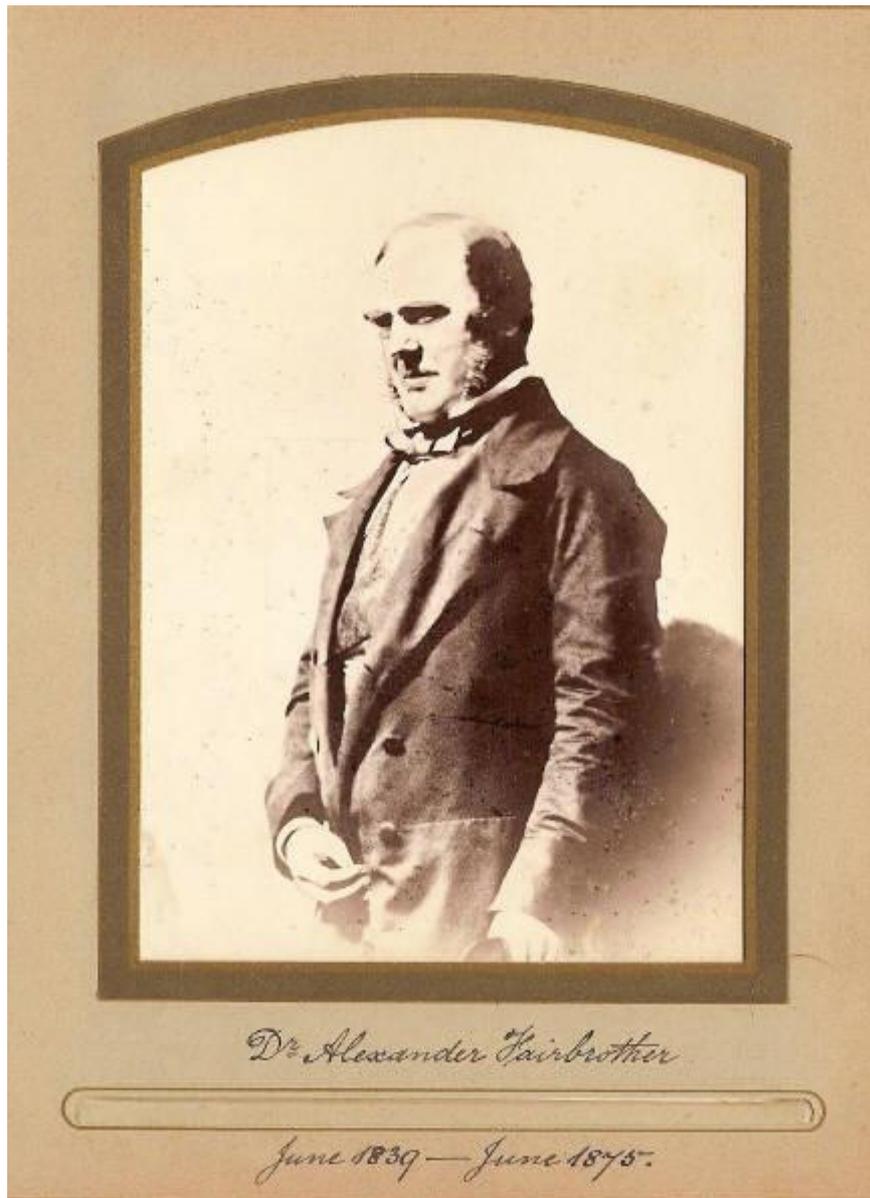


Dr Alexander Fairbrother



Alexander Fairbrother was born in Cheshire in 1809 and educated in Edinburgh graduating in 1836 with his MD – his thesis being on Metallic Colic. He became a Member of the Royal College of Surgeons of London in 1832 and a Licentiate of the Society of Apothecaries in 1833. He moved to Bristol and was appointed to the staff of the General Hospital in 1838.

Like many of the physicians of the time he was interested in natural history and in 1838 he was involved in conducting the postmortem examination of Tom, an elephant that had been purchased by the Zoological Gardens on Durdham Downs 18 months previously. He had a similar task with a chimpanzee in 1841 and in 1839 he presented to a meeting of the Bristol Philosophical Institution the tusk of a mammoth that had been found during the excavation for the Great Western railway line. He did this with Dr Stutchbury who was the Institution's museum curator. A month later he presented a fossil tree that had been found at a similar site.¹

Fairbrother was awarded a silver medal from the Bristol Humane Society in 1839 for his attempts to resuscitate a boy who had fallen into the docks. The incredible story is told by Fairbrother at the child's inquest:

