A NEW METHOD OF DEALING WITH SCARS. BY MULTIPLE INCISION AND THIOSINAMIN.

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SCAR tissue is not only unsightly and inconvenient, inasmuch as it undergoes persistent contraction, and often

together, not more than one-tenth of an inch apart; and great care is taken that they should penetrate not only into the subcutaneous fat, but also extend one-quarter or half an inch into the neighbouring healthy skin. No attempt is made to arrest the haemorrhage except by pressure, and when bleeding has ceased, a solution of thiosinamin is vigorously rubbed in; and, if the scar tissue is very thick, a few drops are injected into the most prominent bands. I have had no hesitation in injecting, in children, 15 min. at a time, and in adults 20 min.; in only one case was there any effect on the heart. In that

Fig. 1.

Fig. 2.

Figs. 1 and 2.—Contraction of the little finger in a girl, aged 13 years, following a lacerated wound.
Condition prior to operation.

renders useless a part otherwise functionally sound, and so gives rise to embarrassing deformity. Incidentally, it may be remarked that those wounds which have been the sites of septic infection have always appeared to me to be followed by persistent and troublesome scarring. I think this remark is applicable to some of the hideous deformities after burns, and to contracted and useless fingers after whitlows, even if they have not involved the tendon sheath.

The method which is about to be described has been employed in scars of very considerable dimensions, in the axillae, in the groin, about the neck, at the wrist, and on the fingers. Having frequently failed to obtain any satisfactory result by excision of scar tissue, even if followed by extensive skin grafting, I have been not a little disappointed with the results. Therefore, I advise the following original method.

With a fine and strong-backed tenotomy knife a large number of multiple incisions are made transversely to the bands of keloid material. The incisions are placed close

instance some slight cardiac collapse occurred for a few minutes; the patient, however, was over 60 years of age, and, happily, no permanent ill results followed.

After the operation, the part is put up on a splint, in as much extension as possible, without tearing the soft parts, and is allowed to heal. This is accompanied by no excessive reaction and very little pain. I believe that the absence of these signs is due to the fact that the thiosinamin is not pent up within the tissues, but freely exudes through the incision. After ten or fourteen days the wound will be healed, and the mobility of the part is increased by 50 per cent. The operation is then repeated, and it rarely may be required three or four times. The result is most satisfactory; scars which have been tough, resistant, and, in the case of the fingers, wire-like, have become soft and supple, the part has regained its mobility, and its usefulness has been restored. I have carried out this method in over a dozen cases, and have been specially pleased with the results. It seems to me to be a method worthy

Fig. 3.

The same case fourteen days after operation. The dark transverse lines on the finger represent the scars in the lines of the multiple incision. The finger is perfectly flexible and useful.

of an extended trial. Having ascertained the value of open incision with free application of thiosinamin in the form of fibrolysin in ordinary scar tissue I applied the method to the treatment of Dupuytren's contraction.

EIGHTY-FIRST ANNUAL MEETING
OF THE
British Medical Association.

Held in Brighton on July 23rd, 24th, and 25th.

PROCEEDINGS OF SECTIONS.

SECTION OF OPHTHALMOLOGY.

T. H. BICKERTON, President.

PRESIDENT'S INTRODUCTORY REMARKS.

THE PRESIDENT opened the work of the Section by reading an address on the influence of the British Medical Association in the establishment of ophthalmology as a special science. A full report of this was published on p. 213 of our issue for August 2nd. He then called on Mr. Hern to initiate the first discussion.

DISCUSSION ON
SCHOOL CLINICS IN RELATION TO THE
PREVENTION OF MYOPIA.

OPENING PAPERS.

I.—JOHN HERN, M.D., F.R.C.S. Edin.,
Ophthalmic Surgeon, Darlington Hospital.

WHAT is myopia, and how is it produced? It is an elongation of the eyeball in the antero-posterior diameter, and is probably produced by—

- (a) Inherited tendency.
- (b) Using the eyes for near vision.
- (c) Congestion of the coats of the eyeball (especially the sclera), produced by hanging the head down.
- (d) Compression of the eyeball on looking downward by the extrinsic muscles, especially the oblique.

Then how can it be prevented—or, at any rate, its increase be prevented, for this is the practical point of this discussion?

1. Correcting the myopia as early as possible; also the myopic astigmatism, if present, so that all strain may be removed and the eyeball allowed to develop in the right direction (that is, normal direction) as the child grows and the eye develops. This can only be done by one who knows the anatomy and physiology of the eye, and not by the optician.

2. Raising the desk and preventing stooping.

3. Using the eyes for distance as far as possible.

4. Having as perfect lighting as possible, for this not only enables the patient to see with less evolution of energy, but tends to improve the general health also, for we all know the healthy effect of the solar rays.

It is very important that myopia should not be allowed to increase. For the public services, railway companies, and many public works myopies are and will be rejected.

