EPSOM COLLEGE

1855 – 1899: DISTINGUISHED MEDICAL MEN
[All individuals born prior to 1900]

Bedford, Davis Evan (1898-1978). [1913-1916].
Boxall, Robert (1858-1915). [1870-1877].
Branfoot, Sir Arthur Mudge (1848-1914). [1859-1866].
Carter, Professor Alfred Henry (1849-1918). [1863-1865].
Corner, Edred Moss (1873-1950). [1885-1891].
Croft, Professor Edward Octavius (1858-1929). [1868-1877].
Goodhart, Sir James Frederick (1845-1916). [1855-1864].
Hilliard, Harvey (1874-1956). [1888-1889].
Howitt, Sir Alfred Bakewell (1879-1954). [1894-1898].
Manby, Sir Alan Reeve (1848-1925). [1859-1864].
Morris, Sir Henry (1844-1926). [1855-1859].
Phillips, Professor Llewellyn Caractacus Powell (1871-1927). [1884-1889].
Pollard, Professor Bilton (1855-1931). [1870-1874].
Smith, Lieutenant-Colonel Sidney Browning (1866-1930). [1877-1884].
Smith, Sidney Maynard (1875-1928). [1889-1893].
Stephenson, Sydney Harry (1862-1923). [1875-1879].
Sutton, Surgeon Rear-Admiral Edward (1870-1940). [1883-1886].
Taylor, Sir Frederick (1847-1920). [1856-1863].
Thompson, Herbert Campbell (1870-1940). [1883-1888].
Thomson, Frederick George (1874-1940). [1889-1892].
Waugh, George Ernest (1875-1940). [1887-1894].
WILLIAM WARWICK WAGSTAFFE (1843-1910). B.A. (Lond.), M.B. (Lond.), L.S.A. (Lond.), F.R.C.S. (Eng.). - Medical Officer to the Privy Council and Professor of Anatomy at St Thomas’s Hospital.

“The prominent feature of his work was the application of his anatomical knowledge to the study of morbid anatomy, which at that period was at the height of its popularity as a means of elucidating the problems of pathology.”

British Medical Journal (1910).

William Warwick Wagstaffe (1843-1910) [Epsom College 1855-1859] was one of the first one hundred boys to enter Epsom College when it opened in October 1855, and during his last term there he was appointed prefect, and captain of both the cricket and rugby football teams. The son of M. F. Wagstaffe, a surgeon of The Borough, South London, and brother of Mathew Mawe Wagstaffe [Epsom College 1855-1859], he was a contemporary at Epsom of such medical luminaries as Sir Henry Morris, Sir Frederick Taylor and Sir James Frederick Goodhart.

From King’s College, where he obtained First Class Honours in the University of London B.A. Examination, William Wagstaffe was awarded an Entrance scholarship to St Thomas’s Hospital Medical School, and further scholarships in classics, mathematics, natural science, and modern languages. He then won the Cheselden Silver Medal and the Treasurer’s Gold Medal in 1864. Following this he was appointed Demonstrator of Anatomy and a short while later, Professor of Anatomy at St Thomas’s. It was said that as a lecturer he was lucid and fluent, “holding the attention of his class, which was always orderly and well behaved at a time when the lecture theatre occasionally tended to degenerate into a bear garden.” In 1868, at the very early age of 25, he obtained his Fellowship of the Royal College of Surgeons, and then proceeded to the appointment of Surgical Registrar at St Thomas’s Hospital. At about the same time Sir John Simon gave him the post of Medical Officer to the Privy Council. Shortly after this appointment he started upon a purely surgical career and was soon appointed Consultant Surgeon at St Thomas’s, and Sevenoaks Hospitals. He was elected to the board of examiners in Anatomy and Physiology of the Royal College of Surgeons and, in 1875, Surgical Secretary to the Pathological Society of London.

As a surgeon Wagstaffe belonged to the progressive school, and he became well-known for his surgical approach to intestinal obstruction. He was an early advocate of the direct reduction of intussusception. In 1875, he published The Student’s Guide to Osteology, and he also edited the second edition of Le Gros Clark’s Outlines of Surgery (1872). In 1878, he developed a severe and debilitating neurological disorder. John Bristowe, the senior physician at St Thomas’s saw Wagstaffe walking down the corridor with a ‘tabetic gait’ and prescribed, much to his disgust, potassium iodide, the current treatment for syphilis. Although there are a number of other diseases with similar symptoms from which Wagstaffe might have suffered, he became increasingly incapacitated and eventually died of pneumonia, totally paralysed, in 1910.
hospital authorities kept his appointment open for three years but he was never able to return to active work. Although he was prevented by this illness from practical work he busied himself for some years in writing reviews for the *British Medical Journal*, translated Heiberg’s *Atlas of Cutaneous Nerve Areas*, and edited the third edition of Mayne’s *Medical Vocabulary*. William Wagstaffe was a founder member of the Old Epsomian Club and served on its committee until 1884.

**SIR HENRY MORRIS** (1844-1926). M.A., M.B. (Lond.), L.R.C.P., P.R.C.S. (Eng.), Hon. F.R.C.S.I. - The First Old Epsomian President of the Royal College of Surgeons.

“Morris was very point-device in his appearance and, indeed, was so distinguished that the drivers of cabs and hansomsto whom, after fixing them with a steely eye, he invariably handed them the exact fare, were too overawed to protest.”

H. St G. Saunders (1949). ‘The Middlesex Hospital.’

Henry Morris (1844-1926) [Epsom College 1855-1859], the son of William Morris, a surgeon at Petworth, Sussex, and brother of William James Morris [Epsom College 1861-1862] entered Epsom College in 1855, one of the first one hundred boys to be admitted under the first headmaster, the Rev. Dr. Robinson Thornton, M.A., D.D. He left Epsom in 1859 for University College, London, where he graduated B.A. in 1863 with philosophy as his special subject. He proceeded M.A in 1870. From University College he entered Guy’s Hospital where, after graduating M.B., he became successively a house surgeon and then Resident Medical Officer. In 1870 he was appointed Surgical Registrar at the Middlesex Hospital; in 1871, Assistant Surgeon and Surgeon to the Out-Patient Department, and from 1872-1881 Lecturer in Anatomy. In 1879, he was appointed Consulting Surgeon to the hospital, an appointment that he held until 1889. In 1880, he successfully removed a large calculus from an undilated kidney, the first designed operation of its kind to be performed in this country, before the advent of X-Rays and the cystoscope had expanded the methods of diagnosis. The patient made a complete recovery and the fame that this operation brought him resulted in a greatly expanded clinical practice and gave him the opportunity of publishing a number of books on genito-urinary surgery. He was also the first surgeon at the Middlesex Hospital to perform the operations of total colectomy (1877), pyloroplasty (1885) and total excision of the larynx (1885). In 1889 he successfully removed a large part of a malignant urinary bladder. Sir Henry Morris was also one of the first surgeons to postulate that cancerous tumours actually started from a matrix of embryonic cells rather than being microbial in origin.

Many of the most important posts in surgery were held by Sir Henry Morris. From 1894-1904 he was a member of the Court of Examiners of the Royal College of Surgeons; in 1898, Hunterian Professor; in 1903, Bradshaw Lecturer; from 1904-1917, Representative on the General Medical Council and, during 1906-1907
President of the Royal College of Surgeons, as well as President of the Royal Society of Medicine from 1910 until 1912. He was an Examiner in Anatomy at the University of Durham and in Surgery at the University of London. In 1909, as Hunterian Orator of the Royal College of Surgeons he took for the subject of his oration ‘John Hunter and his relation to eighteenth-century philosophic literature,’ and delivered it in the presence of King George V and Queen Mary. In that year he became a Baronet. Other honours soon came his way, including Vice-President of the Section of Surgery (1889) and President of the Section of Anatomy and Histology of the British Medical Association (1905). As the Surgeon-in-charge of the cancer wards at the Middlesex Hospital he was the founder of the Imperial Cancer Research Fund (now Cancer Research UK) in 1901, and he acted as its first Treasurer and Vice-President, hosting the early meetings at his own home in Cavendish Square, London. In 1902, the authorities of the Middlesex Hospital (above) were much exercised by a proposal that preclinical subjects such as anatomy and physiology should be taught outside the Medical School although still in the University of London. This proposal was strongly opposed by Sir Henry Morris who maintained that such subjects should be taught within the precincts of the Medical School. He contributed £ 1,000 from his own pocket for an Endowment Fund and, by inducing other persons to make contributions, was able to ensure the future of the Medical School. Sir Henry Morris wrote extensively on surgical subjects, his System of Anatomy (1879) being the standard textbook for many years. In 1888 he joined the Council of Epsom College and in 1906 was appointed Treasurer on the resignation of Sir Constantine Holman. As Chairman of the Works Committee he was able to oversee the erection of the Markham Skerritt Laboratories, the provision of improved heating and hot-water systems, enlargement of the infirmary and provision of a new gymnasium and music block. During his last years he led a lonely life after his wife, a Russian dancer, had predeceased him.


“What struck me most about Goodhart as a consultant was that he was always right.”

British Medical Journal (1916).

