labyrinth. In the case described by me, could the objection be made that the window niches had not come to a complete bony closure, therefore, vibration of the membrane, at least of the posterior part, was yet possible? If we consider that the remaining space was not filled with air, but with a loose, wide-meshed connective tissue, and that these spaces were saturated with tissue fluids and completely closed off from the tympanic cavity by a new-formed thick bony wall, it is evident that a movement of the membrane outwardly by a movement of the labyrinthine fluid, due to the influence of sound, was impossible. This condition of the left ear makes it possible to consider the hearing acuteness of the right ear certain; then it is not a question of conduction from the nearly deaf left ear.

For good hearing the unhindered mobility of the membrane of the round window is necessary; that with bony closure of the round window one can even hear whispered speech close by; that with high degree of obstruction of the function of both windows speech-deafness had resulted in both ears in Case I. and in the left ear of Case II. From these cases and the case demonstrated in Dresden it is very apparent that under certain conditions deafness for the tuning fork by bone conduction can happen through complete closure of both windows.—"Zur Pathologie der Taubstummheit und der Fensternischen," *Archiv. für Ohrenh.*, 1901, Bd. III., S. 52-67. Tafel I., II.

OPHTHALMOLOGY.

UNDER THE CHARGE OF

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AND

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Retention of the Pupil Reflex to Light after Intracranial Division of the Optic Nerve.—MARENGHI (Pavia) before the International Congress of Pathologists at Turin (*British Medical Journal*, October 26, 1901), stated as the results of his experiments, and demonstrated to the congress in a rabbit, that the iris of an animal whose optic nerve was divided at its point of departure from the chiasm responded to light; the reaction was slow and weak, but distinct. The result could be explained by the existence of a peripheral reflex centre within the retina. Further investigation is needed.

Primary Chronic Glaucoma.—LITTLE, London (*British Medical Journal*, October 26, 1901), in his Presidential address before the Ophthalmological Society of the United Kingdom upon some clinical experiences of primary chronic glaucoma and the value of iridectomy, lays down the rule that an operation should be done in every case in which the patient is strong enough

to stand it, and the earlier it is done the better; but he would never hesitate to operate on an eye even if the fields were contracted to fixation, provided that there was any vision worth saving; even in the premonitory stage he advocated operation.

Gonorrhœa and Diseases of the Eye.—LAWFORD, London, in a discussion on the relation of the gonorrhœa to diseases of the eye (*British Medical Journal*, November 2, 1901), after excluding purulent ophthalmia, considers the following ocular affection as known to occur in association with gonorrhœa; a form of mild conjunctival inflammation (not due to direct inoculation), scleritis and episcleritis, iritis and iridocyclitis, neuroretinitis. Suppurative keratitis has been described in severe pyæmic case; of these iritis is the best known.

The Diagnosis of Malignant Intra-ocular Tumors in Infancy.—SOURDILLE, Nantes (*Gaz. Med. de Nantes*, November 16, 1901), calls attention to the great difficulties frequently existing in making the diagnosis of retinal glioma. Transillumination should be practised in every case before surgical intervention. If a tumor is shown, and any doubt as to its nature be present, it becomes necessary to make a puncture and to examine histologically and experimentally (by inoculation) the elements of the neoplasm.

Malignant tumors of the retina are all gliomata, properly so called. Mistakes of diagnosis are frequent. These mistakes are masked under the specious name of "pseudoglioma," when enucleation shows that an entirely different disease is present; and "cryptoglioma" when the disease is overlooked. For a long time the amaurotic cat's eye was believed to be adequate for the diagnosis of glioma. This has been the source of numerous errors. The writer concludes from his own histological examinations, that of ten eyes enucleated for glioma three are found to be cases of pseudoglioma.

The amaurotic cat's eye is by no means pathognomonic of glioma; this is found in suppurating retinal hyalitis, purulent choroiditis, affections following infectious maladies of infancy, particularly the eruptive fevers, and, above all, tuberculosis of the intra-ocular membranes, the choroid and retina.

It has therefore been proposed to narrow the diagnosis of these tumors and to lay down an absolute rule following Lagrange; in glioma the eye is glaucomatous or tends to glaucoma; in pseudoglioma the tension is below normal and tends to phthisis. This rule holds in the majority of cases, but there are many exceptions. There are cases in which glioma evolves under the form of iridocyclitis instead of glaucoma, where there is no increased tension whatever. Other cases directly opposite occur presenting the syndromes of glioma, amaurotic cat's eye and increased tension without the existence of any tumor. Transillumination and puncture are alone adequate to assure the diagnosis.

Benign Gangrene of the Eyelids.—ROGER and WEIL (*La Presse Médicale*, No. 76, 1901) report the case of a healthy male adult who was attacked with idiopathic gangrene of the left eyelids. There was no preceding inflammation of the conjunctiva nor any lesion of the lids. The disease began insidiously in a spot of inflammatory œdema. At the expiration of four or five