

without benefit. Patient was found to be suffering from hyperphoria and esophoria, and considerable weakness of vision. The right superior rectus was tenotomized, and in nine or ten days the head was better and she complained of no dizziness. Complete recovery ensued. In the second case the patient was a young woman suffering from severe headache in the occiput and the nape of the neck. Pains in this region were almost invariably caused by defects of the ocular muscles, whereas frontal pain was generally due to refractive troubles. She had marked chorea. The vision was affected, and there were three and a half degrees of right hyperphoria. Partial tenotomy of the right superior rectus was done. Recovery good. He had not operated on many cases of epilepsy referred to him in which hyperphoria existed, because the degree of defect was small. Two or three examinations of such cases should be made in as many days to make sure of the average amount of defect. A constant average of two per cent. would justify operation.

Dr. Bingham proposed a query as to how the pain occurred at the angle of the scapula. His own explanation was that the sympathetic system, which was directly connected with the nerves that supply the angle of the scapula, would be affected in ocular strain.

Dr. Spencer asked if obstinate constipation was not often associated with eye defect. He remembered a case of astigmatism, which he had referred to the reader of the paper. The patient reported after treatment that he was not only cured of the trouble, but the constipation as well.

Dr. Myers pointed out some phenomena which arose through the artificial production of eye strain, muscular rigidity, unconsciousness, and attacks resembling epilepsy, showing the connection of the eye to the cuneate lobe. This case showed the importance of always examining the eyes in cases where the diagnosis was obscure.

Dr. Ryerson concurred with the remarks of the preceding speakers. He said the relief afforded to the nervous system by the removal of the source of irritation had an indirect effect on the digestive organs.

CLINICAL NOTE.

Dr. Norman Walker gave the clinical notes of a case that had come under his care during the past month. Patient had come to the office complaining of great pain in the back of the neck and headache which had existed for about a week, together with general malaise. Paralysis followed, which subsided under suitable treatment in eight or ten days. Cause of trouble was mental excitement.

Dr. Myers said certain symptoms of the case pointed to meningitis, but other symptoms excluded this, particularly the absence of fever and eye trouble, and if the disease had been due to graver lesions recovery