In the early years of the clinical thermometer, and when James Frederick Goodhart (1845-1916) [Epsom College 1855-1864. prefect. Brande Prize] was a house-physician at Guy’s Hospital, he was to be found one morning in the depths of a very cold winter, lying in his cold bath, to discover what effect this would have upon his body temperature, by closely watching the thermometer. He was always a great investigator, taking nothing on trust that he could not confirm for himself. His father, Alfred Harrington Goodhart, had been in practice in Brighton for twelve years when
he died of tuberculosis at the early age of thirty-four, before having the time and income to provide for his wife and five children. This destitute family was just the kind that John Propert had envisaged would benefit from a free education when planning his Benevolent College and Mrs Goodhart applied for help. As a result of this James Goodhart entered Epsom College in 1855 at the early age of ten years as one of the first Foundation Scholars. Nine years later he proceeded to Guy’s Hospital where he won the gold medal for clinical medicine (1867), before entering Aberdeen University where he qualified M.B., C.M. with the highest honours (1868). In 1873 he took the M.D. at the same university, which twenty-five years later awarded him the honorary degree of LL.D. In 1877 he was appointed assistant physician and demonstrator in morbid anatomy and pathology at Guy’s Hospital. Pathology soon became his major interest and he worked in the post-mortem room for about thirteen years. From 1881 to 1888 he was Physician at the Evelina Hospital for Children and, in 1899 he was appointed Consulting Physician at Guy’s Hospital (see below). He was the author of *The Student’s Guide to the Diseases of Children*, first published in 1885, but reaching a tenth edition in 1913, with added French and American editions. In 1891 James Goodhart delivered the Harveian lectures before the Harveian Society of London. These lectures, entitled ‘Common Neuroses, or the Neurotic element in Disease and its Rational Treatment’ were published in *The Lancet* and later as a book. He well understood the difficulties in treating patients with functional disorders and was definite in his advice against giving drugs just to relieve bodily symptoms in such cases. In 1883 he was Vice-President of the Section of Pathology and Bacteriology of the British Medical Association at its annual meeting in Liverpool and, in 1891 he was President of the Section of Diseases of Children at the annual meeting in Bournemouth. For four years Goodhart acted as examiner in medicine for the Royal College of Physicians; in 1885 he delivered the prestigious Bradshaw Lecture and, in 1912 was Harveian Orator.

Although it was as a teacher in the medical school that Sir James Goodhart was most successful, it was in the pathology department that he was particularly brilliant, where by his accurate method of observation of every minute particular he soon taught others to keep their eyes equally wide open, while his explanations of what a post-mortem revealed were lucidly communicated. The connection of morbid pathology with the presentation of disease in life was a particular interest of his and
he regularly attended the post-mortem examination of his patients where he accurately forecast what abnormalities would be found. It was said that even the most backward student could hardly fail to have followed him. Such was his enthusiasm for morbid pathology that he completely reorganised the museum at the Royal College of Surgeons and became the Curator of the Pathology Museum at Guy’s Hospital (above). The personal magnetism which gave him such exceptional powers as a physician and brought him so large a share of the consulting practice in this country attached his professional colleagues to him as firmly as his patients. It was said of him: “The story of his professional life was one of continued success. His skill in diagnosis, his resourcefulness in treatment, and his candid attitude towards patients and professional colleagues alike led him to be one of the most popular and well loved physicians.” At one time he was said to have had the busiest medical practice in London. “He never spared himself, and would always come down at any hour to see a member of the profession or one of his family always with a cheerful spirit.” He was a hard worker in the truest sense of the word. “In the old days, before the motor car, he would travel many miles by train and cab within the metropolitan area to fulfil his numerous engagements. For his achievements he was awarded a baronetcy by King George V in the Coronation Honours.

SIR FREDERICK TAYLOR Bt. (1847-1920). M.D. (Lond.), M.R.C.S. (Eng.), P.R.C.P. (Lond.). - President of the Royal College of Physicians.

“He never failed to attend his wards punctually, he never curtailed his rounds; indeed, they were sometimes too long for the less enthusiastic of his followers.”

British Medical Journal (1920).

Frederick Taylor (1847-1920) [Epsom College 1856-1863, prefect] was the son of David Taylor, a surgeon of Kennington, South London, and brother of Dr Herbert Taylor [Epsom College 1862-1867], Leonard Taylor [Epsom College 1864-1869], Charles Taylor [Epsom College 1864-1871], and David Churton Taylor [Epsom College 1867-1874]. He entered Epsom College at the early age of nine and immediately showed academic brilliance, repeatedly coming first in his class at most subjects. On Founder’s Day, in 1863, he was awarded the Hodgkin Prize, the Brande Good Conduct Prize, and the prize for Mathematics; but, before receiving these awards he had declaimed Juvenal in Latin in front of the Council, the school, the staff and the guests. He graduated from Guy’s Hospital in 1868, winning scholarships in forensic medicine and midwifery, and gaining honours in medicine. In 1870, he proceeded M.D.; two years later he passed the M.R.C.P. Examination and, in 1879 he was elected F.R.C.P. 1874 was an auspicious year when he was appointed assistant physician at Guy’s Hospital, as well as Dean of Guy’s Hospital Medical School (1874-1888); but more was to come. In 1879 he was appointed Senior Consultant Physician at Guy’s
Hospital, the Dreadnought Seaman’s Hospital at Greenwich, the Evelina Children’s Hospital, and the National Hospital for Diseases of the Heart.

Frederick Taylor was the complete Guy’s man. He always seemed to be about the hospital. James Stocker, the old hospital apothecary, had run the medical school since 1834, but under his gentle guidance it was in decline. In Stocker’s old age Taylor reorganised the office, straightened the finances so that the medical school ran ‘like clockwork’ and revised the curriculum. At Guy’s Hospital he devoted much of his time to clinical teaching. His extensive knowledge, sound judgement, and thoughtfulness for others made him very popular with the students, and earned him a commanding position in consulting practice in London. He never failed to attend his ward rounds punctually, although some of them lasted a bit too long for ‘the less enthusiastic of his followers.’ It was said that “to his junior clerk he was a critical and somewhat severe master, to his senior clerk an edifying and rather mystifying teacher, but to his houseman he was a source of lifelong inspiration.” When he had examined a patient they knew his opinion through his facial expressions and a succession of inarticulate sounds.

Frederick Taylor represented the University of London on the General Medical Council from 1909 until 1918, and was an examiner for Cambridge, London, Durham, Belfast and Birmingham Universities. He delivered most of the prestigious lectures at the Royal College of Physicians, including the Lumleian Lecture (1904) and Harveian Oration (1907). In 1915 he reached the zenith of his career when he was elected President of the Royal College of Physicians, a position that he held until 1918. Previously he had occupied the position of Councillor of the College from 1897-1899, and Censor from 1904-1905. He was also President of the Royal Society of Medicine from 1914-1916. Frederick Taylor was the author of no less than one hundred and sixty-six scientific papers published in medical journals, as well as the standard medical textbook A Manual of Practical Medicine (1890), which ran to eleven editions and was only rivalled in its later years by Osler’s great work. A colleague claimed that Taylor really enjoyed life. “His bright outlook, sense of humour, apt repartee and witty turn to a conversation made him a delightful companion.” In his obituary it was said that “He was, as might be expected, an excellent man of business, therefore he had much to do with the management of the [Guy’s Hospital] medical school, where for a long time he was Dean.” As a young man he enjoyed football, swimming, lawn tennis and racquets and he regularly climbed in the Alps. During the first ward round on his return from these expeditions, with a sunburnt face and peeling nose, he would recount some of the more exciting incidents. He was a co-founder of the Old Epsomian Club.


“To such men we owe much of the luxury of the modern car; his first car, if I remember rightly, had neither hood, windscreen or pneumatic tyres.”

Dr Maurice Mottram, British Medical Journal (1925).

Sir Alan Reeve Manby (1848-1925) [Epsom College 1859-1864] was for many years the trusted medical attendant of the Royal Family in their home life at Sandringham. He came from a long line of medical practitioners, his father, Dr Frederick Manby, and grandfather both being surgeons in Norfolk, and his brother, Frederick Edward Manby, F.R.C.S. [Epsom College 1857-1861] was a Consultant
Surgeon at Wolverhampton. From Epsom College he went to Guy’s Hospital, qualifying in 1869. In 1888 he took the M.D. of Durham University, and in 1918 was elected a Fellow of the Royal College of Surgeons as a member of twenty years’ standing. As a village doctor he was medical officer and public vaccinator for East Rudham. In 1885, he was appointed Surgeon-Apothecary to the Prince of Wales at Sandringham, and when the latter became King Edward VII, Manby was appointed Physician Extraordinary, a position that was continued under King George V and Queen Alexandra. Alan Manby accompanied King George V and Queen Alexandra, then the Duke and Duchess of York, during their tour of Australia, New Zealand and South Africa in 1901. He received the honour of knighthood in 1903, and was created K.C.V.O. in 1913. Sir Alan Manby was in professional attendance at York Cottage, Sandringham, at the births of Princess Mary, the Duke of York, Prince Henry, Prince George, and Prince John. He was also in attendance at the birth of Prince Olav, son of King Haakon of Norway and Queen Maud, when they resided at Appleton House, Sandringham, as Prince and Princess of Denmark. Following this, he was made Knight Commander (Second Class) of the Order of Dannebrog. It is of interest to note that he was in attendance upon Queen Alexandra after his 75th birthday, so it may be said that he was in active medical practice for well over half a century.

