life was illustrated analogically with the behaviour of a snail saturated in water. His arguments in favour of artificial respiration were illustrated using an experiment he had made on a dog back in 1755. He realized that the length to which the actions of life could remain suspended but recoverable depended on circumstances 'with which we are at present unacquainted'.<sup>102</sup> William Cullen was also conjectural in his language, since he had not had any personal experience of treating the drowned. He wrote that, 'it is *presumed*, that the action of the heart and lungs, the circulation of the blood, and therefore all the functions of life, may also, though they have many of them long ceased,

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<sup>100</sup> Cullen, *Letter*, pp. 2-3 . In the event, sensibility did not enjoy critical attention in discussions on resuscitation precisely because apparent death was a state in which *ipso facto* there was no sensibility; the patient could not be roused through his sensations and feelings because he was unconscious. This led the concept to be demoted in considerations of the vital principle; it was rather considered a sign of life elicited en route by the methods of recovery. Winslow had advocated vicious attacks on the unconscious or apparently dead body in order to rouse sensibility. The methods of treatment of the RHS, to be sure, used stimulants, both local and general, to entice a vital response, but the object of such stimulation was the aggravation of irritability, that is, muscle response independent of consciousness, rather than the production of feelings, such as pain. As Curry put it in 1792: 'In *apparent* as well as in *absolute* death, the breathing is at a stand, —the heart ceases to beat, —no motion is observable in any part of the body, — and the person is not sensible of pain from pinching, pricking, or burning his flesh.' (Curry, *Popular Observations*, p. 1).

<sup>101</sup> Hunter, *Proposals*, p. 115.

<sup>102</sup> Hunter, *Proposals*, p. 117.

be again entirely restored'.<sup>103</sup> His view that the vital principle existed some time after the circulation of blood had ceased was, he claimed, 'ascertained by many experiments', while restoration had been 'ascertained by many observations'. These experiments and observations were not his own, however, nor did he identify the experiments or the observers.<sup>104</sup> He used analogy rather than observation to guess the length of time that suspension of vitality could continue.

In the event, perhaps through Cullen's influence, Haller's idea of irritability became widely synonymous with the vital principle among medical supporters of resuscitation within the RHS.<sup>105</sup> Irritability became the property that was deemed to be the last bastion of life in the body; its existence, even only as potential for life, marked the boundary between absolute and apparent death.<sup>106</sup> Writing in 1782, Anthony Fothergill presented an admixture of Cullen and Hunter's vitalist language with some important conjectures of his own. Retaining Hunter's idea of the 'vital power', he nevertheless redefined it as the irritability of the system. 'We now know that the vital power, or in other words, the irritability of the system, is an innate property of the living solids, and is not of so volatile or fugitive a nature, as to quit them on the immediate

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<sup>103</sup> Cullen, *Letter*, pp. 2-3 [my emphasis].

<sup>104</sup> Cullen, *Letter*, p. 3.

<sup>105</sup> The exception was RHS gold medal winner E. Goodwyn, in his *The Connexion of Life with Respiration* (London, 1788), who did not deploy ideas of irritability.

<sup>106</sup> Cullen's view of apparent death seems to have come straight from Haller. Haller wrote on death that, 'I would call that death, when the whole irritable nature has left the heart. For the mere resting of the heart is not without hope of a revival of motion: neither does the putrefaction of any part of the animal body demonstrate the death of the whole animal; nor does its insensibility or coldness do so: but all these things when joined together, and perpetually increasing, with the stiffness which follows the coagulation of the fat by rest and cold, present the signs of death in any doubtful case'. See Albrecht von Haller, *First Lines of Physiology* [1747/1764] (1786) (New York and London, 1966), II, p. 248. This edition of Haller was supervised by Cullen himself.



suspension of the action of the heart and lungs', he wrote. 'On the contrary,' he continued, 'after it seems to have deserted the external parts, a remnant still tenaciously maintains its residence in the principal vital organs a considerable time after motion and sensation have ceased'.<sup>107</sup>

Charles Kite (d. 1811), winner of a silver medal from the RHS for his *Essay on the Recovery of the Apparently Dead* in 1788, declared that the distinction between apparent and absolute death rested entirely on one thing, 'the presence or absence of the principle of irritability'. He maintained that, 'When it is present, however strong may be the appearances of death, and notwithstanding the vital, natural, and animal functions, may seem abolished, animation can only be said to be suspended; but when it is absent, the body is then to be considered as absolutely and irrecoverably dead'.<sup>108</sup> The popularity of this distinction is straightforward; it made sense of recoveries in which no respiration and circulation and consciousness had been ascertained prior to treatment or spontaneous recovery. Suggesting an identity between irritability and the vital principle gave the idea of the principle material presence and hence a testable therapeutic objective located in the body. Hence, in a phrase typical of this period in the RHS's history, Fothergill wrote, 'In all cases of suspended animation, the grand intention ought to be, to excite the latent principle of irritability, on which the motion of the vital organs immediately depends'.<sup>109</sup>

Central to the claims of the RHS, then, was that it was possible to recover people who hitherto would have been dismissed as dead. That claim, as

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<sup>107</sup> Fothergill, *Hints*, p. 11.

<sup>108</sup> Charles Kite, *An Essay on the Recovery of the Apparently Dead* (London, 1788), pp. 1-2 see also pp. 108-109 (and p. 15).

<sup>109</sup> Fothergill, *Hints*, p. 15.

we have seen, was not unproblematically accepted by medical men or layfolk, both of whom continued to believe that the cessation of respiration and circulation signalled the departure of life. The RHS counteracted this older view by promoting new theories of the body, authorized by outstanding medical men of the day, that offered an explanation of how a body could appear dead but still retain vestiges of life.<sup>110</sup> Respiration and circulation were fully understood as necessary, but were no longer considered sufficient embodiments of vitality, but rather secondary signs of an underlying power. That underlying power was a cause of vital phenomena and widely conceived to exist in the muscles, in the principle of 'irritability'. Drowning interrupted the normal relationship between that underlying power and the vital functions that it supported. Treatment of the apparently dead began by restoring the underlying power's connection with vital action.

These vitalist ideas were absolutely central to resuscitation's viability,

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<sup>110</sup> The idea that the body retained vestiges of life after it had been given up for dead was precedented. In the seventeenth century, Heinrich Kornmann (d. c. 1620) (Philippe Ariès calls him Garmann while Winslow calls him Korman), in his work *De Miraculis Mortuarum*, was struck by the way corpses continued to display signs of life. Most noticeably the hair and nails would grow and, in cases of asphyxia, the male cadaver could still possess an erection. These were called the 'vis vegetans', the remnants of life. In an attempt to understand the significance of these phenomena, Kornmann reported the popular view that corpses were possessed of some consciousness after death. They could hear and remember what was said. A murdered corpse was widely expected to bleed in the presence of the murderer.

This idea that the body retained sensibility after death was implicitly at odds with the Christian view that saw death as the work of an instant; once the soul had escaped the confines of the body then the body was gone from the world of men. Kornmann's investigations, in which he attempted to distinguish between what could be deemed natural and what should be adjudged supernatural, brought attention to the difficulty of defining 'life', and the difficulty of conceptualizing the moment of death. Bruhier was also interested in these problems, but not from Kornmann's point of view, since Kornmann's investigation already presupposed a body that was never going to move again, and whose signs of life could not disguise that fact. Indeed, while Bruhier made use of Kornmann's book, he made no reference to these particular researches. While Kornmann was fussed as to what the 'vis vegetans' could mean, he didn't challenge the concept of the corpse *per se*. That is precisely what Bruhier, and the RHS after him, was trying to do. See Philippe Ariès, *The Hour of Death* (Harmondsworth, 1981), pp. 354-359.



since they were offered as apparent death's physiological validation. They made sense of unexpected recoveries. The successful adoption by the medical (and lay) community of vitalist ideas was therefore part of the wider programme of getting people to treat apparently drowned bodies. The RHS spared no effort in putting these vitalist ideas across, along with their views on possible treatments. The vitalist position was encapsulated in a much-used image of a candle whose flame was almost extinguished, save for a little spark that still lay quiescent, ready to be fanned into flame. As the preacher the Reverend Bromley put it, 'on the immediate invasion of death, the spirit of life becomes dormant; it feels a stop to its power of action; it is put out as a burning taper: But a spark still remains somewhere latent, and for some time capable of catching the re-kindling heat'.<sup>111</sup> The medal of the Society, presented to prize winners and medical assistants, and designed by Dr. Watkinson in 1775, portrayed a cherub blowing an extinguished torch with the words 'Lateat Scintilla Forsan', translated as 'A little spark may lie hid'.<sup>112</sup>

These vitalist ideas were argued for by Hawes in his lecture series. They were actively prosecuted in the reports, reworked in the charity sermons, and represented in the published essays that won the RHS's prize essays. For example, Bishop Samuel Horsley gave the idea much greater authority when he sought to demonstrate how the notion of a vital principle was anticipated by the Scriptures and consonant with the most wholesome ideals of Philosophy.<sup>113</sup> This is not to say there was a

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<sup>111</sup> Bromley, *A Sermon Preached*, p. 17.

<sup>112</sup> *Reports*, 1776, pp. 86-7.

<sup>113</sup> Samuel Horsley, *On the Principle of Vitality in Man. A Sermon* (London, 1789); [Anon], *A Letter to the Right Reverend Samuel, Lord Bishop of St. David's; occasioned by his Sermon on The Principle of Vitality in Man, etc, preached on Sunday, March 22, 1789 for the Benefit of the Humane Society* (London, 1789); [Anon], *Review of A Letter to the Right Royal Reverend Samuel, Lord Bishop of St. David's, 'Monthly Review*, 2 (1790), pp. 114-5.

uniformity of opinion on how apparent death happened, what it should be called, and how it should be treated. There was not. Only, that all theorists utilized the idea of a vital principle to undergird claims about apparent death, whether they called it 'suspended animation' or 'suspended respiration'. Even those authors who were not official prize winners, such as James Curry, wrote that: 'The important difference between the two states is this, -- that in *absolute* death, the vital principle is completely extinguished, whilst in *apparent* death, it only lies dormant, and may again be roused to action, and the person thereby completely restored to life and health'.<sup>114</sup>

## 5. CLARIFYING THE SIGNS OF LIFE AND DEATH

The RHS brought to resuscitation a radical new scepticism about the signs of life and death that found its origins in the work of Winslow and Bruhier. This scepticism might be described as total, since all the existing signs were considered ultimately unreliable. As Winslow put it:

The Redness of the Face, the Heat of the Body, and the softness of the flexible Parts, are precarious and uncertain Marks of a remaining Principle of Life; and on the contrary, the Paleness of the Complexion, the Coldness of the Body, the Rigidity of the Extremities, and the Abolition of the external Senses, are very dubious and fallacious Signs of a certain Death.<sup>115</sup>

Only putrefaction, Winslow and Bruhier argued, unambiguously

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<sup>114</sup> Curry, *Popular Observations*, p. 1.

<sup>115</sup> [J.-J. Bruhier], *The Uncertainty of the Signs of Death, and the Danger of Precipitate Interments and Dissections* (London, 1746), pp. 12-13.



confirmed the death of the body. In the first twenty years of the RHS, experts on resuscitation continued to reiterate the uncertainty that existed between the observer and the apparently dead body. There were no signs of life that were considered to signify reliably the approaching return of life, nor was there any sign, save that of putrefaction, that unequivocally declared the subject dead. While the idea of irritability provided a concept for distinguishing life and death and for apprehending or imagining the state of the internal parts of the body invisible to direct gaze, it was still unclear how far it was possible to distinguish vitality's workings by direct observation of the victim.

Hence, regarding the signs of returning life, the return of natural colour was obviously a good sign, but colour in the face was not good *per se*. 'It is no uncommon remark', Kite observed in 1788, 'that the countenances of some people look much better, and more natural, when dead than while alive'.<sup>116</sup> The fluidity of the blood, while a familiar sign of life, was misleading, because anatomists argued that blood often did not coagulate after death so that openings could let forth 'streams of blood'. The flexibility of joints, normally a sign that demonstrated that rigor mortis had not set in, could not be unequivocally recommended as a sign of life; animals killed by mephitic air or lightning, according to Kite, remained flexible.

Anthony Fothergill, writing just over forty years after Winslow, concluded almost identically with him on the topic of the signs of death. 'Neither the clay-cold hand, the stiffness of the limbs, the dilation of the pupil, nor even the cadaverous countenance are, separately considered, infallible tests of its [the body's] total extinction', he insisted.<sup>117</sup> All these

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<sup>116</sup> Kite, *Essay*, p. 99-100.

<sup>117</sup> Fothergill, *Hints*, p. 12.

latter signs, which were associated with death, had appeared in bodies that went on to make a recovery. Kite agreed. The livid, black and cadaverous countenance, the heavy, dull, fixed, or flaccid state of the eyes, foaming about the mouth and nostrils, a rigid and inflexible state of the body, jaws, and extremities, and an intense and universal cold had all, either singularly or in a cluster, been identified in people who recovered.<sup>118</sup> Hence, Curry urged his reader to 'ever hold in view the possibility, that the person -- *is not dead, but sleepeth*.<sup>119</sup>

This left only putrefaction as a sure sign of death. But knowledge of the signs of putrefaction, which Kite had thought was 'so well known to (at least) every medical man, as to render a description of them unnecessary',<sup>120</sup> might be decisive information for burial, but was no good for recovering the apparently dead, or when epidemics made for a very rapid turnover of bodies.<sup>121</sup> Putrefaction took time to develop on the body, and treatment had to be immediate in the case of the drowned. Moreover, even putrefaction was questioned as a bona fide mark of death by Fothergill and Kite, since it could also be found, they suggested, in cases of gangrene, sea-scurvy and smallpox.<sup>122</sup> Indeed Kite's description of someone with the sea-scurvy resembled closely a description of a corpse.<sup>123</sup> Kite was not actually encouraging his colleagues to disregard

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<sup>118</sup> Kite, *Essay*, p. 94 . This list is repeated by Curry, *Popular Observations*, p. 5.

<sup>119</sup> Curry, *Popular Observations*, p. 5 [his emphasis].

<sup>120</sup> Kite, *Essay*, p. 106.

<sup>121</sup> Christian August Struve, *A Practical Essay on the Art of Recovering Suspended Animation*, [1801] (London, 1803), p. 44.

<sup>122</sup> 'Nay, PUTREFACTION itself is but an equivocal sign of absolute death, in the last stage of the confluent small-pox, putrid fevers, or sea scurvy, when a syncope supervenes'. In Fothergill, *Hints*, p. 12.

<sup>123</sup> Kite, *Essay*, pp. 104-105.



the evidence of putrefaction. It is not clear from the cases he quotes whether the patients he instanced ever recovered; one imagines not. He was, however, encouraging readers to consider the idea of putrefaction as part of life, rather than as something that was exclusive to the dead body, something that stood for the agency of death.<sup>124</sup>

By denying that the absence of respiration and circulation constituted unequivocal signs of death on their own, and by shedding doubt on secondary signs, the RHS turned the drowned body into a mystery. Wholesale scepticism about the reliability of the signs made prognosis very difficult, in theory at any rate. It was no longer clear when the body was dead, or could be left to die, but nor was it clear when the body retained the vital principle. Medical men were therefore left to orchestrate a recovery, no longer assured of the old certainties, and lacking a new semiotic vocabulary to take its place. They (officially) had to deny their (and their assistants') instincts about death in order to persevere with the treatment, without there being any new officially sanctioned guidelines. While they may have had every confidence in principle in the idea of recovery from apparent death, in practice it was initially the 'incredulous' who were confident about the signs of death - confident enough to ridicule those who persevered in the treatment after the spirit was thought to have departed. Against this ridicule, the Society huffed hotly: 'The vulgar notion that a person will recover in a few minutes, or not at all; and the ignorant, foolish ridiculing, of those who are willing to persevere, as if they were attempting impossibilities, has most certainly caused the death of many who might otherwise have been saved'.<sup>125</sup>

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<sup>124</sup> W.R. Albury, 'Ideas of Life and Death', in W.F. Bynum and Roy Porter, eds., *Companion Encyclopedia of the History of Medicine*, 2 vols. (London, 1993), I, pp. 248-280.

<sup>125</sup> *Reports*, 1774 (3), p. 14.

Faced with new doubts about the corpse, and operating in contexts where they could face ridicule for their pains, medical men were keen to find new clues about the whereabouts of the vital principle. The identification of such signs could only maximize the chances of success and minimize the possibilities of failure. Failure was not an unequivocal disaster, of course, since bodies were not expected to survive drowning, and the rewards were paid out to failed treatments anyway. But while the jury was out on whether recovery from apparent death was viable and worthwhile, it was necessary to ensure that treatment went smoothly and failures were accounted for. A successful resuscitation, I contend, was not simply one ending in a positive result, but one in which everyone was satisfied that the process had been worthwhile. This included the assistants and not just the medical men. It was the attempt to resuscitate and not merely the benign consequences of resuscitation that merited the approbation of humanity. The problem facing medical men was that many people did not deem such attempts worthwhile, nor were they predisposed to think that they would be.

This is why deft judgements about the propriety of treatment were important while the RHS still had a case to prove. Treatment wrongly pursued, let alone wrongly administered, left the medical assistant individually, and the treatment generally, open to ridicule. It only confirmed what people thought they knew; that stimulative interventions during so-called 'apparent death' were pie in the sky. A replacement semiotics of the body that clarified precisely the relations between vitality and the signs of the body would allow medical men to make judgements confidently. In the context of treatment, such decisions may not have carried the approval of the bystanders, but if unnecessary treatment that could only result in failure was avoided, the cause of resuscitation and the reputation of the medical assistant would be preserved. New, reliable signs could give the medical men the



conviction to remain at the scene of the resuscitation. As Anthony Fothergill put it in his letter to William Hawes in 1782: 'I have long concurred with you, Sir, in earnestly hoping that a certain criterion between positive and apparent death, besides that of putrefaction, may be soon discovered. For want of this, the benevolent efforts of the faculty have sometimes been unnecessarily prolonged, and unjustly ridiculed, under the imputation of attempting impossibilities.'<sup>126</sup>

The attempts to find such signs were not particularly successful. There was no mistaking how elusive the vital principle was. As C. A. Struve (1767-1807), a German practitioner and 'Guardian of Life' (an honorary post of the RHS), admitted:

It is difficult, and sometimes impossible, to discover its diagnostics, when the vital principle is entirely suppressed. But, if it manifest itself in an unequivocal manner, the vital power then is in a progressive state of development; on the other hand, this susceptibility may be imperceptibly lurking in the body.<sup>127</sup>

Despite the difficulty of the task, in 1782 Anthony Fothergill urged his colleagues to consider two signs as entirely reliable signs of death. He recommended, first, to look for 'a peculiar *glassiness* of the eye, when this is accompanied with coldness and flaccidity of the skin' which, he claimed, as a sign of absolute death 'will seldom deceive us'. He then recommended a test: to blow air into the mouth and inspect whether the air could be felt being expelled from the anus. If so, the practitioner had decisive proof of 'the internal sphincters having lost their irritability, and

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<sup>126</sup> Fothergill, *Hints*, p. 10.

<sup>127</sup> Struve, *A Practical Essay*, p. 29.

of life being totally exhausted'.<sup>128</sup> This was a test devised by Thomas Cogan.

According to Charles Kite, this recommendation failed the test of experience. Kite conceded that a 'bright, glistening, and transparent eye' usually accompanied death, but claimed that it had been exhibited by people who were later resuscitated. According to Mr Church, a medical assistant from Islington and one of the most indefatigable resuscitators associated with the RHS, 'when the cornea of the eye was opaque or misty, the party was irrecoverably dead; but whenever it remained *clear* and *transparent*, they have been restored, although no other favourable symptom appeared'.<sup>129</sup> As for inspecting the irritability of the alimentary canal, Kite noted that he had tried the test but had found it wanting.

Unpersuaded by Fothergill's tests, Kite put forward signs that he believed could show that the vital principle had disappeared. Since he asserted that the principle of irritability was the thing that distinguished apparent from absolute death, it followed that any sign of death had to register the absence of that principle. He first suggested that the pupil of the eye, which is wide during dying, becomes *narrower* at the moment of death (see Winslow, Haller), or one of the pupils becomes more *contracted* than the other:

the motion of the pupils, both in light and darkness, in health and disease, at the time of death, and under almost every circumstance, is very nearly the same in both eyes. That this sympathetic action of the muscular fibres of the iris is effected by the medium of the brain, will admit of no

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<sup>128</sup> Fothergill, *Hints*, p. 13.

<sup>129</sup> Kite, *Essay*, p. 96 [his emphasis].



doubt: when therefore this regularity is infringed, that is, when the two pupils are unequally contracted, it is very presumable, that the influence of the brain and nerves is entirely annihilated, and the vital or irritable principle utterly destroyed.<sup>130</sup>

Kite also instanced the absence of what he called 'vital heat' as a sign of death. Vital heat, which was an expression Kite did not like, and which referred to 'that heat which remains in the body after the pulse and respiration have ceased', could be ascertained by introducing a thermometer into the rectum.<sup>131</sup> Kite had heard of an instance of post-mortem dissections that revealed the body being warm in the pelvic area some 20 hours after death. Yet Kite, unlike Coleman, was persuaded that heat and the principle of irritability were identical.

Finally, for Kite the presence of water in the lungs spelled death. When a person drowned, Kite argued, a violent contraction seized the muscles, preventing the entrance of water into the windpipe, 'not merely till death, considered as a general circumstance, effected, by the suspension of the vital powers, has taken place [i.e. in an apparent state], but probably till the irritability of the muscular fibres is destroyed [absolute death]'. Water only entered when recovery was impossible.<sup>132</sup> This observation was only of limited use as it was not easy to determine when the water had entered the lungs, or whether expelled water came from the lungs or

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<sup>130</sup> Kite, *Essay*, pp. 110-111.

<sup>131</sup> Kite, *Essay*, errata, p. xxviii.

<sup>132</sup> 'When irritability in any part is totally destroyed, death may then, in the strict sense of the word, be said to have taken place in that part, and a state of relaxation immediately ensues.' Kite, *Essay*, p. 116.

the stomach.<sup>133</sup> In short, Kite believed he had set upon four signs that were decisive in communicating absolute death, but they were either impossible to assess (water in the lung), or were hypothetical and not widely appreciated.

Equally adamant that reliable semiotics was desirable, and more concerned about guiding the practitioner during the course of treatment, Struve divided his signs into four categories. The first category incorporated 'Signs of existing susceptibility of stimulus', such as warmth, contraction and dilatation of the heart, which were not to be confused with returning life itself. The second category included doubtful signs of returning irritability, such as a degree of rigidity in the limbs, hiccupping, hissing of the nostrils and spontaneous trembling of the body. The third category referred to more certain signs, such as the throbbing of the heart and slight convulsive motions in the inner corner of the eye. The fourth category referred to 'distinct signs of life', such as sneezing, agitation, vomiting, respiration and coughing, groaning and convulsive motion of the toes.<sup>134</sup>

Struve's distinction between signs of existing susceptibility to stimulus, and the various degrees of response to stimulus, dampened expectations of a recovery on the basis on a few signs of recovery. After all, the symptoms of susceptibility were often mistaken for signs of animation in general:

Such indeed, in some measure, they are; but so feeble and uncertain are the criteria of successful resuscitation, that we may, with greater reason, merely consider them as vestiges

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<sup>133</sup> Kite, *Essay*, p. 120.

<sup>134</sup> Struve, *A Practical Essay*, pp. 33-34.



of the returning susceptibility; because the modifications of vitality have hitherto not been ascertained with sufficient precision, nor have the symptoms of that susceptibility been accurately investigated.<sup>135</sup>

In fact, while Struve's analytical categories appeared to clarify the mystery of semiotics, ultimately, his argument emphasized how uncertain practitioners were before the shifting and largely invisible states lurking beneath the surface of the body.

Among some practitioners eager to see resuscitation flourish, the task of finding reliable signs was of paramount importance. Kite prefaced his remarks on the signs with the observation that, 'On a question of such importance, volumes might be written'.<sup>136</sup> Struve wrote in 1802 that, 'I earnestly exhort all medical men to be assiduous in making their observations on this part of semiology; for I am persuaded, that the result will prove highly beneficial to the practitioner'.<sup>137</sup> These attitudes were not shared by all practitioners who wrote on resuscitation. Hunter and Cullen had ignored the topic altogether. Goodwyn, who pipped Kite for the gold medal of 1788, dismissed the earlier studies that focused on the signs of life and death in favour of his experimentally informed analysis, which reasserted that the beating of the heart confirmed the existence of the vital principle. By implication, he reinstated the pulse as a viable test of remaining life. He did not discuss any other of the signs or the literature associated with them.

It is unclear how far, if at all, the advice of Kite, Fothergill and Struve was

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<sup>135</sup> Struve, *A Practical Essay*, p. 30.

<sup>136</sup> Kite, *Essay*, p. 91.

<sup>137</sup> Struve, *A Practical Essay*, p. 30.

followed on the ground. It is clear from the reports that practitioners often found patients exhibiting signs of death (such as a fallen jaw) and exhorted the assembled company to continue treatment. While this led to unexpected recoveries and, presumably, greater credence for the idea of apparent death, it is not clear how far either practitioners or lay people were concerned about the niceties of semiotics. Besides, resuscitators did not rely exclusively on semiotic information; those who rescued the victim could provide circumstantial details that would enable the practitioner to assess the prospects of recovery (e.g. such as the time spent under water).

This does not gainsay my main point, however, which is that interest in the signs of death was a response to the uncertainties faced by people, especially medical practitioners, who were trying to develop respect for the idea of recovery from apparent death among people who were incredulous and suspicious. A knowledge of the signs offered practitioners greater control of the treatment. While the Society was still actively challenged by incredulity, doubts about the signs of death remained an issue. Practitioners were faced with the difficult task of having to make a decision to begin or continue treatment on bodies that, to them, looked dead, and take those assisting them along with them. Armed only with scepticism about the existing signs, the practitioner was not in an authoritative position. The interest in reliable signs was fuelled by the desire to gain greater confidence in front of a potentially hostile group. When incredulity declined as an issue facing the Society, the need for scrupulous and specific signs declined also. The pressure on medical practitioners to prove the doubters wrong faded. They no longer needed a defining sign.

While in theory there was no sign which in isolation could reliably inform the practitioner of what was going on under the surface of the



skin, and while Struve emphasized the opacity of the vital principle,<sup>138</sup> this does not mean that each corpse presented an epistemological conundrum. Normally, medical practitioners did not have to make the decision to commence treatment; in many of the cases people had already begun frictions by the time the practitioner arrived. In these instances, the practitioner only needed to orchestrate the recovery in the remaining time.

As for ordinary folk, provided they were willing to cooperate with the practitioner, which can be assumed in most cases when practitioners were called to help, they commenced the treatment and waited until the practitioner arrived. Once the practitioner enjoyed the trust of the assembled company, it is hard to see that in these cases a nuanced appreciation of the signs was of particular relevance, since the time allotted for recovery was somewhat short, ranging from 2 to 4 hours. If only we had detailed accounts of all the failed cases where people's disbelief made an impact on the proceedings! In the end, the best way of finding out if a recovery was possible was to undertake a recovery, as Fothergill observed, since it was impossible to make judgements about the recoverability of the body *a priori*.<sup>139</sup> There was no other way, as Hawes maintained in 1790, to establish the existence of the vital principle.<sup>140</sup>

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<sup>138</sup> Struve wrote that, 'This suspension of life consists of infinite modifications, from the transient momentary fainting fit, to the death-like torpor of a day's duration. The susceptibility of irritation may be completely suppressed, and the person apparently dead, [sic] may be insensible of the strongest stimuli, such as the operation of the knife, and the effects of the red-hot iron; and yet the vital power may not be extinct. In this state, however, apparent death very nearly borders upon actual dissolution'. In C.A. Struve, *A Practical Essay*, p. 27.

<sup>139</sup> Fothergill, *Hints*, p. 9.

<sup>140</sup> Hawes wrote that, 'The incontrovertible testimony of a series of experiments for several years, has demonstrated the impossibility of ascertaining any other *criteria* of a perfect extinction of the vital principle in the instances of its sudden disappearance than the ineffectual application of the resuscitative means.' In *Reports*, 1790, p. 67.

## 6. EXPLAINING FAILURE

The Society was able to vouchsafe the utility of the remedies by offering explanations for the results that did not hinge on the efficacy of individual remedies themselves. The RHS was not especially forthcoming about why individual attempted recoveries did not succeed. At first it claimed, somewhat ambiguously, that, of the failures of 1774, 'several instances would sufficiently indicate that the cause of their failure was owing to adventitious circumstances, which, without affecting our leading principle, rendered it morally impossible to recover the unfortunate objects'.<sup>141</sup> Unfortunately, it did not say just what these 'adventitious circumstances' were, let alone why they were 'morally' wrong. Failed cases did not enjoy a full narrative in the reports, a feature that is particularly regrettable for the historian who wants to reconstruct reactions to resuscitation fully. Instead, failures tended to be placed in tabular form. The information supplied was meagre. The victim's name and age was provided and occasionally a comment that indirectly helped explain why the body did not recover was offered: the man had just had a fight, was drunk, or old, or somesuch. Unsuccessful cases were deemed important to mention because they accounted for the expenditure of the Society, and because they showed that nothing more could be done for the victim, a 'consolation which has only existed since the establishment of this society'.<sup>142</sup>

The tenacity of the vital principle was ambiguous. Hence, no-one really knew how long apparent death could last. Curry admitted in 1792, 'How

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<sup>141</sup> *Reports*, 1774 (4), p. 12.

<sup>142</sup> *Reports*, 1781, p. iv.



long a body will continue in this seemingly lifeless condition, and yet admit of recovery, has not been precisely ascertained'.<sup>143</sup> More specifically, medical men did not know what could be expected of the vital principle when the body was struggling under water. Why some died having been in the water only five minutes, while others survived after having been in the water for over half an hour, was a moot point.<sup>144</sup>

Most theorists admitted their ignorance of the process of recovery, even if they provided general accounts of its possible mechanisms. Hunter knew that the return of the 'action of life' depended on circumstances 'with which we are at present unacquainted'.<sup>145</sup> Kite believed the most important elements impeding a recovery were intoxication, previous overeating, the depth and coldness of the water, extravasation in the cranium, injuries sustained while falling into water, epilepsy, palsy and other problems of the brain, as well as improper treatment.<sup>146</sup> Hunter and Fothergill speculated that deaths in drowning (and by implication failed treatments) could have mental etiologies:

However, if the affection of the mind have had any share in the cessation of actions in the heart, that will not be so easily restored as it would otherwise be: therefore in our attempts to recover persons drowned, it might be proper to inquire if there had been time sufficient for the person to form any

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<sup>143</sup> Curry, *Popular Observations*, p. 1.

<sup>144</sup> Fothergill, *Hints*. 'I heard of a man who was taken out of the same river not a month since, and who had not been therein more than five minutes: he was stript and bled almost immediately, afterwards rubbed with salt, and put into blankets, and yet did not recover, which circumstance (if the report be true) was probably owing to a want of perseverance and labour in the assistants; as I do not find any medical gentleman had been called to him'. In *Reports*, 1774 (5) p. 36 [11].

<sup>145</sup> Hunter, *Proposals*, p. 117.

<sup>146</sup> Kite, *Essay*, pp. 70-75.

idea of his situation, previous to his being plunged into the water. It is more than probable, in such a case, that the agitated state of mind might assist in killing him; and I should very much doubt the probability of recovering such a person. In the history of those who have, and who have not been recovered, could the difference be assigned to any such cause, it might lead to something useful.<sup>147</sup>

Fothergill continued this line of thinking in 1782. He asked whether the uncertainty of recovery came from the 'different degrees of horror, with which the mind happens to be impressed in the act of drowning', and went on to argue that, 'Sudden terror overwhelms certain persons, and is alone sufficient to produce a total *suspension* of their vital functions' or, worse still, 'disarms the mind at once, but also at the same instant arrests the vital principle, and thence deprives the miserable being of every possible chance of recovery by art'.<sup>148</sup>

The most important factor in affecting a recovery that was extrinsic to the therapy was deemed to be the time the victim spent in the water. We would do well to realize that only thirty years before the inauguration of the Dutch society in 1767, rational men were prepared to consider stories of extreme survival under water. In a letter of February 18, 1737, that was later published in *Philosophical Transactions*, Dr. John Green narrated a story of a three-year old girl who was caught in a miller's waterwheel.

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<sup>147</sup> Hunter, *Proposals*, pp. 119-120. The idea that fear could kill was not new. Tissot had written that, 'The general Effects of Terror are a great Straitening or Contraction of all the small Vessels, and a Repulsion of the Blood into the large and internal ones. Hence follows the Suppression of Perspiration, the general Seizure or Oppression, the Trembling, the Palpitations and Anguish, from the Heart and the Lungs being overcharged with Blood; and sometimes attended with Swoonings, irremediable Disorders of the Heart, and Death itself'. S. A. A. D. Tissot, *Advice to the People in General* (London, 1765), p. 517.

<sup>148</sup> Fothergill, *Hints*, p. 9 [his emphasis].



She later died because the wheel 'had tore [sic] away all the Shin, Muscles, Sinews, and Tendons, of her Leg, quite to the Bone, and striped [sic] them down to her Heel', and not because of the time she spent under water.<sup>149</sup> This time was estimated as not less than fifteen minutes.

To the first English medical author to treat of drowning at length, Rowland Jackson, fifteen minutes would have been a very conservative estimate. Jackson was prepared to give credence to stories that gave to the human body quite extraordinary qualities of endurance under the water. To take an example, he told a story of a Swiss diver who was employed to catch fish that hid in the banks of the river. One day the diver dived into the river to find fish for his employers. When the employers came to the banks to find him, all they could see were his clothes. They feared the worst and searched the nearby water. Here they found him, and dragged him out with a hook. A member of the Royal Society of Inscriptions, one Monsieur d'Egly, upon seeing the man, insisted, to the surprise of the assembled company, that the diver was not dead. Upon treatment, the diver was then restored to health. Jackson claimed that, on this occasion, the diver had been in the water for no fewer than nine hours.

More dramatic still was the story first told in English by the natural theologian, William Derham (1657-1735), which was obtained from the Swedish medical author Pechlin. The story told of a gardener from Troninghelm in Sweden who dived into the water to save a woman who had fallen through the ice. Unfortunately, while on his mercy mission the gardener found himself stuck to the bottom. He remained there for sixteen hours. He was eventually rescued and he revived. 'This singular

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<sup>149</sup> John Green, M.D., F.R.S., 'Of a Girl who remained a quarter of an hour under water without drowning', *Phil. Trans* (1739), pp. 166-168. When Bruhier wrote of the various spontaneous recoveries in his *The Uncertainty of the Signs of Death*, the apparently dead could exist in such states for days, but his attention did not stray to stories of the drowned. Winslow's cases dealt with chronic conditions and hysterical conditions, rather than accidental deaths and acute deaths.

Accident,' wrote Jackson, 'attested by the Oaths of Persons who had been Eye-witnesses to it, induc'd the Queen to give him an annual Pension, and he was introduc'd to the Prince, in order to give an Account of what had befallen him'.<sup>150</sup> More remarkable still was the story of the Swedish painter who, while painting from a boat, fell into the lake. Not unlike the gardener, he got stuck to the bottom. He stayed in the water, standing in a perpendicular fashion, for a further eight days. Finally, one Mr. Burmann had heard in a funeral sermon the story of the deceased who had, at the age of sixteen years, survived under the water for seven weeks, and gone on to live to the ripe old age of seventy.<sup>151</sup>

Adding to the authority of these extraordinary cases was the fact that two of the victims were conscious of their ordeal. Their memory of the incident was recorded in the story. Hence, Jackson related, one man told listeners, that:

whilst he was making the most strenuous Efforts to preserve his Life, he thought of nothing but God, and the Means of recommending himself to his Favour and Acceptance; and the Voice of his darling Sister who wept bitterly on the Shore, for the Fate of her Brother, had serv'd to conduct him to the Land; that the Disturbance of the Water by those who fought for him, and the Lamentations of the People on the Shore, were not only distinctly heard by him, but also prov'd extremely shocking and uneasy to him; that he thought his Respiration was carried on, without his knowing in what Manner, that the Water had not penetrated into any of the Cavities of his Body; and that he was hot, instead of being

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<sup>150</sup> Jackson, *A Physical Dissertation*, p. 11.

<sup>151</sup> Jackson, *A Physical Dissertation*, p. 16.



The Swedish painter was also grilled by the local magistrate and clergyman in the following manner:

Whether he had respir'd all the Time of his Submersion?  
 To which he answer'd, He knew nothing of the Matter.  
 Whether he had thought upon God and recommended his  
 Soul to him? To which he reply'd, Very often. Whether he  
 could see and hear? To which he answer'd, Yes, and said  
 that he would often have laid hold of the Hooks employ'd  
 in finding him, if he could have mov'd his Arms. He also,  
 added, that the Fish prov'd highly offensive and uneasy to  
 him, by the Attacks they made on his Eyes; and being ask'd  
 by what Means he guarded against these Attacks, he  
 answer'd to moving his Eye-lids. As to his Sense of hearing,  
 he affirm'd, that nothing wrs [sic] more ungrateful, and even  
 painful, to him than striking the Surface of the Water; and  
 that in a particular manner, he was affected with a violent  
 Pain of his Ears, which was forthwith communicated to his  
 whole Body, every Time People came to draw Water in  
 Buckets. When he was ask'd, Whe-he [sic] had been sensible  
 of Hunger, and discharg'd his Excrements? He reply'd, that  
 he had not. Being interrogated, Whether he had slept? he  
 answer'd, he knew nothing of it, but believ'd he had, because  
 he was some times depriv'd of all Sensation and Reflection;  
 adding, that all the Thoughts he remember'd to have pass'd  
 in his Breast, had only God, and the Means of his own

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<sup>152</sup> Jackson, *A Physical Dissertation*, p. 7.

In 1746, Rowland Jackson was urging his readers to consider these stories as true, or at least worthy of critical scrutiny, since they were testified to by respectable gentlemen. The situation had changed by 1774, when the RHS at least had the testimony of those in the Dutch society to rely on. These stories do show, however, that medical men such as Jackson were prepared to accept that the capacity of the body to resist the impact of drowning was far, far greater than was ordinarily imagined. Rowland Jackson was no fool; his work on drowning, the first full-length treatment in English, was learned, passionate and sane. Hawes had certainly read Jackson since he recommended 'Jackson' to readers in 1782.<sup>154</sup>

By 1774, expectations for recovery for those under water for as long as an hour and a half were dim. According to the medical assistant Joshua Dixon, in Hewson and John Hunter's anatomical lectures of 1768, Hewson had established, by experimenting on animals, that recovery after two minutes submersion was impossible.<sup>155</sup> Of some of the first failures in 1774, the Society explained them away on the grounds that the bodies had spent between an hour and a half and two hours in the water prior to treatment, a period in which, the RHS explained, 'we are not so sanguine as to expect that one in fifty could be restored under such disadvantages'.<sup>156</sup> In the early years, the RHS made a point of asking medical assistants to ascertain how long the body spent under the water

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<sup>153</sup> Jackson, *A Physical Dissertation*, pp. 14-15.

<sup>154</sup> Hawes, *An Address*, p. 15.

<sup>155</sup> *Reports*, 1790, p. 84.

<sup>156</sup> *Reports*, 1774, p. 21.



prior to treatment, and occasionally assistants went to considerable lengths to provide the information requested.<sup>157</sup>

It would be a mistake to assume that the physiological work of Fothergill, Goodwyn, Kite, and Coleman did much to clarify matters theoretically. They were, of course, developing new and more specific scientific causalities; apparent death was a collapsed lung, it was the lack of motion in the lungs, it was lack of dephlogisticated air in the lungs and blood, and so on. These statements were similar to our view that a brain begins to sustain serious damage when it is starved of oxygen for three minutes, and will be dead within five. The treatises provided more nuanced narratives of death that, their authors supposed, were true of all apparent deaths regardless of their immediate cause. The prizewinners were putting their faith in the idea of irritability, after all. Coleman thought the heart (the seat of the vital principle in his and Goodwyn's view) could retain irritability up to 20 hours after respiration had ended.<sup>158</sup> The implications of such a suggestion were enormous. The impact of these views appears to have been slim; the official plan of treatment continued to recommend stopping the treatment after four hours.

In practice, long treatments were not usual. In one case, in 1777, the assistants persevered for five hours, but this was rare.<sup>159</sup> Kite, reviewing the stories of belated spontaneous recoveries found in Bruhier, observed that, 'Although most of these stories are attested and vouched for by men of sense and eminence, it is perfectly unnecessary to say, they are by far too extravagant to deserve the least credit'. And again:

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<sup>157</sup> *Reports*, 1776 (1), p. 51.

<sup>158</sup> Edmund Coleman, *Dissertation on Suspended Respiration*, (London, 1791), p. 87.

<sup>159</sup> *Reports*, 1777 [159].

Many of these, notwithstanding they are vouched for by men of reputed sense and eminence, are of such an extravagant nature as not to be credited: yet it is clear there must have been some foundation for such uncommon stories, and that several have recovered a considerable time after they had appeared to be dead.<sup>160</sup>

Despite Kite's scepticism, he still allowed that there was no smoke without fire. When Fothergill made a passing note of these stories in 1795, by contrast, he likened them to the tall stories of Baron Munchausen. On the basis of the cases, he thought that 10 minutes in the water was the maximum time a body could survive before the vital principle disappeared; reports of recoveries of persons left in the water for up to 20, 30, and even 45 minutes received a satirical 'I'.<sup>161</sup> So as the years went by, Fothergill at least became confirmed in the opinion that nothing could be expected of the treatment if the body had spent more than 10 minutes under water; it is reasonable to assume that Fothergill, who had, along with his colleagues, twenty years of experience with the RHS, was not alone in this position.

Of course, the complexity of explanation arises because, while the general physiological explanation for a failed resuscitation may be identical (e.g. the lack of oxygen to the heart, lungs and brain), the failure of any particular resuscitation is the responsibility of an almost infinite number of variables. Resuscitation, if it is a miracle, is first and foremost a social miracle. In 1788, as part of his prizewinning essay on apparent death, Charles Kite sought to obtain a systematic and analytical purchase on the

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<sup>160</sup> Kite, *Essay*, p. 219.

<sup>161</sup> Fothergill, *A New Inquiry*, p. 87.



chain of events between an accident and a recovery. This analysis is now called the 'chain of survival'. He offered a table of all the possible factors involved in a case which, theoretically at least, could offer a template for a statistical analysis of resuscitations. As he put it:

Nothing seems more essentially necessary for the improvement of the resuscitating art, than a large and diversified store of accurate histories of persons apparently dead from drowning, and other causes: indeed, till we can obtain such a properly accumulated mass of history, it is in vain to expect that our knowledge of this subject can be at all extended.<sup>162</sup>

Practitioners could run along the various entries and tick the boxes that applied to their case. While, naturally, a number of the boxes referred to the various remedies, a significant number corresponded to the context of the treatment. Practitioners were first invited to consider the patient's sex, age, constitution and health history prior to the drowning. The circumstances of the accident were then analyzed; Kite considered for how long the patient was in and under the water, whether the patient was face down or face up, and whether the patient was motionless. An assessment then followed of what happened to the body once it had been taken up from the water. This included establishing the length of time that passed before any of the remedies were used, whether the body was in a favourable or unfavourable position, whether it had injuries, whether the body retained its wet clothes, or was exposed to 'inclement weather', or whether it had been treated in the old ways.<sup>163</sup> It is unclear

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<sup>162</sup> Kite, *Essay*, p. 194.

<sup>163</sup> Kite invited practitioners to pay particular attention to the appearance of the body, to the condition of the face, eye-lids, eyes, jaws, mouth, tongue, skin, stomach and abdomen; all of these could provide clues to the most reliable signs of life and death.

what impact this table had in practice, even if its presence was certainly a key reason for Kite winning his silver medal.<sup>164</sup> The point to be made, however, is that Kite's table made explicit, in inspectable form, the contingent nature of recovery; by showing recovery to be the result of a complex process, he demonstrated how the treatment was dependent on non-medical factors.

## 7. CONCLUSION: THE LIMITS OF INCREDULITY

I have argued that while resuscitation's cause grew rapidly in the late 1770s and 1780s, it also met with a large obstacle in the form of incredulity. This incredulity was shared by medical men and laypeople. It had to be overcome and defeated if resuscitation was to flourish and the RHS's medical reputation protected. I have argued that this incredulity was challenged in a number of ways. The reports of the results sought to contradict people's assumptions that recovery from apparent death was impossible. The presentation of the results was embedded in arguments that made the case for the RHS's trustworthiness, openness and reliability. Second, vitalist ideas about the nature of life, which were wedded to the idea of irritability, provided a medically sanctioned explanation for recoveries from states of apparent death. This explanation enjoyed the support of the most highly respected theoreticians of the day. These ideas were emphasized by those, such as Charles Kite, Anthony Fothergill, and James Curry, who were consciously 'scientific' in their image, a value with real and ever-growing appeal among Britain's intelligentsia. These medical men rendered the idea of apparent death and its reversal intelligible. Third, the signs of life and death, suddenly an area of epistemological opacity, were clarified to prevent unnecessary treatment that was bound to fail. These attempts at

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<sup>164</sup> Kite, *Essay*, p. x.



clarification declined as the idea of immediate treatment on apparently and nearly drowned bodies was accepted. Last, supporters of resuscitation provided explanations for failures that did not compromise the treatments, the Society, or its medical men.

In the end, the scepticism directed at the idea of recovery of apparent death did not do much damage to the RHS as a whole, since the Society quickly realized that dramatic recoveries from acute states of apparent death were not typical of the cases that were brought to its attention. Rather, people were generally prevented from drowning by speedy rescue. As we shall see in Chapter 5, medical men, impressed by such acts of humanity as they saw it, wrote to the Society asking that the rescuers, the 'salvors', might be rewarded. Further, many of those treated were not at death's door at the time of treatment, but nevertheless benefited from immediate medical attention. They were in critical conditions but still showed signs of life.

