

FEBRUARY, 1897.

THE CANADIAN MEDICAL REVIEW.

Clinical notes on hysterectomy for large fibroids—J. F. W. Ross, Toronto, p. 39.

THE CANADA LANCET.

A case of typhoid fever with unusual nervous symptoms—J. T. Fotheringham, Toronto, p. 272.

Clinical notes on a case of apoplexy—A. J. Harrington, Toronto, p. 273.

THE CANADIAN JOURNAL OF MEDICINE AND SURGERY.

Notes on the symptomatology and diagnosis of sensory, motor or trophic paralysis, consecutive to lesions of contiguous parts, resulting from violence—Thomas H. Manley, New York, p. 49.

REPORTS, &c.

Second Annual Report of the Board of Health of the Province of Quebec, for the year ending June 30th, 1896.

On Hæmorrhagic Cysts of the Thyroid Gland—W. I. Bradley.

These investigations have been extensively quoted and commented upon by Dr. Archibald in a paper on the same subject, which will appear later.

Cases Illustrating the Cure of Epilepsy and Chorea by the Relief of Eye-strain—G. Stirling Ryerson.

The writer affirms that in all cases suffering from chorea and epilepsy, heterophoria is an element which must be eliminated in making a prognosis and in prescribing treatment. It is generally admitted that headache frequently arises from errors of refraction and from muscular insufficiencies. It is only going a step further to admit that the severer manifestations of nerve disorder unattended by gross lesions may be caused by the same source of irritation. The first case was a man, aged 25, who suffered from headache on the top of and at the back of the head, dizziness, loss of memory, and at times loss of consciousness. He also complained of pain across the back and at the angle of the scapula. General treatment had been without benefit. The patient was found to be suffering from hyperphoria and esophoria with much weakness of vision. The right superior rectus was tenotomized, followed shortly with complete relief of the symptoms. A year later the patient still retained good health. The second case was a young woman, who suffered from severe headaches in the occiput and pain in the nape of the neck. She had also marked chorea, which was bi-lateral and affected the whole body. Vision $\frac{15}{20}$, with $3\frac{1}{2}^{\circ}$ right hyperphoria. Partial tenotomy of the right superior rectus was performed, followed by recovery.

The writer stated that in his opinion 2° , at least, was necessary to justify operative interference, and no decision should be arrived at until after two or three examinations on as many days, because while on one day a large defect is registered, on the next it has disappeared