

MASTER SURGEONS OF AMERICA

FRANK BULLER

UNABLE to subscribe with a free conscience to the articles of faith of the Anglican Church, after years of preparation for its ministry, Charles George Buller, descendant of an old Devonshire family, emigrated to America in 1831, and settled on a farm near Cobourg, Ontario. Here he married Frances E. Boucher, the daughter of recent English colonists, who also had taken up farming; and to this couple were born six sons and two daughters.

The fifth child, Frank Buller, the subject of this sketch, was born on May 4, 1844. His early years were spent in the healthful and beautiful country bordering Lake Ontario; but at the age of twelve the boy moved with his family to Iowa, where, his father thought, would be found better opportunities for his growing family. Here the lad tasted fully of pioneer life as he watched the virgin prairie laboriously brought under cultivation. In the end the venture was successful, and the father returned to Canada leaving a fine farm in the hands of two of his sons (one had died in the West), while the three remaining boys prepared to fit themselves for professional careers.

Two of them adopted law; but Frank chose medicine. At the age of sixteen, he was taken into the home of his mother's brother, Judge Boucher, at Peterboro, Ontario. Here he attended the excellent grammar school, and during the summer holidays learned dispensing and "made himself generally useful" in the office of Dr. Burnham, a leading practitioner of his day.

Dr. Buller graduated from Rolfe's Medical School, Toronto, in 1868, and, after spending a year in general practice in Michigan to add to his funds, proceeded to Europe for special work in connection with the eye and ear. Altogether about seven years were spent abroad.

Just how Dr. Buller's studies were mapped out I never heard; but his plans were wisely laid. He first directed his steps to Berlin where he attached himself to the clinic of the illustrious von Graefe. The great German's life was nearing its close—he died July 20, 1870; but the young Canadian touched hands with him and began his studies under the inspiration of his genius. During the Franco-Prussian war Dr. Buller acted as volunteer assistant in one of the German military hospitals; but on the cessation of hostilities returned to Berlin to resume his studies, which included work in general pathology under Virchow, and in physiological optics under Helmholtz, recently arrived from Heidelberg.

In 1872 special studies were continued in London, where efforts were also made to amplify the knowledge of medicine and surgery gained during the year of general practice, and at the German military hospital. Having passed the examination for membership in the Royal College of Surgeons Dr. Buller was appointed house-surgeon at the Royal London (Moorfield's) Ophthalmic Hospital. In this institution, under Bowman, Critchett, and Hutchinson, and in the company of Nettleship and of Gunn, he gained that intimate knowledge of the operative and postoperative treatment of eye conditions which he constantly emphasized as indispensable in the training of an ophthalmologist.

But Dr. Buller added something at this time to English ophthalmic practice in return for all he received. He had gained a fine mastery of the ophthalmoscope in Berlin, and it was from him that his English colleagues first learned the full use of the direct method of examination. It was also during his Moorfield days that he introduced the protective shield that has ever since been connected with his name.

In 1876 practice was begun in Montreal. In taking this step he was influenced in a measure by two young countrymen, destined later to shed lustre on Canadian medicine, Francis J. Shepherd and William Osler, whom he learned to know in London. These two friends did him the great service of putting him in touch with the leading practitioners of Montreal. Permission was given him to establish an ophthalmic clinic—the first—at the Montreal General Hospital, in which at that time the entire clinical teaching of McGill University was carried on. The older men, who for the most part had covered the whole field of medicine, were unwilling at the outset to relinquish their ophthalmic cases, and reserved their right to treat them; but in a very short time Dr. Buller's superior training and knowledge brought all the eye patients under his care.

Teaching of his subject logically followed the successful development of his service. The value of his clinical teaching and the importance of ophthalmology as a branch of the medical curriculum were recognized by an appointment to the first chair of ophthalmology at McGill University, which was founded in 1883.

In 1895, Dr. Buller resigned his position at the General Hospital to take charge of the ophthalmic clinic at the new Royal Victoria Hospital, and this post, with the appointment at the university and numerous charitable institutions, he held until his death, on October 11, 1905, from pernicious anæmia.

Dr. Buller was the first modern ophthalmologist to establish himself in Canada. He had the whole country to himself, and soon acquired a practice and a reputation that could hardly again fall to the lot of any man in the Dominion. After a lapse of nearly two decades his name lives on as a great medical tradition.

But apart from the fortuitous circumstance of entering a virgin field, and apart from his mastery of his subject, Dr. Buller possessed the qualities which go to make a successful practitioner of medicine. He had a commanding presence.

A tall, shapely body was crowned by a massive well-formed head. The forehead was broad, the skin clear, the features sharply defined, and the eyes keen and penetrating.

His manner was brusque—a relic perhaps of his Western days—and he was sometimes impatient and quick tempered; but these qualities, which occasionally frightened and offended, but lightly overlay a disposition that was essentially kindly, considerate, and even affectionate. Self-reliant by nature, and fortified by his thorough training, he worked with an assurance that engendered confidence. The impression that remains is one of strength and decision, yet of innate refinement.

