include the symptom in his description of this form of headache, and Horner² has specially described a form of ptosis in megrim which he attributes to paralysis of the non-striated muscular fibres of Müller, which are distributed in the orbicularis palpebrarum, and are supplied by the sympathetic. Eulenburg³ and Rosenthal⁴ mention the symptom, but merely refer to Horner's paper. That such a condition is rare is proved by the absence of all mention of it in Dr. Liveing's⁵ well-known monograph on megrim, and in Galezowski's⁶ more recent paper on the ophthalmic phenomena of megrim.

On the other hand, it is well known that megrim does give rise to a great variety of peculiar nervous phenomena, among which are temporary, partial, or complete blindness, hemiopia, luminous spectra, numbness and tingling of the fingers, mouth, lips, and tongue; cramps, transient hemiplegia, loss of taste, smell, and hearing, loss of speech, partial loss of consciousness, confusion of ideas, mental incapacity, giddiness, and vertigo. These conditions are not certainly more easy to accept as the results of a purely functional disturbance of the nervous system than those I have described, with this exception, that certain of the phenomena in my case are permanent. The amblyopia can be satisfactorily explained by the astigmatism, which is mixed, but which can be so far corrected that with prisms and a perforated disc the patient can read $\frac{1}{2}$, so that the notion of its being due to any retinal condition may, I think, be dismissed in spite of the dubious nature of some of the notes of the ophthalmoscopic appearances.

It is not so easy to explain the permanent and complete paralysis of the superior rectus or the persistent although very slight degree of ptosis; nor do I feel able to make any suggestions at present which can throw any light upon this singular condition.

A CONGENITAL ANOMALY OF THE CONJUNCTIVA, HITHERTO UNREPORTED.

By J. F. STREATFEILD, F.R.C.S., &c.

At the Moorfields Eye Hospital, on the 11th of May this year, I saw among others in the crowd of out-patients, a lad who had evidently some conjunctival redness of both eyes, which on examination proved to be nothing but a slight catarrhal ophthalmia. To determine this point, and suspecting it might be a case of granular lids, I looked under the upper lid, and also specially, as usual, to the outer angle of the lower lid on its inner surface. For this purpose I made traction on the skin downwards, and then also somewhat outwards. As I was thus pulling the outer canthus away from the eyeball, and everting the lid, a conjunctival fold came into view, which evidently limited and abbreviated somewhat the normal amount of separation to be effected between the eyelids and the eyeball, the palpebral and ocular conjunctivæ, at this part. Then, with another finger, I also lifted the upper lid at the outer angle, and the fold I had observed came very prominently into view. It extended exactly horizontally from just behind and within the outer canthus, to nearly the outer margin of the cornea. It would not allow the lids to be lifted so far as they may be usually away from the eyeball, but the normal movements of the eyes when the lids were *in situ* were not by it interfered with. Being stretched, by lifting the two lids as I have described, the little straight fold was seen to be semi-transparent, and, seeming to consist only of the folded normal conjunctiva, it reminded me of the little vertical fold of mucous membrane under the tongue of infants to which one's attention is so often directed, when, as their mothers and nurses say or suppose, the child is "tongue-tied." In each palpebral aperture this abnormal frænum existed, and was altogether quite symmetrical. There were no other oculo-palpebral prominent folds, nothing like symblepharon in either eye. The patient knew nothing of the anomaly I am describing; he had had nothing the matter with his eyes but the present insignificant conjunctival inflammation. Symblepharon as a congenital affection

has been reported, but the present case cannot possibly, I think, come under this category, because—(1) the conjunctiva was only shortened, or of little extent, directly outwards in either eye, as a little fold forwards and horizontally, instead of a backward and vertical fold. It was not thickened, or otherwise changed in appearance, as are the folds in the reported cases of congenital symblepharon, which seem to have been the result of intra-uterine inflammation, nor did the eyes themselves and the eyelids, excepting as regards these purely conjunctival fræna, show any structural abnormality, any inflammatory results, foetal or otherwise, or any ill-development—if I may assume that these fræna were evidences of ill-development of the conjunctival sacs; because (2) these fræna in my case were only just at the outer angle—i.e., where any symblepharon is not very likely to occur; and also because (3) of the exact symmetry that existed. It was, I think, a partial malformation. I find no notice of any such congenital anomaly in Professor Manz's chapter (vi.) in Graefe and Saemisch's Handbook, or in other books. These fræna may perhaps be explained by a consideration of the development of the eyelids; an upper, lower, and inner lid are formed, of which the latter, although in the human subject it is quite rudimentary, yet it must not now be forgotten, for in the novel and possibly unique case I am recording, the forward folds of conjunctiva were only at the outer canthus and exactly horizontal—that is to say, where without the rudimentary inner third lid, the two greater eyelids come close together into contact, being formed by two, an upper and a lower, infoldings of the integument. If such infoldings above and below, as two pockets, are likely, as I suppose, to leave between the two a tegumentary ridge or outfold, I will venture to guess that I have in the present case found a congenital abnormality not so very rare as hitherto undetected. We constantly open eyelids and look up and down under the two lids, but we do not specially observe if the two lids together are perfectly and normally separable from the eyeball at their junction at the outer angle. Is the common congenital abnormality called epicanthus a (displaced) development of the third eyelid of the lower animals? Is the plica semilunaris in such cases absent? I have not myself observed that it is.

ON THE VARIETY AND DIFFERENTIAL DIAGNOSIS OF VENEREAL SORES.

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As the result of recent research in this country and abroad, and from individual observation, it would appear that two distinct classes of venereal sores exist—namely, first, those that are accompanied with and followed by constitutional symptoms; and, secondly, those that are not. The former have been designated hard or specific, and the latter soft or non-specific. It is, I think, a pity that these terms should have gained such universal acceptance, as they are not only partly erroneous, but liable to lead the inexperienced into much difficulty, and not unfrequently into errors of diagnosis and prognosis. It would be preferable (in the absence of less misleading names) to use the simple and intelligible terms, syphilitic and non-syphilitic, according as the local lesion with its accompanying symptoms presents the characters of a sore from which the constitution will become affected with syphilis or otherwise. As to the duality of the poison, we meet with many eminent surgeons who distinctly affirm that there is but one venereal poison capable of producing venereal sores, and that all such sores are syphilitic. That the constitution does escape contamination in certain cases, is ascribed to the early treatment and administration of mercury, &c.

There was a time when the physician drew no line of demarcation between typhus and typhoid fever, but at the present day there are few who will doubt that the one is as distinct from the other as variola is from varicella. Nor do we now believe that the poison of typhus can produce typhoid, or that of variola varicella. Each is perfectly distinct, has its own period of incubation, its own peculiar symptoms, and individual specific poison. By an analogous mode of reasoning, drawn from the result of practical ob-

² Ueber eine Form von Ptosis, Monatsbl. f. Augenheilkunde, 1869, vii.

³ Ziemssen's Cyclopædia, vol. xiv. ⁴ Diseases of the Nervous System.

⁵ On Megrim and Sick-headache, 1873.

⁶ Arch. Gén. de Méd., June and July, 1873.