

CONGENITAL ANKYLOBLEPHARON.

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ANKYLOBLEPHARON, or union of the borders of the eyelids with each other as the result of injury, is not at all uncommon and not always easy to remedy, while on the other hand, the congenital variety is very rarely seen.

It was my good fortune to have brought to me quite recently during the service of Dr. Jeffries at the Massachusetts Charitable Eye and Ear Infirmary this interesting condition in twins, it being bilateral in each child. The infants were seven days old when I first saw them, rather small but fairly well nourished, one being somewhat cyanotic in appearance, the other of good color. The right eyelids of one of the babies were connected and held in apposition by two thin and thread-like adhesions, both of which proceeded from about the middle of the palpebral border, situated one-eighth of an inch apart, while in the case of the left eyelids there was but one similar strand of tissue. Upon separating the eyelids they could be seen to possess some elasticity, but were nevertheless quite resistant. The other child had two similar bands connecting the right eyelids, one of them being broader than the other, while there was but one band connecting the left eyelids, that being quite broad and occupied the entire middle third of the border. A few snips with the scissors, and a boric-acid lotion, was all the treatment required. The friends who brought the children stated that in their father a similar condition had existed at birth, and that the grandmother had successfully divided the adhesions.

Reports of Societies.

SURGICAL SECTION OF THE SUFFOLK DISTRICT MEDICAL SOCIETY.

CHARLES L. SCUDDER, M.D., SECRETARY.

REGULAR Meeting, Wednesday, April 3, 1895,
DR. M. H. RICHARDSON in the chair.

DR. C. A. PORTER reported and exhibited a case of

EXTENSIVE DISSECTION FOR MALIGNANT DISEASE OF THE NECK, PREVIOUS TO DISSECTION TREATED BY CANCROIN.

DR. RICHARDSON: I have used cancroin and the toxins of erysipelas with those from the bacillus prodigiosus, as recommended by Coley, in carcinoma. My experience tallies with that of Dr. Porter and other observers, for I have failed to see any benefit whatever in the use of either for carcinoma. The result after the injections of the toxins of erysipelas and of the prodigiosus in sarcoma have been remarkable in the hands of Coley. In one case which I sent him of inoperable sarcoma of the abdominal wall there is now not only complete disappearance of the tumor, although it was very large, but at my last examination there was a hernia in the scar resulting from the exploratory incision. At the time of the operation this incision extended into the tumor through the abdominal wall, into a mass as large as a child's head.

DR. F. M. BRIGGS read a paper on

CYST OF THE FINGER, WITH TWO CASES.¹

DR. C. B. PORTER: I have nothing to say except that I have never seen a case such as Dr. Briggs reports. I have seen a few cases that seem to me more of synovial nature than anything else. I do not remember operating on one myself. I have recommended the operation. I cannot say whether they were simple synovial cysts or not.

DR. H. L. SMITH read a paper on

THE TREATMENT OF ELBOW-JOINT FRACTURES BY ACUTE FLEXION WITHOUT SPLINTS; RESULTS, WITH CASES.²

DR. RICHARDSON: I think every surgeon appreciates the importance of fractures near the elbow-joint, especially those of the external condyle implicating the joint. The results are so unfortunate, both for the patient and for the surgeon, that it seems to me we cannot have a more interesting discussion, especially when the proposed treatment is so simple, and the results so much better than those obtained by previous methods.

DR. ABNER POST: Unfortunately I did not hear the paper; but I have watched a good many of these cases with a good deal of interest; and at the risk of repeating or not bearing directly on what Dr. Smith has said I would like to say a word or two. During the past year I have had a good many cases of fracture about the elbow-joint, and I was interested to put them into a position of flexion at more than an acute angle, and I must say I have been pleased by the results. So far as I have been able to follow them the results have been extremely good. I think during my four months' service last year the children's ward had never less than two cases at a time. I must have had eight or ten such fractures, and the results I think have been universally good, and a good position was easily obtained. The question arose as to the best way of retaining fractures in that position, and my service last year went through a sort of evolution. We commenced by manufacturing a kind of T-splint which as manufactured extemporaneously was not successful. Then the fractures were put up in plaster-of-Paris which answered very well, but it was a little difficult to put on a sling which held them in comfortable position, and for some reason or other, I hardly know why—I think wishing to put one up without any preparation beforehand and possibly plaster-of-Paris not being advisable and I being in a hurry—I had recourse to the methods used by Mr. Thomas for the treatment of disease at the elbow-joint, that of simply tying the wrist up to the neck so that the arm was confined across the chest at an acute angle, kept in place simply by a bandage tied around the wrist and around the neck. That held the arm in place perfectly well, but there are objections to it as it is apt to cut the wrist and neck, and we tried to improve upon it by manufacturing a sling, and after a few attempts I found a nurse in the children's ward who manufactured a sling which answered the purpose most beautifully, and that sling has been used in several cases. Whether that position is universally applicable or not I hardly know. I should never be satisfied to simply flex the arm and leave it in that

¹ See page 7 of the Journal.

² See page 1 of the Journal.