II.—A. F. MACCALLAN, M.D. Camb., F.R.C.S.,

Director of the Egyptian Government Ophthalmic Hospitals.

OPHTHALMIC SCHOOL CLINICS IN EGYPT.

AN elaborate system of ophthalmic inspection and treatment has been carried out during the last six years at the Government primary school at Tanta. This has been done at the expense of the Department of Public Health and by means of the ophthalmic staff of this administration. The measures adopted include the active surgical repression of trachoma, the correction of errors of refraction with the gratuitous provision of spectacles, the isolation and the treatment of cases of acute conjunctivitis. The methods of treating trachoma carried out at the school do not differ from those in use at the Egyptian ophthalmic hospitals; they vary with the stage of the disease, and my detailed descriptions are available in ophthalmic literature.¹

Trachoma.—The number of pupils affected by trachoma in the school of about 400 pupils has only varied slightly during the period of treatment, and has remained about 96 per cent. As infection with the disease usually occurs during the suckling period, it is inconceivable that school treatment can influence the incidence of the disease. The more contagious cases of trachoma (stages 1 and 2 of the disease) in 1907 amounted to nearly 60 per cent. of the total number of pupils in the school. These cases have been reduced to about 7 per cent. in 1913. The completely cicatrized cases of trachoma (stage 4) in which a cure has resulted have been increased from 2 per cent. in 1907 to 55 per cent. in 1913. At the beginning of every school year (October) there is an influx of contagious cases of trachoma into the school, 55 per cent. of the first-year pupils being affected with trachoma of this nature at the beginning of the present session in October last. However, by the end of this session in June treatment had reduced this proportion to less than 9 per cent.

The number of pupils treated regularly was 130, or about one-third of the total number of pupils in the school; of this number about 81 per cent. were substantially benefited, as compared with 39 per cent. whose trachomatous conditions improved, although it was untreated. These untreated cases include the healthy cases and those trachomatous cases in which cicatrization had begun (trachoma stage 3) satisfactorily and in which the evolution of the disease might be expected to progress normally. Sixty pupils, or about half those treated, were subjected during the past year to surgical treatment of the trachomatous conjunctiva by scraping, grattage, etc. These operations were all performed at the local ophthalmic hospital.

Vision.—Estimation of the refraction was made by retinoscopy under atropin checked by subjective testing of all pupils who did not get $\frac{1}{2}$ vision and in whom the corneae were fairly clear. With the assistance, if required, of moderately strong spectacles (not greater than plus or minus 6 dioptries), about 47 per cent. of pupils were found to enjoy good vision and 16 per cent. fair vision, while 37 per cent. had bad vision.² This result is not unsatisfactory for Egypt; it shows that about 63 per cent. of the pupils in the school have sufficiently good vision to pass the visual acuity tests demanded previous to entering the Government service in a clerical position. Only seven pupils had more than 6 dioptries of myopia which has not increased during the time they have been under observation. In 5 of these cases both corneae were nebulous; in 2 cases there was no nebula, but pannus was evident to the naked eye.

The main cause of subnormal vision is opacity of the cornea. This opacity is partly the result of the invasion of the corneal tissue by trachoma, but is more generally caused by ulceration of the cornea due to acute conjunctivitis. In spite of the fact that about 50 per cent. of the pupils had opacity of one or both corneae, no evidence has been obtained in favour of the theory that myopia may be caused by this condition. In this connexion it is interesting to observe that the acuity of vision improves with stay in the school. If myopia was really caused by the corneal opacity, the prolonged use of the eyes at school would be followed by a startling depreciation of vision in a large proportion of those pupils with opaque corneae. The reverse, however, is the case.

Spectacles.—The number of pupils who have been ordered spectacles satisfactorily and who are now attending the school is 82. On the date of the final inspection 39 pupils were wearing their spectacles, and the supply of spectacles to 13 pupils was delayed by the maker; this leaves a difference of 30 pupils who had actually obtained spectacles, but who were not wearing them, either because they were broken or for other reasons. Besides the difficulty of keeping careless boys supplied with spectacles which they are constantly breaking, the constantly altering astigmatism is a difficult matter for the ophthalmic surgeon to deal with as, if cylinders are ordered, they must be frequently changed.

The beneficial effect on the pupils of the primary school at Tanta which has resulted from the ophthalmic treatment above described during the last six years has been so marked that the Public Health Department considers

¹ Good vision = $\frac{1}{2}$ and $\frac{1}{3}$ or $\frac{1}{4}$ and $\frac{1}{5}$ or $\frac{1}{6}$ and $\frac{1}{8}$. Fair vision = $\frac{1}{8}$ and $\frac{1}{10}$ or $\frac{1}{12}$ or $\frac{1}{15}$ or $\frac{1}{20}$. Bad vision fails to attain any of the above standards.