Defunct London Eye Hospitals

Defunct London Eye Hospitals

By Arnold Sorsby

London

Speaking of ophthalmic hospitals and schools in England, William White Cooper related in 1857, before the First International Ophthalmological Congress, that of the then existing eye hospitals in London two were founded in 1804: The Royal Infirmary for Diseases of the Eye, established by Mr. Wathen, oculist to George III, and Moorfields, by John Cunningham Saunders. An editorial in the Ophthalmic Review for 1866 speaks of six eye institutions in London, apart from seven ophthalmic departments in some of the larger general hospitals. Presumably the Royal Infirmary, Cork Street, must have been the sixth of the ophthalmic institutions, as the five eye hospitals existing today were all founded before 1866—the Royal Westminster Ophthalmic Hospital in 1816, by George James Guthrie; the Central London Ophthalmic Hospital in 1843, by Alfred Smee; the Western Ophthalmic Hospital (? by Henry Obré) in 1856 and the Royal Eye Hospital in 1857, by John Zachariah Laurence. Though one of the six was destined to disappear before another five years this group represented the hardy survivors of a much larger brood. A search in the library of the Royal College of Surgeons revealed a record of the existence of something approaching an eye hospital as early as 1771, whilst the Medical Directories from 1845 onwards bear witness to a large number in existence between 1845 and 1865, and to three unsuccessful attempts at the formation of new eye hospitals later on. Some of the defunct eye hospitals were ephemeral, but this can hardly be said of the Western Ophthalmic Institution, which existed for about 10 years, or the West London and Chelsea Infirmary for Diseases of the Eye, and certainly not of the North London Infirmary with its life of about 20 years and its brilliant staff.

St. John's Hospital for Diseases of the Eyes, Legs and Breasts, Holborn.

William Rowley, in his Treatise of the Principal Diseases of the Eye, London, 1773, states in his Address to the Reader (pp. 1-2) that his work "not only comprehends the general practice of both ancients and moderns, but likewise new observations arising from many years close attention to practical facts:
particularly these last two years at an hospital opened for the relief of persons affected with these and other diseases. [A footnote gives the name as the St. John's Hospital for Disease of the Eyes, Legs and Breast.] Though this charity did not meet with that success which I could have wished, it furnished me with great opportunities to make the justest observations on practice, having commonly between four and five hundred objects under my care."

From the introduction in the Treatise on one hundred and eighteen principal diseases of the Eyes and Eyelids, published in 1790 under his name, it would appear that the hospital of 1771 did not prosper (p. xxxii), for he states: "The strongest argument I can bring . . . are facts, under my care at the Hospital. Here may be seen many living witnesses." A footnote adds: "At an Hospital I superintended about eighteen years ago; the same may now be observed at the St. Mary-le-Bone Infirmary, to which I am physician . . ."

It would, therefore, appear that the St. John's Hospital lasted for about two years—1771-3. Its objects were set out in a four-page pamphlet—a copy of which, undated, is preserved in the library of the Royal College of Surgeons.3

Plan of St. John's Hospital, in Holborn, for Diseases of the Eyes, Legs, Breasts, and other Cases in Surgery, etc., under the Direction of Mr. Rowley, Surgeon, supported by Voluntary Contributions.

To give a just idea of the necessity and utility of this extensive charity, it will be necessary to inform the public of the liberal principles by which it is conducted.

This hospital is open the greatest part of the day for all the poor who are afflicted in the above, or other diseases which can be relieved without rest. They are admitted as patients without any recommendation but their distresses, and have medicines, or any other assistance necessary, at the hospital expense.

The necessity of such a charity will appear evident when we reflect, that other hospitals admit patients only one day in the week, and it is then uncertain whether many poor patients gain admittance, owing to the multiplicity of business. By being disappointed, a disease may become dangerous before the next day of admittance; but these ill consequences are often prevented, by the poor having this place to apply to during the whole day, and any day in the week, where immediate assistance is given. The reason the poor are admitted to partake of this charity without recommendation is to prevent loss of time, a circumstance of considerable consequence to the industrious poor, their families (if they have any) and the community in general. Indeed poverty and sickness are, at all times, a sufficient recommendation for the afflicted to excite benevolence in every humane mind; and the less trouble we give a poor sick person in obtaining relief, so much more noble must be our charity.

Diseases and ulcers of the legs happen more frequently in England than any other part of the world, and have ever resisted all the common methods of cure. Diseases of the eyes have not been much attended to by regular practitioners, from which cause many have fallen victims to the ignorant and enterprising impositions of Quacks. Diseases of the breasts have been likewise neglected, and the fraudulent and cruel practices of pretenders in this branch is really alarming. To obviate these difficulties, Mr. Rowley has applied many years to make improvements in these branches, and his discoveries have been communicated without reserve for the service of the public, in an essay on the cure
SIR WILLIAM WHITE COOPER

From The Medical Circular,
WILLIAM ROWLEY

After a Portrait by P. Paillon, engraved by W. T. Annis.

By courtesy of Dr. Arnold Chaplin, and the Royal College of Physicians.
of ulcerated legs without rest, illustrated by a great number of cases; in a Treatise on the inflammation and other diseases of the eyes, with new and improved methods of cure; and in a Treatise on the diseases of the breasts of women during lying-in, with a method of preventing and curing the cancerous and other indurations. In order that all the poor might be relieved by these improved and mild methods, this hospital was instituted, to rescue the unfortunate poor from the many cruel practices used by Quacks in some of the above diseases, by some gentlemen of rank, and others who have been eye-witnesses of several remarkable cures performed by the above methods. The great number who now apply from every part of this metropolis, and likewise from the most distant parts of the country is a striking instance of the utility of this charity, there being between three and four hundred poor objects always under cure. This great concourse of patients has considerably augmented the expenses, and it is hoped, the Public will generously assist in supporting a charity so evidently useful.

Great numbers of old ulcerated legs, which had resisted every other method for years, have been cured at this hospital, and the poor patients kept to their daily labour; many poor women labouring under that dreadful disease the cancer, and other diseases of the breasts, have been cured, or have had such relief, as to make their lives under such unhappy disorders less burthensome; it is hoped the ladies will warmly interest themselves in their favour. There have been many restored to sight from total blindness by Mr. Rowley's improved method of operating for the cataract, and in blindness, arising from other causes. These facts will appear by the hospital books, which are always open for the examination of subscribers, who may likewise inspect into the progress of cures constantly performing at the hospital.

Mr. Rowley begs leave to inform the public, that he attends the duties of this hospital from an early age, with a desire of proving serviceable to the poor objects who apply; he will be happy, beyond expression, if the charity meets with a generous support from the public, as its usefulness might be still farther extended. But Mr. Rowley makes no doubt, that when the merits of this unconfined charity are more known, it will meet with encouragement equal to its utility.

