

## Salus populi - the endeavours of Edward Dillon Mapother (1835-1908)

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## MEDICAL HISTORY

# *Salus populi* – the endeavours of Edward Dillon Mapother (1835–1908)

MARY O'DOHERTY

## Summary

*Edward Dillon Mapother had an impressive career as surgeon, dermatologist, author, professor and President of the Royal College of Surgeons in Ireland and first medical officer of health for Dublin. He was appointed to the Chair of Hygiene at RCSI and as Medical Officer of health for Dublin in 1864. Considered an authority on eczema, gout and the curative powers of spa waters, Mapother returned to the full-time practice of dermatology, moving to London in 1888. He died at his London home on the 3rd of March 1908.*

Mapother is rather a neglected figure. A telling incident seems to bear out this assessment. On opening the RCSI copy of Mapother's *Physiology and its aids to the study and treatment of disease*, published by Fannin in 1862, I found the book consisted of un-cut pages from start to finish. It is not uncommon to come across the odd page that no-one has ever turned before, but that an entire book by my research subject should have waited 135 years for me to open it was indeed startling and, I decided, auspicious!

The Mapothers, a family with English roots, were settled in Roscommon since the 1600s.<sup>1</sup> Their residence, Kiltiven House, was one of the principal seats in the parish of Kiltieven, which is two miles south-east from Roscommon on the road to Lanesborough.<sup>2</sup> I imagine this shared Roscommon background must have been a factor in Mapother's friendship with John Knott<sup>3</sup> – who starts his preface with the words 'Other professional duties having engaged the leisure time of Dr. Mapother, he asked me to prepare a new edition of his *Manual of Physiology*.'<sup>4</sup> Incidentally, the reviewer of Knott's edition of *Mapother's Manual of Physiology* had this to say: 'Mr. Knott's scientific indebtedness to his predecessor is but small, and, like the cuckoo, he has with his new material ousted nearly every remnant of the old.'<sup>5</sup>

Edward Dillon Mapother was born in 1835 in Annadale Lodge, Fairview, Dublin. His mother's maiden name was Mary Lyons; his father, a bank official, simply left his office one day, never came home and was never seen again.<sup>6</sup> This traumatic happening is the nearest glimpse we can get of the personal and family life of Edward Dillon Mapother – as he had embarked on his medical career by the age of 19 and, it is, for the

most part, his public *persona* one meets in his many tracts and discourses. On September 7th 1870 he had married Ellen Tobin in her native Halifax, Nova Scotia. Her father had been an MP for Halifax. They had six daughters and one son.<sup>7</sup> Mapother's portrait photograph bears out a remark made by him in his book intended for primary schools, *The Body and its Health*; 'Shaving is a sore and time-wasting habit, and it robs us of a natural ornament, and of a safeguard of our throat from cold and our lungs from dust.'

Edward Dillon Mapother's impressive career finds him as surgeon, dermatologist, author, professor and President of the Royal College of Surgeons in Ireland (RCSI) and first medical officer of health for Dublin. By the time he was 19, in 1854, Mapother had obtained the Licence of the Royal College of Surgeons in Ireland and was appointed Demonstrator of Anatomy at its School of Surgery. A future Cambridge professor, Alex Macalister gives this pen picture of an anatomy lesson at RCSI in the late 1850s and an appealing insight into Mapother's character.

My first introduction to him was in the year 1858. I had entered for anatomy at the Dublin College of Surgeons, and wanted a part. The practice then was for the Demonstrator to call over the roll of the class each time a body was to be allotted, and each man who wanted a part answered his name and received his subject. There were 170 men and very few subjects in that year, and we had to fight for our rights. I was an insignificant member of the class, a boy of 14, and my application was drowned by the shouts of those whose names came after mine; but Mapother saw fair play, and I got my part in due course.<sup>8</sup>

