retina; but these are minor evils compared with the sloughing of the eyeball, and total loss of vision: an occurrence which I know has happened, when a clean dissection has been rather too extensively made of the sclerotic.

Under all these points of view, it appears to me a matter of great importance to separate or destroy the conjunctiva and membranous attachments as little as possible, and to confine the operation, when practicable, to a simple free slit through the conjunctiva, and subjacent coverings down to the tendon; and to separate this latter by means of a blunt hook passed underneath previous to cutting it across with a pair of scissors, inserted between the convexity of the hook and the sclerotic coat. I can produce abundant proof that the fullest benefit the operation can confer may be easily obtained by this mode of performing it, and that a week or ten days are in general sufficient for recovery, without any subsequent application of scissors or escharotics; and, as before observed, when thus performed, undue prominence of the eye will be a very rare consequence of the operation.

Another unfortunate result, but by no means the fault of the surgeon, is the undue influence which the external rectus occasionally exerts after the eye has been freed internally. For the most part, this effort does not continue beyond a few days, and never occurs at all if a slight obliquity remain in the other eye; should it do so, I propose hereafter to divide the abductor tendon of the left eye.

A very remarkable case of this description presented itself to my friend, Mr. J. N. Thompson, of Nottingham, which I had an opportunity of examining when in that town. A girl of 13 years of age, of an irritable, delicate habit, squinted inwards and downwards with the left eye. On dividing the tendon of the adductor, the pupil was instantly everted in an unusual manner; that of the right eye occupying its normal site, and vision became double. It was now found that, on looking at any object placed immediately before her, she had the power of directing the axis of both eyes correctly, so that no obliquity could be detected in either, and vision was single. If, however, without turning her head, she regarded an object placed a little at one side, the eye of that side was instantly everted to a very considerable extent; but when the object was placed on the left side the globe turned so completely round, that a considerable portion of the cornea was concealed in the outer angle of the orbit, the opposite pupil occupying its proper position. The most singular circumstance in this case is, that the external rectus of the sound eye should obey the same impulse, though in a somewhat less degree, as the eye which had been subjected to operation; but I think the fact

is easily explained, and I shall attempt its solution when I have detailed another case, that happened in my own practice, of a similar nature.

A lady had the operation performed on the left eye, that in which the obliquity was the worst, and the vision most imperfect; the result was in every respect satisfactory. At the expiration of three weeks, as the defect in the right eye continued very marked, she was desirous of having the tendon in it divided likewise, having seen the double operation highly successful in a young person similarly situated, a short time previously; the tendon of the right eye was therefore divided; immediately, the external rectus of the *left* eye exerted an undue influence, and turned the pupil so much outwards that vision became double, and a very unpleasant leer supplied the original squint. It was afterwards found that she could direct both pupils with the utmost precision, when the object she looked at was placed *immediately before her*; but that if it were removed only a few inches to either side, if she continued to look at it without turning her head, the external rectus of the eye on the side to which the object was moved immediately exerted an undue ascendancy, and drew the pupil so much to the outer angle that vision instantly became double, and a most ungainly cast to that side supplanted the original evil. This untoward symptom has continued for some length of time; but as it is now confined to the left eye, and does not appear to be so marked as it was at first, I am in hopes that it will ultimately be overcome, when a reparation of the nerves, which maintain the sympathy between the eyes, is sufficiently established; still it is possible that in some instances this overaction of the abductor may become a permanent imperfection.

14, Langham-place, Sept. 10.

DIVISION OF
BOTH INTERNAL RECTI
IN
SQUINTING,

In preference to that of any other Muscle, when the Division of one Adductor only is not instantly and completely successful.

To the Editor of THE LANCET.

SIR:—You will oblige me by inserting the following remarks in the next Number of THE LANCET, on the subject of the division of the internal rectus in cases of strabismus convergens.