Sir Alan Manby was a native of Norfolk and lived at Wensum House, East Rudham (see illustration), the family home since 1800. He was President of the Norfolk Medico-Chirurgical Society from 1892 until 1893, and President of the East Anglian Branch of the British Medical Association (1896-1897). He was Vice-Chairman of the Obstetrical Section of the British Medical Association at Oxford in 1904, and at Toronto in 1906, as well as Secretary of the Therapeutic Section of the B.M.A. at its annual meeting in Ipswich in 1900. As a busy committee man he served as a member of the Parliamentary Bills Committee of the B.M.A., as well as Honorary Secretary of the Medical Benevolent Fund. Throughout his career he contributed a number of papers to the medical journals; in 1873 he invented a flexible spiral probe and, in 1886, a modified form of lithotrite (an instrument for crushing stones in the bladder). He was also one of the first to foresee the introduction
of certificated midwives. Although a countryman, he was not perhaps as keen a
horseman as were some of his contemporaries, and it was not surprising to find him
among the pioneers of the motoring movement when the transition from horse-drawn
to motor conveyances set in. In his obituary it was written: “One cannot but feel that
if every newly qualified man could put in one year at least as assistant to a man of Sir
Alan Manby’s stamp it would be greatly to the advantage of the profession as a
whole.”

SURGEON-GENERAL SIR ARTHUR MUDGE BRANFOOT
(1848-1914). K.C.I.E., I.M.S., M.B. (Lond.), L.R.C.P. (Eng.), F.R.C.S. (Eng.) -
President of the India Office Medical Board (1904-1913).

“In India he left a reputation of being one of the best men, in his own line, who have
served in the Indian Medical Service.”

British Medical Journal (1914).

Arthur Branfoot (1848-1914) [Epsom College 1859-1866] was the son of Dr J.
H. Branfoot, a practitioner in Brentwood, and brother of Edward Percy Branfoot, who
was a member of the England Rugby XV [Epsom College 1870-1874]. He received
his medical training at Guy’s Hospital where he qualified M.R.C.S., L.R.C.P. in 1871.
He graduated M.B. (London) with First Class Honours in obstetric medicine in 1872,
and almost immediately entered the Madras Medical Service as Assistant Surgeon.
Within a very short time he was appointed Civil Surgeon at Coconada and,
afterwards, resident Surgeon at the General Hospital, Madras, until he was appointed
Superintendent of the Government Maternity Hospital in 1879, and Professor of
Midwifery and Gynaecology at the Madras Medical College in 1881. He was also
Physician to the Madras General Hospital. In 1898, he was promoted to Colonel and
immediately returned to military duties as Administrative Medical Officer. Further
promotion came in 1901 when he was appointed Surgeon-General to the Government
of Madras, and for a short time he served as Principal Medical Officer of the
Bangalore and Southern Districts. He retired in 1903 and one year later succeeded Sir
William Hooper as President of the Medical Board at the India Office, with the
appointment for ten years as Surgeon-General. Other honours
included the Vice-Presidency of
the Royal Institute of Public
Health, and Principal Medical
Officer, British Armed Forces in
Burma. From 1904-1913 he served
on the Advisory Boards for the
Army and Medical Services and of
the Army Hospitals and Sanitary
Board. He was also a Member of
the Council of the Lister Institute.

The Government Hospital for
Women and Children, in Madras
(see illustration) was founded in 1844 as the first specialised maternity hospital in
India, and probably in Asia. It started as a small building where barely one hundred
births per year were registered but, in 1882, Sir Arthur Mudge Branfoot founded the
present-day buildings which now cater for some 18,000 births each year. This hospital
was also the birthplace of the Obstetric and Gynaecological Society of Southern India.
“General Branfoot did excellent work for the Indian Medical Service, and was awarded the C.I.E. in 1888, with promotion to K.C.I.E. in 1911. He made a great reputation for himself in Madras, and maintained it in Burma, as one who was ever ready and generous in help given to his fellow-practitioners. It was said of him that: “He was the most distinguished example of an all-round physician and surgeon, capable of dealing well with almost any problem in the whole domain of medicine. It is difficult to give any conception of the feeling of security, relief, and comfort, the presence of one with such knowledge, experience, skill, and reputation gave to every member of the medical profession in Rangoon.


“Well, how is he” the physician would ask. “I think he’s holding his own. No sleep though,” I replied. “That’s a pity. Well, persevere with the brandy and warm oxygen.”

Francis Brett Young. ‘The Young Physician.’ (1919).

When Alfred Henry Carter (1849-1918) [Epsom College 1863-1865] was first appointed Professor of Medicine at Birmingham there were no antibiotics, immunisation programmes had not yet been introduced, and the treatment of many disorders relied on therapeutic regimens that, today, appear mediaeval. Alfred Carter was born at Pewsey, Wiltshire, where his father, C. H. Carter, practised as a surgeon. He was the brother of Charles Albert Carter [Epsom College 1865-1868], The Rev. Canon Francis Edward Carter, Dean of Grahamstown [Epsom College 1866-1869], and Frederick Heales Carter, M.D., F.R.C.S. [Epsom College 1868-1871]. He won an Entrance Scholarship to University College, London, where he qualified M.R.C.S. and L.S.A. in 1870. He then volunteered for service with a field hospital during the Franco-German war, but returned after one year when he was appointed house-physician at University College Hospital and, in 1871, graduated M.B. with honours. Five years later he took the diploma M.R.C.P. (London) and was appointed Assistant Physician at the Birmingham Children’s hospital and Senior Physician at the Queen’s Hospital, Birmingham. In 1891 he was elected F.R.C.P., and two years later delivered the prestigious Ingleby Lecture. Carter was actively concerned with the foundation of Birmingham University and took a prominent part in bringing about a closer connection of the medical faculty of Queen’s College with Mason College. The resultant medical school is now one of the largest in the United Kingdom with over 400 medical students graduating each year. For more than thirty years Carter was busily engaged as a teacher clinical medicine. As Professor of Physiology at Queen’s College and Professor of Medicine at Birmingham University he helped materially to improve and widen the scope of the teaching and during this period he served as an examiner for Glasgow and Aberdeen Universities.
Alfred Carter not only took a large part in the medical life of Birmingham, but a share also in the public affairs of the city, serving for a time on the city council, and as a member of its health committee. As an active member of the British Medical Association, he was Vice-President of the Section of Diseases of Children at the annual meeting at Leeds, in 1889, and President of that section in 1890 and 1911. He was also President of the Birmingham Branch of the B.M.A. in 1895-1896, and President of the Midland Medical Society in 1896-1897. In 1901 he received the degree of M.Sc from the University of Birmingham and was appointed Emeritus Professor of Physiology at Queen’s College, Birmingham. He retired from medical practice in 1913, by which time his chief publication, *The Elements of Practical Medicine* (1881), had reached eleven editions. Following the outbreak of the First World War, Carter served for a time as physician to the army hospital at Wimereux and afterwards on the two hospital ships ‘Aquitania’ and ‘Britannic.’ He then returned to England, and as a Lieutenant-Colonel in the R.A.M.C. took over duties as Consulting Physician at the Tidworth Military Hospital, Wiltshire. He was twice mentioned in dispatches. Outside medicine he was a Justice of the Peace for the County of Worcester.

**PROFESSOR BILTON POLLARD (1855-1931). M.D., B.S. (Lond.), F.R.C.S. (Eng.).** Emeritus Professor of Clinical Surgery, University College, London.

“Bilton Pollard was the last survivor of four men who, in the early years of this century, gave a special quality to the surgery school of University College Hospital. In this very distinguished group Pollard easily held his own as an influence and a force.”

*British Medical Journal* (1931).

Bilton Pollard (1855-1931) [Epsom College 1870-1874. prefect. Captain of Rugby XV. Cricket XI. Carr Exhibition. Wakley and Watts Science Prizes] was the son of Dr Tempest Pollard of Rastrick, Yorkshire, and brother of Edwin Purslove Pollard [Epsom College 1862-1864]. He won an Entrance Scholarship to University College Hospital, where he gained First Class Honours in both the intermediate and final examinations for the M.B. degree of London University. Following qualification, he served as a Demonstrator of Anatomy at University College, before moving to Manchester as Resident Surgical Officer at the Royal Infirmary. Returning to University College Hospital, he was appointed surgical registrar before his appointment as Surgeon to the North-Eastern Hospital for Children, Bethnal Green (1885-1887). In 1887 he was appointed Assistant Surgeon at University College Hospital, was promoted to full surgeon in 1894, and two years later became Professor of Clinical Surgery at University College. In 1914, he retired from the active staff and was elected Consulting surgeon and Emeritus Professor. Apart from his work at University College Hospital, Bilton Pollard acted as an examiner in surgery in the Universities of
Oxford and Manchester; a Member of the Court of Examiners of the Royal College of Surgeons, and from 1910-1918 a member of the Council of the Royal College of Surgeons.

In his obituary it was written that “He was a complete practical surgeon, armed in every branch of the art, and the confident master of his equipment….he was one of the most deliberate operators of his generation. He has been known, at the end of an operation, when all his assistants were sinking with fatigue, to take down an elaborately completed line of sutures because, after long and placid contemplation, it was found not to reach his standard of the exact and safe….As a teacher he took great pains, never allowing himself to be hurried, and was always willing, and indeed anxious, to help students….Pollard’s whole career was an exemplary demonstration of the familiar truth that for effectiveness in even so technical an art as surgery character can contribute as much as, if not more than, aptitude….This was no mere inertia, but an inward calm in which the perplexities of diagnosis were surprisingly often resolved, and which made him as an operator extraordinarily independent of his audience, and unruffled by complications. His serene temperament was undoubtedly the very substance of his being, and in the last analysis the quality that put him among the very small band of the soundest, the most uniformly successful, and, above all, the most trusted surgeons of his time.” Whilst in active work he had brass casts made of his hands so that he could secure proper surgical gloves which were at that time just coming into general use.

