

Notice of some recent suggestions for the improvement of ophthalmic practice : and, first, upon the minute care to be observed in performing the principal operations on the eye, and the times and seasons at which they may most safely be undertaken / by Robert Hamilton.

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NOTICE OF SOME RECENT SUGGESTIONS FOR THE IMPROVEMENT
OF OPHTHALMIC PRACTICE;

AND, FIRST,

UPON THE MINUTE CARE TO BE OBSERVED IN PERFORMING
THE PRINCIPAL OPERATIONS ON THE EYE,

AND THE

TIMES AND SEASONS AT WHICH THEY MAY MOST SAFELY BE
UNDERTAKEN.

By ROBERT HAMILTON, M.D., F.R.S.E.,

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OF THE EDINBURGH EYE INFIRMARY.

(Read before the Medico-Chirurgical Society of Edinburgh, Feb. 1843.)

In requesting the attention of the members of this Society to certain suggestions which have lately been made by others for the improvement of ophthalmic practice, I would venture, preliminarily, to submit one which recent circumstances have strongly forced upon my own attention, and which may be expressed in these terms, *That it would be well if the members of the profession in this country generally, in their estimate of the importance of the grand operations upon the eye, would bring their ideas somewhat more into unison with the very high one entertained by their brethren in Germany*, who are so assiduously and successfully cultivating this field of practice. That there is a marked difference in the estimate taken by the professional men of these two countries is, we believe, so familiarly known, that it is unnecessary to enter into any general or formal proof of the proposition. Such a proof might be made, with propriety, to rest upon the vastly superior degree of attention which is paid to the cultivation of the science of ophthalmology in the one country more than in the other, exhibited in the public arrangements made for teaching it, consisting of various professorships in the same school, for systematic lectures, and for practical or clinical courses upon the diseases of the eye; in the consequent necessary existence of wards or hospitals for exclusive attention to the diseases of the organ; in the long and protracted courses on these subjects which are prescribed to the students; and in the assiduous attention of the numerous pupils, both native and foreign, who avail themselves of these rare opportunities; also in their anxiety to procure courses of operative ophthalmic surgery, at the hands of the many illustrious practitioners of the art, and in their obtaining distinct diplomas and doctor's degrees

in ophthalmology from those who are officially appointed to confer them; and, finally, as the result of all this, in the great number of eminent and skilful oculists, who are every where spread over Germany, practising with the highest degree of celebrity and success. On any general proof of this sort, however, as already stated, we will not now dwell; and the more so, as we have endeavoured, in a paper to appear in the next Number of the *Edinburgh Med. and Surg. Journal*, somewhat fully to establish and demonstrate it. On the present occasion, therefore, we address ourselves chiefly to one point, viz., To the degree of attention which should be paid to the particular times and seasons at which the principal operations upon the eye should be undertaken,—a subject which merits consideration on its own account, and which, moreover, appears peculiarly calculated to illustrate the general proposition we are anxious to establish.

That this is a question to which but little general attention is at present directed in this country, will, we apprehend, be at once conceded; and from this it follows as a consequence, that in practice it is but rarely attended to. If a case of cataract, for example, which requires, and is otherwise suitable for operation presents itself, the surgeon, in delivering his opinion to the patient or his friend, seldom makes the season of the year, or the prevailing character of the weather at the time, an element in influencing that opinion, or in regulating the directions which he proceeds to give. He regards these seasons, whether spring or autumn, summer or winter, very much upon an equality; and other circumstances favouring, proceeds at once; either ignorant that any adverse agencies are likely to operate, or as if he had advisedly come to the conclusion that none such exist, or have power to harm.

