

*Case 3.*—Side-to-side movements of head after head injury; subsequent occurrence of nystagmus, vertical in right, horizontal in left eye; peculiar method in looking at objects; rickets; convulsions; fits of laughter. The patient was a female, æt. 8 months. She was the tenth child. Four had had convulsions. She had never had convulsions or any attacks like *petit mal*. The child fell from a chair, striking the left side of her head, but did not seem to be much hurt. The movements began five or six days later. The child was good-tempered. There was some bending of the ribs. There were no teeth. The fontanelles were open. The nystagmus persisted when the head movements stopped; vision was good; the ordinary movements of the eyeballs unimpaired and the disks normal. She had several convulsions. She finally became free from these, but the head-jerking and nystagmus persisted.

*Case 4.*—Vertical nystagmus of one eye only following head injury; side-to-side movements of head four months later; peculiar method of looking at objects; two relapses following falls on the head. The patient was fourteen months old. There was a history of three severe falls. The movements of the eyes were noticed a week subsequent to the last fall. There was no history of fits. No evidence of rickets was found. About a month after he came under observation he suffered one evening from convulsions, with screaming. About this time he fell on the left side of the forehead. The next day he had some nystagmus, but it only lasted about five minutes. The treatment consisted of steel wine and cod liver oil. For a month he was treated with rhubarb and soda, and salt-and-water injections for thread worms. For a time he also had bromide of potassium.

*Case 5.*—Lateral nystagmus following a severe head injury; recurrence after a year with occasional head movements; peculiar method of looking at objects; convulsions; mental change. The patient was a boy, æt. 14 months. The child had fallen from a high chair to the floor, striking the left side of his head against the boards. Two weeks after the fall the movements of the eyes began. The movements ceased in a day or two and the child remained well for two months. He then had some fits at night, probably convulsive. No recurrence of the

nystagmus took place for a year. Six weeks later he had occasional head movements. Thirteen months after the injury all movements ceased and remained so as long as eighteen months. His disposition was changed. He became less intelligent; was forgetful and irritable. The treatment was bromide of potassium in six-grain doses.

The author next gives a detailed analysis regarding the head movements in eleven cases. In one the movements were purely nodding; in four lateral; in one a combination of lateral and rotatory; and in three a combination of nodding and shaking, or lateral movements. The muscles affected are, according to Henoch, the muscles which rotate the head as well as the sternomastoid. The nystagmus was rapid, four or six movements a second. It is often continuous, though aggravated by attention, by efforts at fixation, or by forcibly straining the head movements. Occasionally nystagmus will make its appearance when the head is held, though previously absent. Nystagmus is usually present in both eyes, but often one is more affected than the other. In three cases the movements were strictly unocular. — *Weekly Medical News*.

AN UNUSUAL CASE OF APPENDICITIS.—At a recent meeting of the Society of the Alumni of Bellevue Hospital, the president, Dr. Charles Phelps, said that a little over a year ago he had been asked to see a case of appendicitis with a view to a possible operation. When they arrived at the house they had been astonished to find that the patient had suddenly passed into collapse and was absolutely pulseless. The abdomen had been so tympanitic that but little information could be obtained by examining it, and operation under these circumstances had been of course out of the question. Nevertheless, the patient had rallied, and about three months later, during the speaker's absence from the city, he had called upon Dr. Fluhrer, who had found a tumor in the region of the appendix, and had told the patient of the danger which menaced him. About three weeks ago he had returned to the speaker, and had said that he was suffering greatly from pain, which was increased by any slight indiscretion in diet. He had become greatly emaciated. A tumor had been found, but it had been situated more