



RICHARD MIDDLEMORE  
(1804-1891)

# THE BRITISH JOURNAL OF OPHTHALMOLOGY

FEBRUARY, 1920

BRITISH MASTERS OF OPHTHALMOLOGY SERIES

---

II.—RICHARD MIDDLEMORE,  
(1804-1891).

BY

D. C. LLOYD-OWEN, M.D., F.R.C.S.I.,  
BIRMINGHAM.

RICHARD MIDDLEMORE, who was for some thirty years the leading ophthalmologist in the Western Midlands, was the second son of Richard Middlemore, of "The Davids," a small estate in the parish of Northfield, near Birmingham.

The Middlemores of Northfield were a cadet branch of the ancient family of Middlemore, formerly lords of the Manor of Edgbaston, and possessors of other estates and manors in the counties of Worcester and Warwick from the time of Henry II. to that of George III.

The particular branch of this family from which the subject of this brief memoir descended was connected with the leather trade in and around Birmingham.

Richard Middlemore was born on October 12, 1804, and died March 1, 1891. He was at school at Solihull, and on leaving was apprenticed to Mr. Chawner, of Lichfield, a medical practitioner of repute. At the end of his apprenticeship he became a student at St. Bartholomew's Hospital, and was pupil and dresser to Mr. Abernethy. While a student his chief friend and companion

was Richard Owen, afterwards Sir Richard Owen, K.C.B. This friendship was intimate and lifelong, as a series of letters in my possession show, the last letter from Sir Richard Owen being dated only a few weeks before Mr. Middlemore's death.

At the end of his hospital curriculum he came back to Birmingham, the bearer of a highly commendatory letter to Mr. Hodgson, then the leading surgeon in the Midlands. Mr. Hodgson was a close friend of Abernethy, and one of the witnesses signing the entry of his marriage. Abernethy always seemed to be much interested in the Midlands for he was himself at school at Wolverhampton.

After his return to Birmingham, Mr. Middlemore was Mr. Hodgson's assistant for upwards of ten years in general and ophthalmic practice, and he intended to follow general surgery, but by Mr. Hodgson's advice he confined his practice to ophthalmology. He was elected assistant surgeon to the Eye Hospital in 1828, became full surgeon in 1835, and in 1849 retired to the consulting staff. He was one of the first four members of the College of Surgeons to be created Honorary Fellows; the other three were Birmingham men: Joseph Hodgson, afterwards President of the College; W. Sands Cox, to whom in large degree the establishment of the Queen's College, Birmingham, is due; and Langston Parker, an authority on the treatment of syphilis and its sequelae.

In 1831 he gained the Jacksonian prize for an essay on diseases of the eye. This essay he afterwards enlarged and elaborated, and in 1835 published it in two volumes. This work occupies some 1,600 pages, and, curiously enough, does not contain a single illustration. It was certainly the most comprehensive and painstaking work on ophthalmology existing at the time of its publication. It recorded most honestly the labours of others and was enriched and augmented by the results of his experience and observation. I suppose no one would now read the book except in an antiquarian spirit, but he who so indulges will be struck with the number and value of references to and quotations from authors, ancient and contemporary.

Mr. Middlemore was a most careful reader and student, and has told me that there was not a work in our specialty which he did not read and digest as far as possible. He had a fair reading knowledge of French, but for Italian and German authors he had to depend upon English or French translations. I have often noticed in his later days his reference to the pathology and treatment of eye disease, gathered from current literature, which he kept under constant observation. He was a keen follower of the work of the Vienna school, and Beer was one of his leading lights. He also admired and appreciated the great Italian, Scarpa. Among British surgeons, Lawrence was his exemplar. He was in correspondence for many years with the leading ophthalmologists of Europe and

America, and was made a corresponding member of medical societies of Montpellier and Hamburg.

He delivered a course of lectures on diseases of the eye every year during his connection with the Eye Hospital to students and practitioners; but he was often disheartened, he has told me, by the lack of interest shown. He considered it the duty of all members of our profession connected with public institutions to make the practice subservient to the progress of instruction. His settled convictions on this point found, as he hoped, a permanent expression in the course of post-graduate lectures which he founded and endowed in connection with the Birmingham Eye Hospital in 1889. This course of lectures has been continuous ever since its establishment, the lectures having been delivered by ophthalmologists of eminence. He also endowed a prize in ophthalmology to be awarded by the British Medical Association. He had a profound contempt for the mere oculist, and in his lectures lays great stress on the absurdity of what is called pure specialism. He says—what is now generally admitted to be sound, namely, “that the true and “competent ophthalmologist is he who is conversant with the “natural structure of the parts, with the laws which regulate healthy “function, with the derangements and alterations produced by “disease, with the sympathies, the influences and the connexions “subsisting between every part of the animated machine.”

These views were not original, as we all know, but Middlemore, who foresaw a drifting towards pure specialism, did his best to arrest the drifting. He says further, “by far the best works on diseases of “the eyes and beyond comparison most useful discoveries and natural “improvements have emanated from those who studied ophthal-  
- “mology as part of and in connexion with their profession “generally.”

