

DR THOMAS (“QUICKSILVER”) DOVER, 1660–1742
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Our President's passing reference in his after-dinner speech to Dr Dover as one of Bristol's outstanding physicians left us only with the knowledge that he was the originator of the famous powder, Pulv. Ipecac. Co., which bears his name. Another colleague reminded me that Dover was nicknamed in his later years, Dr Quicksilver, and suggested him as a suitable subject for a biographical postscript.

Thomas Dover was born at Barton-on-the-Heath in south Warwickshire, the son of a gentleman farmer sometime Royalist Captain of Horse under Prince Rupert. The boy's farmhouse childhood was no doubt surrounded by traces of the Civil War and we can well guess how his imagination must have been fired by his father's tales of action on the battlefield. So far as can be gathered young Dover was educated locally. At the age of 20 he became a commoner at Oxford but after taking his B.A. decided to move to Cambridge where the facilities for a medical education were then decidedly better. He qualified M.B. in 1687. Of these years we have little record but he seems to have enjoyed the wild life of an undergraduate and no doubt took part in the sports and pastimes of the age—bowls, athletics, shooting with the long bow, swimming, and bell ringing.

On coming down from Cambridge he was indeed fortunate to become the house-pupil of the famous Thomas Sydenham in Pall Mall. From Sydenham he learned the practice of “th' empirick art”. In his later writings Dover refers to him as the “father of physic” and “the honest and good Dr Sydenham”. The scientific stimulus of Sydenham's teaching was not Dover's only debt to the master. In an age when typhoid, typhus, malaria, and smallpox were accepted everyday hazards, teacher and pupil became physician and patient. Dover tells us in detail in his “Ancient Physician's Legacy to his Country” (1732) how Sydenham treated him for

smallpox by the “cooling method”. This means the patient being up and about in the early days of the infection, then, bed rest with a vomit, opium, beer, and moderate bleeding, with nursing to be conducted in a room with wide open windows. These were revolutionary approaches to the disease combining the results of shrewd bedside observations with “the healing power of nature”.

Who knows but that this illness and its treatment may have proved a vivid personal experience to the young doctor and prompted him to a real appreciation of the drug opium and eventually its inclusion in the famous powder. The example of Sydenham's independent spirit and his leadership in a scientific awakening in the midst of political unrest and religious strife no doubt left a lasting impression and contributed to making Dover a thoroughly practical if forthright physician.

Dover married in 1681 and returned home to oversee his sick father's farm and to be a country practitioner. This was probably the best he could do. Quacks were rampant in England and mercenary apothecaries abounded, both unhindered by law. Many medical men were virtually unemployed. In the great controversy which raged, Dover was a “dispensarian”. He abhorred the practice of independent apothecaries, of whom Alexander Pope (1711) was later to say:

“Bold in the practice of mistaken rules,
Prescribe, apply and call their masters fools.”

On the death of his father in 1696, Dover moved to Bristol, then the second city of the Kingdom with a population of 25,000. It was a busy, thriving port with a great deal of trade with North America, the West Indies, and Mediterranean countries. The slave trade too was well under way at this period. Dover became honorary physician to St. Peter's Hospital (later to become railway property and to disappear in the bombing of Bristol in 1942). In his “Transactions of the Incorporation of the Poor”

(1826), Johnson tells us that Dover was “the first medical man who gratuitously offered his services on behalf of the poor under care of the Guardians in 1696”. St Peter’s Workhouse hospital was the first of its kind in the country. Its formation and function were confirmed by Act of Parliament in the Bristol Poor Law Act of 1696. The pattern of hospital care was imitated throughout the country for two centuries.