It is true, that there is a section, though only a small one, we believe, of able oculists, who take a very different view of this matter; and to their opinions we shall presently have occasion to revert. In the mean while, we shall endeavour to make good our statement of the neglect with which this consideration as to times and seasons is treated,—1st, By a frank and general appeal to the sentiments and practice of medical men throughout the country; and, 2d, By a reference to the published opinions of some of the most popular authors who have written upon the diseases of the eye. Connected with the former of these points, we can at least answer for ourselves, that when, not many months ago, the opinion was announced, that it was injudicious and prejudicial to perform any of the great operations upon the eye during bad weather, and in the winter months, it came upon us with all the force of novelty. And as to the latter, we shall subjoin the sentiments of Messrs Laurence, M'Kenzie, and Middlemore, fair representatives, we presume, of the well-instructed

oculists of the best class. As to the matter of fact, Mr Laurence gives his testimony in these laconic, but explicit terms:—"The operation for the extraction of cataract has usually been performed at all times of the year indifferently," (*Treatise on the Diseases of the Eye*, p. 618;) and it is superfluous to add, that if this be true with regard to the operation of extraction, it is not less so of all the other operations on the organ, considered, upon the whole, less difficult and hazardous. In perfect accordance with this statement of Mr Laurence, Dr M'Kenzie writes,—“A purely local cataract, occurring in an individual otherwise healthy, may be removed at any season,” (*Practical Treatise*, p. 664.) In answer to the question, Is there any particular season of the year more suited than another for operation? Dr M'Kenzie replies, “The spring was formerly selected in preference to any other season; yet from the prevalence of catarrhal, rheumatic, and inflammatory affections at that period of the year, it is perhaps the worst.” He, however, adds, “Patients who are liable to suffer from such complaints, ought to be operated upon in dry summer weather only.” And, once more, Mr Middlemore,—“I do not find that it is of much importance at what season of the year we operate for the cure of cataract, provided the subject of the operation be in a good state of health.” (*Treatise*, ii. 124.) These extracts, then, from our highest English authorities, speak a very unequivocal language on the point, and declare, that the prevailing practice in Britain has been to perform the principal operations upon the eye at all times of the year indifferently.

In proceeding to exhibit the opposing opinions and practice on this point, it may be worth while to present the evidence *seriatim*; and we shall begin with the most recent,—that adduced within a couple of years, and with all the characters of a novel suggestion, by Mr Tyrrell. His excellent “practical work” was published in the year 1840; and the only remark we there meet with on the matter, is the following very weighty one:—"I am perfectly satisfied, that the operation of cataract is most hazardous during the cold and damp seasons; so much so, that it is only under very particular circumstances that I ever operate in the period from October to March. The proportion of unsuccessful cases has been very much lessened since I have discontinued to operate in the cold and damp periods of the year." (ii. 419.) Mr Laurence, in his second edition, published also in 1840, apparently speaks of this proposal as originating with Mr Tyrrell. His statement is,—“Some operators have confined themselves to particular seasons. Mr Tyrrell expresses himself strongly on the point, declaring that he is satisfied,” * * * as in the words just quoted. To this we may add, that in our recent intercourse in London, with some other eminent ophthalmic surgeons, we found, that their experience of the injurious

effects of operating at all seasons of the year perfectly corresponded with that of Mr Tyrrell, and that they cordially united with him in condemning all serious operations which could be avoided during the winter months.

But although this suggestion of Mr Tyrrell and those other gentlemen may, with them, have all the merit of originality, yet a little farther investigation will show, that it is nothing more than the revival of an old practice as it respects England, and the introduction into this country of a precaution which has been very uniformly followed upon the Continent. We take leave to make this observation, not for the purpose of detracting from any merit to which Mr Tyrrell and his associates may, on this account, be entitled; for we quite concur with the old French proverb, that "no discovery is more important than the recovery of a lost one;" and this probably expresses the true position of the one now under review. But, on the other hand, it seems important, that the experience of these British surgeons of our own day should be fortified by the uniform practice of the great authorities of the German school, than which it is impossible to adduce any more worthy of attentive consideration. And here, instead of ransacking their ponderous treatises, whether more ancient or modern, we shall take the liberty of reporting some of the information we received at the different schools, in answer to the inquiries we made upon this point; and which, we believe, will afford a fair sample of the actual practice in these several localities, and throughout Germany.

