

EDWARD BANCROFT, M.D., F.R.S. ABERRANT 'PRACTITIONER OF PHYSICK'

by

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THE NAME Edward Bancroft brings to mind the devious career of a master of deception and intrigue. He was, in fact, a many-sided person, but of lesser stature and character than other many-faceted persons of the American Revolutionary period.

Bancroft has been accused of practising everything but medicine, the one profession for which he was trained. He had a gambler's instincts and inclinations. The appellation of 'stock-jobber' given him by King George III was not undeserved. He was also a writer of some merit in the realm of politics, natural history, fiction, and scientific subjects, including medicine. All of these talents he possessed in addition to his unique talent as a dissembler.

During the present century the attention of professional historians has been centred on Edward Bancroft largely because of his spy activities during the American Revolution.¹ This is an understandable aftermath of the release in 1889 by the British government of certain secret documents of the American Revolutionary period, and their becoming available to scholars through the publication of B. F. Stevens' *Facsimiles of Manuscripts in European Archives Relating to America, 1773–1783*.² Prior to that time, except for some contemporaries such as Arthur Lee, only the historian George Bancroft, who was not related, suspected the duplicity of Edward Bancroft.

Rather than attempt to cover again the familiar ground of Bancroft's role as a double agent in the American Revolution, with its fascination and still unsolved facets, this paper will consider Edward Bancroft's background and accomplishments as a physician, or 'practitioner of physick'.

Edward Bancroft was born in Westfield, Massachusetts, in 1744. Except for his early years he spent most of his life away from American shores. His father died when he was two years of age. His mother remarried after a few years, and moved to Hartford, Connecticut. His stepfather, David Bull, operated the Bunch of Grapes Tavern in Hartford, which became a meeting place for prominent leaders of the Revolution when they were in the area.

While still in his teens Edward was attracted to the field of medicine, and served as an apprentice with Dr. Thomas Williams of Lebanon, Connecticut. Williams, a graduate of Yale College, was later a leader in the movement to organize a new medical college in New England. Little is known of his specific medical interests and skills. He spent his lifetime practising in Lebanon.

Compared with modern standards for the practice of medicine and the training of physicians, an appalling situation obtained in mid-eighteenth-century colonial America. Only a small percentage of the medical practitioners had secured degrees in Europe. Between 1758 and 1788 only sixty-three Americans received medical degrees

from Edinburgh, an average of about two a year. In the colonies many simply took upon themselves the title of physician and surgeon, with little or no training or medical experience, and often with disastrous results to their 'patients'.

Generally a practitioner who himself had learned medicine as an apprentice took under his direction a young man who perhaps had only the equivalent of a grammar school education. If the practitioner were competent and the young apprentice intelligent and adequately motivated, relative success in the training of a physician might be achieved. In too many instances this was not the case.

Of conditions at this time, one contemporary historian wrote:

A young man without any liberal education, by living a year or two in any quality with a practitioner of any sort, apothecary, cancer doctor, cutter for the stone, bone-setters, tooth drawer, &c. with the essential fundamentals of ignorance and impudence, is esteemed to qualify himself for all the branches of the medical art, as much or more than gentlemen in Europe well born, liberally educated (and therefore modest likewise) [who] have travelled much, attended medical professors of many denominations, frequented city hospitals, and camp infirmaries, &c. for many years.³

Prior to the founding of medical schools in the United States it was recommended that those who wished to study medicine should go abroad to obtain their training. Unfortunately many of the young men who were interested in medicine did not have the necessary funds. It was especially for the benefit of such that apprenticeships evolved. An apprenticeship was a very easy thing for a physician to institute, and also to terminate, as there were practically no regulatory laws. Anyone could practise medicine, however poorly educated. As a result, charlatans abounded in the early colonial period.

The 'organization' of an apprenticeship varied from place to place and from time to time. It might include merely following and observing a physician. Occasionally a physician permitted his apprentice to prescribe treatment and mix medications so that he might assess his progress as a diagnostician and apothecary. There was no predetermined number of years of study, however it usually extended from two to six years. It was not uncommon for an apprentice to leave the physician with whom he was associated and set up his own practice whenever he felt capable. Apprentices who were located in the vicinity of medical schools were encouraged to enrol in such subjects as anatomy and physiology.

