

second case was that of a woman who for a long time had had a goitre the size of a fist, which had never caused her the least inconvenience. Suddenly it began to grow, and although causing no pain the dyspnea and dysphagia were intense. Finally, the neck measured 81 cm. in circumference. The patient was not very thin, but death occurred after the cancer had been growing seven months. Autopsy was not allowed. In cancer of the thyroid the general condition remains good for some time. The grave anemia of other cancers is not met with here.—*Medical Record*.

OCULAR COMPLICATIONS OF INFLUENZA.

Pechin (*Recueil d'Ophthalmologie*) records the varied and complex eye symptoms which have been described as being directly or indirectly associated with influenza, most of the lesions he ascribes to the toxins produced by the bacillus of Pfeiffer, but some symptoms, such as muscular asthenopia, are attributed to muscular fatigue.

The lids are sometimes the seat of inflammatory edema, which may be due to conjunctival or ciliary abscesses, or it may be a manifestation of inflammatory action in one of the neighboring frontal and nasal sinuses. Conjunctivitis may appear as a reflex symptom in rhinitis or ethmoido-frontal and maxillary sinusitis, and may be associated with small hemorrhages into the bulbar and palpebral conjunctiva. Numerous corneal lesions have been noted in the course of influenza, and include surpiginous keratitis with hypopyon, dendritic keratitis, keratitis punctata superficialis, parenchymatous keratitis and phlyctenular keratitis, whilst corneal ulceration may complicate the conjunctivitis of influenza during convalescence. Tenonitis and recurrent episcleritis are among diseases attributed to influenza. But of all the ocular structures the uveal tract is the most vulnerable to the influenzal poison. Iritis has not often been observed, but cyclitis, often of a curious type and sometimes associated with hypopyon, has been recorded by several observers. In the latter case the iris remains absolutely unaffected, notwithstanding the fact that the pus in the anterior chamber has been found to contain bacilli identical with those found in the bronchitic sputum of influenza. As a rule the process is persistent and painful, and is followed by loss of vision or even phthisis bulbi.

Even the lens and vitreous are not spared; cataracts have been known to develop suddenly after influenza, and acute inflammation of the vitreous and suppurative hyalitis have been reported.

There are numerous records of glaucoma having developed during or after influenza, and also of hemorrhages into the retina,