symptoms, red and green blindness and photophobia are the most constant. Together with these is a gradual failure of sight. I will conclude with the following interesting table compiled by Cyon[1]; of 203 cases of tabes dorsalis eye affections were present 105 times, thus:

Amblyopia, 33 times; paralysis of eye muscles, 30 times; mydriasis, 3 times; myosis, 9 times; amaurosis and muscular paralysis, 16 times; amaurosis with mydriasis, 8 times; amaurosis and myosis, 1 time; paresis of muscles and mydriasis, 4 times; amaurosis with mydriasis and paralysis of ocular muscles, 2 times.

Of functional diseases of the nervous system, headache is the commonest. It is rarely attended by disease of the optic nerve, but is frequently caused by the errors of refraction, such as long. and short sight, and particularly by astigmation. And also by muscular defects requiring the proper adjustments of prisms for its relief.

From the facts stated in this paper, I would draw the following conclusions:

1. That diseases of the brain and spinal cord are frequently associated with ocular disturbances.

2. That serious eye trouble may be present without subjective symptoms.

3. That eye troubles often precede and give warning of impending nerve disease.

4. That disease of the optic nerve and retina are of great diagnostic value in nervous diseases.

5. That it is the duty of the physician to examine the eye and its muscles in all cases of nervous diseases.

## A REVIEW OF THE TREATMENT OF FIBROIDS OF THE UTERUS WITH SOME REMARKS ON DISPLACEMENTS OF THE UTERUS AND SURGICAL MEANS OF CORRECTING THEM*

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*(Continued from March number)*

*Removal of the Uterine Appendages* is the only other method of surgical treatment. This usually stops menstruation and induces the menopause. The operation does good in two ways: 1st, by checking the hæmorrhage, and, 2nd, by stopping the growth of the tumor.

The mortality for this operation is low, *i.e.*, under 3%, and Tait reports 148 cases without a death, so that this operation, were it always practicable, would have a large field in the treatment of fibroids.

But, unfortunately, in case of large tumors it is impossible to get at the ovaries, and consequently the operation cannot be performed.

We might summarize the operative treatment of fibroids as follows: 1. When polypoid or submucous they may be removed through the vagina. 2. When sub-peritoneal, if causing no inconvenience, though large, leave them alone. 3. When growing rapidly or threatening life from hæmorrhage, and where the patient is not near the menopause, we may operate. (*a*) We may remove the uterine appendages if they are accessible. It should be kept in mind that it is sometimes very difficult, or even impossible, to do so. (*b*) Abdominal section and extra-peritoneal treatment of the pedicle by clamp, serre-nœud or stitching give the best results.

*The Position of the Uterus with some remarks upon Displacement.* — The uterus is *normally anteflexed*, which is termed the physiological anteflexion, in contrast to the pathological anteflexion described by Schultze.

When the bladder and rectum are empty, the uterus lies with its anterior surface touching the posterior aspect of the bladder, no intestine usually intervening, the external os looking downward and backward. It must not be forgotten, however, that although it is customary to speak of this as the normal position, there are in fact a number of normal positions. For as the bladder distends, the uterus is pushed back, as a whole, so that it becomes retroverted, and as the bladder is emptied the uterus returns to its original position of slight anteflexion.

Many authorities speak of the normal position of the uterus as forming a certain angle with the cervix. But they cannot have any just grounds for arriving at any fixed angle, as the mobility of the uterus is one of its most characteristic features. Its position being altered with every movement of respiration, in singing, in walking, and in all violent movements, as well as by the dilatation and evacuation of the bladder. The normal angle, therefore, may be at one time acute and at another more obtuse.

1. On spinal disease, Berlin, 1867.

*Read before the Hamilton *Medical and Surgical Journal* Club.