

ted strongly. The pupils were widely dilated, and did not in the least contract even when a strong light was brought close to the eye. In the right eye, on viewing it from the side, a slight red tinge of the aqueous humour was perceptible; and with a lens a very small coagulum of blood was discovered lying at the bottom of the anterior chamber. The patient, except for her blindness, was in the same robust health which she had always enjoyed.

Feeling no doubt that the sudden loss of sight was produced by an equally sudden congestion, of the eye by blood rushing, as in apoplexy, into the vessels of the choroid and retina, and producing paralysis of the latter, the author ordered a bleeding, to sixteen ounces, from the arm, cold lotions to the head, a saline foot bath, saline medicines, and an extremely low diet. By a continuance of similar means, with the addition of mercury and a permanent blister at the back of the neck, the patient was so far recovered on the fourth day as to be able to distinguish objects placed before the eyes, and in three weeks she returned to the country with her sight perfectly restored.

35. *Amaurosis—softening of the optic nerves through their entire substance and length—softening of the thalami.*—A man 37 years of age who had been blind for three years died of chronic dysentery in the Aberdeen Hospital. On post mortem examination Dr. Alex. Kilgour found adhesion between the dura mater and arachnoid; the subarachnoid tissue hypertrophied, and the tela arachnoidea in consequence easily dissected from the pia mater over the whole surface of the brain. The optic nerves were of a pearly or slight yellowish appearance, flat and thin like bands of tape, much diminished in size, and their commissure soft with some liquid in the centre of it. They were traced of the same consistence and appearance into the thalami, which were also softer than usual.—*Ed. Med. and Surg. Journal*, April, 1840.

36. *Cure of Squinting by Division of the Internal straight Muscle of the Eye.*—Prof. DIEFFENBACH of Berlin has applied the operation of tenotomy to the cure of squinting. It is stated that on the 28th of March last, he operated on his forty-first case; and that in a fortnight after the division of the muscle, it is impossible to distinguish which eye was operated on.

The following are the three first cases in which this distinguished surgeon resorted to the above means of cure.

Case 1.—The subject of this operation was a child seven years old, whose eye was drawn far into the inner angle of the eyelids so as to produce considerable disfigurement. The operation was performed in the following manner:—The head of the child was held against the chest of one assistant, while another with two hooks kept the eyelids widely apart. The operator then passed a third hook, which he gave to a third assistant to hold, through the conjunctiva, and to some depth in the subjacent cellular tissue at the internal canthus. He next fixed a fine double hook in the sclerotica at the inner angle, and, taking it in his left hand, drew the eye outwards. Then cutting into the conjunctiva close to the ball, where it is continued from it to the internal canthus, and penetrating more deeply by separating the cellular tissue by the side of the sclerotica, he divided the internal rectus muscle close to its insertion with a fine pair of scissors. The eye was immediately drawn outwards by the external rectus, as if it had received an electric shock; and in another instant became straight, so that there was no difference perceptible between its direction and that of the other eye.

The hæmorrhage during the operation was but slight, though sufficient to impede it. The after-treatment consisted of cold lotions; no inflammation ensued, and within eight days the cure was completed.

Case. 2.—Carl Gerhard, aged 10, affected with squint since his fourth year. His parents wishing him to become a printer, were anxious to have this defect removed, as it interfered with composing. The right eye was so completely drawn into the inner angle, that, on a first view, the point of junction of the iris and sclerotica formed the centre of the anterior surface of the eyeball. By an

effort the eye could be drawn from the canthus and placed straight, but could not be turned at all outwards. The operation was performed as in the last case, the conjunctiva being cut through, and the sclerotica laid bare to the extent of four lines, in order to bring the muscle into view, which was cut with a curved scissors as before. The squint was gone; the eyeball, when at rest, stood nearly straight, or rather a little turned outwards; and could be turned more readily by the patient's efforts in this direction than inwards. All the other movements of the eye were free. The bleeding was here much less than in the former case, and caused no interruption. The sudden turning of the eyeball outwards, observed in the first case, did not take place here.

The boy felt quite well on the following day. He could separate the eyelids without difficulty. The conjunctiva in the inner angle of the eye was red. The eye was nearly straight, only turned a little more outwards than the other. In eight days the cure was complete, and the eye quite straight.

Case. 3. Albert Victor, aged 15, affected with strabismus of the left eye since his earliest infancy. The eyeball was turned deeply into the inner angle; by an effort of the will it could be turned straight; but on this effort being relaxed, it instantly returned to the former position. The operation was performed precisely in the same manner, it being only here specified that the external incision in the conjunctiva was semilunar, and that the muscle was cut by introducing the pointed blade of the scissors beneath it. As soon as the hook that held the eye was removed, the ball turned at first outwards, but in a moment returned to the straight position. The edges of the wound did not gape, so that the external incision was barely perceptible. The eye was covered with a cold poultice, and the patient subjected to the antiphlogistic regimen. In eight days the cure was complete, and the squint entirely gone.—*Medicinische Zeitung*; and *British and For. Medical Review*, April, 1840.