The Society's project altered to accommodate these different kinds of case. Cogan observed that, 'In fact is much more desirable to *prevent* these accidents, than to trust to the uncertainty of a recovery, where the object is apparently dead, although the latter case may be a greater subject for astonishment, and reflect the greater honor upon our institution'.<sup>165</sup> From 1776 onwards, the cases were categorized into those where all powers were suspended, i.e. the apparently dead, those who 'were almost expired' but alive when treated, and those who were rescued but did not need treatment. This took the heat off the idea of apparent death since, as Cogan observed, those suffering from an 'obstinate scepticism, or an attachment to an ill-founded theory', might be able to grant success in the

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<sup>165</sup> *Reports*, 1776, pp. 9-10 [20].

other kinds of case.<sup>166</sup>

This policy had one disadvantage; the awe given to recovery from apparent death was bound to be diluted in this context. 'But', Cogan reasoned, 'if we prove instrumental in saving of life, it must be a matter of indifference to every considerate mind, whether the circumstances attending this preservation become more or less wonderful'.<sup>167</sup> Indeed, Cogan anticipated a huge new harvest of saved lives that would owe their continued vitality to the RHS. 'Thousands may hereafter owe their lives to that attention we have excited,' he wrote, 'and to those encouragements we hold forth to every one who shall attempt to rescue his brother in the moment of distress'.<sup>168</sup> In this conjecture he was entirely correct. By 1791, the official figures revealed that 2146 rewards had been paid, 858 of which had been for restorations to life (either from apparent death or critical conditions), 639 for people rescued as a result of the rescue equipment provided by the Society, and 649 for unsuccessful attempts.<sup>169</sup>

With the expansion of the Society's remit, the pressure to perform miracle recoveries from apparent death was reduced and the idea of modern 'life-saving' introduced. Besides, the more rescues were undertaken, Cogan reasoned, the likelihood decreased of people being brought to the shore with all their vital actions gone and powers suspended. This state of affairs made spectacular recoveries rarer. The inculcation of a culture of life-saving came to dominate the agenda of the

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<sup>166</sup> *Reports*, 1776 (2), vi.

<sup>167</sup> *Reports*, 1776 (2) p. vi.

<sup>168</sup> *Reports*, 1776 (2), pp. v-vi.

<sup>169</sup> *Reports*, 1791, p. xxix.



RHS. The power of incredulity to hurt the cause of resuscitation was thereby diminished and the cause of humanity secured. Incredulity, however, was not the only source of resistance to resuscitation. The RHS had to meet opposition inspired by another source: the metaphysical world beyond the grave. It is this source of turbulence that I shall treat of in the next chapter.

## **CHAPTER FOUR: RESUSCITATION AND THE CHALLENGE OF IMPIETY**

### **1. HUBRIS**

Before the RHS, the word 'resuscitation' referred to reanimation in the natural and spiritual spheres. It could refer to a plant or animal's restoration to full health from illness or deprivation, and it could be a synonym of the word 'resurrection'. 'Resurrection' referred either to the ascension of Christ after his death and burial, or the revivification of men and women at the Last Day. In the sixteenth century, one could write of the 'Ressurrecyon or resuscitacyon of body, and lyfe eternall' (1526), or, 'Here we haue a clare testimonie of the resuscitation of the life to come' (1545). The neo-Platonist Henry More wrote of 'The Resuscitation of all his Saints into that Eternal Happiness which they had fallen from' (1660). Reanimation from death was an important Christian idea. The healing miracles of Christ, the resurrections wrought by the prophets Elijah and Elisha, and Christ's own resurrection, were the best known examples. It was this close kinship between the Christian God and reanimation that the RHS's programme of resuscitation actively troubled.

From a religious perspective, resuscitation could be disturbing in four main ways.<sup>1</sup> First, for those outside the Society, the very act of

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<sup>1</sup> I have used the phrase 'religious perspective', rather than 'Christian perspective', in order to discourage readers from making the assumption that all those who made the kinds of objections made in this chapter were necessarily church-going Christians, let alone Anglicans. Certainly, resuscitation did make Christians uneasy, as we shall see, but since we know so little about the people outside the RHS who made metaphysical objections to the practice, the precise origins of these objections must remain obscure. The historian of popular religion, James Obelkevich, reminds us how rural culture, while nominally Christian, will not have resembled the official Christianity of the clerisy, be it Anglican or non-conformist, but was rooted in a piecemeal paganism that was shaped by the significant events in the agricultural year. This culture adapted



resuscitation was an inappropriate intervention during a cosmically ordained moment. Resuscitation was considered an 'impious invasion of His province, in whose hands are the issues of Life and Death'.<sup>2</sup> It was God, not man, who finally decided who was going to be drowned or asphyxiated.<sup>3</sup> This was an objection steeped in providential thinking of a fatalistic temper. God was seen as taking an active role in the world's events; illness and death, when they came, were results of divine dispensation.<sup>4</sup> Resuscitation was, therefore, censured as 'a daring interference of the decrees of Heaven, a presumptuous arrest of divine judgement'.<sup>5</sup>

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protestantism in its own way for its own purposes. This paganism was not institutionalized; it did not see the cosmos as a thing to be worshipped, and it had no interest in Jesus Christ. See James Obelkevich, *Religion and Rural Society: South Lindsey 1825-1875* (Oxford, 1976). Yet this rural culture will have shared Christian views on providence, since paganism was fatalistic in temper. Further, had I used the word 'Christian', it may have suggested a monolithic 'Christian' response to resuscitation, when I am keen to show how resuscitation aggravated fault-lines *within* eighteenth-century Christianity. I am aware that using the word 'religious' introduces new problems on account of its abstraction, but that the generalized imprecision the word affords seems necessary in this context.

<sup>2</sup> Samuel Horsley, *On the Principle of Vitality in Man* (London, 1789), p. 20. Similar objections were given against the practice of smallpox inoculation in the 1720s. Cotton Mather noted in 1722 how Bostonians would rage against inoculation and its practitioners, wishing death upon them for 'denying and renouncing the *divine Providence*'. In England, the Anglican clergyman, Edmund Massey, preached an apparently 'influential' sermon in 1722 against the practice, describing it as a '*Diabolical Operation* which usurps an Authority founded neither in the Laws of *Nature* or *Religion*, which tends in this case to anticipate and banish *Providence* out of the world, and promotes the encrease of Vice and Immorality'. See Genevieve Miller, *The Adoption of Inoculation for Smallpox in England and France* (Philadelphia, 1957), pp. 101-104.

<sup>3</sup> The physician, Rowland Jackson, addressed these religious anxieties in 1746; he acknowledged their force by agreeing that it could be 'highly cruel and barbarous to invoke the Assistance and Interposition of the secular Power' [i.e. mankind,] but at times of apparent drowning, such attempts bespoke 'Compassion and Humanity'. Rowland Jackson, *A Physical Dissertation on Drowning* (London, 1746), p. 60.

<sup>4</sup> Judith Green, 'Accidents: The Remnants of a Modern Classificatory System', in Roger Cooter and Bill Luckin, eds., *Accidents in History* (Amsterdam, 1997), pp. 35-58, and Roy Porter, 'Accidents in the Eighteenth Century, *idem*, pp. 90-106.

<sup>5</sup> Samuel Glasse, *The Policy, Benevolence, and Charity of the Royal Humane Society* (London, 1793), p. 6.

The subtlety of the distinction between apparent and absolute death was evidently difficult to put across because, as we saw in Chapter 3, some people could not see the difference between resuscitation and attempts to recreate life. The author on accidents, Newton Bosworth, a supporter of resuscitation, suggested in 1813 that the RHS's plan, 'seemed so much like an attempt to raise the dead that many persons either could not, or would not, see the difference between them'.<sup>6</sup> The Reverend John Wesley (1703-1791) conveyed the confusion people may have felt when he told his congregation that, 'it may well be thought a thing incredible, that *man* should raise the dead. For no human power can create life. And what human power can restore it?'.<sup>7</sup> That resuscitation could be viewed as a direct challenge to God's power is illustrated by the experience of a medical assistant, Mr. Sheriff. Sheriff was denied the opportunity to treat an apparently dead infant a second time, since its parents deemed it 'sacrilege'.<sup>8</sup> In short, resuscitation was considered to be an attempt at pitting man's knowledge and skills against the wisdom and omnipotence of God.<sup>9</sup> It was an act of hubris and, as such, threatened reprisals from God.<sup>10</sup>

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<sup>6</sup> Newton Bosworth, *The Accidents of Human Life* (London, 1813), pp. 116-117.

<sup>7</sup> John Wesley, *The Reward of the Righteous* [1777] (London, 1830), pp. 20-21 [his emphasis].

<sup>8</sup> *Reports*, 1790, p. 303.

<sup>9</sup> 'What! methinks we hear them say, in the folly of their [i.e. Christian objectors to resuscitation] imagination, shall man, vain short-sighted man, opposed his will, his wits, his feeble artifice, against the judgment, the wisdom, the omnipotence of GOD; when HE is minded to kill, shall man, presumptuously counteract the purposes of GOD?' Glasse, *The Policy*, p. 6.

<sup>10</sup> The fear of God's wrath was also used to mobilize opinions in favour of the Society by the Reverend Joseph Pott, when he explained 'that the guilt of blood [i.e. the drowned] may rest in some degree upon the heedless', see Joseph Holden Pott, *A Sermon Preached at St Dunstan's in the West* (London, 1790), p. 3. In George Eliot's *Middlemarch* (1873), set in provincial England during the 1830s, Lydgate is an aspiring surgeon who



Resuscitation was also considered not to serve the best interests of the drowned. The opinion was, in the words of Bishop Samuel Horsley (1733-1806), speaking before the Society in 1789, 'that if we recover the Man apparently dead, we do him no good office: we only bring him back from the seats of Rest and Bliss to the regions of Misery'.<sup>11</sup> Or, as the Reverend Joseph Holden Pott (1759-1847) asked himself in the anniversary sermon of 1790, if 'the full and perfect life will begin without doubt when the soul shall be withdrawn from the corruptible body', why was it so important to be brought back to life?<sup>12</sup> It was perhaps better to let the drowned take their place with the heavenly host, free from the vicissitudes of mortal existence. This argument no doubt was underpinned by the sheer misery of the lives of those who committed suicide.<sup>13</sup>

The impression of hubris was reinforced, rather than removed, by the triumphant, if figurative, language used by the RHS to describe recoveries. It was not uncommon to describe a resuscitation as a recovery from death. In Cogan's translation of the Dutch memoirs, he asked of London's magistrates that, having built hospitals for the poor, 'shall not

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seeks to set up a successful practice in the vicinity. He faces opposition from the local public houses, the reason being that, 'the balance had been turned against Lydgate by two members, who for some private reasons held that this power of resuscitating persons as good as dead was an equivocal recommendation, and might interfere with providential favours.' Although Eliot was writing in the 1870s, and could have been guilty of anachronism, the fact that this keen researcher was content to use such an example for the 1830s indicates that the views of the Humane Society might not have taken root in provincial society even then. See George Eliot, *Middlemarch*, 2nd edn. [1874] (Harmondsworth, 1994), p. 443.

<sup>11</sup> Horsley, *On the Principle of Vitality*, p. 21.

<sup>12</sup> Pott, *A Sermon*, p. 15.

<sup>13</sup> For a distressing case, see *Reports*, 1778, pp. 18-21 [204]. For the severity of hardship, see *Reports*, 1782, pp. 23-27 [361], concerning a poor man whose recovery was witnessed by Joseph Priestley.

they go a step further, and *raise the dead to life*? I mean not this as a rhetorical figure, but as a literal truth; for the appearances of death must be infallibly followed by the reality without such timely interpositions'.<sup>14</sup> 'Is not this our brother who was dead, but now liveth?' asked Dr. J. C. Lettsom in 1788.<sup>15</sup> The Reverend Bromley (1735-1806), in his anniversary sermon of 1782, declared that, 'it is a new species of feeling that is awakened, when we shew *the dead restored to life*'.<sup>16</sup> He recognized the novelty of this language and its power to shock. The triumphant rhetoric on behalf of resuscitation, he declared, was 'speaking a language, which till now was not given us.' 'Till the *Humane Society*, by its successful endeavors [sic] to arrest the hand of death, justified us in speaking thus confidently of the power of robbing him of his triumphs,' Bromley continued, 'this language must have covered every mouth that uttered it with all the reproach of insolent imposture'.<sup>17</sup>

Yet the notion of 'raising the dead' was not merely a rhetorical figure

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<sup>14</sup> Thomas Cogan, *Memoirs of the Society Instituted at Amsterdam in favour of Drowned Persons* (London, 1773), p. vi [his italics].

<sup>15</sup> Charles Kite, *An Essay on the Recovery of the Apparently Dead* (London, 1788), p. xv.

<sup>16</sup> Robert Anthony Bromley, *A Sermon Preached at St. Andrew's Holborn* (London, 1782), p. viii, [his emphasis]. Speaking to the saved, who were displayed in the gallery of the church for the perusal of the audience of his sermon, the Reverend Jacob Duché asked them to consider themselves as 'risen from the dead', see Jacob Duché, *A Sermon Preached at St Dunstan's in the West* (London, 1781), p. 19. The Reverend Ackland referred to the saved as those 'who have thus *passed from death unto life*', see Thomas Ackland, *A Sermon, Preached for the Benefit of the Royal Humane Society* (London, 1814), p. 15. Bromley extended this language in attempt to draw the attention of his patron, Charles, Marquess of Rockingham, to the Humane Society. Bromley claimed that, by supporting the Society, 'it will make the honors of your [Rockingham's] administration, or in other words, YOUR PATRONAGE OF THE PEOPLE, compleat, that to your labors for *raising the dead to life*, in a political sense, you added a zeal for the same glorious work in a literal, by bringing that to be a national object, which is so conspicuously a national benefit.' Bromley, *A Sermon*, pp. ix-x.

<sup>17</sup> Bromley, *A Sermon*, pp 10-11. Or, again, this was language which 'once uttered, would have drawn down on those who used it the reproach of arrogant and shameless imposture.' Ackland, *A Sermon*, p. 5.



with no purchase on people's felt experience; for some, the language of miracles was appropriate to describe their absolute astonishment at a recovery. Thomas Cogan wrote in 1776 that, 'the many indubitable instances of success, which they [the medical assistants] have even in their infancy been able to report, have been followed with general conviction; and incredulity is changed into astonishment at restorations to life, which have hitherto been deemed beyond the power of mortals!'.<sup>18</sup> A medical practitioner, who restored to life the suicide Ann Lewis, in 1777, wrote to the RHS with the observation that, 'the assistants and by-standers were so astonished, that they considered the restoration of the subject, as little less than a resurrection of the dead'.<sup>19</sup>

For some keen supporters of resuscitation, the thrill of achievement quite overcame the fear of blasphemy. They deliberately likened, or at any rate linked, resuscitation to divine activity. God's greatest and unique power was to create something out of nothing, life from nothingness, light from dark. Founder William Hawes, nevertheless, wrote that, 'To restore Animation is an act that seems to carry humanity beyond itself, and to raise it as nearly as possible to divinity, as nothing can exceed it, but creation'.<sup>20</sup> Such a comparison enjoyed medical precedent in Giovanni Lancisi's *On Sudden Death* (1707), in which he wrote that, 'To bring back the apparently dead or those given over to death is for man "to become God unto man", as Tiraquellus so

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<sup>18</sup> *Reports*, 1776, p. iv.

<sup>19</sup> *Reports*, 1777, p. 12 [114]. This anecdote was repeated twenty years later in the appendix to George Gregory, *A Sermon on Suicide* (London, 1797), p. 27. Was the word 'resurrection' the invention of the medical assistant, or a word actually used by those people watching the recovery? It would be useful to know.

<sup>20</sup> *Reports*, 1782, p. v.

beautifully states'.<sup>21</sup> The American physician and historian, David Ramsay (1749-1815), developed this theme in 1801, as he reviewed the previous century's medical progress. 'How many must have been lost to their friends and the community before mankind were [sic] acquainted with the *god-like* art of restoring suspended animation', he asked his audience.<sup>22</sup> The eighteenth century had in 'every branch of medical knowledge' furthered the 'god-like work of alleviating human misery'. In language that drew explicitly on the miracles of Jesus, he claimed that, 'The deaf have been taught to understand—the dumb to converse, the blind to see, and the apparently dead have been raised to life'.<sup>23</sup>

## 2. RESUSCITATION AND THE TRIUMPH OF SCIENCE

The Reverend Harrison (1762-1824) offered this comparison between the RHS and other charities in his anniversary sermon of 1799. '*They* only guard against the approaches of death: *This* does infinitely more', he declared. He continued, 'It pursues the grim tyrant even to the very borders of his territories; and snatches the apparently devoted victims from his cold embrace, even when they had assumed his own ghastly semblance and appearance'.<sup>24</sup> Medical men deployed similar language, not for the honour of God, but the honour of medical science. Through the success of resuscitation, medicine had, according to the American physician Benjamin Rush, 'penetrated the deep and gloomy abyss of

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<sup>21</sup> Giovanni Lancisi, *De Subitaneis Mortibus* (1707), trans. Paul Dudley White & Alfred V. Boursy (New York, 1971), p. 37.

<sup>22</sup> David Ramsay, *A Review of the Improvements, Progress and State of Medicine in the XVIIIth Century* (Charleston, 1801), pp. 15-16 [my emphasis].

<sup>23</sup> Ramsay, *A Review of the Improvements*, pp. 43-44.

<sup>24</sup> Richard Harrison, *The Anniversary Sermon of the Royal Humane Society*, 2nd edn. (London, 1799), p. 13.



death, and acquired fresh honours in his cold embraces'.<sup>25</sup> As Hawes put it: 'IT IS OUR HAPPINESS TO SEE SCIENCE, not only active in the removal of morbid affections, but, in the EIGHTEENTH CENTURY, equally zealous and active in accomplishing triumphs over the grave'.<sup>26</sup> Hawes' sentiments were partly informed by how he thought electricity could prolong life. 'An electrical shock judiciously administered, and repeated with sufficient frequency, might peradventure extend a man's life to a thousand years', he speculated in 1780, 'or if it were only *five hundred*, it might be as advantageous to the public as Dr. PRIESTLEY's discoveries respecting fixed air; though these have justly intitled [sic] this gentleman to that applause which he hath universally received in the philosophic world'.<sup>27</sup>

This triumphalist and utopian pro-science rhetoric was crucial to the claims of Enlightened medical practitioners, such as William Hawes, because such language enriched claims for an augmentation of their power.<sup>28</sup> Their reputations, and the reputation of resuscitation itself, rested on the success of 'science'. The scientific nature of resuscitation

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<sup>25</sup> William Hawes, 'Appendix by W. Hawes MD, Physician to the Surrey and London Dispensaries', p. 32, in S. Glasse, *The Policy, Benevolence, and Charity of the Royal Humane Society* (London, 1793).

<sup>26</sup> Hawes, 'Appendix', p. 20.

<sup>27</sup> William Hawes, *An Examination of Mr. John Wesley's Primitive Physic*, 2nd edn. (London, 1780), pp. 62-63.

<sup>28</sup> This utopian triumphalism was not unique to resuscitation or Britain. The historian, Robert Darnton, has shown how the 1780s in France were marked by a popular enthusiasm for natural science. In the *Journal de Bruxelles*, one writer wrote: 'The incredible discoveries that have multiplied during the last ten years . . . the phenomena of electricity fathomed, the elements transformed, the airs decomposed and understood, the rays of the sun condensed, air traversed by human audacity, a thousand other phenomena have prodigiously extended the sphere of our knowledge. Who knows how far we can go? What mortal would dare set limits to the human mind . . .?' See Robert Darnton, *Mesmerism and the End of the Enlightenment in France* (Cambridge, Mass., 1968), pp. 22-23. This was precisely the attitude of William Hawes, who also insisted that it was folly to set limits to human progress.

was conveyed in two ways. First, the RHS's way of collecting data was interpreted by itself as scientific, because such data could produce reliable knowledge about the possibilities of recovery. Second, the publication of the medical treatises that had been offered in response to the RHS's essay competitions reinforced the image of resuscitation as scientific. These essays were *The Connexion of Life with Respiration* (1788), by Edward Goodwyn (1756-1829), which received a gold medal; *An Essay on the Recovery of the Apparently Dead*, by Charles Kite (d. 1811), which received the silver medal of 1788, *An Essay on Suspended Respiration* by Edmund Coleman (1756-1839), the gold medal winner of 1791; and *A New Inquiry into the Suspension of Vital Action*, by Anthony Fothergill (1732?-1813), which won the gold medal of 1794. The RHS presented these prize-winning essays as proof of the utility and progressiveness of systematic and experimental knowledge, over and above the insights of older authorities. In this future-directed odyssey, the past's vitality withered away. Hawes claimed that, 'the sentiments of the *sages of antiquity* upon vitality or life would afford no useful information', whereas the Moderns, 'pursuing more judicious and important steps on so interesting a subject as animation', had investigated what Hawes called 'the *subordinate laws of life*'.<sup>29</sup>

Writing six years after the RHS's inauguration, in a book on animal heat, the natural philosopher Thomas Frewen (1704-1791) observed that, 'Many well-attested instances of the surprising recoveries of drowned persons, are known upon record; and precepts grounded on principles that fall under our senses, or are proved by experiments, deserve the greatest praise: for the art of medicine, from such reasoning, receives

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<sup>29</sup> William Hawtayne, *A Sermon Preached . . . at the Anniversary Festival of the Royal Humane Society* (London, 1796), p. 31. This is a good instance of what Roy Porter calls 'clearing away the rubbish' - the Enlightenment conviction that the past was a hindrance, not a help. See Roy Porter, *Enlightenment: Britain and the Creation of the Modern World* (London, 2000).



more benefits than men were formerly acquainted with'.<sup>30</sup> Indeed, the treatises enjoyed international reputations in Denmark and Germany.<sup>31</sup> C. A. Struve thought the history of resuscitation provided the strongest counter-arguments to the pessimistic anti-progressivism of Rousseau.<sup>32</sup> With an Enlightenment optimism and progressivism, he wrote, 'There is no branch of medicine of which its professors have greater reason to be proud, than the art of restoring to life persons apparently dead; an art with which our predecessors in medical science, for want of anatomical knowledge, were not sufficiently acquainted, but which, in the present age, is progressively advancing towards perfection'.<sup>33</sup>

This enthusiasm for a medical *science* was shared by the prizewinners. Anthony Fothergill asked in his essay of 1794, 'If such has been the progress of the present institution, in its early stages, what may not be expected, now that Philosophy holds up the torch to medicine, to illumine its votaries, and direct their course in this new path of

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<sup>30</sup> Thomas Frewen, *Physiologia: or, the Doctrine of Nature* (London, 1780), pp. ii-iii.

<sup>31</sup> In 1797, C. A. Struve claimed that Goodwyn, Kite, Coleman and Fothergill 'are in the highest estimation in Germany' (*Reports*, 1797, p. 47). While in a letter to the RHS in 1801, the Copenhagen Humane Society wrote that, 'IT IS TO THESE WORKS [those of Goodwyn, Coleman, Fothergill and Kite], so important to mankind in general, and to the sciences in particular, we owe that success which, in the year 1790, drew public attention to this branch of medical policy in Denmark . . .' (*Reports*, 1801, p. 12).

<sup>32</sup> C. A. Struve, *A Practical Essay on the Art of Restoring Suspended Animation*, [1801] (London, 1803), p. 2.

<sup>33</sup> Struve, *A Practical Essay*, p. 1. In this atmosphere, complacency was no longer acceptable; responsibility for and curiosity in the treatments of the future was now a mark of the new, more 'scientific' medicine. Anthony Fothergill warned readers in 1782 that, despite the successful results achieved by the new methods, 'Yet we are by no means to conclude, that the art of restoring animation has, even in these cases, arrived at its *ne plus ultra*, or that succeeding ages will not be able to strike out new modes which at present are totally unknown'. See Anthony Fothergill, *Hints for Improving the Art of Restoring Suspended Animation*, p. 14, in William Hawes, *An Address to King and Parliament* (London, 1782).

science!'.<sup>34</sup> The American physician Benjamin Waterhouse (1754-1846) used his sermon to the Massachusetts Humane Society to argue that resuscitation was part of the wider work of reforming religion thorough science. 'Our venerable ancestors', he wrote of the early Americans, 'early sowed the seeds of science in this land, and watched their growth with pious care; and it is not difficult to discover the diffusive spirit of benevolence following every where the encreasing light of science'.<sup>35</sup> Science was redemptive. For Thomas Cogan, progress in the science of resuscitation would 'abundantly atone for that incredulity which so long kept us inactive'.<sup>36</sup>

This triumphalistic scientism might be fruitfully contrasted with the views of the physician and political economist, William Black (1749-1829). Black published a history of medicine in 1782, some eight years after the inauguration of the RHS. Despite being fully aware of resuscitation, he claimed, in contrast to Hawes, that remedies of the

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<sup>34</sup> Anthony Fothergill, *A New Inquiry into the Suspension of Vital Action* (London, 1795), p. xv.

<sup>35</sup> B. Waterhouse, *On the Principle of Vitality. A Discourse delivered . . . before the Humane Society of the Commonwealth of Massachusetts* (Boston, 1790), p. 1. In a potted history of the rise of knowledge, humanity and good religion, Waterhouse claimed that, 'At this time, superstition, and an odious ecclesiastical despotism, received a fatal wound. Astronomical improvements, by discovering worlds besides our own, expanded the human mind. So that when the christian religion began again, to be taught in its purity, the Universe seemed to extend itself to do it homage. Then did KNOWLEDGE raise *weeping* HUMANITY from the dust, and pointed with her blazing torch the way to happiness and peace! Then did RELIGION, instead of daggers, wrecks and fetters, wear upon her graceful brow this everlasting motto, '*My ways are ways of pleasantness, and all my paths are peace*'. In Waterhouse, *On the Principle of Vitality*, p. 23. Compare this directly with the views of the Reverend Richard Valpy, who gave the anniversary sermon of 1802, which reversed this story thus: 'It was not till the Reformation had more generally diffused the treasures of the book of life . . . and Religion inlisted Philosophy in the service of Humanity', in Richard Valpy, *The Anniversary Sermon of the Royal Humane Society* [1802] 3rd edn. (London, 1806), p. 10. For Waterhouse's career and tensions with the Massachusetts Humane Society, see Philip Cash, 'Setting the Stage: Dr. Benjamin Waterhouse's Reception in Boston, 1782-1788', *Journal of the History of Medicine and Allied Sciences*, 47 (1992), 5-28.

<sup>36</sup> *Reports*, 1776 p. iii.



present day were still no better than those enjoyed by the ancients.<sup>37</sup> His own remarks about curing apparent death were short and cool. His description of resuscitation takes a paragraph; there is not a hint of the raptures of sensibility to be found in Lettsom, Fothergill and Hawes. There are no references to the RHS's charitable status, no celebrations of its success, nor congratulations for its scientific innovations. It is Bruhier who is singled out for discovering the significance of apparent death, and not J. Fothergill, as Hawes was to do in the patriotic *Transactions* of 1794. The Humane Society (still to receive the term 'Royal' by 1782) remains unnamed. This sceptical tone is invaluable for us, since it is so easy to rewrite the history of resuscitation heavily swayed by the ecstatic tones of the highly motivated, ideologically dramatic story told by Hawes and his colleagues.<sup>38</sup>

The idea of a scientific medicine had to argue for its own legitimacy, not only against medical men who preferred older medical authorities, or who were not especially impressed by resuscitation, but also against those who deprecated Man's ability to know Man through philosophy. The RHS prize-winner Edmund Coleman took the opportunity provided by his essay to shoot across the bows of the religiously minded naysayers who saw the knowledge of experiment and observation, like the act of resuscitation itself, as the evanescent puff of human hubris. 'Of all the exertions of human skill,' he wrote, 'there is, perhaps, none which affords us more solid and lasting gratification, than the restoring to life

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<sup>37</sup> William Black, *An Historical Sketch of Medicine and Surgery, from their Origin to the Present Time* (London, 1782) p. 280.

<sup>38</sup> While Black was not a member of the Society, he was not an outsider. He was part of the reforming London medical world of Hawes - he gave the annual oration to Lettsom's Medical Society in 1788, where Hawes was a member, which became his seminal work on political arithmetic, *An Arithmetical and Medical Analysis of the Diseases and Mortality of the Human Species* (1789). Like Hawes, he hoped that a reformed medicine could actively reform society itself. However, Black expresses something of that ordinary weariness that Hawes, with spirit and vigour, was attempting to challenge.

those who are apparently dead; none, surely more eminently shews the dignity and fruitfulness of Philosophy, or more clearly evinces the benefits that may be derived from the well-directed efforts of human understanding'.<sup>39</sup> The results from the treatment, Coleman insisted, had 'afforded the most mortifying [sic] reply to those who had declaimed with such triumph on the vanity of natural science, and the impotence of human art'.<sup>40</sup> The uses of the word 'human' here deliberately implied that resuscitation was a triumph of Man, standing on his own two feet, and independent of the promptings of a Supreme Being.

The RHS was a champion of rationalism and an enemy of reason's Others: 'superstition' and 'prejudice'. These terms were deeply felt insults delivered to those who failed to accept claims to power justified by reason. For those within the RHS, those persons who accused the treatment of blasphemy were guilty of blasphemy. Lettsom, while a tolerant Quaker, was nevertheless hostile to 'unenlightened' people who attributed 'natural incidents to supernatural influence'. Such thinking, while perhaps relaxing, nevertheless 'impeded the progress of science'.<sup>41</sup> Providentialist thinking was offered by the physician James Curry, author of *Popular Observations on Apparent Death* (1792), as the direct reason why resuscitation had taken so long to take off. The attitude that drownings were directly caused by God had 'afforded no ground to hope,

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<sup>39</sup> Edmund Coleman, *A Dissertation on Suspended Respiration* (London, 1791), p. i. This particular sentiment was warmly repeated by the reviewer of Coleman's work in Joseph Johnson's *Analytical Review*, which was always likely to be favourable, since Johnson published Coleman's work, as well as Goodwyn's 1788 essay.

<sup>40</sup> Coleman, *A Dissertation*, p. ii.

<sup>41</sup> John Coakley Lettsom, *History of the Origin of Medicine: an Oration* (London, 1778), p. 19. In similar vein, the inspiration for much of the work on respiration, the experimentalist Joseph Priestley, observed, 'it is peculiarly remarkable, how very ready mankind have always been to ascribe the unknown causes of extraordinary appearances to something to which they can give the name *spirit*'. In Joseph Priestley, *Disquisitions Relating to Matter and Spirit*, 2nd edn., 2 vols. (Birmingham, 1782), I, p. 210.



that *human* means could prove at all useful under similar circumstances'. 'Such a view of the matter', Curry continued, 'necessarily checked any rational and premeditated attempt at recovery'. For Curry, the ascription of bodily actions to divine interposition had been an obstacle to efficacious intervention by man.<sup>42</sup>

### 3. THE SCIENCE OF LIFE

What the self-consciously enlightened rationalists of the RHS were after was a scientific account of life that explained the phenomenon of resuscitation and apparent death. This was, according to Hawes, 'the grand desideratum of science'.<sup>43</sup> It was essential to pursue this goal for, 'If it be possible for any finite intellect to comprehend this grand principle, it must be by continued investigation of these laws of vitality'.<sup>44</sup> Appearing on the horizon was the possibility of a complete

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<sup>42</sup> James Curry, *Popular Observations on Apparent Death* (Northampton, 1792), pp. v-vi [his emphasis]. The assumption that resuscitation, as a self-evidently rational enlightened practice, would clear away false beliefs is well expressed in a letter sent to the RHS from a naval surgeon who had heard a sermon, by the Reverend Colin Milne, in favour of the RHS. Suggesting that resuscitation should be practised in India, he argued that: '—Perhaps the most lively and important advantages would arise to Society,—I mean in this wise, by unbinding the *shackles of ignorance*, IDOLATRY would be done away, one instance of a *single case* of resuscitation would do more to undo the *doctrine of Metempsychosis* than the most assiduous study of the learned Divines — and consequently there would be a more unbounded confidence and reciprocal commerce'. In *Reports*, 1796, p. 44 [his emphases]. Please note that the naval surgeon did not suggest that resuscitation would make Christian beliefs harder to accept.

<sup>43</sup> Referring to prize questions offered in 1794, Hawes wrote, 'The first of these questions involves a difficulty, which, if it should be solved, must advance our knowledge of the PRINCIPIUM VITAE to a point which may hereafter diffuse the most brilliant light over every department of the medical art, and will furnish more efficacious and certain means of operating to the *praxis of Resuscitation*'. *Reports*, 1795 p. 50 [his emphasis].

<sup>44</sup> Hawtayne, *A Sermon Preached*, p. 31.

knowledge of life, one that 'fully' illustrated the principle of vitality.<sup>45</sup> The task was to press on, to deny 'that the utmost boundary of science has been attained; that there are no tracks undiscovered in the immense regions of human sagacity'.<sup>46</sup> To the Reverend Richard Yates (1769-1834), speaking at the anniversary festival of 1807, in comparison to the pursuit of the vital principle, 'all other scientific enquiries sink in relative value, and appear with diminished magnitude and importance'.<sup>47</sup>

The problem with these aspirations was that the idea of 'life', like death, was profane and sacred simultaneously. The notion could not be casually divested of its spiritual connotations. So when Anthony Fothergill began his *New Inquiry* on the subject of the causes of death, he wrote that, 'Before we attempt to determine concerning the proximate cause of Death, we should endeavour to ascertain wherein Life consists: But this involves the doctrine of the Soul--and might lead us into an abstruse metaphysical disquisition, without reflecting on the main question'.<sup>48</sup> Fothergill was conscious that a discussion on 'life' automatically and ordinarily included a discussion on the soul as a matter of formality.<sup>49</sup> Within the RHS's treatises, no-one referred to the soul as bearing on the

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<sup>45</sup> William Hawes, *Transactions of the Royal Humane Society* (London, 1795), p. 247.

<sup>46</sup> Hawes, *Transactions*, p. xiv.

<sup>47</sup> Richard Yates, *A Sermon Preached at the Anniversary Festival of the Royal Humane Society* (London, 1807), pp. 11-12.

<sup>48</sup> Fothergill, *A New Inquiry*, p. 1.

<sup>49</sup> This tendency was especially marked in vitalist theorizing made since the 1750s, in which the link between a 'vital principle' and the idea of 'soul' was made explicit. Hence John Stevenson, in an essay on heat from 1771, began his treatise by rejecting mechanistic interpretations of the body. Life was instead 'formed and conducted by a *divine set of vital Principles, an inward Life and Motion*, which mocks all the bold, vain and frivolous Attempts of our modern philosophy'. See Everett Mendelsohn, *Heat and Life: The Development of the Theory of Animal Heat* (Cambridge, Mass., 1964), p. 97.



issue of suspended animation. Vitality was not described in terms of personhood or soul - an individual essence - but a common property located in the muscles or in the fluids, stimulation of which could bring about the revival of the animal functions.<sup>50</sup>

We have now encountered three zones of controversy occasioned by resuscitation, as a theory and in practice. First, resuscitation was accused of being an impious appropriation of God's role as the dispenser of life and death. This impression was reinforced by comparisons made by pro-resuscitators between divine recoveries and human recoveries that blurred the distinction between the two kinds. Resuscitation was likened to God's acts of creation. Second, the Enlightenment rationalism and scientism prevalent in the 18th century emphasized the desirability of man's freedom from the kind of religious thinking that scoffed at, or disapproved of, science's role in human self-improvement. Third, resuscitation was associated with a science of life that sat uneasily with an idea of life as an intimate intermingling of spiritual and physical elements, because the medical treatises on apparent death left all religious concepts out.<sup>51</sup>

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<sup>50</sup> For an earlier period, see Simon Schaffer, 'Godly Men and Mechanical Philosophers: Souls and Spirits in Restoration Natural Philosophy', *Science in Context*, 1 (1987), 55-85. Here, natural philosophers were explicit in their interest in the soul in the context of their interest in vitality.

<sup>51</sup> The avoidance of religious ideas in medicine was a common way of avoiding controversy; it should not be interpreted as deliberate deprecation of existing religious ideas. Rather, such a tactic could equally serve to protect religious ideas from unwelcome contamination.

#### 4. MATERIALISM AND MORTALISM: TWO THREATS TO ANGLICANISM

A fourth zone of controversy was opened up by the incorporation of resuscitation into wider philosophical, theological and political debates. Of course, scientism was itself part of the wider discourse of Enlightenment. In particular, resuscitation was effected by debates inspired by Joseph Priestley (1733-1804).<sup>52</sup> Priestley was a Unitarian; although a devout Christian, he denied the existence of the trinity (a keystone of the 39 Articles) and the divinity of Christ.<sup>53</sup> He was a theologian especially interested in the early history of Christianity, and a political radical who sought equality for Dissenters in the British state. His was a 'rational Christianity', which subjected the bible to criticism in order to purify it of 'corruptions'.<sup>54</sup> On this subject, he had, in the 1780s, engaged in a long, polemical war with a rising star of High Church Anglicanism and RHS-supporter, the Reverend Samuel Horsley.<sup>55</sup>

By the 1790s, Priestley had become the symbol of rational dissent. He also

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<sup>52</sup> Frederick William Gibbs, *Joseph Priestley. Adventurer in Science and Champion of Truth* (London, 1965).

<sup>53</sup> For the paradoxes and complexities of Priestley's theological convictions, including a discussion of his mortalism, see John Hedley Brooke, ' "A Sower Went Forth": Joseph Priestley and the Ministry of Reform', in *Thinking About Matter: Studies in the History of Chemical Philosophy* (Andover, 1995), pp. 21-56.

<sup>54</sup> Erwin N. Hiebert, 'The Integration of Revealed Religion and Scientific Materialism in the Thought of Joseph Priestley', in Erwin N. Hiebert et al., *Joseph Priestley, Scientist, Theologian and Metaphysician*, ed. by Lester Kieft and Bennett R. Willeford, Jr. (Lewisburg, 1980), pp. 27-61.

<sup>55</sup> For Horsley's own account of the controversy, see Samuel Horsley, *Tracts in Controversy with Dr. Priestley upon the Historical Question of the Belief in Our Lord's Divinity* (London, 1789). For secondary treatments, F. C Mather, *High Church Prophet: Bishop Samuel Horsley (1733-1806) and the Caroline Tradition in the Later Georgian Church* (Oxford, Clarendon, 1992), chs 3-4. For a *parti pris* discussion of this, see Heneage Horsley Jebb, *A Great Bishop of One Hundred Years Ago* (London, 1909).



happened to be one of Britain's best-known experimentalists. His audacious intellectual life brought science, theology and politics together into a system he provocatively called 'materialism', a system partly inspired by the associationist psychology of David Hartley (1705-1757).<sup>56</sup> In a series of texts published during the 1770s and 1780s, in particular *Disquisitions on Matter and Spirit* (1780), and *On the History of Corruptions of Christianity* (1782), Priestley argued that there was no dualism between matter on the one hand and spirit on the other, between the corporeal, tangible world of the senses and the invisible and non-extended dimension of the soul. There was no such thing, in his view, as 'spirit' independent from matter. Nor was matter the simple, inert stuff championed by the Newtonians. There was only one stuff in the world and that was a spiritualized matter. Immateriality was a non-category.

For Anglicans, by contrast, the soul was immaterial; it had no bodily resting place. It followed from Priestley's views on spirit that there could be no soul independent of matter and superadded to the body as Anglicans asserted. Equally scandalous, if entirely consistent, Priestley advocated a mortalist position on death. In other words, for Priestley, when you died, you stayed dead.<sup>57</sup> At death, there was no final disunion

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<sup>56</sup> For Priestley's materialist pneumatology, see Simon Schaffer, 'Priestley and the Politics of Spirit', in R.G.W. Anderson and Christopher Lawrence, eds., *Science, Medicine and Dissent: Joseph Priestley (1733-1804)* (London, 1987), pp. 39-54; Simon Schaffer, 'States of Mind: Enlightenment and Natural Philosophy', in G. S. Rousseau, ed., *Languages of Psyche: Mind and Body in Enlightenment Thought* (Berkeley, 1990), pp. 233-290; Brooke, 'A Sower Went Forth'. For the background to Priestley's mechanistic materialism, see Robert E. Schofield, 'Joseph Priestley and the Physicalist Tradition in British Chemistry', in Erwin N. Hiebert et al., *Joseph Priestley, scientist, theologian and metaphysician, a symposium celebrating the two hundredth anniversary of the discovery of oxygen by Joseph Priestley*, ed. by Lester Kieft and Bennett R. Willeford, Jr. (Lewisburg, 1980), pp. 92-117.

<sup>57</sup> It is worth noting that Priestley, like the RHS, enjoyed likening man's life to a candle, and it is worth raising the question of the extent to which the use of this metaphor enjoyed specific doctrinal overtones. In *Disquisitions*, Priestley explains his mortalism thus: 'As, therefore, a candle, though extinguished, is capable of being lighted again, so,

between body and soul, matter and spirit; rather, the whole person was resurrected on the Last Day in its full corporeal-cum-spiritual being by God. Upon the last breath of the body there was no immediate journey to heaven or hell, not even a period of soul-sleeping as some commentators had suggested. 'If, therefore, there be any *intermediate state*, in which the soul alone exists, conscious of any thing,' Priestley remarked, 'there is an absolute silence concerning it in the scriptures; death being always spoken of there as a state of rest, of silence, and of darkness, a place where *the wicked cease from troubling*, but where the righteous *cannot praise God*.'<sup>58</sup> In other words, for Priestley, there was no separate soul. There was no immateriality, death did not bring a sudden meeting with the Divine, nor a long sleep of the soul; death brought a total cessation of all activity until the last day, when all persons would be resurrected in their bodies.<sup>59</sup>

Resuscitation, since it was ushering in new ways of thinking about death and vitality, was used to work through the arguments both for and against materialism and mortalism. A number of factors placed resuscitation at the centre of the milieu where these issues were being fought over. Priestley's Unitarianism, rationalism, and critical spirit, traits which he represented as beacons of light over darkness, dovetailed with the voices of Enlightenment within the RHS. Thomas Cogan, the

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though a man may be said, figurately speaking, *to become extinct at death*, and his capacity for thinking cease, it may only be for a time: for no particle of that which ever constituted the man is lost.' (vol I, p. 204 ). The RHS always likened an apparently dead person to a candle whose final spark still lay dormant in the wick, ready to be fanned into flame.

<sup>58</sup> Joseph Priestley, *An History of the Corruptions of Christianity*, 2nd edn., 2 vols. (London, 1793), I, p. 379.

<sup>59</sup> For an outstanding primary bibliography on all intellectual issues dealing with the soul, see William Rounseville Alger, *A Critical History of the Doctrine of a Future Life with a Complete Bibliography of the Subject* (Philadelphia, 1864). On mortalism and Christian ideas of death, see Philip C. Almond, *Heaven and Hell in Enlightenment England* (Cambridge, 1994).



co-founder of the RHS, was, we might recall, a Unitarian too. Priestley's close friend and fellow Unitarian radical Richard Price gave money to the RHS in 1778.<sup>60</sup> Anthony Fothergill, despite his theological and philosophical differences with Priestley, was an admirer of the experimentalist, and visited Priestley's family in America in the years following the radical's flight from Birmingham and the mob.<sup>61</sup> Priestley was himself a witness to a restoration performed by a medical practitioner named Mr. Vaughan in 1782.<sup>62</sup>

Perhaps Priestley's most significant influence, however, lay in his work in pneumatic chemistry.<sup>63</sup> He was, after all, almost single-handedly responsible for giving the science its high public profile. It was Priestley who, in his classic paper 'Observations on Different Kinds of Air' of 1772,<sup>64</sup> presented the atmosphere in terms of a number of separable airs, including 'dephlogisticated air', what we now call oxygen. Priestley also rethought the physiological process of respiration in terms of an

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<sup>60</sup> Robert Markham, *A Sermon Preached . . . for the Benefit of the Humane Society* (London, 1778), p. 23.

<sup>61</sup> Fothergill wrote to Lettsom from Philadelphia on October 30th, 1805, with this news: 'Spent a pleasant day with Mr Priestley's family and Mr. Cooper, viewed the laboratory, great burning lens, and other implements by the late celebrated Dr. Priestley. The sight of these and his library, and some printed sheets of his life, drew from us a heartfelt sigh!' Thomas Joseph Pettigrew, ed., *Memoirs of the Life and Writings of the late John Coakley Lettsom, etc, with a selection from his Correspondence*, 3 vols (London, Longman, etc, 1817), vol II, pp. 424-425.

<sup>62</sup> *Reports*, 1782 [369].

<sup>63</sup> For an introduction to chemistry in the eighteenth century, see Thomas L. Hankins, *Science and Enlightenment* (Cambridge, 1985). For pneumatic chemistry, see W. Brock, *The Fontana History of Chemistry* (London, 1992). On Priestley as a working scientist and writer keen to put science in the service of enlightened reform, see Maurice Crosland, 'A practical perspective on Joseph Priestley as a pneumatic chemist', *British Journal for the History of Science*, 16 (1983), 223-238 in *Studies in the Culture of Science in France and Britain since the Enlightenment* (Andover, 1995), pp. 223-238.

<sup>64</sup> Joseph Priestley, 'Observations on Different Kinds of Air', *Philosophical Transactions*, 62 (1772), 147-264.

exchange of gases.<sup>65</sup> 'Dephlogisticated air' was a discovery of the highest significance to the RHS, for, although not everyone was in agreement with Priestley about the precise nature of respiratory action, not one of the main contributors to the medicine of resuscitation could ignore Priestley's contribution. In 1782, Anthony Fothergill, who was the first person to champion dephlogisticated air in the context of resuscitation, declared it to be 'the true *pabulum vitae*, which has so long eluded the search of Physiologists'.<sup>66</sup>

Priestley himself was keen to see pneumatic chemistry generate medical treatments.<sup>67</sup> Like the RHS prizewinners, he was interested in the relationship between electricity, air and life, and conducted experiments almost identical to those of Goodwyn and Coleman.<sup>68</sup> Some theorists on

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<sup>65</sup> Joseph Priestley, 'Observations on Respiration, and the Use of the Blood', *Philosophical Transactions*, 66 (1776), 226-248.

<sup>66</sup> Anthony Fothergill, *Hints for Improving the Art of Restoring Suspended Animation*, p. 18, in William Hawes, *An Address to King and Parliament of Great Britain* (London, 1782). Further: 'As the means of exciting flame, and supporting respiration are so intimately allied, does it not prove that dephlogisticated air is peculiarly adapted for restoring the vital spark when nearly extinguished? With this vivifying principle, therefore, might not the collapsed lungs of such unfortunate persons be more properly inflated?' *loc.cit.*

<sup>67</sup> Christopher Lawrence, 'Priestley in Tahiti: The Medical Interests of a Dissenting Chemist', in R.G.W. Anderson and Christopher Lawrence, *Science, Medicine and Dissent: Joseph Priestley (1733-1804)* (London, 1987), pp. 1-10. Pneumatic chemistry was taken up by reformist medical practitioners, including Anthony Fothergill, who was keen about the possibilities of regulating the atmosphere to enhance health, see Fothergill, *Hints*, p. 35, and Jan Golinski, *Science as Public Culture: Chemistry and the Enlightenment in Britain* (Cambridge, 1992), p. 73.

