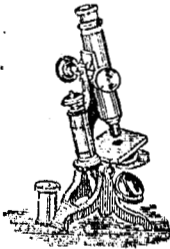


Medical Matters.**PROPAGATION OF YELLOW FEVER BY MOSQUITOES.**

Dr. W. C. Gorgas reviews, in the *Philadelphia Medical Journal*, the sanitary work accomplished in Havana in the last few years, and gives his reasons for believing that yellow fever is propagated by means of the mosquito. He believes that the result of the work done there in the last year is a strong argument, at least so far as Havana is concerned, that the *stegomyia* mosquito is the only carrier of yellow fever, and that all cases there are transmitted in this way and in no other. In Havana this fever never disappeared under any process before the American occupation; and for the past two years there has always been some yellow fever in Havana. As study of this subject went on, the writer became more and more convinced that the mosquito theory was the correct one, and so last June the rigid quarantine of the patient was stopped, and the disinfection of fabrics and clothing ceased. It was only required that the patient be reported, his house placarded and screened, and a guard placed to report on general sick room sanitation and to see that the patient was properly screened. By September the last focus was gotten rid of, and since September there has not been a single case. So in October and November, months in which before this time the disease was extremely prevalent, there has not been a death from this cause, not even a case. The conditions have been as good this year as they ever were for the spread of the fever. And probably there have been more non-immunes in the city than ever before. The writer believes that it has been demonstrated that the disinfection of fabrics can be safely done away with, and many of the inconveniences of personal quarantine abated.

TIRED EYES.

People speak about their eyes being tired, meaning that the retina, or seeing portion of the eye, is fatigued; but such is not the case, as the retina hardly ever gets tired. The fatigue is in the inner and outer muscle attached to the eyeball, and the muscles of accommodation which surround the lens of

the eye. When a near object is to be looked at, this muscle relaxes and allows the lens to thicken, increasing its refractive power. The inner and outer muscles are used in covering the eye on the object to be looked at, the inner one being especially used when a near object is looked at. It is in the three muscles mentioned that the fatigue is felt, and relief is secured temporarily by closing the eyes, or gazing at far-distant objects. The usual indication of strain is a redness of the rim of the eyelid, betokening a congested state of the inner surface, accompanied by some pain. Sometimes this weariness indicates the need of glasses rightly adapted to the person, and in other cases the true remedy is to massage the eye and its surroundings, so far as may be, with a cool hand.

RELATION OF MIGRAINE TO EPILEPSY.

Dr. W. G. Spiller (*American Journal of the Medical Sciences*), from his observations on this subject, draws the following conclusions:—

1. Attacks of migraine occur associated with nausea and vomiting; this form is known as simple migraine, and usually remains unaltered during the life of the patient.

2. In other cases visual disturbances (hemianopsia, scintillating scotoma, amaurosis, etc.) are associated with the migraine, and the disease is then known as ophthalmic migraine.

3. When paralysis of the ocular muscles occurs with the migraine, the disease is described as ophthalmoplegic migraine.

4. Migraine, especially the ophthalmic form, is related to epilepsy, and the attacks of migraine may precede for many years the convulsive attacks of epilepsy, although in most cases of migraine no convulsions are ever detected.

5. In some cases epilepsy appears in the form of one or more of the disturbances seen occasionally with migraine, and later, even after many years, convulsions develop. The disease may be epilepsy from the beginning. It matters little, with our uncertain knowledge of the pathology of the two diseases, whether we regard these as abortive cases (formes frustes) of migraine that later become associated with epilepsy, or as abortive forms of epilepsy (sensory epilepsy), in which the convulsions later become apparent, provided we recognise a relation between some forms of migraine and epilepsy.

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