

Ophthalmology

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"Papilloedema," "Optic Neuritis," "Choked Disc." By SIR VICTOR HORSLEY. *B. M. J.*

Sir Victor Horsley wrote this paper in vindication of his views, that in cerebral tumor the optic neuritis is ipsilateral with the tumor, appears first on the side of the tumor, or, as he expresses it, on the side of a "tension lesion." He quotes a number of cases showing that ipsilaterality is the rule and contralaterality is the rare exception.

He says the papilloedema usually begins at the upper nasal quadrant, and advises that this region of the disc should be watched in doubtful cases in which tumor is suspected.

He describes an experiment which he thinks proves the theory of the late Mr. Gunn, that the macular figure seen in edema of the retina is due to tension lines which centre at the fovea. He fixed the fundus of an eye, from a case of early optic neuritis, and exposed the preparation to drying, and as the drying process proceeded the retina began to crinkle in a star-shaped pattern, centering at the fovea. He also says that the white spots which compose the figure are situated in the nerve fibre layer.

W. H. L.

The Ocular Palsies Associated with the Induction of Spinal Anesthesia by Various Solutions. By WENDELL REBER, M.D. *Journal A. M. A.*

In this paper attention is called to a somewhat rare complication following spinal anesthesia induced by novocain, stovain, tropocain, cocain and alypin, namely, paralysis of one or more of the ocular muscles. The complication occurs in about one in four hundred cases, though different observers have given different proportions, one even making it one in a hundred cases. The paralysis comes on in about two weeks after the induction of anesthesia, though it has occurred as soon as five days after, and as late as