

the centre for strong closure of the eyelids is physiologically distinct from that for their gentle closure. If the orbicularis is paralysed the associated inhibition of the levator still occurs on an attempt to close the lids. But, if the inferior rectus is paralysed, a fruitless attempt to rotate the eyeball down is not attended with inhibition of the levator. This phenomenon (of which photographs were shown) is difficult to explain. Possibly this relaxation of the levator is not the result of a central mechanism, but is reflex from the commencing tension on the fibres, and so does not occur if the globe does not move. If so, the fact is of much interest in relation to the mechanism of other movements in the body. Lastly, it is pointed out that the eyelids commonly participate in the movements of the eyeballs in vertical nystagmus.

Ophthalmoscopic appearances in Tubercular Meningitis.—The following is an abstract of a paper on the "Ophthalmoscopic Appearances in the Tubercular Meningitis of Children," by GEORGE GARLICK, M.D.:—The ophthalmoscope discloses changes in the optic discs of about 80 per cent. of the children who die of tubercular meningitis. These changes fall under one of two heads—viz., optic neuritis or distension of the retinal veins alone. As the discs vary physiologically in different individuals and even in the same person, the two are often not alike; progressive change is better evidence than can be obtained from a single examination. In a small proportion of cases the optic changes occur very early in the course of the disease, and enable a diagnosis to be made when the symptoms are equivocal; this is the case when the meningitis is seated chiefly about the optic commissure. But the ophthalmoscopic changes are an important factor in the diagnosis in a much larger number of cases. The two forms of disc change—viz., optic neuritis and distension of the veins—appear related respectively to meningeal inflammation and pressure. The intracranial pressure may result from excess of ventricular or of subarachnoid fluid, and gives evidence of its presence in the anæmia of the cranial