Subscriptions and Benefactions are received at Messrs. Crofts, Hart, Bakwell and Co., Bankers, Pall Mall; and at Mr. Newbery's, the corner of St. Paul's Churchyard. And any further particulars may be known by applying to Mr. Rowley, Surgeon, in St. James's Street. At the above places plans of the charity may be had.

Mr. Rowley's hour of attendance at the hospital is at twelve o'clock every day, where he remains till all the duty of the hospital is finished. And the other part of the day the house surgeon attends, and administers relief to all who apply.

It will be esteemed a great favour, if those Gentlemen or Ladies who become annual subscribers, would signify such intention by a line, either to Mr. Rowley, or the other places, that they may be regularly acquainted every quarter with the state of the charity, which will be conducted by a committee of gentlemen.

William Rowley, M.D., L.R.C.P., was a prolific writer. Munk lists no fewer than 22 of his writings. "His writings... are most of them popular in style, addressed to the public rather than to the profession, and were calculated to promote his own private interests.... They have long fallen into complete and deserved oblivion. Neither his character nor career were of a kind we delight to dwell on."

Rowley's writings cover a vast range of medical subjects. Of ophthalmological interest, apart from the two volumes already

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*The books are published by F. Newbery, at the corner of St. Paul's Churchyard; and J. Ridley, in St. James's Street.
mentioned is also *An Essay on the Ophthalmia... with improvements in the method of cure*, London, 1773. His books are full of extraordinary cures and endless exhortations against quacks.

Of greatest interest is his ophthalmic volume of 1790. It approaches a systematic survey of the ophthalmology of the day, and was considered good enough to be translated into German. None the less, it was nothing but a faulty translation from Jacob Plenck’s *Doctrina de Morbis Oculorum*, published in Latin in 1777, and of which a German translation had already appeared. A very thin veneer was apparently enough to hide the plagiarism from his contemporaries. It was exposed in 1862 and more fully in 1910, though Mackenzie in his book of 1830 speaks of “Plenck and his plagiarist Rowley.” As a plagiarist Rowley had a much shorter run than his predecessor, Sir William Read. In spite of his plagiarism of a foreign author, Rowley, in his introduction, holds forth against “the many impositions of foreign oculists and other, to the disgrace of all learning.”

**Royal Infirmary for Diseases of the Eye.**

Cork Street, Burlington Gardens.

According to Cooper, *The Royal Infirmary for Diseases of the Eye*, which was founded in 1804, came into existence under Royal patronage, because [Jonathan] Wathen, then oculist to George III, drew the King’s attention to the sad plight of soldiers and sailors in the Egyptian campaigns blinded from purulent ophthalmia, and obtained Royal support for his scheme. Cooper added that the Infirmary, situated in Cork Street, “always remained a rather private institution, Mr. Alexander having had sole charge of it for a number of years.”

In the Medical Directory for 1846, the Institution appears as Royal Infirmary for Diseases of the Eye, Cork Mews, Cork Street. Instituted 1804. Surgeon, Henry Alexander, Esq. Assistant Surgeon, Charles Alexander, Esq. Both Henry Alexander and Charles Alexander appear as practising from 6, Cork Street; both are described as Surgeon-Oculist. Henry Alexander is given as M.R.C.S. January 18, 1805, F.R.C.S.(Hon.) 1844, Surgeon to the Cork Street Eye Dispensary; Oculist to Her Majesty the Queen, and Charles Alexander as M.R.C.S. 1840, Assistant Surgeon to the Cork Street Eye Infirmary. It will be noted that the institution is named differently in the three entries. Entries under Henry Alexander in the biographical section continue till 1859; in 1855, and subsequently, he is described as Consulting Surgeon to the Institution, whilst entries under Charles Alexander continue till 1871, describing him as Surgeon to the
Institution. The vacancy caused by the retirement of Henry Alexander does not appear to have been filled, Charles Alexander continuing as sole surgeon. The Royal Infirmary for Diseases of the Eye disappears from the list of hospitals in the Directory in the same year as the name of Charles Alexander ceases to appear (1872).

The Infirmary, opening in 1804 under Royal patronage, therefore came to an end as a decayed semi-private Institution after 67 years. Of the three names that appear during its history, Wathen and the two Alexanders, only the first is known to the bibliographer. The little that is known of him is given in James’ Studies.9

Only indirect information on this Institution is now available. For a time it was apparently “the most important and popular of the London Charitable Eye Institutions,” if the report of Walther, a German visitor in 1831,10 is to be believed. The following extract is of interest for its description of Henry Alexander and his work:

“The first, and, in the common estimation, the best oculist now alive in London, is Mr. H. Alexander. He was formerly the pupil, and for many years the assistant of Phipps, who, after having practised, as an oculist for a long space of time with success and celebrity, retired while yet a hale and hearty man, was raised to the dignity of a baronet, married an extremely rich lady, grew up entirely with the nobility, and left as a legacy to his assistant a most capital practice.

Even the external appearance and the whole demeanour of Alexander are significant of sudden elevation from an inferior station, without scientific instruction. Medicine and surgery he appears never to have studied. With the lessons of his master merely, has he become a bustling, clever oculist. As such he not only commands a very extensive private practice, embracing as widely the genteel part of the community as the middle ranks, but he has also the care, almost exclusively, of the most important and popular of the London Charitable Eye Institutions, namely, the Royal Infirmary for the Diseases of the Eye, in Cork Street. It is true that Sir H. Halford and some other gentlemen are connected as consultants, with the infirmary; but their appointment is merely nominal, and the whole business is managed by Mr. Alexander, without assistant or clerk. The name ‘Royal Infirmary’ signifies, as with other of the London institutions, nothing farther than that the office-bearers have chosen the king as patron. The infirmary is entirely poli-clinical, and comprised in a very confined set of rooms. Mr. Alexander gives gratuitous advice thrice a week, to from 300 to 400 patients. This occupies him two or three hours.

