

ORIGINAL CONTRIBUTIONS.

HETEROPHORIA AND HEADACHES.*

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ONE symptom in the whole range of clinical medicine causes more annoyance to the patient and is a greater source of worry to the practitioner than persistent headache. Almost every organ of the body in turn is accused of being the offender, but the liver and the uterus have to take the greater part of the blame and are maltreated and punished accordingly, very often with little benefit to the patient. After months of treatment of these unfortunate organs, he or she is sent to the ophthalmologist, if in the meantime the patient has not taken the matter into his or her own hands and consulted an optometrist, who successfully sells several pairs of glasses. As is well known, astigmatism and other refractive errors are frequent causes of headaches, but muscular unbalance plays an important part in causation. It may be said axiomically that refractive headache is mostly frontal, uterine headache bregmatic, and heterophoric headache occipital.

In heterophoria the headache is accompanied by other symptoms—reflex or neurotic character, presenting a symptom—complex, which may simulate grave organic disease, such as pain between the shoulder blades, nausea and vomiting, dizziness, confusion of vision, confusion of mind, and fear of accident in a crowded thoroughfare. Use of the eyes on railroad trains, street cars, or in shopping, render these symptoms acute. Restlessness is commonly marked, especially in children. Stevens and others have held that migraine, chorea and epilepsy result from heterophoria, and there is good reason to believe that these opinions are in some cases well founded. The following cases will illustrate the conditions produced by heterophoria: A boy aged 11 years was brought to me in February last, complaining of almost constant headache and of confusion of vision and mind. He said he lost the line when reading in his book and on the blackboard, so that he was always making mistakes, and is 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 complains of was at the back of his head. He had an occasional twitching of the *alæ nasi*, and his parents noticed that when he chews his head is jerked upwards, backwards, and to the right. Examination showed right hyperphoria 4 degrees and hyperopia. After wearing his correction for a time without relief of the symptoms, partial tenotomy of the right superior rectus was done. A

* Read at the Ontario Medical Association this 31st May and 1st June.