

JOHN FARRE (1775-1862) AND OTHER NINETEENTH CENTURY PHYSICIANS AT MOORFIELDS

by

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WHAT kind of man was John Richard Farre, co-founder and physician of the London Dispensary for Curing diseases of the eye? The portrait of him reveals a kindly, gracious countenance. In the pen picture he has drawn for us of Cunningham Saunders, the architect of the venture, Farre betrays his warm humanity and generosity. From his writings, Farre emerges as a man who, though bred in the eighteenth century and nurtured in the medical climate of that century, yet held the belief that medicine could only advance through painstaking scientific observation. He was critical of 'popular medicine' the scope of which did not extend beyond the inquiry 'what will cure a particular pain, a cough, a purging and the like'. Here is a quotation from one of his books written in 1814.

The wants of man, and his impatience to remove them, have always engrossed man's attention and he is instinctively led to regard, in the first place, those (wants) which he feels to be most urgent. Therefore, we do not despise popular medicine, although we cannot commend it. . . . The science of medicine does indeed rest on the basis of observation but that observation is of two kinds—clinical and anatomical. Anatomical observation preceded by clinical observation, affords the only means of distinguishing between diseases of function and diseases of structure. It is (also) capable of introducing great simplicity in methodical arrangement of diseases. For in tracing by dissection the morbid changes of internal organs, it is impossible not to perceive that numerous diseases are, in truth, but varieties in the stage, or in the seat, of one and the same disease.

He was critical enough to concede that the task of correlation of clinical signs and symptoms with pathology is 'an arduous one, and is a labour which does not always meet with its reward'. He freely admitted that his researches were modelled on those of Mathew Baillie, whose books on morbid anatomy published but a few years earlier (1793 and 1803) Osler regarded as 'the first important books on morbid anatomy in the English Language'. Farre's two monographs—one on the morbid conditions of the liver, the other entitled *Pathological researches on Malformations of the human heart*, were his unaided efforts to 'add to the common stock observations'. These observations were not only in the field of morbid anatomy but also included physiological records. Thus he measured the surface and internal temperatures and sought also to determine the amount of carbonic gas in the expired air of subjects suffering from congenital malformations of the heart. Farre had anticipated Fallot by seventy-four years in his observation that the most common cyanotic congenital heart disease is a malformation which has now come to be known as 'Tetralogy of Fallot'. This is a complex malformation consisting of pulmonary valve stenosis, ventricular septal defect, overriding aorta and right ventricular hypertrophy. After giving references to fifteen cases, Farre was able to say 'that of all the malformations this is by far the most frequent'. Formerly a well-known synonym for secondary growths in the liver—'Farre's tubercles'—was based on the terms he used to describe the two

types of these tumours, 'tubera circumscripta' and 'tubera diffusa'. Like John Hunter he was a collector of pathological specimens, the drawings of which were presented to St. Bartholomew's Hospital after his death. Though Farre's attempts to launch a scientific journal and to establish the Saunderian Institute and Medical Library met with little immediate success, both were eventually resurrected in one form or another.

When we learn that one year after Saunders's death, Farre and Saunders's immediate successor, Benjamin Travers, recommended that the practice of the Infirmary should be opened to medical students, we can entertain no doubt as to who had initiated this suggestion. In 1838 the committee of the Royal London Ophthalmic Hospital:

not only recognized in Dr. Farre one of the founders of the Institution, but the able physician by whom the Science communicated and dispensed within its walls has been effectively upheld and enlarged.

Farre was, most probably, the main influence and inspiration actuating John Dalrymple in his fundamental works on anatomy and pathology of the eye.

John Farre's second son, Frederick John, was appointed as second physician in 1843. Sir Norman Moore has written about him in 1918 from personal recollection as follows:

There was much generosity in his nature, but it was necessary to observe carefully all the forms of respect in approaching him. Before going round the wards, he usually ate a small rice pudding in Sister's room. Throughout his life he pursued the study of botany and at Bart's lectured on materia medica and botany.

He was Captain of Charterhouse during Thackeray's first year there, and he figures in *The Adventures of Philip* as 'Sampson Major, the cock of the whole school'.

Robert Martin was another Bart's physician to be appointed to the staff. In 1854 he was in charge of two wards set apart at Bart's for the cholera patients. When the epidemic was over he received a present of seventy guineas, and was on the same day elected assistant physician to Bart's. A year later he went to Smyrna to look after the troops engaged in the Crimean War. On his return in 1856 he became the:

'administrator of chloroform' at Bart's, and was also elected physician to Moorfields. His services to these hospitals were limited by a protracted illness which 'seemed to threaten his mind'.