I was passing by Princes Street bridge in a fly, when I saw a person going with ropes and drags; suspecting that some accident had occurred, I caused the car to stop and was told that a child had just been taken out of the water; having been informed that the body had been taken to the dispensary, I proceeded in that direction, and just below that institution, met some persons with the child, which they said had been refused admission there. I then accompanied it to the Coach and Horses tavern, where an objection was made to its admission by some persons who said it ought not to have been taken out of the parish in which it was found. I desired a policeman to clear the way and insisted on admission. When I got in I found the body quite cold, the pupil of the eye was perfectly insensible and it presented every appearance of death. The persons who were with the body said that it was no use to make any efforts for his recovery as he had been in the water for a quarter of an hour and he had been out of the water for some time. I however said that I would do what I could and I caused warm blankets to be procured, and the body to be rubbed, and applied bottles of warm water to the soles of his feet. I then cleansed the mouth and nostrils and, having closed the latter with my fingers applied my mouth to the latter. I sucked the carbonic acid, or suffocating gas from the lungs, at the same time pressing at intervals on the muscles of the chest to produce artificial respiration. After some time the child began to breathe, and I then (with difficulty) obtained a stomach pump and injected brandy and water into the stomach. This produced vomiting and a quantity of indigestible material was thrown off after which the child began to sink again. I applied plasters of hot vinegar and mustard to the calves of the legs and administered an enema of turpentine, salt and water. After about four hours unceasing application, in which I was assisted by people in the house and more particularly by a gentleman (who is not a surgeon as suggested by the boy's father but) Captain Wakeham of Queen Square, I had the satisfaction of seeing the child restored. He stood up, answer to his name, speak, take a cup in his hand, and drink from it. I took him home in my fly and about 11 o'clock left him in a sound sleep. I have heard the evidence given by his father,, and judging from the present appearances of his body, I infer that the child's death was caused by convulsions occasioned by re-action.²

Fairbrother was elected to the Bristol Medical Reading Society in 1839 and remained a member until 1876. He was one of the members of the Grateful Society in 1840 and was appointed lecturer in the new Bristol Medical school in Forensic Medicine in 1841 and in *Materia Medica* and *Therapeutics* in 1842.

In 1842 Fairbrother drew up a petition to Parliament that was presented by a local MP Mr Mckinnon, to support a bill he was promoting about preventing the interment of the dead in large towns. Fairbrother had collected data about the number of burials in different parts of the city.³ Fairbrother stated that the city of Bristol comprised six hundred and ninety eight acres of land and forty eight acres of water consisting of the floating harbour and the river Frome, which are little better than open sewers, all kinds of filth and putrid matter being suffered to accumulate in the stagnant water. The area of burial ground is 10 square acres and there would be between 100 and 150 burial in each acre. He stated that common sense would suggest that this density of burials must have a bad effect on the health of the inhabitants.

A pressure group, the National Society for the Abolition of Burial in Towns, was established in 1845 and two years later the Cemeteries Clauses Act enacted general powers to establish commercial cemeteries. However this Act failed in its purpose and was followed by the Burial Act of 1852, which remained the principal piece of legislation on the subject until largely repealed in 1972. The 1852 Act required the General Board of Health to establish cemeteries to deal with the problem.

In 1843 Fairbrother applied for the position of physician to the Infirmary but Gilbert Lyon and James Fogo Bernard were appointed.

Two years later (1844) Fairbrother wrote a letter to the local paper about the death rate in Clifton and stated that it higher than that of Birmingham. The registrar of births and deaths replied that the death rate for Clifton ought to be divided into two sections – upper and lower Clifton, for, although the death rate for lower Clifton was high, that of upper Clifton was lower than the lowest county in England (Hereford). Fairbrother's correspondence provoked a surgeon to write a letter to the paper in which he suggested that Fairbrother should be very careful about writing that Clifton is unhealthy and that it would bring ridicule upon himself.⁴

In 1846 at the Bristol General Hospital, Fairbrother instigated and helped the Bristol lecturer in chemistry Dr Herepath, give the first anaesthetic given in Bristol in December 1846 some 11 weeks after Morton's original demonstration in Boston, USA in October of that year. Apparently he suggested to Mr Lansdown, the senior surgeon to the hospital that they try the effect of the vapour of sulphuric ether on the patient. Herepath put the ether into a bladder and caused the patient to inhale the vapour and after one and a half minutes the patient was unconscious and the surgeon commenced his incision. Fairbrother again 'administered the vapour, keeping his fingers on the patient's pulse and watched his breathing'.

