in accurate apposition, are open to many objections; but in button-sutures we have a most efficient and unobjectionable substitute for plasters, and one which, so far as keeping the cut parts together, leaves nothing to be desired. In conclusion, I would say that I feel satisfied that a single trial of the stitches of relaxation recommended will prove sufficient to show their value, and that their continued use will lead all surgeons to agree with me in regarding them as not the least important of Professor Lister's many contributions to practical surgery.

ON A MODIFICATION OF THE OPERATION FOR STRABISMUS.

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THAT it is possible to suggest any improvement in the well-known operations for strabismus will probably be questioned by many ophthalmic surgeons, and the modification suggested and practised in more than two hundred cases can only claim to excel others by the exceeding rapidity with which it can be performed. The whole operation, including the introduction and withdrawal of the speculum, can be satisfactorily accomplished in from twenty to thirty seconds; whilst the sinking of the caruncle and conjunctival sac is avoided, and the subconjunctival extravasation is reduced to a minimum. If the internal recti are to be divided, the speculum is introduced; the operator standing in front of the patient, who is directed to look for a moment away from the nose. A small fold of conjunctiva and subconjunctival tissue is then raised midway between the cornea and centre of the muscle with a pair of finely toothed forceps. Into the fold thus formed a pair of sharp-pointed scissors is thrust closed directly upwards, but inclined slightly to the caruncle, so that the points are above the upper edge of the tendon. They are then opened to the extent desired, closed, and withdrawn; a funnel-shaped opening being formed, and the parts stretched, but not incised. An ordinary Graefe's strabismus-hook is then introduced with the point upwards (the opening being too small to admit it in any other way), until the upper edge of the tendon is reached, when a rapid twist turns the hook under the tendon; and through the opening the poster blade of a blunt-pointed pair of scissors is then run behind the tendon, which is divided at one bold stroke. The only difficulty of the operation is the reversal of the hook, which a little practice enables the operator to do very readily, whilst it cannot fail to take up the tendon from the very nature of the movement.

In this operation, more than in the subconjunctival or ordinary Graefe's operation, can the tenotomy be apportioned between the two eyes, because one sees exactly what is being done; there is no disturbance of neighbouring parts, and it is rarely necessary to reintroduce the hook. The stretching of the conjunctiva, being past its elasticity, nearly enables it to close the wound; and thus the advantages claimed for the subconjunctival operation are in force in this one. If the patient be under anæsthetics, the mode of operating and time consumed are of little consequence; but as, with few exceptions, these cases have been done without anæsthesia, then, *ceteris paribus*, the most rapid operation is the one likely to commend itself to the surgeon and patient.

THERAPEUTIC MEMORANDA.

THE TREATMENT OF ECZEMA OF THE HAND, OFTEN MISCALLED PSORIASIS PALMARIS.

How I wish that our masters and teachers of dermatology would make it plain beyond all cavil that there is no such thing as *psoriasis palmaris*, except as a syphilide. Dr. Liveing approaches the nearest to this decision of utterance when he writes (*Handbook on the Diagnosis of Skin-Diseases*, p. 123) that "in syphilitic psoriasis.....the palms and soles are often affected, but never in simple psoriasis". But, if the student or junior practitioner turn to the lamented Dr. Tilbury Fox's splendid *Atlas of Skin-Diseases*, he will find a plate adopted from Willan and Bateman, and described as *psoriasis palmaris*, a "very obstinate form of psoriasis". It is true that Dr. Fox admits "a scaly thickened condition, with more or less fissuring of the palms of the hands and soles of the feet", as liable to follow eczema and some other affections; but he says that it may be also a part of general psoriasis, which has travelled on to the palm of the hand from neighbouring portions of skin.

