

# The curious case of Dr Alabone—heterodoxy in 19th century medicine

Michael Vaile FRCP<sup>1</sup> Sally Gilbert MA<sup>2</sup>

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The year 1910 saw publication of a book entitled *Poly-cyclo-epicycloidal and other Geometric Curves*,<sup>1</sup> written by Dr E W Alabone, ex-MRCS but with MDs from two American institutions. Previous works of the author included *The Cure of Consumption*<sup>2</sup> and *Infamous Conduct*.<sup>3</sup> The story of Alabone illustrates the struggle to regulate doctors and eliminate professional quackery that was underway a century ago.

## THE CURE OF CONSUMPTION

The RSM Library holds just one copy of Alabone's book *The Cure of Consumption* dated 1898, 34th edition. Even at that time the author was describing himself as ex-MRCS. The text is a melange of medical history, science (or pseudoscience) and self-justification; and the flyleaf bears a remarkable diatribe in an unknown hand, presumably that of a reader acquainted with Alabone. Denouncing him as 'an Utter Failure in the Medical Profession' the writer warns anybody attending his public performances not to leave 'any Silver Spoons or Valuables about'. So who was the author who occasioned such an indictment?

## BACKGROUND

Edwin William Alabone was born in Newport Isle of Wight in 1849. His family moved to Islington in North London where he lived and worked all his life. He was always interested in biology and became a dresser at Guy's Hospital; his books frequently reprint the favourable references he obtained there. He was admitted a member of the Royal College of Surgeons (MRCS) in 1870 and was registered under the Medical Act (1858) by the Council of Medical Education and Registration, also known as the General Medical Council or GMC.

The new doctor acquired various part-time appointments including those of casualty surgeon to the Home for Reclaimed Females and surgeon to the Lower Clapton Orphan Home. Alabone was a keen microscopist, and his wide interests extended to cancer. One of his earliest written works was *Cancer and External Tumours; Their Successful Removal by a New Process without the Knife*.<sup>4</sup>

However, it was his work and writing on the scourge and cure of consumption that was to bring him fame, a modest fortune and vilification.

## VILIFICATION

Alabone first came to the attention of the Royal College of Surgeons (RCS) in 1885 for publishing 'objectionable material' (Council Minutes June 1885). The objection alludes to a 'secret remedy' described in an early edition of his *The Cure of Consumption*. Alabone wrote to the College apologizing; and, when he offered to have all copies withdrawn, he was told that any new edition must be submitted to the Council of the RCS for inspection. He produced a new edition later and the RCS rejected it because it failed to specify the composition of lachnanthes, the basis of his remedy. Sir Joseph Lister, Bt, moved that 'in the opinion of the Council Mr Alabone still publicly professes a secret method or process of cure relating to his practice as a surgeon and that he be removed from being a member of the College' (Minutes October 1885).

After further apologies from Alabone the Council effectively gave him another chance, even though its attention had been drawn to an advertisement for *The Cure of Consumption* in the *Evening News*. This did not end matters. In June 1886 a letter from a Dr Goddard was read to the Council pointing out to the President of the RCS a notice relating to Alabone that had appeared in a journal called *Moonshine*. The letter suggested that such notices ought to be stopped. The RCS Council minutes note: 'moved by Sir James Paget Bt, seconded by Sir T Spencer Wells that . . . Mr Alabone must be held responsible and that such notices were in the opinion of the Council prejudicial to the interest and derogatory to the honour of the College and disgraceful to the profession of surgery' (Minutes 10 June 1886).

## MOONSHINE

*Moonshine* was a curious London publication that appeared weekly between 1879 and 1902, edited by Charles Harrison and costing one penny. With its content of advertisements, quotations, campaigns, sharp political comment, poems and jokes, it read like a cross between *Punch* and *Private Eye*. It was the 5 June 1886 edition of *Moonshine* with its cartoon of Alabone that offended the College (Figure 1). Cartoons of

<sup>1</sup>63 Joy Lane, Whitstable, Kent CT5 4DD; <sup>2</sup>Archivist, Royal Society of Medicine, 1 Wimpole Street, London W1G 0AE, UK

Correspondence to: Dr Michael Vaile

E-mail: c-mvaile@lineone.net



Despite his erasure from the Register, Alabone continued his work, building up a considerable practice based at his home in London. He claimed to have treated more than 200 000 patients from all over the UK and the near Continent. Several of his patients were happy to tell the world and a sceptical medical establishment how their lives had been saved. Some went so far as to campaign against what they saw as unfair lack of recognition and spiteful behaviour by the profession. There were flurries of reports, letters and articles in papers as varied as *The Times*, 1900, and *The Englishman* (a Calcutta journal), 1906.