Wondrous is the activity with which, in this proportionally short time, Mr. Alexander examines so great a number of patients, determines the diagnosis of their diseases, single-handed enters them in the journal, prescribes for them, dispenses himself most of the internal medicines, performs operations of more or less importance on the eye, and maintains, amidst such a crowd, the necessary degree of police. To solve this difficult, comprehensive, and complicated problem, it is so arranged, that the small consultation-room, which is lighted by a sky-light, is connected with the waiting-room by two doors, through one of which the patients enter, while through the other they retire. In the consultation-room is a very convenient arm-chair, the back of which presents a soft hollow space for the reception of the patient’s head. In this chair the patient immediately places himself on his entrance (or the nurse does, if the patient be a child); and as quickly must he vacate his seat, when he is
dispatched about his business, and remove himself through the door of exit.
In the consultation-room stand several barrels full of fluid medicines, eye-waters of different sorts. From these Mr. Alexander taps, as he speaks to the patient, and measures, by his eye, the necessary quantities into the bottles which the patient brings with him, at the same time putting into the patient's hand a printed paper of directions. These directions are occasionally full and particular. Those for ophthalmia neonatorum appeared very proper, and were well put together.
Except this ophthalmia, Mr. Alexander regards all the other inflammations of the eye in children as scrofulous. In adults, he appears to know only three ophthalmiae, viz., iritis, xerophthalmia and psorophthalmia. Under this last are comprehended in London almost all inflammations of the eyelids, with slight affections of the eye-ball, catarrhal rheumatic inflammations of a serious, mucous, puriform kind, with or without granulations and growths on the lining membrane of the lids. Xerophthalmia, again, comprehends these more deeply-seated affections of the eye-ball; not, perhaps distinctly inflammatory; often more of a congestive nature, and sometimes subamaurotic. The diagnosis of the ophthalmiae in England extends no farther than the distinguishing of these few varieties.
Xerophthalmia, as it is called, arises chiefly from long-continued straining of the eyes by candle-light. It is treated with local bleedings, purges, cooling lotions, and opiates taken at bed-time. In iritis, calomel and cupping on the temples, are prescribed. In psorophthalmia and strumous inflammations of the eyes, especially if there be fulness of the vessels, with slight swelling of the lining membrane of the lids, Mr. Alexander scrarifies the conjunctiva with pretty long incisions. Mr. Alexander introduces red precipitate saline with a spatula between the eyeball and the upper eyelid, at the outer angle. Vinum opii he pours upon the eye with a little spoon; he employs alum-water abundantly; and uses as an escharotic the solid sulphate of copper.
Mr. Alexander says, that he has cured blenorrhoea of the lacrimal sac by means of frequent, long-continued pressure of the contents of the sac through the nasal canal.
The operation for cataract, which he generally prefers is extraction, and his procedure has several peculiarities. The patient sits in the arm-chair already noticed, the head being bent considerably back, and pressed against the hollow space forming the top of the chair-back. This the operator manages himself, while standing behind the patient. With the thumb and forefinger of the hand which is disengaged, he fixes the edge of the upper and under eyelids towards the nose, pressing them against the margins of the orbit, and thus keeping the eyelids open. This was accomplished, as it seemed to us, with considerable security. The section of the cornea was made with Wenzel's knife, in the direction upwards and somewhat outwards. In this part of the business, the operator went somewhat slowly to work, torrying long with the knife in the anterior chamber, pressing the instrument on with pauses, during which he addressed himself to the patient exhorting him to quietness, and receiving from him pretty full replies. To divide the capsule, Mr. A. makes use of a hook with a sharp point, made of gold, and contrived by Phipps. He enters this hook with great steadiness, pushing it through the pupil into the posterior chamber, driving its point far behind the iris towards the nasal angle of the eye, drawing it across towards the temple, and so effecting a horizontal rent of the capsule. With moderate pressure on the eyeball, the lens escaped whole and entire. We saw Mr. A. perform several extractions in this way, with complete success. The cases, indeed, were of the most favourable sort: pure, hard, lenticular cataracts, of moderate size, without any opacity of the capsule, in old, very composed subjects, with large anterior chambers, and ordinary prominence of the eyeballs. After all, however, the technical skill of Mr. A. is very great, and he must unquestionably be ranked amongst the best of operators. Whether he be one of the best and most intelligent oculists is another question. The operation being finished, he lays a wet linen compress over the closed eye, and fastens this with a roller.
Whether there be any one in London besides Mr. Alexander possessing a real taste for eye-operations, we might almost doubt. We saw performed by other hands, only one very successful operation on the eye."
This account is not too flattering, but is more favourable than the opinion expressed by the same writer on Moorfields and the Royal Westminster Ophthalmic Hospital.

Henry Alexander comes in for unfavourable comment in a review in the *Lancet* of a book on Cataract Extraction, dedicated by its author (Charles Loudon) to Alexander "as a mark of respect for his high professional talents." The reviewer comments: "No professional talents, however high, can entitle a man to respect, so long as he seeks to support his reputation by illiberality and secrecy, conduct utterly at variance with the character of the scientific man." John Cunningham Saunders and Sir William Adams are tarred with the same brush and the reviewer concludes by saying: "Mr. Alexander was brought up in the same school and has shown that he is a faithful pupil of such a master. Can the present, or future, generation ever respect such men?" (*Lancet*, Vol. XI, p. 112, 1827.)

James Wardrop in the somewhat scandalous and anonymously published "Intercepted Letters" is also not flattering to Alexander "... that poor creature Alexander, whose character has been so well delineated by the German traveller." (*Lancet*, 1833-4, Vol. I, p. 188.)

It should be added that "the German traveller" appears to have been wrong on Alexander's training. Alexander qualified M.R.C.S. in 1805; he was elected F.R.C.S. in 1844. Moreover, he was elected F.R.S. in 1847. He was a member of the Council of the Royal Medico-Chirurgical Society in 1840, and Vice-President in 1850. He died, aged 76 years, on January 17, 1859. He does not appear to have published anything and the reasons for his election to the Fellowship of the Royal College of Surgeons and to that of the Royal Society can only be conjectured. The *Medical Circular* for 1852 (p. 47), in a series of biographical notices, speaks of him as being well known as an oculist. He "was nominated an honorary fellow (of the College of Surgeons) in 1844—a distinction he in all probability received in consequence of his appointment as Oculist to her Majesty. Although holding this distinguished position, Mr. Alexander is not remarkable for his scientific labours, nor has he, so far as we know, ventured to commit to writing the results of his experience in the treatment of the class of disease to whose relief his life has been devoted. He is much respected by the circle in which he moves; but he is likely to leave the science of his profession in the state in which he found it."

On his death the *Medical Times and Gazette* (1859, Vol. I, p. 115) spoke of his dexterity as an operator for cataract, mentioning that he had operated successfully on the Duke of Sussex. It is
further stated that he succeeded to the practice of Sir Wathen Waller.