Some attempts were made to regulate the practice of medicine. In Connecticut, the state in which Bancroft studied, several laws were enacted by 1773 to prevent the spread of smallpox, to exempt physicians from military service, to require quarantine of an infected person entering the state, and to suppress dealers in quack medicines. Up to this time no laws had been passed in Connecticut to regulate medical training or to license doctors to practise.⁴

Shortly after the middle of the eighteenth century, widespread dissatisfaction with the practice of medicine and the training of physicians led to a revolution of sorts in medical education. Medical schools were founded and hospitals were improved. A sense of professional feeling developed among the more competent and conscientious practitioners. These new currents were stirring at the precise time that Edward Bancroft was serving as an understudy to Dr. Williams in Lebanon.

In a letter to Dr. Williams from Edward Bancroft, written from Guiana in December 1763, when Edward was nineteen years of age, the fledgling practitioner told of the use to which he was putting his medical training in that distant land. Edward had left New England rather hurriedly and under some provocation which he alluded to in this letter. 'Insults received, a Haughty Disposition, and a Roving Fancy, conspired in effecting this adventure. . . .' After stopping at Barbados briefly, he had proceeded to the River Demerara, and by a stroke of good fortune made some contacts with certain gentlemen of note, including a physician from Edinburgh. Through these contacts he found employment as a surgeon to a gentleman of fortune who owned two large plantations. He was even assisted by a nurse, who dispensed his prescriptions. He and his employers seemed very well satisfied with the arrangement and Bancroft estimated that during the first year he would be able to save over and above all expenses, one hundred pounds. After the first year he would clear even more. 'I have been now for near three Months employed in the business of our Profession, & I have the satisfaction to find that my practice has been successful to my patients & agreeable to my employer.'⁵

In spite of his successes, both professional and financial, which he related with some enthusiasm to Dr. Williams, Bancroft relinquished his medical practice early in 1766 and made his way back to Boston and Hartford in August of that year. A few months later he sailed for London, arriving in May 1767. He became, the following year, a physician's pupil at St. Bartholomew's Hospital. Two years later Bancroft returned briefly to Surinam, and the following year he was back in New England for a short stay. Early in 1771 he returned to London, which was to become his home except for a period when he made his home in France during the last years of the American Revolution.

When Bancroft was twenty-five years of age he published several works, including a pamphlet dealing with the conflict between the colonies and the mother country. In this he argued effectively in favour of the colonial position with respect to certain inherent rights of the colonies within the British Empire. He also published at this time a three-volume novel entitled *The History of Charles Wentworth*, which was decidedly anti-religious in tone. John Adams' wife, Abigail, after meeting the author at a later time, expressed in a letter her impressions of the author of a work which was considered irreverent if not atheistic.⁶

Bancroft's significant publication, touching on natural science and medicine was *An Essay on the Natural History of Guiana in South America*.⁷ He dedicated this book to a prominent London physician of the last half of the eighteenth century, Dr. William Pitcairn, who served on the staff of St. Bartholomew's Hospital, London, for thirty years after his initial election to the staff in 1750. Bancroft did not, at first, identify himself as the author of this work, but later he was persuaded to put his name on the volume. The book is in the form of letters addressed to his brother from the plantation on the River Demerara during the year 1766, the last year he lived in that area. In this book he first presented a history of Guiana and its geography, government, climate, plant and animal life, minerals, and the inhabitants. He then dealt with the colonizing influence of the European nations. He recorded in detail his first-hand observations of slavery as it existed on the River plantations of Guiana.

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Finally, as a medical practitioner, he devoted considerable attention to the various diseases which were common in the region, and the remedies that were used in treating them. He mentioned leprosy, yaws worms, colic, fevers, snake bite, among other health problems of the people.

He did a commendable job of describing leprosy, which was not markedly different from current textbook descriptions. His basic treatment of this disease by isolation is still practised. While his explanation of the cause of yaws is not viable in the light of present knowledge, his treatment by eruption and sulphur had much to recommend it when allowance is made for the limited knowledge and medications available at the time. His description of 'dry gripes' is consistent with that of gastroenteritis, and his recommendation of anti-spasmodics is essentially the treatment used today.