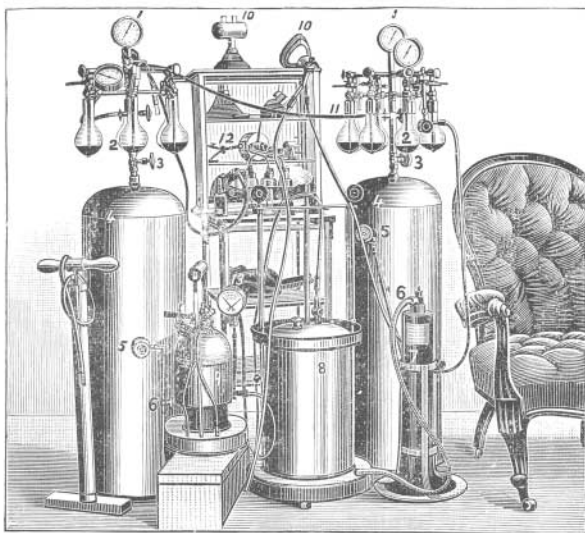
**ALLEGED CURE FOR TUBERCULOSIS**

What was it that Alabone discovered, developed and promoted which led to such polarization? In the early 1870s Alabone learned of the reputed properties of the herb lachnanthes (*Lachnanthes tinctoria*) indigenous to North America and esteemed by Native Americans for its effects on fluency of speech, cough and pneumonia. Over the next

30 years Alabone perfected his methods of inhalation of the syrup of lachnanthes with the addition of oxygen and camphor (among other ingredients). The delivery methods required the building of complex machinery (Figure 2).

Alabone preferred to treat patients at his surgery but he also travelled widely in the UK and corresponded with patients overseas, and for the distant patients he invented a hand-held inhaler. Examples of his pocket inhalers may still be found.<sup>5</sup>

Alabone advocated a holistic approach, recommending cod liver oil, a nourishing diet, and light airy clothes. He was in no doubt about the importance of avoiding occupations requiring bent or cramped postures. He was not modest about his success but did not claim the treatment to be infallible: ‘Some cases do not recover, but it will I think, be conceded that it is an unprecedented success, hundreds of lives in the last extremity having been saved. . . .’<sup>6</sup> He was rightly appalled by the nihilistic attitude of much of the medical establishment to tuberculosis. That attitude, of course, left the field wide open to academics, inventors and charlatans alike. The story of tuberculosis and the debates about its causes, from innate susceptibility to the final acceptance of communicability, is well told by Porter.<sup>7</sup> Alabone was not alone in being scathing about ‘germ theory’ and Koch’s discoveries regarding the infectious nature of TB. He called it all ‘Kochspiel’, and he would have noted that Koch himself later went consistently and ‘imperiously’ wrong in claiming curative properties for his extract ‘Tuberculin’. Alabone was not good, however, at picking winners: ‘In a short time Pasteurism, Listerism and Kochism will be burned in a common grave’, he claimed in the 47th edition of *The Cure of Consumption*. He was ultimately prepared to accept that there was a tubercle bacillus but not that it caused consumption. It should be added that Alabone made repeated requests to orthodox medical bodies and hospitals to put his methods to the test. There is no record that this ever happened.



**DESCRIPTION.**

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| <p>1.1.—Gauges showing air pressure in globes and reservoirs.</p> <p>2.2.—Globes containing inhalants to be comminuted.</p> <p>3.3.—Screw stops regulating air pressure to globes (above these are stops regulating air pressure for throat sprays).</p> <p>4.4.—Steel reservoirs.</p> <p>5.5.—Stops regulating entrance of air from engine.</p> <p>6.6.—Stop-cocks to shut off engine supply.</p> | <p>7.—Steel cylinder of compressed oxygen or other gas to be used.</p> <p>8.—Gasmeter to contain oxygen or other gas with air.</p> <p>9.—Steam spray.</p> <p>10,10.—Two face-pieces—various kinds are required. (See others in glass case below (12).)</p> <p>11.—Tube, with end fitted for throat and nose sprays.</p> <p>12.—Aseptic case for face-pieces, standing on aseptic table.</p> <p>13.—Gas gauge for spray inhalants (9).</p> |
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Figure 2 Illustration from Alabone’s *Testimonies of patients demonstrating the Curability of Consumption, Asthma and other Diseases of the Chest*, 1900 [Reproduced by permission of the Wellcome Library, London]

**APPEARANCE IN COURT**

Alabone was eventually to stand accused in court. The event attracted widespread comment in national papers and a withering leading article in *The Lancet* (1900; i: 715).

