Privates on Parade: Soldiers, Medicine and the Treatment of Inguinal Hernias in Georgian England

Philip R. Mills

Hernias were prevalent among servicemen, typically recruited from amongst the malnourished. Civilian medical practice deemed the rupture incurable, taking a palliative approach. For the military this was unacceptable: wastage rates due to ruptures were high, servicemen were valuable commodities. Examples here are used to illustrate that experimentation was a contentious activity, reliant on the whims of patronage and war-time budgets. Although military hospitals provided a good venue to engage in experimentation it was contested.

Introduction

In May 1766, ‘an account of an uncommon large hernia’ was published in the *Royal Society of London Philosophical Transactions*. Dr George Carlisle reported brief biographical and autopsy details of ex-serviceman, John Hollowday, who had died in Carlisle of natural causes, aged approximately eighty. Hollowday joined the army as a young man and underwent ‘several hardships in the Flanders campaigns under the Duke of Marlborough’ during the War of Spanish Succession (1701–13). On returning to England in 1713, he noticed ‘a small tumour’ in the right side of his groin. Finding this of little inconvenience, Hollowday carefully concealed the hernia ‘to avoid the scoffs of his companions’. The hernia increased in size, until adjudged ‘unfit to serve’, he was admitted as an out-pensioner of the Royal Hospital, Chelsea in 1725, whilst still in his mid-thirties.

Carlisle deemed this hernia remarkable in a number of ways - not least for its size. When Hollowday lay on the mortuary slab the hernia measured fifteen inches from top to bottom, seventeen-and-a-half inches at its widest point and thirty-four inches in circumference, see Figure 6.1 overleaf. Over a fifty-five year period, a large portion of intestines had gradually slipped through the inguinal ring on the right side of his lower abdomen, followed the path of the spermatic cord to form a mammoth scrotal hernia that buried...
any outside appearance of a penis. The sheer bulk of the hernia obliged the pensioner to have a specially constructed bag attached to the front of his trousers, over which he always wore a leather apron to conceal the deformity. On opening the cadaver, Carlisle discovered that the liver, stomach and pancreas had enlarged and migrated to fill the area vacated by the intestines. Remarkably, apart from the occasional chafing of thigh and scrotum, the hernia caused no discomfort. Both bowel and bladder apparently functioned normally. Even in his dotage, Hollowday was described by his doctor as a stout, strong, ‘well-made man’, ‘not subject to any other complaints than are common at his age’.

Hollowday’s case was far from unique. Indeed, its very ordinariness makes it an exemplary illustration of the four major characteristics of eighteenth-century hernia treatment in Britain. First, predominately a male