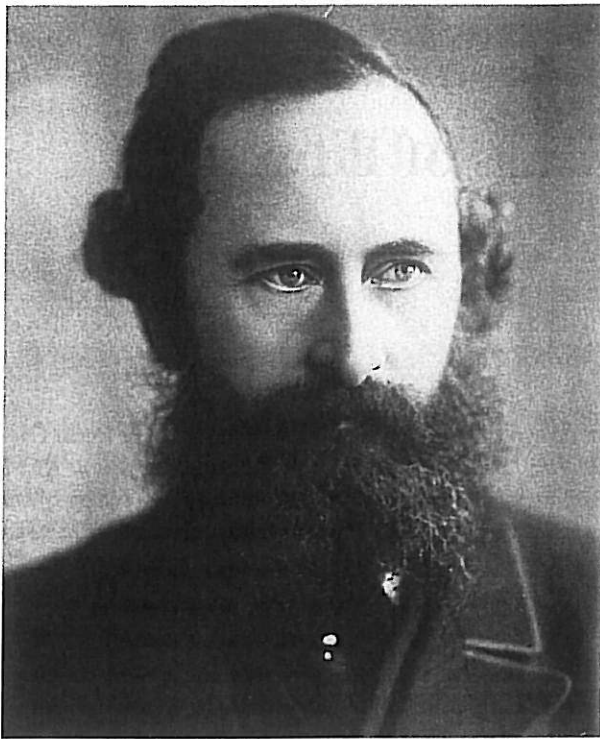
## RCSI and St Vincent's Hospital

Mapother displayed loyalty and affection for the RCSI, his *alma mater* from his time as an apprentice there in the early 1850s under John Hatch Power, until he left Dublin in 1888 for the final stage of his career as a der-

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Portrait photograph of E.D. Mapother.

matologist in London. He obtained the Fellowship of RCSI and succeeded Arthur Jacob as Professor of Anatomy and Physiology, a chair he held for more than 20 years. He expresses his sentiments for the RCSI in the dedication to his *Lectures on Public Health*:<sup>9</sup>

To the President and Council of the RCSI these pages are dedicated, in gratitude for confidence reposed, and in admiration of their efforts to promote the dignity and usefulness of the healing art.

He keeps alive the memory of those associated with the foundation of the Royal College of Surgeons in Ireland<sup>10</sup> and his sensibility of its historical traditions is evident in his *Lessons from the Lives of Irish Surgeons: an address introductory to the session of the Royal College of Surgeons, October 1873*.

He displays similar feelings of loyalty and dedication to St Vincent's Hospital where he was surgeon and dermatologist.<sup>11</sup> The same regard for the founders of St Vincent's, and a sense of its destiny, colour his account of O'Ferrall and O'Brien Bellingham.<sup>12</sup> Reviewing Florence Nightingale's *Notes on Hospitals*, Mapother reacted to her statement that 'there is a higher average cure of the sick, and a higher universal sense of morality, among hospital sisters, Protestant and Roman Catholic, provided the hospital authority be a secular one.'<sup>13</sup> Mapother objects:

'she seems to infer, that if the entire establishment be administered by hospital nuns, Protestant or Roman Catholic, there will be lower average care of the sick, as "the idea of the 'religious order' is always more or less to prepare the sick for death". This opinion we cannot support, for the medical officers of those hospitals under the care of religious orders

in this city, have certainly never had to complain of want of anxiety for, or attention to, mundane matters on the part of these sisters.'

### Eighteen hundred and sixty-four

The year 1864 was a momentous one for Mapother, and for public health in Ireland. He was appointed to the Chair of Hygiene at the RCSI. The first professorship of hygiene in the United Kingdom had been instituted in 1841 at the School of the RCSI.<sup>14</sup> Henry Maunsell had been its first occupant but on his resignation it had remained vacant for 18 years until Mapother's appointment. This was a newly emerging branch of medicine, also referred to as Political Medicine, then State Medicine, later Public Health Medicine and nowadays Community Medicine, although Public Health Medicine has recently begun to recover its rightful place. Its changing names give an indication of the evolving nature of the specialty and also of the changing emphases and spheres of its concern.<sup>15</sup>

In 1864 also came Mapother's appointment as the first medical officer of health for Dublin.<sup>16</sup> As Professor of Hygiene and medical officer his main concern was the *salus populi*. Convinced that much disease, and many consequent deaths, were avoidable by improvements which might be very readily attained, he had to identify and organise the removal of whatever hindered the public health, and likewise provide whatever promoted it. He states the problems of the time:

The causes of preventable diseases and deaths in this city [Dublin] chiefly are, overcrowding, deficient ventilation, imperfect sewerage, and insufficient and improper food, evils which are capable of removal, or, at least mitigation, by a well-organized system of sanitary inspection and administration.<sup>17</sup>

