

Selections.

Accidental Vaccination on the Lip.

Accidental vaccination on various parts of the person is not very uncommon, but all cases of its occurrence are deserving of record. In the *Lancet* for June 23rd, Mr. A. R. Henschley says that he was recently sent for to see a woman supposed to be suffering from erysipelas. When he arrived he found the sub-maxillary lymphatic glands enlarged and a slight swelling of the left cheek. The lower lip was also swollen and had a large and a small vesicle near the injunction of skin and mucous membrane at about its centre. Some ten days previously he had vaccinated her child, and he extracted from her the information that the baby had scratched her lip and that she had accidentally rubbed the vaccination pad with some discharge on it on her mouth while dressing it.—*New York Medical Journal*.

Pilocarpine in Deafness.

The use of pilocarpine in certain forms of deafness is not altogether new, but Dr. Emery (*Massachusetts Medical Journal*, June) calls attention to the fact that it is more frequently overlooked than, considering the usually hopeless prognosis of nervous deafness, it ought to be. He records two cases in both of which total deafness came on suddenly with nausea and vomiting. In the first case, but not in the second, there was also vertigo, and further, right facial paralysis ensued. Subjective noises in the ears were present in both cases. Both aerial and osseous conduction were obliterated. The first patient had a syphilitic history, but none could be elicited in the second. Severe pain was present in both cases, in the first at the back of the head and in the second at the vertex. The author considers that in the first case the auditory centres in the cerebellum were probably the seat of syphilitic exudation, while in the second the lesion was probably labyrinthine and apoplectoid in character, most probably due to the rupture of a small vessel in each of the two labyrinths simultaneously, the attack having taken place while the man was stooping at his work. The treatment consisted, after many other measures had failed, of injections of pilocarpine under the skin of the shoulder. The injections were at first of the strength of one twelfth of a grain and were administered daily, but as the strength was gradually raised to one-third of a grain the frequency was diminished to every second and every third day. The patient remained in the recumbent posture for some six hours after each injection. Improvement in hearing mani-