

OCULAR MANIFESTATIONS OF THE TOXEMIA OF PREGNANCY. Dr. Ward A. Holden (*Journal A. M. A.*, July 4, 1914.)

In reporting a case of paresis of the left external rectus and absolute central scotoma in the field of each eye, in a woman pregnant seven months, whose urine contained 20 per cent. of albumin, many cells and was alkaline, the author remarks that little is known of the causes of the ocular manifestations of eclampsia and this case is reported as shedding some light on the question. Immediate induction of labor was advised in order to save the patient's vision, and the patient was delivered of a stillborn child. Within a month vision had returned with the exception of some night blindness. The macular region of the retina, formerly edematous, showed now an abnormal pigmentation. This spread and became more pronounced, seemingly due to the toxic condition of the blood which had produced the other conditions in the eyes. The author cites authorities to show the effect of the altered blood on the pigment epithelium, and asks whether the visual and sixth-nerve symptoms in his case might not have been caused by a bilateral edema of some parts near the optic chiasm, as the temporary character of the optic trouble would not indicate a true inflammation of the optic nerves. He conjectures that an edema, possibly of the anterior lobes of the brain, but more likely of the meninges and periosteum of the optic foramina continuous with the dura mater, caused pressure on the optic nerves and on one sixth nerve which lies near. Hence, it may be that an excess of certain salines in the blood may be the cause of the changes in the pigment epithelium which produce night blindness.

OPTIC NERVE TUMORS. W. G. M. Byers. (*Journal A. M. A.*, July 4, 1914.)

The author says that he has come to the conclusion from his studies, made with the valued assistance of Professor Adami that tumors of the optic nerve growing within its dural sheath can be sharply divided into two main groups—one of which is best described by the term fibromatosis and the other which may be classified as an endothelioma. It seemed to them from their studies that the indeterminate fibrinous tumors, which outnumbered the endotheliomas thirty-five to one, are somewhat liable to take on the characters of the latter. Our knowledge of the clinical course of these growths is not as yet very definite. We know that they are characteristically slow in developing and that recurrences, always purely local, are rare and are perhaps commoner after the endotheliomas than after the fibromas. He says again, what he has previously laid stress on, that in most of these cases the optic nerve tumor is but a part of a neoplasm more or less widely diffused in the cranium and eventually terminating in death. Whether it is possible or permissible to do anything when it is clear that an intracranial portion remains, is still an open question. It is also necessary to consider the primary extradural tumors of similar, histologic character, the few exceptions being frankly sarcomatous. While also slow in growth they are more rapid than the intradural ones, recurrences are more frequent and they are distinctly more menacing to life. The question of advisability of expectant treatment is mentioned. While it might seem advisable in some cases, the author rejects this policy as it is impossible to differentiate clinically the three types of growths and we can never be sure of the size, situation or rate of development. The exophthalmos is often entirely out of proportion to the size of the neoplasm and there is every reason for immediate and early interference. Two