Charles Reeves Alexander was the son of Henry Alexander. He was educated at Eton and qualified M.R.C.S. in 1840. His name appears in the list of members of the Royal Medico-Chirurgical Society. He died on September 9, 1871. He does not appear to have contributed to ophthalmic literature, but he constructed a number of chess problems.\textsuperscript{11}

Henry Alexander was undoubtedly the pivot of the Royal Infirmary for Diseases of the Eye. When he became attached to it is not known, nor is the manner of his appointment to it at all clear. According to Cooper, Wathen founded the Institution in 1804; Walther, "the German traveller," states that Alexander took over his practice from Phipps who had become a baronet, whilst the obituary notice in the \textit{Medical Times and Gazette} states that he succeeded to the practice of Sir Wathen Waller. Actually Phipps and Sir Wathen Waller (1769-1853) are the same person, Phipps having adopted the family name of his maternal grandmother, Anne Waller, in 1814, and being created a baronet in 1815. According to James, Phipps was the grandson of Jonathan Wathen's "former wife," mentioned in his will. As Jonathan Wathen died in 1808 in his 80th year, it is unlikely that he worked actively in the Infirmary established in 1804. It is more probable that Phipps, his step-grandson, was the active surgeon there, and that Alexander succeeded him.

Reconstructing the history of the Infirmary it would appear that it was founded in 1804 on the initiative of Jonathan Wathen; that his step-grandson, Jonathan Wathen Phipps, subsequently Sir Wathen Waller, was its first surgeon; that Henry Alexander succeeded him at a date unknown, and finally Charles R. Alexander joined it sometime between 1840 and 1846, becoming the sole and last surgeon on the retirement of his father in 1855.

The founding of the Infirmary caused some feeling in London. Saunders had launched his scheme for an Eye and Ear Infirmary in 1804; before he could realise it the Royal Infirmary was established by Wathen. Saunders, apprehensive of the impression that his own institution would be regarded by the public as the copy and not the original, "immediately claimed by public advertisement, which were never answered the priority of (his) proposal." (\textit{Lancet}, Vol. XI, p. 115, 1827.) According to Treacher Collins \textsuperscript{12} a meeting of the life Governors and subscribers of the Royal Infirmary decided on the death of Charles Alexander to close the institution and to hand over the balance of its funds to Moorfields, which ultimately received £200 and elected three of the Committee of the old Infirmary as life Governors, one of them being a relative of Charles Alexander.
SIR JONATHAN WATHEN WALLER

By courtesy of
Dr. Wathen E. Waller.
DEFUNCT LONDON EYE HOSPITALS

OPHTHALMIC INSTITUTION FOR THE CURE OF CATARACT.

ROYAL INFIRMARY FOR CATARACT.

John Stevenson (1778-1846?), M.R.C.S. (1807), was a pupil of John Cunningham Saunders, the founder of Moorfields. After Saunders' death in 1810, he returned from Nottingham, where he had settled, to practise in London as oculist and aurist. He was a voluminous writer on cataract and his various treatises show that he held appointments at the Royal Household. In 1813\textsuperscript{a} he describes himself as Oculist and Aurist to the Princess of Wales; in 1821\textsuperscript{b} as Surgeon, Oculist and Aurist to the Duke of York and to Prince Leopold of Saxe-Coburg (subsequently Leopold I of Belgium). A treatise of 1824\textsuperscript{c} is dedicated to the King, whilst in a publication of 1839\textsuperscript{d} he describes himself as Surgeon-Oculist to his late Majesty and other members of the Royal Household.

In an article on cataract published in 1823 (\textit{Edin. Med. and Surg. Jl.}, Vol. XIX, p. 519) he speaks of his Institute for the Cure of Cataract. This is also mentioned in his \textit{Nature and Symptoms of Cataract}, London, 1824 (p. 186). From the context it is clear that he operated on his cases as out-patients. According to the Dictionary of National Biography he founded the Royal Infirmary for Cataract at 13, Little Portland Street, Cavendish Square, in 1830. In his \textit{Cataract, its Nature, Symptoms and Cure}, London, 1839, he states that George IV, as well as the late King and several other members of the Royal Family, graciously condescended to patronise the "Infirmary for Cataract," founded and superintended by the author. In \textit{Throat Deafness}, London, 1843, he describes himself as "many years Surgeon to the Royal Infirmary for Cataract."

He claimed that by his "absorbent practice" he could treat cataract at an earlier stage than extraction or couching compelled. Apparently he broke up the lens in order to let it be absorbed.

When the Infirmary for Cataract was actually founded and when it ceased to exist is not known, nor can Stevenson be traced after 1846.

It is more than likely that other partial or full ophthalmic institutions rose and vanished between 1804 and 1845—the year in which the Medical Directory made its first appearance and in its annual issues preserved the record of the ephemeral existence of the many that arose between 1845 and about 1860. As the search for biographical information on institutions and individuals of the first half of the past century offers exceptional difficulties
owing to the absence of a systematic periodical literature, it is difficult to assess the relative significance of the hectic activities between 1845 and 1860 in the development of eye hospitals during the 19th century. How hectic that activity was the following notes show.

**Western Ophthalmic Institution,**

High Street, Bloomsbury.

This institution appears only in the Directories for 1848 and 1849. The entry for 1848 is:

Established 1839.

Physician: Charles J. Hare.

Consulting Surgeon: R. Quain, Esq., F.R.S.

Surgeon: H. Burford Norman.

The entry for 1849 is identical except for the addition of the name of James Alexander as a Surgeon.

H. Burford Norman (1819-1900) studied at University College, qualifying M.R.C.S. in 1841; L.S.A. the same year and becoming F.R.C.S. in 1846. He was unsuccessful against Erichsen in a contest for an assistant surgery at University College Hospital in 1848. His one ophthalmological publication—A case of chronic inflammation with relaxation of the lacrymal sac—shows that in the same year he was Surgeon to the Western Ophthalmic Institution and to the St. Marylebone and Blenheim Street Dispensaries. By 1850 his name appears amongst the staff of the North London Infirmary for Diseases of the Eye, and continues to do so till 1855. He appears to have resigned all his appointments at that time, apparently for reasons of health, and in 1858 settled in Southsea, gaining election to the surgical staff of the Royal Portsmouth Hospital in 1861. He was one of the principal founders, and also Consulting Surgeon, of the Portsmouth and South Hants. Eye and Ear Infirmary. In his London days he had been President of the Harveian Society.

James Alexander qualified M.R.C.S. in 1841 and F.R.C.S. in 1851. He died about 1894. Apart from the fact that he practised at different times in different parts of the country nothing is known about him.

The Western Ophthalmic Institution appears to have existed for 10 years.