One of the first individuals with whom we conversed upon the point in Germany, was the well-known Dr Louis Stromeyer, formerly professor of surgery in the university of Göttingen, and now professor at Munich, and surgeon to its excellent and truly elegant hospital. Upon stating to him that there were some oculists in London who were now declining to operate during winter, he expressed his surprise that it should ever have been otherwise, and remarked, that this abstinence had always been the rule in Germany; and upon our, in turn, exhibiting some little astonishment, and perhaps even incredulity, he desired us to inquire of his venerable colleague, Philip von Walther, under the persuasion that continued scepticism could not withstand his high and unexceptionable authority. A second individual with whom we conversed in the Bavarian capital, was Dr W. A. J. Schlagintweit, an old pupil of Professor Beer's at Vienna, and one of the most popular eye practitioners in Munich. He did not talk of the matter in altogether the same decided tone; but at the same time stated, that patients rarely presented themselves during the winter; and that they would not then operate, as the reflection from the snow was apt to act injuriously:—"If the weather," he said, "were mild in the months of October and November, I

would not decline to operate; but in frosty, or in keen, or variable cold weather, or in the heats of summer, I would never think of it." In Vienna, we had ample opportunities of pressing our inquiries, and found the responses there were habitually the same. Our friend Dr Kaskowski stated, that the rule was not to operate, or rather, not to perform any of the greater operations during the winter; but that this method of putting the matter was objectionable, as it did not give prominence to the principle which influenced them, and which was, that unless the weather were steady and good, and promised to continue so, they generally preferred waiting for more favourable circumstances. Thus, there might be three months in the depth of winter, and as many in the height of summer, when, from the intolerance of the heat, and the tendency to various epidemics, they would be disinclined to operate, unless there were some urgent call for it; and on such occasions they would exercise a double portion of watchfulness and circumspection to guard against unfavourable consequences. Dr Gulz again, Professor Rosa's assistant, to whom we were indebted for a course of *privatissima* lessons, put it in this way,— "We have no formal or positive rule not to operate at any period of the year. But then, as a matter of fact, we don't like to do it during the unfavourable and trying seasons of the year, nor, in fact, do we then operate much. Good and steady weather, with an agreeable temperature, is what we desiderate; and every thing that interferes with this—the cold and snowy weather of winter, the piercing and chilly blasts of spring, or the very hot season, or a very wet one, we try as much as possible to avoid; and hence, May and July, September and October, are the months we prefer; so much so, that the practitioners in the country, and even the peasants, are aware of our preference, and very much conform to it." In addition to all this, he stated that one of their most decided contra-indications against performing these operations, was the prevalence of almost any epidemic, such as catarrh or influenza, rheumatism, fever, or cholera, as the constitution of the season was apt to affect their cases injuriously. The only other German witness we shall adduce on this point is, Dr Adolphus Winter, the assistant of the illustrious Ritterich, and the house-surgeon of the beautiful Ophthalmic Institution of Leipzig. He stated that, although it would be carrying the matter too far to say, that they never operated in the winter time, and though they would do so at any time, if circumstances required it, yet it was true that they operated very little between the months of October and March, both included; herein agreeing, almost to the letter, with the statements of Mr Tyrrell.

And as with the German authorities, so, to a considerable extent, is it with the French. Among the authors of this nation, Dionis, Wenzel, Delpech, and Dupuytren, all advise that care should be

taken in selecting a proper time for their operations, avoiding the extremes of heat, cold, and wet; in illustration of which, we shall here produce only the words of the Baron Dupuytren:—
 “Le Professeur attache la plus grande importance à ne jamais pratiquer l'extraction de la cataract sans avoir étudié soigneusement les circonstances atmosphériques, les influences de la température, et la constitution médicale régnante. Chacun sait qu'il est des temps où les ophtalmies sont extrêmement communes, et il est très probable que l'opération serait alors suivie d'accidents inflammatoires.” (*Leçons Orales*, t. i. 58.)

Finally, upon this point, we may mention that some of our old English surgeons were very particular in this matter, and selected the season, and attended to the weather with great care and caution; in proof of which we shall only select the following stanzas of the ingenious Banister, published in 1622, from Mr Middlemore's instructive page (ii. 124).

