siderable interval of time between them, and although the ocular disease may come after the deafness, it is much less common for it to do so. Thus, in thirty-two cases under my observation, the eyes were attacked first in fourteen, at the same time as the ears in six, and after the ears in only four, the relation being doubtful in eight.

The eye conditions met with in the seventeen cases under discussion were sufficiently serious in ten (five boys and five girls), or 58·8 per cent., to require their transference to Homerton Residential Deaf Centre, in order that they might have special instruction. Every case showed interstitial keratitis or its results, five had old iritis, three had posterior synechiæ, one had had iridectomy performed, two showed choroidal changes, and one had progressive optic atrophy.[1] Nothing shows the ravages of congenital syphilis in a more terrible light than do these cases, and the acquired deaf-mute who owes his condition to this cause is in a far more terrible plight than any other class of normal deaf-mute. I would allude particularly to Cases XII and XVII. The first of these, a bright and very intelligent girl, is stone deaf and has both corneæ of a dense and almost horny character, with both pupils occluded and excluded, and her vision reduced to bare perception of light. She has been taught Braile, but can only converse by means of words spelt upon her own fingers by others. Her work with the stocking machine, in the manipulation of which she is an adept, is remarkable. The second case, who is too blind to learn lip-reading, I shall have occasion to allude to later. Case XV, with posterior synechiæ on both sides and progressive optic atrophy, is another instance of too great visual defect to allow of success in lip-reading.

(*To be concluded.*)

DEATH OF AN EMINENT OTOLOGIST.

Our readers will hear with regret of the death of Prof. Zaufal, of Prague, which took place on February 8 of the present year, in the seventy-third year of his life. His valuable contributions to otology are well known, and he is probably the originator of the idea of ligaturing the internal jugular vein in cases of phlebitis of the lateral sinus.

[1] These particulars are from the notes of Dr. Bishop Harman, Ophthalmologist to the L.C.C. Education Department.

https://doi.org/10.1017/S1755146300184653 Published online by Cambridge University Press