Fairbrother wrote a letter to the Lancet that was never published, but is mentioned in an article by one of his surgical colleagues. However, Fairbrother did publish two articles in the London Medical Gazette on his anaesthetic work.^{5,6}

A year later, he was still experimenting with general anaesthetics and used chloroform to treat an 18 year old woman with typhus who was 'worn out for lack of sleep'. Apparently giving her doses of chloroform every four hours, together with beef-tea, porter and wine and warm sponging, the patient recovered.⁷

Little more is known about his early career but he became increasingly well known for being at variance with his colleagues on various matters.

A point of particular irritation to him was the failure of the Hospital Committee, of which he was a member, to allow its proceedings into the public domain. This was eventually to become a resignation issue when in 1853 he wrote to the local press:

'To the editor, etc Sir, be so good as to insert the following:

'As Dr Fairbrother will never consent to belong to any institution seeking to hide from the public to whom it owes its means of existence, the Proceedings of Committee, he at once resigns his office of Physician to Bristol General Hospital'."

In an attempt to get the position of physician at the Bristol Infirmary, Fairbrother applied for the post in 1855, but the Faculty persuaded Frederick Brittan, a surgeon, to come forward as a candidate for physician! (as an unpopular candidate [Fairbrother] was coming forward).⁸

On June 5 1856 Fairbrother was elected as a physician to replace Dr James Bernard in the other hospital in Bristol. He was 46 years old at the time of his election and held office for twenty years. He became a Member of the Royal College of Physicians, London in 1860. He resigned on June 27th 1876. He spent a great deal of his time at the Infirmary, and liked nothing better than a chat or gossip in the wards or corridors either about his cases or any local event. He was often seen at the Commercial Rooms, which he frequented, I am told, from his love of picking up the latest news. In 1874 Fairbrother's opinions had become something of an embarrassment to his colleagues as the Faculty wrote to the Committee that in future 'Dr Fairbrother's statements should be accepted "upon his own personal responsibility only, and as in no way representing those of his colleagues". Apparently, Fairbrother's independent action taken from time to time in the history of the Royal Infirmary led to much confusion and misunderstanding.⁹

Fairbrother married Catherine Conway in 1849 in St Georges Church, Brandon Hill but she died in 1861. There were no children.

. He died on May 13th 1889 aged 79 and left £1000 to endow a bed in Ward III (female) and £500 for the endowment of a cot in the children's ward.¹⁰ He also left similar amounts of money to the General Hospital. I have not been able to find any obituary for Fairbrother, but Pritchard describes him rather well.¹¹

'Dr Fairbrother, who retired in 1876, was a man whose peculiarities and curious individualism have been referred to more than once in old Infirmary students' speeches. No one that was associated with him can forget him. He was a tall, somewhat bent, red-faced old gentleman, with a long frockcoat, the tail of which he used to take hold of to open any door and to wipe his stethoscope with; very voluble in his speech, and with a great disrespect of his h's. He was looked upon almost as a joke, but he was most interesting in his wonderful memory of the past, and to go round with Dr Fairbrother was a great relaxation from the more scientific clinics of other physicians. He would never commit himself to a diagnosis, and would never write a word; what he did in the out-patient room when he could not get any of us to write for him I do not know. When I asked him for a testimonial, he agreed to give me one as a great favour if I would write it or get it written for me, and he would sign it. Nevertheless the patients loved him, and he was most successful in treatment, going thoroughly into the case, and (by his sympathy and appreciation of what he made them describe) getting to the bottom of their maladies; for he knew what would relieve them, and how to direct its application. If he did nothing else as regards us students, he opened for us an insight to the details of the living of many of the class that the ordinary Infirmary patient is drawn from.'

¹ The Bristol Mercury, July 27, 1839

² The Bristol Mercury July 13, 1839

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- 3 The Bristol Mercury August 6, 1842
 - 4 The Bristol Mercury , April 27, 1844
 - 5 Fairbrother A. Painless surgical operations. *London Medical Gazette* 1847; 4:81.
 - 6 Fairbrother A. Remarks on Inhalation of the Vapour of Ether. *London Medical Gazette* 1847; 4:364
 - 7 Fairbrother A The Lancet January 29, 1848
 - 8 Obituary for Brittan Bristol Medico-chirurgical Journal 1891 Vol 9; p68
 - 9 Munro Smith p 350
 - 10 Munro Smith p343
 - 11 Pritchard, Arthur Bristol Medico-Chirurgical Journal 1900; Vol XVIII No69; 201

See also:

Weller R. THE FIRST GENERAL ANAESTHETIC IN BRISTOL *The History of Anaesthesia Proceedings*, 1999; 45: 80-84. , which can be found at <http://www.johnpowell.net/weller.htm>