treatment since, nor has he dieted himself, but has remained quite well. He feels a heaviness in the epigastrium when he partakes of fat or salt food; there is sometimes a sensation of distension of the abdomen, pain and irregular action of the bowels, but no diarrhoea. The general condition is good, except that a certain amount of fatigue and headache arises in connexion with the dyspeptic attacks.

The most interesting problem was whether the anæmia was definitely cured, as well as the enteritis which must be looked upon as the cause of its appearance, or whether there would be a relapse, which might be expected in view of its pernicious character. The pronounced subjective symptoms of anæmia, observed previous to hospital treatment and dissipated by it, have clearly never returned. My examination of his blood on Jan. 26th, 1921, showed it was normal: hæmoglobin 98 per cent. (Sahli, corrected); red blood corpuscles 5.12 million; hæmoglobin index, 0.96; leucocytes, 9300; microscopically, nothing abnormal. In January, 1922, he has reported to me that his condition is quite satisfactory, and his hæmoglobin normal. As the period of observation has now been extended to three and a half years, it is justifiable also to regard the anæmia as definitely cured.

A CASE OF BILATERAL RETRO-OCULAR NEURITIS.

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WITH DENTAL NOTES BY HAROLD ROUND, M.D.S.,
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THE following case affords a striking example of the evil effects of dental sepsis.

Ophthalmic Condition.

On June 6th, 1921, Mrs. X., aged 22, sent by Dr. Percy Smith of Edgbaston, consulted me, complaining of loss of vision of the right eye during the last six days. She also complained of headache.

On examination I found visual acuity in the affected eye reduced to perception of light. With left eye she

had proved correct, for apical abscesses were found when the teeth were extracted. Acting again in this previously lucky but somewhat haphazard manner, I advised extraction of what appeared to be the only carious tooth she had.

On June 13th I saw the patient again; she had had the tooth cleanly removed, without any effect upon the septic focus, for the patient was now blind in both eyes and had to be led by her mother. On that day I had the teeth radiographed by Dr. Harold Black, and on June 15th I took patient and films to Mr. Harold Round, whose notes on the dental condition follow. I saw the patient again on the following day, and although only 24 hours had elapsed since the extractions, she said she felt better; vision amounted to the counting of fingers at one metre. Four days later she could see the illuminated card bearing the test types at six metres, and on the 23rd, eight days after removal of the three teeth, she saw the large top letter 6/60. With each succeeding week she read a further line of the test types, until on July 21st she attained full fields of vision and perfect visual acuity, 6/6 with each eye.

Condition and Treatment of the Teeth, by Mr. ROUND.

Mr. Archer-Hall asked me to see Mrs. X. on June 15th. She was then so blind that it was impossible for her to get about alone. On casual inspection I found her mouth, generally speaking, both clean and well cared for; there seemed at first very little chance of finding anything orally to account for her condition.

Radiographs taken by Dr. Harold Black suggested definite evidence of apical trouble at the root of the upper left first bicuspid. There was a shadow at the apex of this tooth suggesting rarefaction, and the crown of the tooth was carious. The upper right first molar had recently been extracted. On clinical examination the radiographic evidence was confirmed, the upper left first bicuspid was found to be carious, very tender on palpation, and on tapping the tooth, an apical impulse could be distinctly felt; the pulp was found to be dead. Two other teeth very tender, and somewhat loose on palpation, were the upper left second bicuspid and the lower right first molar; on radiographic evidence the latter appeared normal, but the apex of the former suggested a very slight area of

x x

Radiographs by Dr. Harold Black, showing the affected teeth. x = Apical abscesses.

saw 6/12. With ophthalmoscope: very slight optic neuritis, not enough to account for the blindness. The blindness seemed due to an inflammation of the optic nerve posterior to the eye, but extending forwards so that slight inflammation could be discerned with the ophthalmoscope at the optic disc, and apparently due to a toxæmia arising from some septic focus, but there was no evidence of sepsis in the accessory nasal sinuses or elsewhere.

At that date I had cured two patients of unilateral blindness from retro-ocular neuritis by having one or two obviously carious teeth removed, thinking them probably the seat of abscess; in each case my surmise

rarefaction and some evidence of apical absorption. There was a slight amount of gingivitis in the area of the lower incisors, due to a small deposit of tartar, and the radiograph showed some alveolar absorption as a result of this. It was thought advisable to extract the two upper left bicuspid and the lower right first molar, and this was done under nitrous oxide. The lower incisors were scaled and the gingivitis soon cleared up. Examination of the teeth after extraction entirely supported radiographic and clinical evidence; there was some absorption of all apices, except in the case of the anterior root of the lower right molar which appeared to be normal.