In three of the cases upon which I have performed the operation, the division of the tendon of the adductor muscle was not followed by any apparent immediate change in the position of the eye. In the first of

these, the eye that was operated on became straight on the following day, at the expense of its fellow which became inverted. In the other two, the eye still remains inverted, notwithstanding the complete division of its adductor tendon. Of this complete division there could be no doubt, since the power of abduction of the eye was much increased after the operation, when the opposite one was closed, as was seen by my colleagues, Dr. Atkinson and Dr. Elliot, who assisted me, and Mr. Fleming, Mr. Saul, Dr. Oliver, and Mr. Bowman, who were present. The unsatisfactory results of these cases (results so similar to those mentioned by MM. Guérin and Roux), led to the adoption on my part of a plan for the cure of similar cases, which I am happy to state succeeded perfectly on two patients upon whom I have since operated.

I drew the following inferences from the three preceding cases:—

1st. "*That the strabismus could not be regarded as confined to one eye, since, when the sound eye was closed, the affected one became straight, and could move in any direction; but on raising the lid of the former, it was found inverted, though the position of the eyes was soon reversed again.*"

2ndly. "*That the straight position of the sound eye appeared to me to depend on the state of its optic nerve, as vision was much more distinct with it when the squinting eye was closed, than vice versâ.*"

3rdly. "*That the convergence was mutual, as was seen by the inversion of the sound eye, when (after closing it) the eyelid was quickly raised.*"

4thly. "*That the return of the sound eye to the centre of the axis of the orbit must be the result of a muscular effort, an effort sufficient to overcome the contraction of its undivided adductor, and made to accommodate its more distinct vision.*"

The division of the superior or inferior rectus, or both, of the inverted eye, as recommended and practised by Mr. Liston, appeared to me to be an unsatisfactory step, because its position and motions were natural when the sound eye was closed; and its inversion evidently depended on the state of its optic nerve in relation to the nerve of the other eye, and not on any organic change of its muscles. A practical objection to its adoption in the cases in question, lies in the possible injury to the vitality of the cornea from the extent and direction of the incision of the conjunctiva, though I could conceive the necessity of such an operation in a case, for instance, where the division of both adductors had proved insufficient. The plan I determined

upon, and which I fortunately soon had an opportunity of putting in practice in two cases, was *the division of the tendon of the adductor of the sound eye*, after the section of the other adductor failed in removing the strabismus.

The first of these patients was a female, ætat 30. Strabismus of twenty-seven years' standing. The tendon of the inner rectus of the left and squinting eye was divided, but followed by no change in its position. I then divided the same tendon of the right eye (assisted as before), and it instantly became *everted* and parallel with the *inverted left eye*. On being directed to look forwards, the eyes were straight and parallel, in short, *perfectly natural*.

The other patient was a girl, ætat 9. Strabismus of 6½ years' standing, complicated with severe psorophthalmia affecting both eyes, and nebula of the left cornea. The tendon of the adductor of the *left eye* was divided. It instantly became straight, but in a few seconds turned very slightly inwards. I then divided the tendon of the adductor of the sound eye, and the eyes instantly became parallel.

I visited both these patients to-day (a week after the first, and three days after the second operation), and am happy to say that the eyes continue quite parallel. I have not yet had an opportunity of dividing the tendons of the adductors of the sound eyes of the patients mentioned in the first part of these observations. I am, Sir, your obedient servant,

THOMAS ELLIOT, M.R.C.S.L.

23, English-street, Carlisle,
August 10, 1840.

CANCRUM ORIS,

NOTE FROM MR. CURLING.

To the Editor of THE LANCET.

SIR:—In the report of my evidence at a coroner's inquest, in a case of cancrum oris, contained in your Journal of last week, I find it stated in reply to a question from a juror, that *I was inclined to think that the disease was contagious*. As such is not the opinion expressed, nor that which I entertain, I shall feel obliged by your noticing the error. I am, Sir, your obedient servant,

T. B. CURLING.

1, Mount-place, London Hospital,
Sept. 9, 1840.

* * The statement came from a correspondent, whose name was published with the communication.—ED. L.