

as a central scotoma with intact peripheral field. 3rd. Because of the difficulty in diagnosing affections of the sinuse and the posterior ethmoid and sphenoid cells and the great danger to life and vision, the early demonstration of this central scotoma can be of the greatest significance.

4th. The differential diagnosis between toxic and infectious optic neuritis and a disease of the optic nerve from an affection of the posterior ethmoidal cells would rest upon (a) unilateral nature of the condition although it is sometimes bilateral (b) the relatively acute development of the visual disturbances and its progressions to an absolute scotoma. Anatomically the cause of the central scotoma is an isolated disease of the pupillo-macular fibres behind the entrance of the vessels. It consists of an œdema of the optic nerve, swelling and proliferation of the ganglion cells and a pronounced degeneration of the nerve fibres. Venous stases of a circumscribed area, besides a toxic injury to the nerve fibres has to do with its origin and reaction.

T. R. TORAK. "The Treatment of Ocular Tuberculosis and Tuberculin." *Arch. Ophthalmology*, 1907.

After mentioning the various operative procedures for the relief of ocular tuberculosis, Torak gives his own experience of the treatment of 16 cases by tuberculin in the eye clinic at Budah Pest. Tuberculin T. R. was used, the first injection was 1-1000 m.g. and was then slowly increased. The majority of patients were treated by the ambulatory method. Of the 16 cases 8 were cured. 4 showed marked improvement and in 2 cases there was no results.

BRÜCKNER. "Experience with Koch's Tuberculin." *Arch. Ophthalmology*, September, 1907.

Tuberculin was used in 38 cases, 53 injections being made with old tuberculin and 152 with tuberculin T.R. T.V. was injected deeply into the muscles in the inter scapular region, no local reaction resulting. T.R. was injected subcutaneously in the forearm and was followed by sharp reaction lessening in intensity as the solutions were made more concentrated. Brückner attributes this reaction to the glycerine water used in diluting T.R. Abscess formation was never observed. In 35 cases where T.R. was used for diagnostic purposes 17 showed a general reaction. Twelve acute cases of iritis and irido-cyclitis were treated and two gave a positive general reaction while in fourteen chronic cases a positive reaction was observed in eleven. The majority of cases in which the clinical picture suggested tubercular diseases of the uvea, reacted positively to the injection, but one has to remember that the reaction may be due to tubercular foci elsewhere in the body hence the