predisposition to brain-disease, though the particular form which might appear would be altogether uncertain. Nobody doubts, however, that quasi-pathological accidents may determine in another individual, who inherits no such predisposition, similar forms of disease. The case is precisely the same with regard to lung-diseases. A man may inherit from his ancestors lungs which contain within themselves the elements of weakness—organs the tissues of which are so constituted, with relation to the whole organism, that the very slightest determining causes suffice to initiate a set of changes which terminate in one or other of the forms of pulmonary phthisis. And, similarly, just as brain-disease may be acquired in the life of an individual who inherits no predisposition, so, under the stronger pressure of general and local causes, may any of the forms of phthisis manifest themselves in individuals who inherit no family predisposition to such a disease.

Where is the difficulty? What occasion have we to resort to the use of the word "tubercle"? How does so much depend upon the use we make of it? I must confess myself unable to understand what Dr. Wilson Fox means when he says: "The etiology of phthisis, the therapeutics of phthisis, and the prognosis of phthisis, all hang upon this point—how far tubercle is concerned in the morbid anatomy of phthisis." To me it seems quite the reverse. I regard this question as one of a mere verbal nature, and as capable of being separated entirely from all problems as to the etiology, therapeutics, and prognosis of phthisis.

Were it not for the very important nature of these questions under discussion—were it not for the fact that professional opinion in this country might be led into grooves which would subsequently, as I conceive, introduce a lamentable confusion into the science of medicine and pathology—I should not have ventured to speak at such length. What I have said, however, may be taken as the expression of views which I have arrived at slowly and deliberately after the most earnest consideration of all the facts. I would say then, emphatically, if we accept the new signification which has of late been proposed for the word "tubercle", we involve ourselves in an endless series of disputes and differences of opinion as to the real nature and limits of such a growth as compared with many Chronic Inflammations, with Syphilitic Indurations, Scrofulous products, Leucocythæmic growths, the Lymphomata of Adénie, and other morbid products. Whilst, on the other hand, if we throw away this indefinite and almost meaningless word "tubercle", we shall at the same time get rid of an entangled brushwood of conflicting opinions, and of a series of pitfalls which simply hinder our progress and prevent that almost complete unanimity concerning the mere facts themselves which would otherwise prevail.

ON A PECULIAR KIND OF HARE-LIP; AND ITS TREATMENT.

By KELBURNE KING, M.D., F.R.C.S.,

Surgeon to the Infirmary, Hull.

HAVING had several cases of hare-lip similar to those which are figured in the accompanying photographs, I have thought it worth while to notice briefly the very remarkable nature of this deformity, and the method which I have used for its remedy.

The first of these (No. 1) occurred in the autumn of 1864; No. 2

Fig. 1.

and No. 3 were children of the same parents, who had a third child with the same deformity; and No. 4 represents No. 3 after being operated on.

The deformity includes the bones and the soft parts which enter into the composition of the upper jaw, the hard and soft palates, the upper lip, and the lower part of the nose. A chasm, an inch in width, separates the right from the left segment of the lip, and through this aperture there protrudes a portion of bone, consisting of what ought to have been the central part of each superior maxillary. This is adherent to and projects beyond the tip of the nose, and is covered by a portion of soft parts, consisting of integument, mucous membrane, and prolabium, corresponding to the central deficient part of the upper lip. The projecting bone contains the two incisor teeth on each side, and corresponds to the two premaxillary bones, separated from the maxillary, thrust forward to the tip of the nose, and carrying before it the central

Fig. 2.

portion of the lip. A glance at the photographs will, I think, make clear to any who may not happen to have seen a similar case the nature of the deformity. There is also in Erichsen's *Science and Art of Surgery* a very good print of it.