Even when Dover finally left Bristol some 12 years later there were still only five physicians in the town. If the same number practised in his earlier years this would make an average of 5,000 patients each. There is no doubt that he built up a lucrative practice amongst Bristol’s wealthy merchants and tradesmen. Soon he was able to build himself the first house in what was to become fashionable Queen’s Square. One can imagine him in his three-cornered black hat, wig, and velvet suit, suitably gaitered, going around on his visits in the ceaseless traffic of pack horses, carts, and sledges in the narrow streets of the city. He would perhaps wear a rapier but his professional cane was the real clue to his identity as a physician. The ornamented knob of the cane would contain the indispensable aromatic vinegar to be held near his nose to ward off infection—a practice which Dover must have indulged in frequently. He tells us that at one point in his Bristol career he was visiting 25 typhus patients daily. His rounds over, he would repair to a coffee house, there to consult with surgeon and apothecary. As in all waves of prosperity Bristol had its problems in dealing with the anti-social; moral offenders were exhibited for ridicule and lewdness was punished by setting the offender on a horse backwards and driving him or her through the streets. Wives guilty of common scolding or nagging were tied in a ducking stool and plunged into the river Frome (Latimer, 1893).

Doubtless through the good offices of his seafaring friends, Dover was able to take a trip to the West Indies in 1702. This must have engendered the wanderlust in him, for in 1708 he invested £3,312, the second largest share of thirty, in a privateering voyage which took him round the world. Dover has been labelled “buccaneer” and “pirate” but these labels are unwarranted. The Prize Act (1708), approved by Queen Anne, was “An act for the better plying of the trade of the Kingdom”. At the international trade level it was directed principally against the Spaniards. The whole of any prize was to be shared by the operators and bounties were offered. Since private ventures were thereby made legal in British law, the operators must rightly be regarded as anything but pirates.

Two ships, the *Duke* and the *Duchess*, were equipped, armed, and manned at the port of Bristol. As one of the principal investors, Dr Dover, styled Capt. Dover, was second captain to Woodes-Rogers of the *Duke*. He was also president of the council of the expedition which defined the duties of the various members and the articles to be purchased, and not least he was largely responsible for drawing up the agreement regarding the disposal of prizes. By virtue of his position as president, Dover had a double voice and vote in all deliberations. Suitably escorted out from Bristol the *Duke* and *Duchess* began their voyage in late 1709. On February 1, 1710, at the island of St Fernandez, Dover led a landing party to investigate a light on the island. There he discovered Alexander Selkirk whose lone stay of over 4 years on St Fernandez formed the basis of Defoe’s legendary tale of Robinson Crusoe.

One of Dover’s duties was to train landing and boarding parties. He led the vanguard, with no little panache, in an attack on the twin cities of Guayaquil—storming the cities, ransacking them, and making secure prizes to the value of £1,200 for the loss of only two men. A detailed record of the engagement has been left to us by the first captain, Woodes-Rogers, who describes Dover as “a man of rough temper who could not easily agree with those about him”. It seems that Dover’s restless spirit made him at times a cantankerous companion.

On course to the Galapagos Islands a 30 ton barque laden with provisions, including fresh fruit and vegetables, was taken and this must have done much to stiffen morale.

A serious legacy of the Guayaquil action was an outbreak of plague which Dover tells us affected 180 crew members. “They all had spots which in the Great Plague were called Tokens.” His treatment was bleeding and copious fluids and he claimed to have lost only eight patients, though Woodes-Rogers puts the number at thirteen. It is of interest to note that at this period the three surgeons with the expedition “made heavy complaint” about the shortage of medicines. Since all concerned had commented, at the outset, on the abundance of medical supplies the complaint is not readily understood.

Following a further action, 35 captured Negroes were, like other members of the crews, trained as boarding and landing parties and all gave good service in the capture of another ship; there is no record that Dover’s responsibility for their training was a matter for congratulation.

Several Negresses were also taken on board and Woodes-Rogers (1726) reported that one undesirable, shortly after arrival on board, was the cause of venereal disease; "... one John Edwards, a youth, died of a complication of scurvy and the pox which he got from a loathsome Negress whom we afterwards gave to the prisoners that she might do no further mischief on board". It is strange that there are no reports other than this of syphilis in the writings of Woodes-Rogers, of Cooke (1712), who was second captain of the *Duchess*, or of Dover himself, though the disease must have been common. Nor are there any descriptions of yaws. Perhaps both were all too familiar and hence not worthy of comment.