What Bancroft called 'intermittent fever' may have been malaria, which was certainly present in the region, but his recommendation of pepper to prevent the recurrence of symptoms does not stand up in the light of present knowledge. His description of 'bilious, putrid fever' suggests infectious hepatitis. His recommended treatment was bark, snake root, and oils.

He apparently had extensive experience with venomous snake bites. He admitted their great variety and their usually fatal outcome. The treatment he recommended was a poultice of lemon or lime pulp. His lack of knowledge is understandable on this complex subject, since it has been only in recent years that researchers have begun to understand the pathophysiology of snake toxin.

Considering the time in which he wrote, and his very limited training, Edward Bancroft appears to have been reasonably accurate and knowledgeable in his comments on diseases and their management at this period. He demonstrated the qualities of a good observer and recorded facts carefully and accurately, but this does not suggest that he was necessarily a competent clinician. His main strength was as a scientist, and the attitude in which he approached these various problems was above reproach.

The persistence of Bancroft's interest in a medical career is revealed in his connexion with St. Bartholomew's Hospital when he first arrived there from America, and later in his persevering to the point of securing the M.D. degree by the time he was thirty years of age. When Bancroft arrived at St. Bartholomew's, the new main structure had just been completed. At that time there were almost four hundred and fifty outpatients seen each week at this hospital.⁸

Bancroft's choice of St. Bartholomew's Hospital to further his medical training was a wise decision, as this institution, dating from 1145, was highly respected then, as it is today. Many physicians who have made lasting contributions to the field of medicine were connected at one time or another with this venerable hospital. A list of such would include Dr. William Harvey, Dr. Percivall Pott, and Sir James Paget, to mention only three. During the years that Bancroft was at St. Bartholomew's, cauterization was first used in surgery for the control of bleeding.

The medical training at St. Bartholomew's Hospital attracted three types of students. The first group were physicians in practice, who accompanied the hospital physicians to the wards and to autopsies. The second group were those who were just proceeding to medical degrees. The third and most numerous group consisted of apprentices who

obtained permission to come and follow practice at St. Bartholomew's. It is likely that Bancroft fell into the third category, and he probably was an apprentice of Dr. Pitcairn during his time there.⁹

Meanwhile, the aspiring Bancroft had made the acquaintance of Benjamin Franklin, a fact which was to be of great significance to both men in the years to come. In the fall of 1769 Dr. Franklin wrote to Dr. Lind of the Edinburgh University medical faculty recommending Edward Bancroft for consideration as a medical student there. The venerable American philosopher-diplomat wrote, '... I beg leave ... to recommend him [Bancroft] to your civilities, as an ingenious young American, who visits Edinburgh with a view to prosecuting his medical studies in your School of Physic, now the most celebrated of the kind in the known world.'¹⁰

Whatever his reasons, Bancroft did not enrol at Edinburgh although it was a favoured mecca for Americans interested in the study of medicine. Before the end of the eighteenth century, more than a hundred Americans received medical degrees from Edinburgh. While there is no evidence that Edward Bancroft ever enrolled at Edinburgh, his son, Edward Nathaniel Bancroft, attended there during the 1794–1795 session, and Dr. Bancroft's brother, Daniel, took medical classes there in 1769–1770.¹¹

It was at this time that the struggle to upgrade membership in the Royal College of Physicians was under way. The president of the Edinburgh College of Physicians 'made considerable efforts ... to reform the lax practices still maintained at Aberdeen and St. Andrews. Their continuance gives some colourable excuse for the exclusive policy pursued in London toward all Scottish graduates.'¹²

At some Scottish universities up to this time a degree was often given on the basis of a thesis, and the recipients were not always sufficiently qualified for the honour. 'It could be had at some of them even *in absentia*, for a payment of twenty pounds. ...'¹³ Edinburgh and Glasgow were tightening their standards in this period, though Aberdeen and St. Andrews continued for a time to traffic in degrees.

Edinburgh into the early eighteenth century trained its physicians on an apprenticeship basis. Students virtually lived with a physician, and very few actually attended the university. In 1726 a medical faculty was established and the medical training became much more structured and regulated.

