



**CHARLES HIGGENS, F.R.C.S.**

*From Guy's Hospital Gazette.*

**The Iris (L'Iris).** By A. MAGITOT. Paris: Librairie Octave Doin. 1921. 16 francs, pp. 272; 27 illustrations, coloured and uncoloured.

The detailed title of this book is "A Physiological Study of the Pupil and its Motor Centres." It is announced as the first volume of a new series of ophthalmological treatises published by Doin, under the scientific control of Dr. Morax, and designed, gradually, to replace in the form of monographs, *l'Encyclopédie d'Ophthalmologie française*. It constitutes an excellent introduction to such a series and sets a high standard for subsequent volumes. The author is to be congratulated on his work; it is a well-written and comprehensive exposition of the subject, and is a fascinating book to study. Beginning with the anatomy of the iris, from man down the scale to the invertebrates (in which with few exceptions the iris is vestigial), Magitot proceeds with a full and reasoned account of the innervation of the iris and of the varied theories concerning its motility. He then deals at length with the pupillary reactions under two headings: (1) the reactions of the pupil in association with visual function, including the light-reflex (*réflexe photomoteur*) and the accommodation-convergence reaction; (2) reflex reactions independent of visual function, including the sensitive reflex (e.g., dilatation induced by pain) and psychical reflexes (e.g., mydriasis associated with fear).

There is also a chapter on pupillometers and one concerning the action of various drugs on the pupil. This is a work which appeals alike to the physiologist, the neurologist and the ophthalmologist. To do justice to it in a review would require pages of this journal. Want of space is our only excuse for so brief a notice.

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## OBITUARY

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With the death of Charles Higgens there passes away one of the last of the old school of ophthalmic surgeons. He was appointed assistant ophthalmic surgeon to Guy's Hospital in 1873, ophthalmic surgeon in 1882, and, on his retirement from the active staff under the age limit of 60, was appointed consulting ophthalmic surgeon in 1906. He died on December 28, 1920, at the age of 75, and he performed his last operation at the Hospital within a month of his death. He had, therefore, an ophthalmic career of nearly fifty years, in which period he had accumulated a vast experience, both of patients and of disease.

No attempt will be made in this short notice to elaborate a formal biography of him, for he published little, though he knew a great

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deal ; rather it seems preferable to give a short description of him, "in his habit as he lived," for his personality was unique, and only those who knew him intimately could appreciate his experience and wisdom.

Who, that ever saw him walk down the Colonnade of Guy's Hospital, could forget Mr. Higgens ? A wiry, small, neatly-made man, walking stiffly with a very rigid back, never an overcoat in the coldest weather, always wearing a hard round felt hat and a tightly buttoned cutaway coat, he looked, with his hard, lined, mahogany little face, clenched fingers, bent arms, and rather bowed legs, like a jockey or a pugilist rather than an ophthalmic surgeon ; and until you had seen him operate you would never think that those stiff-looking hands and fingers were capable of performing, with the utmost dexterity and ease, the most delicate of all surgical operations. But your general impression of him would be correct, for he was a hard rider to hounds all his life and a good shot ; moreover, he was a good light-weight boxer, and continued to box when he was over the age of 60, on one occasion giving an exhibition bout with a professional at Guy's Hospital. He would take the high dive at the Bath Club till he was well on the way to 70, and had several attempts at breaking his neck, either driving or in the hunting field, within quite the last few years of his life.

The term "a thorough sportsman" has been so vulgarized and debased in its usage of recent years, that one hesitates to apply it to Higgens, but in its original significance it was an accurate description. He went through life as he rode in the hunting field, courageously and straight. He said what he thought, had a very high ideal of professional conduct, and cared nothing for criticism or public opinion. In his later years he wrote several articles with reference to what he considered was charlatanism or malpraxis in his branch of his profession, but they never saw the light as it was difficult to find a journal courageous enough to publish them ; so they remained, perforce, a joy to those who had the opportunity of reading them in private.