Like many other deformities, this is no doubt primarily a case of arrested development. The German poet Göthe is said to have been led to the discovery of the presence of a premaxillary bone in man by his belief in ideal archetypes (*Nature*, June 2nd, 1870); and, if so, Professor Tyndall might have adduced this as another instance of the scientific use of the imagination. In cases like the present, and indeed in all cases of hare-lip, the deformity consists in a continuance beyond the proper time of the separation between the premaxillary and maxillary bones. But in most cases of hare-lip this junction, though late, takes place before birth, and the separation of the lip on one or both sides, constituting the ordinary hare-lip, is all that is left to show the original arrest of development. Very frequently the intermaxillary becomes attached to one, usually the right maxillary bone, forming a projection which is separated by a greater or less space from the left, and accompanied by more or less cleavage through the hard and soft palates. This is the class of cases in which the projection may be thrust back, and the

Fig. 3.

injury repaired, without loss of bone or teeth. But in such cases as those of which I am speaking the projection is too great, and the separation between the maxillary bones too wide, for this proceeding to be successful. In the photograph pictured (No. 3) the amount of separation was rather more than an inch.

In considering what ought to be done, it seemed to me necessary, first of all, to remove the projecting bone, and then to unite the right

and left sides of the lip in the usual manner. This having been done, there remains a part redundant and a part deficient. The central part of the lip is redundant; because, being adherent to and deriving its nourishment entirely from the tip of the nose, it cannot be made available in the formation of the lip, and accordingly Mr. Erichsen advises

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that it be carefully dissected away. The part deficient is the *columna nasi*, and it occurred to me that in the central portion of lip we have exactly what may be used to remedy that deficiency. I would recommend that the operation be divided into two stages, the first consisting of removal of the protruding bone and the junction of one or both nostrils to the central part of the lip, the second being the ordinary operation of hare-lip, and the implanting of the *columna* into the upper part of the lip.

Hitherto I have attempted to remedy the defect by means of a single operation; but in two cases, while the *columna* adhered to the nostrils, and the edges of the lips also adhered to each other, the *columna* did not adhere to the upper edge of the lip, and required a second operation for that purpose. In the last case on which I operated, the child had a violent attack of diarrhoea on the fourth day, and the *columna* ultimately adhered to the left nostril and to the left segment of the lip, but the union between the right nostril and the edges of the lip gave way. The little patient made a very narrow escape from death from diarrhoea, and for the space of two or three months I did not consider her in a fit state for operation. Subsequently I performed the operation as for single hare-lip extending into the cavity of the nostril. The deformity was more completely remedied than in any of the other cases on which I have operated (one of which is represented in figure 4). But the child was of a weakly constitution, and died rather suddenly of diarrhoea a few weeks afterwards, without my having had a photograph taken.

I have thought it worth while to bring forward this subject; because I consider that, in a practical point of view, the saving of the central portion of lip, and converting it into a *columna nasi*, are much preferable to its excision. I have been surprised at the little deformity which remains after the adoption of this proceeding. Secondly, I consider these cases as very suggestive in a biological point of view. Here we have not only the intermaxillary bones separated from the maxillary in the human subject at birth, but they are also carried forward to and beyond the tip of the nose, requiring only the intervention of osseous matter to fill the chasm and constitute the true snout of the lower animals. Is this curious deformity one of the missing links which connect man with the lower order of creation? Or, like the occasional hooflets which, occurring in the horse, are supposed to point to his descent from the fossil hipparion, does it point to our descent from some unknown and remote progenitor, the congener perhaps of the hipparion, in whom the premaxillaries were permanently developed and projected beyond the organs of smell?

SECTION OF THE ORBICULAR MUSCLE AND INTEGUMENT AT THE OUTER CANTHUS, AS A PRELUDE TO EXTRACTION OF CATARACT.

By EDWIN CHESHIRE, Esq., F.R.C.S., Senior Surgeon to the Birmingham and Midland Eye Hospital.

BEFORE operating for extraction of cataract, I have recently been making a section at the outer canthus through the fibres of the orbicular muscle and the integument; and I have found so much advantage from the proceeding, that I wish to submit the plan to the notice of my professional brethren, in order that it may be more fully tested. I have done five extractions on this method at present, and in every case complete success has resulted.