<sup>68</sup> In a letter to John Canton, Priestley described an experiment of a kind found in Goodwyn and Coleman:

I have made a great number of *experiments on animals*, for some of which I refer to a letter I lately wrote to Dr. Watson. Since I wrote to him, I discharged 37 Square feet of coated glass through the head and tail of a CAT three of four years old She was instantly seized with universal convulsions, then lay as dead a few seconds, after that succeeded tremblings in different parts of the body . .[he gives her another blast to finish her off] . She was dissected with great care, and nothing particular



resuscitation, such as Curry, Coleman or Goodwyn, were quick to pay tribute to the importance of [pneumatic] chemistry in their work<sup>69</sup> even if they did not champion Priestley directly by name. Priestley's influence extended even to the style of experimental inquiry for which he was renowned. This was a style that both Goodwyn and Coleman emulated.<sup>70</sup> It was controversial. As Priestley himself wrote, 'There are even many persons, not destitute of name and character themselves, who cannot bear to hear me spoken of, as having any pretensions to philosophy, without a sneer; and who think my publications on the

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was observed, except a great redness on the lungs, but no extravasation anywhere. It was impossible to bring her to life by forcing air into her lungs.

Priestley to John Canton, Warrington, June 1766. In Robert E. Schofield, *A Scientific Autobiography of Joseph Priestley* (Cambridge, Mass., 1966), p. 35.

<sup>69</sup> Edward Goodwyn, *The Connexion of Life with Respiration* (London, 1788), p. vii. James Curry wrote that, 'Of the modern discoveries, by far the most important to science in general, and to the science of medicine in particular, are those which concern the nature and varieties of AIR.' Curry, *Popular Observations*, p. 11. Coleman wrote in his introduction that, 'Their [the RHS's] multiplied successes, in so untried a path, awakened a general ardour on this subject, which was not a little fostered by a cotemporary [sic] revolution in natural knowledge: I allude to the philosophy of elastic fluids, which has, during the last part of the present century, received such incredible accessions. The doctrine of *airs* was so intimately connected with the subject of respiration, that it could not fail to fix the attention of Philosophers on those cases where its sudden suspension was the cause of death' (Coleman, *Dissertation*, pp. ii-iii [his emphasis]).

<sup>70</sup> That Goodwyn's work was in Priestley's style is a point remarked in *A Letter to the Right Reverend Samuel, Lord Bishop of St. David's* (London, 1789), p. 43. This style, which has been analyzed by Simon Schaffer, eschewed the theatricality of experimentation developed in the lecture halls of early 18C Britain, a style based on displaying divine/natural powers, in favour of experiments that demonstrated the rationality of nature. Until Aldini undertook his dramatic experiments on corpses before the RHS in 1802, suspended animation did not provide experiments that could be put on show, not the least reason for which was the heavy use of vivisection in Goodwyn and Coleman's work. It was Priestley's use of vivisection that Burke cited as an instance of a more general inhumanity of rational men, too enraptured by the big picture to notice the sufferings in front of their faces. Anthony Fothergill's essay of 1794, published three years after Burke's *Reflections*, constitutes a conspicuous move away from experimentation, and especially vivisection (perhaps directly influenced by Burke - we can only speculate), which he firmly criticized for its intellectual redundancy. Fothergill's rejection of vivisection and experimentation is of a piece with his more general hostility to Priestley's materialism, which he sought to refute in the beginning of his book.



subject a disgrace to philosophy, and to my country'.<sup>71</sup> So, although Priestley was not a financial supporter of the RHS, so far as I know, he certainly had friends within it. Moreover, the science trumpeted by the RHS was, in part, Priestley's science. That science was controversial; in a way, the RHS's scientific reputation was bound up with the reputation of Priestley.

From an Anglican point of view, Priestley's influence compounded the interpretative challenges of resuscitation in two ways. The first was the sheer confusion over quite what suspended animation was and what it implied for the role of the soul. Remember that the soul traditionally took flight from the body at the instant of the last breath.<sup>72</sup> However, people now had to absorb the fact that the last breath did not automatically entail death, and it was not clear quite how long such a period of vital quiescence could last. Take, for example, the confusion that animated this query from one 'T.W.' in the *Gentleman's Magazine* of September 1777:

Now, as it is the general received opinion, that when a man dies, the instant he becomes dead his *soul* quits the body,

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<sup>71</sup> Priestley, *Disquisitions Relating to Matter and Spirit*, I, pp. xviii-xix.

<sup>72</sup> James Obelkevich observes how rural folk in nineteenth-century Lincolnshire still opened a window directly after a death in order to let the spirits of the deceased escape, cf. Obelkevich, *Religion and Rural Society*, p. 296. Henry Fielding consciously criticized the notion of the soul's immediate departure in his story of a soul's journey after death, told from the point of view of the soul. He has the soul observe: 'My body had been some time dead before I was at liberty to quit it, lest it should by any accident return to life: this is an injunction imposed on all souls by the eternal law of fate, to prevent the inconvenience which would follow. As soon as the destined period was expired (being no longer than till the body is become perfectly cold and stiff) I began to move,' (Henry Fielding, 'A Journey from this World to the Next', p. 209 in *The History of the Life of the Late Mr. Jonathan Wild* (London, 1905). (I am grateful to Tim Hitchcock for drawing my attention to this work). Fielding was well aware of the importance of attempting recoveries of the apparently suddenly dead, since he has Squire Allworthy attempt a recovery on Blifil in *Tom Jones*. His account of the soul waiting for the limbs to be cold and stiff therefore contrasts with his portrait of peasants who abandon bodies just as soon as they are knocked unconscious.



and departs into a state of spiritual existence; how, or by what cause, or means, does the emptying these bodies of the water, and warming and diluting the blood so as to get it into circulation again, &c. bring back the *soul* from its state of spiritual existence and be united with the body again? How comes it that the *soul* is so obedient or subservient as to be remanded into the body which it had before quitted and departed from? If any learned theologist will undertake to answer these queries, and give a true explanation to this mystery, it will, without doubt, be very acceptable to many of your readers, and particularly to T.W.<sup>73</sup>

This query, which rested upon a confusion about the relation of 'apparent death' to 'absolute death', nevertheless baldly presented issues about the precise activity of the soul at the time of death and the relative *agencies* of man and God during a resuscitation.

Second, the experiences of saved people were also being used to challenge older Christian views of the mind and its relation to the body and death. When the recovered were asked occasionally for their recollections, without fail they claimed not to have remembered anything between their accident and their recovery.<sup>74</sup> The Reverend Richard Valpy (1754-

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<sup>73</sup> *Gentleman's Magazine*, 47 (1777), 422 [his emphasis]. The American physician, Benjamin Waterhouse, said in 1790, 'The consideration of the facts [on apparent death] just related have led some to conceptions of the *soul* which have puzzled them, and created doubts rather unfavourable to the opinions entertained by the majority of christians. What is the condition (say they) of the soul all this time.—' (Waterhouse, *The Principle of Vitality*, pp. 17-18 [his emphasis]). To this we may contrast some remarks of Joseph Priestley, who wrote that, 'During life and health, the sentient powers always accompany the body, and in a temporary cessation of thought, as in a swoon, apparent drowning, &c. there never was an instance, in which it was pretended that the soul had been in another place, and came back again when the body was revived'. Priestley, *History of the Corruptions*, I, pp. 380-381.

<sup>74</sup> This point was reiterated by Charles Kite, when he observed that, 'There are but few cases in the reports of the Humane Society, where notice is taken of the patients account of their sensations in the act of drowning, and those are but slightly mentioned. It

1836), a poet and historian of morality, speaking at the Anniversary sermon of 1802 commented, 'From the relation of an intermediate insensibility given by those, who have been recovered from a state of suspended animation, an argument has been pretended to be derived in favor [sic] of materialism. This subject opens a wide field of meditation and inquiry, and demands the most serious attention'.<sup>75</sup>

Why did these stories of unconsciousness bolster materialism? Because of their implications for the nature of consciousness. As a materialist, Priestley had insisted, following John Locke, that thought was the product of organic life, even if Priestley did not know quite how the body produced thought. For the majority of people in the eighteenth century, by contrast, the brain was not recognized as the sole source of consciousness; on the contrary, the immaterial soul itself was deemed to be synonymous with the thinking 'I'.<sup>76</sup> Since, for non-materialist Christians, the soul was supposed to be independent of the body, a cause, not a product, of organic life, it followed that physical motionlessness should not lead to mental shutdown. Rather, the soul was free to do whatever it pleased. As Priestley put it: 'The only proof of the power of thought not depending on the body, in this case, would be the soul being afterwards conscious of itself, that it had been in one place, while the

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is said, however, that on falling into the water, they immediately lost their senses, and had not the smallest recollection of what passed, till they appeared tolerably recovered.' (Kite, *An Essay*, pp. 39-40). Hawes too wrote of a case, 'This man's account agreed with others (viz.) that "he had not the least recollection of any thing that passed from the moment of his fall to the time of his recovery"'. Hawes, *Transactions*, p. 34 [his emphasis].

<sup>75</sup> Valpy, *A Sermon*, pp. 10-11.

<sup>76</sup> For the complex prehistory of mind/body/soul relations in medical literature of the eighteenth century, see John Henry, 'The Matter of Souls: Medical Theory and Theology in Seventeenth-Century England', in Roger French and Andrew Wear, eds., *The Medical Revolution of the Seventeenth Century* (Cambridge, 1989), pp. 87-114. The soul was not divorced from the body, but was conceptualized in relation to it in many different ways.



body had been in another'.<sup>77</sup> Yet, since the mind/soul did in fact recover, and, moreover, did so oblivious of any recollection of being elsewhere, the mind seemed only too dependent upon the body, upon the restoration of matter. Writing in 1782, Joseph Priestley had the authority of experience when he wrote that, 'During life and health, the sentient powers always accompany the body, and in a temporary cessation of thought, as in a swoon, apparent drowning, &c. there never was an instance, in which it was pretended that the soul had been in another place, and came back again when the body was revived'.<sup>78</sup>

These experiences also challenged the notion of an immediate judgement. The consensus was that death was a time of consciousness on the threshold of a greater consciousness. Those who were near death, such as the apparently dead, could be assumed to be preparing for a journey. Indeed, preachers for the RHS regularly portrayed apparent death as a moment in which the soul peered over the abyss.<sup>79</sup> Older stories about drownings had the drowned remember their week-long sojourns under water quite vividly,<sup>80</sup> while stories of botched executions gave currency to the idea, not dissimilar to our figure of the tunnel of white light, that it was possible to have an apprehension of the future

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<sup>77</sup> Priestley, *Disquisitions*, I, p. 381.

<sup>78</sup> Priestley, *Disquisitions*, I, pp. 380-381.

<sup>79</sup> Take, for example, the words of the Reverend John Bond, in his sermon to the RHS of 1815: 'At this awful moment, when the soul appears to be hanging between life and death—vacillating in the narrow space which divides the present from a future existence—and trembling as it were, at the gates of Eternity—at this awful moment, who would hesitate to pluck the fluttering spirit from that dark abyss which threatens to close over it for ever? Our hearts cry aloud that we *ought* to do this.' (John Bond, *A Sermon Preached for the Benefit of the Royal Humane Society* (London, 1815, p. 9 [his emphasis])

<sup>80</sup> See Chapter 3.

world before returning to earthly experience.<sup>81</sup> The stories of 'intermediate insensibility' challenged such assumptions.

## 5. PROTECTING ANGLICAN NOTIONS OF IMPIETY<sup>82</sup>

Let us recall that the anniversary sermons were witnessed by presidents, vice-presidents, the administration, directors, medical men and the saved. The purpose of the sermons was to encourage the assembled to provide further support for resuscitation, both financial and practical. They were then prepared for publication with a view to advertizing resuscitation to the public. The sermons were publicity, and they were expected to be good publicity. Overt attacks on tendencies within the RHS, or deep disagreements on the practice of resuscitation, had no place within them. We have seen how enthusiastic Anglican clergymen could be when addressing the merits of resuscitation; this was no doubt felt, but such enthusiasm was also intrinsic to the charity sermon, which itself provided good self-publicity for preachers keen for preferment. If there are publications least likely to express offence at resuscitation, the charity sermons are the ones. At the same time, the sermons were an ideal place

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<sup>81</sup> Turned off the cart, William Duell, a boy hung for gang-rape in 1740, was overwhelmed by the immediate experience of the pain about his neck, which 'made his Eyes flash with Fire, and caused such an Agony, Confusion, and Uproar'. All he could remember after that point was that, 'a Thousand dreadful Spectres, the one more terrible than the other, presented themselves to his confused Imagination. In this Condition he remained, as far as he can Judge, till the joulting of the Coach brought him to the Senses so far as to give him a glimpse of that Eternity into which he was upon the point of entering. Hell, with all its Terrors, oppened [sic] to his View, and Numberless Fiends seemed to stand ready, to catch at his departing Soul, and hurry it into that place of endless Torment. *News from the Dead* (London, 1740), pp. 11-12. On the decline in the belief in hell among intellectuals of the seventeenth century, see D.P. Walker, *The Decline of Hell: Seventeenth-Century Discussions of Eternal Torment* (London, 1964).

<sup>82</sup> I use 'Anglican' to distinguish the sermons' ideology from Dissent. Anglicans will have of course interpreted their role as defending Christianity itself against atheism, and England against disorder, particularly since they identified Anglicanism with Christianity as it should be practised, in contrast to Roman Catholicism and the more extreme Protestant Sects.



to set out the Anglican stall, to influence the practice of resuscitation, to render it doctrinally orthodox at the very moment of its nascence. The rest of the chapter investigates how Anglicans endeavoured to make resuscitation an impiety-free zone.

### 5. i) Reasserting God's power and agency

Medical men and clergymen sought to defend themselves from charges of impiety in a number of ways. First, as we have observed, resuscitation was deemed a hubristic challenge to divine power. To counteract this challenge, the omnipotence of God was asserted by carefully distinguishing between miraculous recoveries and ordinary recoveries.<sup>83</sup> Such a tactic was in marked contrast to the more gung-ho pronouncements of other pro-resuscitators who, high on their new successes, appeared to elide the distinction. 'The restoration of the *dead* to life is indeed the greatest and noblest demonstration of his Divinity', the Reverend William Dakins told his anniversary congregation in 1808, 'But all *human* efforts to resuscitate are limited; our powers are finite, and extend only to excite suspended animation'.<sup>84</sup> Anthony Fothergill, writing for a medical audience in his *A New Inquiry*, reminded his readers that, 'To restore a person from a temporary suspension of vital action, is within the province of the Physician: But to restore life, after it has entirely vanished, is an act of OMNIPOTENCE, and belongs ONLY to HIM, who gave it'.<sup>85</sup>

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<sup>83</sup> R. M. Burns, *The Great Debate on Miracles: From Joseph Glanvill to David Hume* (Lewisburgh, 1981).

<sup>84</sup> William Dakins, *A Sermon Preached at the Anniversary of the Royal Humane Society* (London, 1808), p. 27 [his emphases].

<sup>85</sup> Fothergill, *A New Inquiry*, pp. 55-56.

If God's activities were limited to miraculous resurrections, however, it might be assumed that He had no role to play in the ordinary, non-miraculous recoveries of the RHS. Such a view would tacitly support the hubristic element in the RHS that saw resuscitation as a triumph of human endeavour. It was clear that man's input was vital, but for the clergy, man's efforts were not independent of God, but cooperative with it. The Reverend Samuel Glasse (1735-1812), chaplain in ordinary to the king and the author of the anniversary sermon of 1793, put it this way: 'In *both* respects [body and soul], however, it is never to be forgotten, that the agency and exertions of men are constantly to be taken into the account; for GOD acts not always by miraculous interpositions of his almighty power, without any co-operation on the part of man'.<sup>86</sup>

In short, clergymen insisted on the *dual agency* of God and Man during a recovery. This position was argued from the evidence of the miracles of the prophets Elijah and Elisha in the Old Testament and the 'gesticulations' they used to bring people back from the dead.<sup>87</sup> In his anniversary sermon of 1776, the Reverend William Dodd suggested that these 'gesticulations' (which Christ had not found necessary in his miraculous resurrections) were the means of recovery used by the Humane Society. The Reverend Valpy, noting that the prophets' actions were those of divinely inspired men, attributed to the RHS a 'divine origin' (Dodd believed that Elijah had recovered the boy from a suspended state; the Reverend Valpy thought the boy was actually dead). Dodd and Valpy's interpretation of the prophets' actions supported the idea that the RHS's own methods were secondary means used by God to effect recoveries. These secondary means secured the restoration of the

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<sup>86</sup> Glasse, *The Policy, Benevolence and Charity*, p. 3.

<sup>87</sup> Dodd's text was 1 Kings xvii, 21-22: 'And he stretched himself upon the child three times; and cried unto the Lord and said, "O Lord, my God, I pray thee, let this child's soul come into him again." And the Lord heard the voice of Elijah; and the soul of the child came into him again, and he revived.'



body, while God looked after the soul.<sup>88</sup> Consequently, praise for resuscitation could celebrate Man and God simultaneously, without fear of contradiction. In a letter written close to his death and published in the Reports of 1787, the Reverend James Fordyce wrote:

If we consult the history of the world, we shall find in no age or country an instance, next to its *redemption*, in which the dignity of the creature Man, who was deemed an object worthy of such interposition, appeared so conspicuously as in thus co-operating with the creator God to produce, with a rapidity that seems miraculous, effects, unparalleled for their grandeur, variety, and extent, in the present state, and reaching forward into an endless existence.<sup>89</sup>

The purpose of assertions such as this one was to ensure that no-one imagined that a restoration could succeed without the co-agency of the Divine Will. Every resuscitation was therefore an act of providence. The Reverend Hawtayne (dates unknown) told celebrants of the RHS's anniversary sermon of 1796 that, 'the design of this charity is not merely to prolong life, but to restore it to those who, without the *providential assistance* of the means thus afforded, would most probably have lost it'.<sup>90</sup> It was wrong to give men all the credit. 'In every exertion of the resuscitative process,' the Reverend Barry (1759-1822) told his

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<sup>88</sup> William Dodd, discussing how Elijah stretched himself three times on the boy, linked the prophet's movements (his 'gesticulations') to mouth-to-mouth resuscitation, and argued that this was a restoration from apparent death, not a resurrection. He commented, "Let the *life* of this child be restored, and let him revive:" which appears to be all that is implied by the phrase in the text; the Hebrew word rendered *soul*, signifying only the mere animal life, and not the immaterial and immortal spirit'. Dodd, *A Sermon Preached*, p. 8.

<sup>89</sup> *Reports*, 1797, p. 13 [his italics].

<sup>90</sup> Hawtayne, *A Sermon Preached*, pp. 15-16 [my emphasis].

congregation in 1804, 'let not human dexterity claim to itself the primary honor; be this rather our suitable address to the Author of every Blessing'.<sup>91</sup> The Reverend Valpy warned medical men that, 'while you are sensible of the necessity of active perseverance, beware of placing a presumptuous trust in the sole efficacy of human agency. Without fervent prayers, animated by lively Faith,' he continued, 'the principle of vitality would effect no salutary purpose; natural life restored would be but spiritual death confirmed. The Humane Society may restore the breath to the body; but the Grace of God alone can restore life to the soul'.<sup>92</sup> Within the reports, occasional remarks on the providential nature of a rescue and recovery by medical men demonstrate that such arguments were far from unusual, rather the contrary. Preachers all exhorted the saved to thank God above all for their deliverance from death, a message reinforced in the songs, oratorios and poems that celebrated resuscitation.<sup>93</sup>

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<sup>91</sup> Edward Barry, *A Sermon Preached . . . for the National Institution of the Royal Humane Society* (London, 1804), pp. 14-15.

<sup>92</sup> Valpy, *A Sermon*, p. 38. Valpy informed readers that, after his talk, a number of medical men came up to him and congratulated him for expressing this sentiment.

<sup>93</sup> Chorus:

Great Source of Good! Almighty Pow'r!  
 From Thee our Blessings flow:  
 To thy parental Care, each Hour,  
 Some Benefit we owe.

Solo:

When Troubles overwhelm the Mind,  
 Or when Diseases pain,  
 From Thee, if ask'd, we Succour find;  
 Thou kindly dost sustain.

Solo and semi-chorus:

Thou canst restore exhausted Breath,  
 And rescue from the Grave;  
 E'en from the very Jaws of Death,  
 Thy pow'rful Arm can save.



## 5. ii) Denying humans the capacity to create

It was essential to crush any suggestion that men were giving life to dead bodies. Lettsom acknowledged and aggravated the scandalous nature of resuscitation in 1794 when, describing the founder William Hawes, he claimed that, 'Bold and elevated in his views must have been that man, who presumed to imitate the power of the Deity, in restoring life to apparently dead matter'.<sup>94</sup> The experimentalist, Edward Goodwyn addressed this topic specifically in his *The Connexion of Life with Respiration* (1788). Using non-theological arguments, and clearly mindful of the accusations of impiety levelled at the RHS, he offered this distinction, in his concluding remarks on the nature of life:

Of animal bodies there are only two general conditions, Life and Death; and since by *death* we understand the privation

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Solo and chorus:

For tho' beneath the Surge we lie,  
The vital Heat all fled;  
Thy goodness can new Warmth supply,  
And raise again the Head.

Chorus:

Thy Love, as boundless as thy Might,  
Through all they Works extends;  
By sea, by Land, by Day, by Night,  
Restores, supports, defends!

The words were by one Mr. Bickness and the music by Mr Duncombe, the organist of St. Dunstan's in West, where the sermon was held. See Jacob Duché, *A Sermon Preached . . . for the Benefit of the Humane Society* (London, 1781), p. 32.

<sup>94</sup> Fothergill, *A New Inquiry*, p. i.

of life, there can be no intermediate state<sup>95</sup> between them. Of the body in this disease, we can say with propriety only, that it is alive, or that it is dead. If it were really dead, it would necessarily follow, that the means, which are employed to recover it, [in the different experiments of the Fourth Section], must be supposed to communicate life to dead matter, which is impossible.<sup>96</sup>

Goodwyn's recommendation was to abandon the nomenclature used to describe this state on the grounds that it was misleading. 'Hence it appears,' he concluded, 'that there is a striking impropriety in the terms, which are commonly employed to express the state of the body in this disease, viz. "*suspended life*," "*suspended animation*," &c. and these terms ought to be laid aside; because they lead mankind to believe themselves capable of *reanimating* or *resuscitating* a lifeless mass, when they only cure a disease'.<sup>97</sup> This advice was not simply a nice philosophical distinction, but a direct attempt to remove from the act of recovery the odour of blasphemy. It was a position that subsequent prizewinners appreciated and advocated.<sup>98</sup>

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<sup>95</sup> In fact, the idea that suspended animation was an 'intermediate state' was taken up, most notably by Anthony Fothergill, who wrote that, 'since vital action may be suspended by various causes without being extinguished, it is now well known that persons, labouring under such a state of suspension, may often yet be recovered by renewing the action.' Fothergill concluded that, 'Such a critical situation, however, may not improperly be considered as an intermediate step between life and death'. Fothergill, *A New Inquiry*, p. 55. The Reverend Dakins, who almost certainly was copying Fothergill's words, said of apparent death, in his sermon of 1808, that, 'Such a critical situation, however, may not improperly be considered as an intermediate stop between life and death'. See Dakins, *A Sermon Preached*, pp. 10-11.

<sup>96</sup> Goodwyn, *The Connexion of Life*, p. 99 [his emphasis].

<sup>97</sup> Goodwyn, *The Connexion of Life*, p. 100. This point was used against Horsley in *A Letter to the Right Reverend Samuel*, p. 41.

<sup>98</sup> Coleman, *A Dissertation*, pp. vii-viii; Fothergill, *A New Inquiry*, p. 55.



### 5. iii) Reasserting the need for penitence

To the rescue of resuscitation from charges of blasphemy came the crucial Christian sacrament of penitence. Resuscitation, the RHS argued, gave sinners another chance of spiritual renewal before judgement.<sup>99</sup> John Wesley, speaking in 1777, put this point over with characteristic force. He told his congregation, 'Nay, it may be, you have snatched the poor man himself, not only from the jaws of death, but from sinking lower than the waters, from the jaws of everlasting destruction'.<sup>100</sup> 'The benefit resulting from it [resuscitation] is not confined to the mere act of protracting existence,' insisted the Reverend Dakins in 1808, 'but extends to the health and salvation of the soul. It is of a spiritual as well as material nature'.<sup>101</sup> The RHS continued this argument. Hence a stanza from a poem on behalf of the RHS read:

PHYSICIAN TRUE! 'tis thine to save,  
Thy healing art extend!  
From noxious fumes, from *wat'ry grave*,  
From *sudden death* defend!<sup>102</sup>

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<sup>99</sup> For the importance of preparing for death, see Philippe Ariès, *The Hour of Our Death* (Harmondsworth, 1981), ch. 3; Nancy Lee Beaty, *The Craft of Dying: A Study in the Literary Tradition of the Ars Moriendi in England* (New Haven and London, 1970); Sister Mary Catharine O'Connor, *The Art of Dying Well: The Development of the Ars Moriendi* (New York, 1942). For death in a French context, see J. McManners, *Death and the Enlightenment: Changing Attitudes to Death Among Christians and Unbelievers in Eighteenth-century France*, (Oxford, 1981), chs. 7 and 8.

<sup>100</sup> Wesley, *The Reward of the Righteous*, p. 24.

<sup>101</sup> Dakins, *A Sermon Preached*, p. 16. The papal physician, Giovanni Lancisi, had urged recovering the apparently dead for just these reasons at the beginning of the century. See Chapter 1.

<sup>102</sup> George Huntingford, *A Sermon Preached at the Anniversary of the Royal Humane Society* (London, 1803), p. 31. This stanza was from an anthem sung by the congregation and the restored children at the anniversary festival. The words were by

This was particularly apt in the case of suicides. In the first pamphlet issued by the RHS, the Society argued that ‘every serious and considerate mind must earnestly wish to snatch them [suicides] from such a destruction; that their souls may not rush into the presence of the Creator, *stained with the guilt of murder*; and that their relations may also be rescued from the *shame* as well as *loss* to which such rashness exposes them’.<sup>103</sup>

Similar to the sin of treating apparent death, the sin of suicides arose from their having ‘impiously attempted to wrest from the hands of their great Creator his indisputable prerogative to dispose of that existence which he alone could give’.<sup>104</sup> ‘[S]uch horrid Criminals’ were saved, thundered the Reverend Markham (1726-1836), addressing the RHS in 1778, ‘not only from Death and Judgement; but also from the dreadful Consequences of their own execrable Purpose of Self-destruction’.<sup>105</sup> The Reverend George Gregory (1754-1808), the anniversary preacher of 1797, used his sermon to reiterate unequivocally that suicide was the blackest of sins.<sup>106</sup> The RHS policy towards suicide flew in the face of ordinary hostility towards suicides (and somewhat against the rhetoric of these preachers). The RHS’s efforts went against what Cogan called the ‘prevailing sentiment’, namely, ‘that all attempts to save a suicide are in

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the Reverend Roberts, a vicar from Tottenham.

<sup>103</sup> *Reports*, 1774 (1), p. 6 [their emphases].

<sup>104</sup> Harrison, *The Anniversary Sermon* (1799), p. 20.

<sup>105</sup> Markham, *A Sermon Preached*, p. 17.

<sup>106</sup> Cogan was more tolerant. ‘The depth of distress, or horrid apprehension of some threatening calamity, may at the instant, preponderate the love of life which is implanted in animal nature,’ he observed, ‘but I believe that few, very few indeed, amongst the lower class of people, entertain any habitual disgust of life; this seems rather the lot of the rich and indolent, or the bewildered sceptic’. *Reports*, 1778, p. 21 [204].



vain, for they will repeat the act upon the first opportunity'.<sup>107</sup> Suicides were in fact given special pastoral attention by the Society.<sup>108</sup>

Clergymen also countered the arguments that presented a recovery as an unwelcome return to the vale of tears. Preachers accused those avowing such arguments of not knowing the real value of life.<sup>109</sup> Quite apart from the good it did the restorers to participate in philanthropic activity, an activity that was assumed to raise a person to a more spiritual level, it was the Reverend Joseph Holden Pott's view that people snatched from the Jaws of Death would in fact pursue 'the enemy' with greater heart. They would be a force for Good. 'It is more than a restoration to the paths and occupations of this life, that is effected; it is the renewal of the opportunities and means of Grace', Pott determined.<sup>110</sup> Recovery was not simply a bodily rejuvenation for the restored, but an instance of spiritual and moral reform for, as the Reverend Harrison argued in 1799, 'since their miraculous recall from the confines of the grave, we cannot

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<sup>107</sup> The RHS portrayed their recoveries of suicides as a great success, on the basis that suicides did not seek to take their lives again. As Anthony Fothergill put it in 1782, there were, among the recovered, 'several unhappy Creatures who had committed the horrid Crime of Suicide, though they are *now* perfectly reconciled to Life, and public Utility', Fothergill, *Hints*, p. 4 [his emphasis]. See also Harrison, *The Anniversary Sermon* (1799), pp. 20-23; Seth Thompson, *A Sermon Preached . . . for the Benefit of the Humane Society* (London, 1785), p. 11.

<sup>108</sup> David William Garrow, *A Sermon Preached . . . at the Anniversary of the Royal Humane Society* (London, 1812), p. 13. The policy of the RHS to attend not only to physical body but to the issues of redemption was confirmed when the Vice-Presidents, the Honourable Philip Bouverie and Dr Lettsom, provided donations in order that a Bible, a Book of Common Prayer and a book called *The Great Importance of the Religious Life*, be presented to everybody who was restored from apparent death. See also *Reports*, 1784, p. x.

<sup>109</sup> 'Let it only be remembered carefully,' the Reverend Joseph Pott intoned in 1790, 'that by continuing to us the functions of life, God plainly shows that he intends we should continue in our stations, and not presumptuously return the grant upon the donor, because we do not at the moment understand or feel its value.' Joseph Holden Pott, *A Sermon Preached . . . for the Benefit of the Royal Humane Society* (London, 1790), p. 19.

<sup>110</sup> Pott, *A Sermon Preached*, p. 18.

for a moment suppose that they can any longer continue insensible to the Great Power that restored them, or remain any longer deaf to his divine precepts'.<sup>111</sup> 'THEY stand here before you,' appealed Samuel Horsley, speaking of the collection of the 'saved' who were gathered in the gallery of the church as witnesses to the beneficence of the society, 'whose recovered and reformed lives are the proof of my assertions. Let THEM plead, if my persuasion fail, let THEM plead the cause of their benefactors'.<sup>112</sup>

Resuscitation was redemption. The resuscitated had been, in the Reverend Savery's words, 'Snatched from the very Brink of that awful Promontory which frowns o'er the Gulph [sic] of Perdition'.<sup>113</sup> 'Tho' "*cast down you were not destroyed.*" Tho' brought to the awful Gate that opens on the dark and gloomy Valley of Death, 'he told the rescued in his congregation, '—yea, tho' encompassed with its Shades, yet He in whose "*Hands your Breath is and whose are all your Ways, restored your Souls, and once more led you in green Pastures beside the still Waters*".'<sup>114</sup> The saved were not simply 'the recovered' but 'Sinners rescued from the Powers of Darkness, awakened to Repentance, and reconciled to God'.<sup>115</sup>

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<sup>111</sup> Harrison, *The Anniversary Sermon* (1799), p. 19.

<sup>112</sup> Samuel Horsley, *On the Principle of Vitality in Man* (London, 1789), p. 22.

<sup>113</sup> Servington Savery, *A Sermon Preached . . . for the Benefit of the Humane Society* (London, 1786), p. 21.

<sup>114</sup> Savery, *A Sermon Preached*, p. 18.

<sup>115</sup> Horsley, *On the Principle of Vitality*, p. 23.



## 5. iv) Heading off the threat of a Promethean philosophy

We would be wrong to assume that preachers, by dint of their Anglican vocation, were ignorant of or uninterested in natural knowledge, whether of the body or the earth. Nor were they especially retiring before the knowledge of medical men. The Reverend Dodd, in his sermon of 1776, showed that he was conversant with the literature on resuscitation, not only because he read from John Fothergill's lecture on mouth-to-mouth ventilation of 1745, but also because he footnoted most of the medical papers on drowning from the seventeenth century. The Reverend Haweis (1734-1820) spent part of his sermon of 1799 providing an up-to-the-minute account of respiratory action that showed he understood the latest arguments in pneumatic chemistry.<sup>116</sup> The Reverend George Gregory was a gifted, if unrewarded, journalist of science, and author of a remarkable two-volume encyclopedia on scientific knowledge which included an article on drowning.<sup>117</sup> The first part of the sermon of George Huntingford, Bishop of Gloucester (1748-1832), expressly addressed medical men.<sup>118</sup> Similarly, Thomas Burgess, Bishop of St David's (1756-1837), provided a natural theological interpretation of animal heat, an idea of increasing significance in physiological discourse (the idea of heat was central to Coleman's prize essay).<sup>119</sup> It is clear that the Reverends Valpy and Huntingford, at least, had read Anthony Fothergill's *A New Inquiry*, since they footnoted it in

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<sup>116</sup> T. Haweis, *A Discourse Delivered . . . for the Benefit of the Royal Humane Society* (London, 1799).

<sup>117</sup> George Gregory, *The Economy of Nature Explained and Illustrated on the Principles of Modern Philosophy* (London, 1796).

<sup>118</sup> Huntingford, *A Sermon Preached*.

<sup>119</sup> Thomas Burgess, *A Sermon Preached at the Anniversary of the Royal Humane Society* (London, 1804).

their sermons.<sup>120</sup> The Reverend E. Barry had been a medical man before moving into the Church, and the Reverend Colin Milne was a learned botanist.<sup>121</sup>

Since the Boyle lectures of the 1710s, it had been assumed that natural philosophy, epitomized by the work of Isaac Newton, was entirely consistent with Anglican theology. This was the cornerstone of the early English Enlightenment. It was Dissent, borrowing Enlightenment's images and rhetoric in the 1780s, that threatened this alliance. We should not expect, therefore, to find clergymen made suspicious of science by the nature of their beliefs *a priori*. The link between the RHS and this older English Enlightenment was made most powerfully by Bishop Samuel Horsley, who delivered the most significant sermon on resuscitation in 1789.

Horsley was a mathematician. In the 1750s he had studied in the whig bastion of Cambridge, famous for its mathematics and for its natural theology.<sup>122</sup> He wrote an astronomical work demonstrating how God intervened in the workings of the solar system, and a work on the nature of the pendulum inspired by observations made on a recent voyage to the North Pole.<sup>123</sup> For these he was made FRS in 1767. From 1779 to 1788 he

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<sup>120</sup> Huntingford, *A Sermon Preached*, p. 4; Valpy, *The Anniversary Sermon*, p. 16.

<sup>121</sup> Colin Milne, *A Botanical Dictionary: or Elements of Systematic and Philosophical Botany* (London, 1770); Colin Milne, *Indigenous Botany; or Habitations of English Plants* (London, 1793); Colin Milne, *Institutes of botany; containing accurate, compleat and easy descriptions of all the known general of plants: translated from the Latin of the celebrated Charles von Linné* (London, 1771-2).

<sup>122</sup> John Gascoigne, *Cambridge in the Age of Enlightenment: Science, Religion and Politics from the Restoration to the French Revolution* (Cambridge, 1989).

<sup>123</sup> He was not, in fact, one of those on the voyage. Samuel Horsley, *The Power of God, deduced from the Computable Instantaneous Productions of it in the Solar System* (London, 1767); Samuel Horsley, *Remarks on the Observations made in the Late Voyage towards the North Pole, for Determining the Acceleration of the Pendulum* (London, 1774).



worked on an edition of Newton's works that he eventually published. Within the Royal Society, he achieved notoriety by being the spokesman for the opposition to the president, Joseph Banks, in 1783.<sup>124</sup> It is crucial to identify him with a particular style of scientific activity and ideology that had as its leading father-figure Isaac Newton. Any natural philosophy, such as Priestley's, that was used to serve non-Anglican ideas was in direct opposition to this style.

It seems significant that Horsley, having been a conspicuous opponent of Priestley's, and a notorious member of the Royal Society, should have collaborated with the RHS. While Horsley's sermon, *On the Principle of Vitality in Man*, was popular in his own lifetime, since it ran to nine editions, it has not been deemed one of his more important pieces by posterity. There is no mention of it in a recent monograph on Horsley's style of High Churchmanship, for example.<sup>125</sup> It was not remarked upon by his first biographer, Heneage Horsley Jebb.<sup>126</sup> It constitutes, however, a highly significant contribution to the discourse on resuscitation.

As befitting a man steeped in the mathematics of Newton, Horsley was clear that he deemed hostility to natural knowledge to be a barrier to progress. 'Nothing has been more contrary to man's interests, both in this world and in the next,' he insisted, 'than what hath too often happen'd, that a spirit of piety and devotion more animated with zeal than enlightened by knowledge, in subjects of physical enquiry, hath

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<sup>124</sup> Horsley disapproved of Banks because Banks was a naturalist, not a mathematician, and therefore could not be a proper heir to Newton. See John Gascoigne, *Joseph Banks and the English Enlightenment* (Cambridge, 1994), p. 62.

<sup>125</sup> Mather, *High Church Prophet*.

<sup>126</sup> Jebb, *A Great Bishop*.

blindly taken the side of popular error and vulgar prejudice'.<sup>127</sup> Here Horsley sympathized with the scientists of the Society. He was also respectful to them. Having suggested some links between biblical metaphors and anatomical shapes, he immediately told them that, 'I dare not in this assembly, in which I see myself surrounded by so many of the Masters of Physiology, attempt a particular exposition of the anatomical imagery of this extraordinary text; lest I should seem not to have taken warning of the contempt which fell on that conceited Greek, who had the vanity to prelect upon the military art before the conquerors of Asia'.<sup>128</sup>

Yet Horsley's sermon also expressed anxiety about a schism he identified between 'Religion' and 'Philosophy'. He found that those on the side of Religion were accusing Philosophy of impiety, while those enamoured of Philosophy were ridiculing the wisdom of Revelation.<sup>129</sup> Although in his discussion he neither mentioned Priestley, nor the work of RHS and its prize-winners Goodwyn and Kite, listeners were presumably able to make associations with these men themselves. It was this schism Horsley sought to heal by confirming the authority of scripture with the leading 'discoveries' in natural knowledge. Admitting that Newton knew more of the natural world than the 'sacred writers', Horsley reminded his audience that the function of prophets was to reveal divine insights, not laws of nature; they were 'wise unto salvation' but could not

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<sup>127</sup> Horsley, *On the Principle of Vitality*, pp. 1-2

<sup>128</sup> Horsley, *On the Principle of Vitality*, p. 14 . Similar self-deprecation could be found in other sermons, such as that of the Reverend Haweis, who introduced his discourse by saying, 'When I look round on this great congregation, and observe the singularly ingenious and scientific philanthropists present on this occasion, I cannot but regret that my ability is not more proportionate to my inclination to plead the case of this noble and humane institution.' Haweis, *A Discourse Delivered*, p. 5.

<sup>129</sup> By championing revelation here, and in other works, Horsley led the movement away from latitudinarianism and natural theology, which had sought to strip Anglicanism down to its essentials in order to avoid controversy, towards a theology of divine revelation.



rival Copernicus for knowledge of the natural world. The prophets should not, then, be ridiculed for their incomplete knowledge. Their insights were infallible, since they were divine, but as men of finite capacities, they could not provide anything but partial accounts of divinely inspired discoveries. Horsley insisted that nothing the prophets had written had been shown to have been contrary to the more recent discoveries, even if such contradictions could be accepted in principle as part of the divine plan. To prove this, he then demonstrated how the idea of apparent death enjoyed scriptural precedence in the Book of Ecclesiastes. Although Horsley insisted that no-one should be forced to accept a biblical account of nature over a more recent one, the accuracy of the sacred writers in matters of natural knowledge, he insisted, was rather better than people supposed. Contained within Horsley's sermon, as with all the sermons, was an unmistakable warning about the wrong kind of philosophy, the philosophy that neglected caution and Anglican pieties.

Horsley concluded that the schism between Religion and Philosophy was caused by people jumping to false conclusions. Divines were confusing their own hasty interpretations with Holy Writ itself; philosophers were entertaining conjectures based upon unreliable data. Great care and caution, therefore, had to be taken to 'separate the explicit assertions of Holy Writ from all that men have inferred beyond what is asserted, or beyond its immediate and necessary consequences.' Yet, in direct advice to *experimentalists*, Horsley urged that, 'An equal caution should be used, to separate the clear naked deposition of experiment from all conjectural deductions'.<sup>130</sup> It was this cautious approach to philosophizing on religious topics that made the RHS, in Horsley's view,

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<sup>130</sup> Horsley, *On the Principle of Vitality*, p. 7.

'an instructive example'<sup>131</sup> of how understanding of the relationship between God and Nature could be managed. In this flattery lay a specific warning that the RHS should remain cautious lest it become impious.

We may be surprised by Horsley's positive remarks in the context of my observations about resuscitation's links with the science of Joseph Priestley. Horsley, however, had reason to applaud the RHS for its cautious attitude to speculation, even though, as we have seen, contained within the RHS were elements that were distinctly hubristic from an Anglican point of view. Perhaps this was principally because not one RHS scientist advocated the materialist position of Joseph Priestley. The idea of life being in essence a superadded principle to the body was integral to their writings. This was excellent for Anglicans because such a notion dovetailed with traditional dualist ideas of the soul, as Horsley made explicit. But, in addition, the prizewinners did not look for confrontation. Charles Kite began his essay with an immediate and pious disclaimer that demonstrated that he was sensible of the need for tact in this sensitive area. 'Compleat satisfaction cannot, from the very limited extent of human powers, in a subject of this kind, ever be expected,' he insisted. This was not only because analyzing life was so difficult and intricate, but because it depended on 'many things, wholly beyond the reach of our capacities'.<sup>132</sup>

This caution would have pleased Horsley. Kite insisted on the limits of the human mind, as opposed to God's omniscience, and reminded his readers that a proper knowledge of life would require insights derived from experiences unattainable for humans. Perhaps significant is the fact that Edmund Goodwyn, in his experimental inquiry, wholly eschewed

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<sup>131</sup> Horsley, *On the Principle of Vitality*, p. 8.

<sup>132</sup> He did not specify what these 'things' were. Charles Kite, *An Essay on the Recovery of the Apparently Dead* (London, 1788), pp. xxiii-xiv.



any analysis of apparent death in terms of irritability and sensibility, physiological concepts that mediated mental, and hence spiritual, domains.<sup>133</sup> Although he sought to locate anatomically the vital principle - which admitted a materialist position of sorts - he was keen, as we have seen, to keep religion out of the science of life. This was distinct from Horsley's policy of reintegration, but it was not necessarily the position of a sceptic.<sup>134</sup>

That a science born from the practice of resuscitation might open the door to atheism and doubt remained a real enough prospect to the preachers. This is underlined by their regular warnings about the sin of impious pride. It was, I submit, these specific historical currents that Mary Shelley transformed into her story about her 'modern Prometheus', Frankenstein. Preachers in favour of resuscitation, mixing flattery and quiet admonition, sought to control the impulse towards physiological knowledge while they could still speak to its creators from the authority of the pulpit. 'In the pursuit of every sort of knowledge, which concerns the welfare of human life, too much praise cannot be given to the toilsome enquiries of the physiologist', forwarded the Reverend Barry, in 1804, 'but, let it be remembered, at the same time,' he continued, 'that by

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<sup>133</sup> 'The "soul" [spiritual] in the eighteenth century is then very easily used as a synonym for reason [mental]. Boerhaave and Albrecht von Haller do just this when they exempt all physiological processes and muscular activity from consciousness', writes Johanna Geyer-Kordesch, in her 'Passions and the Ghost in the Machine: or what not to ask about Science in Seventeenth and Eighteenth-century Germany', in Roger French and Andrew Wear, eds., *The Medical Revolution of the Seventeenth Century* (Cambridge, 1989), pp. 145-164, p. 156. For the slippery relations between the idea of the vital principle and the soul, see Thomas S. Hall, *Ideas of Life and Matter: Studies in the History of General Physiology 600.BC to 1900 AD* (Chicago, 1969), vol II. Robert Whytt, for example, would occasionally refer to the sentient principle as the 'soul'. For mind/body/soul debates and mediation, see Karl M. Figlio, 'Theories of Perception and the Physiology of the Mind in the Late Eighteenth Century', *History of Science*, 8 (1975) 177-212.

<sup>134</sup> For a discussion of the historical management of science and religion, see the introduction to John Hedley Brooke, *Science and Religion: Some Historical Perspectives*, (Cambridge, 1991).

extending our faculties we do not at all times extend our strength; but, on the contrary, we weaken it, if it happens that our pride is superior to our power. *Promethean tales* must not be the reproach of the *present* day: *known unto God are all his works, fearfully and wonderfully are we made*'.<sup>135</sup> Instead, the nature of vitality was declared by clergymen to be essentially opaque, beyond the reaches of the inquiring physiologist. This was rationalized by making the essence of vitality an invisible entity.<sup>136</sup>

Thus, in 1808, the year of William Hawes' death, the Reverend Dakins, chaplain to the Duke of York and the Duke of Gloucester, reminded listeners to keep Philosophy guided by Religion, lest man 'seek to be overwise', and, 'by searching into things confessedly beyond the limits of finite understanding to apprehend, our investigations do not bewilder, and lead us into mazes of error'.<sup>137</sup> Dakins was explicit that his stance was designed to discourage only 'the knowledge of which is the fruit of study, application and experiment.'<sup>138</sup> Dakins did not refer explicitly to

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<sup>135</sup> Barry, *A Sermon Preached* (1804), pp. 14-15. In a similar vein, Valpy told his audience in 1802 that, 'The temple of the Universe is open to our view; but the sanctuary is secluded from our researches. *Seek not out the things, that are too hard for thee; neither search the things, that are above thy strength. Without eyes thou shalt want light; profess not therefore the knowledge, that thou hast not*'. Valpy, *The Anniversary Sermon*, p. 13 [his emphasis].

<sup>136</sup> 'But, whatever discoveries we may have made respecting the visible system of man, we can draw no conclusions from them that shall affect his invisible system, which is known only to GOD . . . we forbear to follow this subject into its obscurities, chusing rather to direct the reader, if he would know what he is, to go to GOD that made him for this knowledge. . .'. In Samuel Glasse, *The Policy, Benevolence and Charity*, p. pp. xii-xiii. The Reverend Barry wrote that, 'All that the wisest can know about vital power is from its effects; every attempt therefore, to define what that power is must be inconclusive'. Barry, *A Sermon Preached* (1804), pp. 12-13. Anthony Fothergill legitimated this argument in a philosophical vein. The 'sentient principle' (what we would call consciousness which Horsley located in the invisible immaterial soul) was unanalyzable, 'For if this sentient or thinking principle be immaterial, it cannot be an object of our senses; and if it be not an object of our senses, it will probably ever elude our keenest researches.' Fothergill, *A New Inquiry*. p. 2.