Charles Hare and Richard Quain were University College Hospital worthies. Hare was subsequently Professor of Clinical Medicine there, whilst Quain had already achieved high distinction at the time in question.
From the first Annual Report published in 1843 it appears that the institution was opened on January 3, 1842. It was situated "nearly opposite Trinity Church" in New Road, with the entrance in No. 27, Buckingham Place. The rules laid down that the institution was to be open daily. The Duke of Sussex was the Patron and it had an influential Committee. The physician was Dr. Twining and the Surgeons William White Cooper and Holmes Coote. Sir Benjamin Collins Brodie, Bart., F.R.S., and Professor Owen figured amongst the Vice-Presidents. The physician and the two surgeons appear to have interested their influential relatives. Richard Twining, Senior, F.R.S., R. H. Coote and W. Wellington Cooper served on the Committee of management, the treasurer being Richard Twining, Junior, and the Bankers Messrs. Twining of 215, Strand.

During the first year 310 patients were seen. Though there were no beds, 11 operations—including two cataract operations—were performed, nine of which ranked as successful; several operations for cataract had to be deferred owing to the absence of beds. The total expenditure was £151 5s. 1d., leaving a balance of £55 17s. 11d. of income over expenditure. In the report it was anticipated that the institution would grow rapidly, for it served a district of several hundred thousand persons and probably a third of the metropolis where no suitable institution was available. It was announced that a full course of lectures on the anatomy, physiology, surgery and diseases of the eye would be delivered in the ensuing spring and summer, Mr. Dalrymple, whose appointment as consulting surgeon was proposed, undertaking the anatomy department.

The course of lectures announced appears to have been held in 1843, Dalrymple, Twining, Coote and Cooper giving the instruction. An introductory lecture by Cooper is extant. This lecture breathes the same optimism as the first annual report, Cooper speaking of the institution—which he conceived and carried through with the help of his colleagues, Dr. Twining and Mr. Coote—as bidding "fair to be . . . one of the most useful charities of the metropolis."

The Medical Directory of 1846 shows the same staff with the addition of Osbert Cundy; the subsequent 13 years show a considerable number of changes. In 1847 the name of G. D. Pollock.
appears as Surgeon, and that of John Pyle as Assistant Surgeon. In 1849 the name of the institution was changed to the North London Infirmary for Diseases of the Eye, with 31, Charlotte Street, Portland Place, as the address. The name of J. F. Crookes appears amongst the surgeons, but Coote and Cundy are missing. Crookes’ name is replaced by that of H. B. Norman in 1850. Mitchell Henry appears as additional surgeon in 1854. Pollock and Norman are replaced by T. Holmes and G. W. Callender in 1856. Pyle is missing in 1859, but the names of W. H. Flower and E. Hart appear instead. The entries for 1860—64 are reprints, no new returns having been furnished. No subsequent entries appear in the Directory.

The following information on the working of the Infirmary is available:

Number of out-patients for 1852: 2,339.
Number of in-patients for year ending July, 1852: 19.
Income expenditure: £156.

(The returns for the Central London Ophthalmic Hospital for the same year were:—Out-patients, 2,853; number of beds, 6; income about £200.17)

John Dalrymple (1803-52) of Dalrymple’s sign fame, M.R.C.S. 1827, F.R.C.S. 1843, F.R.S. 1850, joined the staff of Moorfields in 1832, becoming full surgeon in 1843. His presence as Consulting Surgeon at the North London Infirmary probably helped to attract the able staff that served it.

William Twining (1803-48), M.D., L.R.C.P., 1840, was the author of a book on Cretinism.

William White Cooper (1816-86), M.R.C.S. 1838, F.R.C.S. 1845, subsequently to founding the North London Ophthalmic Institution, became Ophthalmic Surgeon to St. Mary’s Hospital. It was he who read before the First International Ophthalmic Congress the report on Ophthalmological Institutions in England already mentioned. On the decease of Henry Alexander in 1859, he was appointed Surgeon-Oculist to Queen Victoria. He was designated Knight Batchelor on May 29, 1886, but died three days later without having been dubbed. He was one of the original members of the Ophthalmogical Society. His *Wounds and Injuries of the Eye* (London, 1859) was the first monograph on the subject in English. He supported Augustin Pritchard’s teaching on excision as a prophylactic measure for sympathetic ophthalmia.

Holmes Coote (1815-72), M.R.C.S. 1838, F.R.C.S. 1840, became Assistant Surgeon to St. Bartholomew’s Hospital in 1854, but retained his interest in ophthalmology. He was never in easy circumstances, nor attained much practice, and his widow was granted a pension from the Civil List.

Osbert Fishlake Cundy (1818-97), M.R.C.S. 1841, L.S.A. 1847,
F.R.C.S. 1844, was a pupil of Sir Benjamin Brodie. He was at one time Surgeon to the Pimlico Hospital and seems to have been in general practice.

George David Pollock (1817-97), M.R.C.S. 1840, F.R.C.S. 1846, was the second son of Field-Marshall Sir George Pollock, Bart., and a nephew of Sir Frederick Pollock, Chief Baron of the Exchequer and of Sir David Pollock, President of the High Court in India. He was elected Assistant Surgeon to St. George's Hospital in 1846, taking over the ophthalmic cases when Tatum retired, but still retaining his interests as a general surgeon and anatomist. On the founding of the Hospital for Sick Children at Great Ormond Street he was appointed Surgeon, and he was especially interested there in cleft palate operations. Along with Campbell de Morgan, and as President of the Association of Fellows, he headed a reform movement at the Royal College of Surgeons, refusing, however, to stand for the Council on the ground that it was invidious to require a man in high position to be backed as a candidate by the signatures of Fellows. When in the last year of his life he finally did stand, he was defeated. He was President of the Royal Medico-Chirurgical Society in 1886 and of the Pathological Society in 1875, and Surgeon to the Prince of Wales.

John Pyle (1804-72), M.R.C.S. 1836, F.R.C.S. 1852, was a student at St. George's Hospital.

John Farrar Crookes (1811-92), M.R.C.S. 1833, F.R.C.S. 1843, was a Justice of Peace and at one time senior surgeon to the Farringdon General Dispensary. He was one of the original 300 Fellows of the Royal College of Surgeons.

Henry Burford Norman has been dealt with under the Western Ophthalmic Institution.

Mitchell Henry (1826-1910), M.R.C.S. 1847, F.R.C.S. 1854, was elected Assistant Surgeon to the Middlesex Hospital in 1857, becoming full surgeon a year later, but abandoned medicine in 1862 to become a partner in his family firm of A. & S. Henry, merchants and general warehousemen, of Manchester and Huddersfield. He entered Parliament in 1871, after three unsuccessful attempts, and in 1877 he became a Leader of the Irish Party in the House. After a hectic parliamentary career, he retired to a stately house in the baronial style, which he had built on an estate of 14,000 acres in Co. Galway. There he lived on good terms with the peasantry until the days of the Land League. His interest in Ireland ultimately declined and he retired to Lymington where he died.

