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A CASE OF MYASTHENIA GRAVIS.

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R. J., aged 57, contractor, was sent to me on June 27th, 1905, by Dr. Mulligan, of Petrolca, to whom he had complained of double vision and weakness of muscles at the back of the neck, left arm and lower jaw. Three weeks before, his left upper eyelid began to droop and the left eye to roll up. Double vision and dizzy attacks followed, and pain in the back of the neck and head. The double vision was worse in the afternoon and evening. Power is lost in the muscles of the neck, so that he can scarcely hold his head up. He says that his arms seem weak when behind him, for he cannot button on his collar at the back, but when his arms are in front of him he has full power. Occasionaly he seems to lose power over his lower jaw, so that he cannot chew his food. It tires him out, so that he has to use his hand to move the lower jaw up and down. If he rests a while he can chew again, but soon he must again have the help of his hand. He has had some difficulty in speaking also. When he pushes his jaw forward he feels that he loses power over it and cannot raise it.

To prevent dizziness he keeps the left eye shut; he cannot close the left as tight as the right, nor can he open it as easily against resistance. When he laughs his face draws a little to the left. When the left eye is opened the ball is seen to be higher than the right, and turned in. A prism of 15 degrees base down corrects both the turning up and the convergence. Papillary reactions normal, fundus normal. R. V. 6-9, L. V. 6-9. Examination showed tongue, palate, uvula and larynx to be normal.