bility, Heuer says that an intracranial approach best exposes and can most adequately deal with the greatest number of chiasmal lesions; and that the transsphenoidal approach should be considered only in those early cases in which there are sellar headaches, but no neighborhood symptoms. The operation employed by him is fully described and well illustrated.

Maybaum, J. L. TWO CASES OF GRADENIGO'S SYNDROME. [Laryngoscope, March, 1920.]

Gradenigo's syndrome is characterized by an initial acute purulent otitis media, which may spread to the mastoid; intense pain in the parietal and temporal regions from involvement of the gasserian ganglion, and paralysis or paresis of the abducens nerve of the ipsilateral side. This syndrome occurring during the course of a middle ear disease or of an acute mastoiditis, before or after operation, is indicative of an intracranial extension. The two cases reported by Maybaum were characteristic. In one, two weeks after a simple mastoid operation, while the patient was making a satisfactory convalescence the syndrome developed. Recovery followed. The second had a history of an acute middle ear suppuration which had recovered. The syndrome had been present, with lessening severity, for a period of ten days; there was entire absence of signs or symptoms of mastoid involvement. Meningitis developed, to which the patient succumbed.

Crouzon and Béhague. CONGENITAL AND FAMILIAL OPHTHALMOPLÉGIA. [Bull. de la Soc. Méd. des Hôp., Paris, March, 1920.]

This is a report of a family in which there were from one to three members with pronounced ophthalmoplegia in each of three generations.

Gibson, A. TWO UNUSUAL NERVE LESIONS. [Surg., Gyn. and Obstetrics, December, 1920.]

In one of the cases cited by Gibson a piece of shell entered the right cheek and was removed by the stretcher bearer. The wound suppurated for a few days. No facial paralysis or even paresis resulted, and the wound, being satisfactorily healed, was ignored. Later the patient complained of twitching of the muscles of the right side of the face, with a tendency to lacrimation in the right eye when exposed to cold, to wind, or to bright sunshine. In addition to this, the skin on the right side of the face under the right lower eyelid, and at the root of the nose, was somewhat sensitive. He complained of a tickling sensation, this being pronounced even with a slight touch. By pressing his tongue against the buccal aspect of the upper lip and the right upper cheek he produced a tickling sensation in the face. Examination revealed a hole of some size filled in partly by scar tissue. This scar tissue involved branches of two sensory nerves: (1) the twigs from the infra-orbital branch of the maxillary division of the trigeminal, (2) the buccinator branch of the

mandibular division of the same cranial nerve. The irritation of this scar has produced heightened sensibility of other sensory branches supplying the conjunctiva, and this reflexly induced increased secretion of the right lacrimal gland along with motor irritability of the facial muscles which are closely associated with the trigeminal sensory distribution. The second patient complained of weakness of the left hand, been present for six or seven months and gradually increasing. He had had no accident, and no injury to the back, left shoulder region, or left upper limb. His occupation was that of a butcher. The electrical reactions of the muscles of the hand were normal both to faradism and galvanism. There was, however, distinct atrophy of all the interossei, and when full extension of the hand was attempted, some hyperextension was noted at the metacarpophalangeal joints, along with less complete extension than normal of the two distal phalanges, this condition being more distinct in the little and ring fingers. The appearance of the hand was that of the typical ulnar nerve lesion, though not in pronounced degree. What had happened was that the deep branch of the ulnar nerve, traversing the palm of the hand from ulnar side to radial just proximal to the heads of the metacarpals, was the seat of a traumatic neuritis, the result of direct pressure. [J. A. M. A.]

McMullen, W. H., and Huie, M. L. CHRONIC PROGRESSIVE OPHTHALMO-
PLEGIA EXTERNA. [British Journal of Ophthalmology, August, 1921.]

Three cases of chronic progressive *ophthalmoplegia externa* are here reported. Wilbrand and Saenger consider this to be a clinical entity. There is a gradual onset, usually in early childhood, of a bilateral, progressive paralysis of the external eye muscles, unassociated with other disease of the nervous system. The disease may have long pauses in its progress, but generally ends in complete external ophthalmoplegia. Ptosis is generally the first sign and diplopia is sometimes, but not often, complained of. Thirty or forty years may elapse before the disease is complete. The general health is not affected. Wilbrand and Saenger have collected thirty-two cases. The author's first patient is a man who began to suffer from ptosis at the age of eight years and at the present age of forty-two has the disease in well marked form. The second is a girl of eighteen years, whose condition has been improved with "orbital ridge" spectacles. The third patient is a girl, aged twelve years, whose blood failed to respond to the Wassermann test and who had no stigmata of syphilis. It is important to realize that in these rare cases there is no peril to life or risk of further serious organic disease.

Ziegler, S. L. OCULAR MENACE OF WOOD ALCOHOL. [British Journal of Ophthalmology, August, 1921.]

This author utters a warning against the dangers attending the commercial and industrial use of methyl alcohol, owing to its extremely toxic effects upon the system generally and upon the eyes in particular.