“Couch cataracts upon a day so fair,
 That neither winds nor clouds disturb the air,
 When spring with smiles fills the earth's rich lap,
 Or autumn makes the tree put off his cap;
 The moon in the full, or in conjunction sly,
 Or tracing Aries, or in the Gemini.”

Here, then, undoubtedly, is a strong body of testimony, domestic and foreign, all witnessing for the propriety, and the importance, of paying the greatest attention to the season of the year, and the state of the weather, at which the principal operations upon the eye should be performed, and condemnatory of the present prevailing practice in this country, of undertaking them at all times of the year indifferently.

And now, it might be expedient to direct attention to those states and conditions of the seasons which go to form the adverse agencies which affect the human frame, and produce those risks and hazards in operating upon the eye, to which allusion has so frequently been made. A full discussion, indeed, upon these points, would too much divert attention, and would occupy more space than we can allow in these pages; and possibly we might have ventured to have passed by the consideration of this branch of the subject altogether, under the impression that it must be more or less familiar to every one, were it not that some authors having assigned erroneous reasons for the insalubrity of the seasons, and for the mischief they produce, many individuals seem now disposed to doubt the existence, and to disregard the injurious effects of any such agencies altogether.

We observe, then, that all those well-marked conditions of the weather, which, in popular language, are characterized as *extremes*, by being far removed from that state which is steady and agreeable to the feelings, such as extreme cold, and extreme heat,

and, still more, extreme changeableness, as well as unusually damp weather, seem to bring along with them various influences which, in different ways, are apt to affect the human frame. Most of these influences seem, moreover, to act in two ways; both in a more direct and immediate, and also in an indirect method, by inducing well-known and defined diseases. If the weather be intensely cold, such an effect is produced upon our feelings and frames, that universal experience indicates that more than wonted care must be taken, by clothing and otherwise, to guard against the attending risks and dangers. Again, when the weather is extremely hot, a degree of lassitude attacks almost every one, the appetite becomes impaired, feverishness supervenes, sleep is disturbed, and the nights become restless. Remarks of a similar nature might be made concerning very damp weather, proverbial for its gloomy dulness, and for those lowering effects which it produces upon the health and animal spirits; while sudden changes from one of these states to another, only multiply the risks to which each exposes us. All this cannot be denied with regard even to those who are in the enjoyment of sound and robust health; the effects are still greater upon those who are weak and infirm; and are most of all severe, perhaps, upon those who, from being made the subjects of operation, are necessarily put upon the sick-list. As it regards the operations on the eye, some physical, we might almost say mechanical agencies, have occasionally been mentioned, and should not be overlooked. Thus, we have seen, that one eminent oculist assigns as a reason for not operating during the winter, that the reflection from the snow could not fail to be hurtful; and we are informed by another, a distinguished author, "That if we operate in very cold weather, the patient is apt to sit near a bright warm fire, and in this way the eye may become inflamed and injured."

But not less remarkable certainly, are those agencies acting in an indirect method, and inducing diseased conditions of the frame, some rapidly, others more slowly. Thus, the influence of cold and sudden change in producing catarrhal affections is universally known; and these, from the cough and sneezing they induce, are destructive of the slightest prospect of success in a case of extraction of the cataract. And common catarrhs being rife, catarrhal affections of the eye are usually found to prevail, a coincidence of easy explanation upon anatomical and physiological grounds. *Catarrhal* ophthalmia is well known to be one of the most frequent varieties that is met with in these countries, especially in the more trying seasons of the year; and its effects in the event of an operation at such times, could not fail to be a cause of dread. Similar remarks apply to another very frequent variety of the disease, namely, to *Rheumatic* ophthalmia. That the variations of the weather have great influence upon the health

and comfort of individuals of rheumatic habits will not be disputed. But rheumatism, not unfrequently, principally attacks the fibrous membranes of the eye, requiring special treatment, quite as much as when it assails the ankle or knee-joint. Considering how common rheumatic tendencies are in these countries, what might not be expected if, during the prevalence of cold and changeable weather, we, by an operation, place the organ of vision in such circumstances, that, being necessarily the weak part, it hence becomes the most liable to an attack of this formidable, and often unmanageable, disease. But probably the most striking, though not the most speedy, exemplification of the effects of cold and variable climate, is to be found in the great indigenous scourge of these lands,—in *Scrofula*, which is ever forcing itself upon the attention of the practitioner, and whose presence, in the diseases of the eye, is stated to be in the proportion of not less than 90 per cent. in the ophthalmiæ of the young. It is, alas ! a too permanent taint in many ; but proceeding pre-eminently from sudden vicissitudes of weather, it is undoubtedly greatly influenced and aggravated by them.