In 1900 he was summoned under Section 40 of the Medical Act for ‘wilfully and falsely pretending to be a doctor of medicine and taking certain letters which implied recognition by the law as a practitioner of medicine’ (*Daily News* 1 March). The prosecution was initiated by the GMC and was in effect a common ‘sting’ operation. An undercover informer wrote to Alabone saying that he had heard of Alabone’s treatment of consumption and, having a sick relative, requested a copy of his pamphlet. According to the *Daily News* report of the trial, a reply was sent by the

defendant stating terms, with a copy of his book. The defendant described himself as MD Philadelphia, and other letters, as well as ex-MRCS.

Defence counsel, Mr Schultess-Young, carefully separated the case from that of others where there had been no qualification, where mala-fides existed and where a conviction was obtained. In this case the 'ignorant practitioner' did not apply. Dr Alabone was qualified, if not registered, and it did not follow that a man lost his brains when his name was struck from the Register (*Stoke Newington Recorder*, 2 March). He went on to say that 'there is not the slightest pretence that there is anything false about his titles as there would be if he had called himself MD solely'. Alabone attested that he had obtained the MD Philadelphia in 1875, long before he was removed from the Medical List, by answering certain questions and writing a thesis on consumption.

The magistrate in summing up said he could not accept the prosecuting counsel's arguments that the description of diplomas was calculated to lead people to suppose that Dr Alabone was entitled to be registered in England. There was nothing to suggest that the diplomas were bogus: Dr Alabone had carefully inserted ex- before MRCS. The summons was dismissed with 10 guineas costs against the GMC; leave to appeal was refused. According to the *Stoke Newington Recorder*, the decision was greeted with applause in court.

The GMC had damaged its image and the *Islington Gazette* reported on 5 March that Alabone 'appeared to glory in his quarrel with the Council and possibly did better as a satirist of their absurd etiquette than he would have done if they had left him alone'. *The Lancet* also pointed to the failure of the GMC in its editorial of 10 March '... the friends of sheer quackery, as well as those persons who, in a desire to be open minded, favour the claims of irregular medicine, will point with triumph to the failure of the GMC to get a judgement in North London Police Court'.

*The Lancet's* argument was that, on the evidence presented, the judgment in Alabone's favour was correct. However, it points out that both institutions from which Alabone obtained a qualification (Philadelphia and Bellevue) were fraudulent, closed by the State Board of Health in 1880. *The Lancet* argued that the court, had they considered this, should have judged the degrees, and therefore Dr Alabone, bogus. It concluded that 'it was not a vexatious prosecution but does not appear to have been a very well presented one'. Into this murky pool strode the weighty figure of Sir Victor Horsley.

### SIR VICTOR HORSLEY

Horsley (1857–1916), one of the most distinguished medical figures of his age, created the specialty of

neurosurgery and was famed nationally and internationally for his research, teaching and operating skills. He was energetic in attempting to protect the public by the suppression of unqualified practice and of quack advertisement. Horsley was active in medical politics too: he is acknowledged as founder of the modern British Medical Association, and he reformed the Medical Defence Union when it was threatened with failure. He was less successful with the GMC, which was offended by his vehemence. Although his lifelong philosophy could be described as radicalism tempered by belief in constitutional methods, he was exasperated by 'the old men of the GMC... they must be crushed or driven to do the right thing' he wrote.<sup>8</sup> He was elected a member of the GMC but failed in his historic attempt to make medicine a closed shop (i.e. attendance on the sick should be restricted to qualified practitioners).

Horsley may have thought that the ridicule heaped on the GMC over its prosecution of Alabone was an opportunity to attack on several fronts.

*The Lancet* on 5 May 1900 reported that, at a conference on medical organization, Horsley was scathing about the incompetence of the GMC and its lawyers, using the Alabone case as an example. The remarks raised a storm of indignation. Alabone's supporters were outraged and his enemies were concerned that vilification of such a nature could rebound to his advantage. On 26 May *The Lancet* printed a letter from Alabone's solicitors stating the true position that there never had been any implication of infamous conduct in his erasure from the Register. To this Horsley replied on 2 June, insisting on his interpretation of the Medical Act—namely, that an offence against the ethics of the profession sufficient to demand expulsion from a College amounted to infamous conduct. Alabone and his supporters were incensed and *The Lancet* stood firm in its own (correct) interpretation of the Act.