<sup>137</sup> Dakins *A Sermon Preached*, p. 2.

<sup>138</sup> Dakins, *A Sermon Preached*, p. 2.



any work published by the RHS in the context of these remarks, but he did implicate implicitly the work of Goodwyn, Coleman, Curry, and, to a lesser extent Charles Kite, not to mention Priestley. He did not implicate Anthony Fothergill, who had eschewed undertaking new experiments of his own on the basis of his hostility towards vivisection. 'Revelation and Science may receive mutual illustration from comparison with each other,' concluded Dakins, echoing the integrationist argument of Bishop Samuel Horsley, 'provided we compare the words with the works of GOD, and, in our enquiries, pass not those limits, beyond which all human wisdom is folly, and all human researches are vain and impious'.<sup>139</sup>

Such 'folly' was represented by Priestley's materialism. But the threat posed by materialist arguments on body/soul activity needed to be tackled directly, too. Horsley sought to reinstate the soul as a crucial concept in thinking about life, by using the authority of the scriptures as part of a defence against purely naturalistic or materialistic accounts of vitality. Taking as his text Ecclesiastes, xii, 7 ('Then shall the Dust return to the Earth as it was; and the Spirit shall return unto God who gave it'), Horsley insisted upon an Anglican definition of life, that is to say, a dualist one. Life was the infusion of the immortal, immaterial, divine soul with the physical body; death, by extension, was the final disunion of these two parts. The union of body and soul was 'the true principle of vitality', and, as such, 'It demands therefore the implicit assent of every true believer'. This opinion was expressed for the particular benefit of

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<sup>139</sup> Dakins, *A Sermon Preached*, p. 6. This echoed the words expressed by the Reverend Haweis in 1799. 'Pleasing in the highest manner is the contemplation of the discoveries which have been lately made, by the ingenious among you, brethren, in this behalf,' the preacher told the scientists among his audience. Yet he reminded them that, 'Science, like virtue, is its own reward', while 'every man of piety and deep reflection will be engaged to ascribe the glory of every invention beneficial to our fellow creatures to Him alone, who *teacheth man knowledge, and giveth wisdom secretly*. The person however distinguished by the felicity of his researches, who should forget the eternal fountain of intelligence, and overlook the providential circumstances, which have led to the greatest discoveries, would only add one vain sciolist more to the multitudes who have preceded.' Haweis, *A Discourse Delivered*, pp. 9-10 [his emphases].

the experimentalists; 'no Philosophy', the Bishop reiterated, 'is to be heard that would teach to the contrary'.<sup>140</sup>

But what, asked Horsley, was the soul doing during apparent death? Having divided human life into three elements - intelligence, perception and vegetation - Horsley described the last as 'mere mechanism', a machine, even if it was a machine vastly superior to anything of human devising. The 'wheels' of this machine were kept in motion by the soul, 'which is therefore not only the seat of intelligence, but the source and center [sic] of Man's entire animation'. It is in this respect 'that the immaterial mover is itself attached to the machine', and that 'Only from the fact that the soul animates this flesh can we say that the vegetable life differs from Clockwork'.<sup>141</sup>

Having set up his argument on physiological lines, Horsley argued, with reference to Ecclesiastes, that 'the approaches of Death are described as the gradual rupture of the parts of the machine'. Here Horsley was distancing himself from more established ways of thinking about death which saw it as an instantaneous moment. He was now describing a process. This process could accommodate the idea of apparent death, since it did not follow that man was dead as soon as the signs of 'vegetal life' (i.e. mechanism, the physical body) were gone. Then referring to Solomon, he told his audience that '[Solomon] speaks of this disunion as a thing subsequent, in the natural and common course of things, to the cessation of the mechanical Life of the Body.' Hence, Horsley concluded, that, 'some space of time it seems may intervene between the stopping of the clockwork of the Body's Life, and the finished death of the Man, by

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<sup>140</sup> Horsley, *On the Principle of Vitality*, p. 12.

<sup>141</sup> Horsley, *On the Principle of Vitality*, p. 13.



the departure of the immortal Spirit'.<sup>142</sup> Thus, by exegesis, Horsley had nuanced the traditional account of death, the immediate disunion of body and soul, to accommodate the idea of suspended animation. Although he was unclear quite how long an interval could exist between the end of the 'vegetal life' and the departure of the immortal spirit, he nevertheless had achieved his purpose of showing how the soul, while the source of life, was nevertheless independent of the body. In doing so he had 'deduced' 'by the united Lights of Revelation and Philosophy'<sup>143</sup> the fact of suspended animation. He had explained apparent death in terms of a dualist pneumatology compatible with an Anglican worldview.<sup>144</sup>

This anti-materialist position was argued from a medical point of view by Anthony Fothergill. Fothergill shared Horsley's assumptions about the relationship between philosophy and religion, so typical of the English Enlightenment. In a letter written from Bath to James Woodforde, in

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<sup>142</sup> Horsley, *On the Principle of Vitality*, p. 16. This view had the authority of the medical practitioner Robert Whytt, whose view of death was, according to Benjamin Waterhouse, that, 'it is not only probable, but even demonstrable, that the soul does not immediately leave the body upon a total stoppage of the heart's motion, and of the circulation of the blood, i. e. upon what we usually call *death*, but that it continues for some time at least present with it, and ready to actuate it.' (Waterhouse, *The Principle of Vitality*, p. 18).

<sup>143</sup> Horsley, *On the Principle of Vitality*, p. 17.

<sup>144</sup> Horsley's physiology was somewhat antiquated; his idea of the soul seems to have been taken from the early eighteenth-century German physiologist, George Stahl. The metaphor of the body as a clock was no longer fashionable, as it was closely associated with Cartesianism. It is unclear quite what medical men made of Horsley's sermon. A materialist counter-polemic was published that year anonymously called *A Letter to the Right Reverend Samuel, Lord Bishop of St. David's* (London, 1789). The author accused Horsley of 'struggling amidst innumerable difficulties, committed with innumerable adversaries of the medical profession, Heathen and Christian, orthodox and heterodox, and contradicted even by the motto you have prefixed to your discourse' (*A Letter*, pp. 27-28). The *Monthly Review* also believed Horsley's arguments to be 'chimerical', and felt that the anonymous letter had proved successfully that, 'the Bishop's system, both sacred and profane, is in direct opposition to that of some eminent divines and physiologists'. Review of *A Letter to the Right Royal Reverend Samuel, Lord Bishop of St. David's*, *Monthly Review*, 2 (1790), p. 114.

1790, Fothergill wrote that, 'Tho' some men of extensive knowledge have become deists, yet none but shallow philosophers have ever become atheists, and these I believe are very rare, and only so by fits and starts. The most profound philosophers of this or any other country have been Christians by convictions, such as Bacon, Boyle, Locke, Clarke, Newton, Addison, characters not to be equalled among all the host of modern infidels'.<sup>145</sup> His book, though primarily a treatise on the physiology, pathology and therapeutics of suspended animation, was also an explicit apologia for an Anglican perspective against materialism. He addressed the notion of organization and its relationship to consciousness, a relationship which he denied; addressed the idea of an anatomical location for the vital principle, which he also denied, and examined the relation of man to animals, stating against Priestley that animals were different in kind from men and would not be resurrected.<sup>146</sup> These positions were all parts of a defence of immateriality, and the idea, so important to orthodox Christianity, of humanity's unique relationship to God.

For Horsley, the soul was 'not only the seat of intelligence, but the source and center [sic] of Man's entire animation'. In other words, Horsley, reinstated a close link between vitality, immateriality and consciousness, as against the organic reductionism of Priestley.<sup>147</sup> This was precisely Anthony Fothergill's position. 'This we know,' Fothergill wrote, 'that Man has a sentient principle existing within him, which thinks, reflects,

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<sup>145</sup> Christopher Lawrence, Paul Lucier and Christopher C. Booth, eds., *"Take Time by the Forelock": The Letter of Anthony Fothergill to James Woodforde 1789-1813* (London, 1997), p. 18.

<sup>146</sup> The Reverend Haweis, in a clear reference to Priestley, told the RHS in 1799 that, 'some have been led to merge the man in the animal, and to suppose that in the extinction of the vital flame, a period is put to his existence: descending from materialism to scepticism, and from scepticism to atheism.' Haweis, *A Discourse Delivered*, p. 9.

<sup>147</sup> Horsley, *On the Principle of Vitality*, p. 13



combines ideas, and performs various operations apparently incompatible with any modification of matter hitherto discovered'.<sup>148</sup> Neither Fothergill, nor Horsley, were prepared to entertain the view entertained by Priestley that the fact of consciousness was rooted in the organization of the brain.<sup>149</sup> Consciousness could not be reduced to the material constituents of the body; it was separate, just as the soul was. Fothergill's *A New Inquiry* rapidly reached three editions. The Reverend Dr. Fordyce wrote of it that, 'Of all that I have read upon the subject, Dr. Fothergill's *Treatise on Suspended Animation* approaches, in my opinion, nearest to 'the height of the great argument'.<sup>150</sup>

## 6. CONCLUSION

All these controversies were tightly bound to one another in existing polemical debates. By being advocated by the RHS, an organization with close links to Enlightened rational dissent and Priestleyan science, resuscitation was introduced into a milieu where these debates were already active. But mere proximity itself does not explain why resuscitation specifically mediated these debates. We need to understand that resuscitation provided food for thought of a metaphysical nature because it disturbed the relationship the living believed they had with the dead.

The RHS, by taking the initiative to recover people who would ordinarily have been deemed beyond the help of human hand, challenged directly

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<sup>148</sup> Fothergill, *A New Inquiry*, pp 1-2.

<sup>149</sup> See Priestley, *Disquisitions*, I, p. 150.

<sup>150</sup> *Reports*, 1797, p. 13. I must confess to be unsure whom Fordyce is quoting and what he meant exactly by this, but the approbation is entirely evident.

people's preconceptions of the proximity of the dead to the living. Having seen the immediately drowned as already belonging to the world of spirit, the world of the dead, people were discovering that instead the drowned were likely to be still present in this world. The sense of responsibility for these liminal corpses, neither obviously in one domain or another, was being deliberately shifted by the RHS away from God to Man. To effect this shift, the precise nature of the boundary that lay between Man and God's domains had to be reconsidered. In so doing, supporters of resuscitation had to grapple with those related intellectual issues whose outcomes were determined by an understanding of where the boundary between Man and God lay. In other words, those medical men and clergymen who took upon themselves the task of working out the implications of resuscitation for the existing physiological and spiritual accounts of the world, had to explore associated problems that were mediated by resuscitation.

The reason for this was that the binary of Man and God operated as their equivalent of our 'sacred' and 'profane'. It was the binary whose precise conceptualization determined a set of related metaphysical pairs. We can see from the sermons that responses to resuscitation were organized in terms of a set of dualisms - matter/spirit, body/soul, visible/invisible, philosophy/scripture, mortal/immortal, ordinary/miraculous, ignorance/omniscience, human strength/divine omnipotence - that were integral to the way people conceived of their relationship to worlds and forces outside human purview. During this period, the ideas of body, matter, philosophy, mortality, the visible world, were becoming increasingly related to the profane world of Man. By contrast, the idea of spirit, soul, immateriality, invisibility, scripture, and omniscience remained tightly related to the domain of God. Resuscitation, by disturbing the fundamental relationship between Man and God, obliged from contemporaries further thought as to the exact role of God in the



generation of knowledge and history (Dodd and Valpy), His place in the recesses of the body (God and the vital principle), His position in the nature of personhood (debates over consciousness), His role at the moment of death (Horsley on apparent death), and His existence in the very constitution of matter (debates on materialism).

For those pro-resuscitators who were devotees of Enlightenment, resuscitation demonstrated the necessity of shifting that boundary in favour of Man. This, however, involved challenging old taboos, of risking punishment from God on account of Man's impiety. For those persuaded by the language of Enlightenment, such transgressions were insignificant compared to the job of enabling man to redeem himself. For those who were still invested in the idea of transgression and divine punishment, responses to resuscitation were more complex. For Christians in the RHS, it was not a simple case of supporting God against Man, but compromising between celebrating a victory for medicine, and preserving an Anglican piety that was embroidered with traditional metaphysical ideas of divine power, agency and omniscience. What had to be retained was the taboo that underpinned Anglican ideology in the form of 'impiety', the fear of the possibility of divine reprisals. This fear was rooted in people's respect for, and dread of, unexpected, contingent acts, married to a sense of humankind's responsibility for its own suffering through sin. The RHS, with its emphasis on the unnecessary nature of individual deaths from drowning, put this idea under extreme strain. The RHS was helping to usher in the idea that events could be accidental, devoid of an ultimate divine cause or meaning. The result was friction between and within the various constituencies (medical men, clergymen, layfolk) which held the society together.

This is not, then, a history of the struggle between 'religion' and 'science', when viewed as autonomous domains struggling for precedence. Such a

view is unhistorical. Rather, this is the history of the construction of such polarities. It is the history of how people within a culture, facing up to an unprecedented way of relating the living to the dead, forged historically specific polarities, such as 'Religion' and 'Philosophy', not only to make sense of the new phenomena, but to help them advance specific ideological causes (e.g. medical power, the radical agenda), whose success appeared to hinge on the particular manner in which taboo was conceptualized. Resuscitation was a dramatic event that contemporaries used to clarify their culture's metaphysical relationships. These efforts, I argue, should be placed within the wider struggles for power. I might add that resuscitation focused debates because a group of people were determined to make difficult and unexpected recoveries work out in the world of everyday practices. They needed the arguments to go their way while the arguments mattered.

It is really impossible to say with any precision just when accusations of impiety stopped being an issue for the Society. Presumably, the most important obstacle was cleared when there was no shortage of people willing to help. The RHS spokesman R. H. Marten, speaking in 1809, in the aftermath of Hawes' death, told the assembled group of directors:

But you have often heard, from our lamented Friend [Hawes], the history of its origin; the difficulties with which it struggled, even at its birth; the prejudices, and those even of a religious nature (the pretensions of the Society being by some, in their ignorance, deemed almost blasphemous), which opposed it when ushered to public notice: prejudices which required the heroism of his persevering spirit to attack, but which he finally conquered by the weapons of wisdom, patience, and laborious assiduity.<sup>151</sup>

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<sup>151</sup> R. H. Marten, *The Substance of An Address* (London, 1812), p. 14.



Such a celebration put religious opposition firmly in the past.<sup>152</sup>

Further, the heat of the intellectual debates mediated by resuscitation was reduced by the defeat of Dissent following the Revolution in France. This defeat was symbolized most powerfully in the mob's attack on Priestley's house in Birmingham in 1791, and his subsequent self-exile to America. Priestley's scientific influence on resuscitation waned as practitioners within the RHS replaced his nomenclature for gases with their own, or the French chemist Antoine Lavoisier's.<sup>153</sup> In fact, research in pneumatic chemistry moved to Bristol and the Pneumatic Institution of Thomas Beddoes. Meanwhile, ordinary business at the RHS continued as usual. In the RHS's charity sermons, preachers contented themselves with cursory references to the matter-spirit debate, and then only to dismiss it as inappropriate to the occasion and to their calling.<sup>154</sup>

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<sup>152</sup> As did the Reverend John Bond in 1815. 'It is difficult to conceive that a plan so admirable could every have encountered the slightest objection,' he declared. 'A doubt, however, is said to have formerly prevailed,' he continued, 'whether there is not something impious in the attempt to restore to life those who are apparently dead. Thanks to the enlightened spirit of this age, it can no longer be necessary to combat so preposterous an opinion. God forbid, that we should pretend for one moment to alter the dispensations of Providence. But it is our duty to use all the means in our power for the preservation of human life.' Bond, *A Sermon Preached*, p. 8.

<sup>153</sup> For example, for Anthony Fothergill, formerly enthusiastic about 'dephlogisticated air', now referred to it as 'vital air' in his *A New Inquiry* of 1795. James Curry had continued to use Priestley's terminology in his *Popular Observations on Apparent Death* of 1792, but his theory of respiration was so identical to Lavoisier's that, for the book's second edition in 1815, all Curry did was to replace the nomenclature to Lavoisier's, while the text remained exactly the same.

<sup>154</sup> Samuel Glasse, speaking in 1793, was prepared to accept Horsley's authority on the issue of life. 'The nature of suspended animation hath been so satisfactorily considered and explained, with an exact reference to the scriptural account of the formation of man,' he concluded, 'that, if I had not *already* unreasonably detained you, I should scarcely venture, nor do I esteem it necessary, to go over the same ground'. Glasse, *The Policy, Benevolence and Charity*, p. 22 [his emphasis]. Edward Barry, speaking in 1804, also declined to revisit such territory. 'I shall purposely avoid to interfere with any opinions on those abstruse points of *matter* and *spirit*, or,' he proclaimed, 'in other words, by what laws the vital union between soul and body is preserved, or how *recovered*, when apparently dissolved'. Barry, *A Sermon Preached*, pp. 12-13 [his emphasis]. These

In the wake of Edmund Burke's attack on Priestley, in his *Reflections on the Revolution in France* (1790), and *A Letter to a Noble Lord* (1796), the experimental science of Priestley was interpreted as pernicious, callous, subversive. 'These philosophers', Burke wrote, 'consider men in their experiments, no more than they do mice in an air pump or in a recipient of mephitic gas'.<sup>155</sup> Such experiments came to be seen as irresponsible, dangerous.

It is striking that no-one produced a prizewinning response to the essay questions for 1797 on the praxis of resuscitation.<sup>156</sup> After that, the focus of the Society's attention moved away from physiology and therapeutics to the issue of life-saving equipment for the navy. The last prizewinning essay, Anthony Fothergill's of 1794, went on the attack against materialism, as we have seen, and provided no new experiments, but instead criticized them, Burke-like, for their useless cruelty. The RHS became extremely loyal, as might be expected of a society whose patron was George III. The science of life in Britain stayed still. Not until Bichat's work began filtering into Britain in the 1810s did it recover its momentum.

William Hawes, who had in 1793 spoken boldly of the desirability of the

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matters, he admitted to his audience, were probably beyond human comprehension. The Reverend Yates avoided such explorations on the basis that it wasn't the function of the preacher to talk of such matters. 'It is not the province of the Preacher to enter upon theoretical or didactic disquisitions on science', he told his listeners, "our business is not to entertain the curiosity of our hearers with learned discoveries, refined speculations, or uncommon remarks; but to remind them continually of such truths as are most useful to direct their practice, by mending their hearts". Yates, *A Sermon Preached*, pp. 9-10 [I don't know whom he is quoting]. Such a position could ease the lot of preachers unsure of their physiological footings. 'To attempt a proof of this [apparent death], by any thing like a physiological (sic) disquisition, I cannot pretend. Nor is it by any means necessary, the Reverend Hawtayne told the anniversary celebrants of 1796. Hawtayne, *A Sermon Preached*, p. 19. Having said that, Bishop Burgess did address the topic in 1804.

<sup>155</sup> Golinski, *Science as Public Culture*, p. 178.

<sup>156</sup> *Reports*, 1795, p. 50.



new science of life, seems to have retreated to a conservative Anglican-style metaphysics by 1797, claiming that, 'Life, indeed, is a subject much above our comprehension.—We know little more of *Vitality*, than that whatever it is in itself.—It is a gift of GOD to matter, and is as distinct from matter, as the light of the sun shining upon a mass of earth is different from the earth on which it shines'.<sup>157</sup> In the period up to Hawes' death, resuscitation was accepted sufficiently enthusiastically to sustain the growth of the humane movement, despite the religious objections we have recounted. However, the utopian and Enlightened scientific rationalism that challenged these religious doubts in turn lost steam as it hit the buffers of post-Revolution British conservatism. What sustained the pro-resuscitation consensus between the progressives and the more traditional Anglicans during this period was not the promise of medical progress, but the shared commitment to the discourse of humanity. It is to the analysis of this discourse, and its peculiar function in the history of resuscitation, that the next chapter is dedicated.

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<sup>157</sup> *Reports*, 1797, p. 14.

## CHAPTER FIVE: HUMANITARIANISM AND RESUSCITATION

### 1. INTRODUCTION

As we saw in Chapter 3, the RHS's efforts during its first two years yielded a number of recoveries and preservations. In response to this achievement, Cogan wrote not simply that the RHS had succeeded in its objectives, but that '*we have done good*'.<sup>1</sup> We can see now that this boast was, in part at least, a direct challenge to those who believed resuscitation to be provocative and sinful. Against those who deemed resuscitation blasphemous, the RHS was obliged to operate a public relations campaign. To win this campaign, the RHS needed to present a benign and appealing image of itself. Challenging the scepticism of the incredulous (Chapter 3) and the objections of the pious (Chapter 4) came the language of humanitarianism. The RHS lost no opportunity in reminding fellow Britons of the connections between resuscitation and the pleasures and virtues of being humane.

Judging by the *Reports*, this campaign seems to have had a significant impact. As we observed in Chapters 2 and 3, a 'humane movement' gathered itself in the wake of the RHS. Its devotees not only took up the treatment, but adopted the humanitarian rhetoric, too. There was a demand for the language associated with resuscitation, as well as the techniques. The purpose of this chapter is three-fold. First, I will show how and why the RHS's campaign to link resuscitation with 'humanity' succeeded. Second, I will explicate the class-based assumptions of the humanitarian discourse associated with resuscitation. Third, I will reveal the contrast between the sentimentality of the RHS's rhetoric with the

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<sup>1</sup> *Reports*, 1776, p. vi.



worrying and dangerous aspects of a real recovery.

## 2. THE DEMAND FOR 'HUMANITY'

The medical assistants were charged with orchestrating satisfactory treatments. Since they were also representatives of the RHS, they were also a humanitarian vanguard. They were responsible for making humanity count in practice. It was in their role as dispensers of humanity that medical assistants soon expanded the remit of the Society's reward policy. It was perhaps the desire to see more bodies delivered to medical assistants for treatment, or the desire to raise resuscitation's profile among ordinary people, that lay behind the decision by some medical assistants to apply for rewards for *rescues*, rather than merely successful recoveries. In one of the first cases reported in 1775, a rescue was so prompt as to make medical treatment unnecessary. The medical assistant attending, Mr Patten, wrote after the incident that, 'Altho' this case does not properly come within the printed plan of the Society, I make no doubt but they will always be willing to encourage such acts of humanity. It is for this reason I have taken the liberty to trouble you with this'.<sup>2</sup> Patten was right - appealing to the RHS in this way played to the RHS's self-image as the vanguard of humanity on earth.

How far individual medical assistants identified with the humanitarian message is unclear, but they appealed to the RHS's humanitarianism to obtain rewards for actions that ordinarily would not be awarded. Such rewards helped advertize resuscitation to London's poorer communities. For example, one medical assistant requested that some watermen receive a reward because 'they put off the place as soon as they heard Mr

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<sup>2</sup> *Reports*, 1776 (1), p. 28 [31].

*Raines* call out', and hence 'are certainly deserving of something.<sup>3</sup> Even though these watermen were not properly entitled to a reward, the assistant thought it acceptable to ask the Society to award the will to rescue, and not just a rescue itself. Such a request shows us how the language of humanitarianism was exploited by the medical assistants to mobilize public interest in the issues of rescue and recovery.

The value of intention and feeling, as well as action, was central to the RHS's project and was acknowledged as such. In order to make 'humanity' an intelligible slogan, uneducated Londoners had to be shown how 'humanity' operated in contemporary society. The rewards helped demonstrate humanity. First, however, examples of humane behaviour had to be found and lauded. For example, the medical assistant, James Stewart, insisted at the end of his case that, 'The young man had no prospect of a reward in the above humane attempt; but being informed of the particulars from people of the greatest veracity, I thought it might prove a stimulus to others, to recommend him to some reward from that excellent institution, known by the appellation of *The Humane Society*'.<sup>4</sup>

'Humane were the young man's attempts, and that noble principle called Humanity, prompted him, at the hazard of his own life, to save a fellow from perishing in the watery grave,' Stewart continued.<sup>5</sup> What the young rescuer made of this language is impossible to say. This is because rescuers themselves never speak in the reports; they are spoken *for* by the medical assistant. The language of humanitarianism belonged to the medical assistants, rather than the people whom they helped to recover.

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<sup>3</sup> *Reports*, 1776 (1), pp. 22-23 [27].

<sup>4</sup> *Reports*, 1777, pp. 45-46 [147] [his emphasis].

<sup>5</sup> *Reports*, 1777, p. 46. [147].



There is only once instance that I know of in which rescuers themselves apparently manipulated a humanitarian vocabulary to make their appeal for money more persuasive to the RHS. It is quite possible that the letter was not written by them but by someone on their behalf.<sup>6</sup> The operatives of the RHS, as Enlightened men, brought the language of humanity to bear on the activities of people whose instincts they mistrusted and whose behaviour they wanted to control and improve.

It was not just the medical assistants who made use of the RHS's largesse to dispense humanity. The occasional letter to the RHS from 'gentlemen' unconnected with the Society suggests that other people were keen to see British society operate under the laws of 'soft Humanity'. The RHS's reward system provided a welcome service that non-members wished to use. People felt strongly that humanity should be acknowledged; they felt it (in the words of one set of correspondents) to be 'a material part of our duty to bear testimony to so distinguished an exertion of humanity and generosity'.<sup>7</sup>

### 3. THE IDEAL RESCUE

The entirely humane rescue and recovery was one done selflessly without consideration of a reward. Rescue and treatment, being deemed intrinsically humane, were considered virtues in themselves. Lest people were unpersuaded, the health manual, *The Universal Family Physician*, argued in favour of resuscitation thus: 'What is their reward---the pleasing remembrance of having prolonged the life of a fellow being! given that soul more opportunity to serve his God—praise him for

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<sup>6</sup> *Reports*, 1784, p. 84 [462].

<sup>7</sup> *Reports*, 1784, p. 81 [459].

deliverance—and pray for the present and eternal happiness of the person, who so lately saved him from accidental death!—But indeed, the consciousness of doing good, is an abundant reward for our performance of benevolent actions'.<sup>8</sup>

Reasoning justifying the notion of a 'humane' rescue was presented by the Reverend Markham (1726-1786) in his anniversary sermon of 1778.<sup>9</sup> The impulse to rescue was deemed by Markham to be enshrined in natural law - a notion that was purportedly descriptive and prescriptive at the same time. The first law of nature was of self-preservation; after that, nature sanctioned the preservation of neighbours and 'fellow Creatures'. Markham deduced from the existence of such laws that to be virtuous was to fulfil an elementary part of one's nature, 'to be in Compliance with our natural Desires'. It followed that the absence of such desires in a person was unnatural; such persons effectively existed outside the boundaries of natural law. The successful rescue was assured when 'we may leave Nature to herself', and let our 'Appetite for Happiness' be the guide.

Markham did appreciate that, 'In the Way of some Duties, there are Disinclinations and Obstructions to be conquered and removed', but reasoned that these disinclinations were no match for a rational and religious person. In such cases, 'the Propensities of Nature' coincided with 'the Dictates of Reason and Religion' so as to impel, 'nay, almost to force', such persons to make a rescue. In short, among the 'Humane', rescue and recovery brought happiness, fulfilled their essential natures, and answered to their intellectual and metaphysical convictions. For

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<sup>8</sup> *The Universal Family Physician and Surgeon* (Blackburn, 1798), pp. 452-3. This passage is interesting because, although this could easily have been written by members of the RHS, there is not a single reference to the RHS in its pages.

<sup>9</sup> Robert Markham, *A Sermon Preached . . . for the Benefit of the Humane Society* (London, 1778), pp. 14-15.



such men, Markham argued, opportunities for rescue would find them impelled to rescue. What clinched the argument was the possession of the feelings of humanity among the humane in the first place. 'To prove this—(but what Occasion is there here for a formal Deduction of Proofs to your Understandings?) I appeal to the Feelings of your Hearts!', Markham suggested; 'Let *them* determine *the Point!*'.<sup>10</sup> The humane were therefore characterized by their capacity to feel their bond with natural law, reason and religion. There was no need for extrinsic sources of motivation, such as rewards; the right feelings alone made rescue inevitable.

It was this ideal of humanity that the RHS sought to implement along with the treatment. To accept rewards was beneath the dignity of the rich; now, under the empire of humanity, it was a sign of deficient humanity. The reign of humanity would truly begin when rewards were no longer necessary. This vision incorporated a fantasy of cooperation between the social classes which was dramatically realized in Augustus Kotzebue's (1761-1819) play, *Der Opfertod*, translated as *Self-Immolation; or, the Sacrifice of Love* in 1799.<sup>11</sup> The story revolves round the woes of one Robert Maxwell, an upstanding and formerly wealthy young man who has fallen into poverty on account of the machinations of an enemy. He has a wife, Arabella, a young son, and a blind mother to feed. Try as he might, he cannot find the money. So, having asked his old rival Walwyn to look after his wife, he throws himself into the Thames. Arabella, who is accompanied by her loyal servant, Jane, is informed of his suicide by a callous landlord, whose only concern is the rent he is about to lose. Walwyn, who is also present at the announcement,

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<sup>10</sup> Markham, *A Sermon Preached*, p. 14.

<sup>11</sup> Augustus Kotzebue, *Self-Immolation; or, the Sacrifice of Love*, trans. H. Neuman (London, 1799). The RHS quoted an extract from this play, which they entitled *Family Distress*, in 1802. See *Reports*, 1802, p. 5.

abruptly declares that Maxwell might not be dead; indeed, may still be recoverable. Upon this observation, a working man, John Hartopp, whom the unlucky Maxwell had helped earlier in the day, bursts in:

Hartopp: Of recovery?—to be sure, there are. He is already restored to life!

Walwyn and Jane (at the same time): Does he live?

Hartopp: As sure as my name is John Hartopp—he lives.—

Jane: Did you hear, dear madam?

Arabella: (*nods*)

Walwyn: Who saved him?

Hartopp: Why,—I drew him out of the Thames.—

Walwyn: You, friend?—Pray take this. (*Offers his purse*)

Hartopp: Pshaw, pshaw!—such things one don't like to be paid for. Besides, I can say, after all, that it was I who saved him. For, when I laid him on the bank, he was as dead as a herring. But, there is a Society in London, do you see, who will not let a brave fellow drown himself, without a struggle to save him. Some of them were quite at hand. Great gentlemen! God knows who—They instantly seized the body, and continued rubbing, warming, and blowing, till he opened his eyes.

Walwyn: Whither did they carry him?

Hartopp: To the house of a rich wine merchant,—three doors from this.—He was the busiest of them all. He belongs also to the Society.

(*Walwyn, Exit in haste*) God's blessing on the worthy gentleman! When I perceived that life was again stirring in him, I had his house shewn me; for I am vastly fond of bringing good news.—That poor lady on the ground, is his wife, I dare say?

Arabella: Yes, his wife.

Hartopp: Well! mistress, do not weep now. There is no more danger. His recovery is sure.

Arabella: (*Gives her hand*)



Hartopp: (*Takes it and shakes it heartily*) An empty hand, and such a look with it, pleases me more than a gentleman's full purse.<sup>12</sup>

This extract nicely distils the class associations of resuscitation, and is of a piece with the morality tales published by the doctors Thomas Beddoes and James Parkinson (respectively an admirer of the RHS and a medical assistant). These morality tales were designed to get the labouring classes to behave in a more respectful and responsible manner.<sup>13</sup> Maxwell is discovered by a working man but is treated by a group of 'gentlemen'. Maxwell's body is taken not to a pub (a more familiar location), but to the house of rich wine merchant. In fact, this wine merchant is none other than one Mr. Harrington, who in the play is one of the Humane Society's oldest members.

Harrington adopts the Maxwell family as his own and protects them from financial ruin. This is proper reward for the decent Maxwell who, previous to his suicide, had helped John Hartopp financially, despite being at a low ebb himself. Maxwell's compassion for the welfare of the working man is linked to his subsequent physical and spiritual resuscitation. As for Hartopp, he makes it clear that payment is out of the question, despite the offer of the 'gentleman' Walwyn. 'Such things one don't like to be paid for', he insists. Rather, it is enough to say that, 'it was I who saved him'. Hartopp's dialogue is conspicuous in its praise of the

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<sup>12</sup> Kotzebue, *Self-Immolation*, pp. 47-48.

<sup>13</sup> See James Parkinson, *The Villager's Friend and Physician; or, a Familiar Address on the Preservation of Health*, 2nd edn. (London, 1804). It is worth noting that Parkinson, a medical assistant for the RHS, made only mention of warming the body and frictions in his remarks on drowning in his book. Either he felt that there was a proper division of labour between medical therapies (e.g. artificial respiration and the tobacco enemas) and lay remedies, or he felt that elaborate advice was going to be lost on his working-class readers. It is interesting to compare Parkinson's pared-down advice with the elaborate entry on 'Resuscitation' in Robert Morris, James Kendrick, et al., *The Edinburgh Medical and Physical Dictionary*, 2 vols. (Edinburgh, 1807). On Thomas Beddoes and the literature on instructing the poor, see Roy Porter, *Doctor of Society* (London, 1992), ch. 9.

'Great gentlemen!' of the RHS and the 'worthy gentleman', the RHS member, Harrington. All in all, this was the ideal of resuscitation, RHS style. It certainly flattered the RHS by uncritically adopting its own self-image as an elite cadre of competent and humane gentlemen, while it reinforced the Society's fantasy of a working class happy in the happiness of others. Uninterested in financial gain, Hartopp represents a collaborating working class far from the disenchanted labourers of the war-fed economy.

The humane were not supposed to save lives to feather their own nest; they attempted rescues and recoveries because the exercise of virtue was supposed to produce happiness. The medical assistants, who were not drawn from the lower classes, embraced this doctrine, since they could afford to demonstrate their humanity by not accepting the offer of the rewards. This freedom was recast as evidence of public spiritedness by Bishop Samuel Horsley, who explained in 1789 that, 'the Medical Practitioners accept no pecuniary recompence [sic] . . . Their sole reward is in the holy Joy of doing good'.<sup>14</sup> One medical assistant was happy to play to this image of the medical assistant; he finished his report of a case by piously asserting, 'As for myself, I want nothing. A consciousness of having done my duty, and the pleasing reflection of having, thro' God's mercy, restored an apparently lost child to its afflicted and disconsolate parents, is a sufficient reward for me'.<sup>15</sup> This was *echt* RHS. What the medical assistants lost in guineas they potentially gained in public esteem and medals for their mantelpiece. Lest one is seduced by the pious image of disinterestedness presented by Horsley, it is important to remember that medical assistants were given medals for their pains in the event of success. When the RHS failed to produce the medals fast enough, the

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<sup>14</sup> Samuel Horsley, *On the Principle of Vitality in Man* (London, 1789), p. 18.

<sup>15</sup> *Reports*, 1778, pp. 69-74 [164].



medical assistants expressed their resentment.<sup>16</sup>

#### 4. INHUMANITY

As we have seen, humanity and life-saving were presented as mutually supporting notions. According to an anonymous author in the *Gentleman's Magazine*, the RHS's programme of treating the drowned had a 'manifest tendency to improve the morals, at the same time that it preserves the lives of the species'.<sup>17</sup> In a letter written to the Reverend E. Barry, Lettsom asserted that, 'I have hence long considered the Humane Society as a school of philanthropy; and it has, I believe, done much in humanizing the lower classes of the community, who have been instrumental in saving life'.<sup>18</sup> Even as early as 1776, the RHS noted how 'the assistants and attendants seem to vie with each other in their zeal and anxiety to save their fellow creatures: this too in some cases merely from the laudable principle of humanity without being influenced by the hopes of a reward'.<sup>19</sup>

Notwithstanding optimistic belief that the RHS's humanitarian message was working, nevertheless the rewards were thought to be pivotal to the

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<sup>16</sup> For the rules of the medals, see *Minute Book*, 17.09.76 - the medal, it reminds us, was open to any gentleman, and not only medical ones. As for the resentment, a committee of September 26, 1781 urged the rapid production of medals: 'This Motion was unanimously agreed to, as many of the Medical Assistants thought themselves unkindly treated in being so long kept out of the Honorary Premium', *Minute Book*, 26.9.1781.

<sup>17</sup> *Gentleman's Magazine*, lx, 1790, 684, quoted in Carolyn D. Williams, ' "The Luxury of Doing Good": Benevolence, Sensibility, and the Royal Humane Society', in Roy Porter and Marie Mulvey Roberts, eds., *Pleasure in the Eighteenth Century* (London, Macmillan, 1996), pp. 77-107, p. 97.

<sup>18</sup> Edward Barry, *A Sermon Preached . . . for the Royal Humane Society* (London, 1804), pp. 16-17.

<sup>19</sup> *Reports*, 1776 (1), pp. v-vi.

success of resuscitation. As medical assistant Mr Hickman put it, 'The good effects of the Rewards offered and regularly paid by the Humane Society, to those who afford assistance on the Recovery of Persons apparently Drowned, sufficiently appear from the promptitude and alacrity which the lower class of people manifest on such unfortunate occasions'.<sup>20</sup> Cogan insisted that, 'the influence of our rewards has been frequently acknowledged by the assistant parties', <sup>21</sup> and was happy to relay the opinions of the medical assistant Mr Burgess, 'as he [Mr Burgess] has no doubt but it is generally from this motive [the rewards] that the watermen are so particularly attentive to such unfortunate accidents'.<sup>22</sup> The medical assistant Samuel Patten agreed. 'I constantly find,' he wrote in 1783, 'that the Rewards held out by the Humane Society act as a very considerable stimulus to the activity and humanity of all the people connected with the water, by which means I am certain many lives are annually preserved'.<sup>23</sup> These rewards made up for a perceived shortfall in 'humanity'. As Thomas Cogan put it in the Reports of 1775, 'we hope that the prospect of a reward will, in all cases, be sufficient to induce watermen and others to give the earliest assistance, should not a principle of humanity be sufficiently powerful'.<sup>24</sup> That people needed to be inspired by premiums demonstrated to Cogan that the lower classes did not yet possess the finer feelings of human nature. The rise in rescues since the inauguration of the RHS was evidence enough for

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<sup>20</sup> *Reports*, 1790, p. 184.

<sup>21</sup> In case no 207 in *Reports*, 1778, the rescuer, who communicated the case to the RHS, confessed 'that he was in great measure actuated by our promised rewards, and it being authenticated by several persons who were spectators of the event, he was properly recompensed.'

<sup>22</sup> *Reports*, 1776 (1), p. 38 [41].

<sup>23</sup> *Reports*, 1784, p. 44 [427].

<sup>24</sup> *Reports*, 1775, p. 52 [15].



Cogan of the 'fallacy of such affections'.<sup>25</sup>

The discourse of resuscitation was strongly polarized between those who cooperated fully with resuscitation, and those that did not. Those who took rewards were not labelled inhumane because this would have spoiled the effect the rewards were supposed to generate, namely gratitude and enthusiasm. Those who did not cooperate at all with the RHS, or disagreed with the idea of resuscitation, however, were not only dismissed as 'inhumane', but as 'prejudiced', 'murderous' as well. For example, those who were sceptical of the idea of recovery from apparent death (see Chapter 3), were deemed to be inspired by 'the *murderous* spirit of incredulity', and were placed in opposition to 'the great cause of humanity'.<sup>26</sup> A publican who did not agree to take in bodies was now 'deemed by the whole neighbourhood as a monster of inhumanity.' This stigma, Cogan wrote, began to 'operate very powerfully on some who would not be actuated by other or better motives'.<sup>27</sup> This oppositional rhetoric expresses the aggressiveness with which the cause of humanity was prosecuted, as well as the passion with which supporters of the RHS sought to overwhelm doubts about the therapy. More generally, such polarizations between the humane and the 'inhumane' came easily to Enlightened discourse, whose polemical vitality was largely determined by its dichotomous nature.

However, those who were inspired by the rewards to rescue were implicitly tainted with the charge of having inadequate stores of humanity. For the historian, however, 'inhumanity' is impossible to find. There is no evidence of indifference to suffering, or callous

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<sup>25</sup> *Reports*, 1776 (2), p. v.

<sup>26</sup> *Reports*, 1774 (4), p. 34.

<sup>27</sup> *Reports*, 1776 (2) pp. 88-89.

brutality, among those who had to wait to be offered rewards before making rescues. We are not told why one David Jones did not take it upon himself to rescue a boy in a pond until one of the Directors of the society 'providentially' informed him of the rewards proposed by the Society.<sup>28</sup> No-one explains why it took a gentleman standing by Joy Bridge to prevail upon two lads to 'strip and go in' before the twelve-year old Benjamin Newton was prevented from sinking any further.<sup>29</sup> It is not explained why the men bearing news of the possible rewards thought it better to offer them to people of lower standing, rather than attempt a rescue themselves. Further, we are left ignorant why, when 'Great numbers' saw John Humphries fall in by the docks, 'no one ventured to go in and save him'.<sup>30</sup> The narrative gives no sense of the seriousness of the case - was he drowning, was he calling for help, did he look in danger? The case only reveals that he fell from the dock near to the bank. The rescuer only had to jump in to support the child. Yet because the rescuer is described as 'very humanely' jumping in, the implication is that the 'great numbers of people' lacked humanity. The crowd is not allowed to answer to the implicit charge of inhumanity.

Perhaps the most tantalizing case involves Deborah Green, who was a servant in a pub named the Baldfaced Stag. Green fell into the Thames when collecting water with a pail. The editor of the *Reports* reported that:

She continued some time above water, to the great diversion of three most inhuman men who stood on the bridge just by, looking at her without offering the least

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<sup>28</sup> *Reports*, 1776 (1), p. 29 [32].

<sup>29</sup> *Reports*, 1781, pp. 9-10 [278].

<sup>30</sup> *Reports*, 1781, pp. 102-3 [347].



assistance whatever. Fortunately for her, an old man, between 60 and 70 years of age, *John Wagstaff* by name, who was at work at the distance of about 300 yards, heard her fall in, and presently ran to her assistance.<sup>31</sup>

Green was presently dragged out unconscious. She was then taken to the pub and revived by some womenfolk.

What can we make of this? It appears at first sight that this is the evidence of the 'inhumanity' we've been looking for. On what possible grounds could these men have justified this apparently callous behaviour? However, our quarry immediately loses us. We do not know what the 'inhuman men' 'saw'. What did they think they were 'looking at'? Given that the narrator tells us that Deborah Green was removed from the water unconscious, we are supposed to believe that the situation was serious. But did they see a woman drowning? Particularly as 'she continued some time *above* water'? Did the situation look serious to the onlookers? And whose opinion was it that these men were 'inhuman', a serious charge indeed? Was it John Wagstaff's, the rescuer? What did he see? We don't know, because the report was written up by the editor, and he makes no attempt to ascribe these opinions to Wagstaff himself. Whatever Wagstaff's opinion, labelling these men as 'inhuman' could be expected to inspire righteous indignation in the readers of the reports, for whom such a detail could produce the kind of productive anger that generated money and support, but ultimately it has no referent.

This humanitarian discourse is, as I have said, ideological. In other words, it would be ethically, critically and historically inappropriate to adopt these terms in our own analysis of people's behaviour. The rest of

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<sup>31</sup> *Reports*, 1776 (1), pp. 30-31 [34].

this chapter is designed to place this discourse of humanity in the context of practice, in order to identify those aspects of rescue and recovery that generated, or could have generated, friction between people and the men offering them money to cooperate with recoveries. This continues the theme of 'friction', but in a new way. In previous chapters, we have focussed on *principled* objections to the very idea of resuscitating the apparently drowned. The following pages demonstrate what was involved in pursuing the RHS programme in practice, and in so doing directly addresses the practical obstacles to a seamless recovery. In this way we can see what was frightening, unpleasant or objectionable about resuscitation from the point of view of those requested by the RHS to support the 'cause of humanity'.

## 5. TROUBLING PRACTICES ASSOCIATED WITH RESUSCITATION

### 5. i) Rescue

Although the cases in the *Reports* never refer directly to swimming skills, it is likely that many people could not swim. In case 318, on 31 August 1780, a boy 'went to bathe in the *New Cut*, at *Limehouse*, with several others; the tide flowing in, drove him out of his depth, and he sunk in the presence of several people, who could give him no assistance, till *Richard Davis* came up, who being informed of the accident, immediately stripped himself and dived for him several times'.<sup>32</sup> It was not the crowd were unwilling to give assistance, but that they *could* not. Here, it seems that the only thing that distinguished between the rescuer and the crowd was an ability to dive, so I assume that the people 'who could give him no assistance' were incapable of swimming.

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<sup>32</sup> *Reports*, 1781, pp. 72-3 [318]. See also *Reports*, 1781, pp. 102-3 [347].



We should not assume that the majority of those who lived by or used the river knew how to swim, although it is impossible to offer even a vague estimate of the proportion of those who could swim. If the practice of the navy is any benchmark, however, I think we can assume it was low, since it appears that very few mariners knew how to swim. This is hard to explain and N. A. M. Rodger, author of *The Wooden World: An Anatomy of the Georgian Navy* does not offer any explanations. It is possible that shipwrecks were understood to be God's will, and, moreover, futile in empty and dangerous seas. Swimming was considered hubristic and pointless.<sup>33</sup>

It was clearly unreasonable to expect non-swimmers to commit themselves to aquatic rescues. Quite apart from the limits of the rescuers, rescues in the name of humanity and resuscitation were often dangerous. Mr Dobson, a clerk, managed to persuade the gathered crowd (or at least the editor of the *Reports*) 'that he possessed the finer feelings of human nature' by stimulating the bargemen to undertake a rescue 'at the hazard of their own lives'.<sup>34</sup> And a Director of the Society, Mr Jones, having spoken to a young man about the rewards of the Society, watched the rescuer make the attempt 'with no inconsiderable hazard to himself' [i.e. the rescuer].<sup>35</sup>

Many rescues were hazardous for the rescuer, and the narrators of the cases often make this clear, even if they do not say precisely how or why. Anthony Fothergill remarked that, 'In the act of drowning, when two or

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<sup>33</sup> N.A. M. Rodger, *The Wooden World: An Anatomy of the Georgian Navy* [1986] (London, 1988), p. 53.

<sup>34</sup> *Reports*, 1781, pp. 66-68 [315].

