Mr. T. J. Tracey, and Mr. W. H. Kirton, Surgeon-Dentist to the Royal Portsmouth Hospital, kindly examined the tooth, and sent me the following report: "The tooth is a well-formed right upper canine belonging to the temporary set, and it is a well-developed canine for a child of 2 years of age."

REMARKS.—Irregularity in the number of teeth may occur in either the first or second dentition, and supernumerary teeth may spring up in any part of the dental arch. In shape these teeth are generally irregular and conical, and they bear no special resemblance to any kind of normal teeth; sometimes, however, they present a definite outline and accurately resemble one of the recognised forms. Instances of supernumerary incisors, canines, and bicusps have been recorded, but examples of ill-shaped teeth, without possessing the characters of any special form, are of frequent occurrence in dental practice. As regards the time of eruption, supernumerary teeth are always irregular. They are generally matured long before the appearance of the permanent set, but their exact relation to the normal teeth is not well defined; they may be freaks of development in connection with either the temporary or permanent teeth. A normal permanent and a supernumerary tooth sometimes seem to hold the same relation to each other as the teeth of the first and second dentition. In my case there was no irregularity of the teeth, but the age of the patient, and also the special characters of the tooth, clearly indicate its relation to the deciduous set.

Cases of misplaced teeth, in strange situations, have often been recorded. These irregularities, however, are not associated with any special shape of jaw, or deficiency of size in the dental arch. The teeth are generally found to occupy an inverted position on the bone to which they are attached. They have been erupted in the hard palate and in the nares, but I have been unable to find an instance on record of a tooth appearing in the orbit. The occurrence of a right upper canine in the left orbit is certainly a singular feature in my case, and this crossed displacement must have taken place at a very early stage of embryonic life. The canine papillæ appear in the primitive dental groove about the eighth week; and soon after the rudimentary pulp of the milk teeth are in rapid formation within their follicles on the edge of the jaw. At this period, a supernumerary follicle and its contents could be very readily displaced from the lip of the primitive groove, as the surrounding tissues are soft, and the rudimentary orbit and the gums are in close proximity. A supernumerary tooth-sac must always be especially liable to dislocation; and when once it gets out of the groove it may be pushed in any direction during the formation of the surrounding structures.

ON A SIMPLE METHOD OF OPERATION FOR DIVERGENT SQUINT.

By RICHARD WILLIAMS, M.R.C.S.,

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READJUSTMENT or advancement of the insertion of the internal rectus is now a recognised surgical proceeding. It is therefore important that the operation should be not only effectual, but easy of performance, and as simple as possible. Since its introduction by J. Guérin, it has undergone various modifications at the hands of Von Graefe, the late Mr. Critchett, and others. It still remains, however, a very tedious proceeding, necessitating the use of an anæsthetic, during the administration of which the patient not infrequently vomits, and matters are thus greatly complicated. The introduction of cocaine, while to some extent lessening these inconveniences, can hardly be said, in operations of this kind, involving the deeper structures, to enable us, in the majority of cases at least, to dispense with the use of an anæsthetic. Any modification therefore of this operation which secures this desideratum will be of advantage both to the operator and the patient. Of late I have adopted the following plan in all cases of external squint coming under my care, and unless the patient has been excessively nervous, I have not found it necessary to use an anæsthetic, while the time occupied in the operation has been greatly shortened.

An incision is made in the conjunctiva and subconjunctival tissue over the tendon of the internal rectus, extending from near the margin of the cornea for about half an inch towards the inner canthus. The edges of this incision being separated, the strabismus hook is inserted under the tendon in the usual way, and then confided to an assistant. A curved needle armed with a suitable silk thread is then inserted in the conjunctiva near the margin of the cornea (as shown in the figure), and carried between the sclerotic and the conjunctiva,

towards the muscle behind the hook. It is then passed through the tendon from edge to edge at right angles to the course of its fibres, and brought out at the opposite side of the conjunctival wound. The edge of the conjunctiva at this side of the incision is now raised with a pair of forceps, the needle is insinuated between it and the sclerotic, and brought out near the margin of the cornea at a point corresponding to the point of entrance. A glance at the accompanying figure will indicate the course the ligature has taken, and it will be seen that the tendon and conjunctiva are included in a single loop. At this juncture the external rectus may be divided or not, according to the requirements of each individual case. This point having been disposed of, the tendon of the internal rectus is divided at a safe distance from the ligature, and the hook is removed, the parts then presenting the appearance shown in the figure. By now tying the two ends of the loop together, the margin of the cornea is brought into apposition with the cut end of the tendon, and the eye is brought into a position of more or less internal squint. Finally, the edges of the conjunctival incision are brought together by means of a fine suture.

The advantages claimed for this operation are: (1) that it is much shorter and simpler than the usual method; (2) that by passing the ligature in the manner described, a very firm hold is obtained both of the tendon and the conjunctiva, which is sometimes apt to tear; (3) that no anæsthetic is generally required. The objection which naturally suggests itself is that there is a certain amount of tendency to puckering of the end of the tendon where the loop is tied. I think, however, this objection is more theoretical than real; at any rate, I have not found that it jeopardised the success of the operation in any of my cases. Moreover, it can to a large extent be avoided by placing the points of entrance and exit of the ligature at a considerable distance from each other.

The following two cases, while interesting in themselves on account of the condition of the refraction, are examples of cure by means of this operation.

CASE I.—W. G., aged 17, consulted me at the Eye and Ear Infirmary on October 4th, 1886. He had a well-marked external squint of the left eye, the duration of which could not well be ascertained. There was $H=2 D$ in each eye, and vision was normal in the squinting eye as well as in the other. No cause could be assigned for the squint. He became an in-patient, and was operated on on November 29th. Cocaine was employed to produce local anæsthesia only. A month after the patient was shown at the meeting of the Liverpool Medical Institution. By this time he had completely recovered the power of conjugate action, and the eye appeared quite normal, with the exception of a slight injection in the region of the inner canthus.

CASE II.—Miss R., aged 17, consulted me first in September of last year, but the operation was deferred owing to the patient being at school. She had an external squint of the right eye of many years' standing. On examination with the keratoscope, she was found to have $H=4 D$ in one meridian, and $=6 D$ in the other. Vision, with correcting glasses, was barely $\frac{1}{2}$. The fundus was normal. In the left eye she had $M=2 D$; V with this glass being $\frac{1}{2}$. With the help of my colleague, Mr. C. G. Lee, I operated on December 21st, 1886. The patient was so excessively nervous that we were compelled to give her ether. With this exception, the operation was performed in the usual way.

December 29th. The ligature was removed. There was a slight internal squint, with a tendency to homonymous diplopia, increased on looking outwards. A week later she was ordered glasses; and on January 24th, 1887, she left for school, the diplopia having quite disappeared, and the eyes being quite parallel.

GLANDERS IN RUSSIA.—A laboratory and a *clinique* for the study of glanders have been added to the Veterinary Institute of Dorpat.