

has noted, that when the nervous apparatus of the eye is solely involved the affection is bilateral, but when it is implicated along with the uveal tract the neuritis is unilateral in character. Pathological investigation favors the blood-vessels rather than the lymph spaces as being the principal route for the infection. The prognosis must be guarded, though, generally speaking, the outlook is good.

The cases of dacryoadenitis, which have been attributed to systemic gonorrhoeal infection, conform to what we know of inflammation of the lacrimal gland in general, namely, that while the cases caused by direct extension are generally unilateral and go on to suppuration, those produced by metastases are usually bilateral in character and end in resolution.

In reading through the study one is impressed by the fact that these deductions and conclusions have been arrived at only by persistent and conscientious observation and application. The clinical features are not the only valuable points brought out in the work; if only for presenting a complete and reliable bibliography upon this rather obscure subject Byers deserves the gratitude and appreciation of all interested in the theory and practice of ophthalmology.

F. T. T.

BIRCH-HIRSCHFELD. "Optic nerve disease in connection with diseases of the posterior accessory sinuses of the nose." *Grafe's Arch.*, May, 1907.

During the past few years the close relationship existing between the nasal cavity and the orbit have become the subject of much investigation, with the result that many lesions occurring in the eye and its adnexa have been traced to co-incident affections of the nose. Birch-Hirschfeld records the histories of four cases: in the first there was a relative scotoma followed by an absolute scotoma and exophthalmos; there was inflammation of the antrum, ethmoid and sphenoid, originating from an alveolar abscess, the inflammation finally extending to the superior orbital fissure causing paralysis of the oculo-motor and abducens. Oedema of the orbit was the cause of the exophthalmos. In the second case there was a central scotoma which rapidly improved upon removal of the sinus trouble, the third was due to acute empyema of the ethmoid perforating into the orbit; the relative scotoma which existed disappeared upon evacuating the pus; in the fourth case there was a neoplasm in the sinus extending into the orbit which called for exenteration of the orbit. The conclusions drawn are: 1st. That inflammatory affections or neoplasms of the posterior ethmoidal cells can spread to the orbit and optic nerve producing early and severe damage, to the visual acuity and even blindness. 2nd. Visual disturbance may first appear