<sup>35</sup> *Reports*, 1776 (1), p. 29 [32].

more are present, it, alas! often happens, that he, who hastens to rescue his companion, loses his own life in the generous attempt, and that without being able to accomplish his benevolent purpose! For, a drowning person, in grappling with his assistant, wherever he catches hold, never lets go his tenacious grasp while life remains'.<sup>36</sup> In one case, the victim 'had been sliding on the ice on *Thursday* afternoon last, which breaking, let him in'. He remained under water for twelve minutes, 'no persons (through fear) the pond being deep and muddy [sic], endeavouring to get him out, except this bearer, *John Kerchwall*, at the hazard of his life'.<sup>37</sup>

In the context of the dearth of swimming skills, it is unsurprising that the depth of water was clearly a source of fear. The following case took place at 'The latter-end of last *February*,' when 'the weather being frosty, and the ponds, &c capable of being slid on, these children were amusing themselves with that diversion; the first mentioned broke in; the other, attempting to save him, broke in likewise, in the sight of many spectators, who knew the depth of the water, but durst not venture to their assistance'.<sup>38</sup> The depth of water was responsible for ensuring that when Cole Garood drowned near Stoke Bridge, 'a quarter of an hour elapsed before (out of numbers of spectators) any one had resolution to fetch him on shore', when it was done 'very dexterously' by Mr Samuel Askew.<sup>39</sup>

Whatever the weather and depth of water, rivers were potentially

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<sup>36</sup> Anthony Fothergill, *Preservative Plan* (London, 1798), p. 10.

<sup>37</sup> *Reports*, 1781, pp. 53-4 [305] [their emphasis].

<sup>38</sup> *Reports*, 1787, 87 [555].

<sup>39</sup> *Reports*, 1781, pp. 146-147 [409].



dangerous places. And in Cork, in October 1775, that potential was realized for a nineteen-year old man, who lost his life when attempting to save his younger sibling, who was floundering out of his depth. As Richard Thompson retold the story, 'He leaped in to save the boy, and was irrecoverably lost, not being found 'till *fifty hours* after'.<sup>40</sup> And if the rescuer was unafraid for himself, there were occasions when rescuers feared that rescue might endanger the victims. In the very first case, in which a baby fell into an aqueduct, a cheesemonger refused to clamber into the water for fear of stepping on the child.<sup>41</sup> Similarly, the father of a child who had fallen down a well refused to descend the ladder, 'fearing the ladder was upon the child' (he jumped down instead).<sup>42</sup> Predictably, some rescues did add to the victim's misery, as when the rescuer on July 9 1779 jumped into the water, directly on to the victim's stomach.<sup>43</sup>

The RHS made no provision for teaching people swimming; such initiatives had to wait until the late nineteenth century and the spread of life-saving societies. Lettsom strongly believed in the medicinal effects of sea-water and indeed set up an infirmary by Margate in 1796 to assist those suffering from scrofula to further sea-water's therapeutic use, but it appears that swimming was not an issue.<sup>44</sup> The RHS did try to mitigate the impact of accidents by supplying equipment designed to assist rescues. This equipment included dragnets and poles. Prior to the RHS there was no equipment with which ordinary people could effectively search for

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<sup>40</sup> *Reports*, 1776 (1), pp. 68-9 [55].

<sup>41</sup> *Reports*, 1774 (4), pp. 23-24 [1].

<sup>42</sup> *Reports*, 1782, pp. 12-13 [363].

<sup>43</sup> *Reports*, 1778, p. 64 [248].

<sup>44</sup> J. C. Lettsom, 'Hints for Establishing a Sea-Bathing Infirmary at Margate, for the Poor of London, in *Hints designed to promote Temperance, Beneficence and Medical Science* (London, 1804), vol. 3, pp. 235-256.

bodies and bring them out. In this period, designers came up with life-jackets and lifeboats for the use of the navy, but they remained uncommon and largely unexploited.<sup>45</sup> The RHS was vocal in its support for these new technologies. On the whole, we should appreciate that the spread of the treatment, or, as the RHS saw it, the work of humanity, was predicated upon people undertaking risky ventures and that the rewards for humanity were not easily obtainable by a vast number of people who could not swim.

## 5. ii) Rescue and propriety

Could issues of propriety have made some rescuers uneasy? While 'stripped' does not signify 'naked', it may have been significant that T.Whitehead went in with clothes on, despite the fact that the more clothes one wears, the more dangerous swimming becomes, as the weight of clothes adds considerably to the fatigue of the swimmer.<sup>46</sup> In case 36, a slightly intoxicated woman fell into the river at night. Her cries were heard by a bargeman, but no-one could find the exact place on account of the intense darkness. 'Upon which', commented the medical assistant who wrote up the case, '*Jeremiah Ramsey and Joseph Hughes*, went in at the *White Hart Stairs* with their clothes on'. The narrator was perhaps making a point of propriety here.<sup>47</sup> The strength of feeling

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<sup>45</sup> John Wilkinson, *Tutamen Nauticum: or, the Seaman's Preservation from Shipwreck, Diseases, and other Calamities incident to Mariners*, 2nd edn. (London, 1763); R. MacPherson, *A Dissertation on the Preservative from Drowning; and Swimmer's Assistant. A New Invention* (London, 1783); Lionel Lukin, *The Invention, Principles of Construction, and use of Unimmergible Boats* (London, 1806). The RHS noted both Lukin's contributions and the design of one Captain Manby.

<sup>46</sup> *Reports*, 1782, pp. 102-3 [347].

<sup>47</sup> *Reports*, 1776 (1), pp. 33-34 [36]. The waterman Henry Morris, who perhaps did not swim, attempted to save the eight year old James Grainger on 26 September 1778, when he 'jump'd overboard in his cloaths, hung by his boat with one hand, and felt for



invested in retaining one's clothes is expressed in a case related by the medical assistant Mr. Hodgson. When James Hill, a seaman, was pulled out of the river, he complained of a little sickness, but did not require treatment. Mr Hodgson thought otherwise:

I went to him, he walked from the boat to the street, and except a little sickness, seemed as well as if nothing had happened. I desired him to pull off his wet clothes and go to bed, but he refused. I then ordered the watermen to pull them off by force, but he continued obstinate, and said he would go to his lodgings where he now is.<sup>48</sup>

We might note, however, that in E. Penny's image, 'Apparent Dissolution', the drowned man is carried without clothes on [see Figure 2]. Generally, however, there are no discernable patterns why in some cases men took (at least some) of their clothes off [e.g in cases 318 and 139], and why in some they did not. So we are unable to claim what was typical; was it usual to swim with clothes? In 1782, a medical man observed some boys by a pond and believed they were quarrelling. Yet it is only when he discovered that none of them had stripped that he believed there may have been a drowning. It would seem that men stripped to fight, but not to dive.<sup>49</sup> Such details raise interpretative problems that may be soluble once more work is done on propriety in this period.

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him with the other', although using this method he was unable to locate the boy, *Reports*, 1778, [256].

<sup>48</sup> *Reports*, 1776 (2), p. 9 [20].

<sup>49</sup> *Reports*, 1782, pp. 8-10 [362].

### 5. iii) Touching the drowned corpse

Since the RHS paid money only to those who had rescued people that had been in the water for two hours or less, and who were therefore free from putrescence, the physical decomposition of the drowned body was not a factor in rescue. The physical state of the body, however, was no doubt upsetting to onlookers, regardless of the absence of putrescence. May there have been, in addition to the physical state of the body, specific beliefs about the drowned body that militated against effective rescues? and were these beliefs tied to the status of dead people? Documented folklore records show that new corpses could contain unusual properties. For example, the corpses of recently hanged persons were thought to have healing qualities. In London, nurses brought children to the gallows to be stroked by the hands of executed criminals to ensure good health. In 1777, when the Humane Society's preacher, Dr. Dodd, was hanged, the *Gentleman's Magazine* noted that, 'a very decently dressed young Woman went up to the gallows in order to have a Wen in her face stroked by the Doctor's hand; it being a received opinion among the Vulgar that it is a certain Cure for such a Disorder'.<sup>50</sup> Folklore collectors have discovered that the hand of a recently hanged corpse cured skin complaints in Dorset, goitre or a bleeding tumor in Norfolk, and swelling in Somerset. The neck of a hanged man cured limb complaints in Dorset.<sup>51</sup>

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<sup>50</sup> Peter Linebaugh, 'The Tyburn Riot Against the Surgeons', in Douglas Hay et al., ed., *Albion's Fatal Tree* (London, 1975), pp. 65-117, pp. 109-110. Please note that Linebaugh gets the date wrong and writes 1767.

<sup>51</sup> For death customs more generally, see John Brand, *Observations on Popular Antiquities: Chiefly Illustrating the Origin of Our Vulgar Customs, Ceremonies and Superstitions*, new edn. (London, 1900). R. Hunt, *Popular Romances of the West of England*, 2nd edn. (London, 1871) has little on the corpse, although he observes the hands of suicides were healing.



Can we identify special powers inherent in a *drowned* body? Not, it seems, in English folklore. An old method for finding drowned bodies, which appears to have been widespread, was to place a loaf filled with quicksilver into the water upriver. The loaf was supposed to stop and spin, or stop and sink, where the drowned body lay. Here the drowned body clearly was thought capable of attracting this object, but there is no sense that drowned bodies were not to be touched. A stray and opaque remark by William Buchan refers to the existence of a 'superstitious institution' that gave premiums (rewards) for dragging dead people out from rivers, for the purpose of giving them Christian burial. What was this institution called and when and where did it operate? As yet, we don't know. We may, at least, speculate that, where it existed, these premiums were designed to overcome popular unease associated specifically by drowned corpses.<sup>52</sup>

In Germany, the situation is a little clearer. Here there were very firm taboos about the drowned corpse in particular. The leading theorist of public health and environmental medicine J. G. Frank, writing of Hamburg's difficulties in getting the populace to comply with the resolutions on drowning, condemned the 'unfounded prejudice that it is forbidden or disgraceful to voluntarily touch, pull out, or give shelter to somebody who fell in the water'.<sup>53</sup> According to the physician Levinus Lemnius (1505-1568), the magistrates of the Low Countries testified that, 'drowned bodies taken out of the waters, will bleed at some parts, if any of their friends are nigh', while friends, in turn, might bleed from the nose

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<sup>52</sup> Buchan compared this organization unfavourably with those advocating resuscitation. See William Buchan, *Domestic Medicine*, 8th edn. (London, 1784), p. 698.

<sup>53</sup> Johann Peter Frank, *A System of Complete Medical Police: Selections from Johann Peter Frank*, ed. by Erna Lesky (Baltimore, 1976), p. 274.

out of a sympathetic reaction for the drowned body.<sup>54</sup> The German physician, Christian Hufeland (1762-1836), in his book *The Art of Prolonging Life* (1797), also drew attention to a substratum of popular belief that actively militated against any rescue attempts:

Of this kind [of prejudice] is the shameful dread of the dishonor [sic] and disgrace which attend the touching of such unfortunate people; the diabolical superstition of many fishermen, that one must not draw the body of a drowned person from the water, before sun set, in order that the fish may not be frightened away, or that some rivers must have an annual offering, and other ideas of the like kind, which prevail among the vulgar much more than one might imagine.<sup>55</sup>

It is, of course, taking liberties to assume that the same beliefs pertained London, or England generally. Yet the author Peter Anson, writing in 1965 on Scottish fishermen of his direct acquaintance, observed that, 'Scots fishermen until fairly recent times were so convinced that the spirits of the waves and the sea gods must have their prey that, not only were they afraid to save any one from drowning, but they dared not repair a boat of their own locality which had been wrecked with the loss of life and cast ashore'.<sup>56</sup> Although nothing in the RHS cases

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<sup>54</sup> Levinus Lemnius, *The Secret Miracles of Nature* (1658), p. 103. Lemnius also discussed the commonplace that drowned men floated upwards while drowned women floated downwards.

<sup>55</sup> C.W. Hufeland, *The Art of Prolonging Life*, 2 vols. (London, 1797), II, p. 313. Hufeland's arguments on apparent death were an important influence in Germany, see Christian August Struve, *A Practical Essay on the Art of Recovering Suspended Animation*, [1801] (London, 1803).

<sup>56</sup> Peter F. Anson, *Fisher Folk-lore* (London, 1965), p. 97. Angelo S. Rappoport, *Superstitions of Sailors* (London, 1928) yielded no useful information.



demonstrates the existence of similar beliefs, this evidence should encourage us to entertain the possibility that there were such beliefs, principally because such beliefs provide a *rationale*, over and above practical, commonsensical explanations, why rescues, which were seen as self-evidently 'humane' by the RHS, were not undertaken.

#### 5. iv) Managing the Coroner

Once the corpse had been discovered and rescued, it still needed to be taken to a suitable spot for the resuscitation. Here 'inhumanity' reared its ugly head again: there were legal prohibitions that discouraged people from moving or treating the body once it had been taken to the shore. To disturb any body in suspicious circumstances ran the risk of being accused by coroners of interfering in the course of justice, or so many Londoners thought.<sup>57</sup> In all suspicious cases of death in Britain, a coroner was called to inspect the corpse, and to order an inquest in which a jury was called to view the body and reach a verdict on the manner of its death. The coroner might take between a day and two days to arrive on the scene, particularly in rural areas. Until that time, the body was watched to ensure that it was not touched or disturbed. People, named

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<sup>57</sup> Similar anxieties had squashed early attempts to introduce resuscitation in France in the 1740s. Réaumur believed that the law prevented ordinary French people from exercising their natural compassion and restoring people apparently dead: 'souvent il [le Peuple] ne le fait pas, parce qu'il ne l'ose; il s'est imaginé qu'il s'exposeroit aux poursuites de la Justice' (Phillippe-Nicolas Pia, *Détail des succès de l'établissement que la ville de Paris a fait en faveur des personnes noyées*, 2nd edn. (Paris, 1774), p. 56). The force of this observation of Réaumur's was acknowledged by Tissot and related in his *Advice to the People* (1765, p. 410). These views were evidently deeply entrenched, as the French supporter of resuscitation, Pia, insisted in 1774: 'Il suffira pour cela de considérer que, de temps immémorial, il existoit un préjugé aussi funeste que barbare, tel qu'on croyoit défendu, sous de rigoureuses peines, de toucher à un Noyé, & de le tirer hors de l'eau, à moins que préalablement on n'eût averti un Commissaire pour en dresser Procès-Verbal; & ce n'étoit que lorsque le Commissaire avoit pris connoissance de l'état du Cadavre, qu'on étoit libre de faire des épreuves, qui ne tendoient toujours qu'à constater la mort du Noyé; car il est peut-être sans exemple, qu'après avoir rempli toutes les formalités qu'on croyoit alors nécessaires, on soit jamais parvenu à en rappeler un seul à la vie', Pia, *Détail*, p. 6

'watchers', were paid to do this. Although the medical assistants do not explicitly complain of anxiety about the coroner in the cases, one medical assistant wrote to the RHS, in October 1778, to notice the change the RHS was bringing about. 'A child the other day, about two years old, was taken out of a brook seemingly dead and quite cold,' observed the medical assistant, 'but by the information acquired above, instead of being laid on the cold ground for the inspection of the inquisitive, and the Coroner sent for (as formerly customary) it was immediately stripped, rubbed dry, wrapped in a warm blanket, and put into a cradle before I could get thither'.<sup>58</sup> However, respect for this legal etiquette seems to have been sufficiently strong that, in 1790, the Society complained that:

In various parts of this kingdom an absurd opinion has too long prevailed, That if any person has been drowned or otherwise suffocated; or, in a word, by whatever cause the appearances of death have been occasioned, that it is *criminal to remove such bodies into houses, or employ the means of Resuscitation, till the Coroner has been consulted.* By an opinion so repugnant to every dictate of humanity, and plain reason, a great number of his Majesty's subjects are prematurely cut off; for, although there may be a consequent probability of re-animation, objects under the appearances of death are neglected, from an apprehension that *legal punishment* would be the consequence of their laudable endeavours to save their fellow creatures from death.<sup>59</sup>

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<sup>58</sup> *Reports*, 1781, p. 105 [349].

<sup>59</sup> *Reports*, 1790, p. 438 [their emphases].



To counteract this 'slavish fear of the Coroner',<sup>60</sup> the Society secured the services of an anonymous 'special pleader', who suggested that the losses of human life through this legal scruple had been frequent. There is no doubt that the law was ambiguous; even the 'special pleader' could not promise readers that prosecutions would never be made against those who moved the body. All he could say was that the prosecuted party 'would undoubtedly be acquitted, upon proving, that his interposition was with the design of preserving life, and that the CORONER had an opportunity of taking an inquest on the body as soon as that interposition appeared to be in vain'.<sup>61</sup> This may have not reassured those for whom any interaction with the law was unwelcome. The Bath physician, Anthony Fothergill, a key figure in the RHS, wrote to the *Gentleman's Magazine* in a triumphant tone, however, proclaiming that, 'it should be made universally known, that no person may hereafter plead ignorance, as an excuse for their own supineness, or want of humanity, especially where the life of a fellow-creature is at stake'.<sup>62</sup>

To accuse prevaricators of ignorance of the law, as Fothergill did, was perhaps to misunderstand the nature of people's fear. They knew the law only too well. Anxiety over touching the corpse for fear of the coroner is the subject of a pointed joke by the magistrate and novelist, Henry Fielding, in his novel *Tom Jones* of 1747. His hero, Tom Jones, has just been knocked unconscious after being struck on the head by a bottle, which had been hurled by an ensign:

The French gentleman and Mr Adderly, at the desire of the commanding officer, had raised up the body of Jones; but as

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<sup>60</sup> *Reports*, 1790, p. 440.

<sup>61</sup> *Reports*, 1790 p. 439.

<sup>62</sup> *Reports*, 1790, p. 440.

they could perceive but little (if any) sign of life in him, they again let him fall. Adderly damning him for having blooded his waistcoat, and the Frenchman declaring, 'Begar me no tush de Engliseman de mort, me ave heard de Englise ley, law, what you call, hang up de man dat tush him last'.<sup>63</sup>

The joke, of course, can be read partly as a standard joke against cowardly Frenchmen. Fielding, who was a barrister, a Justice of the Peace and the Chairman of the Quarter Sessions of Westminster - and therefore who had seen the practice of English law at first-hand - also plays on the reputation of the English law for being ruthless and unreliable.

This joke probably also points to a stratum of belief about the property of corpses. For although the Frenchman may have been exaggerating, and although the evidence offered by folklore compendia of the nineteenth century does not allow for confident generalizations, it seems to have been a widespread belief in England that a corpse would bleed upon the touch of the murderer. Such beliefs have been recorded in Lincolnshire, Shropshire and the northern counties. It was officially recorded in King James I's *Daemonology* that, 'In a secret murder, if the dead carkasse be at any time thereafter handled by the murdered, it will gush out of blood, as if the blood were crying to Heaven for revent of the murdered'. This bleeding was apparently urged as evidence of guilt in the High Court of Justiciary at Edinburgh as late as 1668.<sup>64</sup> The physician Levinus Lemnius certainly accepted the rationality of this position in his *The Secret*

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<sup>63</sup> Henry Fielding, *The History of Tom Jones: A Foundling*, 3rd edn. [1749], ed. by R.P.C. Mutter (Harmondsworth, 1966), p. 343.

<sup>64</sup> William Henderson, *Notes on the Folk-lore of the Northern Counties of England and the Borders*, new edn. (Nendeln, 1967), p. 47.



*Miracles of Nature*.<sup>65</sup> Although the belief may have no longer enjoyed any legal status by the eighteenth century, the Lincolnshire *Boston Herald* of July 17, 1832, referred to a case of 1827 which demonstrated that, among the rural folk at least, such a belief enjoyed considerable favour.<sup>66</sup> Charlotte Sophia Burne, a compiler of 'folk-lore' in Shropshire, reported that, 'It is held in Shropshire (and elsewhere) that every person who sees a corpse should lay his hands upon it: if not, he will dream of it afterwards. Can it be that this touch was once intended as a solemn proof that the visitor was guiltless of having caused the death [. . . ]?'<sup>67</sup>

By London's riverside, these beliefs perhaps no longer enjoyed currency.<sup>68</sup> Further, such a belief would not have automatically prohibited someone from touching the corpse; the recently drowned corpse would not have held fears for anyone who felt that touching was a reliable test and who knew themselves to be innocent. More significant for the RHS were those persons who were keen not to attract the brutal attention of the law, and consequently remained too apprehensive to touch the body. These apprehensions could, it seems, be calmed by the prospect of the Society's guineas. Mr Nicholls, a medical assistant in Bath, recalled how he was called to treat a drowned woman and 'instantly went to her assistance, and found her laid on the ground, with some

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<sup>65</sup> Levinus Lemnius, *The Secret Miracles of Nature in Four Books* (London, 1658), p. 103.

<sup>66</sup> Mrs Gutch and Mabel Peacock, *County Folk-lore, Volume V: Examples of Printed Folk-lore Concerning Lincolnshire* (London, 1908), p. 142.

<sup>67</sup> Charlotte Sophia Burne, ed., *Shropshire Folk-lore: A Sheaf of Gleanings . . . from the Collection of Georgina F. Jackson* (London, 1883), p. 298.

<sup>68</sup> Only in one case is it possible to infer that possibility that the rescuers might have been reluctant to move the body. On September 20, 1774, the medical assistant T. Corney arrived on the scene to find the body still in a moored boat; he had to order the body onto the shore - the salvors had clearly not deemed it appropriate to do so themselves. In *Reports*, 1775, pp. 23-26 [6].

small appearance of life, and a croud [sic] of people around her.' He continued:

It was usual before the body could be removed, or any thing material done, to send for the beadle in the parish. By the time of his arrival there was an hour generally lost, as he lived a mile from the fatal spot. As the Society at Bristol had appointed me to attend, I instantly offered the premiums [i.e. the rewards], which had the desired effect. She was taken with great care to a house in the neighbourhood.<sup>69</sup>

What impact these legal apprehensions had on the failure rate is impossible to know - the RHS never attempted to provide any figures. The fact that Hawes continued to include advice about coroners throughout the 1790s suggests that the issue remained pertinent at least until the turn of the century. The ideals of 'humanity' conflicted with the realities of legal practice.

#### 5. v) Letting the corpse cross the threshold

Even if the majority of potential collaborators with the RHS decided to risk the coroner's anger for the sake of humanity or guineas, it is clear that the RHS faced difficulties in finding socially acceptable places to treat the body. In 1782, Hawes complained that, 'When sudden Death happens by Accident in the public street, or other Places on Land, too often the Consideration of Inconvenience overcomes the Dictates of Humanity, and no friendly Door is open to receive the Body; or if there is, the

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<sup>69</sup> *Reports*, 1777, pp. 68-69 [163].



Attendants are ignorant of their Duty'.<sup>70</sup> If the body was moved it was not to a safe haven where it could be treated, but out of the way. 'Instead of the seemingly dead Body lying on the cold Earth or Pavement, it may perhaps be raised from the Ground and placed on a Shop Floor', Hawes wrote.<sup>71</sup> Sudden deaths by drowning suffered similar fates. There were no workhouses or hospitals close by to sites of drowning. In 1776, Thomas Cogan admitted that the RHS had not asked workhouses and hospitals to cooperate with the Society because it was thought that this would have been presumptuous until the facts of resuscitation had been established.<sup>72</sup> Besides, 'with prejudice strong', it was useless to apply to these institutions anyway.

Instead, the RHS focused its attention on the publicans and innkeepers who kept houses along the banks of the Thames. The Society expected considerable resistance to the introduction of drowned corpses anywhere. Such resistance earned their contempt as another instance of inhumanity, yet resuscitations introduced disagreeable upheaval and could be bad for business. The Society was aware of the 'great trouble and inconveniences' for a family suddenly asked to cope with a dying body on their kitchen table. An accidental death brought strange people, who might be confused and alarmed, into the house. The treatment required blankets, flannels, brandy, volatiles, salt, a warm fire, and a warm bed. The body itself was likely to be in a poor state: wet, unconscious, perhaps bleeding. The effects of the treatment were not pleasant, if familiar. Vomiting was a frequent goal of the therapy. Tobacco enemas and purgatives released uncontrolled faeces, as 'the return of the intestine is, I believe, generally preceded by a brisk and copious evacuation of Foeces'

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<sup>70</sup> William Hawes, *An Address to King and Parliament* (London, 1782), p. 5.

<sup>71</sup> Hawes, *An Address*, p. 8.

<sup>72</sup> *Reports*, 1776 (2), p. 89.

[sic].<sup>73</sup> Opponents of tobacco observed how the patient suffered 'gripping, purging, vomiting, sweating, head-ache and trembling'.<sup>74</sup>

Reluctance to admit a group of strangers accompanied by an apparently dead person into one's own living quarters is readily intelligible, <sup>75</sup> but there were financial disincentives too. A person who gave shelter to a dying body could very well be charged with burial expenses in the event of an unsuccessful recovery, since the expenses of burial legally rested with those who owned the roof under which the body was admitted.<sup>76</sup> Publicans, who were the figures primarily called upon to assist in resuscitating the drowned, were understandably reluctant to take upon that risk. If prestigious persons were put to such an inconvenience, the RHS was only too happy to mark the event with a vote of personal thanks. In a committee of August 18, 1781, it was 'Resolved That a Letter of Thanks be sent to Lord Dartsey for receiving the apparently dead Body of Chas Higgins into his house, and assisting in the Recovery, and it was likewise unanimously agreed that for so extraordinary an Instance of Humanity in a Nobleman, that his Lordship be presented with the Honorary Medal of the Society'.<sup>77</sup>

Perhaps the most significant source of any reluctance to accept bodies lay at the level of belief, rather than practical considerations. When William

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<sup>73</sup> William Hawes, *Transactions of the Royal Humane Society* (London, 1794), p. 519.

<sup>74</sup> Hawes, *Transactions*, p. 528.

<sup>75</sup> In a case of a female suicide in 1778, the rescuers 'first took her to a publick house in *St. John's Street*, but were refused admittance, from a suspicion that the woman was drunk' (*Reports*, 1778, [208]) - a strange objection from a public house!

<sup>76</sup> *Reports*, 1776 (2), p. 88.

<sup>77</sup> Was this a barbed comment? I wonder. *Minute Book*, 18.8.1781.



Buchan remarked how reluctant ordinary people were to give help to those who suffered injuries in accidents that led to apparent death, he noted that, 'This conduct seems to be the result of ignorance, supported by an ancient superstitious notion, which forbids the body of any person supposed to be killed by an accident to be laid in an house that is inhabited'.<sup>78</sup> Again, in Kotzebue's play *Self-Immolation*, the callous landlord who brings news to Arabella of her husband's death by drowning is initially adamant that 'the corpse be not dragged hither'.<sup>79</sup>

It may have been related 'superstition', or merely a response to the heinous nature of his crime, that prevented the inhabitants of Edinburgh from accepting the hanged body of John Reid over their threshold. The historian V. Gatrell reminds us that when James Boswell was seeking to find an inn in Edinburgh where an attempted recovery on John Reid could be attempted, the innkeepers told him that, 'they would rather have their throats cut than allow it in their houses'. At the thought of accommodating the body, Boswell related that "'Mrs Bennet screamed, and Andrew said very justly that nobody would come to it [the house] any more if that was done"'.<sup>80</sup> This suggests how toxic and contaminating Reid's dead body was expected to be, and it fits in with Buchan's observation. Factors of belief as well as convenience may be featured in a case that took place near Piccadilly in 1777. The medical assistant 'applied to two different Publicans, almost facing the gate, to take [the victim] in, but both refused on any terms'.<sup>81</sup>

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<sup>78</sup> William Buchan, *Domestic Medicine* (Edinburgh, 1769), pp. 730-731.

<sup>79</sup> Kotzebue, *Self-Immolation*, p. 47.

<sup>80</sup> V.A.C. Gatrell, *The Hanging Tree: Execution and the English People 1770-1868* (Oxford, 1993), p. 91.

<sup>81</sup> *Reports*, 1777, pp. 36-7 [139].

Hence, the RHS 'undertook to silence, by the promise of a considerable reward, the prejudices which naturally arise against the admission of a corpse into the house'.<sup>82</sup> The RHS did occasionally find that some people continued to refuse to let bodies into their houses, and medical assistants roundly chastized offenders, even if they did not reveal what the motive of the offenders was.<sup>83</sup> Hence, one correspondent justified laying his experience before the notice of the Society, 'as thinking the publican who took the poor object in, is entitled to a reward for his humanity, and to convince the other persons who refused it of their error. It is a Case that has made much noise, and I am well satisfied, that if the Humane Society had never been connected with us, this poor woman would have fallen a sacrifice to inhumanity and barbarity; but under the sanction of that laudable society, Mr *Simson* was enabled to prosecute the matter with the necessary spirit'.<sup>84</sup>

Clearly, for some publicans the reward simply wasn't enough. A medical assistant wrote to the RHS with the following report:

I sent a watchman to a publick house in *Bristol Street*, who soon returned with the information, that the publican was willing to receive the patient into his house. By this time, which might be about *fifteen minutes*, she began to move her eye-lids and lips, spoke feebly, saying, *I am very cold*. She was now gently conveyed to the house, and the inhuman publican met us at the door, and refused to admit

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<sup>82</sup> *Reports*, 1776 (2), p. 88.

<sup>83</sup> Another case: 'The case was exactly similar with the above described; but the inhumanity of a publican at *Deptford Creek*, who refused to take the body into his house, being ignorant of the good success of the Society, occasioned the loss of the patient', *Reports*, 1778, pp. 47-9 [236].

<sup>84</sup> *Reports*, 1778, pp. 53-58 [150], [their emphasis].



her, notwithstanding his former promise. She was now in the cold air, with her wet cloaths still about her, and growing sensibly worse, when one of the watchmen humanely offered his room, which was near to the spot. We immediately conveyed her thither, and his wife very readily got out of bed, to admit the unfortunate object.<sup>85</sup>

However, in general the Society encouraged its readership to believe that the Society was pleased with the response of publicans to their requests: 'It is with pleasure we find also, that publicans, and others readily admit bodies into their houses,' Cogan wrote in 1776, 'without being such slaves to vulgar prejudices as we might naturally have apprehended'.<sup>86</sup>

#### 5. vi) The treatment

It might surprise us how little outcry was caused by the treatments, given that they can appear to us dangerous, invasive and quaint. In fact, with the exception of the tobacco enema, the remedies did not encounter any opposition from the medical profession. Such acceptance should not be too suprising; it would be strange if the RHS, a public subscription society, were to encourage therapeutic procedures that gave offence to those giving money for it, or to those implementing it. Further, since this was a society run by medical men with a rousing contempt for quackery as they saw it, and who were moreover keen that resuscitation express the promises of Enlightenment, it is also difficult to imagine that these men would propose activities that would strike people as odd, reprehensible, or gauche. The association with Enlightenment did not guarantee the

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<sup>85</sup> *Reports*, 1777, p. 14-16 [116] [their emphases].

<sup>86</sup> *Reports*, 1776 (1), p. 22.

treatment's acceptability, however; quacks such as James Graham or Chevalier Taylor were happy to boast of their Enlightenment credentials. Inoculation for smallpox, another medical procedure touted as Enlightened, had a bumpy ride into acceptability.<sup>87</sup>

In fact, the conduct of medical assistants did put people's backs up, not so much with respect to the treatment *qua* treatment, but in pursuit of treatment long after the time bystanders felt it was appropriate. Onlookers expressed the view that, when someone was dead, further meddling was wrong. Take this case from 1781. The medical assistant wrote:

I persevered in rubbing, blowing, and chafing, for a quarter an hour. Still there was no appearance of life: every spectator seemed convinced that my attempts were fruitless; and that it was impossible for a man to do any service. They endeavoured at this time to dissuade me from making any further attempts; but I silenced their clamours, by telling them, matters could be no worse than what *they* apprehended; and I was determined to persevere.<sup>88</sup>

A further indication of the extent to which the crowd objected to the practitioner in this case is that not one of the bystanders helped the practitioner in his task; he had to implement the treatment exclusively himself. This was unusual. Doubts about the judgement of medical practitioners were also expressed when the patient was deemed to be mortally ill, and preparing for death. A medical practitioner wrote of a

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<sup>87</sup> Francis M. Lobo, 'John Haygarth, Smallpox and Religious Dissent in Eighteenth-Century England', A. Cunningham and R. French, eds., *The Medical Enlightenment in the Eighteenth Century* (Cambridge, 1990), pp. 217-253.

<sup>88</sup> *Reports*, 1781, pp. 117-120 [356] (his emphasis).



case of this sort in 1786. He made a decision to try resuscitation on a formerly healthy seventy-year old woman whom bystanders believed was dying:

When I intimated my design, the attendants seemed much amazed, and very averse to any attempts of that kind. One of them called me aside, and told me *'the woman was surely gone, having voided some very black coloured faeces, and that there was a great quantity of bile which she had thrown up, found lying upon the bed, and they surely would think me officious or unskilful, should I proceed to offer any assistance'*.<sup>89</sup>

The practitioner presented himself to the RHS as too smitten with the zeal of humanity to doubt his convictions, however. He decided instead to take the risk of being adjudged 'officious' and 'unskilful'. He continued, 'I was determined however I told her [the attendant], not by any means to be deterred from attempting what I considered my duty; and, if humanity could dignify any person, my greatest honour.'<sup>90</sup> The fact that this medical practitioner was prepared to acknowledge the doubts expressed by the attendant indicates that the practitioner felt confident that the managers of the RHS, and the readers who read the case in the *Reports*, would be impressed by his humanity and not deem him a poor practitioner. It also makes clear how the vocabulary of humanity worked to provide a competing standard for judgement of a case as against the opinions expressed by non-practitioners.

Further, it shows how practitioners were prepared to win plaudits from

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<sup>89</sup> *Reports*, 1787, pp. 153-154 [XII].

<sup>90</sup> *Reports*, 1787, pp. 153-154 [XII] [their emphasis].

the medical men of the RHS at the risk of losing the respect of potential customers on the ground. Indeed, on the few occasions when medical men allude to conflicts of opinion between themselves and the people surrounding the body, it is impressive how keen they were to represent themselves as uninhibited, indeed unperturbed, by the objections and 'clamours' of their critics. Take, for instance, a medical practitioner from Ipswich, who was called by a man to assist the recovery of the man's hanged wife. The practitioner wrote, 'I living near, was there in a few minutes; was met at the door by several people, who had seen her, who told me I could not be of any use, as the woman was certainly dead. I payed no attention to them, but pushed up stairs, where I found her upon a bed; cold, motionless, no pulse, and to all appearance dead'.<sup>91</sup> 'I payed no attention to them': to a readership impatient with the prevarications and doubts of ordinary people, this may have been read as an example of proper resolve and determination, and surely it was written to be so. But evidently it involved a certain disregard for the objections of unenlightened and 'prejudiced' people. Of course, in this instance, the medical practitioner had the immediate support of the husband, who had deliberately invited him to attempt resuscitation; he was not therefore completely alone.

The confidence and/or determination of the medical practitioner could sustain him even when no-one about him held with his decision to persevere with the treatment. We can see further evidence of this in the case involving the medical practitioner William Hailstone Jnr. When women watching his attempts at recovery were convinced that the victim was dead and that nothing more ought to be done, Hailstone insisted that, 'I was not however in the least intimidated at what they said, but, on the contrary, rather animated and pursued my attempts with redoubled ardour, for near fifteen minutes longer, when to my great joy

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<sup>91</sup> *Reports*, 1777, pp. 74-6 [166].



and satisfaction, I found small returns of approaching life'.<sup>92</sup> Hailstone clearly made the women angry enough to appear intimidating to him, and it is fortunate for him that the victim recovered. We need to keep in mind that there were, no doubt, many attempts that did not end happily and which were not written up and published by the RHS. In this invisible cohort of attempted recoveries, we might find far greater instances of bystanders' anger than we do in the extant letters.

For their part, the medical assistants rarely let on what they felt during a recovery, let alone revealed the feelings of those participating.<sup>93</sup> Further, as these instances demonstrate, they represented their experiences as if their authority was not at issue, that they were masters of all they surveyed. We should be wary of this position. We know from the work of Roy Porter that, in the highly competitive medical marketplace of eighteenth-century cities, medical men did not enjoy unproblematic authority. As we saw in Chapter 2, the dependency of the practitioner on the coin of the patient was a central feature of the period. If a medical man was found wanting, another could be consulted in his place. The actor David Garrick boasted of having consulted seven physicians on a single bout of illness while he was in Paris.<sup>94</sup> Resuscitation was different, of course, in that it was a treatment that operated outside the terms of the marketplace. The medical men were not paid for each resuscitation. Moreover, since resuscitation took place in an emergency situation, the normal choices available to people seeking medical advice no longer pertained. Multiple consultations were an improbable luxury. For these reasons, medical men may in some instances have felt the pressure of

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<sup>92</sup> *Reports*, 1782, pp. 141-142 [406].

<sup>93</sup> They could be quite eloquent about the satisfaction they experienced at the happy conclusion of a recovery, however.

<sup>94</sup> Dorothy Porter and Roy Porter, *Patients Progress: Doctors and Doctoring in Eighteenth-century England* (Cambridge, Polity Press, 1989), p. 81.

dependency during a resuscitation rather less.

Nevertheless, we know from the practitioner John Franks (dates unknown) that even during resuscitations, the expectations of bystanders were important. Considerable pressure was brought to bear upon him when he failed to perform the operation of venesection that the onlookers expected and wanted. He even considered making a small incision to satisfy their desire to see blood. Displeased by his refusal to bleed, a refusal which was due to Brunonian principles that were far from prevalent, the assembled sought the advice of a further three doctors. Franks makes it clear that he knew that he had to keep them happy; he did not have *carte blanche* to prescribe and command as he pleased.<sup>95</sup> Further, it is possible that the stories of dramatic recoveries, or the claims of the RHS, generated excessive expectation of medical skill among ordinary people. As evidence of this, the physician and member of the Medical Society of London Robert Hamilton (1749-1830) made, in a published letter to the Reverend Rogers, the remark that, 'The public ought not, however, expect success on every occasion, even when the best means are used—Cases will occur where life cannot be recalled, and where want of success does by no means prove want of skill'.<sup>96</sup>

Indeed, it is easy to forget, if one reads the *Reports*, that resuscitation was not plainsailing for the medical assistants. Their continued presence round an apparently dead body could give offence, as we have seen.

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<sup>95</sup> 'But, the by-standers having no idea of giving brandy to a dead man, or the recovery, tho' very flattering not being brought about so soon as they expected; I was very much perplexed, to pacify and amuse them, went home for a medicine, returned, found the friends had been to a very eminent gentleman of the profession, that this gentleman had sent word that the patient should be let blood; I persevered in my resolution, not to bleed him; a third gentleman was sent to, and after that a fourth . . .', John Franks, *Observations on Animal Life and Apparent Death* (London, 1790), pp. 5-6.

<sup>96</sup> Robert Hamilton, *Rules for Recovering Persons Recently Drowned in a Letter to the Rev. George Rogers*, (London, 1794), p. 7.



Perhaps not all practitioners felt confident enough to ignore blithely the demands of the bystanders in the manner of some of the cases that we have looked at. We must remember that some bystanders were potential patients; high-handed responses to their opinions, even if sanctioned in the name of humanity, may not have gone down well. Further, medical men risked ridicule from people who did not believe in the process, or objected to it on religious grounds. Bishop Samuel Horsley reminded his anniversary audience of these occupational hazards in 1789. 'The Medical Practitioners accept no pecuniary recompence [sic]', he told them, 'for the time which they devote to a difficult and tedious process; for the anxiety they feel, while the event is doubtful; for the mortification which they too often feel when Death, in spite of all their efforts, at last carries off his prey; nor for the insults, to which they willingly expose themselves, from vulgar incredulity'.<sup>97</sup> The medical practitioner James Curry, in his *Popular Observations on Apparent Death* (1792), explained the reluctance of medical men to undertake recoveries on apparent death by fainting fits because of the great resemblance fainting fits bore to actual death, and the 'belief of the by-standers that the circumstances which preceded, were sufficient to destroy life entirely'.<sup>98</sup> As with John Franks, Curry reminds us that the opinions of the bystanders could be important.

Yet there was another, more important factor, according to Curry, which deterred medical men from undertaking resuscitations: the opinion of other medical practitioners. Practitioners undertaking resuscitations were also afflicted by 'the dread of being ridiculed by their brethren or the public, should they fail in an attempt which will be oftener believed to proceed from an affectation of singularity, and a wish to attract notice, than from a sound judgment [sic] and real knowledge in their

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<sup>97</sup> Horsley, *On the Principle of Vitality*, p. 18.

<sup>98</sup> James Curry, *Popular Observations on Apparent Death* (London, 1792), pp. 69-70.

profession'.<sup>99</sup> Curry had introduced his book with a reference to the medical men who were not convinced of the truth of the majority of the cases where a recovery was supposed to have taken place.<sup>100</sup> These doubts he had heard 'repeatedly'. In other words, although it is almost impossible to find evidence of this doubt in the pages of the *Reports*, such doubt certainly existed. Moreover, the opinions of these practitioners almost certainly mattered to the medical men, who, as Curry observed, prepared to risk their reputations before an apparently drowned body.

As it was theoretically impossible to distinguish a dead body from an apparently dead body until it had experienced treatment, medical men were encouraged to carry on regardless. 'But as it is impossible to pronounce, concerning such unfortunate cases, *a priori*,' wrote Anthony Fothergill in 1782, 'the *humane* medical assistants ought not to be discouraged from resolutely pursuing the necessary means during the full space allotted by the Society'.<sup>101</sup> But they could become discouraged. Since practitioners could face ridicule from bystanders and fellow professionals alike, such discouragement is not surprising. The assistants had to persevere for two hours if they wanted to follow the RHS's medical recommendations. This was a long time to keep hostile bystanders mollified with physiological and ethical arguments, particularly when the success rate was low and the experiment new. In the event, remonstrations were unlikely to be necessary when the bystanders were committed to securing their own rewards for participation. But perhaps we are now in a position to appreciate why, when the RHS failed to produce the gold medals fast enough, medical

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<sup>99</sup> Curry, *Popular Observations*, pp. 69-70.

<sup>100</sup> Curry, *Popular Observations*, p. viii.

<sup>101</sup> Anthony Fothergill, *Hints on the Art of Restoring Suspended Animation*, pp. 9-10 [his emphasis], in William Hawes, *An Address to King and Parliament*.



men complained they were being 'unkindly treated'.<sup>102</sup>

Ridicule appears not to have been aimed at the medical assistants for specific remedies, but that is not to say that the treatments did not present problems of their own. After all, here was an occasion that had the potential to bring together people of different sexes and classes; these people then performed actions on the body without the patient's consent. These actions involved, or could involve, touching the victims' lips with one's own (e.g. mouth-to-mouth ventilation), lying in bed next to someone who was not wearing their own clothes, and was perhaps not wearing any clothes at all, rubbing the full extremities of the body, including the breast and stomach (e.g. frictions and fomentation), and seeing the person's genitalia and anus in the process of performing a tobacco enema. The slightest tremor of sexual impropriety would have been damaging. It was the judgement that Anton Mesmer's medical therapy involved sexual impropriety with women that sealed the public disgrace of the man and his belief in animal magnetism.<sup>103</sup> The lack of objections to resuscitation on sexual grounds is particularly marked when we consider the reputation of the medical profession for sexual impropriety in this period. Prints, broadsides and polemics delighted in linking medical men with prurience. This was partly because medical men were taking an increased interest in women's medical problems. However, some famous doctors, such as Richard Mead, had tremendous reputations for womanizing,<sup>104</sup> while the irregular but hugely popular

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<sup>102</sup> *Minute Book*, 26.09.1781.

<sup>103</sup> Robert Darnton, *Mesmerism and the End of the Enlightenment in France* (Cambridge, Mass., 1968).

<sup>104</sup> The candid physician, John Gregory, admitted that such excesses were all too easy. 'A physician', he wrote, 'who is a man of gallantry, has many advantages in his endeavours to seduce his female patients; advantages but too obvious, but which it would be improper to recite'. [John Gregory] *Observations on the Duties and Offices of a Physician; and on the Method of Prosecuting Enquiries in Philosophy* (London, 1770), p. 28.

practitioner James Graham made a career out of offering a special bed that guaranteed successful conception.<sup>105</sup>

Issues of sexual propriety do not seem to have touched resuscitation in the late eighteenth-century. They reared their head at the beginning of the twentieth century when Henry Silvester, who had recommended his form of manual artificial respiration in 1863, objected to Edward Schafer's 'postural prone position' (introduced in 1903) on the grounds that the attitude of the male rescuer 'athwart' the (female) patient was improperly suggestive.<sup>106</sup> Even today, as a recent Heath cartoon in *Private Eye* demonstrates, the link between mouth-to-mouth ventilation and sexual desire can be used to generate laughter.<sup>107</sup> Although the erotic suggestibility of resuscitation was not, as far as I know, explicitly commented upon in the context of the RHS, it is not true to say that apparent death was devoid of erotic suggestibility to people in the eighteenth century and after. According to David Luke and Nigel Reeves, 'the theme of a woman made pregnant without her knowledge (while asleep or drunk in a swoon) has wide currency in world literature'.<sup>108</sup> Perhaps the most famous rape in English literature, that of Clarissa in Samuel Richardson's novel of the same name, is a rape of this

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<sup>105</sup> Roy Porter, 'A Touch of Danger: the Man-Midwife as Sexual Predator', in G. Rousseau and R. Porter, eds., *Sexual Underworlds of the Enlightenment* (Manchester, 1987), pp. 206-232.

<sup>106</sup> Mickey S. Eisenberg, *Life in the Balance: Emergency Medicine and the Quest to Reverse Sudden Death* (Oxford, 1997), p. 80. It may be pertinent to note that Rowland Jackson, following the practitioner Gregor Nyman's recommendations, advised that fomentations be applied to the genital parts of both sexes, because the genitals 'have a near and intimate Correspondence with the Heart', Rowland Jackson, *A Physical Dissertation on Drowning* (London, 1746), p. 49. Such advice was not taken up by the RHS.

<sup>107</sup> 'Heath's Private View', *Private Eye*, no. 1019 (12 Jan 2001), p. 23.

<sup>108</sup> Heinrich von Kleist, *The Marquise of O— and Other Stories*, trans. David Luke and Nigel Reeves (Harmondsworth, 1978), p. 19. In fact, they adduce only one extract from Montaigne to back this claim up.



kind. Her suitor, Lovelace, is so overwhelmed by lust that he drugs his object of desire with laudanum and enjoys her without her consent.

In fact, such stories enjoy a more direct relation to resuscitation through the work of Jacques-Jean Bruhier. Bruhier included in the second edition of his *On the Uncertainty of the Signs of Death*, a story of a man, masquerading as a monk, who is asked to watch over the body of a beautiful, apparently dead woman. Unable to resist her lifelike beauty, he is overcome with desire and makes her pregnant.<sup>109</sup> The scenario of a woman made pregnant without her knowledge was not simply a figure in fictional narratives. Robert Dingley, writing to raise money for reformed prostitutes in 1754, described how a sleeping (and hence innocent) woman lost her virtue and gained a child, in his *Proposals for Establishing a Public Place for the Reception of Penitent Prostitutes* (1754).<sup>110</sup> The figure reappears in Heinrich von Kleist's (1777-1811) story, 'The Marquise d'O—' (1807?), which Kleist insisted was based on a true story. In his tale, an Italian widow is rescued by a Russian officer from almost certain gang-rape at a moment when the Russian army is storming the town commanded by the widow's father. The officer promises the widow that she is safe, and 'she now collapsed into a dead faint'. The officer then disappears, but she gradually discovers that she is pregnant. The Russian officer had found her irresistible. They finally marry.<sup>111</sup>

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<sup>109</sup> This story is discussed in the introduction to Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud* (Cambridge, Mass., 1989).

