

"Choked disc" of the Germans—occurs in about two-thirds of all cases of tumor of the brain. It is not an early symptom, is most common in cerebellar tumors, and is usually binocular. If unilateral, the tumor is as a rule in the anterior lobe upon the same side as the neuritis. Vision is usually affected, but it may not be.

In cerebral abscess there is often severe optic neuritis, more marked upon the side of the lesion, impairment of vision in any degree, contraction of the visual field, disturbances of color vision, and conjugate deviation of the head and eyes towards the side affected. In rapidly advancing suppurations, however, the diagnostic value of the eye symptoms is apt to be impaired by the appearance of remote symptoms from the opposite hemisphere.

In cerebral hemorrhages there is usually a loss of one half of the visual fields—either fleeting or permanent. Conjugate deviation of the head and eyes towards the side affected is common, and there may be optic neuritis, especially if the hemorrhage has been into the sheath of the optic nerve.

In meningitis the eyes take part in the general hyperæsthesia and there is great sensitiveness to light. Meningitis of the convexity may cause cortical blindness without ophthalmoscopic signs, while basilar meningitis carries in its train paralysis of the ocular muscles, optic neuritis with great congestion of the nerve head, nystagmus (frequently), anæsthesia of the cornea with its attendant neuro-paralytic keratitis, and atrophy of the optic nerve. Epidemic cerebro-spinal meningitis is frequently characterized by œdema of the conjunctiva, infiltrations into the cornea, and destructive keratitis.

In disseminated sclerosis, the ocular symptoms are of considerable diagnostic value. We find, for instance, (in about one-half of all cases) true nystagmus—a very rare symptom in other forms of general nervous disease. Defects in the central portion of the fields of vision—scotomata—often only for colors, are very common in disseminated sclerosis and very uncommon in hysteria, between which and disseminated sclerosis the differential diagnosis may have to be made. Moreover, paralyzes of the ocular muscles are very common in disseminated sclerosis—very uncommon in hysteria, in which, however, we often see spasms of those muscles.