

### CORRESPONDENCE. PSYCHONEUROTIC ASTHENOP- PIA.

*To the Editor:* Your editorial on asthenopia was read with great pleasure, and you will pardon my comments. Asthenopia is perhaps often a psychoneurotic condition in children, boys and girls at school and college and adults in various occupations.

As a fair example, I give the history of my two sons and a daughter. At school at home they complained of their eyes. Careful examination without and with homatropin showed normal vision. All would accept a  $+0.37$  spher. or  $+0.25$   $90^\circ$  cyl. I told them nothing was the matter, and later when sent away to advanced schools warned them to be tolerant of any fatigue symptoms. In spite of this all insisted, after complaining by letter, on being allowed to visit an oculist in a nearby

city; the result was that all three were given either  $+0.37$   $\ominus$   $+0.25$   $90^\circ$  or  $+0.25$   $+0.25/90$  for near use.

The cost of the glasses, railroad, hotel expenses, etc., was about seventy-five dollars—the oculists kindly not charging for professional services. All three wore the glasses a few months and afterward they were lost or regarded as junk. These cases are typical of thousands I see. Is it not a waste of money to order lenses for them? Some years ago a boy, about fifteen at school here with the same history insisted he could not study. His father was told there was nothing the matter with his son's eyes and he was taken from school and made to work. Several years after, having made good at college, he thanked me for advising his father as I did. The number of asthenopic eyes is increasing amazingly. Very truly yours,

EDWARD F. PARKER,

Charleston, S. C.

## ABSTRACTS

**Brouwer, B. The Oculomotor Nucleus.** *Zeits. f. d. ges. Neurologie u Psychiat.* Bd. 40.

Brouwer examined the brain of a woman who had shown during the later years of her life double-sided paralyzes of ocular muscles, and slowly progressive optic nerve atrophy had appeared. The left trigeminus and facial nerves had shown symptoms of disease, and the knee-jerks and Achilles reflexes had disappeared. The section showed an aneurysm of the right internal carotid, which had pressed on the nerves of the ocular muscles behind the right orbit, had grown toward the left side and had pressed on the chiasma and the cerebral nerves of the other side. In the region of the oculomotor nucleus, the left large cell lateral nucleus was found intact, the right large cell lateral nucleus was much degenerated in its anterior part, diminution of cells was found in the front and middle third of the right lateral nucleus, the Perlia nucleus was partly degener-

ated, the Edinger-Westphal cell groups were normal. The left facial nerve was not changed, altho during life a facial paralysis had existed. The trigeminal nerve showed distinct changes.

Another case of double-sided ophthalmoplegia, caused thru a one-sided aneurysm confirmed anatomically does not exist in the literature. It is peculiar that the degeneration in the motor nuclei was so slight, and only found in the right nucleus. It is probable that the pressure on the right nucleus and root had been more intense and lasted longer. The section did not explain all clinical symptoms. The repeatedly found Babinski can be explained by pressure on the pons. Not explained are the facts that the reflexes in the lower extremities had disappeared, and that some disturbances of the sensibility in their upper parts were found. Probably changes in the lumbo-sacral region were present, perhaps also an