AN ADDRESS ON THE RAPID DIFFUSION OF A KNOWLEDGE OF ADVANCES IN OPHTHALMIC THERAPEUTICS.

Delivered at the First Meeting of the Fourth Session of the Ophthalmological Society of the United Kingdom.

By JONATHAN HUTCHINSON, F.R.S., F.R.C.S.,
President of the Society.

AFTER some detailed observations with regard to the business of the Society, Mr. Hutchinson proceeded as follows:—

The improvement of ophthalmic knowledge is unquestionably our first and by far our principal duty. I cannot but think, however, that it is possible that, in the future, such societies as ours may find another kind of work open to them, which is only second in importance. I allude to the systematic and strenuous endeavours to diffuse rapidly amongst the profession at large, for the prompt benefit of our patients universally, all items of new knowledge which may have been obtained. There are many directions in which thoughtful help might be given towards this end. We may, in the first place, endeavour to induce as many as possible to join us, and attend our demonstrations and receive our volumes. We shall not, however, in this way, reach any excepting London residents. We might, for instance, bring forward for discussion, occasionally, the commoner forms of eye-disease, such as are scarcely likely to be often made the themes of original communications. Not only would this help others, but it is very desirable, for our own good, that we should occasionally make recapitulation in public of our knowledge of common things, and thus ascertain how far our opinions have advanced towards unanimity.

There is another branch of the same topic on which I incline, if you will permit me, to enter into a little detail, since it offers, possibly, a sphere for much useful work in the future on the part of societies like ours. It is one, indeed, to which, perhaps, this Society, in particular, is more specially called than any other. I refer to the promotion of what may be named every-day therapeutics. It is obviously quite possible that the knowledge of diseases of the eye might be cultivated by a few up to a point of very high excellence, and with great finish of detail, and yet remain a possession of the specialist, and benefit but little the family practitioner and the public his patients. In some degree, this state of things is unavoidable, and in some departments of our practice we cannot hope ever to escape it. Still, however, it will be admitted by all to be a matter for regret. So far as we can do it, it is our duty to make such knowledge popular, to diffuse it over an area the widest that we can obtain. A practical knowledge of astigmatism is not to be expected from a general practitioner, possibly not even from all who are engaged in the treatment of eye-diseases as a specialty. The attempt to use the ophthalmoscope for purposes of diagnosis, although quite possible to a large section of the younger part of the profession, enjoying constant opportunities and fresh from hospital training, would probably, to by far the greater part, prove to be a source of error rather than a help. Skill in the diagnosis, and, as a necessary consequence, in the treatment of a not inconsiderable group of rare diseases of the eye, must always, despite any development of education which it is reasonable to hope for, and any artificial aid which can possibly be given, remain the possession of the specialist only.

But it is otherwise in respect to a majority of cases. Almost all the examples of the common forms of eye-disease come under the care, in the first instance, and often throughout, of those who are not specialists, and have, perhaps, never even had any training in an ophthalmic hospital. Circumstances over which no one has any control render this inevitable. Whether or not the surgeons concerned desire it, they must perforce take charge of "eye-cases" as well as of others. It is in reference to practitioners so placed that I would suggest that our Society has possibly a duty to perform.

If I trouble you with a few examples, I shall probably best be able to convey my meaning. Concerning the treatment of syphilitic iritis there is probably but little hesitation or difference of opinion

amongst specialists; and perhaps I could hardly mention another disease respecting which the opinions of specialists are more widely known and accepted. That atropine should be used from the first, frequently, freely, and in strong solution, and that mercury and iodide of potassium are very useful, and ought always to be given, but in no degree compare in importance with mydriatics, I take to be the acknowledged canon; yet, in spite of our emphatic agreement in this matter, many eyes are lost every year for want of the prompt application of this knowledge. It would be easy to prepare an explicit *schema* for the treatment of this disease, giving the exact strength of the atropine, the frequency of its application, the precise dose of the mercurial, and suggesting a few of the more important means which help to success, such as a purgative, leeches to the temples, and low diet. This might be done in ten lines, and so printed in a visiting-list or pocket-book that it should be readily accessible to all. It would be better that such a *schema* should be propounded under the auspices of a society, than that it should come from an individual. In many parallel instances, the discussion and examination which such *schemata* of treatment would receive at the hands of our Society would, no doubt, be of great use in perfecting them, as well as in adding to their authority.

I do not doubt that there are, at the present moment, whilst I am speaking to you, in the homes, the schools, the workhouses, and the hospitals of England, some thousands of children who are suffering from ulcerations on the cornea, attended with intolerance of light, causing the patient great distress through many months, and destined often to leave disfiguring and incapacitating scars.