On 10 April 1851 Jonathan Hutchinson took a student's ticket at Moorfields for twelve months, and in 1855 another Yorkshireman, also educated at the York Medical School, Hughlings Jackson, came to London and joined him at Moorfields. The two were constantly together in work and on holiday. For a number of years, until his marriage to his cousin Elizabeth, Hughlings Jackson lived with the Hutchinsons at 14 Finsbury Circus, at which house Jonathan Hutchinson first began to practise. It was Hutchinson who gave the bride away. Though they were great friends, their tastes were dissimilar. Jackson had no great love of the country and did not care for shooting or even walking. He did not mix in society, and had none of Hutchinson's urge to give popular lectures. He had no great love of poetry, and Hutchinson would tease him on his limited knowledge of Wordsworth. On the other hand Jackson was able to enjoy deep philosophical works and light novels which Hutchinson never read.

John Farre (1775-1862) and other Nineteenth Century Physicians at Moorfields

When in 1856, it was decided at Moorfields to establish the posts of Clinical Assistants, first Hutchinson and later Jackson worked in the hospital in this capacity. Jackson's first publication was on a medical ophthalmological subject. He described a case under the care of Alfred Poland, his chief. These two former students of Moorfields Medical School, Hutchinson and Jackson, made many fundamental contributions to medical ophthalmology in subsequent years. Hutchinson, apart from giving the first account of 'different forms of inflammations of the eye consequent on syphilis', was also the first to describe tobacco amblyopia, Eales disease, neuro-paralytic keratitis, progressive external ophthalmoplegia, and the first to appreciate the significance of internal ophthalmoplegia in head injuries. Jackson, as a result of his extensive use of the newly discovered ophthalmoscope, early recognized that 'optic neuritis' could occur without any associated disturbance of vision, and this was perhaps his greatest service to ophthalmology. Among students at the London Hospital, trained by him to examine all their cases with the ophthalmoscope, was Stephen Mackenzie. This is how Osler described Mackenzie when they met at the Charité Hospital in Berlin.

My friend Mackenzie is one of those red-faced, stout, sandy-haired Englishmen whom no one could mistake, so that we are rather a contrast. In other respects also we are opposites, for he is an out and out radical in Politics, Religion and everything else so that we are constantly at logger heads. However, he is a hard working chap, and we have but little time to dispute about our differences, and get on well together, with the exception of a rub now and then.

Mackenzie and Osler remained fast friends, and thirty-five years after this meeting, Osler wrote that:

one of the great pleasures of my visits to London was to renew our friendship. Few men of his generation were more devoted to clinical study.

He was the seventh child of Dr. Stephen Mackenzie of Leytonstone, then a country village on the edge of Epping Forest. His father was thrown from his carriage and sustained a fracture of the skull, and died without regaining consciousness. The widow, pregnant at the time, was left with eight children, and with very scanty means. Morell, the eldest son, who was at school at the time, obtained a clerkship with the Union Insurance office. However, the family rallied round and Morell became a medical student at the London Hospital. Later he became Sir Morell, and was among the first in this country to use the laryngoscope, and was the founder of the Hospital for Diseases of the Throat, Golden Square, the first hospital of its kind in the world.

Stephen Mackenzie was educated at Christ's Hospital and received his post-graduate medical training in Berlin and Vienna. In 1874 he was appointed assistant physician to the London Hospital. He evidently took great interest in medical ophthalmology since, with Nettleship, he was appointed Secretary of The Ophthalmological Society of the United Kingdom when the Society was formed in 1880. The first ten volumes of the *Transactions* contain a number of important contributions of ophthalmoscopic findings in various general diseases. He was the first to describe capillary aneurysms in diabetic retinopathy. In 1884 he was appointed to the staff of Moorfields. Sir Morell, who, as a result of his treatment of the Emperor Frederick III, had been accused of trying to exercise a decisive influence upon the destiny of the German nation, developed in later life a liability to asthma, as did also his brother, Sir Stephen, and both eventually died of it. In 1899, when Moorfields was moved to

its present site, it was decided to appoint a second physician. Dr. James Taylor was the first neurologist to be appointed as physician, and he was succeeded in the present century by Sir Gordon Holmes, Dr. Adie, Sir Russell Brain and Dr. Denis Brinton. Dr. James Taylor's main contribution to neurology was his delineation of the syndrome of sub-acute combined degeneration of the cord.

With regard to Osler's ophthalmological aspirations, it must be mentioned that these had been motivated by the hope that this specialty would permit him in his spare hours 'to pursue science rather than to have practice pursue him', as would be the case were he to succeed as a general practitioner. He saw Sir William Bowman, who had succeeded in combining both these pursuits, and Osler was advised by him that, whatever he did in the future, he should begin by a period of work under Burdon Sanderson, the unchallenged master of experimental physiology of his day. Osler took this advice and when he heard, while working at University College, that Morgan and Buller, who had both been trained at Moorfields, were going to Montreal as ophthalmic surgeons, he wrote back to say how disappointed he was 'at the blighting of my prospects as ophthalmic Surgeon'.