Acknowledging that the circumferential tracts of the palm may be affected with true psoriasis which has extended from the back of the hand, I confidently affirm (with the greatest respect for Dr. Tilbury Fox's learning and experience) that the disease represented in Willan and Bateman's plate is not psoriasis at all. The anatomical and phy-

siological affinities of the skin of the palm forbid such an idea. The thing may look like psoriasis, but that is quite a different thing, as Dr. Fox would have been the first to admit. Fissures and moist scales on the flexor aspect of a limb proclaim unmistakably that a disease belongs to the eczematous group.

Dr. Fairlie Clarke (*Practitioner*, August 1874) has observed the confusion which arises from applying the term psoriasis to many different morbid conditions of the tongue. Dr. McCall Anderson describes the eczema of the hand of which I am now speaking as *eczema rimosum*.

The practical point is this. Wrong names affixed to diseases of the skin suggest and invite wrong treatment. Eczema of the palm of the hand is so disguised and altered by the thickness of the dermal structures, that it is hard to believe the heaped-up, fissured, and often bleeding epidermis to be an eczematous affection. But it is certain that any application of an irritating nature will exasperate the disease, and anything of a specifically soothing nature will gradually cure it.

A gentleman a little past middle age, of a healthy constitution, and engaged in the Civil Service, came to Bath from London last autumn with an eczema of the hands and feet more intense than (I think) I had ever seen before. He had been under the care of a distinguished London surgeon, who had called it eczema, but had certainly treated it as a psoriasis; for *liquor carbonis detergens* had been prescribed in a lotion, and arsenic had been given internally. The result was most disastrous. No treatment with thermal waters could permanently benefit such useless hands and painful feet. The hands were alternately bathed with glycerine and covered completely with compound lead ointment (the form I always use is given in Mr. W. Spencer Watson's book on *Diseases of the Nose and its Accessory Cavities*); and light thread gloves were constantly worn. Only the ointment was applied to the feet. At a later stage, the parts were washed with milk and sulphur soap; and towards the end of the treatment arsenious acid was ordered in the form of pills. At the expiration of about three weeks, my patient left Bath much better; he got through the terrible winter without serious drawback, and in February he was virtually well. For some time, he used the ointment occasionally; the smoothness and flexibility of the palms of the hands are perfectly restored, and he can walk any reasonable distance with ease and comfort.

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EUONYMIN AND IRIDIN.

THE former, obtained from *Euonymus atropurpureus*, and the latter from the *Iris versicolor*, both indigenous plants in the United States, have lately been brought before the notice of the profession by Professor Rutherford of Edinburgh, in his report to the Scientific Grants Committee of the British Medical Association. He classes them amongst the non-purgative cholagogues.

I have administered these drugs in thirty of forty cases, giving one grain of euonymin or four of iridin in the form of a pill (which is manufactured by Squire). In every case except one, purgation followed, and in this exceptional instance the patient had been on a prior course of an astringent preparation of iron. There was little difference relatively in the action of the two drugs. Each usually produced from two to four evacuations (though in one case eight or nine), which were generally yellow coloured.

The pill was usually administered at bedtime, and no action of the bowels would then take place until the following morning; sometimes it was even some hours later. The slight depression which is said usually to follow their action was not complained of by the patient in a single instance; in fact, rather the reverse occurred, the tongue rapidly cleaning, and the patient feeling more cheerful.

It would seem from the above facts, that these drugs act by inducing increased functional activity of the liver, and so causing an increased secretion of the biliary fluid, the natural purgative.

FREDERIC BARNES.

TOXICOLOGICAL MEMORANDA.

RECOVERY AFTER TAKING THREE DRACHMS OF GUM-OPIMUM.

THE following case is of some interest as a contribution to forensic medicine. I was hastily called out of church on Good Friday morning to see a coolie woman who had taken opium with suicidal intentions. The woman, a well-nourished free labourer, resided at a coolie settlement near Mona St. Andrew, where, on March 11th, one of her comrades, a strong young man, committed suicide by taking three drachms (the quantity retailed for one shilling and sixpence) of gum-opium. I made a *post mortem* examination in this case, and sent the stomach to the Island chemist for analysis. It appeared from reliable