**SURGEON-GENERAL SIR HORACE HENDERSON PINCHING**


Horace Pinching (1857-1935) [Epsom College 1870-1874] was born at Gravesend, the son of C. J. Pinching, J.P., and brother of Archibald Edward Pinching [Epsom College 1863-1863]. He graduated M.A. at Pembroke College, Oxford University in 1882, and qualified M.R.C.S., L.R.C.P. at St George’s Hospital the following year. He then entered the Army as a surgeon in 1884, and served in the Sudan in three campaigns. The Nile expedition of 1884-1885, for which he was awarded the medal with clasp and Khedive’s Bronze star; the action at Giniss in 1885; and in 1888-1889 the actions at Gamaizah and Toski, for which he was mentioned in dispatches in the *London Gazette* (1889), and received two clasps and the fourth class of the Medjidieh. He also received the Star of Ethiopia, second class (1897). In 1888 he was seconded for service to the Egyptian Army and, in 1899, was appointed Director-General of the Egyptian Public Health Department with the rank of Surgeon-General, a position that he held until 1908. In 1902 he received the *K.C.M.G*. He retired in 1908 to the Chateau de la Tour de Peilz, Switzerland.

**PROFESSOR EDWARD OCTAVIUS CROFT** (1858-1929).

*M.R.C.S., L.R.C.P. (Eng.), M.D. (Durham).*

“He served in the old Leeds Rifles for many years as medical officer, and made a regular appearance at the annual camp, where he was often the life and soul of the mess and a respected favourite with all.”

*British Medical Journal* (1929)

Edward Octavius Croft (1858-1929) [Epsom College 1868-1877. Carr Exhibition] was the eighth son of Dr Charles Ilderton Croft, surgeon of the City of
London, and brother of George Crafer Croft, J.P. [Epsom College 1859-1860]. At Epsom College he won a scholarship to University College Hospital, qualifying M.R.C.S. (Eng.) in 1883, and obtaining the M.D. at Durham in 1898. Following qualification he was appointed Resident Obstetrical Officer and Demonstrator of Obstetrics at University College Hospital, and then, in 1885, he moved to Leeds where he was Resident Medical Officer at the General Lying-in Hospital. Up to that time there was no special department for the diseases of women in Leeds, but with the development of surgery and the increase in numbers of patients it soon became necessary to build a suitable department that would contain both an out-patient as well as in-patient facilities. At that particular time students had to rely on the Poor Law officers and private practitioners for their experience in midwifery, and one of the great requirements which the hospital board was anxious to secure was the establishment of an extern department for attending women in confinement in their own homes. Edward Croft was selected to oversee this and the new department of obstetrics at Leeds was launched by him. With the development of a new Maternity Hospital, the extern department of the Infirmary passed to this new institution and “the germ of Edward Croft’s early work blossomed in a way it could not have done had it not been well and wisely planted and nursed during its earlier years.”

Shortly after leaving Leeds Infirmary, Edward Croft was appointed to the honorary staff of the Women and Children’s Hospital, holding this position from 1890 until 1929. “When the hospital was rebuilt he was concerned from the start with the work, watched with care every suggested improvement, and helped by his knowledge and acumen the completion of a building which is admirable in all respects.” From his earlier position as Demonstrator and Lecturer in Obstetrics he was appointed Professor of Obstetrics in the University of Leeds. He was a Fellow of the Obstetric Society of London; Vice-President of the North of England Obstetric and Gynaecology Society and President of the Leeds and West Riding Medico-Chirurgical Society. Outside his hospital work he served as medical officer in the Leeds Rifles, and devoted his leisure time to natural history.


“He was the best taker of notes I ever knew – they were always to the point, accurate, terse, and complete.”

Sir Francis Champneys, British Medical Journal (1915).

Robert Boxall (1858-1915) [Epsom College 1870-1877] was born at Horsham, Sussex, the son of Henry Boxall, F.R.C.S., and brother of Frederick Boxall [Epsom College 1872-1877], and Dr Frank Boxall [Epsom College 1880-1882]. He was also a nephew of Albert Napper, the founder of the Cottage Hospitals. At Epsom College he won the Brande Good Conduct and French Prizes, and was a prominent member of the Rugby XV. He studied medicine at Downing College, Cambridge and University
College, London, taking the M.R.C.S., L.R.C.P. in 1882-1883, and the Cambridge M.B., B.Ch in the following year. Following this he was appointed obstetric assistant at University College Hospital and then at the General Lying-In hospital, Westminster, where he ultimately became Obstetric Physician. In 1889, he was appointed Obstetric Physician and lecturer in practical midwifery at the Middlesex Hospital, a position that he held until retirement. It was said of that “from first until last he worked incessantly. While occupied with his duties at the General Lying-In Hospital he took the M.D. of Brussels University, so that his clinical and scientific labours were complicated by much travelling.” Robert Boxall was a pioneer of antiseptic surgery. It was at this time that he made his most celebrated and important contribution to medical science. He drew up an impressive clinical and scientific monograph on scarlatina during pregnancy. This work was based on the investigation of 16 cases of scarlatina amongst 432 patients under his care at the time of the epidemic of that infection in South London during 1884. From his study of the scarlatina epidemic, Boxall postulated that the agency of scarlet fever as a cause of puerperal, or childbed, fever had been greatly over-rated, and that scarlatina bred true in the pregnant and puerperal woman, producing not puerperal fever but typical scarlet fever, which ran the ordinary course of the disease.

Robert Boxall’s researches also testified to the priceless value of antiseptics in midwifery. His research included statistical tables, the compilation of which must have involved the examination of enormous masses of detail, and it was said of him that “there was no more painstaking, practical, and scientific obstetrician at that time than Dr Boxall.” This research proved to be a landmark in the history of the treatment of puerperal infections, and closely followed the pioneering work on antisepsis of Sir Joseph Lister, F.R.S., (left) who coincidentally was a Vice-President of Epsom College at the same time. Robert Boxall showed that although the death-rate from puerperal sepsis across Britain in general was increasing, the death-rate in London since he started using antiseptics in midwifery had shown a steady decline. He addressed the Obstetrical Society of London in 1905 with the statement that “provided antiseptic precautions were efficiently carried out and asepsis maintained during labour and afterwards, the possibility of autogenic infection need have no terrors for the obstetrician.” Today we take antisepsis for granted but in 1905 it was Robert Boxall’s pioneering work that paved the way for modern obstetric practice. Sir Francis Champneys added the following appreciation to his obituary: “In pursuing an
investigation for others he was unsparing of his time and trouble, his only object being to elucidate the problem and arrive at the truth. It was during this period that he wrote his paper on scarlatina and the puerperium – a paper which has let light and common sense into a subject which was until then confused and obscure.” In his student days Robert Boxall was a member of the United Hospitals Rugby XV. He retired in 1903, owing to ill health. In retirement he was a keen fisherman and for many years used to holiday in France, where he knew of a good trout stream.


“When they looked together at the banded bacilli of tuberculosis, they saw more than just a specimen under a coverglass: they saw the chosen and bitter enemies of genius, the malignant, insensate spores of lowest life that had banished Keats to fade in Rome, Shelley to drown by Via Reggio, and Robert Louis Stevenson to perish in Samoa.”

Francis Brett Young. ‘The Young Physician.’ (1919).

Walter Essex Wynter (1860-1945) [Epsom College 1873-1878. prefect] was the son of Dr Andrew Wynter, a general practitioner, who practised in Chiswick and who edited the British Medical Journal (1855-1861). His brother, Dr Andrew Ellis Wynter, M.D. [Epsom College 1873-1881], was a surgeon who served in both the Cuban and Boer Wars. Walter Wynter won an Open Scholarship to the Middlesex Hospital, where he played in the Rugby XV, was Captain of the Rowing VIII, and President of the Medical Society. Although he initially trained as a surgeon, he later gave up surgery in favour of medicine, was elected a Fellow of the Royal College of Physicians in 1897, and was then appointed Consultant Physician at the Middlesex Hospital in 1901. Prior to this appointment he was Demonstrator in Chemistry and Anatomy, Tutor in Medicine, and Medical Registrar. He soon established a high reputation as a physician and a very fine teacher, but it was during his earlier appointment as medical registrar at the Middlesex Hospital that he really made his name. At that time, up to 25% of deaths in Europe were caused by tuberculosis, and the death toll only began to fall as living standards improved at the start of the 20th century, and it was not until the 1940s that effective anti-tubercular medicines were first developed. In 1889, Wynter became the first physician to perform a lumbar puncture in attempting to treat four young patients with raised intracranial pressure from tuberculous meningitis. The children were aged from thirteen months to three years. He made a small incision at the level of the second lumbar vertebra, inserted a fine tube into the spinal canal and withdrew a quantity of the infected fluid to reduce the pressure and confirm the diagnosis. Unfortunately this heroic procedure afforded but short-term relief and all four patients died, and it would be over 50 years before effective drugs were developed that Wynter could have injected into the spinal canal.
He published his findings in The Lancet (1891) and advocated that lumbar puncture was an important diagnostic test, before it had become a routine procedure throughout the world. Later that year Heinrich Quincke, a German physician, developed an improved technique for lumbar puncture using a needle rather than a cannula, although he credited Wynter with the earlier discovery. Two years after this the new lumbar puncture procedure reached the United States and Dr Arthur Wentworth, an enthusiastic advocate, published a paper on diagnosing meningitis by examining spinal fluid taken by lumbar puncture. Unfortunately his career was short-lived as antivivisectionists prosecuted him for having obtained spinal fluid from children. He was acquitted, but was then rejected by authority from Johns Hopkins Medical School where he should have been the first professor of paediatrics.