Such then, in a few words, is a specimen of the more marked and striking elements of the weather, operating injuriously upon the frame, and inducing an enfeebled and irritable state of the constitution, unfavourable to the success of operations. To this we have to add, that there exist other and more latent agencies, which, however obscure in their nature, and difficult to define and appreciate, sometimes produce a not less decided and injurious effect. These agencies have often been distinguished under the appellation of peculiar *constitutions of the air*, a phrase which is little more than a screen and apology for our ignorance concerning their real nature. Thus is it with that state of the atmosphere which, not unfrequently, makes *influenza* so common ; producing catarrhal affections so much more severe than they are seen under ordinary circumstances, and often so fatal. So, not less distinctly, is it with *cholera* ; a striking illustration of which occurred when the malignant variety first made its appearance in the Austrian capital. Though not a single case of the disease occurred in the ophthalmic wards, yet many of the eye-cases, which had been doing, and which promised to do well, from that moment began to go wrong, and turned out exceedingly unfavourable. So too is it probably with puerpural and various other low fevers, and morbid states, as in phlebitis, in which we are frequently called to witness peculiar affections of the eye, which are dangerous in themselves, and, not unfrequently, destructive to vision.

Concerning this little-cultivated and extensive subject, it ought not to be forgotten, that few remarks can be made alike applicable to all climates ; and that every country and locality presents somewhat peculiar phenomena, whose history must be

studied, and whose injurious influences must be counteracted, respectively and individually. But upon the whole, there seems no room to question that extreme colds, heats, and changes, to which most climates are subject, but which occur no where more conspicuously than in our own; also, that the common vicissitudes of the seasons, so apt to induce catarrh, rheumatism, and scrofula, as likewise those more latent conditions of the atmosphere which are connected with, and probably produce such epidemics, as influenza, typhus, cholera, &c., all have an influence which may often prove injurious, and which, therefore, ought not to be disregarded by those who are solicitous for the success of their operations upon the delicate organ of the eye.

This remark introduces the question—What really are those Eye-cases, in which the consideration of time and season ought to form an element in our calculation concerning the propriety of operating?—an inquiry which, although it may have escaped the consideration of such as have altogether overlooked the efficiency of those evil agencies, must, as a matter of course, engage the attention of all who admit their influence and power. We have no thoughts of formally discussing this question, which might form the subject of a distinct memoir; but a few hints are absolutely requisite.

In answer to the question, it may be stated, in general terms, that this measure of caution is required in all those operations, in which experience has taught that the risk to the delicate organ of vision is considerable; a remark applicable to all those which may be designated the grand operations on the eye-ball, including, especially, the several operations for Cataract, more or less; and, in certain circumstances, those also for Artificial Pupil, and Staphyloma. A few words in further elucidation will be expedient.

IN CATARACT.—Notwithstanding the vast amount of attention which has been paid to the subject of cataract, and the labour and ingenuity which have been bestowed upon the various methods of remedying it, yet it cannot be denied that such is the skill and dexterity required, and the exceeding delicacy of the organ, that all possible means should be employed whereby success may be promoted and insured; an observation which is substantiated by what we believe to be an undoubted fact, namely, that the measure of success is usually commensurate with the degree of caution; in other words, that wherever there has been striking success, there has also been the extreme of fore-thought and of care.

