child of ten. I once saw a tonsilitis prove fatal with orbital signs of phlebitis. Infection from the pharynx would here be by the pterygoid plexus. The absence of valves permits the extension of infection *via* the petrosal sinuses from the middle ear and mastoid to the cavernous sinus, and is apt to show it by causing paralysis of the sixth nerve. Exophthalmos in such cases probably always means extension to the orbital veins.

That optic nerve inflammation and atrophy is sometimes due to nasal diseases is undoubted. Exophthalmos is usually present. The nerve is more nearly related to posterior ethmoidal than to the sphenoid, in fact the periosteum of the canal is merely the dura of the nerve, and Onodi found actual openings in the bony wall in many cases. De la Personne believes that most unilateral optic neuritis is due to nasal disease, and there has been much literature recently in support of this view. My own experience has not borne this out, as in two recent cases of acute unilateral retrobulbar neuritis in my own practice no evidence of nasal disease could be found. Both had progressed from central scotoma to nearly total blindness in a few days before showing optic neuritis, and both recovered spontaneously in a short time. Parsons, Snell and others report cases of orbital cellulitis and optic neuritis from carious teeth and following extraction. Involvement of the third nerve from cerebral disease of otitic origin is undoubted, but whether it occurs without other cerebral involvement is open to question.

I can quote the co-incidence of a septic polypus-filled middle ear, with total third nerve paralysis and slight optic neuritis on the same side, and to-night I showed a man with ophthalmoplegia interna in the left eye and till recently a septic right ear. In neither case could other cause be found.

Lagophthalmos, due to facial paralysis, I have seen follow operation for acute frontal sinus disease. The same condition after mastoid operation we have all seen. Politzer says it is rare after mastoiditis *per se*, but that he has seen slight transient paralysis during acute otitis media. I last week saw a child aged four who had developed facial paralysis during the first week of otitis media complicating scarlet fever. The ear was filled with fetid debris, and the lining was necrotic. She died two days later.