

favor the posterior localization in the region of the tip of the occipital lobe. According to their observations if the wound is superficial the scotoma is purely macular; if it is more profound, the scotoma increases in size. It may be either macular or paramacular. Finally if the lesion affects only the anterior portion of the visual sphere, the scotoma is peripheral. Nothing, the authors conclude, justifies the existence of a special cortical center for color vision.

Axenfeld, Th. HEMIANOPIC DISTURBANCES OF THE OCULAR FIELD OF CRANIAL SHOT WOUNDS. [Klin. Monatsbl. f. Augenheilk., B. LV, p. 126.]

Eight cases were considered, four biocular hemianopsias, one of hemianopsia inferior. Here the injury was exclusively on the right side, caused by a tangent shot; the effect of the injury may, however, extend beyond its original seat, and the occipital flap may be injured as well. Cases of asymmetries of defects, one of hemianopic scotomata, were also observed. The extension of relative defects was symmetrical, of the absolute defects included therein, asymmetrical. All the initial blindnesses have disappeared. One case of filling papilla was induced by disrupting brain portions and hemorrhage. In one case a hemianopic quadrant defect was present in the upper half of the visual field. In another terrifying hallucinations had their origin in the defective portion of the field of vision. In spite of the fact that the injury appeared to be cortical, it must be assumed that subcortical portions were injured, which again emphasizes that the distant effect of the injury must not be neglected.

Blue, Robert. MACULAR DEGENERATION. [Journal A. M. A., Nov. 1, 1919.]

Blue adds one to the reported cases of macular degeneration occurring in two or more children of the same parentage, and of the type originally described by Dr. R. D. Baten and subsequently by Stargardt, Pusey and others. "The most striking feature of this disease is that it is familial; conformity to Bolling's laws of heredity has been complete in all reported cases. The lesion is macular in the beginning and is rather closely confined throughout the course of the disease to this area and its immediate vicinity. Subjectively, this is evidenced by a central scotoma with no restriction of the peripheral field. The disease in all reported cases to date begins in early childhood; the fall in central vision is rather rapid to the point where reading is laborious. From the subjective standpoint it is slower from this point forward, and after reaching a certain grade may remain stationary for years. Blindness never supervenes. Mental deterioration does not occur. Those afflicted with it are of average intelligence and health, the only abnormal feature being the visual disturbance and the macular and perimacular lesion."