
Alexander Gordon: A Practitioner Marginalized within his Community and the Medical Profession

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Résumé

Vidéo de l'intervention accessible sur la plateforme Canal-U

An epidemic of childbed fever (i.e., puerperal fever) arose in Aberdeen, Scotland between 1789-1792. Alexander Gordon (1752-1799), a physician for the Aberdeen Public Dispensary, treated many of the women who became ill and kept records of each case in which he was consulted. He realized that midwives and physicians were the connecting link between cases, and thus he concluded that it was an infectious disease carried by midwives and physicians from patient to patient. This paper first examines the nature of Gordon's arguments, and then it explores why his views about the infectious nature of puerperal fever were not accepted by the midwives and physicians in Aberdeen or by the larger medical community.

Gordon provided a series of distinct arguments for the infectious nature of puerperal fever, and that these arguments go well beyond the mere recognition that physicians and midwives can serve as possible agents of transmission. Gordon published his conclusions in "A Treatise on the Epidemic Puerperal Fever of Aberdeen" (1795), but the nature and range of his arguments in the "Treatise" become clearer in light of his views on the method of acquiring scientific and medical knowledge that he presents in his manuscripts "A System of Midwifery" and "The Practice of Physick." He provided a series of three arguments that challenged established view of the etiology of puerperal fever. The first arguments that he presented undercut the miasma theory and supported his account base upon geographic distribution of cases within Aberdeen and surrounding countryside. Secondly, he argued that puerperal fever is infectious based upon the time and conditions under which the symptoms first appear. A third argument is based upon his experience as the physician for the Aberdeen Public Dispensary. In this capacity he observed, recorded, and treated over 12,000 patients with an array of illnesses over a nine-year period. He not only discovered a correlation between the number of cases of puerperal fever and erysipelas (i.e., a recognized infectious fever), but also noted that a surgeon can acquire an inflammation and fever as the result of a scratch during a dissection of a patient who died of puerperal fever. As a result, he concluded that there is a single infectious disease.

Despite these arguments Gordon's views were not accepted; he was an outcast among both midwives and physicians in Aberdeen and left the city in December of 1795 after publishing his "Treatise." This paper explores issues of class and related social factors that pushed Gordon to the edge of medical community in Aberdeen. It finally examines Gordon's view of medicine and scientific method that were grounded in empirical practice and how this placed

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him in opposition to prevailing views in medicine.

Thus, Gordon provides a case study of a practitioner who attempted to enter the mainstream medical community and attempted to disseminate his ideas via the popular press, public lectures for midwives, and professional publications but nevertheless remained an outsider.