

14. **Duval and Laborde.**—"De l'innervation des mouvements associés du globe oculaire."
15. **Leon d'Astros and Alezais.**—"Les artères nourrières des noyaux du moteur oculaire commun et du pathétique." *Soc. de Biol.*, 1892.
16. **Bing.**—"Kompendium der topischen Gehirn und Rückenmarks Diagnostik," 2nd Edit., 1911.
17. **Mauthner.**—"Die Lehre von den Augenmuskellähmungen," "Vorträge aus dem Gesamtgebiete der Augenheilkunde," Vol. II, p. 293. Wiesbaden: Bergmann, 1889.
18. **Wernicke.**—"Lehrbuch der Gehirnkrankheiten," Vol. II, pp. 229 and 242.
19. **Uhthoff.**—Graefe-Saemisch "Handbuch der Gesamten Augenheilkunde," Vol. XI, Part ii, Div. 1 and 2, 1911 and 1915.
20. **Wilbrand and Saenger.**—"Die Neurologie des Auges," Vol. I, 1900, and Vol. VIII, 1921.
21. **Siemerling and Boedeker.**—*Arch. f. Psychiat.*, 1897, Vol. XXIX, pp. 420 and 716.
22. **Hensen and Volkers.**—*Arch. f. Ophthal.*, 1878, Vol. XXIV.
23. **Kahler and Pick.**—*Prager Zeitsch. f. Heilkunde*, II, p. 301, 1881.
24. **Starr.**—*Journal of Nervous and Mental Diseases*, 1888.
25. **Stuelp.**—*Arch. f. Ophthal.*, Vol. XLI.
26. **v. Monakow.**—"Gehirnpathologie," 1905.
27. **Marina.**—*Deutsch Zeitschr. f. Nervenheilkunde*, 1899.
28. **Van Gehuchten.**—"Le Nevraxe," Vol. I, 1902.
29. **Edinger.**—"Ueber den Bau der Nervösen Centralorgane."

ADDENDUM

Cases and Papers in the *Transactions of the Ophthalmological Society on Ophthalmoplegia.*

VOL. I.

- Gowers**, p. 117. "Paralysis of upward movements with optic neuritis." Both eyes.
Jackson, p. 139. "Eye symptoms in locomotor ataxy."
Nettleship, p. 164. "Double isolated ophthalmoplegia externa." Youth, aged 18. Pupils and accommodation unaffected.
Sturge, p. 165. "Two cases of simultaneous paralysis of both third nerves." First case undoubtedly due to haemorrhage. Second case, probably a haemorrhage occurring in association with some inflammatory or neoplastic lesion.
Benson, p. 265. "Ocular paralysis after diphtheria." Accommodation and soft palate affected, also ptosis and paralysis of external recti.

VOL. III.

- Lees**, p. 278. "Paralysis of right third with cerebral symptoms." A case of right third nerve paralysis with marked tremor in left arm and leg. Probably lesion in mid brain. No note of facial weakness; v. Taylor's case, Vol. XVIII and Batten's case, Vol. XXX.

- Lees**, p. 281. "Paralysis of left sixth with spasmodic contractions of right face."

VOL. IV.

- Eales**, p. 300. "Complete paralysis of accommodation and convergence." A girl, aged 13. No other nervous system lesion. Pupils active to light.

VOL. V.

- Sharkey**, p. 384. "Locomotor ataxy with ophthalmoplegia externa and interna."
Jessop, p. 386. "Diphtheritic cycloplegia, with absence of knee jerks, etc." Loss of accommodation. Pupils active. No extrinsic paralysis of eye muscles. Soft palate affected. Knee jerks absent. Visual fields affected.

VOL. VII.

- Coupland**, p. 228. "Ophthalmoplegia dependent upon thrombosis of cavernous sinus."

- Robinson and Hutchinson**, p. 250. "Ophthalmoplegia, externa and interna." Disease of right cavernous sinus resulting in its obliteration. Syphilitic origin. A discussion of some other cases of syphilitic ophthalmoplegia both of central and peripheral origin.

- Lawford**, p. 260. "Double ophthalmoplegia externa without other symptoms." Referred to in paper; v. also Beaumont, Vol. XX, p. 238.