<sup>110</sup> Robert Dingley, *Proposals for Establishing a Public Place for the Reception of Penitent Prostitutes* (1754), p. 5, in Sarah Lloyd, ' "Pleasure's Golden Bait": Prostitution, Poverty and the Magdalen Hospital in Eighteenth-Century London', *History Workshop Journal*, 41 (1996), 51-70, p. 61.

<sup>111</sup> Kleist, 'The Marquis of O—', pp. 68-113. For an unusual perspective of the story, see Mary Jacobus, 'In Parenthesis: Immaculate Conceptions and Feminine Desire', in Mary Jacobus, Evelyn Fox Keller and Sally Shuttleworth, eds, *Body/Politics: Women and the Discourses of Science* (London, Routledge, 1990), pp. 11-28.

The Scottish writer, James Hogg (1770-1835), played on the erotic nature of apparent death in his novels too. In his books, characters mistakenly take other characters to be dead. These apparently dead characters then revive with great vigour, and often with grotesque results (a woman knocks out her father in this way). On two occasions, in his *The Perils of Three Women* (1823), women characters lie apparently dead. On both occasions men reach towards their breasts, and, as they do so, the women sit up with great force. Hogg imagined the apparently dead body as an erotic body, and a vulnerable one.<sup>112</sup> More mainstream erotic associations were commonly made with the enema. It is striking that the treatment was never represented visually in Britain in medical texts, which *might* have prevented any disreputable associations.

In France the tobacco enema was represented visually in ways that were unmistakably stylized and gendered.<sup>113</sup> In J. J. Gardane's *Avis au peuple* (1774), the subject of the treatment is a curvaceous, fine-figured lady lying on her side on a coat, presumably her own [see Figure 1]. Her pose is graceful and reclined. Her hair, sweeping away over the back of her head, is the only sign on her body that alludes to her previous predicament. There is no attempt at anatomical detail or dramatic verisimilitude; the anus is not shown, nor are the effects of water, cold, mud or any other

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<sup>112</sup> It has been persuasively suggested that Hogg's source for these occurrences was the interest in galvanism, in which the relations between electricity and life were explored by electrocuting the corpses of criminals. The account of these experiments, which were conducted by Giovanni Aldini, was in fact dedicated to the Royal Humane Society, see John Aldini, *General Views of Galvanism to Medical Purposes; Principally in Cases of Suspended Animation* (London, J. Callow, 1819). Aldini was an honorary member of the RHS. For the reference to Hogg, see John Barrell, 'Putting Down the Rising', *London Review of Books*, 18 (1996), 14-15.

<sup>113</sup> J.-J. de Gardane, *Avis au peuple, sur les asphyxies ou morts apparentes et subites, contenant Les Moyens de les prévenir & d'y remédier. Avec la description d'une nouvelle boîte fumigatoire portative* (Paris, 1774), plate 1. I'm insufficiently familiar with the French publications to know whether representing this subject was typical or not within resuscitation literature.





Figure 1: A tobacco enema for recovering the drowned. An engraving from J. J. Gardane's *Avis au Peuple* (Paris, 1774) (Wellcome Library, London).



disfigurements registered on her body.<sup>114</sup> There is a deliberate rejection of literalism or realist reconstruction. Nothing is repellent; indeed, despite the subject matter, the image offers the visual pleasure that comes from contemplating the female form.

The treatment is administered by two resolute and elegant young men. There are no bystanders. This may have made for visual simplicity and cheaper costs, but in practice this operation was most likely to be watched. The crowd is conspicuously absent. Edward Penny's painting, 'Returning Animation', is more accurate in this respect [see Figure 3]. One of the men is blowing into the pipe, while the other is administering frictions. Their furrowed brows signify effort and dedication. The long length of the pipe shows that the assistant is at some distance from the lady's rectum. The scenery of the detail is almost complete absent. So, although the bodies have weight, mass and historical specificity (e.g. through their clothes), the image is also somewhat abstract. There is no saying whether this recovery is taking place near other dwelling places, or in a more abandoned setting. A faint outline in the background suggests that the recovery is taking place near a line of hills.

The level of practical information (how to introduce the pipe, for example) is non-existent.<sup>115</sup> The image is not marked by letters common to scientific diagrams of the period, a device that would emphasize its role as an image of instruction rather than pleasure. Presumably, the

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<sup>114</sup> This feature is a shock to twentieth-century sensibilities for whom the erotic has been purged from medical illustration in the attempt to produce a strictly literalist, non-associative, and non-threatening visual discourse. See Ludmilla Jordanova, *Sexual Visions* (Wisconsin, 1989), ch. 7.

<sup>115</sup> In principle, this device appears simple to use, but, as Thomas Cogan explained in 1776, there were considerable problems with the early models. Difficulties included keeping the tobacco from going out, preventing sparks from going up the rectum, and avoiding losing the lid on the box holding the tobacco, see *Reports*, 1776, pp. 78-85. In other words, the simplicity of the illustration and the apparatus belied the hazards involved in implementing the clyster.



engraver and the author felt comfortable with this representation, perhaps because its portrayal of well-heeled gentlemen and an agreeable nude made it digestible for a polite readership, even though it appears to spell out the erotic possibilities of the situation. The administration of the enema was a familiar motif in eighteenth-century erotic prints.<sup>116</sup>

There is no unequivocal evidence to show that strict gender separations were effected during treatment on the grounds of propriety, however. If a gendered division of labour had to be made, presumably it was made without active comment from the medical practitioner. This can be assumed since it is often impossible to infer from the cases the sexes of those treating the body. Occasionally it appears that a woman was treated only by fellow women, but men treated women too. Significantly, the RHS never raised issues of who should treat whom; where propriety was an issue, it seems, the RHS could leave people to decide what was appropriate without fear of compromising the treatment. Certainly, they felt no need to publicize a warning about the awkwardness of the remedy. There is only one case that provides an unequivocal admission of the significance of sexual decorum during the treatment. It involved a drowned woman:

She was, when taken up, and for a considerable time after, totally insensible, with a livid, bloated countenance, her eyes staring wide open, without the least sensation from the light.—She was stript of her wet clothes as fast as possible, placed before a large kitchen fire; rubbed well with hot cloths; the application of volatiles, and other stimulus that could be thought of, together with friction was diligently used, the fumigation excepted, as that was purposely

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<sup>116</sup> Laurinda S. Dixon, 'Some Penetrating Insights: The Imagery of Enemas in Art', *Art Journal*, 52 (1993), 28-37.

delayed, (hoping a recovery without) from regard to that decency which was due to her sex, it being in the presence of a number of men.<sup>117</sup>

It is a striking passage, if only because Patten was prepared to withhold a possibly life-saving remedy on the basis that men were in the room. It is possible that there were no women available and that the men were participating in the treatment. If not, why could he not have asked the watching menfolk to leave? Perhaps because Patten himself was a man, and a male practitioner was unlikely be allowed to supervise a treatment alone, particularly if it involved the display of the genitals of kin. More likely, however, is that Patten, who presents these facts without fuss, may have been trying to draw attention to his own propriety and tact, a policy which was good for business. After all, although ambiguous, the tone of the letter suggests that the decision to withhold the enema was his own. The RHS had no problem in publishing it without comment. Although it is perilous to generalize, I think we can tentatively conclude that the RHS was comfortable that the conduct of the tobacco enema could be left to the discretion of the practitioner, and that issues of propriety never actively threatened the remedy.

Even if we discard the possibility that issues of sexual impropriety affected the perception of resuscitation in any way, and with it the RHS's claims about 'humanity', we should not ignore the significance of the fact that the treatment involved touching the patient, especially during frictions. In practice it appears that non-medical practitioners had little problem with applying fomentations and frictions to bodies. Within the medical profession, however, the question of touch in the doctor-patient relationship was a delicate one. Physicians never touched their patients except when they took the pulse; it was a sign of the physician's skill that

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<sup>117</sup> *Reports*, 1778, pp. 52-4 [238].



he could diagnose illness by observing patients and listening to their stories. There was no physical examination. Blood-letting involved its own ceremonies: the practitioner rolled down the sleeves of men afterwards, and ensured that women were completely clean before letting them go. Mary Fissell suggests that this common procedure was transformed into a careful ritual to compensate for the transgressive nature of the encounter.<sup>118</sup>

Fissell also encourages us to think of medical behaviour in this period as not so much guided by a formal, specialized medical ethics, but by general principles of politeness and genteel behaviour. The physician's rejection of touch constituted an element of its aristocratic origins and identity; propriety in the medical encounter did not merely manage erotic dangers but also the propriety of rank. In which case, frictions sat outside the proper practice of gentlemen. Medical men, insofar as they identified with this notion, would perhaps have avoided frictions. Anthony Fothergill criticized the over-zealous application of frictions as being 'rough' and 'unscientific'.<sup>119</sup> This criticism did not threaten the treatment directly; medical practitioners often merely orchestrated recoveries and did not always participate directly in the treatment.

Evidence suggests that mouth-to-mouth ventilation did offend the sensibilities of the polite, however. Although it was not described as the 'kiss of life', and was not publicly associated with kissing, the practice of bringing a mouth upon an apparently drowned person's mouth was deemed disgusting and inappropriate. The personal hygiene of both victim and salvor was an issue. After drowning, mouths could be filled

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<sup>118</sup> Mary E. Fissell, 'Innocent and Honorable Bribes: Medical Manners in Eighteenth-Century Britain', in Robert Baker, Dorothy Porter and Roy Porter, eds., *The Codification of Medical Morality* (Dordrecht, 1993), I, pp. 15-45, p. 23.

<sup>119</sup> Fothergill, *Hints*, p. 25.

with froth and detritus. Some theorists asked to have the detritus cleared before proceeding. There were historically specific ways in which people's mouths could be disagreeable in the eighteenth century. The radical increase in sugar and chocolate consumption led to predictable effects on teeth. The use of mercury as a specific for syphilis, for example, led to stained teeth, bad breath and twice the normal levels of salivation (3-4 pints a day!). Regular mercury users would come to lose their teeth (hence the growing production of false teeth and artificial plates). While Madame Vigée-Lebrun plucked up the courage to depart from a millennia-old tradition of not showing teeth in portraits, in her own, smiling self-portrait of 1787, this should not gainsay the fact that mouths in portraits stayed shut for a reason: foul and missing teeth.<sup>120</sup>

As for the sensibilities of the victim, the bellows were considered by the physician Alexander Johnson to be 'preferable to the intrusion of nauseous breath'.<sup>121</sup> The therapy itself could bring about alterations in the victim that rendered mouth-to-mouth ventilation even less attractive. Emetics for one! The use of ammonia round the mouth and nose was another. The surgeon, Charles Kite, author of the medical treatise *An Essay on the Recovery of the Apparently Dead*, was moved to write in 1788 that, 'The blowing into the mouth may, upon an emergency, answer for a few times; but the difficulty of getting people to continue it will be easily conceived, on account of the operation being so

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<sup>120</sup> The history of halitosis has, regrettably for this study, remained unexplored. For the effects of mercury on the mouth, see W. F. Bynum, 'Treating the Wages of Sin: Venereal Disease and Specialism in Eighteenth-Century Britain', in W. F. Bynum and Roy Porter, eds., *Medical Fringe and Medical Orthodoxy 1750-1850* (London, 1987), pp. 5-28, p. 16. For the changing nature of dental practice in eighteenth-century France and attitudes to the mouth, see Colin Jones' entertaining, 'Pulling Teeth in Eighteenth-Century Paris', *Past and Present*, 166 (2000), 101-145. I am grateful to Professor Jones for kindly sending me a copy of this paper.

<sup>121</sup> Alexander Johnson, *Directions for an Extension of the Practice of Recovering Persons Apparently Dead* (London, 1785), p. 3.



extremely disagreeable and troublesome'.<sup>122</sup>

Responses to the disgusting aspects of mouth-to-mouth ventilation were certainly class-based. Hence in, Herholdt and Rafn's *Historical Survey of Life-Saving Measures* of 1796, the Danish practitioners wrote, 'But as the insufflation of Air by mouth is a very Toilsome and Loathsome Act, and since accordingly an otherwise laudable delicacy of feeling usually prohibits the Physician and other People of Propriety from using this method, especially in adults or People of advanced years who have been drowned, it is only of little use'.<sup>123</sup> Please note the link between physicians and 'people of propriety' - surgeons and apothecaries, not being genteel in association, were not included in this polite class.

To blow into the mouths of infants was acceptable; to blow into the mouths of adults was not. What precisely it was that was troubling in performing mouth-to-mouth ventilation on adults and old people can only be guessed. The threat of picking up contagious diseases, such as gonorrhea, may have been a fear. The historian, W.F. Bynum, has noted how chaste kissing was assumed to be safe, but lascivious kissing could spread venereal disease.<sup>124</sup> One can only offer the idea that the gesture of blowing into the mouth too clearly resembled the kiss of love. A knowledge of the history of kissing among the polite would help matters

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<sup>122</sup> Charles Kite, *An Essay on the Recovery of the Apparently Dead* (London, 1788), pp. 139-140.

<sup>123</sup> J. D. Herholdt and C. G. Rafn, *An Attempt at an Historical Survey of Life-Saving Measures for Drowning Persons and Information of the Best Means by which they can again be Brought Back to Life*, (1796) trans. Donald . W. Hannah and A. Rousing, with intro. Henning Poulsen (Copenhagen, 1960), n.p.

<sup>124</sup> See John Atkins, *The Navy-Surgeon* (London, 1734), pp. 209ff in W. F. Bynum, 'Treating the Wages of Sin', p. 13. Richard Lee, in his article on resuscitation, speculated that it was fear of contagion that did for mouth-to-mouth ventilation without in fact offering specific evidence for this suggestion, see Richard V. Lee, 'Cardiopulmonary Resuscitation in the Eighteenth Century: A Historical Perspective on Present Practice', *J. Hist. Med.*, 27 (1972), 418-433, p. 419.

here; kissing on the mouth was not, to my knowledge, conduct presented outside the bedroom. Mouth-to-mouth ventilation translated a practice (the touching of the lips) reserved for the private expression of love into civic society. Indeed, perhaps the polite never pressed their lips on other people's faces in public at all, let alone the lips, preferring to shake or kiss hands in greeting and departing. Certainly, part of the objection to mouth-to-mouth ventilation was the direct contact between lips. The RHS, anticipating resistance to the remedy on these grounds, suggested in its first directions that, 'the medium of a handkerchief or cloth may be used to render the operation less indelicate'.<sup>125</sup>

Such advice was perceptive. In a case of 1777, the medical practitioner, J. Squires, was called by a messenger to assist the apparent death of a young woman of 22, Ann Lewis, who had hanged herself. He found at the scene some women, 'who appeared much terrified and alarmed, and who told him, on his enquiring for the patient, that she was laid on a bed in a room they would shew him: but they added, that *the poor girl was certainly dead, and they did not like to remain in the room*'.<sup>126</sup> Squires moved expeditiously to galvanize his new assistants, and between them they restored the woman by placing her between warm blankets, using frictions, and 'in blowing strongly into the lungs, by applying the mouth to that of the unfortunate person'. To which RHS co-founder Thomas Cogan added of Squire's experience, 'It was with difficulty that he could persuade any of them to undertake this operation, till he suggested the medium of an handkerchief; and then one of the women applied with great earnestness to the business'.<sup>127</sup>

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<sup>125</sup> *Reports*, 1774 (3) p. 12.

<sup>126</sup> *Reports*, 1778, p. 11 [their emphasis].

<sup>127</sup> *Ibid.*



Kissing, or touching, an apparently dead body may well have repelled people, particularly if the assistant really believed the body to be dead. We need to consider two things before presenting this as a possible objection to mouth-to-mouth ventilation, however. First, treatment was often begun on people who were not dead, but who showed signs of life, such as a faint pulse. Second, according to the *Reports*, mouth-to-mouth ventilation was very rarely practised at all, and it is rarely, if ever, instanced as a treatment that people began before the medical assistants arrived. By far the most common practices that non-medical people implemented were warming the body and applying frictions. It is worth remembering, too, that the idea of a death kiss itself was in principle acceptable. Christopher Nyrop, while no anthropologist, and moreover not familiar with Britain, nevertheless observed in 1900 that:

The death-kiss is something so natural that it is superfluous to point out its existence amongst different nations. It was not only a mark of love, but it was also an article of belief that the soul may be detained for a brief while by such a kiss. Even in our own days, popular belief in many places demands that the nearest relative shall kiss the corpse's forehead ere the coffin is screwed on, in certain parts, indeed, it is incumbent on every one who sees a dead body to kiss it, otherwise he'll get no peace from the dead.<sup>128</sup>

Now this hardly represents reliable evidence for the eighteenth century, but it suggests that kissing the dead was not a taboo per se, and, where it was, perhaps the important factor behind the taboo was the kin relationship between victim and salvor.

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<sup>128</sup> Christopher Nyrop, *The Kiss and its History*, trans. Harvey [1901] (1968). p. 98.

It is certainly frustrating that we have no extensive descriptions of attempted ventilation. We know that the practice lost favour as an official remedy by the 1790s and was proscribed by the RHS in 1812. Yet the practice continued into the 1820s, despite condemnation from the RHS itself. In its 1824 *Report*, it observed that, 'It frequently happens that when persons have been called to subjects under suspended animation and where an apparatus is not at hand they have endeavoured to promote the action of the lungs by forcibly breathing through the mouth at the same time as stopping the nostrils that the air may pass into the lungs of each subject'.<sup>129</sup> This reminds us, first, not to take prescriptive documents, such as the RHS list of methods, as reliable evidence of practice, and second, that mouth-to-mouth ventilation enjoyed continued existence as a non-RHS-sanctioned remedy long after its official rejection. The practices of the polite medical profession and the 'vulgar' had diverged.<sup>130</sup> It would be malicious and false to conclude that the 'vulgar' and 'impolite' did not possess their own intricate codes of propriety, but we might infer that among them mouth-to-mouth ventilation did not present the kinds of anxieties it posed for the élite cadre responsible for recommending it in the first place. This cadre found scientific reasons for rejecting the treatment (exhaled breath was considered to have inadequate amounts of dephlogisticated air), but this does not gainsay the fact that, in the event, a remedy pressed into the service of humanity proved too much for the humane.

We can conclude that the treatments, despite their very physical nature and the unusual social circumstances in which they were frequently

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<sup>129</sup> L.H. Hawkins, 'The History of Resuscitation', *British Journal of Hospital Medicine*, 4 (1970), 495-500, p. 497 [their emphasis].

<sup>130</sup> By way of emphasizing this divergence, mouth-to-nose ventilation was mentioned as a technique in early manuals for midwives but was dropped largely because 'the medical profession considered it a vulgar act'. Quote from Hart Ellis Fisher, 'Resuscitation' in *Medical Physics*, ed. by Otto Glasser (Chicago, 1944), 1241-1254 in Eisenberg, *Life in the Balance*, p. 86.



practised, did not threaten the image of resuscitation and the RHS as embodiments of humane behaviour.<sup>131</sup> What is striking, however, is that the art, poetry and anniversary sermons on resuscitation consistently avoided any description or analysis of the treatment itself. In the tableaux of recovery so beloved of the clergymen, not a single portrayal of the treatment is made. In the paintings by Robert Smirke presented to Benjamin Hawes in 1787, we have two 'snapshots'; one is taken before the treatment, when the body is being dragged out of the water, and the other is taken after, when the son rises, Lazarus-like, to greet his mother. William Hawes, who is seated on the bed, and J. C. Lettsom, who is standing erect by the door gesturing at the restored man, are in attendance [see Figures 2 and 3].<sup>132</sup> The warming-pan, bottle of brandy and glass phials (perhaps containing ammonia) in the foreground allude to the previous treatment; as there is no bellows, we can only assume that whoever directed the composition of the image felt no compunction to allude to the tobacco enema or the practice of artificial respiration.

Similarly, in the first of the two engravings from original paintings by Edward Penny, we see a wife fainting at the sight of her drowned husband being carried away, while in the second picture we see the joy of restoration, as a crowd of figures in the background accompany the

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<sup>131</sup> We need to be wary of ascribing to resuscitation an unusually 'public' presence: medical treatments, such as pulling a tooth or bleeding, might be performed at the roadside or in a barbers. People could not control who witnessed their treatment, even though the RHS consistently asked assistants to empty the room of unnecessary people ostensibly in order to keep the air pure.

<sup>132</sup> John P. Griffin, 'A Tale of Two Paintings and the London Medical Scene of the Late Eighteenth Century', *Journal of the Royal Society of Medicine*, 83 (1990), 520-523 provides information on the provenance of the paintings and gives a short introduction to the RHS. Engravings of these paintings can be seen at the Royal Humane Society's office in London. The images reproduced here are watercolours, which fail to convey the qualities of the original oil paintings, and, indeed, are far cruder. Although the gestures and composition are identical, the faces are not accurate likenesses; Hawes looks much older while Lettsom looks quite different and fatter too. The silver-topped cane in the foreground signifies William Hawes's status as a physician.





Figure 2: Before. The rescue of an apparently drowned man. His father waits by the river to receive the body, while his mother and younger sisters stand disconsolate on the river bank. A watercolour by R. Smirke from an original oil painting (1787) by R. Smirke.





Figure 3: After: The recovery of the apparently drowned man. William Hawes supports the young man, while J. C. Lettson stands by the door, showing the mother the fruits of resuscitation. A watercolour by R. Smirke from an original oil painting (1787) by R. Smirke.





Figure 4: Before. 'Apparent Dissolution' (1801-2). An engraving by W. Sedgwick from a painting by E. Penny (Wellcome Library, London).





RETURNING ANIMATION.

**Figure 5:** After. 'Returning Animation' [1801-2]. Engraving by W. Sedgwick from an original painting by E. Penny (Wellcome Library, London).



husband [See Figures 4 and 5].<sup>133</sup> Preachers tended to concentrate on the ecstasies of recovery, on the result of the resuscitation. We might say that, ideologically speaking, the RHS consistently reified resuscitation by marketing an image of the treatment that emphasized overwhelmingly the product rather than the process. This process involved blood, sweat and tears in abundance, not to mention other bodily emissions. By contrast, all of these representations of resuscitation remained abstract and general, that is to say mythological, rather than specific and descriptive. They represented a powerful idea of resuscitation that drew upon potent figures of eighteenth-century culture - rusticity, simplicity, piety, and respectability of the kind so beautifully championed by Hawes' friend Oliver Goldsmith in *The Vicar of Wakefield*. But as for the treatment itself - it had vanished.

## 6. CONCLUSION

The link between resuscitation, humanity, and ecstatic states of feeling, so visibly presented in the anniversary processions, was reinforced over and over again by the preachers, poets and engravers who celebrated the work of the RHS. These associations were made by medical men and other supporters of resuscitation who, keen to see the rewards make an impact, submitted their claims to the RHS. Although there is no reason to believe that the virtues of humanitarianism were not deeply felt, I have also wanted to stress that its vitality rested on the fact that it presented as one the rather different interests of the administration, the members, the medical assistants, and the polite public. Humanitarianism supported the medical assistants and the interests of resuscitation. However, even if they were not especially moved by all the talk of humanity, medical

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<sup>133</sup> The first reprint of the engravings of these paintings was in *Reports*, 1802, pp. 10-11. For the reason I conjecture that the paintings and engravings were done 1801-2.



assistants needed to be able to use the idea of 'humanity' in their correspondence to the RHS, in order to secure the reward money necessary to improve the situation for resuscitation on the ground.

For resuscitation to succeed, the RHS needed the collaboration of ordinary people; the Society sought to mobilize their goodwill by rewarding their courage and cooperation in the name of 'humanity'. In so doing, the implementation of resuscitation came to be synonymous with reforming the 'vulgar'. Reform was not a byproduct of the treatment, but an integral part of resuscitation's imagined utility. Yet this 'reform' generated friction because resuscitation in practice was a source of potential danger, disgust, and anxiety. These features lurked in the shadows of joyful humanity. The implementation of resuscitation, made possible by mobilizing sentiments associated with moral progress, was achieved by overcoming, and in some senses rendering invisible, those social obstacles, made up in all cases of valid alternative modes of thinking and feeling, that threatened to render the entire social project impossible. The dangers preventing rescues, the anxieties surrounding drowned corpses, the belief in the contaminating nature of dead bodies in people's houses and homes, the fear of legal and financial repercussions, and the unease generated by the awkward proximity of different stations and sexes in an uncertain environment, all these problems had to be managed if the inspiration provided by the promise of medical and moral progress was to animate the implementation of resuscitation.

## CONCLUSION

No matter how debatable are the premises and arguments animating this thesis, I hope I can begin my conclusion by asserting, without fear of contradiction, that this topic, with its rich and coherent collection of primary sources, reveals keenly felt desires, preoccupations and concerns within late-eighteenth century British culture. In showing how resuscitation first became a socially significant practice in this period, we have been obliged to consider some revealing aspects of eighteenth-century society. The subject of resuscitation may appear at first sight to be esoteric, a mere curiosity, but I believe that this thesis presents chapters of value, not only for the historian of medicine, but for the historian of eighteenth-century culture too.

The history of resuscitation provides tantalizing glimpses of the bigger stories that embroider the period. My account has touched upon a number of themes, most particularly the history of Enlightenment, medical professionalization, the relations between Christianity and science, the history of charity, and attitudes to death and dying. The history of resuscitation provides an instance of the English Enlightenment at its most theatrical; can we identify a cause and a movement of the period that served more conspicuously the interests and hopes of 'philosophy' and the rule of humane reason? Is there a Society that more completely expresses the Enlightenment's thirst for change, its paternalism, its civility, its pragmatic intellectualism? Indeed, can anyone familiar with resuscitation's early history deny the utility of the notion of an 'English Enlightenment'? The RHS provided one fire, perhaps one of the more important fires, from which a quintessentially Enlightened scientific medical ideology was forged. Resuscitation helped make the claims of 'scientific' medical men more persuasive, more



necessary.

Even if professional relations in medicine remained particularly acrimonious in the fifty years leading up to the Medical Reform Act of 1858,<sup>1</sup> the experience of resuscitation, with its emphasis on emergency relief and widespread social implementation, provided some of the first compelling reasons for a more professionalized, more coherent medical community. And what of medical identity? Surely, the idea that medical men were saviours by virtue of the collective humanity they possessed as medical men, an idea that haunts modern medicine, became a comparatively safe notion through the implementation of resuscitation. A certain hubris, whose psychic components were subsequently explored beautifully by Mary Shelley in her novel *Frankenstein*, became sanctioned as a tolerated figure in medical self-imagery. Ludmilla Jordanova has shown how the portraits of medical men in the period 1790-1820 deliberately incorporated skulls for the first time.<sup>2</sup> Was one of the products of resuscitation an increase in the confidence medical men possessed before death, the loosening of the satirical connections between medical treatment and mortality?

I have been concerned to emphasize the centrality of Christianity, as rhetoric, ethos, and context, to the fate of resuscitation. Religious sensibility was central, both to the advancement of resuscitation, and to the rejection of it. In turn, the implementation of resuscitation did help shift the boundaries between God and Man. The point of Chapter 4 was to show how Anglicans wrestled with those shifts. Further reflection

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<sup>1</sup> This is the argument of Irvine Loudon, 'Medical Practitioners 1750-1850 and the Period of Medical Reform in Britain', in Andrew Wear, ed., *Medicine in Society: Historical Essays*, (Cambridge, 1992), pp. 219-247.

<sup>2</sup> Ludmilla Jordanova, 'Melancholy Reflection': Constructing an Identity for Unveilers of Nature', in Stephen Bann, ed., *Frankenstein: Creation and Monstrosity* (London, 1994), pp. 60-76.

should help understand the wider significance of these debates. Does the history of resuscitation actually constitute a significant moment in the history of 'secularization'? Was the RHS an important zone for the articulation of the view that the best way of conceptualizing 'Science' and 'Religion' was as 'separate spheres'?

The role of resuscitation in long-term developments in the history of physiology promises to be an interesting subject. At the moment, the physiological contributions of the RHS prize-winners have been overlooked in favour of the Priestleys and Lavoisiers. Indeed, although each RHS prize essay constituted a serious and valued attempt to know apparent death better, they do not compare with Lavoisier in terms of originality. Yet historical movements are not sustained by originality, but by feeling. It was the opinion of contemporaries, both British and European, that the work of Goodwyn, Kite and so on were at the cutting edge of medical science (Bichat engaged with the work of Goodwyn). We should take that seriously. I might add that movements are not only sustained by feelings, but are also sustained by practices. Further research may illumine more thoroughly the significance of resuscitation, a repeatable and frequently repeated event, in sustaining the rationality of vitalist models of the body. Resuscitation was perhaps *the* practice that rationalized and reified the notion of the 'vital principle'. If we want to understand the continuing appeal of vitalism in this period, the history of resuscitation must be considered.

The history of resuscitation also constitutes a crucial moment in the history of changing attitudes to death. This was a period when recovery from apparent death became plausible and, above all, *valued* on a socially significant scale. Chapter 1 showed how the RHS's programme in 1774 was the product of several cognitive conditions: a sense of death's invisibility, the knowledge that recovery from a state of apparent death



was possible (a sense of death's reversibility); the conviction that such recoveries need not be left to spontaneous action but could be accomplished by considered human intervention (the efficacy of human agency); and the belief that such intervention was not only possible but desirable. Taken separately, not one of these factors was unique to the RHS's programme. Death's invisibility already underpinned proposed legislation on premature burial; human intervention was welcomed in a vast array of human ailments including drowning; spontaneous recovery was put to the foreground by Bruhier in the 1740s and was a familiar notion in miraculous contexts. The desirability of alleviating human misery was, within specific contexts, deemed the very stuff of virtue. But, put together, these separate factors concatenated into a significant, and significantly different, historical phenomenon that gave credibility to all of these views. Death's invisibility and unpredictability went on to sustain fears of premature burial throughout the nineteenth century; ideas of suspended animation, and Man's power to determine its outcome, underpinned developments in anaesthesia and blood transfusion in the 1830s. The value of precipitous human intervention in near-death states, and the value of preventing accidents, were first marketed during this period because they animated the work of the RHS. The main points of contention over resuscitation (incredulity, blasphemy) came not from the individual treatments, but from the RHS's beliefs about death.

I am confident that Philippe Ariès, were he writing *The Hour of Our Death* today, would not leave out a discussion of resuscitation in his discussion of apparent death. It was resuscitation, not fears of premature burial, that sustained the idea of apparent death in Britain during this period. Moreover, apparent death was not a source of fear, as Ariès asserts it was for nineteenth-century doctors, but an exciting hypothesis

that took on the appearance of reality.<sup>3</sup> It was a portal through which men could see another world. In this world mankind enjoyed a new power over death, scientific medicine enjoyed a respected authority, and the Enlightenment virtues of benevolent humanity determined human relations. Through its use as a fundamental concept in the treatment of the drowned, apparent death crystallized and legitimated fantasies about what could lie on the outskirts of human knowledge of life and death.

Resuscitation was not the only practice of this period that generated new interest in death and its physiological processes, signs, and definitions. The guillotine also raised troubling queries of its own; further study could illumine the utility of drawing the connections between resuscitation, the guillotine, and other areas, such as cranial surgery, that drew attention to death's lability.<sup>4</sup> Further, despite the deliberate traditionalism of the Anglican clergymen of the Society, with their emphasis on penitence and the necessity for preparing correctly for death, surely resuscitation contributed to wider changes in deathbed etiquette? The presence of the doctor by the bed, the preference for seeing dying as a falling asleep (into perpetual suspended animation), the growing acceptance of a level of medical intervention at the deathbed hitherto deemed unwelcome or unnecessary, might not these all be products of a British society thrilled by the humane movement?

Resuscitation was a dramatic and unexpected instance of death's preventability; it supported a growing sense of the unnecessary nature of so many deaths. It surely is not accidental that resuscitation's birth as a social project should coincide with new utopian speculations about extending man's longevity. Hawes, it might be remembered, was

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<sup>3</sup> Philippe Ariès, *The Hour of Our Death* (Harmondsworth, 1981), ch. 9.

<sup>4</sup> Ludmilla Jordanova, 'Medical Mediations: Mind, Body and the Guillotine', *History Workshop Journal*, 28 (1989), 39-52.



speculating that man perhaps could live for 500 years; Hufeland, who wrote on recovering the drowned, wondered whether 200 year-olds could exist. Hawes' contemporaries, the French *philosophe* Condorcet and the English radical William Godwin, were also entertaining dramatic visions of man's possible longevity.<sup>5</sup> Benjamin Franklin, a friend of Lettsom's and a polymath, who resided in London at the commencement of the RHS, made speculations on the possibility of placing men, for indefinite periods of time, in suspended animation, speculations that were surely informed by the experience of resuscitation.<sup>6</sup>

On the basis of this thesis, historians may now be in a position to extend their knowledge in a range of eighteenth-century domains. We are, however, still ignorant of certain aspects of resuscitation itself. The exact fate of the individual remedies in theory and practice, the subject of a Chapter 6 that has been dropped for reasons of space, must be elucidated if we are to understand the reasons behind their adoption and abandonment. Such a study will illumine our understanding of the role of experimental knowledge, the importance of the prize essays, the nature of medical authority, and the relations between medical assistants and layfolk. Further, stopping our study in 1808, and, moreover, restricting our history to Britain, only begs the questions: what happened after 1808, and how did the British experience of resuscitation compare with that of

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<sup>5</sup> G.J. Gruman, *A History of Ideas about the Prolongation of Life* (Philadelphia, 1966).

<sup>6</sup> They were also informed by zoology. 'I wish it were possible, from this instance, to invent a method of embalming drowned persons, in such a manner that they may be recalled to life at any period, however distant; for having a very ardent desire to see and observe the state of America a hundred years hence, I should prefer to any ordinary death, the being immersed in a cask of Madeira wine, with a few friends, till that time, to be then recalled to life by the solar warmth of my dear country. But since in all probability we live in an age too early and too near the infancy of science, to hope to see an art brought in our time to its perfection, I must for the present content myself with the treat, which you are so kind as to promise me, of the resurrection of a fowl or a turkey cock.' In William Pepper, *The Medical Side of Benjamin Franklin* (Phi., 1911), pp. 61-2, in Gruman, *Prolongevity*, p. 84

the French, the German, the Italian? Although the precise value of such comparisons may not be yet clear, extending the chronological span of the study has the potential to clarify the significance of Hawes' role in shaping resuscitation (by seeing what changed in his absence), while also helping us understand how and why the Society moved from being a body at the forefront of medical ideas, to one focusing on rescues, accident prevention, and risk identification. Indeed, the precise role of resuscitation in clarifying the ways in which the idea of an 'accident' was being reconceptualized, and resuscitation's relationship to the history of insurance, are two paths that may prove rewarding to follow.

Yet with these glimpses of future arguments, and with the realization of our continuing ignorance, we must not forget how far we have come. I announced, in my introduction, an interest in removing from the enthusiasm surrounding the introduction of resuscitation the air of mystery. I wanted to find out about this 'enthusiasm', this raising of the 'emotional temperature' Carolyn Williams writes of, to see what was causing it. Where there was a fuss made over resuscitation, I have wanted to know what it was for and why. In response, these chapters have offered descriptions and analyses of the change in emotional temperature, the fuss. As part of this process, a particular emphasis has been made on what happened in practice, in order to appreciate the kinds of things that had to be achieved before resuscitation could secure for itself a supportive ambience. By the time of Hawes' death, the troubles faced by the Society were always mentioned in the past tense. 'Thanks be to the Great Inspirer of every good Word and Work!', R. Marten told members of the Society at the anniversary festival of 1809, a year after their founder William Hawes had been laid to rest, 'our little Bark hath at length stemmed the torrent of Prejudice, broken through waves of Envy and



Malice, and is safely moored in the harbour of Public Approbation'.<sup>7</sup> This thesis has shed light on the processes that made such confidence acceptable.

That resuscitation did generate excitement and 'fuss' will now, I trust, be readily accepted. Resuscitation presented contemporaries with a sense of mankind's new power through knowledge, the power to ape God and reverse death. It presented a graphic image of a society redescribing itself in terms of humanity. Resuscitation made fantasies of a new Enlightened world tangible. The very fact that resuscitation managed to sustain the continued growth of a voluntary society dedicated to its welfare is proof of the considerable interest taken in it. Yet, as we have seen, the project to implement resuscitation ran into difficulties. It generated friction through controversy. For some, it posed intolerable suspensions of disbelief; for others, it presented a disturbing instance of impiety; for both groups the activities of the resuscitators stirred up trouble. To those having to participate in or orchestrate recoveries, resuscitation could involve dangerous rescues, anxieties of legal recrimination, not to mention the experience of disgust from proximity to a drowned body.

Yet despite the disapproval, the disbelief, and the practical problems, the RHS managed to carve a niche for itself in eighteenth-century British life that allowed it to pursue its agenda with ambition. By the time of Hawes' death, it had recorded nearly 3000 saved lives, seated almost 400 people for one of its anniversary dinners, and was accorded the recognition of royalty. It had achieved acceptability. How? The main reason is that the Society entered into and sustained *relationships* with key constituencies without which the treatment could never have been implemented.

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<sup>7</sup> R.H. Marten, *The substance of an address to the Right Hon. Charles Flower, Lord Mayor of London* (London, 1812), p. 16.

Without the medical assistants, there would have been no-one to police and orchestrate the recoveries; without the medical intellectuals, the idea of suspended animation would have struggled to gain professional recognition. Without the clergymen's sermons, the Society's ability to meet the objections of the religious would have been amputated and a critical source of income would have dried up. Without the support of the metropolitan élites, both philanthropic and political, the Society's ambitions would have been drastically curtailed. Indeed, without the income these élites brought with them, the Society would almost certainly have folded or become insolvent. Without the numerous ordinary nameless individuals who saw accidents, rescued bodies, called for medical assistance and applied the directions of the Society, there would have been no treatment at all. To be sure, the wonderful and humane associations of the treatment provided an umbrella under which many of those identifying the welfare of resuscitation could gather. This umbrella did not cover everyone, however. The various constituencies did not share all the same assumptions about resuscitation; they were not bonded by discourse alone, nor were they all part of a shared ideological agenda. The separateness of the various constituencies obliged supporters of resuscitation to mediate between them. Through the determination and zeal of the RHS's active members to propagate these relationships, the Society remained solvent, the Establishment was conquered, and the business of implementation kept running.<sup>8</sup>

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<sup>8</sup> Regarding dedication and zeal: in his memorial address at the RHS's anniversary festival of 1809, R. H. Marten gave a portrait of Hawes that placed emphasis on his extraordinary commitment to resuscitation. As he put it:

His private concerns seemed entirely subordinate to this his public, chosen duty. Scarcely could he converse with a friend but this subject was, as it were accidentally, introduced. Some tract relating to it was presented, or some enquiry made in what manners its great ends might be best promoted. Whenever he wrote on other subjects to his numerous Correspondents he include the most recent successful Case of Life preserved, or a card of Information as to Cases which might occur. Whoever called upon him at home on the concerns of the Society (and such calls were very numerous)



These relationships worked not because the RHS could dominate the different constituencies; they worked because the constituencies themselves wanted to take part. Medical men could extend their skills, knowledge, and reputations. Clergymen could reiterate the value of Christian thinking while furthering their own reputations. Subscribers could experience pleasure in furthering the cause of Humanity and in participating in the anniversary festival with its pageantry, its well-connected people, and its food and drink. Many people will have been persuaded by the desire to see lives of their loved ones saved, but they also could expect a very welcome financial reward for any help they gave the Society. Such were the networking skills of the Society, the emotionalism of its message, the drama of its process and products, that it attracted all sorts of people who were keen to mark their approval in some way - either by collaboration, or by producing verses, paintings, watercolours, or songs.

Dr. James Fordyce put it well in 1797, when he claimed that resuscitation's excellence lay in its 'affording the philanthropist, the patriot, the philosopher, the physician, the poet, the painter, the skilful mechanic, ample scope for the exercise of their various powers, and the gratifications of their respective inclinations'.<sup>9</sup> Resuscitation gave people the opportunity to gain public recognition - recognition of their courage, their labours, their talents, their intellect, their humanity, their social status, their wealth. The various medals and rewards formalized this

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were received with politeness, patiently heard, and replied to with an engaging condescension. His rest was given up that he might find time to attend to the calls of Humanity. Many a note have I had from him relating to the interests of this Institution, some of them dated so early as five o'clock in the morning, and that in the depth of Winter.

R.H. Marten, *The substance of an address*, p. 9.

<sup>9</sup> *Reports*, 1797, p. 12.

essential feature of the RHS. They were commodities in a system of exchange.<sup>10</sup> In a sense, the elucidation of their meaning has lain at the heart of this thesis, which is why their existence announces the beginning of Chapter 1. To understand the rewards has necessarily made this thesis a history of social relations. The value of the rewards was not simply financial but symbolic. The rewards inaugurated relationships between the RHS and the British public. They were designed to remove sources of hostility towards resuscitation, and they were emblems of the RHS's wider message to the world. Rather generally, the image the RHS presented of a world of progress, of scientific knowledge, of piety, of sensibility, while in no sense uncontroversial in itself, was sufficiently desired by contemporaries for supporters of such ideas to come forward and reiterate its value in the context of resuscitation.

The Society overcame the friction because the various constituencies involved in the project hung together. This is not say that by 1808 everyone knew of the possibility of recovery, approved of it, or had learned the methods of direction in full. Newton Bosworth made it clear in 1813 that the RHS's message still required publicity to reach the large numbers of people who were ignorant of it.<sup>11</sup> To say the RHS had overcome the initial friction that its implementation inspired is only to say that it no longer felt it necessary to complain of opposition by 1808; the 'prejudices' had receded sufficiently to make them irrelevant to the running of the Society's agenda.

In fact, the proliferation of 'receiving houses', specially equipped centres

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<sup>10</sup> On exchange, see Marcel Mauss, *The Gift: The Form and Reason for Exchange in Archaic Societies* [1950] (London, 1990).

<sup>11</sup> Referring to techniques of recovering the drowned, Bosworth wrote, 'To this point I must request your most serious attention, because the proper method of proceeding in these cases is very little known among the public at large'. Newton Bosworth, *The Accidents of Human Life; with Hints for their Prevention, or the Removal of their Consequences* (London, 1813), p. 98.



by rivers manned by trained personnel, and the gradual medicalization of the treatment, meant that the need for intensive public education of layfolk receded, and with it, the room for conflict. There were two treatments: one for the medically trained, and one for the uneducated.<sup>12</sup> The professionalization of the treatment was partly generated by technological developments that necessitated the use of special equipment. It is tempting, however, to see the bifurcation of the treatments designed for medical men and those designed for the untrained, as an acceptance of the relative impotence of the Society. The RHS could only have limited impact on the hearts and minds of British citizens; the experience of implementing resuscitation demonstrated the limits of Enlightenment, and with it the ideal of a medically well-educated citizenry of the kind envisaged by William Buchan. Such a project was created in the first place by the split between Enlightened medicine and the 'vernacular tradition', which Enlightened medicine, epitomized by resuscitation, sought to heal, by reforming all medicine into something approximating its own ideals. Despite the evident successes of the resuscitation crusade, British society did not become a priesthood of believers, but rapidly became a tiered system of the rescuers and the treaters.

This view notwithstanding, the idea of resuscitation effectively stopped being controversial by the early 1800s, while problems in practice were restricted to, admittedly strongly felt, medical disagreements over the propriety of particular remedies.<sup>13</sup> Any disagreement was offset by trans-

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<sup>12</sup> The medical assistant James Parkinson recommended only frictions and a warm bath to working-class readers of his *The Villager's Friend and Physician; or, a Familiar Address on the Preservation of Health*, 2nd edn. (London, 1804), p. 57. There are no references to enemas, ventilation, the use of bellows; these treatments Parkinson left to medical men.

<sup>13</sup> If George Eliot's *Middlemarch* can be taken as a reliable guide to 1830s provincial ideas, then concerns over impiety continued into the 1830s, see Chapter 4, footnote 10.

societal collaboration, as we have seen. It was also because the RHS won some of the key arguments that it persuaded people to take part. Of course, arguments over the treatment's utility were clinched through the increasing number of successful results. It is the argument of this thesis, however, that resuscitation did not take off as a valued practice because 'it worked' in an uncomplicated way. The idea that the treatment 'worked', in any instance, presupposed the accuracy of diagnosis, assumed the belief that the state from which the body was recovered was in fact suspended animation, and took for granted that the use of the remedies improved on Nature's ability to cure herself. The idea that the treatment achieved results relied upon a subtle integration of a number of assumptions about the body that the RHS helped turn into medical fact. In fact, as we noted at the end of Chapter 3, resuscitation thrived partly because the notion of life-saving was developed in such a way that resolving or marketing complicated points of medical theory became less necessary.

The rise in emotional temperature can now be explained. First, the temperature around resuscitation was high because the RHS needed it to be high. The RHS had to raise the emotional temperature in order to achieve for itself a cultural presence consonant with its hopes. The nature of running a society based on voluntary will, rather than financial desire or legal compunction, made it essential that people wanted to be part of it with some fervour. The RHS had to mobilize large numbers of different kinds of people to share its vision, while competing with other philanthropic bodies for money and kudos. This mobilization had to happen despite limitations intrinsic to medicine of the time - the paucity of its institutional framework, its ingrained individualism, its caste system, its poor reputation as a professional collectivity, its acrimony. The consensus necessary for resuscitation's implementation had to survive limitations intrinsic to eighteenth-century British culture - the huge gap between the educated rich and the large and often illiterate



poor; the deep divisions between political parties and between the various religious sensibilities; respect for and fear of the law. Finally, resuscitation had to become a valued practice despite the very particular nature of resuscitation - its proximity to death, its tight link with the terrifying contingency and unpredictability of suffering and loss, its complexity as a social process, culturally specific unease around corpses, and the tensions surrounding mouth-to-mouth ventilation. The RHS had to sell a new idea about death that unsettled existing views about the nature of death to a citizenship that feared Divine reprisals. It is little wonder that the Society so emphasized the *feelings* associated with resuscitation - the joy of witnessing a recovery, the joy of even reading an 'artless' account of a recovery. If this language was more idealizing and prescriptive than descriptive, this is not to say it was mere whimsy, but only to acknowledge how essential it was for the Society to engender a culture of good feelings that could encourage people to tolerate the more difficult and deep feelings evoked by the practice of resuscitation.

