optic neuritis is well known in the toxæmias due to Bright's disease, lead, syphilis, and chlorosis, and has been described in certain acute specific diseases as enteric fever, influenza, mumps, and scarlet fever, it is surprising not that optic neuritis should occur in the toxæmia of diphtheria, but that it is so rare. In fact, the reporter after searching the literature was not able to find a single case recorded, though Fromaget describes a case of post-diphtheritic amblyopia due, as he thinks, to retrobulbar neuritis. In Bolton's cases the disease was binocular; in the first case the neuritis appeared during the fourth week, in the second case probably about the third or fourth week. In both cases the knee-jerks were absent, and palsies of some distant muscles existed. The inflammation subsided in about two months.

When to Operate for Senile Cataract, the Other Eye Possessing Useful Vision.—KEIPER, Lafayette, Ind. (*Annals of Ophthalmology*, October, 1902), has addressed over a hundred members of the Section of Ophthalmology of the American Medical Association upon the question of removing a ripe senile cataract when the other eye has useful vision, and as to the complaints of the resulting anisometropia. The views of the gentlemen addressed were somewhat at variance. The majority, however, favored operating under the given circumstances. Keiper urges the operation because of the increased field, avoidance of hypermaturity, absence of a period of blindness, greater comfort, and improved appearance. The anisopic eye should not be corrected so long as the other eye has the more satisfactory vision.

Softening about the Right Calcarine Fissure Associated with Left Hemianopsia.—PERDRAU, London (*Edinburgh Medical Journal*, January, 1903), describes the case of a female, aged sixty-nine years, suffering from dementia. She was unable to recognize anyone approaching her from the left, but was immediately conscious of objects appearing on her right. Perimetric observations showed that she had left hemianopsia. Death occurred in coma in a few months. The section showed that there was a small area of softening at the apex of the right cuneus and adjoining portion of the lingual convolution, the proper nervous tissue being replaced by connective tissue rich in cells.

The softening was due to thrombosis occurring in the right internal parieto-occipital artery, which was markedly atheromatous.

The Treatment of Phlyctenular Keratitis.—MARSHALL, London (*Practitioner*, January, 1903), thinks that iron, the remedy most commonly prescribed in the phlyctenular keratitis of children, is frequently injurious. The extreme irritability of the eyes is aggravated by its use in the early stages, while it is useful enough at a later period. In the early stages it is far better to employ mercury internally. This may be advantageously exhibited in the following combination from the Moorfield's *Pharmacopœia*: Gray powder, grain j; powdered belladonna leaves, grain ss; sugar of milk, grain j. One powder twice daily.

Atropine locally is essential with frequent bathing in boracic lotion. Later, but not in the acute stage, an ointment of the yellow oxide of mercury, two to eight grains to the ounce, is useful. At this stage iron is indicated.

For the photophobia all sorts of measures have been recommended—blis-

ters, setons, insufflations of calomel or powdered glass (!), and holding the child's head under water. None of these are to be thought of. The development of fissures and excoriations at the outer canthi is one of the chief causes of the photophobia, cure of which is half the battle. The best treatment is stretching the fissures so as to make them bleed, preferably under an anæsthetic. At the same time they may be painted with a solution of nitrate of silver, five to ten grains to the ounce. Cocaine, though it may be of great use in aiding the surgeon to make a thorough examination, should never be given to the patient; neither should alum nor sulphate of zinc. All three of these agents tend to destroy the epithelium and favor perforation.

Restoration of Sight in a Nearly Blind Cancerous Eye by Cancroin.—ADAMKIEWICZ, Vienna (*Medicine*, January, 1903), reports the case of a woman, aged forty-two years, twice operated upon for cancer of the right mammary gland. About a year after the second operation the left eye became the seat of a cancerous infiltration of the choroid, with partial detachment of the retina. Vision was reduced to light perception. At this time the operative cicatrix showed recurrence, with involvement of the lymphatic glands. Cancroin injections were now commenced. On the day following there was distinct diminution in the infiltration of the scar. On the third day the enlarged clavicular gland was diminished in size. Rapid improvement continued. Improvement in the vision began from the moment of the injections. The day following the first injection there was an improvement in the periphery of the field of vision, and the hand could be recognized with the fingers separated ten inches from the eye. After the eighth injection the sight of the left eye improved so that the field of vision had two-thirds of the normal area. Sight had returned in the lower temporal quadrant of the retina, which was not detached, but was probably the site of a cancerous infiltration. The cancerous infiltration elsewhere seemed to have disappeared. The patient at this time suspended treatment.

PATHOLOGY AND BACTERIOLOGY.

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Cyst of the Pancreas.—CHEVASSU and THENVENY (*Bull. et Mém. de la Soc. Anat. de Paris*, 1902, vol. i., iv., p. 205). The authors describe a cyst in the tail of the pancreas occurring in a woman, aged forty-three years. It could