If my own experience may be trusted, I believe that three-fourths of these would be almost well in the course of a fortnight under the use of a very weak, yellow oxide of mercury ointment. Many of them, no doubt, are getting it, but a considerable majority, probably, are not; for the rule of treatment is not yet universally acknowledged amongst specialists, and certainly not very widely known in the profession. If this Society could, after an examination of the subject, determine upon the recommendation of an explicit formula, which would be likely to result in the prompt cure of these very troublesome cases, it would confer an immense boon upon the public. Such a formula, so recommended, would be copied into every medical journal and into every manual. It would be reprinted over and over again, and would become the property of the whole profession.

Is it not somewhat humiliating to reflect that, if a quack were to bring out a very weak Pagenstecher's ointment, give it a telling name, and push it into notice as a specific for chronic inflammations of the eye, he would be a public benefactor? No doubt, it would often be used in error, but it would even then do little or no harm, and I have not the least doubt that the balance of gain would enormously preponderate. My own experience has been that, since I knew the virtues of this ointment, I have been able to abandon almost entirely the use of blisters, setons, and like painful measures, and to effect the cure in a tenth of the time. I have reason to think that a large majority of ophthalmic specialists have had a like experience. Yet we hesitate to come boldly before the general profession, and announce loudly an important item of progress. We fear to boast; we dread to impair the scientific spirit by the formation prematurely of general rules; and, seeking to quiet our consciences by reminding ourselves that, after all, the thing is no secret, we do nothing further in the matter. Our reticence is a loss to the nation; it is an injury to hundreds and thousands whom the benefits of modern ophthalmological science might reach, if we would only consent to throw aside our scruples.

Is it not a frequent failing amongst the more scientific part of our profession to become superfine? We dread the spirit of the charlatan and the self-seeker so much, that we come, like David when in presence of the sinner, to hold our peace even from good. In the individual, scrupulous care in these respects is most meritorious; nothing is less to be desired than that those who believe themselves to have made therapeutic discoveries, should deem it their duty to proclaim them ostentatiously. Let them be brought forward, in the first instance, quietly and under the cognisance only of those skilled to judge of them. But the fact that it is meritorious in individuals to abstain from pushing their favourite remedies, only throws the duty to which I have been alluding the more definitely upon public bodies like ourselves. No one could impugn our motives, or doubt our sincerity, and our verdicts would be received, not certainly as final, but as entitled, at any rate, to a temporary acceptance.

Let no one suspect me of wishing to stereotype knowledge, or to damp the ardour of any skilled person in the endeavour yet further to improve our therapeutic resources. There is no fear in that di-

rection; and what I am concerned to assert is this, that nine out of ten of the practising part of the profession would most thankfully receive from this Society detailed *schemata* for the treatment of various typical forms of eye-disease. Let me further add, without, I hope, hurting anyone's feelings, that I feel sure that the use of them would tend immensely to the benefit of their patients, as compared with the extemporised prescriptions now employed. It is not in the power, even of the most laborious of those engaged in family practice, to keep their minds well stored with details respecting the management of diseases, which, although very common with us, are rarities to them.

I might easily mention a number of special types and forms of eye-disease, purulent ophthalmia, rheumatic iritis, episcleritis, catarrhal ophthalmia, glaucoma, and the like, for which definite schemes of treatment could easily be laid down.

It will, I have no doubt, be objected that, after all, successful treatment depends upon the correctness of the diagnosis. This statement is almost as obvious as was the famous injunction to first catch your hare. It is no reason that, because diagnosis is difficult, therapeutics should be left in a muddle also. I might urge, further, that I believe, working in the same lines, this Society might do much to put the diagnosis of eye-diseases more easily within the reach of British practitioners in general. There is no one present who has not been pained over and over again by having to treat cases of glaucoma which were brought to him too late. In spite of all that has been done by specialists, and in spite of the fame which iridectomy-cures have obtained, it is still the fact that a large proportion of cases of acute glaucoma are unrecognised during the first fortnight by those under whose observation the patients come. Practitioners of the most scrupulous care, of wide general information, and the most conscientious regard for their patients' good, are yet very commonly misled by the acute congestion and severe constitutional symptoms which often attend the early stages of this disease. It was my fortune, some years ago, to operate upon three cases of this kind in one week, in all of which the proper time for interference had been allowed to pass by, on account of the patient's severe general illness. In one instance, I became acquainted with the facts of a case, in which a benevolent country surgeon, aided by two or three friends, was himself maintaining a lady who had lost her sight, and consequently her occupation, from double acute glaucoma. He had himself attended her from the beginning; and when I gently hinted at the possibility—to me a practical certainty—that iridectomy at the proper time would have saved the lady's sight for the rest of her life, he promptly replied, "that the eyes were so much inflamed in the first instance, and the patient so ill, that he was quite sure I should never have thought of operating. I said no more; for it would have been cruel to tell him that these were the very symptoms which denoted the necessity for an operation.