He wrote or published little ; a text-book, one or two articles in the medical press and a few communications to societies comprised his public utterances. To those who had the privilege of working with him, however, he was a mine of information. He had a vast experience of private and hospital practice, and his usual phrase when you asked him a question was, "Well, I don't know why, but you will find that if you do this or that, so and so will happen." Nobody knew better than he what to do or how to do it. In difficult or doubtful cases he could always advise you whether to operate or not, and his advice was invariably correct ; and in cases of complications after operations he could always tell you what to do and what the prospects were. He could never be prevailed upon

to write down his experiences of the art of ophthalmic surgery, but the present writer has tried in conversation to dig out all his knowledge, and can honestly say that Mr. Higgens was never shown a case that he had not seen before, or upon which he could not give that priceless advice that is never found in text-books.

He was a brilliant operator. There was nothing he could not do with an eye; and he was equally skilful with either hand. He had learnt to do cataract extractions under general anaesthetics before the days of cocain and modern aseptic methods, and he always remarked on the much better results obtained since the introduction of cocain, and on the practical disappearance of sympathetic ophthalmia in recent years.

Cataract extractions were his forte, and he did them, nearly always without an iridectomy, with extraordinarily successful results, principally owing to the fact that he handled the eye very little and used very few instruments. He only used two as a rule, a Graefe knife and a capsule hook; he never used a speculum or fixation forceps. He passed a stitch through the conjunctiva below the cornea for an assistant to hold, and held up the upper lid with the hand that was not holding the knife. After lacerating the capsule he expressed the cataract with his two thumbs, one making pressure through the upper lid and the other making counter-pressure below. If there was any soft material left behind, he got that out by stroking the cornea with a strabismus hook. His general custom was to extract amber coloured cataracts without an iridectomy, as these have a large nucleus with very little soft material, reserving an iridectomy for white cataracts where the nucleus is small with much soft cortex.

If he had to do an iridectomy he used no speculum, but kept up the upper lid with the third finger of his hand, holding the iris forceps with the thumb and first two fingers. His results were extremely good, as was shown by a paper he published in the *Lancet* some years ago on 116 *consecutive* cases of successful extraction of cataract in private patients.

Brilliant operator as he was, he never did an unnecessary operation, and this probably stands more to his credit than all the operations that he ever did. Time and time again did he dissuade patients with early cataract from having an extraction done by the enthusiast, who sees in every lens opacity the justification for an extraction before the other fellow gets it, and he would express himself in no uncertain terms to the patients, without any fear of libel or other consequences.

He was wont to say in his later years that very little advance in ophthalmic surgery had occurred in his day. When the operation of trephining for glaucoma was introduced in recent years, he said that he remembered Bowman doing trephine operations when he

was young, and there lies on the table now, before the writer, a gift from Mr. Higgens, a trephine made for Bowman, with the most ingenious device for fixing it to the sclerotic while rotating the trephine.

With regard also to dacryo-cysto-rhinostomy and to West's operation for lacrymal sac cases he remarked that he used to help Bader nearly fifty years ago in making holes through the posterior wall of the lacrymal sac into the nose.

When the War broke out, he was appointed to the staff of the big hospital at Epsom, and after taking a course of operative surgery he started plastic surgery of the face on an extensive scale, with extraordinary skill and success. His fresh outlook and receptive mind were marvellous for a man of his age.

Charles Higgens was one of the most popular men who was ever a member of a hospital staff, and he stuck to old friends. Up to the last he was an active member of the United Hospitals Club, which consists of members of the St. Thomas's and Guy's staff, and he was the perpetual president of one very old Guy's Hospital Dining Club, which dates back to his student days. Patients adored him and he was devoted to his patients. What better epitaph could any surgeon desire?

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## NOTES

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Royal College of  
Surgeons of England

APROPOS of the annotation in the January number of this journal dealing with the need of a higher diploma in ophthalmology, it is of interest to note that at the last quarterly meeting of the Royal College of Surgeons, upon the motion of Sir George Makins, a committee was appointed to consider the question of establishing additional examinations in ophthalmology and in oto-rhino-laryngology for candidates who desire to take them after having passed the examination for the Fellowship.

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University of Oxford

THE Board of the Faculty of Medicine has given notice that in and after Michaelmas term, 1921, candidates for the final M.B. examination will be required to submit a certificate of attendance at a course of practical instruction in ophthalmology, including not less than twenty meetings during a period of three months, at an ophthalmic clinic recognized by the said Board.

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*Br J Ophthalmol* 1921 5: 139-142  
doi: 10.1136/bjo.5.3.139

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