Today, thousands of lumbar punctures are performed each day throughout the world. The technique (known colloquially as a ‘spinal tap’) is commonly employed to collect samples of cerebro-spinal fluid in a case of suspected meningitis, since there is no other reliable tool with which meningitis, a life-threatening but highly treatable infection, can be excluded. The fluid is then bacteriologically analysed to identify the causative organism and thereby define appropriate antibiotic therapy. Lumbar puncture is also commonly used to inject medication into the cerebro-spinal fluid, particularly for spinal anaesthesia or chemotherapy, and it may also be used to detect the presence of malignant cells in some cases of brain tumour. It is unlikely, however, that Walter Essex Wynter knew at the time how important his procedure would become, particularly as he first performed it as a young medical registrar aged just 29 years.

Apart from being the first physician to use lumbar puncture as a diagnostic technique Wynter was the first physician to recommend splenectomy in cases of pernicious anaemia for which it has since been accepted as a treatment. He was also the author of A Manual of Clinical Pathology (1890). During the First World War Walter Wynter served as a Major in the R.A.M.C. (1914-1918) and was mentioned in dispatches. He was also a member of the Epsom College Council. Possessed of considerable means, he built a retirement home for Middlesex Hospital Nurses in the grounds of his home, Bartholomew Manor, at Newbury, in Berkshire (see illustration).


George Douglas Hunter (1860-1922) [Epsom College 1876-1879] was the son of Brigade Surgeon George Yeates Hunter, Bombay Medical Services, and brother of Lieutenant-Colonel George Yeates Cobb Hunter, I.M.S. [Epsom College 1881-1886]. He had a distinguished school career, being Captain of the Cricket XI, a prominent member of the Rugby XV, and winner of the Hodgkin Prize. He completed his
medical training at St George’s Hospital, passing the M.R.C.S. (Eng.) in 1883, and the L.S.A. in 1884. In 1884, he entered the R.A.M.C. as a surgeon, attained the rank of Colonel in 1913, and was appointed temporary Surgeon-General while acting as Director of Medical Services in East Africa (1915-1918). George Hunter’s list of war services extended over most of his entire career. He served in the Sudan from 1884 until 1886, winning the Khedive’s bronze star, the Medjidieh, Second Class, and he was mentioned in dispatches four times. In 1886 he served in the Dongola campaign, was mentioned in dispatches, in the London Gazette, 1898, and was awarded the D.S.O. and Egyptian medal with two clasps. He took part in the Battle of Khartoum (1898), and was awarded the Sudan medal and clasps to his Egyptian medal. During the First World War he was appointed Director of Medical Services of the East African Expeditionary Force (1915-1918) and during this period was mentioned in dispatches six times. He was awarded the C.M.G. and the C.B. From 1888 until 1897 and from 1905 until 1908 he was seconded to the Egyptian Army as Principal Medical Officer, and from 1909 until 1913 he was Commandant of the R.A.M.C. School of Instruction.


“His research into the habits and life-history of the tsetse fly did much to solve the problem of dealing with the fly and the control of sleeping sickness in early days.” British Medical Journal (1946).

Aubrey Hodges (1861-1946) [Epsom College 1870-1877] was an early pioneer of tropical medicine, working principally in Uganda and East Africa. He was the son of H. B. Hodges, a surgeon, of Watton, in Hertfordshire, and brother of Dr Herbert Chamney Hodges [Epsom College 1870-1875], and the Rev. Alexander Vaux Hodges, M.A. [Epsom College 1874-1877], and father of Major Aubrey Davis Hodges [Epsom College 1926-1930]. He entered Epsom College at the early age of nine years, and in his final year was a member of the Rugby XV. He completed his medical training at the London Hospital, graduating M.B. in 1890, and after the usual medical residencies was appointed Resident Medical Officer at the South-East Fever Hospital at New Cross. In 1898, he was appointed Medical Officer in Uganda by the Foreign Office and recorded that his salary for this appointment was £ 450 per annum. From 1908 until 1818 he was Principal Medical Officer for the Uganda Protectorate and Medical Officer in charge of the Sleeping Sickness (Trypanosomiasis) Extended Investigation. During the First World War he was appointed Lieutenant-Colonel of the East Africa Expeditionary Force, Commanding the Uganda Medical Service. It was during this period that he also served as Assistant Director of Medical Services for the Uganda Protectorate. He was a Fellow of the Royal Institute of Public Health and a Fellow of the Royal Society of Tropical Medicine and Hygiene.

Aubrey Hodges’ original work on the life-history and bionomics of the tsetse fly (Glossina spp.) was very important and in many ways paved the way towards the eradication and understanding of sleeping sickness. This work was published as a report: Observations relating to the transmission of Sleeping Sickness in Uganda, etc. (Royal Society, Sleeping Sickness Bureau, London, 1909). His diaries are deposited in the library of the London School of Hygiene and Tropical Medicine. They are extremely readable and provide a clear insight into conditions encountered in East
Africa at the turn of the twentieth century. He described in some detail his encounters with warring tribesmen and the result of punitive expeditions against them: “We shot 45 of them and captured 25 women and children.” He also described in fine detail the flora and fauna of Uganda as well as his adventures while big game hunting. In 1899, he played cricket for Uganda against East Africa and noted with relish that he took six wickets during the match. In his obituary it was written: “Apart from his skill as a doctor and administrator of his department, he was a scientist and naturalist of no mean order.”


“Stephenson had a famous memory, he was able to read through an article and then repeat it word for word…In speaking in public he had a gift of oratory and this coupled with a beautiful voice and ready wit made him always worth hearing.”


Sydney Harry Stephenson (1862-1923) [Epsom College 1875-1879. Rugby XV] was the son of Dr Thomas Appleby Stephenson, President of the Nottingham Medico-Chirurgical Society, who had much to do with the founding of the Nottingham Eye Hospital. He received his medical education at the Middlesex, St Mary’s and the London Hospitals, and at Edinburgh University, where he graduated M.B., C.M. in 1884. He then returned to London and worked in the Royal Westminster Ophthalmic Hospital under the tutelage of Mr Adams Frost, an honoured master. Within a few years he was appointed Consultant Ophthalmic Surgeon at the Evelina Children’s Hospital; King Edward’s Memorial Hospital, Ealing; the Queen’s Hospital for Children, and Queen Charlotte’s Hospital.

Apart from his hospital appointments and a large private practice, the main features of Sydney Stephenson’s life revolved around medical journalism and his work with school children suffering from contagious eye disease in the metropolitan area. In the summer of 1886 and again in 1890, an epidemic of trachoma occurred in a number of schools and Stephenson was delegated to control the infection in the Poor Law Schools of Norwood and Hanwell. He worked there for several years and by segregating those afflicted with trachoma he achieved enormous success in reducing the infection, while ensuring the children’s education. An isolation block, designed to accommodate 400 children was built, and as a consequence the percentage of trachoma cases in Hanwell declined from 33% in 1889 to 0.6% in 1896. In 1890 Stephenson was invited by the Local Government Board to make an inspection of all the children attending the Poor Law Schools in the Metropolis. He found a percentage of 5.7% affected with trachoma, and his advice that these infected children be housed in two hospital schools on the ‘cottage’ or ‘small block’ plan was adopted by the authorities.
Sydney Stephenson’s work as a medical journalist was highly significant. He won the Middlemore Prize of the British Medical Association for his monograph on *Ophthalmia Neonatorum* (1907), and it was said that “the language of the essay was likened to that of Macaulay.” Indeed, the *British Medical Journal* stated that it “was a veritable encyclopaedia of knowledge, leaving little else for anyone to add at that time.” In 1903, he founded *The Ophthalmoscope*, and this journal ran to fourteen volumes under his editorship before it was incorporated with the *Royal Ophthalmic Hospital Reports* and the *Ophthalmic Review* in the *British Journal of Ophthalmology* (1917). By 1913, *The Ophthalmoscope* had become by far the most important and widely circulating journal of British ophthalmology. As editor, Stephenson commanded the respect and, indeed, the affection of eye specialists throughout the English-speaking world. Those fourteen volumes of *The Ophthalmoscope* together with the first seven volumes of the *British Journal of Ophthalmology* form his best memorial. In 1909, he co-founded the Oxford Ophthalmological Congress, which meets yearly in Oxford, and followed Robert Doyne, his co-founder, as Master of the Congress. He also co-founded the Society for the Study of Disease of Children which later became merged with the Section for Diseases of Children of the Royal Society of Medicine. He was a member of the Council and Vice-President of the Ophthalmological Society of the United Kingdom. The *British Medical Journal* described Sydney Stephenson as “an ophthalmic surgeon of world-wide repute.” As an undergraduate he was Captain of the Edinburgh University Rugby XV, and a member of the Nottinghamshire County Rugby XV.

