

even stagnation of the circulation which they occasion are sufficient to produce an acute disintegration of the red corpuscles. These disintegrating masses, like the conglomerations of white corpuscles, become thrombi and a copious diapedesis follows. The fine capillary circulation in the lids, orbit and uveal tract of the eye would favor this development. The inflammations of the choroid, iris, orbit or lid which sometimes follow parturition would, I think, be better explained by this hypothesis than that of an embolus.

I have known acute orbital cellulitis follow furuncles of the face, the road being the angular vein. Cases have been reported after tonsillitis, the course here being *via* the sphenopalatine vein. Suppurative phlebitis would cause it, the suppuration being set up by abscess of the face, lips, etc.

Let us now pass to the third group, those secondary eye complications arising through nervous influence. The ocular lesions in these cases may be purely reflex, or they may be of a trophic nature consequent on the depressed or irritable state of the nervous system arising from a generally impaired nutrition. Of the former or purely reflex, I have had a most marked case lately under my observation. It was a case of irritable monocular conjunctivitis which resisted all forms of treatment, and although I examined the nose at the outset, the pathological state seemed too slight to account for any such marked reflex phenomena. In the nose there existed slight hypertrophy of the superior turbinated, which pressed at one point against the septum. However, finding everything else failed, after a couple of consultations the removal of the offending hypertrophy was decided on, and after six weeks of tunnelling, etc., the recovery of the eye was complete.

Similar reflex phenomena can arise from carious teeth, for cases of strabismus, paralysis, spasm of muscles, conjunctivitis, keratitis, glaucoma, amaurosis and exophthalmos have been reported. Rumeau asserts that these may not all be purely reflex in nature, but may be due in the more superficial diseases to some obstacle to the venous circulation by compression of the ophthalmic or facial vein. Removal of the affected tooth in all the above cases effected a cure or caused great improvement.