

Pulmonary Mischief 1893-1894:
Chapter nine of 'Dr Samways writes to the Editor'

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Background to the extract

Daniel West Samways contributed about a hundred articles, commentaries and letters, mainly in the BMJ and The Lancet, commenting on the issues of the day and attracting lively exchanges in the correspondence columns. He had a brilliant undergraduate career at St John's College, Cambridge achieving a double first in physics in 1882.¹ After postgraduate research in Zurich, he returned as a Fellow at St John's to teach physiology. He turned to medicine and qualified at Guy's Hospital in 1892 and stayed at Guy's to do research in the postmortem room for his Cambridge MD. He went to Mentone (sic) on the French Riviera in 1893 for its favourable climate. The next year he set out on a voyage around the world.

There were competing claims for the treatment of tuberculosis. Samways commented, sagely as always, in the British Medical Journal in 1899:

*'Neither Switzerland, the Riviera, Egypt, the sea, or an English verandah, can justly claim patent right for the treatment of phthisis. Any of them may be statistically shown to be the best if the cases they treat are selected with sufficient care, and especially if their failures are quietly sent elsewhere.'*²

In my own time, radical surgery for pleural mesothelioma in selected cases, presented an illusion of effectiveness, contradicted by a controlled trial.³ Samways saw the need for controls but these treatments were determined largely by what patients and their families could afford. Tuberculosis was called 'pulmonary phthisis' by doctors of the day, and 'consumption' by the public. Both are ancient generic terms for a wasting disease.⁴ Later chapters — Sixteen 'Tuberculosis: Climatology or Sanatorium?' and Chapter Eighteen 'Tuberculosis: Contagion and the Hoteliers' deal more fully with tuberculosis in the practice of Dr Samways. In this chapter I write about the similarities between him and the lives of three prominent physicians affected by the disease. The illustration is of the book cover.¹

Extract: 'Pulmonary Mischief'. Chapter nine of 'Dr Samways writes to the Editor'

Daniel Samways had 'lung trouble' as he put it in a letter to the British Medical Journal or 'pulmonary mischief' as he wrote in a personal account in his guide book *'Mentone as a Health and Pleasure Resort'*.^{2,5} He went to Mentone in February 1893 'as a patient with debility, pulmonary catarrh, and frequent slight haemoptysis'. That means he had blood

in his sputum and under all the circumstances of his age and occupation, this was diagnostic of tuberculosis. His BMJ letter was under the title 'Pulmonary Phthisis'. There was no doubt about the diagnosis. His research at Guy's Hospital was brought to a halt. This was not an uncommon event among doctors and nurses who were at high risk of catching an infection from their patients, just as they have been during the Covid-19 pandemic.

There were two doctors who taught him, who had similar stories. Michael Foster (1836-1907), who taught Samways in Cambridge, was one. He had a flourishing academic career at university but in the two years 1859-1860 he spent most of his time working as a doctor at University College Hospital and in hospitals in Paris.

From about that time:

Foster's health began to deteriorate and consumption was suspected. As the current treatment was a sea voyage, Michael Foster signed on as a ship's surgeon on a vessel going to the Red Sea in connection with a lighthouse-building project. Interested in marine biology, he studied specimens of microscopic fauna that became available to him.⁶

He was about twenty-four. Foster worked his passage and at the same time continued doing research.

Another casualty was Lauriston Shaw (1859-1823), Goodhart's opposite number on the medical firm at Guy's when Samways was a resident. He also went on a sea voyage.

After an early education at the City of London School and University College, London, he studied medicine at Guy's Hospital, qualifying in 1881. His progress through the usual junior appointments at Guy's was interrupted by a voyage to Australia, which he made in the capacity of ship's surgeon, to recuperate his health.⁷

Although no diagnosis is given in his obituary, it is probable that this was tuberculosis. The timing of the occurrence, aged twenty-three during Shaw's time as a resident, and the proposed treatment, followed the same pattern.

