BIRMINGHAM AND MIDLAND COUNTIES EYE INFIRMARY.

SUBCONJUNCTIVAL OPERATIONS FOR SQUINT PERFORMED SINCE JUNE 24TH.

By J. VOSE SOLOMON, F.R.C.S., Surgeon to the Birmingham and Midland Counties Eye Infirmary; formerly Honorary Surgeon to the Birmingham General Dispensary.

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CASE VI. Margaret T., aged 30, had double convergent strabismus of old date. The internal rectus of each eye was divided subconjunctivally on the 25th of June.

Result. The position of the eyes and the power of convergence are normal.

CASES VII and VIII. Bartholomew C., aged 21, has been affected with convergent squint for twenty years, and has been refused admission into the police force until the deformity is removed. The squint alternates; vision is normal. Subconjunctival operation on right eye June 25th. On the 29th, the eyes preserved a normal position in whatever direction they turned. On the 1st of July, the eye operated upon squinted in consequence of contraction of the material that had been exuded to repair the divided parts, and a squint was also established in the fellow organ. Occlusion of the latter, and exercise of the right, having failed to restore the eye operated upon to its proper position, it was ligatured to the temple, and the object sought was gained. On the 10th of July, the squint in the left was cured by subconjunctival myotomy.

Result. At the present time the eyes possess a normal power of convergence, and are in all respects natural, with the exception of the redness that ordinarily follows an operation. The man has been placed on the strength of the police force.

CASE IX. Edward E., aged 18, from Harley, near Stafford, has double divergent strabismus. The right eye is the worst: just beneath, and a little to the outer side of the centre of the pupil, is a thin opacity of the cornea. Mr. Solomon, having first ascertained that vision is improved when this eye is brought to the centre, divided, on the 8th of July, both of the external rectus muscles subconjunctivally.

Result. The deformity, which had existed six years, was completely removed, and the mistiness of vision lessened.

CASE X. Edward B., aged 40, is unable to converge the right eye upon an object placed near to the top of his nose. This semi-paralytic condition of the adductor muscle is referrible to a cerebral attack of some three years date. The insertion of the right abductor was divided on July 11th, great care being taken to disturb as little as possible the neighbouring parts. For three or four days afterwards, a slight inward squint was observable, when it subsided, and the ability to converge the eye in a normal degree was regained.

CASE XI. Hannah T., aged 18, has had double convergent strabismus for six years. The right eye has been turned deeply inwards; its vision is imperfect; the outline of large objects is imperfect, and the reading of capital letters (one-eighth of an inch) impossible.

July 10th. Subconjunctival myotomy of both eyes was performed. The right globe was attached by a ligature to the temple.

Result. The eyes, in position, appearance, and movements, are natural; defining power of the right is improved.

CASE XII. Eliza G., aged 17, has double convergent squint. The left, which is the worst, has been affected seven years, and is referred by the patient to the occurrence of styes at the period named. The vision is normal.

July 12th. Both eyes were operated upon subconjunctivally, with the same success as in the preceding case, by whom, in fact, she was brought to the Infirmary.

CASE XIII. Charles J., aged 13, strumous and unhealthy, squints inwards, with the right eye excessively, with the left in a slight degree.

July 14th. Subconjunctival myotomy of right eye was performed; and the organ was afterwards ligatured to the temple for forty-eight hours.

July 17th. The eye was in normal position; the convergence of the left had become very decided.

Patients operated upon, 7; males, 4; females, 3. Eyes operated upon, 12; for external squint, 3; for internal, 9.

Original Communications.

DIPHTHERITIS, OR DIPHTHERIA.

By J. MILNER BARRY, M.D., Physician to the Tunbridge Wells Infirmary and Dispensary.

BRETONNEAU* was, perhaps, not very happy in making choice of *diphthérite* as a new name for *angina membranacea*; but as it is convenient to designate a disease, or definite assemblage of morbid phenomena, by a single word, and as *diphthérite*, or *diphtheritis*, has been adopted into the medical vocabulary, we may be content to accept and employ the term, whilst demurring as to its etymological appropriateness. As this insidious disease affects the blood primarily, and manifests itself outwardly on the tonsils before it extends to other parts of the throat, I should feel inclined to denominate it *tonsillitis zymotica*, if required to give it a new nosological epithet.

The absence of eruption and the non-occurrence of cuticular desquamation would help now-a-days to distinguish diphtherite from scarlatina occurring in any latent or masqued form; but if we refer to the histories of the terrible epidemics of sore throat which prevailed in the seventeenth and eighteenth centuries, we shall be disposed to conclude that scarlet fever, scarlatina *sine exanthemate*, and diphthérite, were blended together and described as affections of the throat under various denominations, such as "*angina pestilentialis*," "*pestilens faucium adfectus*," "*angina alba*," "*angina puerorum epidemica*," "*garrotillo*," "*ulcerous sore throat*," "*malignant sore throat*," "*putrid sore throat*," etc.

As the disease has prevailed extensively throughout the kingdom, and seems likely to establish for itself a place in our nosologies, it would be desirable to agree as to the name by which it should be designated. *Diphtheria* seems to me to have been very needlessly proposed as a substitute for *diphthérite*, apparently owing to erroneous views as to its etymology: the termination *ite*, or *itis*, being objected to, because it is usually employed to indicate the occurrence of inflammation in an organ, and as *diphthera* means "*leather*," diphtheritis might be supposed to signify "*inflammation of leather*"—doubtless a most irrelevant name for the disease. But Bretonneau appears to have taken the word *diphtheritis* bodily from his lexicon, as the best word he could find to denote a disease characterised by a white-brown membranous exudation. *Diphtheritis*, according to the lexicographers, is the feminine of *diphtherias*, which, being interpreted, means "*clad in a leather frock*." Now diphtheritis being "*a word of exceeding good command*," why should it be superseded by diphtheria?

CASE OF INTRAUTERINE LACERATED WOUND.

By J. LYNCH, Esq., Blyth.

THE following case of intrauterine lacerated wound appears to me strange, and in my experience unprecedented.

On the evening of July 10th, I was sent for to a Mrs. Scott, the wife of a pitman. I was told that she had had a fall, and was in great pain. On my arrival, I had little difficulty in discovering that she was in labour. She told me that she was in the eighth month of pregnancy with her fourth child; that, eight days previously, in attempting to take down a clothes-line, her foot slipped; she staggered backwards three or four yards, and fell on her back against a square piece of timber. From that time until the present, she had suffered much pain, and had not been able to leave her bed.

On examination, I found that labour was well advanced. I ruptured the membranes, and in a few minutes the child was born. It was a female, and in size and development corresponded with the mother's calculation. It never breathed.

While in the act of handing it to an attendant, I felt something on its back, which induced me to turn it over, when we

* Bretonneau. Des Inflammations spéciales du Tissue muqueux, et en particulier de la Diphthérite ou Inflammation pelliculaire, etc. 8vo. Paris, 1823.

† Weir. De Pestilentiali Anginâ. Basil, 1567.

‡ J. A. Scambati. De Pestilenti Faucium Adfectu Neapoli sæviente. Naples, 1620.

§ J. H. Stark. De Anginâ Albâ, seu Prunellâ. Regiomont., 1690.

|| Thomas Bartholinus. De Anginâ Puerorum. Lut. Paris. 12mo. 1646.

¶ G. G. De Pina. Tratado del Garrotillo. Saragossa, 1636.

‖ J. Fothergill. An Account of the Sore Throat attended with Ulcers, &c. Lond. 1748. Or Fothergill's Works, vol. i, 341. Lond. 1788.