For the removal of cataract, as is well known, three operations, differing somewhat in principle, are now practised, *Extraction*, *Solution*, and *Displacement*. The first of these is generally considered at once the most difficult, and the most perfect operation; and

in its performance, pre-eminently, all the caution which can be exercised should invariably be observed. Our chief object being to enforce this lesson of caution, and to impress upon the less experienced, that though the account of the operation may be simple, yet the execution is difficult; and that undertaken off-hand, and without the most minute attention before, at the time, and after the operation, much suffering, and failure, will probably be the consequence, we shall bring under notice a few of the instructions we received in Germany, concerning the indications and contra-indications for Extraction, which, however apparently minute and insignificant, ought to influence the surgeon in making up his mind, whether he will attempt to afford relief by this, or by some other of the proposed methods.

It is regarded almost an axiom at the Vienna school, that if the case be well selected, and the operation be adroitly performed, Extraction is, beyond comparison, the most satisfactory procedure for all concerned. At the same time, it is maintained that it requires considerable skill and practice; so that when individuals are so placed, that they have not every advantage, they are then prone to look about for arguments against it, and for reasons why other methods should be preferred; which, in reality, amounts to the admission that Extraction is too difficult an operation for them. Hence the rarity of good extractors, and these being almost confined to capitals, and other large cities, and to few even in them; hence so many preferring the other operations—seldom or never having recourse to this one; hence also the many objections brought against this operation, which those who are skilful in its performance know nothing about, finding it truly successful, and free from injurious consequences.

The greatest possible care, at the same time, must be observed in considering the circumstances which make for the operation, and against it. As it regards the *Cataract*, it should be hard, small, and free from morbid adhesions. If the lens be soft or fluid, this operation is out of the question. The hard cataract again is usually a small one; and unless this is the case, the operation should not be undertaken, because its exit through the pupil proves a great strain to the iris. Again, so long as adhesions exist, the cataract cannot escape; and if these are divided, too much irritation is produced. Professor Beer used to relieve these adhesions at the time he extracted; but the practice being found hazardous, it has been abandoned at the Vienna school. As it regards the *Eye*, it must be well formed for the operation. The conjunctiva must not be liable to disease. The cornea too must be quite healthy, and not too small, a peculiarity which sometimes presents itself independent of any disease: the pupil likewise must not be too small; and there must be no disease of the vitreous humour. One of the most frequent of the

morbid states of this humour, is an unusual quantity of the secreted fluid, and a want of the common healthy firmness and elasticity of the hyaloid membrane ; and this again is often associated with an increased and abnormal size of the cornea, which is thinner than it ought to be. At first sight this state sometimes appears peculiarly favourable for extraction ; but in reality it is the very reverse ; the wound of the cornea not healing kindly, and the vitreous humour altogether escaping. The patient must not be peculiarly nervous, and not liable to spasm, or oscillation of the eye. Then the *Constitutional health* must be carefully examined ; that there exists no serious latent indisposition, no asthma, no recurring cough, no tendency to sneezing, and that the patient has the power of sleeping upon his back, as this is the position which is absolutely required. Then, the operation should never be undertaken upon any person who cannot enter into the importance of great care under the circumstances ; nor should the patient be too timid, nor too bold, so that he is likely to take liberties with himself. Some individuals are bad subjects from mere restlessness. Then, there being direct sympathies between the skin and the cornea, every disease of the former constitutes a contra-indication ; as does also the *habitus vulnerabilis*. And lastly, as it regards more general circumstances, it is a great matter that the operator shall have a good assistant, who understands his duties thoroughly ; what the operator is doing, and what he himself should do and should not do. Then the patient should be under the ready and constant superintendence of the surgeon. It would not do for the surgeon to operate in the country, unless he will remain there ; nor should he be running out of town after the operation. Then it is important that the patient should have a good nurse, who is all alive to the importance of her duties, and will faithfully and rigidly perform them. The neglect of the nurse has often proved the destruction of the eye. Finally, as already hinted, the season of the year must be favourable, and no epidemics prevailing. In these few sentences, no one will for a moment suppose that we supply anything like a full enumeration of the indications and contra-indications which are propounded at Vienna. This would be altogether wide of our present mark. We have purposely avoided many of the most important, and of those with which, in this country, we are familiar ; and have adduced the foregoing, simply with the hope they may excite attention to the minute nature and character of that care which is regarded necessary by the most competent judges ; and from which the conclusion seems direct, that if these expert oculists, in this most renowned school, deem it expedient scrupulously to attend to such matters, then, assuredly, they should not be slighted elsewhere by others.