These were lucky survivors. In the 19th Century the fatality rate from established tuberculosis may have been about 50%. Samways went for a voyage around the world in a slow steam ship. He was not at all keen on the sea voyage, writing that the best part of it was being ashore in Western Australia. The risk of TB among doctors continued until it became treatable about fifty years later. Here is a more recent personal account of a Guy's doctor, Kenneth Citron (1925-1919), who went on to make his career at the Brompton Hospital researching and treating tuberculosis.⁸ It was only a year or so before his death that he wrote this:

In 1943 I became a medical student at Guy's Hospital London where there were many patients suffering from TB. Some of the lecturers there were short of breath due to lung damage from old TB. BCG vaccination was developed 20 years before but was not routinely given to medical students and so we were unprotected. The war ended in 1945. Several young doctors from Guy's went to care for people in the liberated concentration camps. One doctor caught TB there and died of it soon after.

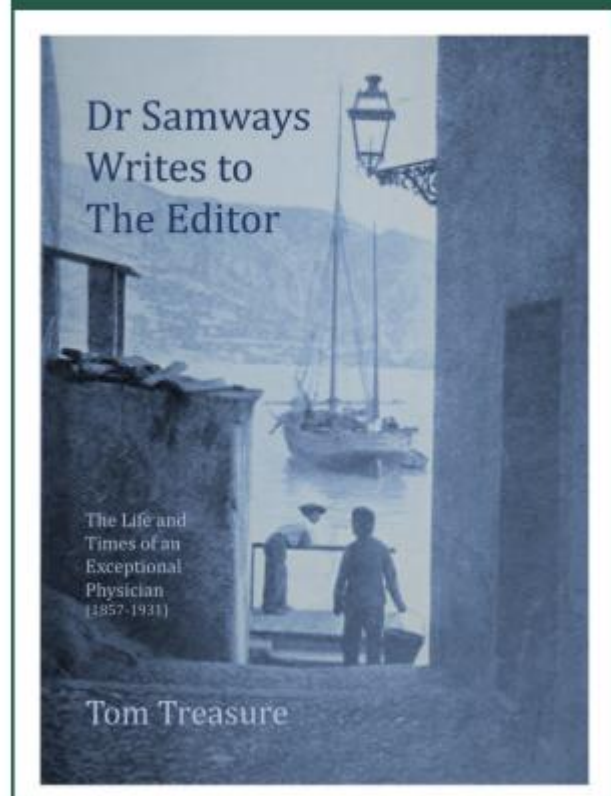
I had the privilege of being awarded a House Physician post on the medical wards at Guy's. When I finished this appointment, I felt unusually tired. A friend of mine insisted that I had a chest X-ray. It showed that I had pulmonary TB. I was devastated because there was no certain cure. I thought my promising career was finished. I resisted advice to have an artificial pneumothorax which when working in chest clinics I had seen cause grave complications.

I elected to try rest, relaxation and good food and sea air in a flat in Broadstairs under the devoted care of my mother in order to build up my natural resistance. After one year of this treatment, I appeared to have recovered and started light medical work. It was this personal experience that stimulated my professional interest in TB.⁹

Daniel Samways attributed his recovery to the climate of Mentone and fell in love with the place. For the next fifty years rest, good food and fresh air were really all that could be suggested.

He managed to put together the work for his Doctor of Medicine degree, which was awarded by Cambridge University in 1894.¹⁰ Samways would have written up his work in detail but I have not found a complete record. It was only from 1937 that MD theses were kept in the library in Cambridge. I rely on what I can glean from his writing in *The Lancet*¹¹ and the *BMJ*¹² which provide accounts of his research findings. His publications related to the research at Guy's are numerous and

Figure 1. The cover of *Dr Samways Writes to the Editor*, published in 2021 and republished in paperback in 2025.



make his findings, his interpretation, and his conclusions available. That is not a bad measure of a worthwhile MD thesis.

He set out on his voyage in 1894 to be south for the winter. For 1895 and 1896 he gave his address in the Medical Directory as Monte Carlo, Monaco in the section Practitioners Resident Abroad. This is less than 10 km to the west of Mentone. Monte Carlo shared a particular feature: it is 'sheltered on three sides by a horse-shoe range of mountains' as he described it later in his guidebook.

It is obvious that this great natural rampart must completely differentiate Mentone from neighbouring places of the same latitude which, with the exception of Monte Carlo, have no corresponding protection from the blasts of winter.⁵

From then to the last year of his life, apart from the war years, he spent the winter months in Mentone.

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