P. BENNET LUCAS Esq. reports in the *LANCET* (April 18, 1840) the following case in which he has operated with success.

"Mary Anne Daly, aged 6, was born with her eyes perfectly straight. After the measles she suffered much from repeated attacks of strumous ophthalmia, on being cured of which it was found that her right eye was permanently turned deeply into the inner canthus, with also a slight degree of obliquity upwards.—The strabismus has existed for three years. When the unaffected eye is closed the turned-in one endeavours to right itself, and the child, by an effort, can erect it as far as the centre of the orbital axis, but it speedily returns to its abnormal condition. The child is powerfully strong, of very full habit, and of a strumous diathesis.

April 11, 1840. In the presence, and with the kind assistance of Mr. Fitzmaurice, Mr. Wardrop, Jun., and Mr. Alexander, I proceeded to perform the operation for the division of the internal rectus muscle, in the following manner:—The child was received in the lap of one assistant, and her head allowed to rest on his right arm and chest, by which it was partially secured. The eyelids were kept apart by Mr. Fitzmaurice, and the struggles were prevented as much as possible. With the forceps and an artificial pupil knife I easily divided the conjunctiva from below upwards, about three lines distant from the cornea, and thus exposed the sclerotic coat. The edges of the incision almost immediately became swollen, from the effusion of blood and tears into the connecting reticular tissue, forming a partial chemosis. Very slight hæmorrhage took place from the divided vessels of the conjunctiva, which was checked by the application of cold water. Upon the eye being again exposed, the incision was readily recognised, and, introducing a small blunt probe between its edges, I separated the reticular tissue, connecting the inner portion of the conjunctiva to a sufficient extent to enable me to reach the insertion of the inner rectus; I then introduced a bent probe; and directing it from below upwards had little difficulty in inserting it between the tendon of the muscle as it approached its insertion, and the sclerotic coat. Thus having the muscle on the probe at my command, I allowed the eye to rest for a moment or two, and then, carefully and gently drawing

the tendon towards the incision of the conjunctiva, I divided it with a pair of common scissors, and withdrew the probe.

The eye soon resumed its normal position, and the axes of both harmoniously corresponded. On the division of the muscle the eye was not forcibly drawn outwards, it gradually returned to its place. The lids were now allowed to remain closed; a layer of lint, dipped in cold water, was placed over them, the following powder was given, and the child soon after fell asleep:—Calomel, 2 grs.; James's powder, 3 grs.

12th. Both eyes are perfectly straight, and follow each other's movements with regularity. The child's bowels have been moved three times, and in all respects she is free from fever and excitement.

Mr. Lucas has operated upon a second case equally successfully, and also upon an old woman of 60 with benefit.

Dr. Franz reports in recent numbers of the *London Med. Gazette* seven cases in which he has operated, and others are related by Herbert Mayo, Esq., and Dr. Edward J. Scott.

So far experience seems to be in favour of the measure which is certainly a very beautiful and apparently simple one.

SURGERY.

37. *Efficacy of cold water, in a descending douche, for old ulcers of the feet.* By Dr. Butzke of Schwetz.—Atonic ulcers of the feet are very difficult to cure. They may continue without any internal cause, from a local secretion having become necessary to the system, or from the diminution of vital energy, or from organic degeneration of the skin and cellular membrane in the vicinity of the diseased surface. Dr. Butzke has succeeded in curing these ulcers easily and perfectly by the cold douche, which, by its enlivening and astringent power, removes the local atony of the skin round the ulcer; and this without repose being rigidly enforced, and without purgatives or limited diet. The method adopted was as follows: The water was brought from a spring into a wooden cistern four feet long, two broad, and two deep. On one side of the cistern, just above its bottom, were four wooden pipes, out of which the water fell from a height of six feet, in a strong unbroken stream. A bench was placed in front of the cistern, and a small footstool under the streams of water. The patient sat astride the bench, so that only the diseased foot, which was placed upon the footstool, was touched by the water. The douche was generally applied for half an hour, or in ulcers of a very bad kind, for an hour, every afternoon, without regarding the weather. When the douche was over, the foot was wiped dry and bandaged, the ulcer being merely covered with charpie.

The first effect of the douche was acute pain in the ulcer, which was sometimes so violent, that it was necessary to discontinue the application in ten minutes; then there came on a dark phlegmonous redness of the skin near the ulcer, and occasionally a slight hemorrhage from the sore. When the douche was over, the secondary effects were a peculiar crawling and itching on the surface of the ulcer, considerably increased heat, swelling, and a rosy colour of the surrounding skin, together with the secretion of a thin lymphatic pus from the ulcer, and an increase of perspiration in the diseased extremity. The douche was less efficacious in herpetic ulcers of the feet; and scrofulous caries of the lower extremities; yet even in these cases one half of the patients were cured. —*Lond. Med. Gaz.* March, 1840, from *Med. Zeit.* and *Schmidt's Jahrbücher*.

38. *Treatment of Gonorrhœa by frequent injections of a weak solution of Sulphate of Zinc.*—A writer in the *Lancet* (Feb. 22d, 1840,) whose name is not given, boasts of having been very successful in the treatment of gonorrhœa by the injection into the urethra, at intervals of 20 minutes or every half hour during the day, of a solution of sulphate of zinc in the proportion of one grain to