Timothy Holmes (1825-1907), M.R.C.S. 1853, F.R.C.S. 1853, was elected Assistant Surgeon to St. George's Hospital in 1861. He is generally held to have been responsible for the polished
style of the *Anatomy* by his friend Gray. His *System of Surgery*, in four volumes, and the shorter *Treatise of Surgery*, were standard works in their time. He served the Hospital for Sick Children in Great Ormond Street, and held a number of public posts. “The loss of an eye due to acute gonococcal infection resulting from accidental infection whilst operating, a harsh and somewhat monotonous voice, and a manner carefully cultivated to hide any interest he might feel in those he examined, made him a terror to the students.”

George William Callender (1830-78), M.R.C.S. 1852, F.R.C.S. 1855, F.R.S. 1871, was on the surgical staff of St. Bartholomew’s Hospital. He was opposed to specialisation by general surgeons, and the honour of the Fellowship of the Royal Society he obtained for his work on anatomy.

Sir William Henry Flower (1831-99), M.R.C.S. 1854, F.R.C.S. 1857, F.R.S. 1864, was elected Assistant Surgeon to the Middlesex Hospital on his return from active service in the Crimean War. Becoming Conservator of the Museum of the Royal College of Surgeons in 1861, he succeeded Richard Owen as Director of the Natural History Museum in South Kensington. His ophthalmological, as, indeed, all clinical interest, must have been short-lived.

Ernest Abraham Hart (1835-98), M.R.C.S. 1856, barred as a Jew by the Test Act from entering Queens’ College, Cambridge, to which he was eligible on his school record, obtained permission to study at St. George’s Hospital. In 1859 he was appointed Assistant Surgeon to the West London Hospital, becoming full surgeon in 1860, but resigning in 1863 on his appointment as Ophthalmic Surgeon to St. Mary’s Hospital, where subsequently he also acted as Aural Surgeon. He was Dean of the Medical School from 1863 to 1868. He gave up medicine for journalism, becoming editor of the *British Medical Journal*. Hart contributed extensively to the social and sanitary reforms of the second half of the 19th century. In exposing the defects in the workhouse infirmaries, his activities led to the passing of the Hardy Act, with the consequent abolition of the barrack-school system under the Poor Law and the creation of the Metropolitan Asylums Board. Under his editorship the *British Medical Journal* rose from a circulation of 2,000 to 19,000.

**Western Institution for Ophthalmia and all Diseases of the Eye,**

22, Dorset Street, Portman Square.

This institution appears only once—in the 1847 Directory. The following particulars are given:

Established: 1845.

Physician: Dr. J. Henry Bennet.
Surgeon: F. Harrington Brett, Esq.
Assistant Surgeon: H. A. Spitta, Esq.

The institution apparently came to an end on account of the personal difficulties of Brett. Born on August 12, 1803, he took service in the Bengal Army in 1825, retiring in 1844. Whilst in the service he was Professor of Ophthalmic Surgery at the Calcutta Medical School, in addition to having general surgical duties. After his retirement he settled in London as a Consulting Surgeon, practising at 44, Curzon Street. In 1846 he was an unsuccessful candidate for the Assistant Surgeoncy at Westminster Hospital. Feeling ran high during the contest and Brett challenged one of the physicians at the hospital to a duel. He was bound over to keep the peace. In the same year Brett was adjudged bankrupt. He died on December 10, 1859, but his name does not figure in the Directory after 1847. He was M.R.C.S. 1825, F.R.C.S. 1845 and M.R.C.P.

There is no H. A. Spitta in the Directory. There was a Robert John Spitta, L.S.A., M.R.C.S. (1820-1900), who resided at Clapham Common.

Dr. Henry Bennet was an obstetric physician attached to the Western General Dispensary. He was subsequently Physician-Acoucheur to the Royal Free Hospital.

West of London Institute for Diseases of the Eye,
Fulham Road, Brompton.

West London and Chelsea Infirmary for Diseases of the Eye,
Jubilee Place, King’s Road.

This institution appears in the 1847 Directory under the first name. The Surgeons were Mr. D. E. Edwards, Mr. A. B. Barnes and Mr. W. V. Pettigrew. The following year the initials of the first surgeon are given correctly as D. O.; the name of W. V. Pettigrew is missing. Two consulting medical officers appear: Dr. J. A. Wilson and Hale Thomson, Esq.

The institution appears under the second name and address in 1852. It is described as open every Tuesday and Friday from half past eight to half past nine o’clock. The staff is now reduced to two, Edwards acting as Consulting Surgeon, and Barnes as the sole Surgeon. In 1853 the name of the Earl of Denbigh appears as President, and that of George Atkins, Esq., as Treasurer. One full Surgeon, Francis Godrich, and two Assistant Surgeons, M. Baines, Esq., M.D., and F. Godrich, Junior, Esq., are added to the staff. The 1854 entry shows the Infirmary open on four days a week. The entries for 1855, 1856 and 1857 are based on the one in 1854, no new returns having been made by the secretary. For
1858 the address is given as King’s Road. The staff now consists of the Consulting Surgeon, two Surgeons and one Assistant Surgeon; the two Godriches are missing; M. Baines has joined Barnes as Surgeon and H. S. Barnes is the Assistant Surgeon. No further modifications appear and the last entry is in the 1862 Directory. In the British Medical Directory for 1854, the number of patients (presumably out-patients) for 1852 is given as 313. Comparative figures for Moorfields, Royal Westminster Ophthalmic Hospital, the Central London Ophthalmic Hospital and the North London Ophthalmic Institution are: 10,939, 5,647, 2,853 and 2,339 respectively.

David Owen Edwards, L.S.A. 1827, M.R.C.S. 1828, F.R.C.S. 1852, M.R.C.P. 1865, was the inventor of a new mode of warming and ventilating sick chambers. His one ophthalmic publication is a letter in the Lancet (1839-40, Vol. II, p. 857) on Mr. French’s mode of operating for strabismus. It is scholarly and dignified and points out that Anthony White had divided the internal rectus of the eye of several living animals and had proposed the operation as a remedy for squint in 1828, 11 years before Dieffenbach. Edwards died on January 18, 1878.

Alfred Brook Barnes, M.R.C.S. 1826, F.R.C.S. 1853, “one of the few gentlemen who meet with . . . tangible pecuniary success . . . not undeserved, was chiefly instrumental in founding the Western Medical and Surgical Society (of which he was a President) and also the West London Eye Infirmary” (Med. Circular, Vol. I, p. 170, 1852). After 1866 the Directory does not contain his name.

William Vesalius Pettigrew (1815-74), M.R.C.S. 1837, F.R.C.S. (by election) 1844, M.D. (Glasgow) 1839, was the son of Thomas Joseph Pettigrew, F.R.S., the medical biographer. He practised first in King’s Road, Chelsea, and then in Chesley Street, Belgrave Square. He was a lecturer at Grainger’s School of Medicine in the Borough, and subsequently at Lane’s School of Medicine in Grosvenor Place.

