

**The relation of ophthalmology to general medicine and surgery and to public health : being the Presidential Address delivered before the Ophthalmological Society of the United Kingdom, on October 29th, 1903 / by John Tweedy.**

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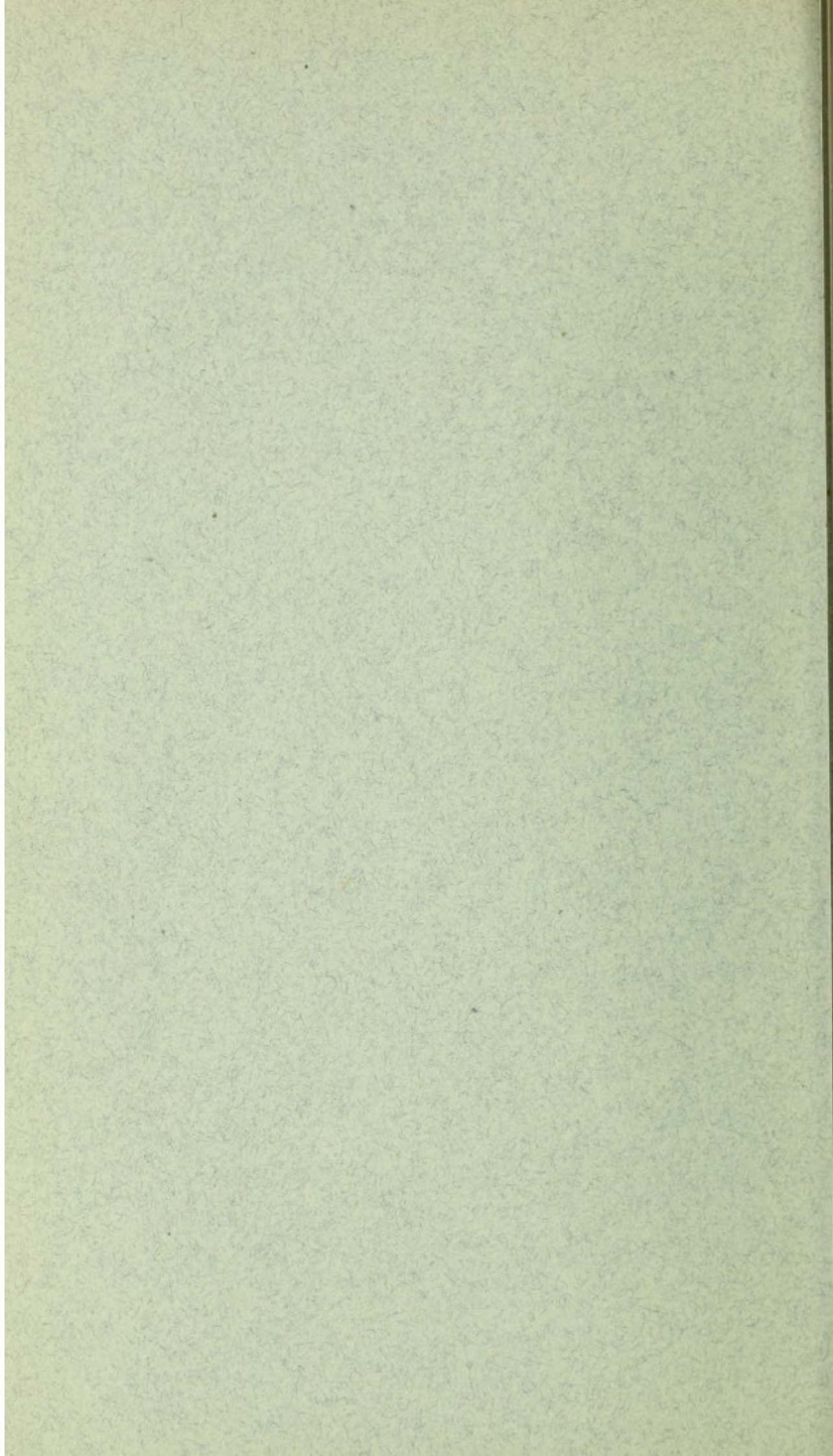
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THE RELATION OF  
OPHTHALMOLOGY TO GENERAL MEDICINE AND  
SURGERY AND TO PUBLIC HEALTH,

BEING THE

PRESIDENTIAL ADDRESS

*Delivered before the Ophthalmological Society of the United  
Kingdom, on October 29th, 1903,*

By JOHN TWEEDY, P.R.C.S.