About the time that Bancroft obtained his medical degree from Aberdeen, considerable significant research was being carried on in the British Isles. Joseph Black discovered carbon dioxide, and Daniel Rutherford isolated nitrogen. It was first understood that contaminated water, when boiled, was rendered safe to drink, a method of inoculation for measles was suggested, and diphtheria was first described. The lymphatic system of the body was also first discovered shortly before Bancroft received his M.D. degree.

Just why Bancroft did not attend the University of Edinburgh, or seek its degree remains unanswered. It is likely that with the type of recommendations he could furnish, he would have been admitted. It may be that he chose not to endure the rigors of a three-year intensive medical programme, or it is possible that Dr. George Fordyce, who was one of the two men recommending Bancroft for an M.D. degree at Aberdeen, and a graduate in arts of that university, advised Bancroft to seek his medical credentials there instead.

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Although Edinburgh came into being later than either Glasgow or Aberdeen, the quality of education there surpassed the other two. At Aberdeen the medical courses were interspersed with liberal arts subjects, and a person who received his degree as a *Doctus in Medicina* therefore was not necessarily a skilled practitioner. It was not uncommon for the same professor to teach medicine with Oriental Languages, or even with Mathematics. A degree in medicine was conferred not with the idea of giving a person a professional licence to practise medicine, but as an honorary distinction. It was not given by examination, and did not reflect his general or professional attainments.¹⁴

An example of the ease with which an M.D. degree might be obtained even *in absentia*, is revealed in these records:

May 31, 1712. Mr. Patrick Blair, apothecary in Kubar, who had been recommended by the Bishop of Aberdeen and several eminent physicians in Angus, was graduated Doctor of Medicine. November 10, 1719. This day the masters signed a diploma gratis in favor of Mr. Alexander Anderson, minister at Duplis, as Doctor of Medicine, he being a gentleman of proven skill of physick, as also his father having once been Regent, and his grandfather, Mr. John Rou once principal of this university.¹⁵

It appears that this method of obtaining an M.D. degree persisted until approximately twelve years after Bancroft acquired his, when an ultimately unsuccessful attempt to unite King's and Marischal Colleges for the purpose of creating a definitive medical school was attempted. The first examination papers for an M.D. degree at Aberdeen were set up in 1787.

Some of the faculty were incompetent and had no interest in teaching. Dr. James Bannerman 'was a proud, lazy, and inefficient man,' who paid so little attention to the duties of his job that he ultimately turned them over to a tailor and went to live elsewhere till his death many years later. It is said that neither Bannerman nor his son gave one lecture during the forty-five years of tenure at the post of mediciner at Aberdeen. Several further attempts to consolidate and organize a recognized medical school were aborted until 1789, when the real effort was initiated by, ironically enough, the students themselves when they founded the medical society.¹⁶ Thus it appears that Bancroft barely got in under the wire and obtained his degree without need to even put in an appearance at Aberdeen.

The records confirm that it was from Marischal College of Aberdeen University that Edward Bancroft received the M.D. degree in 1774.¹⁷ A recent letter from the archivist and keeper of manuscripts of this institution, Colin McLaren, contains the following statement: 'For the greater part of the 18th century the degree of M.D. was awarded at both Kings College and University, and Marischal College and University on the attestation of fellow physicians, although sometimes candidates underwent an examination or had to produce other proof of their medical attainments. . . . Bancroft did not actually study in Aberdeen, and other records regarding his application for an M.D. degree, etc., are not now available.'¹⁸

The two physicians who recommended Edward Bancroft for the M.D. degree at Aberdeen were Dr. George Fordyce, one of the best-known physicians of his day who was at St. Thomas's Hospital, London, and the brilliant Dr. John Coakley Lettsom.

Fordyce was a graduate of the University of Aberdeen in the arts. He received his

training in medicine at Edinburgh. While he taught for thirty years *Materia Medica* and *Physic*, he had an interest in chemistry, and was attracted to Bancroft partly because of the scientific work he had done in the realm of dyes.