Weathering a flurry of correspondence from Alabone's solicitors, supporters and patients, Horsley now kept his silence, neither apologizing nor justifying. Alabone had his own views on the silence, believing it to be wicked and unscrupulous, and the matter was still unresolved when nearly a year later Alabone wrote to Horsley himself 'purposing to publish the correspondence and desire now to offer you any explanation you may like to make...'. The silence must have continued and Alabone duly published a booklet 29 pages long. He gave his reasons in the preface, explaining why, 'being a man of peace', he had not taken out a libel action. Perhaps the most significant point though was this: 'In these days, when every one should be labouring to find means of preventing Consumption and other forms of Tuberculosis, one would have expected men holding high positions in the profession to co-operate with others who have devoted their lives to this end'.<sup>9</sup>

Alabone's sense of injury was deep, and he believed the falsehood was deliberate, aimed at damaging his practice 'as a fellow professional man'. For the remainder of his life he believed he had been 'subject to the greatest persecution and mordacity that had befallen any medical man of the present century.'<sup>10</sup> Every subsequent edition of his professional books, including the last (47th) edition of *The Cure of Consumption* published in 1912, contained further testimony to the hurt and the wrongness of it all. Each edition made renewed appeals for understanding, while setting the record straight, as he saw it, by laying out the particulars of the trials he had suffered at the hands of the RCS and the GMC.

### SUPPORT FOR ALABONE

Alabone had eloquent independent supporters who took up his cause in public, mainly from a libertarian standpoint. Perhaps the most formidable was Labouchère, the radical journalist and politician, who published the weekly journal *Truth*. *Truth* took the line that a technical offence did not or should not remove a person's qualifications, much less his experience. It went on to suggest that covering up for bungling colleagues was a much worse fault. It pointed to blatant advertising by senior medical figures and concluded that Alabone had been unjustly dealt with. *Truth's* final comment on the issue resonates to more recent times. The GMC is a 'tribunal which has deadly power against which there is no appeal. It is in no sense an independent judicial body but the master of the rules it administers and directly interested in every decision it gives'.<sup>11</sup>

Another crusading organ to take up the fight was *The Free Lance*. This journal fired at 'the modern Trades-Unionism, in its worst sense' of the GMC. In November 1900 *The Free Lance* printed this comment: 'In an ordinary court of justice all evidence is given openly and no vulgar informers are allowed to shelter themselves under the cloak of secrecy, but the Medical Council seems to be a renovation of the old Star Chamber or the Inquisition'. In the case of Dr Alabone the persecutors appeared to have been 'actuated by pure jealousy. A great good will have been accomplished if the veil of secrecy surrounding the [G]MC were to be removed'.

Alabone's practice in the early years of the 20th century, having been badly damaged by controversy and bad publicity, recovered and prospered up to his last years. His treatments were unchanged although he invented various new ways of delivering them. His books and their content of theory and self-justification likewise remained untouched by scientific and clinical advance, in particular the universal acceptance of the infectious origin of tuberculosis.

### OBITUARIES

Misfortune pressed hard in Alabone's last year; his wife died aged 52, and a fire at his publishers robbed him of valuable editions of his works (the book of curves alone was priced at two guineas), and ill health was creeping upon him. Alabone died in 1913 of bowel cancer at the age of 65, leaving an estate worth £25 000.

Sympathetic obituaries described him as a kindly and original man. They referred to his humanity and generosity and his refusal to accept payments from poor patients, and to the grief he felt at the separation from his colleagues and the solitary application of his own researches. The body of work on poly-cyclo-epicycloidal curves was mentioned as giving Alabone great pleasure and not a little solace as he corresponded with other enthusiasts, in contrast to his bruising encounters with the medical establishment.

### CONCLUSION

Alabone should be judged by the standards and knowledge of his time. There were many and various contemporary treatments for tuberculosis and some seem a good deal more bizarre than his. Alabone's misfortune was to have run into a medical establishment trying to clean up quackery within the profession while at the same time protecting the interest of its members. The traditional *Punch* image of doctors as a tribe steeped in snobbery and devoted to self-advancement was giving way slowly to the aspirations of reformers. This meant regulation and standards, or restrictive practices, depending on your viewpoint. The battle was long and bitterly fought. Regulation of practice and the setting of standards may have reduced flagrant competition within the profession, but professionalization required limitation of some lucrative sidelines such as the advertising of practice and of novel cures.

Last year the *BMJ*, in its series 'one hundred years ago', reprinted an apposite piece on professional jealousy from 1904. The article tells of the Italian philosopher Ferriani, who had created a scale of jealousy in various professions.<sup>12</sup> Doctors were listed as among the most jealous (exceeded only by actors), and Ferriani suggested that they displayed the vice by affecting to regard each other as quacks. The article goes on: 'But it is to be feared that in a profession in which men are necessarily brought into such close personal rivalry as is the case in medicine, jealousy, with its unhappy and often degrading consequences, is inevitable.' Alabone may well have fallen foul of such jealousy.

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