

reason to believe that these opinions are, in some cases, well founded.

The following cases well illustrate the conditions produced by heterophoria: A boy aged eleven years was brought to me by his father, in February last, complaining of almost constant headache, and of confusion of vision and mind. He said that he lost the line when reading in his book and on the blackboard so that he was always making mistakes, and was considered a very dull boy, and was quite discouraged in consequence. He was very restless in school, and was constantly reprimanded for not sitting still. The pain he complained of was at the back of his head. He had an occasional twitching of the alae nasi, and his parents noticed that when he chewed his head was jerked upwards, backwards and to the right. Examination showed hyperopia and right hyperphoria,  $4^{\circ}$ . After wearing his correction for a time without relief of the symptoms, partial tenotomy of the right superior rectus was done. A month later jerking of the head had greatly diminished, and at present has almost disappeared. His headache is relieved and he is able to follow the lines in his book without difficulty.

*Case II.*—This case illustrates the benefit to be derived from partial tenotomy of the external recti in exophoria, both for near and distance. Mr. S., manager, aged 36, had constant headache referred to the occiput, confusion in reading and difficulty in fixing his eyes. He always came home from the theatre with a headache. Examination showed a small amount of hyperopic astigmatism, which was corrected under homatropin, but without much benefit. A partial tenotomy of both external recti was made with most gratifying results.

*Case III.*—The following is an illustration of the relief of epilepsy by the treatment of the hyperphoria. W. M., aged 30, came to consult me March 10th, 1905. He gave a history of suffering from severe headaches from which he got some relief by bending his head as far backwards as possible. For a year or more he had had slight epileptic attacks with loss of consciousness. They were not severe and were unattended by protrusion or biting of the tongue. They probably lasted but a minute or so, and in half an hour he had recovered except for a feeling of listlessness and drowsiness. Examination showed a myopia of 4 D., with hyperphoria right of 6 degrees. After correction I partially divided the right superior rectus. A test showed that there was still 2 degrees of hyperphoria. In spite of this he steadily improved and the attacks ceased. I kept track of him for two years, during which time he continued well, but have not heard from him since.