

Klauber, E. EDEMA OF THE OPTIC DISK IN BRAIN INJURY. [Klin. Mbl. f. Aughkl. Apr., May, 1918.]

Klauber reports upon two groups of cases of injury to the skull comprising 72 cases each. The complication in the first group consisted in injury to the bones of the skull and of these 2.8 per cent. of the cases had papillary edema, two of these cases proving fatal. In the other group the dura mater was punctured. 32 per cent. of these died, 30.6 per cent. had papillary edema. The cause of the edema is believed to be in an endocranial stoppage of the lymph and it occurs in infected wounds of the brain chiefly in wounds of the back of the head. Klauber considers it "in a certain measure a prolapse of the brain into the viscera of the eye." He examined 6 cases histologically. Only a smaller number of these showed infiltration of small cells into the papilla. There was edema in the optic nerve trunk decreasing from before backward. Klauber does not consider the subarachnoidal dropsy in the ampulla and the descending perineuritis and interstitial neuritis in the hinder parts of the optic nerve, which are connected with the terminal meningitis, as essential to the appearance of the papillary edema.

Lewis, F. P. RETINAL HEMORRHAGE. [J. A. M. A., June 15, 1918.]

Dr. Lewis reports a case of retinal hemorrhage. A woman had been suffering from recurrent hemorrhages from the retina and had been under the advice and observation of competent specialists for eight months. Elimination by the kidneys and skin was the chief treatment used. She had no arteriosclerosis; her blood pressure was only 120 mm. of mercury, but she had marked leukocytosis. Her age was only 46 years. Five years before she had an abscess of the antrum which had apparently recovered, though when it was subsequently opened a quantity of sterile pus was removed. Pyorrhea was very evident, and the roentgenogram showed apical abscesses of several teeth. The infected teeth were removed, and cultures made. These showed that the active organism was the *Streptococcus hemolyticus*. The removal of the teeth was followed by cessation of the hemorrhages. In another case of recurrent hemorrhage in a man, aged 70, with a blood pressure of 200 mm., the same cause was suspected, and the same organism found. He was treated by autogenous vaccines, and the hemorrhages ceased. Lewis says that retinal hemorrhage is much more frequent than generally supposed and is not dependent on blood pressure. "It may be associated with, but is not directly caused by, arteriosclerosis, albuminuria, diabetes or other diseases involving disturbed metabolism or focal infections. In any of these conditions, protein toxins may be given off. These are easily absorbed into the circulation, more especially when they arise from focal infections that are proximal to the eye. The organism which is most commonly present is the streptococcus, and the form frequently found is that of the *Streptococcus hemolyticus*. The hemorrhage thus