**LIEUTENANT-COLONEL SIDNEY BROWNING SMITH**

*(1866-1930). C.M.G., I.M.S., M.R.C.S., L.R.C.P. (Eng.), D.P.H. (Lond.). - Chief Plague Officer, the Punjab (1902-1912).*

Sidney Browning Smith (1866-1930) [Epsom College 1877-1884] was the son of Dr Thomas Browning Smith, M.D., of Sittingbourne, Kent. From Epsom College he entered St Bartholomew’s Hospital and qualified M.R.C.S., L.R.C.P. (Eng.) in 1890. He subsequently took the D.P.H of the London Colleges in 1910. When he entered the Indian Medical Service as Surgeon (1891), he was a member of the last term who entered Netley under that title, before the grant of compound titles. At Netley he gained the Parkes Memorial Medal for Hygiene. He then moved to India, took part in the Chitral campaign (1895) and saw action at Chakalwat and Nisa Ghul. He was mentioned in dispatches, and received the frontier medal with a clasp. From 1901 until the end of 1902 he took part in the Waziristan campaign. He then entered civil employment in the Punjab, serving first as the Plague Medical Officer at Amritsar (1902-1903), before promotion to Chief Plague Officer for the Punjab (1903-1912). At the outset of the First World War he was recalled to military service and accompanied the Indian Expeditionary Force to Europe, where he served on the Western Front. On his return to Britain Sidney Browning Smith was initially placed in charge of the Mont Doré Hospital for Indian troops at Bournemouth, but subsequently posted to Egypt. He was again mentioned in dispatches in the *London Gazette* (1917) and was awarded the C.M.G. In retirement he married the formidable Lady Edith Rattigan, widowed grandmother of the playwright Terence Rattigan.
WILLIAM ERNEST JONES (1867-1957). C.M.G., M.D., M.R.C.S., L.R.C.P. (Eng.), M.D. (Lond.). - Psychiatrist who was appointed Inspector-General of the Insane in Western Australia.

“For Jones, the psychiatrist was ‘the apostle of common sense,’ whose proper concerns ranged from the imbecile and psychopath to the delinquent and degenerate.”


William Ernest Jones (1867-1957) [Epsom College 1882-1884] was the son of Alfred Jones, surgeon, of Upper Gornal, Dudley, Staffordshire. He won a Clothworkers Scholarship to Epsom College, and then received his medical education at the Middlesex Hospital and Melbourne University. He was early attracted to the study of lunacy and, in 1903, was appointed Medical Superintendent of the new Brecon and Radnor County Asylum, at Talgarth, Wales. In 1905, Ernest Jones emigrated to Australia where he took up the appointment of Inspector-General of the Insane, in Victoria. Although the initial appointment was for five years, he held office until 1937. Soon after his arrival in Melbourne he visited the six Victoria asylums. In his report to the Australian Government he criticised serious overcrowding, inadequate staffing and outmoded attitudes. He then recommended building improvements totalling £250,000, an enormous sum by today’s values. His early achievements included construction of a modern asylum at Mont Park, McLeod, Victoria in 1912, and amendment of the Lunacy Act to allow the admission of patients at their own request.

After wartime service as a Lieutenant-Colonel in the Australian Army Medical Corps, he chaired a 1921 commission of inquiry into lunacy in Western Australia. In 1929 he conducted a Federal Government Inquiry into the mentally deficient, which concluded that a little less than 3 per cent of the Australian population fell into this category. Ernest Jones saw this as a grave threat to national efficiency and advocated eugenic ideals as a remedy, partly through the Council of Mental Hygiene which he helped to establish. At his instigation, the name of the Lunacy Department was changed to the Department of Mental Hygiene, and his own title to Director of Mental Hygiene. Although he rejected as impractical compulsory sterilisation and doubted whether society would act to prevent the mentally defective from marrying, he proposed eugenic research and urged the ‘inculcation of good hygiene in our matings.’ In 1933, he advised the Tasmanian Government on the rebuilding of the New Norfolk Asylum and, following his retirement, was appointed Inspector-General of the Insane in Western Australia. In 1947, aged 80, he chaired a government inquiry into his old department. He was appointed C.M.G. in 1935. In the *Dictionary of Australian Biography* is written: “Of medium height and slight build, bespectacled and well-groomed, he was at home at the Melbourne Club and Sandringham golf links. Jones died, sane but cantankerous about the moral deterioration of the world, on 1 May, 1957.”
Edward Sutton (1870-1940) [Epsom College 1883-1886] was a bachelor who, in retirement, became famous as an amateur grower of chrysanthemums, winning many first prizes, but as a serving naval officer he had a varied, distinguished and challenging medical career. He was the son of Dr H. G. Sutton of Sittingbourne, Kent, and after Epsom College he received his medical training at the London Hospital, qualifying M.R.C.S., L.R.C.P. (Eng.) in 1893. He then joined the Royal Navy and within ten years was promoted to Staff Surgeon. In 1924 he was promoted to Surgeon Rear-Admiral, before retiring from the service in 1929. As surgeon on H.M.S. ‘St. George’ he served in the naval expedition under Admiral Sir Harry Rawson, C.B., which was sent to punish the King of Benin for the massacre of the political expedition of 1897, and which ended with the capture of Benin City. For his actions he received the General Service African Medal with clasp (1897). As surgeon on H.M.S. ‘Bonaventure’ Sutton organised the base hospital at Wei-hai-Wei Garrison (Port Edward) for the treatment of casualties in the advance to Pekin under Admiral Sir H. H. Seymour, and received the China Medal. From 1911 until 1913 he was Principal Medical Officer of the East Indies Squadron, and gained a clasp for services in the Persian Gulf. In 1913 he was awarded the Sir Gilbert Blane Medal of the Royal College of Surgeons, a medal awarded annually for important advances in naval medicine. During the First World War he received the rarely awarded American decoration of Distinguished Service Medal, for services to the American destroyer fleet which was based at Queenstown, Cork.

After the First World War Edward Sutton was placed in charge of the Naval Hospital at Haulbowline, Queenstown (1918-1919), and from 1920 to 1923 he was appointed Deputy Director-General of the Naval Medical Service. In 1923 he was second in command of the Royal Naval Hospital, Haslar, and from 1926-1929 he was Principal Medical Officer at the Royal Naval Hospital, Chatham. He reached the rank of Surgeon Rear Admiral in 1924. Edward Sutton was the author of The Fitting Out and Administration of a Naval Hospital Ship (1918), which for many years was the standard textbook on the subject. In his obituary it was said: “I was fortunate enough to have served under him in the Royal Naval Hospital Ships ‘Drina’ and ‘Plassey’ for two and a half years with the Grand Fleet. His ability, integrity, sound common sense, tact, and good nature brought out the best in everyone, whether officer or rating. He was a good clinician, but his forte was administration, and he probably did his best work as such.” In his student days, Edward Sutton was a member of the London Hospital Rugby XV.
HERBERT CAMPBELL THOMSON (1870-1940). M.R.C.S. (Eng.), M.D. (Lond.), F.R.C.P. (Lond.). - Neurologist of Great Distinction and Dean of the Middlesex Hospital Medical School.

“In later years he was usually to be seen on the touch-line cheering on his hospital. After his retirement he always found an excuse to visit Twickenham.”

British Medical Journal (1940).

Herbert Campbell Thomson (1870-1940) [Epsom College 1883-1888. prefect. Captain of the Rugby XV. Cricket XI] was a pioneer. He was the first physician “to make use of the cinematograph as a medium for clinical teaching. He used it with greatest success for demonstrating the abnormalities of movement and gait peculiar to various nervous diseases. He was also a pioneer of industrial medicine. By arrangement with his friend, the late Sir Henry Royce, he made periodic visits to the Rolls-Royce works at Derby, when any of the employees could seek an interview. Many cases of illness were cut short and prevented by his kindly medical examination.” Herbert Campbell Thomson was the son of Dr David Thomson, a practitioner of Luton, Bedfordshire, and brother of Dr Frederick George Thomson, M.D., F.R.C.P. [Epsom College 1889-1892]. From his earliest days at Epsom College he achieved remarkable success. At the Middlesex Hospital he won the prestigious Senior Broderip Scholarship, awarded annually to the most successful final-year student. In 1897 he was elected to the staff of the Hospital for Epilepsy and Paralysis at Maida Vale and, in 1900, he was appointed assistant physician at the Middlesex Hospital at the early age of thirty. With his primary interest in neurology he immediately sought approval of the Hospital Board to create a separate department for this specialty. His application was successful and, in 1908, he was made Physician-in-Charge of the Department for Nervous Diseases. This department was the first of its kind at any London teaching hospital and greatly appreciated by successive generations of students, who were given first class instruction in a difficult subject by a teacher who excelled in presenting facts in a simple manner.

Herbert Campbell Thomson published his textbook An Introduction to Diseases of the Nervous System in 1908, and it ran to many editions. However, although he made a number of original contributions to neurology he had little time for research work owing to his long tenure of the post of Dean of the Middlesex Hospital Medical School which lasted from 1908 until 1919. During the First World War this task proved difficult. Many of the medical staff were employed on military medical service of some kind, which made teaching arrangements far from easy. Added to this was a falling off in the number of students with its attendant financial anxiety. Campbell Thomson tackled these and other problems with his characteristic tenacity. To the student he was both a friend and a wise counsellor, taking a keen personal interest in his activities, academic as well as athletic. He played a major part in negotiations with St Luke’s Hospital for Mental Diseases by which, in 1923, this
hospital agreed to support six beds at the Middlesex Hospital for the treatment of early border-line cases, under the care of one of their physicians. In 1914 he was elected Vice-President of the Section of Neurology and Psychological Medicine at the annual meeting of the British Medical Association, held in Aberdeen. In 1924, Campbell Thomson was forced by ill-health to give up both hospital and private practice but, in 1933, he was invited by the Council of the Middlesex Hospital to write a history of the medical school to commemorate its centenary in 1935.