- Gowers**, p. 269. "Conjugate ocular palsy and nystagmus." A discussion of the lesions in the neighbourhood of the sixth nucleus which cause conjugate palsies; i.e., paralysis of lateral movement of opposite internal rectus with full retention of movement on convergence.
- Beevor**, p. 281. "Ophthalmoplegia externa without other symptoms." Commencing in a woman at age of 34. Pupils and accommodation unaffected.
- Mackinlay**, p. 281. "Paralysis of both external recti, probably congenital."
- VOL. VIII.
- Lawford**, p. 262. "Congenital hereditary defect of ocular movements." A family in which the father, one son, and two daughters showed similar defects in ocular movements. Quotes Heuck's paper (*Klin. Monatsbl. für Augenheilk.*) in which a similar family is described and autopsy in one case showed the defects to be due to muscular anomalies.
- VOL. XI.
- Stanford Morton**, p. 106. "Bilateral paralysis of external recti following diphtheria." Four cases showing paralysis of external recti. Interesting feature of one case was that accommodation did not seem to be affected. Pupils were normal. Soft palate affected. Knee jerks absent in all cases.
- Wherry**, p. 118. "Ophthalmoplegia associated with parageusia."
- VOL. XIII.
- Snell**, p. 110. "Two cases of recurrent third nerve palsy with migraine." Typical ophthalmoplegic migraine. In one case the ophthalmoplegia had become permanent.
- VOL. XV.
- Beevor**, p. 242. "Ophthalmoplegia externa without other symptoms." Woman. Symptoms commenced at age of 25. Pupils and accommodation not affected. v. also Vol. VII, page 281.
- VOL. XVI.
- Spicer and Ormerod**, p. 277. "Recurrent paralysis of ocular nerves." Seven cases of typical ophthalmoplegic migraine: with a full discussion of the previously published cases, and the nature of the lesion causing the phenomena.
- Grimsdale**, p. 298. "Recurrent paralysis of right third nerve."
- Waren Tay**, p. 302. "Double ptosis with loss of convergence and weakness of internal recti."
- VOL. XVIII.
- James Taylor**, p. 381. "Ophthalmoplegia externa with bulbar symptoms and marked weakness of orbicularis palpebrarum on each side." Diplopia, ptosis, weakness of left arm. Definite bulbar symptoms. Weakness of orbicularis on both sides. v. also Lees, Vol. III; Jessop, Vol. XXIX; and Batten, Vol. XXX.
- VOL. XX.
- Beaumont**, p. 258. "Family tendency to ophthalmoplegia externa." Eleven members of a family in four generations showing varying degrees of ophthalmoplegia externa. Interesting, as it includes Lawford's case, v. Vol. VII. Most of the cases began in early adult life.
- VOL. XXI.
- Berry**, p. 268. "On so-called paresis of divergence." A very full and lucid argument against the existence of special divergence innervation and a centre for divergence.
- VOL. XXII.
- Harman**, p. 280. "Paresis of third nerve, in which, on lifting the drooping lid there is coincident drooping of the sound lid."
- Spicer**, p. 304. "Tabetic paresis of convergence with Argyll Robertson pupils."
- VOL. XXIII.
- Bishop Harman**, p. 356. "Innervation of the orbicularis palpebrarum muscle." A discussion of the hypothesis of Mendel that the portion of the facial nerve concerned in innervation of the orbicularis palpebrarum has its nuclear origin in the oculo-motor nucleus and reaches the facial by the posterior longitudinal bundle. Harman on morphological grounds is strongly opposed to Mendel's hypothesis.
- VOL. XXVII.
- Ludford Cooper**, p. 182. "Paralysis of vertical movements of both eyes. (? Haemorrhage about the corpora quadrigemina)." (No note of pupil reactions).
- VOL. XXIX.
- Jessop**, p. 271. "Bilateral ptosis and ophthalmoplegia externa." A child, aged 5, showed rapidly developing ophthalmoplegia externa with ptosis. Later symptoms

of bulbar involvement came on. Death four months later. No P.M. Probably a tuberculous process commencing in the mid brain; *v. Lees*, Vol. III; *Taylor*, Vol. XVIII; *Batten*, Vol. XXX.

VOL. XXX.

Batten, p. 116. "Bilateral ophthalmoplegia externa in an infant." A case resembling *Jessop's*, *vide supra*. The child showed also weakness of right arm and leg, with constant rhythmic movements, and subsequent convulsions on right side. Death after 6 months. P.M., a large tuberculous mass involving optic thalamus and corpora quadrigemina with a second tuberculous mass on the surface of left occipital cortex.

VOL. XXXII.

McMullen, p. 110. "External ophthalmoplegia of long standing." Commenced at age of 8. Pupils and accommodation normal.

Bradburne, p. 142. "Hereditary ophthalmoplegia in five generations." Sixteen out of thirty-seven individuals affected in five generations. In most of the cases all the external muscles were affected and ptosis was present in some but not all the cases. In the few cases where it is noted, pupillary movements and accommodation seem to have escaped.

VOL. XXXIII.

Cunningham, p. 156. "Paresis of both internal recti." Probably belongs to the class of case where a lesion in the posterior longitudinal bundle interferes with lateral deviation. Movements on convergence were not so markedly affected.

VOL. XXXIV.

Coats, p. 262. "Congenital partial paralysis of the oculo-motor nerve with cyclical contraction and dilatation of the pupil." A case in which rhythmical action of the pupil of the left eye accompanied a partial paralysis of branches of the left third. Partial ptosis. Complete loss of upward movement. Inward and downward movements defective.

VOL. XXXVIII.

James Taylor, p. 168. "Paralysis of ocular muscles." Occurring in: 1, myasthenia gravis; 2, Grave's disease; 3, lethargic encephalitis.

F. E. Batten, p. 172. "Cases of lethargic encephalitis." These were some of the earliest cases of lethargic encephalitis shown in this country.

VOL. XL.

Cross, p. 277. "The nerve paths and centres concerned in sight." A very full account of the anatomical arrangement of the nerve centres and tracts including the comparative anatomy.

ANNOTATIONS

Swanley Ophthalmia School and Non-Pauper Children

It has often been said that the British Constitution grew and was not made; this statement might also be well applied to the arrangements for dealing with infectious and contagious diseases in the Metropolis.

The Metropolitan Asylums Board was established in 1867, by an order of what was then called the Poor Law Board, for the reception and relief of poor persons chargeable to some union or parish of London, infected with fever or smallpox, or suffering from insanity. The Poor Law Board subsequently became the Local Government Board, and in 1883 the Disease Prevention Act (London) removed the civil disabilities which had till then been attached to admission into the Metropolitan Asylums Boards Hospitals.