Another hint, bearing upon these minute matters, we shall furnish, as derived from Berlin, and which applies to the exposing of the eye-ball in this, and often in other operations. It consists in this, that as the application of specula is oftentimes painful, and the cause of annoyance, under important circumstances, to the patient, they should be entirely discarded. Nor are the fingers, nor ought else, to be used directly as substitutes. The elevation of the upper lid, to which our present remarks apply, in many instances is the most important, and can always be done by an assistant. The substitution for the speculum is managed in this way. The assistant, standing behind the patient, commences the retraction of the integuments, fascia, and anterior fibres of the occipito-frontalis muscle, upon the forehead, by means of the fingers of both hands, advancing inch by inch, till he has reached, and somewhat passed the superciliary ridge, by which time the upper eyelid is under his finger, and all that is required is gained without giving uneasiness, the upper part of the globe being freely exposed, and the edge of the eyelid, and its lining membrane, instead of being irritated and bruised by the speculum, are never once touched by the finger. Thus the painful and more important parts of any operation are begun under favourable auspices, a point which may be regarded trifling by some in this country; not so, however, we can affirm, in the school of Jüngken.

One other suggestion belonging to the same class of minute carefulness, we shall adduce in the words of Mr Tyrrell, a gentleman who at present stands pre-eminent, in this country, for his success in operating for cataract:—"Some persons," remarks this gentleman, "have such a habit of rubbing or pressing the eye, that it is best to confine the motions of the hands, after the operation is finished, by tapes fixed by one extremity to the side of the bed-frame, and by the other to the wrist, and of sufficient length to allow the patient to convey the hand to the mouth, but no higher. I have several times known," he adds, "mischief to occur from the want of some precaution of this kind" (ii. 405); a recommendation which we have nowhere else seen either advised or practised.

Respecting the treatment of cataract by *Solution* of the lens, it is certainly an operation of much less risk than that of extraction, and yet a measure of care should be taken even here. In some degree as illustrating this, and conspicuously, the more general subject under review, we may mention another proposal which was first made, we believe, by Mr Tyrrell, and which we know is now practised by the officers of the Royal London Ophthalmic Hospital. We have noticed above, that one of the indications for the operation of extraction, is, that the cataract should be small, as well as hard. This, however, is not always

the case; and when the lens is large, the gentlemen alluded to have adopted this kind of compound operation. During the latter autumn or winter months, weather permitting, they perform the operation, in such a case, as if for solution only; making their incisions in the capsule, and of the lens, in the gentlest way; not with the expectancy that this will eventually remove the indurated cataract, but solely in the anticipation, that, during the course of the intervening months, in which, for the reasons above assigned, they would have done nothing at any rate, the aqueous humour may exert its influence in removing the softer parts of the lens, whereby its size will be reduced as desiderated, for effecting the extraction in summer, at once without risk, and with facility and success. This appears to be an excellent suggestion.

And lastly, with regard to the operation of *Couching* or displacement, which, notwithstanding all that has been alleged in its favour by the French, we consider, with the Germans, the most objectionable of the three, so frequent are the immediate injurious effects, and still more those which are apt ultimately to follow, that we conceive every care and caution should invariably be employed in its performance. Of course, we mean not to deny, that, frequently, it is the most appropriate method; but when we consider the damage done to many important parts by the common operation, we cannot wonder it is often followed by long protracted and afflictive suffering. How far the modified method of practice long extensively followed by Mr Egerton in Calcutta, and so successfully adopted by Mr Morgan in London, will meet this objection, we cannot say, though this proposal is well worthy of the most attentive consideration.