As a medical student Campbell Thomson played in the hospital Rugby XV for several years. In 1938, after a serious illness and while still under treatment, against medical orders he insisted on seeing the hospital play their cup-tie. In his obituary, Lord Alfred Webb Johnson described Campbell Thomson as a neurologist of great distinction. “He would work to the point of exhaustion for a cause that he had at heart, but for his own advancement or any recognition of his self-sacrifice he cared not at all. He carried on all his regular work as physician and Dean and, in addition, gave his services gratuitously for the care of the sick and wounded soldiers, attending regularly at Queen Alexandra’s Hospital at Millbank. Campbell Thomson’s life and work have been to the Middlesex Hospital an inspiring example. Devoted loyalty was his outstanding characteristic, and he combined with it a lovable personality and an innate modesty.”

PROFESSOR LLEWELLYN CARACTACUS POWELL PHILLIPS
(1871-1927). M.A. (Cantab.), M.B., B.Ch., M.D. (Cantab.), F.R.C.P. (Lond.), F.R.C.S. (Eng.). - Professor of Clinical Medicine at the University of Cairo.

“He acquired a large practice, both native and European, for at the beginning he made an excellent impression by his fine work during the cholera epidemic…..he made a remarkable collection of old Arab glass weights and coins…”


Llewellyn Caractacus Powell Phillips (1871-1927) [Epsom College 1884-1889. prefect. Havilland Exhibition. Propert and Watts Science Prizes] was the son of Dr John Mathias Phillips, M.D., of Taibach, Glamorgan. From Epsom he won an Open Scholarship to Gonville and Caius College, Cambridge, graduating B.A. with First Class Honours in the first part of the Natural Science Tripos, and being awarded the Smart Prize, in 1892. He then won an Entrance Scholarship to St Bartholomew’s Hospital in 1894, where he completed his clinical training, and where he was successively a house surgeon and Assistant Demonstrator in Anatomy. In 1901 he was appointed Resident Surgical Officer at the Kasr-el-Aini Hospital, Cairo, and subsequently Physician to that hospital as well as the Anglo-American Hospital in Cairo. At the same time Llewellyn Powell was appointed Professor of Clinical Medicine in the Cairo Medical School, holding all these appointments until 1925. During this period he acquired a large practice, both native and European, having made a considerable impression by his fine work and leadership during the severe cholera epidemic. He published a number of important papers on tropical medicine including the chapter on “Phlebotomus [Sandfly] Fever,” in Bryan and Archibald’s Practice of Medicine in the Tropics (1915).

During the First World War Llewellyn Powell served in the Gallipoli campaign as Lieutenant Colonel in the R.A.M.C., where he was in charge of the British Red Cross Hospital at Giza, his wife acting as matron. He was mentioned in dispatches four times and received the 3rd class Ottoman Order of the Medjidie and the 3rd class Order of the Nile. He was decorated for his work during the cholera epidemic in 1901.
As Emeritus Professor of Surgery at Cairo University, he was personal physician to H. H. H. Hussein Kamel, Sultan of Egypt.


Harold Boulton (1872-1955) [Epsom College 1885-1891. prefect. Anstie Scholarship. Watts Science and Sterry Prizes] was the son of Dr A. E. Boulton of Horncastle, Lincolnshire. He was also the original Lieutenant in the College Rifle Corps. In 1891, he won a scholarship to Clare College, Cambridge and took First Class Honours in the Natural Science Tripos, before winning an Entrance Scholarship to St Bartholomew’s Hospital, where he completed his medical training. In 1897, he joined the Indian Medical Services and saw action in Somaliland, where he was mentioned in dispatches. On the outbreak of the First World War he left for France where he was appointed Deputy Assistant Director of Medical Services with the Meerut Division. During this period he was twice mentioned in dispatches (1914-1915) and granted the brevet rank of Lieutenant-Colonel. From 1918 until 1920 he served as Assistant Director of Medical Services in Mesopotamia, saw action in East Persia and was once again mentioned twice in dispatches. In 1920, as a reward for his service in the Afghan campaign he was appointed *C.B.E.* He then returned to work in India, was appointed *C.B.* in 1918, and assumed duties as Director of Medical services in the Northern Command until 1932. He was Honorary Surgeon to the Viceroy of India and, from 1931-1932 Honorary Surgeon to King George V.

**EDRED MOSS CORNER (1873-1950).** *M.A., M.Ch. (Cantab.), M.B., B.Sc. (Lond.), F.R.C.S. (Eng.). - Distinguished surgeon who was appointed to the staff of St Thomas’s Hospital only Two Years after Qualifying.*

“Corner’s intellectual ability was matched by his exceedingly tall, robust, and commanding personality.”


Edred Moss Corner (1873-1950) [Epsom College 1885-1891] was the son of Dr Francis Mead Corner, a general practitioner in Poplar, East London, and brother of Dr Harry Corner, M.D. [Epsom College 1879-1883]. He was clearly born with a silver spoon in his mouth as he appeared to succeed at everything that he set his mind to. His career at Epsom College was remarkable. He was appointed Head Prefect, Captain of the Rugby XV and a member of the Cricket XI. He won the Hodgkin and the Watts Science Prizes, and then proceeded to Sidney Sussex College, Cambridge, as a Scholar and Prizeman. He then won First Class Honours in the Natural Science Tripos of 1894. He completed his medical studies at St Thomas’s Hospital where he won further scholarships and greatly distinguished himself by being placed first in every subject of the University of Cambridge M.B., B.Ch. Examination (1898), a distinction that was probably unique. Edred Corner passed the F.R.C.S. examination in 1899, just one year after qualifying and the Cambridge M.Ch. in 1906, considered at that time to be the blue riband of achievement. After the usual resident appointments he was elected Assistant Surgeon at St Thomas’s Hospital in 1900, only two years after qualifying. Later on he was appointed to the honorary staff at the Hospital for Sick Children, Great Ormond Street, and Queen Mary’s Hospital, Roehampton. Corner was Erasmus Wilson Lecturer at the Royal College of Surgeons.
in 1905, Arris and Gale Lecturer and Harveian Orator in 1919. During the First World War he served as a Major in the R.A.M.C. and his surgical expertise made him a most valuable member of the staff at Queen Mary’s Military Hospital. He also ran an amputation clinic at St Thomas’s Hospital.

In 1907, Edred Corner was Secretary of the Section of Diseases of Children at the Annual Meeting of the British Medical association and, in 1912, Vice-President of the same section including orthopaedics. He was Vice-President of the Medical Society of London and of the Harveian Society. He sat on the Board of Advanced studies of the University of London, and was a visitor for the King Edward’s Hospital Fund. He was the author of ‘Surgery of the Diseases of the Appendix’ (1904), and ‘Clinical and Pathological Observations in Acute Abdominal Disease’ (1904). In his younger days he was an experienced mountaineer, a learned mycologist, and an appreciative student of architecture. As a student, Edred Corner was a member of the St Thomas’s Hospital Rugby XV, a member of the May Boat (1894-1895), and winner of both the Shot Putt and Hammer Throw in the Athletic Sports. Corner came from Yorkshire stock and it was said that some of his lines of family descent were traceable to the reign of Henry VII or even earlier. From 1907 until 1920 he was Secretary of the Old Epsomian Club.


“He spent his holidays fishing, acquiring that mellow personality which seems to characterise the devotees of that art.”

British Medical Journal (1940)

Frederick George Thomson (1874-1940) [Epsom College 1889-1892. Doncaster Scholarship] came from a famous medical family. His brother, Herbert Campbell Thomson, F.R.C.P. (1870-1940) [Epsom College 1883-1888], was a distinguished neurologist and Dean of the Middlesex Hospital Medical School, while his cousin, Sir St Clair Thomson (1859-1943) was a renowned ear, nose and throat surgeon and Professor of Laryngology at King’s College Hospital. At Epsom College, ‘F.G.’ as he was affectionately known, was Head Prefect, winner of the Propert and Watts Science Prizes, and a member of both the Rugby XV and Cricket XI. He won a Scholarship to Sidney Sussex College, Cambridge, before being awarded the Freer Lucas Entrance scholarship to complete his medical education at the Middlesex Hospital. At the Middlesex Hospital he had such a distinguished career, winning so many scholarships and prizes that he might have looked forward to joining the staff. However, he was not attracted to London life. He travelled to Portugal where he served as medical officer to the British Hospital at Oporto. Shortly before this he had won the gold medal for the M.D. Examination (1907). During the First World War, Thomson served in France and Mesopotamia, and afterwards he took up the appointment of Consultant Physician at the Royal United and Royal Mineral Water
Hospitals in Bath, with primary interests in cardiology and rheumatic diseases. It was during this period that he introduced the method of closed drainage in cases of empyema (a collection of pus in the pleural cavity) to his hospital with such success that no operation of rib resection, the previous treatment of choice, was recorded during the next ten years.

In 1925, Frederick Thomson was elected President of the British Medical Association, but illness prevented him from reading his presidential address, and this was read for him by his son. The following year he was elected a Fellow of the Royal College of Physicians. Thomson was soon recognised as one of the leaders of the medical profession in the west of England, and he was President of the Bath, Bristol and Somerset Branch of the British Medical Association and Chairman of the Bath Division on two occasions. Other honours soon came his way. He was President of the Section of Physical Medicine of the Royal Society of Medicine (1931-1932), and was appointed Consultant Physician at the British Red Cross Clinic for Rheumatism in London.