At stake in resuscitation's success were reputations, and hence livelihoods, and not merely those of Hawes, Lettsom, Cogan and the rest of the administration. The medical assistants, whose potential and actual patients were weighing up the suitability of this new medical activity, not to mention the level of skill the practitioners brought to it, were implicated too. The medical assistants, it would appear, initially risked disapproval and humiliation from colleagues and the ridicule from bystanders. We should not overstate the severity of the risk to an individual's reputation posed by resuscitation's failure, since, in the rhetoric of the Society, failures could be dismissed as an acceptable, if regrettable, outcome of an 'experiment'. We should, however, recall the vehemence with which Lettsom and Hawes attacked quackery as they saw it, how important reform of the medical profession was for them, how explicit they were that they were representing a different kind of medical

practice - one that was Enlightened, that represented the future. It was not simply that their initiatives brought about unexpected recoveries, but that these recoveries instantiated their wish and belief that a humane world, guided by scientific medicine, was in the making, and that they were in the vanguard.

Resuscitation's religious ambiguities did not cause riots or public disturbances. But insofar as resuscitation generated concern of a religious nature, it did so because it disturbed one of the most important single boundaries that organized Christian thought - the boundary separating Man and God. Such a disturbance upped the emotional ante precisely because so much of the shape of British culture, not least the power of the Anglican church, depended on particular interpretations of how the boundary operated. Resuscitation, through its connection with death, mediated the debates about mind, body and soul, that were in themselves extremely controversial because interpretations of their inter-relationships were effectively determining God's agreed place in the world.

In order to gain a purchase on the idea of the rising 'emotional temperature' of resuscitation, I have throughout tried to elucidate to the reader a sense of resuscitation's 'cultural presence'. Such a notion will benefit from more formal formulation - certainly, within future study, the idea of place could be made to do more analytical work. It should now be clear that resuscitation's influence was felt in a number of domains: medicine, philanthropy, the court, and so on. Resuscitation touched all sorts of people. It made an impression on watermen on the river, publicans serving gin by the river, female suicides overwhelmed by pregnancy and poverty, gentlemen in the professions, well-to-do Anglicans, publishers, type-setters, binders and all those in the book-trade who brought out RHS publications, painters in oil and water, poets,



actors, dramatists, singers, composers, instrument-makers, court chaplains, the King of Great Britain, surgeons, apothecaries, physicians and experimentalists.

The sheer variety of activities that were done for the purpose of furthering resuscitation's place in British culture is worth considering, even if these activities were often unexceptional. For the sake of resuscitation people were drinking coffee in coffee houses during committee meetings, preparing texts, writing and evaluating verses, painting pictures, bearing banners, singing oratorios, waiting on eminent persons, inspecting testimonies, designing medals, delivering sermons, declaiming orations, drowning kittens, liaising with newspapers. For resuscitation, bows were scraped over strings, larynxes exercised, rooms cleared, fires lit, water mopped, clothes removed and dried, pages pressed and sewn, arguments worked and reworked, tears shed, humiliation endured, ridicule heaped, joy unleashed. It seems important to convey these particulars in order to persuade readers that resuscitation mobilized a wide range of activities and feelings. By contemplating them, we can appreciate the nature and level of the cultural effort expounded on behalf of this new practice.

The idea that this thesis is an attempt to represent a particular moment of 'cultural effort' is important. Most references to the early history of resuscitation wish readers to realize that resuscitation did not begin in the 1950s. But none have wished to problematize the achievement by which one set of behaviours in front of accidentally drowned bodies replaced another. The crucial question in any discussion of ideas - the question of how practices are wrapped up in a concept's intelligibility and appeal - has not been asked. The notion that resuscitation was a social challenge has not been felt to offer any purchase on what makes the history of resuscitation important as a story. The idea that the history of

resuscitation revolves around power, class, belief and feelings has not been entertained. By contrast, considering historical change as the expression of cultural effort involves thinking about practices, about policy, about the *tasks* implied in theories, about the material basis of culture and the twin foci of power and identity. These things I have attempted here.

More traditional attempts to record the early history of resuscitation, such as Mickey Eisenberg's brief attempt in his *Life in the Balance*, have provided a chronological perspective to present practice.<sup>14</sup> These histories have endeavoured to evoke a different response from the reader than I do here. Eisenberg, for example, invites us to feel gratitude for the way the RHS managed to set up practices that anticipated later developments in resuscitation techniques, even if, in Eisenberg's eyes, the RHS was muddled in its analyses.<sup>15</sup> This gratitude is really the gratitude Eisenberg feels (and wants us to feel) for the efforts of his medical contemporaries. Feeling grateful for the present, or the endeavours of the past, is perfectly legitimate, and is certainly not intrinsically 'unhistorical', even when it takes the regrettably whiggish form espoused by Eisenberg. The value of my historical reconstruction, however, lies not in the fact that it gives us an opportunity, hitherto overlooked, to be properly thankful for the RHS, let alone the pioneers of CPR. Gratitude is better aimed at the living than the dead. Rather, with the view of thinking more imaginatively about the factors affecting a significant moment of historical change, it has given us the chance to find out what lies behind the gratitude people have felt towards resuscitation. The thesis has become, at least in part, a history of gratitude.

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<sup>14</sup> Mickey S. Eisenberg, *Life in the Balance: Emergency Medicine and the Quest to Reverse Sudden Death* (Oxford, 1997).

<sup>15</sup> This view that the RHS men were muddled is not one I share.



What is hoped is that resuscitation's implementation can be appreciated on its own terms, as the result of historically specific expressions of cultural effort whose outcome was not a foregone conclusion blessed by self-evident historical rationality. Although it was during this period that a socially concerted effort to recover bodies from states of apparent death became not only plausible, but valued, the subsequent history of resuscitation testifies to the way the treatment has had to be reinvented. The point has not been to make the RHS the heroes of therapeutic innovation, to plot the narrative as romance, but to use the history of resuscitation to present a contextualized explanation for one practice's admission into the panoply of eighteenth-century practices. This has involved identifying those voices which, in the very act of constituting resuscitation as a phenomenon of importance, were working through their feelings and reactions to it. These voices help us reconstruct a social world in a way that honours, if falteringly, the complexity of its agencies of change. The point, then, is not only to highlight 'effort' as an interpretative quarry, but to emphasize the importance of 'culture', that is to say, to value an historical appreciation of how people generate new ideas and, in the process, make an identifiable whole - a shared system of belief, feeling and practice - which fits with their ideas of how the world can and ought to be.

## APPENDIX A: THE EARLY RELATIONSHIP BETWEEN COGAN AND HAWES.

Am I right to suggest that Hawes took to resuscitating the drowned upon being gripped by Cogan's translation and that, afterwards, Cogan approached Hawes with the idea to form a society? Hawes made it clear in 1794 that reading Cogan's Memoirs 'First engaged the attention of the writer of the present work [Hawes] to the subject'.<sup>1</sup> However, save this one remark by Hawes of 1794, is there any *further* justification for making Cogan's book a pivotal moment in Hawes' life? There is. In the history of the RHS produced in the 1809 annual report as part of a tribute to the recently deceased Hawes, the author (probably not Lettsom) reinforces the view that coming across Cogan's translation was a decisive moment for Hawes. Cogan had translated the memoirs for his own reasons independently of Hawes:

These Memoirs were, in 1773, translated into English by DR. COGAN, in order to convince the British Public of the practicability, in many instances, of recovering persons who were apparently dead, from drowning. No sooner were they translated, than [sic] they engaged the humane and benevolent mind of DR. HAWES.<sup>2</sup>

The sense of the importance of Cogan's book on Hawes is further brought out in the version of the same piece produced for the annual report for 1828 which rewrote the passage just quoted as 'His [Cogan's] work fell into the hands of the late DR. HAWES, to whose ardent and indefatigable

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<sup>1</sup> William Hawes, *Transactions of the Royal Humane Society* (London, 1794), p. xvi.

<sup>2</sup> *Reports*, 1809, p. 2.



mind it opened a career of public usefulness which he pursued until his death'.<sup>3</sup> This rewriting was quite possibly done by Hawes' son William, who was registrar of the Society at the time, although arguably its authority suffers from its greater distance from the events than earlier versions.

This might appear to resolve the issue permanently. The biographer of J. C. Lettsom, John Johnston Abraham, adopts this version of events. Yet this view is not readily and unambiguously reproduced in all the other primary sources. In the first memoir of Hawes, published in 1802 in the *European Magazine*, the anonymous author ('a friend') claims that Hawes already knew Cogan and was already pursuing his interest in rescuing the apparently drowned when he requested Cogan to translate the memoirs of the Dutch society for him. There is nothing especially implausible in such a suggestion; in fact, given that the memoir was written by 'a friend' while Hawes and Cogan were still alive, we could take this as quite authoritative (The Wellcome Institute Library Catalogue is clear that this was not written by Lettsom, whose authority would perhaps carry more weight than any other author, save Hawes or Cogan themselves). The author however described his piece as 'not regular biography, but cursory characteristic anecdote'; its veracity probably lies more in the sentiments of appreciation than in the detail.<sup>4</sup> My reluctance to give further weight to this interpretation is reinforced by the fact that it is the only source where Cogan's translation is deemed to be the result of a request by Hawes. Cogan, for his part, made allusion in his translation neither to the imputed request nor the efforts of Hawes in London, which I find very surprising if the claims of the *European*

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<sup>3</sup> *Reports*, 1828, p. 6.

<sup>4</sup> 'Memoirs of William Hawes, M.D. of London, with a portrait', *The European Magazine and London Review*, June 1802, 427-431, p. 428 [reprinted with corrections the same year as *Memoirs of William Hawes, M.D. of London* (London, 1802)].

*Magazine* were true. I see this view of the origins of the Society as well-meaning and inaccurate.

None of the other biographical accounts is unequivocal about what happened to bring about the formation of the Society, and not one of them suggests Hawes knew Cogan prior to Cogan's book as the author of the 1802 memoir does. The 1808 memoir of Hawes, placed in the *Gentleman's Magazine* to celebrate Hawes' life following his death, does not clarify matters.<sup>5</sup> Based largely on the 1802 memoir, it emphasizes Hawes' efforts in 1773 to obtain insensible apparently dead bodies, but it does not mention Cogan's translation nor the time when Cogan and Hawes first met. The first time Cogan appears is when he proposes the idea of a society that could share the expense of the rewards. Lettsom, in his article on the humane societies in his *Hints Designed to Promote Beneficence, Temperance and Medical Science*, is also vague. He writes that, 'In Holland, intersected by water, a regular Institution for the Recovery of the Drowned Persons was formed, about the year 1773; and the Amsterdam Memoirs translated by Dr. Cogan, while Dr. Hawes was planning a similar institution in England; these physicians, uniting in sentiment, attempted an establishment . . .'.<sup>6</sup> Lettsom's account underscores the view that the two men did *not* know one another before the publication of Cogan's book, but it introduces an ambiguity by suggesting that Hawes came across Cogan's book *while* he was planning a similar society to that in Amsterdam, which contradicts Hawes' own statements on the matter. Lettsom's reliability is undermined by the fact he gets the date of the beginning of the Dutch society incorrect; it should read 1767, not 1773.

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<sup>5</sup> 'A tribute to the memory of Dr. William Hawes' (London, 1808), [being a reprint from *The Gentleman's Magazine*, lxxxviii, pt. ii, (1808), pp. 1121-24.

<sup>6</sup> J. C. Lettsom, *Hints Designed to Promote Beneficence, Temperance and Medical Science*, 3 vols. (London, 1801), II, p. 278.



The Society's first account of itself is also unclear. Cogan wrote:

In the year 1773, Dr. *Cogan* translated these Memoirs, in order to inform this part of the world of the practicability of recovering persons apparently drowned: And Mr. Hawes *having also exerted* his endeavours to excite the attention of the public to the same subject, these gentlemen united and proposed a Plan for the introduction of a similar institution into these kingdoms.<sup>7</sup>

This passage does not articulate the relationship between Cogan's memoirs and Hawes' activities. The 'having also exerted' does not clarify the chronological issue of whether Hawes was already offering rewards for bodies when Cogan's memoirs were published; Cogan leaves any priority claims out. Clearly there is no sign that Cogan translated the memoirs at Hawes' request.

Chronological confusions are also introduced into the DNB article on Cogan, which states:

On his [Cogan's] return to England a few years later he found that Dr. William Hawes had expended much time and money on a similar project, and the two doctors thereupon united their energies in the undertaking. Each of them brought fifteen friends to a meeting at the Chapter Coffee-house in the summer of 1774, when the Royal Humane Society was duly formed.

This account unequivocally supports the view of the *European Magazine*

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<sup>7</sup> *Reports*, 1774 (2), p. 5 [my italics].

that Hawes was blazing the trail independently of Cogan when Hawes read his translation. It therefore also supports Lettsom's account. However, Cogan started practising, according to the DNB article itself, as an accoucheur in London no later than 1772, whereas Hawes began offering rewards no earlier than spring 1773, which is when I believe he must have read Cogan's book (the 1808 memoir claims that Hawes had been paying rewards out for a year before setting up the society in April 1774). So Cogan could not have come back to England to find Hawes at work on resuscitation because Hawes had not begun his work at that time. However, it seems plausible that the two men met once Hawes had expended 'much time and money' on his private efforts, only that my feeling is that they probably met at the Medical Society of London in the first half of 1773, when they were elected members of the society. By this stage, Hawes' efforts to obtain bodies had only been going for 2 to 3 months.

There are no other sources that help us to resolve these ambiguities. The DNB article for Hawes is derived from the memoirs we have been discussing and therefore cannot bring anything new to our discussion. One of the key sources for Cogan's life, Hunter's *Old Age in Bath* treats Cogan's role in setting up the RHS very cursorily in favour of his activities as a scholar and agrarian innovator.

If it was proved conclusively that Hawes misled his readers by attributing his enthusiasm to Cogan's memoirs, historians would not be at a loss to find alternative sources for Hawes' understanding of methods on resuscitation and for ideas on societies for helping the drowned. It is conceivable that Hawes was excited by reading Alexander Johnson's account of the Dutch society, which came out while Cogan's translation was in press, the appearance of which nearly made Cogan suppress



publishing his own account.<sup>8</sup> Otherwise we might presume that the efforts of the Dutch society may have been brought to him through informal channels or the *Gentleman's Magazine* (see below). Methods for curing the drowned could be found in the work of Tissot and Buchan.

Perhaps Hawes's acknowledgement of Cogan's significance constitutes an attempt to put Cogan (who was farming outside Bath) more centre stage. After all, one anonymous author in the *Gentleman's Magazine* wrote in 1787 that, 'since his [Cogan's] retirement from London [in 1780], there appears a disposition to forget his services'.<sup>9</sup> However, this interpretation need not be pushed far; it is at odds with Lettsom's account, in which he claimed that after Cogan left for Holland, 'a correspondence was maintained, and their friendship was undivided: indeed public opinion ever gratefully recalled the memory and name of Dr. Cogan, on every Anniversary of the Society, with that of the more immediate founder Dr. Hawes'. So when Cogan returned to London following the French invasion of Holland and attended an anniversary festival, Lettsom remembered among the 400 directors 'the general enthusiasm that pervaded the company, in receiving again into the bosom of the Society the man who had so honourable a share in its formation'.<sup>10</sup> Perhaps the most important message is this: that the basic 'facts' of resuscitation are obscure as a condition of the sources, and not despite them.

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<sup>8</sup> Thomas Cogan, *Memoirs of the Society Instituted at Amsterdam in favour of Drowned Persons* (London, 1773), p. 1.

<sup>9</sup> *Gentleman's Magazine*, 57, pt. i (1787), p. 185.

<sup>10</sup> Lettsom, *Hints*, II, pp. 278-9.

## APPENDIX B: ALEXANDER JOHNSON (1715-1799)

Alexander Johnson's account of the Dutch society, *A Short Account of a Society at Amsterdam*, came out while Cogan's translation was in press.<sup>1</sup> Its appearance tempted Cogan to suppress publishing his own account.<sup>2</sup> The place of Alexander Johnson within the early history of resuscitation is far from clear. Having produced and distributed two small pamphlets on the Dutch society (with translations of a large number of cases) in 1773, and another pamphlet in 1785, he completely fades out of the picture. Yet in 1785 Johnson claimed for himself the honour, with justification, of being the first person to bring the doctrine of resuscitation to English shores.<sup>3</sup> Johnson does not appear on any of the lists of directors of the RHS to my knowledge, and I have found no other reference to him in the RHS literature. His absence is conspicuous. A cryptic column written by a medical practitioner signing himself 'The Annotator' in the *Gentleman's Magazine* in 1787 reminded readers of Johnson's early efforts:

The person, to whom T.R. seems to allude [i.e. Cogan], was certainly an early, an active, and a meritorious promoter of this laudable society; but neither was he the first, nor the second, who bestirred himself in favour of a then infant art, now pregnant with unsuspecting proofs of its origination from HIM who giveth understanding. This is said, without

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<sup>1</sup> Alexander Johnson, *A Short Account of a Society at Amsterdam instituted in the year 1767 for the Recovery of Drowned Persons* (London, 1773).

<sup>2</sup> Thomas Cogan, *Memoirs of the Society Instituted at Amsterdam in favour of Drowned Persons* (London, 1773), p. 1.

<sup>3</sup> Alexander Johnson, *Directions for an Extension of the Practice of Recovering Persons Apparently Dead* (London, 1785), p. 1.



any spark of envy, by one who is not that person's rival, in fame, or his competitor in business. He relates *what he knows*, in duty to friendship [with Cogan], in justice likewise to truth, and to the proper merits of Dr. Johnson, an able, amiable philanthropist, who started and struggled manfully in this service of humanity, almost as early, if not at the same time, with the absent gentleman abovementioned [Cogan].<sup>4</sup>

By way of demonstrating his authority on this matter, the 'Annotator' described himself as having 'lived in habits of intimacy with the ingenious and benevolent institutor, Dr. Thomas Cogan, and co-operated with him, when he laboured, successfully, to engage the public attention to the rude methods of re-animation, which began about that time, which began to be practised with advantage in France, and in the country where he now lives' [Holland - Cogan had moved there in 1780 to concentrate on moral philosophy].<sup>5</sup> I have not, however, found any further evidence that Alexander Johnson ever took part in the RHS' activities. The failure of Johnson to make either any impression in his own day or to appeal to subsequent historians since his death is underscored by the fact that, when this author came to read his 1785 pamphlet on drowning in the Wellcome Institute, the pages were still uncut.

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<sup>4</sup> *Gentleman's Magazine*, 57 pt i (1787), p. 195.

<sup>5</sup> *Gentleman's Magazine*, 57 pt. i (1787), p. 195.

## APPENDIX C: THE FIRST MEETING OF THE RHS AND THE STATUS OF THE MINUTE BOOK

In contrast to my account, Paul Bishop's *A Short History of the Royal Humane Society* (London, 1974) in fact lists 32 friends (16 each perhaps) that supposedly attended the first meeting.<sup>1</sup> The list of thirty-two gentlemen first appears in the short history of the RHS in *Reports*, 1809. Regrettably, the source of this list is, in turn, uncited. The number fifteen first appears in the memoir of William Hawes from the *Gentleman's Magazine* of 1808 which followed his death, which is itself modelled on the earlier memoir of Hawes in the *European Magazine* of 1802. The 1808 memoir also claims the Society met in the Chapter Coffee House, and Bishop follows suit. However, the Minute Book of the Society shows that the first meeting was actually held in the London Coffee House and was attended by only sixteen persons, which contradicts all these sources.

Did this meeting of the thirty-two ever take place? I wonder. Although I do not consider the *Reports* of 1809 as particularly unreliable (it is correct in suggesting that Hawes was turned onto the possibilities of resuscitation by reading Cogan, which a number of sources do not), we might see this list as part of a foundation myth. After all, within the list of thirty-two names were people who were crucial members from the beginning, such as the physician J. C. Lettsom, and Anglican clergyman Richard Harrison. Yet significantly, neither of these men can be found in the list of 34 directors appended to the first publication of the RHS that came out sometime between April and July 1774, the date of the society's

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<sup>1</sup> Paul Bishop, *A Short History of the Royal Humane Society* (London, 1974).



second publication.<sup>2</sup> Richard Harrison, who delivered the first anniversary sermon of 1775, does not appear in the *Minute Book* until March 29 of that year. The presence on the list of the renowned medical practitioner William Heberden and Hawes' literary friend Oliver Goldsmith, who died on 4 April 1774 some 14 days before the first meeting, suggests that this might be a list composed of all the people that who it was considered *should* be honoured with having been at the first meeting. Dr. Goldsmith was one of the first people with whom Hawes communicated his ideas about recovering the apparently dead and apparently 'his expanded mind embraced them with avidity'.<sup>3</sup> Hawes wrote of his 'real friendship I entertained for the Doctor, on the principles of gratitude for his countenance towards an Undertaking, which I have for a considerable time endeavoured to establish in this kingdom, and which, by the assistance of a worthy and able physician, and the favour of the Public, is now likely to take place'.<sup>4</sup> In a period where originality and courtesy was highly prized, it is understandable why Lettsom, a sterling member of the RHS for over forty years and simultaneously the premier physician of the day, should be found on the list even though he does not make an appearance in the minutes until the 11 May 1774 (Abraham says 29 April), with some twenty other persons, over three weeks after the first meeting recorded in the same source. It is an ideal list of all the people who rallied round the new society at its beginning, I submit, rather than the actual list of those present at the first meeting.

Such a verdict assumes the veracity of the society's minutes for this

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<sup>2</sup> *The plan of an institution for affording immediate relief to persons apparently dead, from drowning.* (Reports, 1774 (1)).

<sup>3</sup> William Hawes, *Transactions of the Royal Humane Society* (London, 1795), p. 9.

<sup>4</sup> William Hawes, *An Account of the late Dr. Goldsmith's Illness* (London, 1774), pp. 2-3.

period of its history. The minutes are not an absolutely original source, however; they are manuscript copies of original sources made after the last entry (1784), so it is only proper to question their integrity. Could the minutes of the meeting of 32 have gone astray; did the copyists make a mistake? The copyist manages to misspell two of the names of those present at the first meeting in its book (Kooystra is written Koogster and Snowden is written Sowden). However, there is nothing else in the minutes that demonstrates that it is an unreliable source. The misspellings can in theory be put down to imperfections in an original document. And there is no doubt that it purports to represent the first meeting since Cogan is represented as acquainting the assembled gentlemen 'that the Purpose of their Meeting was to consider of forming [sic] the Subscribers into a Society in the manner of other Public Charitable Institutions & to hear a Paper read respecting the Nature of the plan proposed and to proceed to the choise [sic] of necessary Officers &c'.<sup>5</sup> It is in this meeting that the object of the charity, the recovery of drowned people, was agreed upon unanimously. The assembled receive a message of support from the mayor, and Horsfall is elected Treasurer and the lawyer Rich is elected secretary. It is a great shame that we know nothing about the Minute Book's composition, neither the precise date of its making nor the circumstances surrounding its commission. But I feel confident that what we are looking at are the original minutes of the first meeting and subsequent meetings.

On these grounds, I take the minute book as the authoritative source for the first meeting, but I have kept the view that Hawes and Cogan both agreed to bring fifteen friends for the basic reason that there is no reason to deny that this is what they intended, while it also makes for a better story; I only conclude that they were not successful in this endeavour. This would be consistent with the view expressed by Lettsom in his

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<sup>5</sup> *Minute Book*, 18.4.74.



'Hints respecting humane societies for the recovery of drowned persons' that it was very hard to drum up support at first,<sup>6</sup> which is a view easy to miss among more gung-ho and triumphal pronouncements about the rapidity of the society's success, which can be found in the early publications, such as *Reports*, 1774 (2), which claimed that the 'Plan was so well received, and met with so much encouragement from several gentlemen of influence' that, 'They [the members of the society] rejoice in the encouragement it has already received'.<sup>7</sup>

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<sup>6</sup> 'few individuals early entered into the original plan of the projectors', see J. C. Lettsom, *Hints Designed to Promote Beneficence, Temperance and Medical Science*, 3 vols. (London, 1801), II, p. 278-309, p. 278.

<sup>7</sup> *Reports*, 1774 (2), p. 6.

## PRIMARY SOURCES

The Wellcome Institute holds nearly all the *Reports* up to and including 1790 with the exception of *Reports*, 1782 and *Reports*, 1784. The RHS has a copy of all the *Reports*. All the *Reports*, from 1791 to 1854 [full list below] were consulted at the office of the Royal Humane Society in London. The exception to this list was the report of 1828 which was consulted at the Wellcome Institute. The sermons were consulted in the British Library while most of the medical works were consulted at the Wellcome Institute Library.

### Manuscripts

*Minute Book*: Manuscript Minutes of Committee Meetings and General Court Meetings of the Humane Society of London (1774-1784). In the possession of the Royal Humane Society of London.

The Medical Society of London: Microfilm reel WMS/MF 4 17.

### Printed Sources

*Account of the Anniversary Festival of the Royal Humane Society* (London, 1810).

Thomas Gilbank Ackland, *A Sermon, Preached for the Benefit of the Royal Humane Society in the Church of St. Margaret, Westminster on Sunday, July 10th; in that of all Saints, Edmonton, on Sunday, Oct. 9th; and at Christ Church, Surrey, on Sunday, Oct. 30th, 1814* (London, 1814).

William Agutter, *The Origin and Importance of Life, considered in a Sermon preached at the Parish Church of St. Giles's, Northampton, September 13, 1789, Introductory to the Institution of the Preservative Society in that Country; and at the Parish Church of Carshalton in Surrey [sic], for the Benefit of the Royal Humane Society, October 25, 1789, to which are added, Reflections on the Preservation of Life* (London, 1789).

John Aldini [Giovanni Aldini], *General Views of Galvanism to Medical Purposes; Principally in Cases of Suspended Animation* (London, 1819).

John Ward Allen, *Sermon, Preached May 6, 1787, before the Mayor and Corporation of the City of Rochester, at the Parish Church of Strood, for the Benefit of the Humane Society* (Rochester, 1787).



'Aristotle' [pseud], 'His Complete and Experienced Midwife: Being a Guide for Child-Bearing Women' [1700], in *Aristotle's Works Completed* (London, 1733).

Samuel Bard, *A Compendium of the Theory and Practice of Midwifery* (New York, 1808).

Edward Barry, *A Sermon Preached in the Parish Church of Allhallow's, Barking, for the National Institution of the Royal Humane Society, etc [With the Directions of the Society in Cases of Suspended Animation]* (London, 1804).

Edward Barry, *The Anniversary Sermon, Preached before the President, Vice Presidents, Committee, Directors, and Governors of the Royal Humane Society, at the New Church, St. Mary-le-Bone, on Sunday morning, February 13, 1820* (London, 1820).

Léopold de Berchtold, *Projet pour prévenir les dangers très-fréquens des inumations précipitées; présenté a l'assemblée nationale* (Paris, 1791).

William Black, *An Historical Sketch of Medicine and Surgery, from their Origin to the Present Time; and of the Principal Authors, Discoveries, Improvements, Imperfections and Errors* (London, 1782).

William Black, *A Comparative View of the Mortality of the Human Species, at all Ages; and of the Diseases and Casualties by which they are destroyed and annoyed* (London, 1788).

John Bond, *A Sermon, Preached for the Benefit of the Royal Humane Society in Oxford-Chapel, Vere-Street, Oxford-Street, on Sunday the 9th of April, 1815* (London, 1815).

Newton Bosworth, *The Accidents of Human Life; with Hints for their Prevention, or the Removal of their Consequences* (London, 1813).

Henry Bracken, *The Midwife's Companion; or, a Treatise in Midwifery* (London, 1737).

Dr Terence Brady, 'An Account of an Extraordinary Sleepy Woman, near Mons in Hainault', *Medical Observations and Inquiries*, 6 vols. (London, 1757-1784), vol 1 (1757), pp. 280-285.

Benjamin Brodie, 'Experiments and Observations on the Different Modes in which Death is Produced by Certain Vegetable Poisons' [1811], in Charles Hawkins, ed., *The Works of Sir Benjamin Collins Brodie*, 3 vols. (London, 1865), vol II, pp. 27-50.

W. Brodum, *A Guide to Old Age: or a Cure for the Indiscretions of Youth* (London, 1795).

Robert Anthony Bromley, *A Sermon Preached at St. Andrew's Holborn, on Sunday, April 7, and at The Parish Church of Clapham, on Sunday, May 26, 1782, for the Benefit of the Humane Society, instituted for the Recovery of Persons Apparently Dead by Drowning* (London, 1782).

[Jacques-Jean Bruhier (& J.-B. Winslow)] *The Uncertainty of the Signs of Death and Danger of Precipitate Interments and Dissections* (London, M. Cooper, 1746).

[Jacques-Jean Bruhier (& J.-B. Winslow)] *The Uncertainty of the Signs of Death and Danger of Precipitate Interments and Dissections* (Dublin, G. Faulkner, 1748).

J.-J Bruhier, *Dissertation sur l'incertitude des Signes de la Mort, et l'abus des Enterremens, et Embaumemens Précipités*, 2nd edn., 2 vols. (Paris, 1749).

J.-J Bruhier, *The Uncertainty of the Signs of Death and Danger of Precipitate Interments and Dissections*, 2nd edn. (London, M. Cooper, 1751).

William Buchan, *Domestic Medicine: or, a Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines* (Edinburgh, 1769).

William Buchan, *Domestic Medicine: or, a Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines*, 2nd edn. (London, 1772).

William Buchan, *Domestic Medicine: or, a Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines*, 3rd edn. (London, 1774).

William Buchan, *Domestic Medicine: or, a Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines*, 6th edn. (London, 1779).

William Buchan, *Domestic Medicine: or, a Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines*, 7th edn. (London, 1781).

William Buchan, *Domestic Medicine: or, a Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines*, 8th edn. (London, 1784).



William Buchan, *Domestic Medicine: or, a Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines*, 11 edn. (London, 1790).

William Buchan, *Domestic Medicine: or, a Treatise on the Prevention and Cure of Diseases by Regimen and Simple Medicines*, 16th edn. (London, 1798).

Thomas Burgess, *A Sermon, Preached at the Anniversary of the Royal Humane Society . . . on April 15, 1804, To Which is Added, an Appendix of Miscellaneous Observations on Resuscitation. By the Society*, 3rd edn. (London, 1804)

John Burns, *The Principles of Midwifery; including the Diseases of Women and Children* (London, 1809).

L. H. Butterfield, *Letters of Benjamin Rush*, 2 vols. (Princeton, 1951).

*Case of Resuscitation by His Imperial Majesty, the Emperor of Russia, published for the Anniversary Festival, 1814* (London, 1814).

Celsus, *De Medicina*, trans. W. G. Spencer, 2 vols. (London and Harvard, 1935).

Edmund Chapman, *A Treatise on the Improvement of Midwifery, chiefly with regard to the operation*, 2nd edn. (London, 1735).

Thomas Cogan, *Memoirs of the Society Instituted at Amsterdam in favour of Drowned Persons. For the years 1767, 1768, 1769, 1771* (London, 1773).

T. Cogan, *A Philosophical Treatise on the Passions*, 2nd edn. corr. [1800] (Bath, 1802).

Mary Cole, *The Lady's Complete Guide; or, Cookery in all its branches . . . also the Complete Brewer . . . likewise The Family Physician, consisting of a considerable Collection of approved prescriptions by Mead, Sydenham, Tissot, Fothergill, Elliot, Buchan and Others*, 3rd edn. (London, 1791).

Edward Coleman, *A Dissertation on Suspended Respiration, from Drowning, Hanging, and Suffocation, in which is recommended a different Mode of Treatment to any hitherto pointed out*, (London, 1791).

Edward Coleman, *A Dissertation on Suspended Respiration, from Drowning, Hanging, and Suffocation, in which is recommended a*

*different Mode of Treatment to any hitherto pointed out*, 2nd edn. (London, 1802).

P. Colquhoun, *A Treatise on the Police of the Metropolis; containing a detail of the various crimes and misdemeanors by which public and private property and security are, at present, injured and endangered: and suggesting remedies for their prevention*, [1796] 7th edn. (London, 1806).

William Cullen, *A Letter to Lord Cathcart, President of the Board of Police in Scotland, concerning the Recovery of Persons Drowned and seemingly Dead* (London, 1776).

William Cullen, *A Letter to Lord Cathcart, President of the Board of Police in Scotland, concerning the Recovery of Persons Drowned and seemingly Dead* (London, 1791).

N. Culpeper, *A Directory for Midwives, or A Guide for Women* (London, 1651).

James Curry, *Popular Observations on Apparent Death from Drowning, Suffocation, &c. With an account of the means to be employed for recovery. Drawn up at the desire of the Northamptonshire Preservative Society* (Northampton, 1792).

James Curry, *Observations on Apparent Death from Drowning, Hanging, Suffocation, etc, &c. and an account of the means to be employed for recovery. To which are added the treatment proper in cases of poison, with cautions and suggestions respecting various circumstances of sudden danger*, 2nd edn., (London, 1815).

William Dakins, *A Sermon, Preached at the Anniversary of the Royal Humane Society, in St. Margaret's Church, Westminster, on Sunday, June 12, 1808 . . . to which is added an Appendix by the Society* (London, 1808).

Thomas Denman, *An Essay on Difficult Labours* (London, 1787).

William Dodd, *A Sermon, Preached March 10, 1776, at St. Andrew's, Holborn, before the Humane Society* (London, 1776).

Jacob Duché, *A Sermon Preached at St. Dunstan's in the West, on Sunday, April 29, and at St. Mary Abbot's Kensington, on Sunday, July 15, 1781, for the benefit of the Humane Society* (London, 1781).

*An Essay on Vital Suspension: being an attempt to investigate and to ascertain those diseases, in which the principles of life are apparently*



*extinguished. By a medical practitioner, (London, 1791).*

[Brudenell Exton], *A New and General System of Midwifery* (London, 1751).

Henry Fielding, 'A Journey from this World to the Next', p. 209 in *The History of the Life of the Late Mr. Jonathan Wild* (London, 1905).

Henry Fielding, *The History of Tom Jones* [1747] (1749 edn) (Harmondsworth, 1966).

Robert Pool Finch, *A Sermon preached at Christ Church, Middlesex for the Benefit of the Humane Society, on Sunday the 30th day of March; and at the parish church of Wandsworth, on Sunday the 27th day of April, 1788. . . With a Prefatory Address and Appendix* (London, 1788).

A. Fothergill, *Hints for Improving the Art of Restoring Suspended Animation: and also for Administering Dephlogisticated Air in Certain Diseases, and Particularly in the Present Epidemic-Termed Influenza* in William Hawes, *An Address to King and Parliament* (London, 1782).

A. Fothergill, *A New Inquiry into the Suspension of Vital Action, in cases of Drowning and Suffocation, being an attempt to concentrate into a more luminous point of view, the scattered rays of Science, respecting that interesting though mysterious subject. This includes 'Dr Lettsom's Oration Delivered Before the Royal Humane Society, September 17th, 1794' [on Presenting Dr. A. Fothergill with the prize medal of the Society for an Essay on Suspended Animation. With Dr F.'s reply]* (Bath, 1795).

A. Fothergill, *Preservative Plan, or Hints for the Preservation of Persons exposed to those Accidents which suddenly Suspend or Extinguish Vital Action* (London, 1798).

A. Fothergill, *An Essay on the Preservation of Shipwrecked Mariners, in answer to the prize-questions proposed by the Royal Humane Society*, 2nd edn. (London, 1800).

John Fothergill, 'Observations on a Case published in the last Volume of the *Medical Essays*, etc., "of recovering a Man dead in Appearance, by distending the Lungs with Air. Printed at Edinburgh, 1744', in J. C. Lettsom, ed., *The Works of John Fothergill* (London, 1784), I, pp. 145-151.

Malcolm Flemyng, *A Proposal for the Improvement of The Practice of Medicine. Illustrated by an Example relating to the Small-Pox. The Second Edition.* (Hull, 1748).

[J. P. Frank] Erna Leskey, ed., *A System of Complete Medical Police:*

*Selections from Johann Peter Frank* (Baltimore, 1976).

John Franks, *Observations on Animal Life, and Apparent Death, from Accidental Suspension of the Function of the Lungs, with Remarks on the Brunonian System of Medicine* (London, 1790).

*Frostiana, Or a History of the River Thames in a Frozen State with an Account of the Late Severe Frost; And the Wonderful Effects of Frost, Snow, Ice and Cold, In England. And in Different Parts of the World; Interspersed with various Amusing Anecdotes. To which is added the Art of Skating* (London, 1814).

Dr. Frewen, 'An account of the Case of a young Man stupified by the Smoke of Sea-coal', *Philosophical Transactions*, 52 (1761-2), 454-456.

Thomas Frewen, *Physiologia: or, the doctrine of nature, comprehended in the origin and progression of human life; the vital and animal functions; diseases of body and mind; and remedies prophylactic and therapeutic* (London, 1780).

J.-J. de Gardane, *Avis au peuple, sur les asphyxies ou morts apparentes et subites, contenant Les Moyens de les prévenir & d'y remédier. Avec la description d'une nouvelle boîte fumigatoire portative* (Paris, 1774).

David William Garrow, *A Sermon, Preached at the Anniversary of the Royal Humane Society, in the Parish Church of St. Andrew Holborn, on Sunday the 19th of April, 1812* (London, 1812).

William Giffard, *Cases in Midwifery* (London, 1734).

S. Girle, *The Duty of the Relations of those who are in Dangerous Illnesses, and the Hazard of hasty Interments: A Sermon, Preached at Lancaster July 17, 1803* (London, 1804).

Samuel Glasse, *The Policy, Benevolence, and Charity of the Royal Humane Society. A Sermon preached before the Governors of that Institution, in the Parish-Church of St. Botolph, Aldersgate, on Sunday the 17th March 1793* (London, 1793).

Edmund Goodwyn, *The Connexion of Life with Respiration; or, an experimental inquiry into the effects of submersion, strangulation, and several kinds of noxious airs, on living animals: with an account of the nature of the disease they produce; its distinction from death itself; and the most effectual means of cure*, (London, 1788).

George Alex Gordon, *The Complete English Physician; or, an Universal Library of Family Medicines*, new ed. (London, [1780?]).



[John Gregory], *Observations on the Duties and Offices of a Physician; and on the Method of Prosecuting Enquiries in Philosophy* (London, 1770).

George Gregory, *A Sermon on Suicide, Preached at St. Botolph's Bishopgate, at the Anniversary of the Royal Humane Society, on Sunday the 26th Day of March 1797 . . . with an Appendix, containing a brief account of some of the most remarkable cases of suicide which have fallen under the cognizance of the society; the process for restoring animation in such cases; and two odes recited at the anniversary festival* (London, 1797).

John Hampson, *A Sermon preached in St. John's Chapel, for the Benefit of the Sunderland Humane Society, on Sunday, July 14, 1793* (Sunderland, 1793).

Richard Harrison, *A Sermon Preached at St. Bridge's, in Fleet-Street, on Monday April 24th, and afterwards at St. Martin's in the Fields, on Sunday the 2nd of July 1775, to recommend the Institution for the Recovery of Persons Apparently Drowned* (London, 1775).

Richard Harrison, *The Anniversary Sermon of the Royal Humane Society, Preached at Grosvenor Chapel, on Sunday, April 16, 1799, 2nd edn.* (London, 1799).

T. Haweis, *A Discourse, delivered at Rotherite Church, May 26, 1799, for the benefit of The Royal Humane Society, instituted for the recovery of persons apparently dead, great numbers of whom were Present on the Occasion* (London, 1799).

William Hawes<sup>1</sup>, *An account of the late Dr. Goldsmith's illness, so far as it relates to the exhibition of Dr. James's powders: together with remarks on the use and abuse of powerful medicine in the beginning of acute diseases* (London, 1774).

William Hawes, *An Address to the Public;*; William Renwick, *To the Public, In Reply to the Address signed William Hawes; William Hawes's Reply, and Appendix* (London, [1778]).

William Hawes, *An Address to King and Parliament of Great Britain, on the Important Subject of Preserving the Lives of its Inhabitants by means*

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<sup>1</sup> N.B. According to *Reports*, 1804, Hawes is supposed to have published *Practical Observations on the injudicious Use of Remedies in Fevers, and other Acute Diseases and Observations on the General Bills of Mortality*, but these do not appear to have survived. It is quite possible that the first title was retitled edition of his *Account of the late Dr. Goldsmith's illness*.

*which, with the Sanction and Assistance of the Legislature, would be rendered simple, clear, and efficacious to the people at large. With an Appendix, in which is Inserted a Letter from Dr. Lettsom to the author. To Which are Subjoined Hints for Improving the Art of Restoring Suspended Animation: and also for Administering Dephlogisticated Air in Certain Diseases, and Particularly in the Present Epidemic-Termed Influenza, proposed (in a letter to Dr. Hawes) by A. Fothergill, (London, 1782).*

*William Hawes, An examination of Mr. John Wesley's Primitive Physic: shewing that a great Number of the Prescriptions therein contained, are founded on Ignorance of the Medical Art, and of the Power and Operation of Medicines; and that it is a Publication calculated to do essential Injury to the Health of those Persons who may place Confidence in it. Interspersed with Medical Remarks and Practical Observations, 2nd edn. (London, 1780).*

*William Hawes, 'Appendix by W. Hawes MD, Physician to the Surrey and London Dispensaries', in S. Glasse, The Policy, Benevolence, and Charity of the Royal Humane Society (London, 1793).*

*W. Hawes, Transactions of the Royal Humane Society from 1774-1784 with an appendix of miscellaneous observations on suspended animation to the year 1794. Also engravings executed by the ablest masters under the direction, and by the permission of Mr Alderman Boyle (London, 1795).*

*[William Hawes] 'Memoirs of William Hawes, M.D. of London, with a portrait', The European Magazine and London Review, June 1802, 427-431, p. 428, reprinted with corrections the same year as Memoirs of William Hawes, M.D. of London (London, 1802).*

*[William Hawes] 'A tribute to the memory of Dr. William Hawes' (London, 1808), reprint from The Gentleman's Magazine, lxxxviii, pt. ii, (1808), pp. 1121-24.*

*T. Haweis, A Discourse, delivered at Rotherite Church, May 26, 1799, for the benefit of The Royal Humane Society, instituted for the recovery of persons apparently dead, great numbers of whom were Present on the Occasion (London, 1799).*

*William Hawtayne, A Sermon Preached at St. Mary, Whitechapel, at the Anniversary of the Royal Humane Society, on Sunday, March 13 1796 (London, 1796).*

*Lawrence Heister, A General System of Surgery, 3 vols., 3rd edn. (London, 1748).*



J. D. Herholdt and C. G. Rafn, *An Attempt at an Historical Survey of Life-saving Measures for Drowning Persons and Information of the Best Means by which they can again be Brought Back to Life*, (1796) trans. Donald . W. Hannah and A. Rousing, with intro. Henning Poulsen (Copenhagen, 1960).

Henry Hill Hickman, *Souvenir: Henry Hill Hickman Centenary Exhibition, 1830-1930, at the Wellcome Historical Medical Museum* (London, 1930).

Horsley, Samuel, *On the Principle of Vitality in Man, as described in the Holy Scriptures, and the difference between True and Apparent Death. A Sermon preached in the parish church of St. Andrew in Holborn, March 22, 1789, for the Humane Society by Samuel, Bishop of St. David's*, 3rd edn. (London, 1789).

Samuel Horsley, *Tracts in Controversy with Dr. Priestley upon the Historical Question of the Belief in Our Lord's Divinity*, originally published in the years 1783, 1784, and 1786, now revised and augmented with a large addition of notes and supplemental disquisitions (London, 1789).

Horsley, Samuel, *On the Principle of Vitality in Man, as described in the Holy Scriptures, and the Difference between True and Apparent Death. A Sermon preached in the parish church of St. Andrew in Holborn, March 22, 1789, for the Humane Society by Samuel, Bishop of St. David's* [1789], 10th edn. (London, 1844).

Samuel Horsley, *The Speeches in Parliament of Samuel Horsley*, 2 vols. (Dundee, 1813).

C.W. Hufeland, *The Art of Prolonging Life*, 2 vols. (London, 1797).

John Hunter, 'Proposals for the Recovery of Persons Apparently Drowned', in *Observations on Certain Parts of the Animal Oeconomy* [1776] (London, 1786), pp. 115-125.

William Hunter, 'On the uncertainty of the signs of murder in the case of bastard children', *Medical Observations and Inquiries*, 6 vols. (London, 1757-1784), vol. 6 (1784), pp. 266-290.

George Isaac Huntingford, *A Sermon, Preached at the Anniversary of the Royal Humane Society, in St. James's Church, Westminster on Sunday, April 24, 1803 . . . to which is added, an Appendix of Miscellaneous Observations on Resuscitation by the Society* (London, 1803).

[Rowland Jackson], *A Physical Dissertation on Drowning: in which Submersion, commonly call'd Drowning, is shewn to be a long time consistent with the Continuance of Life . . . To which is subjoined, the proper measures for recovery and relief . . . With an appendix, containing some methods for the recovery of those who hang themselves, and of children supposed to be born dead* (London, 1746).

Samuel Jackson, *An Essay on Suspended Animation* (Philadelphia, 1808).

Alexander Johnson, *An Account of Some Societies at Amsterdam and Hamburgh for the Recovery of Drowned Persons* (London, 1773).

Alexander Johnson, *A Short Account of a Society at Amsterdam instituted in the year 1767 for the Recovery of Drowned Persons, with Observations, Shewing the Utility and Advantage that would accrue to Great Britain from a similar Institution* (London, 1773).

Alexander Johnson, *Directions for an Extension of the Practice of Recovering Persons Apparently Dead* (London, 1785).

Charles Kite, *An Essay on the Recovery of the Apparently Dead . . . To which is prefixed, Dr. Lettsom's address on the delivery of the Medal* (London, 1788).

Charles Kite, 'On the Submersion of Animals; its Effects on the Vital Organs; and the most probable Method of removing them', *Memoirs of the Medical Society of London*, 3 (1792), 215-308.

Augustus von Kotzebue, *Self-Immolation; or, the Sacrifice of Love. A Play, in Three Acts*, trans. Henry Neuman (London, 1799).

Giovanni Lancisi, *De Subitaneis Mortibus* (1707), trans. Paul Dudley White & Alfred V. Boursy (New York, 1971).

Christopher Lawrence, Paul Lucier and Christopher C. Booth, eds., "Take Time by the Forelock": *The Letters of Anthony Fothergill to James Woodforde 1789-1813* (London, *Medical History*, Supplement, no. 17, 1997).

W. Langford, *The Anniversary Sermon of the Royal Humane Society; preached at the Parish Churches of Kensington, April 19, and of St. Lawrence, Reading, June, 17, 1801. An appendix by the society on Shipwrecked Mariners*, 3rd edn. (London, 1801).

