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antityphoid vaccination already noted in the French Army, the majority are devoid of scientific accuracy and cannot be seriously considered.

It is common knowledge that owing to imperfect asepsis, severe septic infections may follow the administration of antityphoid vaccine. de Lapersonne quotes the case of a soldier who after a second or third injection suffered from multiple boils, septic pneumonia, and metastatic purulent uveitis leading to the loss of one eye. Such complications cannot be attributed to the vaccine per se, and moreover are wholly preventable.

Observations of sequelæ occurring in other organs lend support to the view held by this observer that the severe reaction which follows antityphoid inoculation in some patients may excite inflammation in an eye which has previously been the subject of keratitis, iridocyclitis, etc., and he considers that there is a certain analogy between such an occurrence and the ocular lesions which occasionally follow injections of tuberculin, or the administration of arsenical preparations in syphilitic patients.

In one of the cases published by Morax (loc. cit.) the herpes occurred, after the fourth injection, in an eye with scars of a former keratitis; in the other, the corneal lesion appeared after the third injection, but there is no evidence that the eye had had any previous trouble. In both patients the reaction after the injection was noted as intense.

In the observations published by Bond, two cases are mentioned in which the administration of vaccine seemed to excite trouble in tissues which had previously been the seat of disease: (1) a sergeant who had had rheumatism in one knee in August was inoculated in October; the inoculation was followed by severe pain in the previously inflamed knee-joint; (2) an officer in whom inoculation was followed, on each of two occasions, by conjunctivitis in an eye which had previously been the seat of inflammation.

Retinal Hæmorrhage

As having a bearing on a subject which has recently received a good deal of attention in ophthalmic literature we transcribe from the Lancet of April 14, 1917, the following synopsis of an article by Amsler (Correspondenz-Blatt f. Schweizer Aerzte, 1917, p. 318) dealing with 164 cases of retinal hæmorrhage in private and hospital practice. "Stated in percentages, the etiological factors were as follows; arterio-sclerosis, 55; heart disease, 8; albuminuria, 8; glycosuria, 3; menopause, 6. The percentage incidence in successive decades from 20 to 70 years was 4, 7, 13, 27, and 36 respectively, and 13 above seventy years. Nearly two-thirds of the cases were in women, and in them the prognosis was relatively more
favourable, especially in the cases associated with the menopause. In 20 cases the typical picture of thrombosis of the central vein was present, and in one of these (a woman, aged 47 years) sight was restored in six months, and vision was still 4/5 four years later. The low percentage of cases of albuminuria in these statistics is somewhat remarkable, but tends to support the views recently expressed by P. C. Bardsley (Brit. Jl. of Ophthal., April, 1917), namely, that the prognosis in cases which show moderate vascular disease of the retina is not so bad as has generally been thought. As has been shown by R. Foster Moore, cases of retinal vascular disease must be classified in various categories, the prognosis varying according to particular type. It is, therefore, somewhat misleading to regard hæmorrhagic retinitis as a single clinical entity; it is a symptomatic condition which must be evaluated according to concomitant factors."

Drugs

At the recent annual meeting of the Central London Ophthalmic Hospital the atropin problem came in for some attention. It was pointed out that the remedy could be obtained prior to the war for about 23s. an ounce, whereas it has recently cost over £8 an ounce.

From a recent issue of the Lancet (April 28, 1917) we note that a colloidal form of cocain has been put upon the market. A sample of the new product (1 per cent.) tested in the Bacteriological Department of Guy's Hospital, London, showed that for all practical purposes it was non-toxic in rabbits, while a couple of drops produced anaesthesia of the eye both in rabbits and the human subject. In the opinion of the investigator, therefore, colloso1 cocain may be regarded as an efficient local anaesthetic.

Our contemporary La Clinique Ophtalmologique publishes in its issue of January last (received only the other day) abstracts of two German articles, both of which point the moral that optochin, when given internally, even with great care, may cause blindness from optic atrophy. Such observations are not exactly novel. For example, Fränkel (Berl. klin. Wochenschr., 1912, p. 664) found that 14.3 per cent. of the patients treated internally with optochin developed amblyopia, and G. H. Oliver (Brit. Med. Jl., April 22, 1916) had such a case under observation. In order to prevent such accidents, one of the authors whose work is abstracted in the French journal recommends that optochin be given in doses of 0.20 grm., not exceeding a total of 1.20 grm. a day, and, furthermore, that basic optochin be employed, which is less readily soluble than the hydrochloride salt in more general use.

An article describing the surgical uses of ozone appears in the Lancet, of May 26 last. The writer, Mr. George Stoker, gives a