The expedition progressed from one success to another. The captaincy of one of the most precious prizes, re-named the *Bachelor*, was given to Dover but only after a great deal of acrimonious discussion in the council. The robust Dr Dover was as intransigent in committee as in action.

Well laden with plunder the expedition returned without incident *via* Guam and Batavia to Holland and finally home in 1711, the round trip having lasted nearly 3 years. The total value of the prizes has been estimated at between £120,000 and £170,000. Dover's share was £6,067 plus £423 as physician, £100 storm money, £24 plunder money, and £35 as captain of the *Bachelor*. This makes a total gain of £6,689 in 3 years on his investment of £3,312. There seems no doubt that much of the money realized on the total prize was whittled away by intrigue, corruption, and the payment of middlemen.

One interesting relic of the voyage is a pair of candlesticks, still in Bristol Cathedral; their bases are engraved to show the *Duke* and the *Duchess* in full sail, and they bear the family crest of the Rumseys. John Rumsey was town clerk of Bristol in Dover's time and was one of the Merchant Adventurers of Bristol who subscribed to the venture. The candlesticks were made by Gabriel Sleath and bear a Queen Anne hallmark. Two reports on their cost vary considerably. One states £114 (Evans, 1824) and the other, £162. 10s. 0d. (Ellis, 1949).

The legendary splendour of the voyage created much public interest and excitement and Dover's reputation no doubt stood high. With this and his financial affairs settled, one might have expected him to settle for a lucrative "social" practice in London. Instead he treated himself to a holiday in Europe, going as far as Asia Minor. In Hungary he visited the quicksilver mines and noted that the "slave" miners

swallowed raw mercury "that they could buy a choppin of drink with it at night".

On his return, according to Strong (1955), he went back to Bristol and to the practice of medicine. This seems likely. He would be unable to practise in Westminster or for 6 miles around, since he was not a licentiate or member of the College of Physicians of London. He moved to Cecil Street, Strand, about 1720 perhaps first practising medicine there as a hobby. Later he was to take the matter more seriously.

His investments, probably as much as £6,000, in the South Sea Company were swept away when stocks fell with a spate of writs against bubble companies generally. Plagued by creditors Dover sold his inherited estates at Barton-on-the-Heath for £3,400, and with all debts settled he was left with only £140. It was about this time too that his wife is believed to have died. Dover seems to have met these reverses in a characteristically undaunted fashion. On January 6, 1721, now aged 61 years, he successfully applied for admission to the College of Physicians and was soon involved in an outbreak of smallpox. He employed Sydenham's "cooling method" with renewed vigour. His belief in the régime was no doubt strengthened by his recorded observation that when Negroes suffer the disease many recover because they leave the disease mostly to nature to resolve. It may have been of course that the disease he witnessed in far off places was alastrim. Be that as it may, the outbreak gave his beliefs and independent spirit a chance to exercise themselves. Indeed he seems to have been over-enthusiastic for he was called before the censors of the College of Physicians only 5 months after registration to answer a summons for decrying another physician whom he claimed had bungled.

In 1729 he returned to Bristol and began writing his famous book "The Ancient Physician's Legacy to his Country". This was first published in 1732, by which time Dover was back in London, styling himself as a typical 18th century fashionable physician. Although he called himself but "a poor bachelor of Physic", in the title page of the book he is shown as "M.D.". He tells us in the sixth edition (1742) that the book "made a great noise in London and was the subject of almost every coffee house". There is no doubt that it was a great success. It was more than just a home doctor; it aimed at the education of colleagues as well as of the public. Its robust style is calculated to excite comment, and the undaunted Dover seems to have sought to re-coup his fortunes by self-advertisement. By denigrating his colleagues in general and those of the College of

Physicians in particular—he claimed the College to be a repository of inefficiency—he sought to show his own merit. How, he asks, can a doctor claim to know diseases when he has never had the advantage of travel and seen them in all their variations. No opportunity is lost to score over his fellows.