George Henry Law, *A Sermon, Preached at the Anniversary of the Royal Humane Society, in the Church of Saint Clement Danes, on Sunday, March 28, 1813* (London, 1813).



Levinus Lemnius, *The Secret Miracles of Nature in Four Books* (London, 1658).

Erna Leskey, ed., *A System of Complete Medical Police: Selections from Johann Peter Frank* (Baltimore, 1976).

*A Letter to the Right Reverend Samuel, Lord Bishop of St. David's; occasioned by his Sermon on The Principle of Vitality in Man, etc, preached on Sunday, March 22, 1789 for the Benefit of the Humane Society* (London, 1789).

J. C. Lettsom, *Hints Designed to Promote Beneficence, Temperance and Medical Science*, 3 vols. (London, 1801).

Antoine Louis, *Lettres sur la certitude des signes de la mort . . . avec des observations et des expériences sur les noyés* (Paris, 1752).

Lionel Lukin, *The Invention, Principles of Construction, and use of Unimmergible Boats* (London, 1806).

R. MacPherson, *A Dissertation on the Preservative from Drowning; and Swimmer's Assistant. A New Invention* (London, 1783)

Sir Richard Manningham, *An Abstract of Midwifry[sic], for the Use of the Lying-in Infirmary* (London, 1744).

Robert Markham, *A Sermon Preached at St. Clement Dane's on Sunday 9th and at Christ-Church Spitalfields, on Sunday, June 29th for the benefit of the Humane Society, instituted for the recovery of persons apparently dead by drowning* (London, 1778).

R.H. Marten<sup>2</sup> (and Anthony Fothergill), *The substance of an address to the Right Hon. Charles Flower, Lord Mayor of London, the vice-presidents, and governors of the Royal Humane Society, at their anniversary festival, April 26, 1809 by R.H. Marten, Esq. To which is added, the triumvirate of worthies; or, a tribute [in verse] to the memory of those eminent philanthropists, Howard, Hawes, and Berchtold, by Dr. Anthony Fothergill* (London, 1812).

F. Mauriceau, *The Accomplisht Midwife, treating of the Disease of Women with Child, and in Child-Bed*, trans. Hugh Chamberlen (London, 1673).

William Meade, *Outlines of the Origin and Progress of Galvanism: with*

---

<sup>2</sup> Marten's address can also be read in *Reports*, 1810.

*its application to Medicine. In a letter to a friend* (Dublin, 1805).

*Memoirs of William Hawes, M.D. of London* (London, 1802).

Colin Milne, *A Sermon Preached at St. Sepulchre's London, on Sunday, March 15th, and at the Parish Church of Chestnut, Herts, on Sunday, October 27th, 1778, for the Benefit of the Humane Society, instituted for the recovery of persons apparently dead by drowning* (London, 1778).  
(Royal Humane Society)

Robert Morris, James Kendrick, et al., *The Edinburgh Medical and Physical Dictionary*, 2 vols. (Edinburgh, 1807).

Jedidiah Morse., *A Sermon Preached before the Humane Society of the Commonwealth of Massachusetts, at their semi-annual Meeting*, (Boston, 1801).

Jacob Mountain, *A Sermon Preached at the Anniversary of the Royal Humane Society, in Christ Church, Surrey, on Sunday the 28th of March 1819* (London, 1819).

*News from the Dead, or a faithful and genuine narrative of an extraordinary combat between life and death, exemplified in the case of William Duell, one of the malefactors who was executed at Tyburn on Monday the 24th of this Instant November, for a Rape, Robbery and Murder, and who soon after return'd to Life at Barber-Surgeon's Hall, where he had been brought to from the Place of Execution in Order to be Anatomized* (London, 1740).

William Oliver, 'A Relation of an extraordinary sleepy person, at Tinsbury, near Bath, *Phil. Trans.*, 24 (1704-1705), 2177-2182.

M.P. [sic] Orfila, *Directions for the Treatment of Persons who have taken Poison, and those in a State of Apparent Death, together with the means of Detecting Poisons and Adulterations in Wine, also of distinguishing Real from Apparent Death*, trans. R.H. Black, with an appendix on *suspended animation and the means of prevention* (London, 1818).

Fielding Ould, *A Treatise of Midwifry* [sic]. *In Three Parts* (Dublin, 1743).

James Parkinson, *The Villager's Friend and Physician; or, a Familiar Address on the Preservation of Health*, 2nd edn. (London, 1804).

William Perfect, *Cases in Midwifery; with References, Quotations and Remarks*, 2 vols. (Rochester and London, 1783).

Thomas Joseph Pettigrew, ed, *Memoirs of the Life and Writings of the*



late John Coakley Lettsom, etc, with a selection from his Correspondence, 3 vols (London, Longman, etc, 1817), vol II, pp. 424-425.

Phillippe-Nicolas Pia, *Détail des succès de l'établissement que la ville de Paris a fait en faveur des personnes noyées*, 2nd edn. (Amsterdam and Paris, 1774-5).

G. Ploucquet, *Literatura Medica Digesta sive Repertorium Medicinae Practicae, Chirurgiae atque rei Obstetriciae*, 4 vols. (Tubingae, 1809).

Paul Portal, *The Compleat Practice of Men and Women Midwives: or, the True Manner of Assisting a Woman in child-Bearing*. (London, 1763).

Joseph Holden Pott, *A Sermon preached at St Dunstan's in the West, on Sunday, March 28, 1790, for the benefit of the Royal Humane Society . . . With an Appendix, containing reflections on the Importance of establishing General Receiving-Houses for the Restoration of Person's Apparently Dead* (London, 1790).

S. J. Pratt, *Humanity; or, the Rights of Nature, a Poem; in two books. By the author of Sympathy* (London, 1788).

Joseph Priestley, 'Observations on Different Kinds of Air', *Philosophical Transactions*., 62 (1772), 147-264.

Joseph Priestley, 'Observations on Respiration, and the Use of the Blood', *Philosophical Transactions*, 66 (1776), 226-248.

Joseph Priestley, *Disquisitions relating to matter and spirit. To which is added the history of the philosophical doctrine concerning the origin of the soul, and the nature of matter; with its influence of Christianity, especially with respect to the doctrine of the pre-existence of Christ*, 2nd edn., 2 vols. (Birmingham, 1782).

[Joseph Priestley] J.T. Rutt, *Life and Correspondence of Joseph Priestley*, 2 vols. (London, 1831).

*Proposals for Recovering Persons Apparently Dead by Drowning and Suffocation and Other Causes* (Newcastle, 1789).

David Ramsay, *A Review of the Improvements, Progress and State of Medicine in the XVIIIth Century. Read on the first day of the XIXth Century before the Medical Society of South Carolina* (Charleston, 1801).

Thomas Rennell, *A Sermon, Preached at St. Magnus Church London Bridge, at the Anniversary of the Royal Humane Society, on Sunday, March 23, 1794* (London, 1795).

William Renwick, *An Address to Parliament, on the Situation of Navy Surgeons, to which are added, Medical Strictures, appertaining to the Health of His Majesty's Seamen . . . with Observations on Suspended Animation* (London, 1785).

*Reports, 1774 (1): The plan of an institution for affording immediate relief to persons apparently dead, from drowning. And also for diffusing a general knowledge of the manner of treating person in a similar critical state, from various other causes such as Strangulation by the cord, Suffocation by noxious Vapours* (London, 1774).

*Reports, 1774 (2): Society for the Recovery of Persons Apparently Drowned. Instituted M. DCC. LXXIV* (London, 1774).

*Reports, 1774 (3): Society for the Recovery of Persons Apparently Drowned. Instituted MDCCCLXXIV* (London, 1774).

*Reports, 1774 (4): Reports of the Society, etc Part II* (London, 1774). W: 8vo, EPB/P, 44958/P

*Reports, 1774 (5): Reports Plan and Reports of the Society for the Recovery of Persons Apparently Drowned. Instituted MDCCCLXXIV* (London, 1774).

*Reports, 1775: Plan and Reports of the Society instituted at London, etc* (London, 1775).

*Reports, 1776 (1): Reports of the Society instituted in the year 1774, for the recovery of person apparently drowned. For the year MDCCCLXXV[1775]* (London, 1776).

*Reports, 1776 (2): Reports of the Humane Society, instituted in the year 1774, for the recovery of persons apparently drowned. For the year MDCCCLXXVI [1776]* (London, 1776).

*Reports, 1778 (1): Reports of the Humane Society instituted in the year 1774, for the recovery of persons apparently drowned. For the year MDCCCLXXVII ([London], [1778]).*

*Reports, 1778 (2): Reports of the Humane Society instituted in the year 1774 for the Recovery of Persons Apparently Drowned for the year M. DCC. LXXVIII [1778]* (London, 1778). Only RHS have a copy of this.

*Reports, 1781; Reports of the Humane Society instituted in the year 1774 for the Recovery of Persons Apparently Drowned for the years MDCCCLXXIX and MDCCCLXXX (1779 and 1780 )* (London, The Society,



1781).

*Reports, 1782: Reports of the Humane Society instituted in the year 1774 for the Recovery of Persons apparently drowned for the years MDCCLXXXI and MDCCLXXXII [1781 and 1782] (London, 1782/3?). Only RHS has copy of this.*

*Reports, 1784: Reports of the Humane Society, instituted in the year 1774, for the recovery of persons apparently drowned, for the years MDCCLXXXIII and MDCCXXXIV sic [1783 and 1784] (London, 1784/5?). Only RHS has copy of this*

*Reports, 1787: Reports of the Humane Society, instituted in the year 1774, for the recovery of persons apparently drowned, for the years MDCCLXXXV and MDCCXXXVI [1785 and 1786] (London, 1787).*

*Reports, 1790: Reports of the Royal Humane Society; with an appendix of miscellaneous observations on the subject of suspended animation. For the years MDCCLXXXVIII [1787], MDCCLXXXVIII [1788] and MDCCLXXXIX [1789] ([London], [1790]).*

*Reports, 1791: Royal Humane Society, instituted 1774. Published for the Anniversary Festival 1791 [no publication details attached]*

*Reports, 1792: Royal Humane Society, Instituted 1774, Published for the Anniversary Festival 1792 [no publication details attached]*

*Reports, 1793: Royal Humane Society instituted 1774: The Annual Report, published for the Anniversary Festival 1793 by W. Hawes, M.D. Register [no publication details attached]*

*Reports, 1794: Royal Humane Society instituted 1774: The Annual Report published for the Anniversary Festival 1794 by W. Hawes M.D. Register [no publication details attached]*

*Reports, 1795: The Royal Humane Society, Instituted 1774, Annual report published for the Anniversary Festival 1795 by William Hawes M.D. [no publication details attached]*

*Reports, 1796: The Royal Humane Society, Instituted 1774 , The Annual Report 1796 By William Hawes M.D. [no publication details attached]*

*Reports, 1797: The Annual Report 1797 by W. Hawes. M.D. [no publication details attached]*

*Reports, 1798: Royal Humane Society, 1774 . . . Annual Report published for the Anniversary Festival 1798 by W. Hawes M.D. (London, [1798]).*

*Reports, 1799: Royal Humane Society. 1774, Annual Report 1799 by W. Hawes M.D. (London, [1799])*

*Reports, 1800: Royal Humane Society. 1774, Annual Report, 1800 by W. Hawes M.D. (London, [1800]).*

*Reports, 1801: Royal Humane Society. 1774, Annual Report, 1801 by W. Hawes M.D. (London, [1801]).*

*Reports, 1802: Royal Humane Society. Established 1774, for the Restoration of Human Life . . . Annual Report, 1802 by W. Hawes M.D. (London, [1802]).*

*Reports, 1803: Royal Humane Society. 1774, Annual Report, 1803 by W. Hawes M.D. (London, [1803]).*

*Reports, 1804: Royal Humane Society. for the Restoration of Human Life . . . Annual Report, 1804 by W. Hawes M.D. (London, [1804]).*

*Reports, 1805: Royal Humane Society. Annual Report, 1805, by W. Hawes, M.D. (London, [1805]).*

*Reports, 1806: Royal Humane Society. Annual Report, 1806, by W. Hawes, M.D. (London, [1806]).*

*Reports, 1807: Royal Humane Society. Annual Report, 1807, by W. Hawes, M.D. (London, [1807]).*

*Reports, 1808: Royal Humane Society. Annual Report, 1808, by W. Hawes, M.D. (London, [1808]).*

*Reports, 1809: Annual Report of the Royal Humane Society 1809 (London, [1809]).*

*Reports, 1810: Annual Report of the Royal Humane Society 1810 (London, [1810]).*

*Reports, 1811: Annual Report of the Royal Humane Society 1811 (London, [1811])*

*Reports, 1812: Annual Report of the Royal Humane Society for the Recovery of the Apparently Drowned 1812 (London, 1812).*

*Reports, 1816: Annual Report of the Royal Humane Society for the Recovery of Persons Apparently Dead 1816 (London, 1816).*



*Reports, 1828: The Fifty-Fourth Annual Report of the Royal Humane Society instituted 1774 (London, 1828).*

*Reports, 1832: The Fifty-Eighth Annual Report of the Royal Humane Society, Instituted 1774 (London, 1832).*

*Reports, 1833: The Fifty-Ninth Annual Report of the Royal Humane Society, Instituted 1774 . . . 1833 (London, 1833).*

*Reports, 1837: The Sixty-Third Annual Report of the Royal Humane Society, Instituted 1774 . . . 1837 (London, 1837).*

*Reports, 1838: The Sixty-Third Annual Report of the Royal Humane Society, Instituted 1774 . . . 1838 (London, 1838).*

*Reports, 1839: The Sixty-Fourth Annual Report of the Royal Humane Society, Instituted 1774 . . . 1839 (London, 1839).*

*Reports, 1845: The Seventy-First Annual Report of the Royal Humane Society, Instituted 1774 (London, for the Society, 1845).*

*Reports, 1993: Royal Humane Society, Annual Report, 1993 (London, 1994)*

*Report of the Lancashire Humane Society, for the Recovery of Persons Apparently Dead by Drowning, and Other Kinds of Suffocation (Lancaster, 1790).*

*Nicholas Robinson, A Discourse upon the Nature and Cause of Sudden Deaths; and the Reason why such Numbers of People died suddenly in the years 1730 and 1731 (London, 1732)*

*Lewis Robinson, Every Patient his own Doctor; or, The Sick Man's Triumph over Death and the Grave. Containing the most approved methods of curing every disease incident to the human body . . . with the best remedies . . . also the method used by the Humane Society for the Recovery of Persons apparently drowned (London, 1778).*

*F. La Rochefoucauld, A Frenchman in England in 1784, Being the Mélanges sur l'Angleterre of François de la Rochefoucauld, trans. S.C. Roberts, with intro. Jean Marchand [1933] (London, Caliban Books, 1995).*

*J.T. Rutt, Life and Correspondence of Joseph Priestley, 2 vols. (London, 1831).*

*Servington Savery, A Sermon [on Acts xx 12] preached at St. Lawrence Jewry, Guildhall, on Sunday, April 23, and at Charlotte Chapel, Pimlico,*

*on Sunday, May 21, 1786, for the benefit of the Humane Society, Instituted for the Recovery of Persons Apparently Dead by Drowning* (London, 1786).

*The Sleepy Man Awak'd out of his Five Days Dream* (London, 1710).

W. Smellie, *A Treatise on the Theory and Practice of Midwifery*, 3 vols (London, 1757-1764).

William Smellie, *A Collection of Cases and Observations in Midwifery . . . to illustrate his former treatise, or first volume, on that subject* (London, 1764).

Bowyer Edward Sparke, *A Sermon, Preached for the Benefit of the Royal Humane Society in St. John's Church, Westminster, On Sunday, April 24th, 1814* (London, 1814).

George Stephenson, *A Sermon preached in the Parish Church of Sunderland, for the Benefit of the Sunderland Humane Society, On Sunday, July 15, 1792 (Being their first Anniversary Meeting)* (Sunderland, 1792).

Sarah Stone, *A Complete Practice of Midwifery* (London, 1737).

Christian August Struve, *A Practical Essay on the Art of Recovering Suspended Animation*, [1801] (London, 1803).

S. A. A.D Tissot, *Advice to the People with respect to their Health; but more particularly calculated for those who, by their distance from regular physicians, or other very experienced practitioners, are the most unlikely to be seasonably provided with the best advice and assistance, in acute diseases, or upon any sudden or outward accident*, trans. J. Kilpatrick (London, 1765).

Seth Thompson, *A Sermon Preached at St. Margaret's, Westminster, on Sunday March 13, and at Brompton Chapel, on Sunday, April 3, 1785. For the Benefit of the Humane Society* (London, 1785).

Archer Thomson, *A Sermon . . . for the Benefit of the Royal Humane Society . . . To which is Subjoined, an Appendix on Resuscitation, by the Society* (1798).

A. Tolver, *The Present State of Midwifery in Paris. With a Theory of the Cause and Mechanism of Labour* (London, 1770).

William Tossach, 'A Man dead in appearance, recover'd by distending the Lungs with Air', in *Medical Essays and Observations, Revised and*



*Published by a Society in Edinburgh 5 (1744), 605-608.*

*The universal family physician and surgeon containing a familiar and accurate description of the symptoms of every disorder incident to mankind . . . with directions concerning . . . poison, restoration of persons drowned, etc. , also a system of family surgery . . . with an universal herbal and a complete dispensatory. The whole compiled from Smythson, Tissot, Buchan, Cornwell etc (Blackburn, 1798).*

*Richard Valpy, The Anniversary Sermon of the Royal Humane Society . . . to which is added an Appendix of Miscellaneous Observations on Resuscitation. By the Society, to which is prefixed, Some Observations on a Criticism, (1802) 3rd edn. (London, 1806).*

*B. Waterhouse, On the Principle of Vitality. A Discourse delivered in the First Church in Boston, Tuesday, June 8th, 1790, before the Humane Society of the Commonwealth of Massachusetts (Boston, 1790).*

*Robert Watt, Bibliotheca Britannica; or, A General Index to British and Foreign Literature, 4 vols. (Edinburgh, 1824).*

*John Wesley, The Reward of the Righteous: A Sermon preached in 1777, for the benefit of the Royal Humane Society (London, 1830).*

*Walter Whiter, A Dissertation on the Disorder of Death; or that state of the frame under the sign of death called suspended animation; to which remedies have been sometimes successfully applied, as in other disorders, in which it is recommended, that the same remedies of the resuscitative process should be applied to cases of natural death, as they are to cases of violent death, drowning, &c., (Norwich and London, 1819).*

*John Wilkinson, Tutamen Nauticum: or, the Seaman's Preservation from Shipwreck, Diseases, and other Calamities incident to Mariners, 2nd edn. (London, 1763).*

*Richard Yates, A Sermon Preached at the Anniversary of the Royal Humane Society . . . With an Appendix . . . on Resuscitation. By the Society (London, 1807).*

## SECONDARY SOURCES

John Johnston Abraham, *Lettsom: His Life, Times, Friends and Descendants* (London, 1933).

Erwin H. Ackerknecht, *A Short History of Medicine* (New York, 1955).

Erwin H. Ackerknecht, 'Death in the History of Medicine', *Bulletin in the History of Medicine*, 42 (1968), 19-23.

W. R. Albury, 'Ideas of Life and Death', in W.F. Bynum and Roy Porter, eds., *Companion Encyclopedia of the History of Medicine*, 2 vols. (London, 1993), vol. 1, pp. 248-280.

William Rounseville Alger, *A Critical History of the Doctrine of a Future Life with a Complete Bibliography of the Subject* (Philadelphia, 1864).

Philip C. Almond, *Heaven and Hell in Enlightenment England* (Cambridge, 1994).

Donna Andrew, *Philanthropy and Police: London Charity in the Eighteenth Century* (Princeton, 1989).

Donna Andrew, 'Two Medical Charities in Eighteenth-Century London: the Lock Hospital and the Lying-In Charity for Married Women', in Jonathan Barry and Colin Jones, eds., *Medicine and Charity before the Welfare State* (London, 1991), pp. 82-97.

Peter F. Anson, *Fisher Folk-lore* (London, 1965).

Daniel Arasse, *The Guillotine and the Terror*, trans. Christopher Miller [1987] (London, 1989).

Philippe Ariès, *The Hour of Our Death* (Harmondsworth, 1981).

A. Barrington Baker, 'Artificial Respiration. The History of an Idea', *Medical History*, 15 (1971), 336-351.

Jonathan Barry, 'Publicity and the Public Good: Presenting Medicine in Eighteenth-Century Bristol', in W. F. Bynum and Roy Porter, eds., *Medical Fringe and Medical Orthodoxy 1750-1850* (London, 1987), pp. 29-39.

Jonathan Barry and Colin Jones, eds., *Medicine and Charity before the Welfare State* (London, 1991).



Nancy Lee Beaty, *The Craft of Dying: A Study in the Literary Tradition of the Ars Moriendi in England* (New Haven and London, 1970).

George A. Bender and Robert A. Thom, *Great Moments in Medicine* (Detroit, 1961).

Sir Walter Besant, *London in the Eighteenth-Century* (London, 1902).

Paul Bishop, *A Short History of the Royal Humane Society* (London, 1974).

John Brand, *Observations on Popular Antiquities: Chiefly Illustrating the Origin of Our Vulgar Customs, Ceremonies and Superstitions*, new edn. (London, 1900).

W. Brock, *The Fontana History of Chemistry* (London, 1992).

John Hedley Brooke, *Science and Religion: Some Historical Perspectives*, (Cambridge, 1991).

John Hedley Brooke, ' "A Sower Went Forth": Joseph Priestley and the Ministry of Reform', in *Thinking About Matter: Studies in the History of Chemical Philosophy* (Andover, 1995), pp. 21-56.

Theodore Brown, 'From Mechanism to Vitalism in Eighteenth-Century English Physiology', *Journal of the History of Biology*, 7 (1974), 179-216.

P. Brullard and A. Larcan, 'Histoires des gestes et des techniques de réanimation au XVIIIe siècle', *Histoires des Sciences Médicales*, 13 (1979), 261-270.

Albert H. Buck, *The Growth of Medicine from the Earliest Times to about 1800* (New Haven, 1917).

Charlotte Sophia Burne, ed., *Shropshire Folk-lore: A Sheaf of Gleanings . . . from the Collection of Georgina F. Jackson* (London, 1883).

R. M. Burns, *The Great Debate on Miracles: From Joseph Glanvill to David Hume* (Lewisburgh, 1981).

Patricia Burstall, *The Golden Age of the Thames* (London, 1981).

W.F. Bynum, 'Health, Disease and Medical Care' in *The Ferment of Knowledge: Studies in the Historiography of Eighteenth-Century Science*, ed. by R. Porter and G. Rousseau (Cambridge, C.U.P., 1980), pp. 211-255.

W. F. Bynum, 'Physicians, Hospitals and Career Structures in Eighteenth-

Century London', in W. F. Bynum and Roy Porter, eds., *William Hunter and the Eighteenth Century Medical World* (Cambridge, 1985), pp. 105-128.

W. F. Bynum, 'Treating the Wages of Sin: Venereal Disease and Specialism in Eighteenth-Century Britain', in W. F. Bynum and Roy Porter, eds., *Medical Fringe and Medical Orthodoxy 1750-1850* (London, 1987), pp. 5-28.

W.F. Bynum, *Science and the Practice of Medicine in the Nineteenth Century*, (Cambridge, 1994).

F.F. Cartwright, *The English Pioneers of Anaesthesia: Beddoes, Davy, and Hickman* (Bristol, 1952).

Philip Cash, 'Setting the Stage: Dr. Benjamin Waterhouse's Reception in Boston, 1782-1788', *Journal of the History of Medicine and Allied Sciences*, 47 (1992), 5-28.

Arturo Castiglioni, *A History of Medicine*, trans. by E. B. Krumbhaar, 2nd edn. (New York, 1947).

J.C.D. Clark, *English Society 1688-1832: Ideology, Social Structure and Political Practice during the Ancien Regime* (Cambridge, 1985).

Peter Clark, *British Clubs and Societies, 1580-1800: The Origins of an Associational World* (Oxford, 2000).

Stuart Clark, 'French Historians and Early Modern Popular Culture', *Past and Present*, 100 (1983) 62-99.

Lawrence Conrad, et al., *The Western Medical Tradition: 800 BC to AD 1800* (Cambridge, 1995).

Penelope J. Corfield, *Power and the Professions in Britain 1700-1850* (London, 1995).

Maurice Crosland, 'A practical perspective on Joseph Priestley as a pneumatic chemist', *British Journal for the History of Science*, 16 (1983), 223-238, reprinted in *Studies in the Culture of Science in France and Britain since the Enlightenment* (Andover, Variorum, 1995), pp. 223-238.

Charles Greene Cumston, *An Introduction to the History of Medicine: From the Time of the Pharaohs to the end of the XVIIIth Century, with an essay on the relation of history and philosophy to medicine by F. G. Crookshank* (London, 1926).



Robert Darnton, *Mesmerism and the End of the Enlightenment in France* (Cambridge, Mass., 1968).

Luke Davidson, "'Identities Ascertained": British Ophthalmology in the First Half of the Nineteenth Century', *Social History of Medicine*, 9 (1996), 313-333.

Luke Davidson, 'History of Drowning', in Colin Blakemore and Sheila Jennett, eds., *Oxford Companion to the History of the Body* (Oxford, forthcoming [2001]).

Luke Davidson, 'Resuscitation', in Glennys Howard and Oliver Leaman, eds., *Encyclopedia of Death and Dying* (London, forthcoming).

Laurinda S. Dixon, 'Some Penetrating Insights: The Imagery of Enemas in Art', *Art Journal*, 52 (1993), 28-35.

Blake Ehrlich, *London on the Thames* (London, 1968).

Mickey S. Eisenberg, *Life in the Balance: Emergency Medicine and the Quest to Reverse Sudden Death* (Oxford, 1997).

George Eliot, *Middlemarch*, 2nd edn. [1874] (Harmondsworth, 1994).

Bianca Rose d'Este, 'Regulation for "Saving" the Drowned in Italy (XVIII-XIXth century): with particular reference to the Republic of Venice', *Medicina nei secoli*, 2 (1990), 61-73.

Karl M. Figlio, 'Theories of Perception and the Physiology of the Mind in the Late Eighteenth Century', *History of Science*, 8 (1975) 177-212.

Karl Figlio, 'Chlorosis and Chronic Disease in Nineteenth-Century Britain: the Social Constitution of Somatic Illness in a Capitalist Society', *Social History*, 3 (1978), 167-198.

Mary Fissell, *Patients, Power and the Poor in Eighteenth-Century Bristol* (Cambridge, 1991).

Mary E. Fissell, 'Innocent and Honourable Bribes: Medical Manners in Eighteenth-Century Britain', in Robert Baker, Dorothy Porter and Roy Porter, eds., *The Codification of Medical Morality: Historical and Philosophical Studies of the Formalization of Western Medical Morality in the Eighteenth and Nineteenth Centuries*. (Dordrecht, 1993), pp. 15-45.

R. Hingston Fox, *Dr. John Fothergill and his Friends: Chapters in Eighteenth Century Life* (London, 1919).

Elizabeth M. France, 'Some Eighteenth-Century Authorities on Resuscitation', *Anaesthesia*, 30 (1975), 530-538.

Julius Friedenwald and Samuel Morrison, 'The History of the Enema with Some Notes on Related Procedures', *Bulletin of the History of Medicine*, 8 (1940), 68-114 and 239-276.

Fielding H. Garrison, *An Introduction to the History of Medicine* [1913] 4th edn. (Philadelphia, 1929).

John Gascoigne, *Cambridge in the Age of Enlightenment: Science, Religion and Politics from the Restoration to the French Revolution* (Cambridge, 1989).

John Gascoigne, *Joseph Banks and the English Enlightenment* (Cambridge, 1994).

V.A.C. Gatrell, *The Hanging Tree: Execution and the English People 1770-1868* (Oxford, 1993).

Johanna Geyer-Kordesch, 'Passions and the Ghost in the Machine: or What not to Ask about Science in Seventeenth and Eighteenth-Century Germany', in Roger French and Andrew Wear, eds., *The Medical Revolution of the Seventeenth Century* (Cambridge, 1989), pp. 145-164.

Frederick William Gibbs, *Joseph Priestley. Adventurer in Science and Champion of Truth* (London, 1965).

Clare Gittings, *Death, Burial and the Individual in Early Modern England* (London, 1984).

Anne Goldgar, *Impolite Learning: Conduct and Community in the Republic of Letters 1680-1750* (New Haven and London, 1995).

Jan Golinski, *Science as Public Culture: Chemistry and the Enlightenment in Britain* (Cambridge, 1992).

Dena Goodman, *The Republic of Letters: A Cultural History of the French Enlightenment* (Ithaca and London, 1994).

June Goodfield Toulmin, 'Some Aspects of English Physiology: 1780-1840', *Journal of the History of Biology*, 2 (1969), 283-320.

Judith Green, 'Accidents: The Remnants of a Modern Classificatory System', in Roger Cooter and Bill Luckin, eds., *Accidents in History* (Amsterdam, 1997), pp. 35-58.



John P. Griffin, 'A Tale of Two Paintings and the London Medical Scene of the Late Eighteenth Century', *Journal of the Royal Society of Medicine*, 83 (1990), 520-523.

G. J. Gruman, *A History of Ideas about the Prolongation of Life: the Evolution of Prolongevity Hypotheses to 1800* (Philadelphia, 1966).

Mrs Gutch and Mabel Peacock, *County Folk-lore, Volume V: Examples of Printed Folk-lore Concerning Lincolnshire* (London, 1908).

Thomas S. Hall, *Ideas of Life and Matter: Studies in the History of General Physiology 600.BC to 1900 AD*, 2 vols. (Chicago, 1969).

Thomas L. Hankins, *Science and Enlightenment* (Cambridge, 1985).

David Harley, 'Honour and Property: The Structure of Professional Disputes in 18C Medicine', in Andrew Cunningham and Roger French, eds., *The Medical Enlightenment of the Eighteenth Century* (Cambridge, 1990), pp. 138-164.

L.H. Hawkins, 'The History of Resuscitation', *British Journal of Hospital Medicine*, 4 (1970), 495-500.

William Henderson, *Notes on the Folk-lore of the Northern Counties of England and the Borders*, new edn. (Nendeln, 1967).

John Henry, 'The Matter of Souls: Medical Theory and Theology in Seventeenth-Century England', in Roger French and Andrew Wear, eds., *The Medical Revolution of the Seventeenth Century* (Cambridge, 1989), pp. 87-114.

Erwin N. Hiebert, 'The Integration of Revealed Religion and Scientific Materialism in the Thought of Joseph Priestley', in Erwin N. Hiebert et al., *Joseph Priestley, Scientist, Theologian and Metaphysician, a Symposium celebrating the Two Hundredth Anniversary of the Discovery of Oxygen by Joseph Priestley*, ed. by Lester Kieft and Bennett R. Willeford, Jr. (Lewisburg, 1980), pp. 27-61.

Geoffrey Holmes, *Augustan England: Professions, State and Society, 1680-1730* (London, 1982).

J. T. Hughes, 'Miraculous Deliverance of Anne Green: an Oxford Case of Resuscitation in the Seventeenth Century', *BMJ*, 285 (1982), 1702-3.

R. Hunt, *Popular Romances of the West of England*, 2nd edn. (London, 1871).

Henry Julian Hunter *Old Age in Bath: Recollections of Two Retired Physicians, Dr. John Sherwen and Dr. Thomas Cogan* (Bath, 1873).

Heneage Horsley Jebb, *A Great Bishop of One Hundred Years Ago; Being a Sketch of the Life of Samuel Horsley, LL.D, Bishop of St. David's, Rochester and St. Asaph, and Dean of Westminster* (London, 1909).

N. D. Jewson, 'Medical Knowledge and the Patronage System in 18th Century England', *Sociology*, 8 (1974), 369-385.

Colin Jones, 'Pulling Teeth in Eighteenth-Century Paris', *Past and Present*, 166 (2000), 101-145.

L.J. Jordanova, 'Policing Public Health in France 1780-1815', in T. Ogawa, ed., *Public Health* (Tokyo, 1981), pp. 12-32.

Ludmilla Jordanova, *Sexual Visions: Images of Gender and Science and Medicine between the Eighteenth and Twentieth Centuries* (Wisconsin, 1989).

Ludmilla Jordanova, 'Medical Mediations: Mind, Body and the Guillotine', *History Workshop Journal*, 28 (1989), 39-52.

Ludmilla Jordanova, 'Gender and the Historiography of Science', *British Journal for the History of Science*, 26 (1993), 469-83.

Ludmilla Jordanova, 'Melancholy Reflection': Constructing an Identity for Unveilers of Nature', in Stephen Bann, ed., *Frankenstein: Creation and Monstrosity* (London, 1994), pp. 60-76.

Arthur Keith, 'Three Hunterian Lectures on The Mechanism Underlying the Various Methods of Artificial Respiration, practised since the Foundation of the Royal Humane Society in 1774', *The Lancet* (1909, pt 1), 745-749, 825-828, 895-898.

Robert Kilpatrick, 'Living in the Light': Dispensaries, Philanthropy and Medical Reform in Late Eighteenth-Century London', in Andrew Cunningham and Roger French, eds., *The Medical Enlightenment of the Eighteenth Century* (Cambridge, 1990), pp. 254-280.

L.S. King, *The Medical World of the Eighteenth-Century* (Chicago, 1958).

J. A. Kool, 'Catalogue de livres sur les noyés, etc.' in J. A. Kool, *Aperçu Historique au sujet de la société pour Secourir les Noyés institutée à Amsterdam* (Amsterdam, 1855), pp. 131-150.

Thomas Lacqueur, 'Bodies, Details and the Humanitarian Narrative' in



Lynn Hunt, ed., *The New Cultural History* (California, 1989), pp. 176-204.

John Landers, 'London's mortality in the "long eighteenth century": a family reconstitution study', in W.F. Bynum and Roy Porter, eds., *Living and Dying in London, Medical History*, Supplement No. 11 (London, 1991), pp. 1-29.

Joan Lane, 'The Role of Apprenticeship in Eighteenth-Century Medical Education in England', in W. F. Bynum and Roy Porter, eds., *William Hunter and the Eighteenth-Century Medical World* (Cambridge, 1985), pp. 57-103.

A. Larcan and P. Brullard, 'Histoire des idées et développement de la réanimation respiratoire au XVIIIe siècle', *Histoire des Sciences Médicales*, 13 (1979), 251-270.

Christopher Lawrence, *Medicine in the Making of Modern Britain 1700-1920*, (London, 1994).

C. Lawrence, 'Medicine Laid Open: William Buchan's *Domestic Medicine*', *Medical History*, 19 (1975), 20-35.

Christopher Lawrence, 'Priestley in Tahiti: The Medical Interests of a Dissenting Chemist', in R.G.W. Anderson and Christopher Lawrence, eds., *Science, Medicine and Dissent: Joseph Priestley* (London, 1987), pp. 1-10.

Richard V. Lee, 'Cardiopulmonary Resuscitation in the Eighteenth Century: A Historical Perspective on Present Practice', *J. Hist. Med.*, 27 (1972), 418-433.

Philippe Leveau, 'Evolution de la réanimation respiratoire vue à travers celle des noyés', *Histoire des Sciences Médicales*, 31 (1997), 9-30;

Peter Linebaugh, 'The Tyburn Riot Against the Surgeons', in Douglas Hay et al., eds., *Albion's Fatal Tree* (London, 1975).

Julian Litten, *The English Way of Death: The Common Funeral Since 1450* (London, 1991).

Josephine M. Lloyd, 'The "Languid Child" and the Eighteenth-Century Midwife', *Bulletin of the History of Medicine* (forthcoming).

Sarah Lloyd, ' "Pleasure's Golden Bait": Prostitution, Poverty and the Magdalen Hospital in Eighteenth-Century London, *History Workshop Journal*, 41 (1996), 51-72.

Francis M. Lobo, 'John Haygarth, Smallpox and Religious Dissent in Eighteenth-Century England', in A. Cunningham and R. French, eds., *The Medical Enlightenment in the Eighteenth Century* (Cambridge, 1990), pp. 217-253.

I. S. L. Loudon, 'The Origins and Growth of the Dispensary Movement in England', *Bulletin of the History of Medicine*, 55 (1981), 322-342

Irvine Loudon, 'The Vile Race of Quacks with which this Country is Infested', in W. F. Bynum and Roy Porter, eds., *Medical Fringe and Medical Orthodoxy 1750-1850* (London, 1987), pp. 106-128.

Irvine Loudon, 'Medical Practitioners 1750-1850 and the Period of Medical Reform in Britain', in Andrew Wear, ed., *Medicine in Society: Historical Essays*, (Cambridge, 1992), pp. 219-247.

Michael MacDonald and Terence R. Murphy, *Sleepless Souls: Suicide in Early Modern England* (Oxford, 1990).

F. C Mather, *High Church Prophet: Bishop Samuel Horsley (1733-1806) and the Caroline Tradition in the Later Georgian Church* (Oxford, 1992).

Eric de Maré, *London's River: The Story of a City* (London, 1964).

Marcel Mauss, *The Gift: The Form and Reason for Exchange in Archaic Societies* [1950] (London, 1990).

John McManners, *Death and the Enlightenment; Changing Attitudes to Death in Eighteenth-Century France* (Oxford, 1985).

Everett Mendelsohn, *Heat and Life: The Development of the Theory of Animal Heat* (Cambridge, Mass., 1964)

Cecilia C. Mettler, *History of Medicine: A Correlative Text, Arranged According to Subjects*, ed. by Fred. A. Mettler (Philadelphia, 1947).

Genevieve Miller, *The Adoption of Inoculation for Smallpox in England and France* (Philadelphia, 1957).

Malcolm Nicolson, 'Giovanni Battista Morgagni and Eighteenth-Century Physical Examination', in Christopher Lawrence, ed., *Medical Theory, Surgical Practice: Studies in the History of Surgery* (London, 1992), pp. 101-133.

Christopher Nyrop, *The Kiss and its History*, trans. Harvey [1901] (1968).

James Obelkevich, *Religion and Rural Society: South Lindsey 1825-1875*



(Oxford, 1976).

Mary Catharine O'Connor, *The Art of Dying Well: The Development of the Ars Moriendi* (New York, 1942).

David Owen, *English Philanthropy 1660-1960* (Cambridge, Mass., 1965).

J.P. Payne, 'On the Resuscitation of the Apparently Dead', *Annals of the Royal College of Surgeons*, 45 (1969), 98-107.

Kim Pelis, 'Transfusion with Teeth', in Robert Bud et al., eds., *Manifesting Medicine: Bodies and Machines* (Harwood, 1999).

Martin S. Pernick, 'Back from the Grave: Recurring Controversies over Defining and Diagnosing Death in History', in Richard M. Zaner, ed., *Death: Beyond Whole-Brain Criteria* (Dordrecht, 1988), pp. 17-74

Dorothy Porter and Roy Porter, *In Sickness and in Health: The British Experience* (London, 1988).

Dorothy Porter and Roy Porter, *Patients Progress: Doctors and Doctoring in Eighteenth-century England* (Cambridge, 1989).

Roy Porter, 'William Hunter: A Surgeon and a Gentleman', in W.F. Bynum and Roy Porter, eds., *William Hunter and the Eighteenth-Century Medical World*, (Cambridge, 1985), pp. 7-34

Roy Porter, 'Laymen, Doctors and Medical Knowledge in the Eighteenth Century: The Evidence of *The Gentleman's Magazine*', in Roy Porter, ed., *Patients and Practitioners: Lay Perceptions of Medicine in Pre-industrial Society* (Cambridge, 1985), pp. 283-315.

Roy Porter, *Health for Sale: Quackery in England 1660-1850* (Manchester, 1989).

Roy Porter, 'The Gift Relation: Philanthropy and Provincial Hospitals in Eighteenth-century England', in Lindsay Granshaw and Roy Porter, eds., *The Hospital in History* (London, 1989), pp. 149-178.

Roy Porter, 'Death and the Doctors in Georgian England', in Ralph Houlbrooke, ed., *Death, Ritual and Bereavement* (London, 1989), pp. 77-94.

Roy Porter, *English Society in the Eighteenth Century*, 2nd edn. (Harmondsworth, 1990).

Roy Porter, *Doctor of Society: Thomas Beddoes and the Sick Trade in*

*Late-Enlightenment England* (London, 1992).

Roy Porter, 'The Rise of Medical Journalism in Britain to 1800', in W. F. Bynum, Stephen Lock and Roy Porter, eds., *Medical Journals and Medical Knowledge: Historical Essays* (London, 1992), pp. 6-28.

Roy Porter, 'Accidents in the Eighteenth Century', in Roger Cooter and Bill Luckin, eds., *Accidents in History* (Amsterdam, 1997), pp. 90-107.

Roy Porter, *Enlightenment: Britain and the Creation of the Modern World* (London, 2000).

Roy Porter and Natsu Hattori, 'Blood for Blood: Eighteenth-Century Attitudes', unpublished paper, pp. 6-7.

D'Arcy Power, ed., *British Medical Societies* (London, 1939).

Joseph Rechtman, 'William Buchan (1729-1805): Le bouche à bouche et le massage cardiaque externe', *Histoire des Sciences Médicales*, 13 (1979), 291-298.

*Resuscitation: an Historical Perspective: a Catalogue of an Exhibit at the Annual Meeting of the American Society of Anesthesiologists in San Francisco, October 11-13, 1976* (Park Ridge, Wood Library-Museum, 1976).

Guenter B. Risse, 'Medicine in the Age of the Enlightenment', from *Medicine in Society*, ed. by Andrew Wear (Cambridge, C.U.P., 1992), pp. 149-195.

Guenter B. Risse, 'The History of Therapeutics', in W.F. Bynum and V. Nutton, eds., *Essays in the History of Therapeutics* (Amsterdam, 1991), pp. 3-12.

George Rosen, *The Specialization of Medicine with Particular Reference to Ophthalmology* [1944] (New York, 1972).

C. Rosenberg, 'Medical Text and Medical Context: Explaining William Buchan's *Domestic Medicine*', *Bulletin of the History Medicine*, 57 (1983), 22-42.

G.S. Rousseau, 'John Wesley's *Primitive Physic* (1747)', *Harvard Library Bulletin*, 16 (1968), 242-256.

George Rudé, *Hanoverian London 1714-1808* (London, 1971).

Julie Rugg, 'From Reason to Regulation 1760-1850', in P. Jupp and C. Gittings, eds., *Death in England: An Illustrated History* (London, 1999),



pp. 202-208.

Andrea A. Rusnock, 'The Weight of Evidence and the Burden of Authority: Case Histories, Medical Statistics and Smallpox Inoculation', in Roy Porter, ed., *Medicine in the Enlightenment* (Amsterdam, 1995), pp. 289-315.

Mervyn Savill, *Tide of London: A Study of London and its River* (London, 1951).

Simon Schaffer, 'Godly Men and Mechanical Philosophers: Souls and Spirits in Restoration Natural Philosophy', *Science in Context*, 1 (1987), 55-85

Simon Schaffer, 'Priestley and the Politics of Spirit', in R.G.W. Anderson and Christopher Lawrence, eds., *Science, Medicine and Dissent: Joseph Priestley (1733-1804)* (London, 1987), pp. 39-54;

Simon Schaffer, 'States of Mind: Enlightenment and Natural Philosophy', in G. S. Rousseau, ed., *Languages of Psyche: Mind and Body in Enlightenment Thought* (Berkeley, 1990), pp. 233-290

Charles Singer and E. Ashworth Underwood, *A Short History of Medicine*, 2nd edn. [1928] (Oxford, 1962).

Robert E. Schofield, *A Scientific Autobiography of Joseph Priestley* (Cambridge, Mass., 1966).

Robert E. Schofield, 'Joseph Priestley and the Physicalist Tradition in British Chemistry', in Erwin N. Hiebert et al., *Joseph Priestley, Scientist, Theologian and Metaphysician, a Symposium Celebrating the Two Hundredth Anniversary of the Discovery of Oxygen by Joseph Priestley*, ed. by Lester Kieft and Bennett R. Willeford, Jr. (Lewisburg, 1980), pp. 92-117.

Steven Shapin and Simon Shaffer, *Leviathan and the Air Pump; Hobbes, Boyle and the Experimental Life* (Princeton, 1985).

Ginnie Smith, 'Prescribing the Rules of Health: Self-help and Advice in the Late-Eighteenth Century', in Roy Porter, ed., *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society* (Cambridge, 1985), pp. 249-282.

Herbert Spencer, *London's Canal: The History of the Regent's Canal* (London, 1961).

John Stevenson, *Popular Disturbances in England 1700-1870* (London,

1979).

Lloyd G. Stevenson, 'Suspended Animation and the History of Anaesthesia', *Bulletin of the History of Medicine*, 49 (1975), 482-511.

William Tebb and Edward Vollum, *Premature Burial and How it May be Prevented. With Special Reference to Trance, Catalepsy, and other Forms of Suspended Animation*, 2nd edn, ed. by Walter R. Hadwen (London, 1905).

Elizabeth H. Thomson, 'The Role of Physicians in the Humane Societies of the 18th Century', *Bulletin of the History of Medicine*, 37 (1963), 43-51.

Gerald P. Tyson, *Joseph Johnson: A Liberal Publisher* (Iowa City, 1979).

Ivan Waddington, 'The Struggle to Reform the Royal College of Physicians, 1767-1771: A Sociological Analysis', *Medical History*, 17 (1973), 107-126.

D.P. Walker, *The Decline of Hell: Seventeenth-Century Discussions of Eternal Torment* (London, 1964).

Andrew Wear, 'Puritan Perceptions of Illness in Seventeenth-Century England', in Roy Porter, ed., *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial society* (Cambridge, 1985), pp. 55-99.

Ben Weinreb and Christopher Hibbert, eds., *The London Encyclopaedia*, rev. edn. (London, 1992).

Hayden White, *Metahistory* (Baltimore, 1971).

Carolyn D. Williams, ' "The Luxury of Doing Good": Benevolence, Sensibility, and the Royal Humane Society', in Roy Porter and Marie Mulvey Roberts, eds., *Pleasure in the Eighteenth Century* (London, 1996), pp. 77-107.

Adrian Wilson, 'Participant or Patient? Seventeenth-Century Childbirth from the Mother's Point of View', in Roy Porter, ed., *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society* (Cambridge, 1985), pp. 129-144.

A. Wilson, *Childbirth in Seventeenth and Eighteenth Century England*, 2 vols. (Ph.D. Thesis, University of Sussex, 1982).

Elizabeth and Wayland Young, *Old London Churches* (London, 1955).

D. Zuck, 'The Diagnosis of Death in the Late 18th Century', *The History of*