Dr. John Coakley Lettsom, central figure in the medical history of the late 1700s, is too well known to need extended identification here. He was a man of letters who distinguished himself as a doctor of kings and prisoners. He was a member of the last of seven sets of twins in his family, and beyond being a Quaker, a philanthropist and an inspirer of many limericks, he was among the founders of the Medical Society of London, and founder of the open-air sanatorium. The establishment by him of the Sea-Bathing Infirmary at Margate still stands as an enduring monument to his forward-thinking genius. Edward Bancroft was just one of a large number whom Dr. Lettsom recommended for the M.D. degree during this period.

Another glimpse into the medical aspects of Edward Bancroft's career can be found in his articles written in the period 1774–1777 for the *Monthly Review*, of London.¹⁹ Dr. Franklin had recommended Bancroft for this assignment. John Adams commented that 'Bancroft was the ostensible Reviewer, but . . . Franklin was always consulted before the publication.'²⁰ While the reviews in this journal were not attributed to any individuals, they were signed or initialled in manuscript when they were turned in, and the founder and editor, Ralph Griffiths, kept these in his files, which have been preserved.

Bancroft covered two areas for the *Review*, namely the controversy of England with the American colonies, and science, particularly medicine. From the latter we can evaluate somewhat Bancroft's understanding of the field of medicine at this stage of his career, after he had received his M.D. degree from Aberdeen. About a dozen of Bancroft's reviews in the *Monthly Review* dealt with medical publications. These covered a wide range of topics, including various types of fevers, cataracts, glandular secretions, and aspects of human anatomy. Bancroft's reviews indicated that he had a considerable knowledge for his time on such maladies as fevers and infections, but relatively little on diseases of the eye. A book on gout he dismissed as a quack advertisement. Reviewing another volume dealing with a description of muscles, Bancroft took exception to the author's description of the muscles of the back and neck. In the light of today's anatomy textbooks, Bancroft's ideas were essentially correct. In his reviews in the field of medicine he was cautious and restrained in his evaluations.

After having received his degree in medicine, Dr. Bancroft became involved in many activities during the Revolutionary period and immediately afterward. These were not of a scientific or medical nature, and he did not, to any significant degree, follow the practice of medicine during these years. There are indications that he prescribed for friends, including Franklin, Silas Deane, and others from time to time.

Bancroft's relations with Silas Deane from 1776 till Deane's death thirteen years later, are still somewhat clouded in mystery. When Deane was sent to Paris in 1776 as a Commissioner by the Committee on Correspondence of the American Congress, he was advised to make contact with Bancroft, who was living in England. Bancroft had been a pupil of Deane's in Hartford, Connecticut, about 1758, where Deane taught after his graduation from Yale.²¹

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After Deane's removal as a Commissioner by Congress, he was aided by Dr. Bancroft during his years of mental and physical illness. In a letter to Lord Sheffield in 1787 Deane described his health problems in some detail. Of Bancroft he wrote: 'I rely more on my friend Bancroft's opinion than on that of almost any physician. He knows my habits and temper, he has given up all thoughts of my embarking [for America] in my present state, and until I can recover some degree of strength proportionate to the voyage.'²²

The editor of the Thomas Jefferson papers, Julian Boyd of Princeton University, has set forth the thesis that Dr. Bancroft very likely was responsible for the death of Silas Deane.²³ Deane's death occurred on the early afternoon of 23 September 1789, on board ship as he was starting out on a voyage to America. At ten o'clock in the morning he was walking on deck with Captain Davis of the *Boston Packet*. He then complained of dizziness and abdominal discomfort. He became aphasic and 'a drowsiness and insensibility continually encroached upon his faculties.' Four hours after his initial attack, Silas Deane was dead. The *Boston Packet* returned to Deal, where Deane's body was removed and interred.