Two of his sayings recur to my recollection. The first, “You must diligently search after the cause of the ophthalmic complaint, and treat such cause just as you would do if it did not occasion any disease of the eye, adding local aid;” and the second is, “A good oculist should be a good physician, a good surgeon, and something more.”

Very early in his career Mr. Middlemore was impressed with the necessity of schools for the blind, and especially the indigent blind. In 1836 he brought proposals for such an institution before his fellow citizens. The proposal was very coolly received at first, but after some years was adopted, and the present Asylum for the Blind at Edgbaston was established. For some years Mr. Middlemore was consulting surgeon to this institution, and in 1889 he endowed a fund to provide tools or other needful equipment for pupils leaving who were too poor to provide them.

He was a frequent contributor to the *London Medical Gazette*

and other journals, and sent yearly reports of the work of the Birmingham Eye Hospital to the *Provincial Medical Reporter*, then published in Worcester, under the supervision of Dr. Charles Hastings. He had previously endeavoured to found a provincial medical journal of wide scope, and joined heartily in the early efforts to found the Provincial Medical Association, which eventually became the British Medical Association.

In his practice he was much influenced by his old master Abernethy, whose views on what is now called auto-intoxication he adopted and developed. In his notes of his cases he was most careful and minute. His views of the causes and pathology of eye disease were those of his time, and they are now for the most part obsolete; still, some of them show an insight which in the absence of the ophthalmoscope and other aids is remarkable. For instance, his notion of glaucoma is interesting. He believed it to be due to inflammation and destruction of the hyaloid membrane and the resulting increase and deterioration of the vitreous fluid. He recognized increase in hardness of the globe of the eye due to increase of the vitreous fluid, and he attempted relief by a puncture of the sclera with a grooved needle, and so allowing the fluid to drain off, as he called it, and he claimed to have had successful cases. I am speaking now of his earlier and teaching years; later in life he assimilated the advantages of research and appreciated them, for he was a man of receptive mind.

As an operator he was, I have been assured by his frequent assistant, Mr. Townsend, who was for some years one of the surgeons to the Eye Hospital, very deliberate and neat. He especially derided the oculist who, as he said, operated from the elbow. In cataract extraction he held it essential to a good corneal section that even the wrist should be moved as little as possible. The propulsion of the knife should be by means of the movement of the thumb and first and second fingers only. He used a triangular knife, a sort of compromise between the old Beer knife and that of Sichel, with a carefully thickened blade, which would fill as far as possible the corneal incision as the knife advanced, and so retain the aqueous. He used the lower section, and, of course, did not employ iridectomy.

He did not regard the escape of vitreous with the fear which oppresses most of us. In a hard eye he even thought it a possible advantage. He applied cold, if possible iced, water pads to the closed eye before operation, as he said, to lessen sensitiveness and haemorrhage. I once saw him operate when I was a student in the early sixties. It was a lower section and the patient did well; but I knew nothing of ophthalmic operations then, and beyond the fact of the operation seeming to me a very easy one and most dexterously performed, I cannot criticize it.

Mr. Middlemore was an exceedingly modest man, and of very tolerant judgment. He was free from any self-assertive manner, and in consequence often gave others the impression of a diffidence which was really due to his habit of carefully weighing matters before decision. When once he had made up his mind he was firm. He had a quiet, rich humour, which those who knew him well appreciated, but he was very reticent, and did not readily admit persons to his confidence. He was scrupulously conscientious in his dealings with his brethren; simple, kind, generous, and always maintained a high standard of professional life.

As one who knew him intimately in his late years, and one greatly indebted to him for assistance and guidance in early life, I am happy in having this opportunity of making permanent this memoir of Mr. Richard Middlemore.

---

## COMMUNICATIONS

---

### ON THE CHARACTER AND THE TREATMENT OF SCROFULOUS INFLAMMATIONS OF THE EYE<sup>1</sup>

BY

L. K. WOLFF,

OCULIST-BACTERIOLOGIST; FIRST ASSISTANT IN THE LABORATORY FOR HYGIENE  
OF THE AMSTERDAM UNIVERSITY.

NOTWITHSTANDING a great many experimental and clinical observations, and notwithstanding ingenious reasonings during the past 80 years, we have not advanced very much in our study of the phenomena of scrofulous inflammation of the eye, nor have the methods of treatment undergone any important change. About 1850, Mackenzie, the famous English oculist, wrote<sup>2</sup>: "We must confess that in many cases this inflammation of the eye, i.e., the scrofulous one, is very obstinate. When we are asked why it does not yield to the best treatment, we, in turn, ask why is it that in a scrofulous individual the inflammation of the glands of the neck is so obstinate, continues to discharge pus, notwithstanding all remedies. . . It is the scrofulous constitution which causes the extremely long duration of this inflammation of the eye, just as it is responsible for the long duration of the other scrofulous inflammations, and as long as we have not found a radical remedy for scrofula, this inflammation will mock at the best combined and most accurately applied method of treatment."

Not much has changed since that time. The local treatment may have improved to some extent, but it cannot prevent relapses,