Francis Godrich, L.S.A. 1818, M.R.C.S. 1819, was Surgeon to St. George’s Hanover Square Workhouse.

Francis Godrich, Junior, L.S.A. 1850, M.R.C.S. 1851, at first practised from the same address as the preceding. He was at one time demonstrator of anatomy at the school in Grosvenor Place. He was subsequently, for a time, Medical Officer of Health for Kensington.

Matthew Baines, L.S.A. 1845, M.R.C.S. 1845, M.B. (Lond.) 1845, M.D. (Lond.) 1850, was the author of a paper on Public Health.

Herbert Sedgwick Barnes, L.S.A. 1857, practised from the same address as A. B. Barnes. He died in 1865.
The Consulting Medical Officers appearing in the 1848 entry—James Arthur Wilson, M.D., F.R.C.P. and Frederick Hale Thomson, F.R.C.S.—were Senior Physicians to St. George’s Hospital and Surgeon to Westminster Hospital respectively. Thomson was involved in a duel with Forbes when the latter quarrelled with Guthrie at the Royal Westminster Ophthalmic Hospital.19

**Metropolitan Institution for Diseases of the Eye and Ear,**

25, Sackville Street.

James Yearsley (1805-69), one of the pioneers of otology in this country and the originator of the Medical Directory, founded the Metropolitan Institution for Diseases of the Ear in 1838. (Med. Circular, Vol. II, p. 77, 1853). The entry in the Directory for 1849 describes it as an Otological Institution, but the new name indicated in this heading, extending its scope to include eye diseases, is given in 1850. However, a year later it reverted to a purely otological institution under the name of Metropolitan Ear Infirmary, which has since developed into the Metropolitan Ear, Nose and Throat Hospital. Yearsley’s brief excursion into ophthalmology has left no traces; none of his writings is of ophthalmological interest, and to what extent the Metropolitan Institution served as an Eye Hospital cannot now be determined, as the early records of the Hospital were destroyed some years ago by an over-zealous clerk as superfluous papers encumbering the office.

**Western Dispensary for Diseases of the Eye,**

41, Queen Street, Edgware Road.

**West London Eye Dispensary,**

26, Nutford Place, Edgware Road.

This institution first appears in the Directory for 1855 with the following details:
- Consulting Physician: Dr. J. Spurgin.
- Consulting Surgeon: C. Holthouse.
- Physician: R. M. Lawrance.
- Surgeon: W. T. Hudson.
  In the entries for 1856 and 1857 Hudson’s name is missing and no surgeon is given.

In 1858 the institution appears under the second name and a new address. Hudson's name is now replaced by that of Mr. T. S. Wells. The entry for 1859 is identical, and a footnote says
that no return had been made by the secretary for that year. No subsequent entries appear.

J. S. Spurgin is probably John Spurgin, M.D.Cantab., F.R.C.P. London, who was Senior Physician to the Foundling Hospital and Physician to St. Mark's Hospital.

Carsten Holthouse, F.R.C.S. (1810-1901), was the virtual founder of the Medical School of Westminster Hospital which he served as Surgeon. In 1857 he collaborated with J. Z. Laurence in founding the Royal Eye Hospital, where he was the senior Surgeon.

Richard Moore Lawrance practised at 21, Connaught Square, Hyde Park, W. He had no British qualification till 1859 when he was admitted L.R.C.P. He was M.A., M.D. Berlin 1844, and acted as Physician to the Duke of Saxe-Cobourg and Gotha. He was ophthalmic Surgeon to the Great Northern Hospital and the author of a number of papers on treatment by electricity.

W. T. Hudson was probably William Thomas Hudson, M.R.C.S. 1836, L.S.A. 1836, of 50, Green Street, Park Lane, who is described as Surgeon to the Dispensary for Consumption, Margaret Street. There is no entry of his name after 1856.

T. S. Wells must have been Spencer Wells (1818-97). When Wells settled in London in 1853, after serving in the Navy, he devoted himself to ophthalmology, but, as was usual in those days, not exclusively. In that year he contributed two ophthalmological papers, one on the treatment of squint by prisms and the other one a new form of ophthalmoscope that he had devised.20 On returning from the Crimean War in 1856, he resumed his duties as Surgeon at the Samaritan Hospital for Women, and in 1858, when elected to the West London Eye Hospital, Wells was at the threshold of his career as a pioneer in abdominal surgery.

NORTHERN DISPENSARY AND FOR DISEASES OF THE EYE.

Until 1856 the name of this institution, established in 1810, was the Northern Dispensary. In 1855 John Zachariah Laurence appears as one of the surgeons, and a year later the new name for the institution was adopted. Laurence's name ceases to appear after 1859, and after 1861 the institution appears as the St. Pancras and Northern Dispensary. Before 1859 the address was 9, Sommers Place, New Road, and subsequently 126, Euston Road, N.W.

It is likely that the appointment of Laurence led to the enlargement of the scope of this institution. Presumably it did not, however, meet his requirements. In 1857 he founded the Royal Eye Hospital. His death in 1870 at the age of 41 robbed British ophthalmology of one of its most brilliant figures.21
Western Eye Hospital,
220, Marylebone Road, N.W.

The present Western Ophthalmic Hospital first appears in the Medical Directory in 1858 under the name of St. Marylebone Eye and Ear Institution with an address at 1, St. John's Place, Lisson Grove, N.W. The surgeons were Dr. Obré and Mr. Winchester. In 1859 the name is modified by the omission of "and Ear," whilst the name of W. O. Chalk replaces that of Winchester, and the address is 155, Marylebone Road. It is not till 1866 that the present name of Western Ophthalmic Hospital appears, the surgeons at that time being H. Obré and W. Adams. The number of patients for that year is given as 1,897.

Obré died in 1867. In 1876 the Western Ophthalmic Hospital is described as having 20 beds and the surgeons were H. N. Hardy and D. Freeman, T. B. Archer and J. S. Wilkinson. A year later the names of both Hardy and Freeman are missing, whilst a new hospital appears: Western Eye Hospital, 220, Marylebone Road, N.W.1. Established 1876; 12 beds. Surgeon: Mr. D. Freeman. The in-patients are stated as 36 and the monthly out-patients 1,200 [against the annual number of 20,677 for Moorfields and 10,500 for the Royal Westminster Ophthalmic Hospital]. For 1879 the only change is in the number of patients—it is given as 25,700. This seems to have been the high-water mark of the institution; entries appear till 1883, the only change being that C. D. Freeman is given as the secretary in 1881 instead of A. Hendry previously. The entries for 1882 and 1883 are reprints, no new returns having been obtained.