‘F.G’ Thomson was immensely popular in the Bath area. He was a good shot, and much in request in the country around. But, his chief interest in sport was fly-fishing, and for many years he used to join his father fishing in Scotland. It was said in his obituary that “his chief characteristic was a sterling common sense, and a wit if sometimes mordant, never unkind. He did not suffer fools gladly and rogues earned his contempt. The infinitely better understanding of the spa physician at the present day compared to that enjoyed even a few decades ago owes much to Thomson’s efforts and example.” In his writings he was at pains to examine old theories and explode myths resting on no assured basis, before attempting to lay down rules for treatment that had clear-cut reasons behind them.


“Behold me waiting – waiting for the knife.
A little while, and at a leap I storm
The thick, sweet mystery of chloroform,
The drunken dark, the little death-in-life.”

W. E. Henley, *Hospital Verses.* (1849-1903)

Harvey Hilliard (1874-1956) [Epsom College 1888-1889] was the son of Dr Robert Harvey Hilliard, of Aylesbury, Buckinghamshire, brother of Robert Harvey Hilliard [Epsom College 1896-1902], and father of Dr Cedric Harvey Hilliard [Epsom College 1915-1918]. From Epsom College he went on to study medicine at Charing Cross Hospital where he won the Silver Medal in Physiology and other academic honours and was, for a time, assistant demonstrator in anatomy at the medical school. He qualified M.R.C.S., L.R.C.P. in 1896, took the D.P.H of the Royal Colleges in 1913, and the Zurich M.D. in 1922. In 1898 he went to Ceylon to help in the
reorganisation of the Medical College of Colombo, holding the appointments of Principal Civil Medical Officer of Ceylon, Registrar and Lecturer in Hygiene and Anaesthetics at the Medical College, and Aural Surgeon to the Grenier Memorial Eye, Ear and Throat Hospital. After two years in Ceylon he returned to London and was appointed anaesthetist at the London Hospital, Royal Dental Hospital of London and Charing Cross Hospital. He continued to serve both the latter hospitals until 1929, when he was appointed Consultant Anaesthetist at the Royal Dental Hospital of London. He also held appointments at King George’s Military Hospital and the French Hospital.

It has been suggested that the first modern gas inhaler for anaesthesia was that constructed by James Watt, the renowned engineer, for Sir Humphrey Davy in 1799. This was a gasometer to which was attached an almost impermeable silken bag from which the patient inhaled nitrous oxide (‘laughing gas’). After this early experiment there followed almost a century of further trials and errors. That is ‘trials’ of new pieces of anaesthetic apparatus, and ‘errors’ of design and judgement in their use. Indeed, ‘errors’ in some cases that contributed to loss of life. During the 19th century

the apparatus used almost invariably delivered the anaesthetic gas or liquid directly on or into a face mask through which the patient inhaled the agent. In no case was it possible to accurately deliver a calculated dose of the anaesthetic agent or, in many cases, to control the delivery. In April 1898, Harvey Hilliard introduced a method of passing a soft rubber tube through the nose into the nasopharynx, this tube being connected to the gas cylinder by rubber tubing. Interposed were two small rubber bags from which came a continuous and even flow of gas to the nasal tube. Distention of the proximal bag attached to the nasal tube indicated the pressure of the gas. He was the first anaesthetist to suggest the use of nasal tubes, his plan consisting of introducing a catheter through the nostril so that its free end hung over the opening in the larynx. This apparatus was clearly the forerunner of the more sophisticated anaesthetic apparatus in use today, and it seems clear that Harvey Hilliard was one of the more important pioneers of modern anaesthesia. In 1912, he published jointly with F. Coleman a book entitled Anaesthetics in Dental Practice, when nitrous oxide, ether and chloroform were the main anaesthetics in common use.
Hilliard quickly won recognition as a clinician and as a teacher was clear and concise, but perhaps a little dogmatic, but his generous attitude of give and take was very helpful to those who collaborated with him. He had a vast knowledge of many subjects and was sympathetic to the views and practices expressed by others, even if they did not accord with his own. In 1905, he wrote that he had used blue light, which he shone into the eyes of his patients, as an anaesthetic. He claimed that in 32 cases he had 20 ‘absolutely successful results,’ and that his failures occurred only in patients who were highly nervous having been ‘told by others that some new experiment was being tried, and that they did not carry out my instructions and keep their eyes fixed on the light.’ In spite of his use of blue light he was not entirely convinced of its efficacy. In a letter to the *British Medical Journal* he recommended that a clinical trial be undertaken so that a definite judgement might be formed as to whether blue-light rays had any real power in producing true analgesia. Suffice it to say, blue light has never been widely accepted as an analgesic agent.

Harvey Hilliard was twice Chairman of the Westminster Division of the British Medical Association (1911-1912 and 1922-1923) and, in 1912, was elected Vice-President of the Metropolitan Counties Branch. He was a member of the Worshipful Company of Glass Sellers and of the Knights of the Round Table Club, and was one of the founders of the Empire hospital in Vincent’s Square, Westminster. In 1922 he was appointed *C.B.E.* His son, Cedric Harvey Hilliard (born 1901) [Epsom College 1915-1918] received his medical training at Jesus College, Cambridge and St George’s Hospital and held the appointment of Consultant Radiologist at the Lister Hospital, Hitchin.


“At the risk to his own career, he brought to public notice the ‘Mesopotamia Scandals,’ resulting in the resignation of the Secretary of State for India, the Viceroy, and the Commander-in-Chief in India.”


Robert Markham Carter (1875-1961) [Epsom College 1890-1894] was the son of Captain Arthur William Markham Carter of the 25th Bombay Native Infantry. From Epsom College, where he was a member of the Rugby XV, he completed his medical training at St George’s and St Bartholomew’s Hospitals as well as in Paris. After qualifying M.R.C.S., L.R.C.P. (Eng.) in 1901, he entered the Indian Medical Service as medical officer to the 1st Bombay Lancers. From 1903-1904 he was attached to the Anglo-Turkish Boundary Commission in the Aden interior, and was then posted to the North West Frontier in India, where in the Zakka Zel Expedition of 1906 he was severely wounded. For his action in this campaign he was awarded the medal and clasp. Returning to Britain, Carter obtained the Diploma of Tropical Medicine (Liverpool) and was transferred to employment on the civil side of the Indian Medical Service. His first posting was to the Pasteur Institute at Kasauli and then, because his main interest lay in clinical work, in 1911, to St George’s Hospital, Bombay. In 1912, he obtained the F.R.C.S. (Eng.) and took charge of the teaching of medicine, pathology and morbid anatomy at the Grant Medical College where he had been appointed Professor of *Materia Medica* and Pharmacology, with collateral wards at the Sir Jamsetjee Jeejeebhoy Hospital. In 1913, he was appointed Professor of Morbid Anatomy and Pathology at the Grant Medical College.
At the outset of the First World War, Carter was recalled to military service and was initially placed charge of the Varela, a hospital ship equipped and sent to Basra to evacuate casualties from ill-starred action on the River Tigris. The many sick and wounded were transported on barges along this tortuous river. After the battle of Cteniphon, Carter was profoundly shocked at the state of these casualties as they lay “covered with dysentery” and “lying inert amid stalactites of faeces,” without proper medical care or attention. One man that he examined was found to have a fractured thigh, with the thigh perforated in five or six places. On reporting this state of affairs, a number of stormy interviews at various levels led to threats to his career and liberty. He was accused of being “meddlesome and interfering.” Not being intimidated by this and after a final interview with the Commander-in-Chief, General Sir John Nixon, Carter resolved to report his findings to higher authority. This was a courageous act and the result is now part of military and medical history. The Mesopotamia Commission reported that “Carter, by his persistence brought to the notice of his superiors the terrible condition of the wounded when they arrived at Basra from Ctesiphon, and in other ways he revealed shortcomings which might have been ignored and left un-remedied. His sense of duty seems to be most commendable, and he was fertile and resourceful in suggesting remedies.” The Commission found that official correspondence after the battle, such as the telegram sent by Sir John Nixon covered up details of the horrific conditions endured by the wounded. This telegram stated: “General conditions of wounded very satisfactory. Medical arrangements under circumstances of considerable difficulty worked splendidly.” Sir John Nixon, when interviewed, stated that he only had a dim, if any recollection of the circumstances, but he did accept responsibility for it. The result of this enquiry into what became known as the ‘Mesopotamia Scandals,’ resulted in the resignation of the Secretary of State for India, the Viceroy, and the Commander-in-Chief in India. “By his resolute actions, Carter brought about great improvements in Mesopotamia. Those of his colleagues who bore the heat and burden of the day in the field did not altogether appreciate the fame and kudos which Carter acquired from the comfort of his hospital ship; but after the passage of years it is evident that Carter was justified in his actions.”

In 1916, Carter was transferred to the India Office in Whitehall to organise medical equipment for the Mesopotamian Expedition; when the war Office took over the operations, Carter was transferred there and was made responsible for fitting out hospital ships and for organising a river fleet and water purification plant. He was three times mentioned in dispatches, promoted to Lieutenant-Colonel, and after questions were asked in Parliament he was appointed C.B., in 1918. In 1919, he resumed his civil career in Bombay, returning as First Physician at the Sir Jamsetjee Jeejeebhoy hospital and Professor of Medicine at Grant Medical College, where he soon acquired a large consulting practice. From 1924-1926 he was President of the Bombay Branch of the British Medical Association and, in 1925, was appointed First Presidency Surgeon and Consulting Physician to the European General Hospital, Bombay. He died in 1961, at his home in Ascot, Berkshire.