

tiquées à Berlin par M. Dieffenbach pour la guérison du strabisme, et dont cet habille chirurgien envoie régulièrement la relation un peu monotone à l'Académie des Sciences; M. J. Guérin publie à leur sujet quelques réflexions judicieuses.

"Il paraît que M. Guérin a amendé et perfectionné le procédé opératoire de M. Dieffenbach, et que cependant il a été moins heureux que lui, puisqu'en effet et de son propre expérience, il n'aurait obtenu qu'une guérison une peu parfaite."

The *Constitutionnel* does not tell us what these important ameliorations are; but if the result be what is here described, it would be no presumption to recommend M. Guérin to abandon his improvements without delay.

"M. Roux," moreover, "parle sans enthousiasme de l'opération Prussienne, qu'il a lui-même pratiquée sans un succès très marqué." Why M. Roux, or any other surgeon, should speak with enthusiasm of an operation which is on a par with tooth-drawing, the writer does not explain.

The want of success of both these skilful surgeons is a remarkable fact, which cannot, of course, be solved, by the supposition that they did not divide all the fibres of the muscle.

The *Constitutionnel*, following the "British and Foreign Medical Quarterly Review," ascribes the honour of suggesting this operation to Stromeyer; but it is a fact well known to many surgeons of this metropolis, that Mr. Anthony White, as long as twelve years ago, divided the internal rectus muscle of the eye in several living animals, and proposed it as a remedy for strabismus in the human being.

I beg to assure you, Mr. Editor, that my object in this communication is not to gain any ephemeral notoriety for myself (I am too conscious of the comforts of oblivion to entertain so vain a thought), but simply to do an act of justice, by inviting the attention of the profession to the claim of Mr. French, which the modest and unpretending character of his letter to you may cause to be overlooked. I am, Sir, your obedient servant,

D. O. EDWARDS.

15, Cheyne-walk, Chelsea,

Aug. 26, 1840.

NEW KNIFE FOR DIVIDING THE INTERNAL RECTUS MUSCLE.

To the Editor of THE LANCET.

SIR:—There are still two important questions before the profession as to the mode of dividing the internal rectus muscle for strabismus; namely, Is the knife or the scissors the best instrument to divide the muscle? And is it advisable to employ a straight or slightly-curved grooved director to raise the muscle from the globe for the purpose of

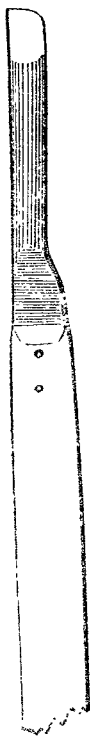
facilitating the division of the muscle? The objections to the use of the straight or slightly-curved director are the same under all circumstances; namely, the pain given to the patient during the act of passing the director beneath the muscle, which is always in proportion to the smallness and the depth of the eye, with respect to the brow and cheek, and the difficulty caused to the surgeon by the patient's resistance from the continued pain during the division of the muscle, or search after uncut fibres.

Therefore, it needs only to speak of the scissors and knife, as employed without a director. To the use merely of the scissors, the objections which present themselves are, the bruised wound, the irregular division of the muscle, and the difficulty which often arises of obtaining a sight of the fibres of the muscle after the first incision, for the inner canthus is generally filled with blood; and unless time be taken to sponge the part and stop the bleeding, the remaining steps of the operation must be involved in obscurity, and uncut fibres sought for and divided in the dark. To the use of a knife without a director or hook, the objections are so obvious, that I believe few surgeons have tried the experiment; though, I regret to say, I have seen a surgeon of very great experience attempt this, and the consequences were, as might have been expected, a wound in the sclerotica, and the escape of the vitreous humour.