Dr. Buller was filled with what, for want of a better term, we must call the medical or nursing instinct; and he was extremely conscientious in the discharge of his duty toward his patients. Surrounded as he was in his early days by nurses and assistants with little or no training in ophthalmology, he gave fully of his own time for dressings and local treatments. It stands to his credit that he spent whole nights in nursing cases that were threatened with loss of vision. In later years when times had changed, a load of detail work was carried that might have been lightened by others with every regard to safety; but his patients felt always his solicitude.

He never appeared to such advantage as when dealing with difficult cases, and especially with patients who had been abandoned by others as hopeless. Over the solution of the problems of these people he worked with all the dogged perseverance of his race, and, resourceful, was ever striving to adapt things to their special needs. A striking feature of Dr. Buller's nature was his marked independence and originality of thought. He was impatient of, and did not hesitate to break through, the more rigid conventions and tenets of his day, when he found them embarrassing.

As an operator Dr. Buller was effective, with more than the average degree of dexterity. He was equally at home with plastic work and major operations about the orbit, as with muscle work and operations on the globe. His surgical technique was advanced for his day. Asepsis and antisepsis were unknown at the Royal London Ophthalmic Hospital during his period of internship—there was, indeed, a peculiar apathy to Lister's teaching by his London contemporaries; but Dr. Buller was taught by Bell and by Shepherd at the Montreal General Hospital and his life-long work in operating rooms devoted usually to general surgery kept him abreast in this field.

His enthusiasm for his work was unbounded. He liked to discuss difficult clinical problems, and he was always deeply interested in hearing about any innovation. "No one," he said in one of his addresses, "can afford to rely upon the knowledge he has gained at college to carry him through life, hence the necessity for new books every year, not many, but a few of the best, and also at least

two medical journals, these last to be carefully scanned and an index made of all that seems useful and practical as they come in. Such a system of ready reference will prove invaluable in the effort to keep up with the times." With a good working knowledge of French and a mastery of German, he kept himself fully conversant with the developments in ophthalmology. His mind was singularly open,—absolutely plastic to the end of his career. "Let us pray for an open mind" was one of his maxims.

From a busy practice time was found to make seventy-six contributions to the literature of his subject. These extend over an exact period of thirty years. They are the work of a teacher and practitioner rather than the product of an original investigator. From the outset of his career Dr. Buller was too busy a man to spend time in laboratory research; but he was fully aware of the value of laboratory work, and encouraged it in every way he could. As a result of his early grounding in general pathology, he was able to follow intelligently all the advances in this department of medicine and to appreciate the methods which produced them. His writings then are almost entirely either didactic or clinical in character. The former were never mere compilations, but were given out only after an intimate personal experience.

His clinical writings constitute the largest and most valuable part of his work. These, expressive as they are of a mind that had a truly scientific outlook, are complete, thorough, and satisfying. From among them one may cite his article on "Anomalies in the Function of the Extrinsic Ocular Muscles," and his article on "Methyl Alcohol Blindness" written in collaboration with Dr. Casey Wood.

A sub-class of writings describe what may be called practical efforts to better ophthalmic practice. Included here are his papers on a protective bandage for the eye; an improved trial frame; a double needle to facilitate the discission of secondary cataract; temporary ligation of the canaliculi as a means of preventing wound infection in operations on the eye; excision of the eyeball and some alternative operations (modifications of Mules's operation); and skin-grafting in ophthalmic surgery.

But important as these contributions are, one feels that the value of Dr. Buller's life lies in the high standard he set and maintained for ophthalmic practice in Canada. The advance in ophthalmology marked by his advent can scarcely be visualized at this time. Before his coming the subject was casually taught by the lecturers on medicine and surgery. What their knowledge of the subject was can be gleaned only by a perusal of textbooks such as those of Lawrence and of Mackenzie, fine as they were in their day. With Dr. Buller came the ophthalmoscope, the perimeter, accurate refraction work, a thorough knowledge of muscular defects, an appreciation of the newer pathology as applied to the eye, and above all, the modern scientific outlook. From clear, direct clinical

talks his students gained a knowledge of ophthalmology that helped to complete the splendid practical training for which McGill University has been noted.

But perhaps a greater good came through the influence which he exerted upon his many assistants. "The real specialist," he said in one of his University addresses, "must be evolved by years of patient toil in clinical work after he has become a ripe scholar replete with general experience." It has been already pointed out how fully he himself labored to meet these conditions; and he ever held these ideals before those who consulted him in regard to taking up ophthalmology as their life work. Practically all his disciples complied with his stipulation of a four years' medical course and a minimum of two years' special study after a period of training in general medicine and surgery; and, promulgated as these views were throughout his entire life, one feels that Dr. Buller's was one of the strong influences underlying the development of our higher requirements for modern practitioners of eye surgery on this continent.

W. GORDON M. BYERS.