Speaking of Deane's sudden illness and death, Boyd comments:

. . . the doctor was a clever man, an expert on poisons, a master of the art of deceiving. . . . As a medical man he could have supplied the tincture of opium if Deane required it—and he could also have employed this or some of the sea stores as a vehicle for conveying to an unsuspecting Deane a toxic substance added by himself. It is conceivable that Deane was a laudanum addict and that Bancroft, knowing this, took advantage of the fact. . . . The damaging suspicion that we point at Bancroft arises out of his own character, his association with Deane in treacherous activities, his consistent pattern of shielding and acting for a weaker man, his essential lack of integrity in the manner of executing the role of protector, his presumed but very natural wish to bury in oblivion secrets that could have brought great injury to himself, and, perhaps most important of all, his own act in raising suspicion against Deane.²⁴

Professor Boyd also deals with the report, evidently started by Bancroft, that Deane had taken his own life. While he concedes the evidence is only circumstantial, Boyd develops the case for his thesis that Bancroft may have indeed been responsible, for good reasons of his own, for Deane's death before he could return to America where his knowledge of Bancroft's double dealings might have been brought to light.

Laudanum, a derivative of opium, is a drug which some suspect Silas Deane of taking, and perhaps even to the point of addiction. It is one of the oldest drugs on record. The effects of the dried juice of the poppy capsule were known to the Sumerians. The Assyrians and Egyptians also used the drug as far back as 1500 B.C. Paracelsus, in 1521, brought opium from Constantinople to Germany, and from it made a tincture which he named and popularized as laudanum. The most commonly used allied derivative with which we are now familiar is morphine.

Overdoses of laudanum cause respiratory depression and suppress the cough reflex. It is a potent muscle stimulant and can cause considerable spasm of the gastro-intestinal tract. This action may also bring about nausea and vomiting. Acute poisoning is characterized by increasing depression, slowed respiration, pinpoint pupils, flushing and then cyanosis. Death usually occurs in five to ten hours after ingestion of the overdose. Laudanum is given by mouth as a liquid, and although it

has been replaced largely by paregoric for diarrhoea, it is still included in the standard pharmacology textbooks.²⁵

The description of the symptoms of overdose could very well fit the few symptoms that we know of Silas Deane's last few hours before death. Since laudanum is a liquid, it would have been very easy for Bancroft to slip it to Deane without his knowledge. The pure tincture of opium or laudanum is devoid of the unpleasant bitter taste found in many medications. This fact would make it easy for one to surreptitiously introduce it into an unsuspecting victim's drink.

In his book on Guiana, Bancroft revealed an almost inordinate interest in effective poisons which were used with deadly effects by the natives of that land. In the light of the sudden and unexplained death of his confidant and patient, this preoccupation of Bancroft with poisons of this type takes on special significance. In his essay on Guiana, Bancroft mentioned that he had brought a considerable amount of a poison which he had described, from Guiana to England, and that by making application to the publishers of the work, ' . . . any Gentleman, whose genius may incline him to prosecute these experiments, and whose character will warrant us to confide in his hand a preparation capable of perpetrating the most secret and fatal villainy, may be supplied with a sufficient quantity of the woorara, by applying to Mr. Becket, in the Strand.'²⁶

Another fact of some interest but not necessarily incriminating, is that Dr. Pitcairn, to whom Bancroft dedicated his book on Guiana, was noted for his use of opium in the treatment of fevers. No doubt Bancroft received from him considerable information on the use of opium and its derivatives. The personal risk involved to Bancroft's reputation in having Deane in poor health and subject to great pressures and even harassment upon arrival in America at this time, was no doubt an unpleasant prospect for Bancroft to contemplate.

Edward Bancroft had been elected to membership in the Royal Society in 1773. The document verifying this in the library of the Royal Society in London refers to him as 'A Gentleman versed in natural history and chymistry [*sic*], and author of *The Natural History of Guiana . . .*'. Recommending him for membership in addition to Benjamin Franklin were six other distinguished individuals, including a member of Parliament, a classic artist, the Astronomer Royal, a distinguished Swedish botanist, and several other physicians.²⁷ Every one of this group was sufficiently noteworthy to be included in the *Dictionary of National Biography*. In the library of the Royal Society are original copies of three technical papers by Bancroft dealing with the processing of colours and dyes. One, dated 17 May 1773, is entitled *Observations on the Means of Producing and Communicating Colours*. These, with his other scientific achievements, were considered sufficient to bring him the honour of election to the Society, a distinction of which he was especially proud, to the point of even mentioning it in his will.