Should the muscle have been secured by means of a hook, and a knife be desired to divide the muscle, two questions suggest themselves; namely, Should the muscle be divided from within to without, or from without to within? And what kind of knife is adapted for the purpose? The blunt-pointed bistoury has been employed to divide the muscle from within to without, between its insertion and the hook; but the objections to the use of the bistoury are, the difficulty of getting it under the muscle, particularly where the eye is small and sunken; the pain it occasions to the patient during the time it is being pressed forward and through the muscle, after the manner of a sharp wedge (there being seldom room to permit of any sawing motion with the edge of the bistoury, therefore it must, more or less, while being pressed forward through the muscle, raise the eye from its socket); and, lastly, the danger there is of the patient making an accidental resistance while a sharp-cutting instrument is fixed between the muscle and the globe. The common scalpel has likewise been employed to divide the muscle between the insertion and the hook, cutting in a direction from without, inwards; the only objections to which are, the difficulty the surgeon experiences in applying the cutting edge of the instrument in a direction favourable to a quick and clean

division of the muscle, and the danger, at the same time, of its being thrust into the eye during any sudden resistance of the patient.

To lessen these difficulties and dangers, I beg to suggest to the profession the use of a knife, which has afforded me the utmost facility in effecting a speedy and clean division of the muscle close to its insertion. It possesses all the properties of a scalpel; namely, utility, effectiveness, and safety, in a smaller space than any other instrument with which I am acquainted, that has been adopted for dividing the internal rectus muscle. The blade consists of two parts; a rounded portion resembling the blunt part of a hernia knife, and a small, sharp, flat extremity, having a transverse cutting edge, which at one end terminates in a shoulder, by uniting with a short, sharp, front edge, while its other extremity forms a point by meeting the black edge at right angles; so that we have the transverse *effective* part of the blade in immediate connection with the useful shoulder and point. The annexed engraving is a correct representation of the knife as made by Mr. Weiss.



The instrument described cannot be thrust into the eye by any sudden accidental resistance of the patient; and this safety is owing to the position of its straight-cutting edge, which does not require any sharp part of the knife to be directed towards the globe of the eye during any moment of the operation; the muscle being slightly raised across the blunt hook, its fibres are divided trans-

versely by the knife, its edge being directed towards the hook, but at right angles to it, so that the flat side of the blade is held towards the eye. I am, Sir, your obedient servant,

JAMES J. ADAMS.

27, New Broad-street, City,
Aug. 27, 1840.

CRACKED TONGUE.

To the Editor of THE LANCET.

SIR:—Some time ago a country lad (aged 18) consulted me respecting "something that was the matter with his tongue." On examination, I could discover nothing unusual, excepting a deep groove, or crack, extending from the root to the apex; the edges of which groove or crack were somewhat elevated, rough, and irregular. The lad declared that he had suffered greatly from this affection during the last six or eight months; and that he had consulted several medical men, but had derived no benefit from their advice.

Of course, I looked to the stomach (the unfortunate organ to whose impertinence so many local diseases are speciously assigned) as the proximate cause of the lad's "bad tongue." Accordingly, I set about putting the digestive organs into "good order," and applied various caustics to the part affected, &c.; but at the end of two months the groove or crack in the tongue remained in *statu quo*.

The lad continued to call upon me until I was really tired of seeing him, finding that not the slightest improvement took place in his tongue. I have never seen a similar case, nor have I found it described in books; I was much struck, therefore, with the following remarks in the "Memoirs of Charles Mathews:"—"In a few weeks (says Mrs. M.) after these harassing struggles, my husband found an occasional inconvenience, that he had lately felt, augmented to a most serious disorder, his eventual sufferings from which were truly pitiable. I can only describe it by saying, that it showed itself in *deep cracks across his tongue*. Every advice was sought and attended to; but it baffled the first-rate skill and experience. It sometimes prevented him from eating, and banished sleep; and had he not been resolute in the prosecution of his duty, he must have declared it (as his medical men did) impossible to use it professionally. Every word he uttered was like a drop of aquafortis upon these cracks. This complaint had in turn been pronounced to be *stomach* and *local fever*, caused by anxiety and his great professional exertions. On the days of performance he often found it requisite to preserve a total silence until he began his "entertainment," when he described his sensations to be like what he must be sup-