Delamark Freeman qualified L.S.A. and M.R.C.S. in 1860. He held at one time the post of Surgeon to St. George's Hanover Square Dispensary. His name appears for the last time in the 1908 Directory. He died on August 29, 1916.22

C. D. Freeman may have been Charles Delamark Freeman, who qualified L.S.A. 1885, M.R.C.S. 1886, L.R.C.P. 1888, and whose name appeared in the Directory till 1931.

Bloomsbury Provident Eye Hospital,
5, Hyde Street, W.C.

The first entry appears in the 1885 Directory, the last in 1888, this latter being an uncorrected repetition of the entry in 1887. The 1885 entry gives 1884 as the date of establishment; in 1886 the date of foundation is given as 1880; in 1887 as 1877.

The first entry contains the name of Mr. Jabez Hogg as Consulting Surgeon and that of Dr. W. H. Diamond as Surgeon. In the subsequent entries both these appear as Surgeons. In the
1886 entry the number of patients is given as 1,200; in the 1887 as 1,340.

Jabez Hogg (1817-99), M.R.C.S. 1850, divided his activities between journalism and ophthalmology. At first a private assistant to Guthrie, he became Surgeon at the Royal Westminster Ophthalmic Hospital in 1871, serving till 1877. He was the first president of the Medical Microscopy Society. A prolific writer on ophthalmic subjects, his most important book was mercilessly demolished in a criticism in (Laurence’s) Ophthalmic Review. In revenge he started the Journal of British Ophthalmology (1864), of which only one issue appeared. From 1845 till his retirement in 1895 he edited the Illustrated London Almanack. A grant of £75 was made to him in the Civil Pensions List in 1895.23

Warren Hastings Diamond, M.R.C.S. 1856, L.R.C.P.(Edin.) 1859, M.R.C.P. 1863, appears to have devoted his attention to mental disease. It is of interest to note that in his biographical section of the Directory he gives the name of the hospital as the Bloomsbury Eye and Skin Hospital.

He died about 1903. (His name was removed from the Medical Register in 1903, as no reply had been received by the General Medical Council to letters of inquiry.22)

St. Andrew’s Eye and Ear Hospital,
67, Wells Street, W.

The first entry appears in 1887, the last in 1891. The 1887 entry states that the hospital was established in 1882. Its surgeon was A. L. A. Forbes, with Mr. E. Pierrepont as Surgeon-Dentist. The number of patients is stated as 4,000.

In 1889 the name of T. Neville, M.D., appears as Consulting Surgeon.

In 1890 the name of Mr. H. White appears against a department for the treatment of Defects of Speech by Oral Training.

The last entry in 1891 is a repetition of the one of 1890, no new report having been obtained from the secretary. No indication is given as to whether the hospital possessed any beds.

Arthur Litton Armitage Forbes, L.R.C.P.(Edin.) 1870, F.R.C.S.(Edin.) 1884, appeared in the Directory till 1924. The date of his death is not known; his name was removed from the Medical Register in 1922 for the same technical reason as Diamond’s was.22 He was surgeon-superintendent in the New Zealand emigration service, and at one time surgeon-major in the Turkish Army in the Servia campaign of 1876-77, and surgeon to the German Consulate, Navigator Island. He translated De Wecker’s Thérapeutique Oculariste in 1879 and subsequently published a number of monographs on otology and several books.
on travel. For some years he was Surgeon to the Metropolitan Ear, Nose and Throat Hospital.

The background to the development of eye hospitals is the stormy and angry opposition by the leaders of the profession to the rise of special hospitals in general. Things came to a head when it was proposed in 1860 to found a Hospital for Stone and Diseases of the Urinary Organs—the present St. Peter’s Hospital. The protest movement, with W. H. Flower as secretary—though he himself was attached to an eye hospital—gathered in it all the representative bodies and figures of medicine: the Presidents of the Royal Society, the General Medical Council, the Royal Colleges, the British Medical Association and the Director-Generals of the Army and of the Navy Medical Departments. The medical press was unanimous in the condemnation of the special hospitals, and Sir Benjamin Brodie’s exception of eye hospitals from the general ban found feeble support. Whilst the arguments against the development of special hospitals were theoretically sound—generally stressing that a local disease must not be regarded as a thing in itself, but the local manifestations of a widespread underlying state—they did not always maintain this impersonal level. The Lancet spoke of the special hospitals as a “monstrous evil—an evil which springs from within the profession” (Lancet, Vol. II, p. 88, 1860), whilst W. O. Markham, subsequently editor of the British Medical Journal, more bluntly stated in a discussion at the British Medical Association that “the gentlemen engaged in those (special) hospitals got their names spread all over England, but in the meantime the profession was being ruined” as no proper check could be exercised at special hospitals—drawing their patients from all over the country—that only poor persons were being treated (Brit. Med. Jl., p. 628, 1860). To the ostracism applied to them the more established special hospitals replied in a like spirit. How intense that animosity was is well shown by the regulation introduced at Moorfields in 1864 that none of its full surgeons should hold an ophthalmic appointment in any other hospital—a regulation that compelled Streatfeild to resign from the post of Ophthalmic Surgeon to University College Hospital, and remained in force till 1873.126

Animosity against special hospitals has long since died out. However sound the theoretical arguments against them, in practice these institutions proved invaluable as centres of progress in the development of neglected fields of study. To a generation of ophthalmologists to whom the violent passions of this struggle are but a lingering memory, the question may fairly arise whether eye hospitals, having reached a high level of development, are not likely to find new vigour in a closer co-operation
with the general hospitals in antagonism of which they sprung up and developed. No technical perfection of the ophthalmic art can compensate for any avoidable loss to ophthalmic science from too narrow an exclusiveness.

I have to acknowledge my indebtedness to Sir Wathen Arthur Waller, Bart., for information on his great-grandfather, Sir Jonathan Wathen Waller; to Mr. R. R. James, for help on the same subject, and to the Registrar of the General Medical Council for information on D. Freeman, A. L. A. Forbes and W. H. Hastings. To Mr. S. Wood, of the Library of the Royal College of Surgeons, I am indebted for his careful transcript of the Rowley document, and to the Librarian, Mr. W. R. Le Fanu, for permission to publish it.

REFERENCES

Additional to:—

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PLARR’s Lives of the Fellows of the Royal College of Surgeons,
The Dictionary of National Biography, and the Sources given in the Text.

3. Royal College of Surgeons’ Library. Tracts 120 (9).
    (b) On the different Species of Amaurosis, or Guuta Serena. London, 1821.
22. Communication from Registrar, General Medical Council.