SPECIAL SENSES.

IN a paper in the *Boston Medical and Surgical Journal* Hammond, of Boston, discusses recent progress in otology. The importance of not delaying operation too long in **Acute mastoiditis** is emphasized by Bliss. Pain over the mastoid, œdema there, and high fever, persisting for some days indicate the necessity of opening the cells. Cases were recorded during the year, however, showing that the absence of high temperature is at times of absolutely no value as an indication of the necessity of operation. Once more the essential difference in an otitis coming on during or after influenza from other kinds of otitis has been laid stress upon (Goldstein). In such cases the mastoid is invaded simultaneously with the middle ear, and early and free incision of the drum is necessary. The cells at the base of the zygoma are regarded by Whiting as the cause of many cases of recurring mastoiditis, and their removal is advocated in all operations in that vicinity. In chronic catarrh of the middle ear as might be expected from what we know of the drug, thiosinamin has been found useful. Randolph, a careful observer, has found the catarrh distinctly benefited by half-grain doses given three times a day. Larger doses caused vertigo. It was especially useful in cases of tinnitus. It has also been given hypodermically. The drug is said to cause absorption of cicatricial tissue and leucocytosis. The present abstractor has used it in cases of leucoma corneæ, locally applied and given internally, with fair but not brilliant results. Possibly the massage necessary—it was used as an ointment—might account for the improvement observed. The dismal results in many cases of catarrhal deafness make a trial of this drug well-worth the making. Co-existing chronic tuberculosis, malignant tumours, and scars after laparotomy supporting the abdominal organs, are contra-indications to the use of thiosinamin. Harris (*Arch. f. Ohrenh.*, June 1902) came to the conclusions (1) that we have made very little progress in treating chronic catarrh of the middle ear; (2) that our chief success to-day rests in our ability in setting aside the producing nasal catarrh; (3) that tubal therapeutics and pneumo-massage are at the best too often of temporary benefit and in the hands of some even of decided harm; (4) that all we can promise with safety is to check the deafness; and (5) that prophylactic measures are of the greatest value, especially the removal of the ever-present adenoids. The pessimism of these conclusions is confirmed by the varied assortment of treatments being constantly introduced. The use of super-heated compressed air, dosing with bone marrow, electrolysis of the Eustachian tube, passing rubber sounds into the Eustachian tube, exploratory tympanotomy, operations on the turbinates, &c., &c., all have their enthusiastic supporters and vigorous opponents. Meanwhile the surgeon who does not ape the quack will consult his patients' best interests by continuing to use the methods of treatment that are approved by those best qualified to judge in such a difficult matter.

At the 14th International Congress of Medicine in Madrid, April 1903, *Fernandez*, of Cuba, read a paper on diseases of the eye in a warm climate. He especially observed purulent ophthalmia and trachoma, affections of the lachrymal passages were rare, and Fernandez attributes this to the larger size of the nasal canal in the negro. Cataract was not more frequent than in other countries. Cinchonal amblyopia was not rare. Glaucoma presented no especial frequency. H. was common, M. very rare. (*Recueil D'Ophtalmologie*, July 1903). At the same Congress Blanco (Valence) related 24 cases, in which he had performed **Sclerectomy**. Five were cases of absolute glaucoma, one opaque staphyloma, and the rest cases of corneal staphyloma, where the staphyloma was painful and so large that the lids did not cover it. He thinks we have in it a powerful method of ocular filtration capable of employment in all cases where there is hypertony. It is in short a conservative operation avoiding the necessity of amputation and enucleation.

Antonelli (Paris) contributed a comprehensive review of optic neuritis in the course of various acute affections, —influenza, syphilis, enteric fever, meningitis, erysipelas, variola, diphtheria, &c., and described the chief characteristics of the neuritis as met with in each general treatment should be that of the disease. Locally Antonelli found pilocarpin very useful. Injections of strychnine and Cheron's serum were also recommended by him.

At the Mexican Ophthalmological Society in March 1903, *Troncosco* made a contribution to the **Pathogenesis of cataract** as a result of his examination of the aqueous humour in nine cases. Three were commencing cataracts, five ripe, and one hypermature. Of the three incipient, two were nuclear and one cortical; in the former, the proportion of mineral substances were increased to 29.37 p. c. The organic matter was normal. In the commencing cortical cataract, on the other hand, the mineral substances were normal. In the ripe cataracts both organic and mineral matters were normal. According to the author this negatives the idea of Deutschmanux and Leber that, during the formation of cataract, there is an increase in the quantity of albumen; that is only found in glaucoma and in very ripe cataracts. His observations do not much confirm Professor Peter's idea that throughout the formation of cataract there is an increase of saline matter in the aqueous humour, in this increase is due to a special affection of the secretory epithelium of the ciliary processes.

It appears reasonable to admit with Dr. Troncosco that the increase of salt early in cataract causes an abstraction of the water of the nucleus, and that at the moment when this diminishes the cataract begins. New investigations are required upon this point. (*Recueil D'Ophtalmologie*, October 1903.)

Hurd reports a case of **iniection of Paraffin** for saddle-nose, followed by blindness from embolism of the central artery of the retina. Two injections were given with good effect. A third was then given, first towards the tip of the nose, then towards the base. At this moment the patient rubbed his eye said he could not see well. A trifling ecchymosis at the seat of puncture soon showed that a vein had been injured. Examination of the eye showed large pupil without reaction, vision *nil*. Retina transparent, veins normal. Inferior artery visible, superior still contained a little blood, but divided into sections. Digitalis, nitrite of amyl and compression of the eye employed. Typical appearance of papilla and macula came on in three hours. No amelioration obtained. The author considers there was an inter-auricular perforation allowing the passage of a foreign body from the venous to the arterial system without passing through the lungs.

F. P. M.

ANNUAL REPORTS.

REPORT ON VACCINATION IN THE MADRAS PRESIDENCY FOR 1902-1903.

IN submitting this report Lieutenant-Colonel W. G. King, C.I.E., I.M.S., comments adversely on the arrangement by which the Inspector of Vaccination is at his disposal for only three months in the year. His other duties comprise those of Deputy Sanitary Commissioner, Professor of Hygiene and of Practical Bateriology in the Medical College. The Sanitary Commissioner reports that "the *personnel* of the Vaccination Department in this Presidency is badly paid, badly educated and, by reason of multiple masters, badly disciplined." Captain J. W. Cornwall, I.M.S., acted as Inspector of Vaccination and Deputy Sanitary Commissioner throughout the year. The total primary vaccinations numbered 1,250,762, the re-vaccinations 81,447, giving a total of 1,332,209 cases. Lymph in various forms was used, with the following percentage of success:—Glycerinated lymph 87·4 and 97·3; calf-to-arm 98·5; animal lymph in tubes and plates 97·0; lanoline lymph varying from 88·5 to 95·7. The lanoline lymph prepared at the Bangalore Institute is favourably commented on.