We have already so far exceeded the limits we originally contemplated, that little space is now left for dwelling upon the subjects of *Artificial Pupil* and *Staphyloma*. One observation is especially applicable to these diseases, and might frequently also be extended to some cases of cataract. It is this, that the necessity of every caution is often much enhanced by the consideration, that we are called to interfere with the eyes, not in their normal and healthy condition, but with those which have undergone serious morbid changes, so that their irritability, and tendency to derangement, are greatly increased. What could be done with impunity in a sound eye, is in these followed with most distressing consequences. And when to this we add, that, in many of the cases now under review, the patient frequently has but one eye left, and that one little better than useless, whilst the faint glimmer of light he enjoys is generally valued in the ratio of its very paucity, we cannot but see how anxious the surgeon ought to feel that he does not quite destroy that which is so highly esteemed. Many cases of *Staphyloma* are pressing in their nature, and must be relieved on the moment; but others are not so; and

in them, as well as in cases of artificial pupil, and in the operations for cataract, abundant opportunity is afforded to select those times and seasons which prudence and experience declare to be the safest and the best.

We have hitherto dwelt chiefly upon the *doctrine* of the German schools; but it is of consequence to add, that their *practice* corresponds with their precept; and that, according to our observation, it is impossible not to be struck with the superior degree of attention they bestow upon every minute circumstance which bears upon the success of their operations. The professional traveller, we apprehend, cannot fail to remark this, in visiting their ophthalmic hospitals, and the ophthalmic wards of their general hospitals. For example, the auditorium for the clinical practice in the great civil hospital in Vienna, is coloured green, and the windows are supplied with peculiar shutters and curtains, so that the light can, in a moment, be regulated according to the character of the weather, and the exigencies of particular cases. The eye wards are likewise coloured green, and are furnished with every thing necessary for the peculiar care of patients afflicted with the diseases of this delicate organ; they have their especial shutters and curtains, and each bed has a moveable screen, which regulates the light as each case requires. The nurses are of the highest character, and the resident ophthalmic doctor is always on the spot, and at command. These remarks might be extended to all the German hospitals, as to those at Munich, Prague, Leipsic, Heidelberg, &c. We are probably speaking in the hearing of some who have seen, and can never forget, the scrupulous care of the eminent Chelius at the last-named school, and who can recall to their recollection his visits to his ophthalmic wards, where the light is so carefully moderated, or so effectively excluded; the window curtains being drawn aside as the professor requires light, and visits case after case—now more being afforded, now less; his entering the screen about the bed, and arranging it with all possible nicety; the shading-cap he puts upon the foreheads of his patients, beneath which he examines the state of the wounds, and the amount of increased action; the care with which he himself washes and dresses the parts, and all being well finished, again places his patient in that degree of shade which promises to be most useful. This is a very different amount of care and minute attention from that which are usually supplied among ourselves. And what is the motive which suggests it? It is not done for effect only; it is not a mere formal routine. It is the result of the mature experience of the most eminent and successful European surgeons,—of those whose celebrity is built upon such assiduous care and minute attention, as that for which we plead.

And is there not, in many points, a contrast between this and

what we are familiar with among ourselves? What success can we expect in our great general hospitals, where so many of the requisites of the foreign schools are disregarded and neglected? What are we to expect from our eye dispensaries, where these operations cannot be performed within the walls of the establishment, and whence often we follow the poor patients to their ill-provided houses, and operate there, in the midst of privations, (especially as to superintendence,) and of the disturbing influences to which they are necessarily exposed? Is it not most desirable, that, in all our large towns, and still more wherever there is a great medical school, there should be a well furnished, and well regulated Eye hospital, where these practical lessons could not only be didactically inculcated, but actually enacted before the eye, and even under the immediate care of the student? It is only, we apprehend, by the adoption of such methods as these, that we can expect to see Ophthalmology thrive among ourselves as a science and an art, and as the exigencies of the sufferers around as require.

To conclude, we trust we have now said enough to attract attention to this interesting topic; and without recapitulation, we leave to the reflection of our auditors the proposal, that more minute care than is usually given should be bestowed upon the conduct of the principal operations on the eye, including, among others, that degree of attention to times and seasons which is exercised in other countries, by the most illustrious oculists and surgeons of the day.

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