That barometer of public health, as he called the death rate, which gave a stark measure of the challenge Mapother faced, had only become available for the first time for Ireland in 1864 as he took up office. In the course of the first of his lectures on public health, which he delivered at the Royal College of Surgeons in the summer of 1864, Mapother had this to say:

I will invite your attention to the present sanitary state of Dublin, as far as it can be displayed with a system of death registration but six months old, and a medical officer of health but a fortnight in office. The first half-yearly report of the Registrar-General will be published tomorrow, but through his kindness I may anticipate it with one fact. During the twenty-six weeks ending July 2nd 1864, there were 3,414 deaths registered within the municipal boundary, and this, calculating on the ratio of the first half of the year, would give a death-rate of about 27 for every 1,000 living.<sup>18</sup>

Elsewhere Mapother had stated 'in the Cavendish district in London . . . there now die annually but 17 out of every 1,000 living.'<sup>19</sup> Such places were held up

as models of salubrity, 'the standard to which every sanitary reformer now strives to raise the population of his country'.<sup>20</sup>

Referring to the work of the Registrar-General, Mapother records that:

Most of the medical institutions have lent him their aid; for instance, the great body to which it is my pride to belong, at a meeting of the Council, held on the 3rd March 1864, resolved: 'That we, the President, Vice-President, and Council of the Royal College of Surgeons in Ireland, deeply impressed with the importance and value of the lately enacted measure for the Registration of Births and Deaths in this part of the United Kingdom, and anxious to have its provisions fully and accurately carried out, do resolve to promote, as far as possible, the objects of the legislature, and earnestly recommend the Fellows and Licentiates of the College to assist the authorities in procuring the statistical information required under the Act'.<sup>21</sup>

### Overcrowding, deficient ventilation and imperfect sewerage

In Mapother's descriptions of the causes of avoidable death and disease *res ipsa loquitur*. He records what he refers to as a lamentable but truthful contemporary account of the home life of Dublin city poor:

In some rooms it is not an unfrequent occurrence to see about a dozen human beings crowded into a space not 15 feet square. Within this space the food of the wretched beings, such as it is, must be prepared; within this space they must eat and drink – men, women and children must strip, dress and sleep. When death releases one of the inmates, the corpse must, of necessity, remain for days within the room. Incalculable good has been done by the corporation having closed over 3,000 cellars, which are now illegal, if two-thirds of them lie below the level of the street.<sup>22</sup>

In a chapter on the benefit of fresh air, in his book for primary school children, Mapother poses an amusing juxtaposition:

Our Courts of Justice are fearfully close, but now that a judge has been killed by the bad air, there is some chance of their being made less hurtful. The monkeys in the Zoological Gardens are much more healthy since their houses were better aired. Anybody who has a penny to spare should go now and then to these grand gardens, in a splendid park.<sup>23</sup>

Mapother's mention of the River Liffey in 1864 is evocative:

With regard to another fertile source of stench I trust we may promise ourselves a most essential improvement in the sewerage of our city – namely, that the refuse shall not be discharged into the Liffey, to decompose upon its shores at low water and emit the

most poisonous exhalations, but shall be carried into two main sewers parallel to the river and cast into the sea as far out as practicable. At present, at low water, wind blows up the sewers and forces their fetid gases into our houses, but if the discharging orifices were far down this could not occur. No parsimonious spirit will prevail when it is remembered that the thousands expended will be repaid in scores of human lives and hundreds of sicknesses prevented. Between our unrivalled quays there will then course a pellucid and health giving, instead of, as at present, a poisonous stream.<sup>24</sup>

### Insufficient and improper food

This discussion of proper food derives its colour from Mapother's colonial view as a comparative nutritionist:

The Hindoos and the inhabitants of tropical America subsist respectively on rice and the plantain, substances which bear the most striking similarity in composition to the potato; and were it not for the loftier impress the Creator has stamped on the Caucasian race, the ennobling influence of Christianity and civilisation, and the mental vivacity of the Irish people, I cannot help believing that our poor countrymen would in time, from similarity of food, sink to as low a level in the human scale. The amount of labour each of these races is capable of performing is most strictly in proportion to the amount of nutritive matter in their national diet . . . The value of any aliment is pretty nearly proportional to its similarity in chemical composition with the blood which it is destined to form; and judged by this test the potato makes a sorry figure.<sup>25</sup>

The following reported statement from Mapother's 1863 lecture on the preparation of flesh meat so as to retain the blood brings to mind the present-day hazards and controversies surrounding meat and blood that awaited discovery until recently.