The advantages attending division of the orbicular muscle at the

outer canthus, before making the corneal section, are, more extensive exposure of the globe, which enables the operator to manipulate his instruments, and to make his section through the cornea with greater ease. And the spasmodic contraction of the orbicular muscle being overcome, the operator is left to complete his operation at his leisure; while all risk of sudden protrusion of the lens, followed as it sometimes is by prolapse of the iris and escape of the vitreous is almost entirely avoided; and the contraction of the lids on the globe, which is sometimes a troublesome symptom in the after-treatment of cataract-extraction, is prevented.

With division of the orbicular muscle, the wire speculum, which greatly facilitates each step of the operation, may be used without injury or annoyance to the patient. No sutures are required, as the divided surfaces readily unite, and scarcely leave a trace behind them. All that is necessary to be done is to keep the eyelids nicely in apposition for a few days after the operation by means of strips of court-plaster. All bandages and other coverings after extraction are to my mind objectionable, as it is important to have the fullest opportunity of examining the appearance of the lids without disturbing the patient by the removal of external appliances. Moreover, the support afforded by the lids to the corneal flap, when nicely kept in position by strips of court-plaster, is very agreeable to the patient. Spasm may be brought on, and the partially healed corneal flap may be opened, by the removal of bandages, wool, etc., which may have become adherent to the lids.

The operation is done as follows. A wire speculum is placed between the lids, to enable the operator to make his section through the muscle and integument at the external canthus with precision and ease. I have made no allusion to the mode of extracting, as the plan I propose is equally applicable to all extractions. Suffice it to say, that I always use Graefe's knife; and that Graefe's or Liebreich's operations are selected, as may appear most suitable to the particular case. I never use chloroform or ether in extraction, as the sickness which frequently follows their administration far outweighs any advantage that may otherwise result from the use of anæsthetics during the operation; and with the orbicular section, the globe being more under control, they are still less required. Where great neatness is desired, the section may be made subcutaneously.

REMARKS ON PSORIASIS.

By A. S. MYRTLE, M.D.,

Consulting Physician to the Harrogate Bath Hospital.

WHEN I hastily penned the remarks which I made on psoriasis, and ventured to differ with Mr. Balmanno Squire when he published the view he holds that it is the leprosy of Scripture, I had no idea that my comments should have rendered it needful for me again to request a little space.

With all deference to Mr. Squire, his reply is, in my opinion, no answer to my letter, and does not say one word in further support of his "dogma"—very much the contrary; for what are we to understand by the fact that, whilst in his first letter he bases his argument on the assertion that "psoriasis is the only disease I have seen that fairly corresponds to such a description"—namely, "a leper as white as snow"—the disease most dreaded by the Jew, because, according to the Levitical laws, its existence deprived the individual of all social privileges and estate,—in his second letter, when passing judgment on my statement regarding the presence of psora acting as a barrier to a girl's full intercourse with her fellows, or to her entering into marriage, he speaks of it as if leprosy were of no importance whatever, and chaffingly asks the question, "Are blooming healthy individuals at such a discount, even with the drawback (*if it be one*) of a patch or two of psoriasis?" Does he mean to say that the presence of these patches may prove ornamental? I am at a loss to know what he means.

I am equally at sea when he says, "If it be not profane to think that the constant maintenance of the varied and undeviating laws of Nature is a greater miracle than any conceivable deviation from them." Is he speaking of the laws regulating the heavenly bodies, or those affecting the skins of his Jewish acquaintances and patients? and, if the latter, are they undeviating?

I never heard before of emotional eruptions of psoriasis, and cannot see what connexion there is between abortion through mental influences and cutaneous diseases.

Because I hold very different views regarding psoriasis, and decline to accept a dogma which Mr. Squire brings before the profession, am I bound to furnish him and the readers of the JOURNAL with the means which I have had at my command whilst investigating the sub-