Some years ago, in the early days of the keratome, I felt so strongly on this subject, that I had some thoughts of engaging a full page in a medical paper for a big red-lettered anonymous advertisement, so stating that all must read it, stating, in a dozen words, the symptoms and inevitable result of glaucoma, together with the certainty of its cure by operation. And now, looking back upon such impulses of enthusiasm, I do deliberately declare my conviction that a Society like our own would have been more than justified in taking such a step. At that time, acute glaucoma probably had, on British soil alone, its daily victim whom it left in irrevocable blindness. In the present day, the number has been greatly diminished, but it is still, no doubt, very considerable. Our confidence in the remedy which we then hailed has remained unshaken; and it is most certainly a very melancholy thought that there are thousands now living without sight who might have saved it very easily had there existed any efficient means for the rapid diffusion of the new knowledge.

I must not trespass further upon your patience in this matter. Briefly, what I desire to urge, is this: that we ought not to be content with doing our utmost to make knowledge perfect, and to secure its application in our own immediate spheres of action, but it is well worth a thought whether societies like our own have not duties to perform in respect to its diffusion. I will not for a moment doubt that a subject so important will receive from you such attention as your judgments may deem it entitled to.

Is it too much to hope that something of the nature of a compendium of ophthalmic therapeutics may sometime be prepared, which shall bear the authority of a society's consensus? Such a code should, of course, be destined to modification from time to time; but it would probably, from the first, be a great advance upon the

statements of any individual, both in explicitness, in brevity, and in the amount of practical experience which it would summarise.

Should the Society see its way in the future to any action in this matter, much collateral advantage might be expected by the more detailed attention to therapeutics, which could be given by the committees appointed to report.

Had time permitted, I might have ventured to bring before you a few other suggestions, as to work which the Society might undertake collectively. Such, for instance, as systematic examination of symptoms, with the object of defining and describing them more accurately, of preparing detailed lists of the more rare types and forms of disease, and giving to each its concise description; and possibly, after this were done, of preparing nosological lists, which might assist the labours of hospital registrars.

CLINICAL LECTURE

TIBIO-FEMORAL IMPACTION: A NEW METHOD OF PERFORMING RESECTION OF THE KNEE-JOINT.

(Delivered July 13th, 1883.)

By RICHARD DAVY, M.B., F.R.C.S.,

Surgeon to, and Lecturer on Practical Surgery at, the Westminster Hospital and Medical School.

GENTLEMEN,—I shall endeavour to-day to interest you on an operation recently performed by myself on a patient in this hospital, and shall preface my lecture by some general observations on resection of the knee-joint, and then, concisely state the clinical facts relating to this special case.

Resection of the knee-joint was originally practised by Park of Liverpool, and especially promoted by the late Sir William Fergusson; it is now generally practised by operating surgeons, except in the case of young children. I myself do not adhere to this exception; my reasons will be given later on. It is somewhat strange that comparisons are still made between excisions of the elbow and those of the knee. The two extremities are diametrically opposed both in function, in operative detail, and wished-for result after the operation. Let me briefly point out some of the many differences. Fergusson pithily states that "the upper extremity is carried; the lower has to carry." One is the representative instrument of the most varied, delicately educated motion; the other, the columnar support in locomotion. The one is active; the other, comparatively passive. In the two operations—excision of the elbow and knee—the first is carried out by a longitudinal, the second by a transverse incision; the elbow-case is set up in the flexed, the knee in the straight position; passive movement is granted to the one, the utmost fixity to the other. And the wished-for result, after an excision of the elbow-joint, is free and complete mobility; after an excision of the knee, the surgeon's aim is absolute and rigid osseous ankylosis. The two extremes meet in common, surrendering the articular ends of their component bones, and leaving somewhat shortened limbs.

I place before you twenty-one cases of excision of the knee performed by myself in this hospital, showing the duration of treatment, the disease, and the results. As you all know, no special antiseptic precautions in the way of dressings are practised by myself; only those which, I trust, are ever at the hands of well-trained, clean, and careful surgeons. A hair-brush will remove discharge painlessly; but, in my opinion, the less a wound is meddled with, the better. By good luck, I have never lost a case of excision at the knee-joint, and have only been compelled to amputate once (Case 14). This man had extreme rectangular deformity of his knee; and bringing his limb down to the straight line apparently stretched his popliteal artery so far as to cause flattening of its walls and more or less obstruction to the circulation of his leg and foot. Gangrene supervened, and was checked by amputation so planned as to divide only the soft structures, which were left undivided by the previous excision.

My cases fully corroborate the views of Humphry and Pemberton, with regard to the non-symmetrical growth of the lower limb, after intrusion on the epiphyseal ends of the femur and tibia. The following is the history of my last case.

Susan Burls, aged 16, Brixton, was admitted into Percy Ward,