case probably staphylococci from the carbuncle entered the branch of the right ophthalmic artery which supplies the optic nerve, causing inflammation which travelled along the lymph sheaths and produced the cerebral abscess which extended over the right half of the chiasma. The left optic tract showed degeneration throughout its course, but this was much greater in its medioventral and mediodorsal parts. A definite conclusion on the question whether the crossed and the uncrossed bundles have a separate path in the optic tract or run together could not be reached from this case on account of the uncertainty as to the part played by the inflammation present. Degeneration was present throughout the whole of the external geniculate body, and it was greatest on the medial side where the radiation lies near the anterior corpus quadrigeminum. [Leonard J. Kidd, London, England.]

Terrien. AMBLYOPIA DUE TO CARBON DISULPHIDE. [Paris Médicale, April 17, 1920.]

The history of two patients, aged 45 and 48 years, who were employed for eight hours daily in a badly ventilated mustard plaster factory, is here reported. They had to spread indiarubber in solution on paper which was then covered with mustard. In both of these patients there was a very large central scotoma associated with narrowing of the visual fields. The prognosis of amblyopia due to carbon disulphide is usually favorable and the occurrence of atrophy is rare. Recovery takes place in 33 per cent. according to this author's statistical summary, improvement in 25 per cent., and in 20 per cent. treatment failed. Since the toxemia takes place through the respiratory tract it is important that factories should be well ventilated. As soon as signs of toxemia develop strychnine, small doses of iodides and diaphoretic measures should be employed; vapor baths and infusions of jaborandi leaves are suggested.

Terrien, F. REACTION OF OPTIC NERVE IN MENINGITIS. [Ann. de Méd., 1920, 7, No. 6.]

According to Terrien since the optic nerve is surrounded by meningeal structure, what affects the meninges elsewhere generally affects these surrounding the optic nerve. Lumbar puncture relieves the optic nerve, and antimeningococcus serum aids in combating a perineuritis. The grave ocular complications of former years since lumbar puncture have been made the routine practice are not so prevalent. Syphilitic retrobulbar neuritis and perineuritis also yield to treatment better. A single lumbar puncture in treatment of postmeningitic visual disturbance has improved vision from 1/6 to 2/3, and cured auditory postmeningitis lesions.