In claiming to be up-to-date in therapeutics Dover denies the doctrine of “signatures”, that is, treatment of disease with a plant whose name has something in common with the illness or the affected organ, *e.g.* liverwort infusion for jaundice. Another example was bezoar stones (gall stones from the Persian wild goat) which were carried to secure freedom from gall stones and stones generally. He declaimed against prescriptions he considered outdated. There is no doubt that he was abreast of his time in pharmacology.

Of the 120 diseases he describes not a few are dealt with in the flimsiest fashion and outrageous inaccuracies are set down with no little dogmatism. His lack of modesty, grand flourishes of eloquence, and accounts of his experiences general and medical, bring a travelogue quality here and there. All these no doubt accounted for the book’s popularity. With his treasured beliefs so belligerently sounded his writing carried conviction and inspired confidence. Not least he comes through to us in many pages as the devoted doctor desirous only of bringing hope and help to the sick.

On page 101 of the first edition we find the prescription for his powder. It was at first recommended as an analgesic but later its diaphoretic qualities were recognized. These two effects and the promise offered of sound sleep in fevers were still taught in the recent thirties; and not only in Great Britain. Like others I noted that all captured Italian medical panniers in the Western Desert were never without a liberal supply of Dover’s powders.

But what of quicksilver?

Mercury, principally in ointment form, had been employed in medicine for many centuries before Dover brought the raw material into widespread use. He tells us that Paracelsus and others prescribed it raw. A single *pound* dose was commonly given in cases of intestinal obstruction in the 17th century. What Dover did was to claim that the crude metal had many other properties. He had first used it in his early days in Bristol for hysteria and asthma and always with great success. He advised that it should be heated and taken in one ounce doses. He recommended it for a wide variety of illnesses, even mentioning “the pox” (p. 31). Fortunately he did not make great play of this. No doubt he recognized that the drug was not absorbed. He says he took it

regularly himself for 40 years. In spite of taunting by his detractors—no less than five challenged him in print—he offered no pharmacological reason why quicksilver should prove of benefit in any of the numerous illnesses for which he prescribed it. So the great quicksilver vogue began. Indeed it became the rage, so much so that when teased with the title “Dr Quicksilver”, Dover felt secure enough to ask simply “Why am I so called?”.

Chief amongst his antagonists was Daniel Turner (1733), physician to the London Lock Hospital. Turner was at pains to point out, amongst much else, that raw mercury was useless in the treatment of syphilis. One can well imagine the anxiety of Turner, and feel in sympathy with his fears, for an anonymous challenger (1733) quotes a case—“A young gentleman . . . had the venereal disease caused by fast living. Dr Dover ordered the young gentleman to take crude mercury. At first he improved but later the patient had a violent dysentery which made an end of all his complaints and his life also”.

Such was the forcefulness of Dover’s personality that the popularity of quicksilver lasted many years. His book ran to eight editions, the last being published some 20 years after his death. It was also translated into French.

Re-established financially, Dover retired when over 80 years old to live with his kinsman Robert Tracy to whom he had dedicated the “Ancient Physician’s Legacy”. He died in 1742 and was buried in the Tracy family vault at Stanway in Gloucestershire. No memorial tablet exists (Nixon, 1913).

Opinions of Dr Thomas Dover must vary widely from quack, mountebank, and buccaneer to successful physician, seaman, and author. Whatever view we take one thing can be agreed. In the ill-settled social times of his life when individualists were in profusion he succeeded in being a character in a world of characters.

A close study of his career reveals that neither the dynamism of his life nor his quicksilver contributed anything useful to the history of syphilis. His endeavours and his close association with Bristol, however, serve to remind us of the vigour and colourfulness with which our society pursued its work and its pleasures in that handsome city.

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