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GENTLEMEN,—My first duty on occupying this position is to thank you for the honour you have conferred upon me by electing me President of the Society. No one knows better than I, that I owe this mark of distinction to your indulgent favour and not to any services I have rendered to the Society, or can render. Be this as it may, I am deeply sensible that without your sympathy and goodwill I shall not be able to perform, with any approach to efficiency, the duties which you have entrusted to me. And I must at once put your compliancy to the proof.

Upon my election I was somewhat disconcerted to



find it had been an unbroken custom for the newly-elected President to deliver an address to the members of the Society. To the subtle suggestion that the time was now come for establishing a precedent by omitting the address on this occasion, our Surgical Secretary gently hinted that public opinion was not yet ripe for this new departure. Nevertheless, wishing to spare you if possible from the infliction of an address, I thought it might not be amiss if I were to cull some of the choicer sayings from the addresses of former Presidents ; but, on further reflection it seemed scarcely fair to take these gems from their logical context and literary settings. At length another and better alternative suggested itself, namely, that instead of addressing you myself I should exhort you to read, or re-read, as the case may be, *all* the addresses of my predecessors. And indeed, with all seriousness and earnestness, this is what I do now recommend to every member of the Society. There you will find some of the best thoughts of some of the wisest and most thoughtful of our profession : Bowman, Hutchinson, Hulke, Hughlings Jackson, Power, Argyll Robertson, Nettleship, Swanzy, Critchett, and, last in the order of time but not of merit, the late Dr. Little, of Manchester. The mere enumeration of these names at once awakens agreeable and ever hallowed memories, and intimates the high character, purpose, and mission of the Ophthalmological Society. Among the past Presidents have been not only those foremost among ophthalmic surgeons in the three divisions of the United Kingdom, but also two of the ablest and most accomplished of the general surgeons in this country—two at least who, in addition to their eminence as surgeons, enjoyed a considerable reputation as physiologists, and one who stands almost pre-eminent both in this country and throughout the medical world as a philosopher and physician. The presidency of Dr. Hughlings Jackson must always be remembered as one of the most critical and significant events in the history of this Society, and I venture to hope that in the near



future another physician, not perhaps of Dr. Jackson's supreme merit—that is scarcely possible—but another physician, whether general or neurological, will succeed to this office.

The various qualifications of the several Presidents of this Society afford striking evidence of a catholicity of opinion and a liberality of corporate constitution which will, I trust, never be materially altered, limited, or abridged. I may perhaps venture to remind the younger members that this Society was formed twenty-three years ago by a small body of earnest men who were interested in the study and investigation of diseases of the eye, not merely as local affections, but also in their relations to general disease and especially to diseases of the cerebro-spinal system. These colleagues comprised ophthalmic surgeons, general physicians, general surgeons, neurologists, and also physiologists, to whom the eye must always be an interesting object of study, and one of the most important avenues to knowledge. I trust the Society may never lose the impress of its early constitution and of its primary intention and endeavour. Soon will devolve upon the younger members of the Society the duty of preserving and perpetuating the honourable traditions of the Society unsullied and unimpaired. During the twenty-three years which have elapsed since the formation of the Society many of the original members have passed away, the last to leave us being one who was teacher, colleague, or friend to many here present—George Lawson, of whom it may be well and truly said: “He was an upright man and one who feared God.” In the course of nature, few of those who still remain will survive the lapse of another period of three and twenty years. Other times will bring other men, and perhaps other ideas and other aspirations. In the growing complexity of social and professional relations temptations may present themselves to narrow the scope of the Society's operations. These temptations will, I hope, be strenuously withstood not only by the enlightened



policy of those who practise ophthalmic surgery, but also by the controlling influence of those general physicians and surgeons which, it is to be hoped, the Society will always continue to attract.