Some writers have credited Doctor Bancroft with being a member of the Royal College of Physicians. This is not factually correct, and apparently he has been confused with his son, Edward Nathaniel Bancroft, who was also a physician and a member of the Royal College of Physicians. His son gave the Gulstonian Lectures on the subject of yellow fever in 1806 and 1807. Edward Bancroft also had one brother

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educated in England in medicine, who experienced harassment and imprisonment because of his loyalist leanings during the American Revolution.

In addition to his membership in the Royal Society, Edward Bancroft is listed in Statutes of the American Academy of Arts and Sciences under the heading, 'Foreign, Honorary, Members from Great Britain'.²⁸ Here again he is in distinguished company.

Doctor Bancroft is also included in the famous Medley picture of the founders of the Medical Society of London, the original of which hangs in the office of the Society. This picture is not historically accurate, but is rather a composite of portraits put together of people who were the chief personages in the Medical Society of London around 1800.²⁹ Doctor Bancroft, while not a founder, was active in this organization and served for a time as its secretary.

From a variety of sources we learn that Doctor Bancroft knew and was known by many, if not most, of the leading people in science and medicine in his area during the last quarter of the eighteenth century. In addition to those who recommended him to the Royal Society and to the University of Aberdeen for his M.D. degree, Bancroft fraternised and corresponded with such distinguished scientists of the time as Dr. Jan Ingenhousz and Dr. Joseph B. Priestley, as well as Benjamin Franklin, who was recognized in scientific circles as well as in the area of politics and diplomacy. Dr. Priestley appealed to Bancroft to defend him from the charge circulating after Silas Deane's death that Priestley had made of Deane an atheist—a damaging libel, since Priestley was also a clergyman.³⁰

For the last twenty years of his life Edward Bancroft was not active, either in the field of medicine or science. One finds in his later career frequent references to his being indisposed, and many times he mentions that he suffered from headaches. In 1819 he wrote to his physician son in Jamaica that he was in the midst of a severe illness similar to that which he experienced sixteen years before at Charleston, South Carolina.

Bancroft was also beset with financial troubles during the latter part of his life. Writing in 1802 to his son's widow, he lamented, 'Unfortunately my situation is such as imperiously to demand my departure from England as soon as possible. Otherwise I shall have nothing left to help myself with.'³¹ He was severely handicapped financially with the end of his monopoly in 1799 of the quercitron bark, so much so, he said, that 'during the last year my expenses in spite of all my efforts, amount to a considerable sum, have been entirely taken from the little which I have been able to lay up & which is now so reduced that I cannot help feeling great uneasiness at every day which I am detained here; as beside the diminution of my little capital, I am also diminishing the short space in which at my age I can hope to be able to make many active exertions for those who are dependent upon me. . . .'³²

Bancroft had been accustomed to a rather large income and his style of life was such that he demanded a substantial income to maintain himself and his dependants. About 1811 he sold his library, perhaps to help relieve his straitened financial circumstances. The fact that he spent his last years with his daughter at Iden in Sussex, where his son-in-law was rector, was also undoubtedly related to his financial plight. Writing to his physician son in 1819 about his dire circumstances he said, 'If you do not soon relieve me, my struggles must end.'³³ These glimpses into his financial

circumstances may explain his lack of productive scholarship during the last years of his life.

His son, Edward Nathaniel Bancroft, maintained an interest in scholarly activities. As has been mentioned, he gave the Gulstonian Lectures at the Royal College of Physicians in 1806 and 1807. His interest in scholarly pursuits persisted over the years. A letter which he wrote from Kingston, Jamaica, in 1835 to the Académie Royale de Médecine confirms his election as a correspondent of this society.⁸⁴

In reviewing the career of Dr. Edward Bancroft one must concede that here was a man of vast and varied talents, with the intelligence and versatility that might have made him outstanding in medicine or science, or any other field, if he had concentrated his energies consistently in a single area. One can only regret the deceptive and perfidious aspects of his career, which hampered, at least, and made more difficult the American struggle for independence. At the same time we might speculate on the record of achievements of a constructive nature which might have been his had he concentrated on those areas for which he had such unusual endowments.

He lived, as he and some of his colleagues often expressed it, for the 'main chance'. From the standpoint of history, he was looking for this, but in the wrong direction.

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