

are forcibly opened, the condition is found to involve the external muscles of the eyes, so that the eyes are rolled about. The tongue does not seem to be affected, and speech is unaffected. When he stands the spasms are worse, and so close his eyes that he is partially blind. His head rotates from side to side, and he endeavors to hold it with both hands. Saliva increases in the mouth, and a peculiar suffering is induced. These are very constant in the disease. The eyes were examined by Dr. Reeve, who found them practically normal beyond a little presbyopia. There is a good deal of watering of the eyes. Romberg's symptom is absent. The knee jerks are absolutely gone, when tried a few weeks ago. There is no headache, but occasionally pain about the muscles of the neck when the spasms are on. There are no abnormal sensations anywhere. The spasms are all gone when he is asleep. He is almost if not quite as bad when sitting in the dark as when sitting in the light. He can sit or lie in bed with his eyes closed and be pretty free from the spasms, but if he opens them the spasms begin at once. The act of opening them brings on the spasms—in the light. When the spasms are very bad he puts his hands to his head and neck, and by pressure he slightly controls them. It is quite evident that this case belongs to the first class of Dr. Russell, viz., simple tic. He has not any of the verbal ejaculations except under sufficient provocation. It is certainly not cyclical. As regards the cause of this condition, there have been numerous causes mentioned. It is frequently habit; the condition commences as one of habit—blepharospasm from conjunctivitis, and lasting long years after the irritation has gone. Habit spasm is a bad name, because it is not present in all cases. It is not hereditary in this case. The age: most commonly it commences in youth, but occasionally later in life, as in this man, who was fifty-five or fifty-seven when it commenced. Irritation from some scar is another cause, but there is no such cause to be found in this case. The most common cause, or associated condition, seems to be some error in accommodation. Dr. Sinclair found error of accommodation in forty-one out of forty-nine cases—quoted by Dr. Russell. There is very little wrong with the eyes in this case. The case is a typical one. Dr. Osier mentions that a dozen of these cases may be found attending any clinic. Dr. Rudolf does not think them so common. He came across a very slight case this winter. In the treatment he has tried various remedies. Bromides had no effect at all. Nitro-glycerine absolutely had no effect here. At present the patient is taking liquor arsenicalis—five minims three times a day. Dr. Rudolf thinks he is slightly better than he was at first. The patient was examined by the Fellows present, and it was found that the man had a large right scrotal hernia.