He did not know of any principle in the blood of animals which could prove injurious if introduced into the stomach of man, for such effete matters as urea are so completely thrown off by the eliminating organs of the animal, if healthy, that the most expert analyst can scarcely discover them in that fluid.<sup>26</sup>

It is these words of Mapother's that prompts the 'endeavours' in the title of this paper, since 'achievement' seems a less apt term, scarcely applicable to the work of public health practitioners in the evolving world of health and disease.

### Dermatology

After many roles as professor and public health pioneer, Mapother returned to the practice of dermatology, moving to London in 1888 at the age of 53. He contributed many papers on aspects of dermatology to the *British Medical Journal* and the *Medical Press & Circular*,



which, with his lectures at St Vincent's Hospital, were collected and published as his *Papers on dermatology*, running to many editions.<sup>27</sup>

Mapother divided skin diseases into three classes: parasitic diseases, such as scabies and ringworm; moist eruptions such as eczema and acne; and a third class, dry eruptions of supposedly constitutional origin, which included psoriasis and syphilitic rashes. In the 1830s another Dublin dermatologist, William Wallace set out to prove that secondary syphilis was contagious.<sup>28</sup> He did this by inoculating healthy persons with serum taken from papules on the skin of those suffering from secondary syphilis. Referring to this in 1889 Mapother writes:

While we feel proud of Wallace's surgical services, we must condemn his unscrupulous cruelty towards his own race, in inoculating with the terrible virus of syphilis previously healthy persons. He thereby first established the contagiousness of secondary syphilis, chancres resulting when its pathological products were introduced. Philanthropists of the class who nowadays abhor vivisection cannot have existed, for no objections were raised.<sup>29</sup>

When examining his Carmichael prize essay *On the medical profession*, Mapother's own words express the philosophy that inspired his actions:

Many codes of what is termed medical ethics have been drawn up, but those honorable feelings which should ennoble the breasts of men in every walk of life, suggest beacons to those who would follow in the footsteps of Him who, the Saviour of Man, was likewise the Great Physician. Medico-ethical rules do not differ, therefore, from the moral or ethical rules which should guide Christian gentlemen in every pursuit of life. They are such as will suggest themselves to any man of good sense and good nature who practically does to others as he would wish others to do to him. (Emphasis added)<sup>30</sup>

In treating certain skin conditions – he was considered a reliable guide on eczema and gout – bathing and the taking of spa waters were important curative elements. Convinced of the benefits of washing, Mapother sounds despairing of Dublin's facilities:

No hygienic habit is equal in value to the daily sponge bath, which I am glad to say is coming into increased use among the richer classes. Crowded together in a single tenement room, without complete separation of the sexes, our poor find complete ablution impossible, and although we have the softest and most copious of waters we are the most unwashed of citizens. The only cheap baths for the poor we have are those connected with the Mendicity Institution, Usher's Island. In 1866, the number of baths given was 18,000, of which forty-eight were gratuitous. They have just opened them at reduced prices, and they are admirably conducted; but in such a city as Dublin we should have a dozen public baths, not one.

The closure of those in Abbey Street and Westland Row would indicate that the taste for clean skins is decreasing, for no good substitutes have been opened.<sup>31</sup>

Something of an expert on spa waters, in 1872 Mapother published *Lisdoonvarna spas and sea-side places of Clare*<sup>32</sup> as an appendix to his collected lectures on *The treatment of chronic skin diseases*. Mapother visited the leading resorts throughout Europe and even those of America as well. He adduces comparative analyses of the constituent elements of these various waters, and appraises their curative powers for different ailments.

Mapother died aged 72 at his London home on the 3rd of March 1908 from broncho-pneumonia and emphysema. As one obituarist phrased it, Mapother's life was one of honourable and honest work and his name would be remembered with affection and respect.<sup>33</sup>

## Acknowledgement

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