Specialism, however, there must be. In the evolution of thought, in the increasing differentiation of social and economic functions, and in the consequent subdivision of labour, the growth of specialism is inevitable and indeed necessary. The increase of knowledge, the elaboration of the means and methods of investigation, the more minute *differentia* of disease and of diagnosis, the complexity and potency, for good or for evil, of modern therapeutics, whether pharmaceutical or surgical, must eventuate in a specialisation of knowledge and specialism in practice. This tendency is observable in the whole world of thought and action—in philosophy as well as in physiology, in politics and in economics, in architecture and in engineering, no less than in medicine and surgery. But it behoves every enlightened member of the medical profession to take care that our specialisation shall be the legitimate and reasoned outcome of the growth of knowledge, the separation, as it were, of a subject in order to develop it to the utmost.

More than any other speciality, ophthalmology should be rational, and rest upon a firm foundation of wide and thorough general and professional knowledge. When we consider the importance of diseases of the eye, their incapacitating character, their grave economic effects; and when we observe the enormous difference between skilled and unskilled treatment of these diseases, it must be obvious that the ophthalmic surgeon, for the efficient discharge of his duty, needs a good mental equipment, great intellectual and physical resources, and a sound professional training. He needs the courage and dexterity of the surgeon combined with the learning and acumen of the physician. Doubtless there are few of us who even approach this ideal; but no one who does not keep this ideal standard of requirements constantly in view can be



regarded as fulfilling his whole duty, either as an ophthalmic surgeon or as a good citizen.

The exigencies of modern life preclude most of those who practise as ophthalmic surgeons from also engaging in the actual practice of so-called general medicine and surgery; but we may all keep in intellectual touch with the developments of modern medicine, and with the general progress of pathological knowledge and all that this implies. Ophthalmology is a subject at once so fascinating and so complex that there is always some risk that those who are attracted by it may specialise too soon and specialise too much. I fear that there is, even within the medical profession, and still more outside it, an undesirable disposition to split up practical ophthalmology into two separate parts—the optical and the medico-surgical. This disposition ought to be jealously resisted, not only in the interest of our art, but in the interest of the public health. The eye is not, as the optician is so apt to consider, only an optical instrument: it is a living organism, made up of the most elaborate and most highly differentiated structures in the body, in intimate and constant relations with the cerebro-spinal system, the blood-vessels, the lymphatics, and other organic systems of the body; living the life of the whole body, observing its modes of nutrition, participating in its diseases, and responding to its various pathological manifestations. No one can safely and intelligently deal even with the optical defects of the eye unless he has an adequate knowledge, not merely of the structure and diseases of the eye, but of the varied relations of the eye to the whole organism.

It is a maxim of English law that every accused person shall be deemed to be innocent until the proof of guilt has been legally established. In the practice of medicine we adopt, or ought to adopt, a maxim the reverse of this: Every organ should be regarded as unsound until it has been proved to be healthy. Of no organ of the body is this so true as of the eye. We owe it, then, to ourselves, we owe it to this Society, and we owe it to the public, to



maintain and proclaim, *hic et ubique*, that Ophthalmology is one and indivisible, an integral and essential part of the Art and Science of Medicine.

Gentlemen, the Society has hitherto maintained a high ideal of knowledge, of technical skill, and of professional achievement. I would fain hope that this ideal will never be lowered or tarnished, but that with increase of years this Society may increase in numbers, in importance, and in influence; and that after the lapse of another twenty-three years it will have attained a position in professional and public esteem even higher than that which it occupies to-day.



