TABLE XIV.—*At all Ages.*

	No.	Cures.	Deaths.	Mortality.
Cheselden	213	193	20	1 in 10.65, or 9.38 p. c.
Dupuytren	95	76	19	1 in 5, or 20 p. c.
St. Thomas's Hospital ..	124	110	14	1 in 8.85, or 11.29 p. c.
Bristol Infirmary	354	275	79	1 in 4.48, or 22.31 p. c.
15 London hospitals	186	146	40	1 in 4.65, or 21.50 p. c.
28 Provincial hospitals ...	222	195	27	1 in 8.22, or 12.11 p. c.
Norfolk and Norwich H.	910	792	118	1 in 7.71, or 12.96 p. c.
Birmingham General H.	122	112	10	1 in 12.2, or 8.19 p. c.
Radcliffe Infirm., Oxford.	54	46	8	1 in 6.75, or 14.81 p. c.
Keith	208	165	43	1 in 4.83, or 20.66 p. c.
Total	2488	2118	375	1 in 6.58, or 15.19 p. c.

TABLE XV.—*Number of Cases at Different Ages.*

	Und. 21.	21 to 40.	41 to 60.	Abov. 60.	Total.
Cheselden	167	22	17	7	213
Dupuytren	54	14	9	8	95
St. Thomas's Hospital	84	13	13	14	124
Bristol Infirmary	200	69	65	20	354
15 London hospitals	136	16	17	16	186
28 Provincial hospitals	148	28	22	24	222
Norfolk and Norwich Hospital ...	455	119	190	146	910
Birmingham General Hospital ...	96	5	16	5	122
Radcliffe Infirmary, Oxford	34	6	8	6	54
Keith	22	9	58	119	208
Total	1397	301	415	365	2488

TABLE XVI.—*Percentage of Cases at Different Ages.*

	Under 21.	21 to 40.	41 to 60.	Above 60.
Cheselden	78.40	10.32	7.98	3.28
Dupuytren	56.84	14.73	9.47	8.42
St. Thomas's Hospital	67.74	10.48	10.48	11.29
Bristol Infirmary	56.49	19.49	18.36	5.64
15 London hospitals	73.65	8.60	9.13	8.60
28 Provincial hospitals	66.66	12.61	9.90	10.81
Norfolk and Norwich Hospital ..	50.00	13.07	20.87	16.04
Birmingham General Hospital ..	78.68	4.09	16.11	4.09
Radcliffe Infirmary, Oxford	62.96	11.11	14.81	11.11
Keith	10.57	4.32	27.88	57.21
Of all cases	56.14	12.09	16.68	14.67

COMPRESSION OF A CONSIDERABLE PORTION OF THE SKULL-CAP IN AN INFANT SIX MONTHS OLD.

By W. A. ELLISTON, M.D., Ipswich.

A FEW months since, an infant, aged six months, was brought to my house, in a state of collapse and vomiting, having fallen from the arms of the nurse-girl upon a flight of brick steps. Upon examining the child, I found that a large portion of the cranium, a surface of two and a half inches by one and a half inches, and extending over and including the posterior portion of the temporal bone, and the upper part of the parietal and occipital bones, had been driven inwards upon the brain, leaving a considerable depression, into which half a hen's egg cut in the longitudinal direction could have been easily laid. I naturally gave an unfavourable prognosis, and had some doubt whether I ought not to have interfered surgically at once. However, upon seeing the child one hour later in the evening, I found the depression less, the child no worse, and therefore decided that it would be better to wait for more urgent symptoms. I accordingly sent the child into the East Suffolk Hospital, in order that she could be carefully watched. Two days later, she was discharged from the hospital much improved; and, one week later, the depression had almost disappeared.

MASSAWAH:

CLIMATE OF THE SHORES OF THE RED SEA; EFFECTS ON EUROPEANS; PREVENTABLE DEATHS.

By HENRY BLANC, M.D., M.R.C.S.E., F.R.G.S., etc.,
Staff-Assistant-Surgeon, Bombay Army.

PART I.

THE Portuguese missionary, Lobo, gives a very startling account of his misfortunes at Massawah at the beginning of the fifteenth century. The Turks were then the open enemies of the Christians, and the hatred they professed for them was not manifested, as in the present day, by half-muttered imprecations, but vented itself in a form more suitable to their tastes, and to the teachings of the Koran. Fetters and a dungeon, if not a cruel death, was the fate which the Christian might rightly expect, should he be unfortunate enough to fall into the hands of the all-dreaded Muslims. Massawah and Souakin, the two ports on the Red Sea, through which it was necessary to pass before crossing to the highlands of Ethiopia, unless the longer, and as yet dangerous route by the Nile was adopted, were for the Catholic missionaries—those pioneers of African explorers—invested with more dread and terror than the blood-stained plateaux where, for half a century, a cruel religious war alternatively made martyrs of Copts or Romans, according to the religious tenets adopted at the time by the Abyssinian Emperors.

Bruce himself, at the end of the last century, had still to contend there with serious difficulties; and had it not been for his *pluck*, perseverance, and, above all things, for his *medical knowledge*, he would certainly have paid with his life for his love of adventures; and, murdered in the lowlands bordering on the Red Sea, never returned to his own highlands to relate his very interesting, and so unjustly criticised, narrative. But, without going so far back as the well-known traveller I have mentioned; even passing over Lord Valentia's and Salt's unpleasant experiences of the inhabitants of that inhospitable coast, we find all modern travellers—even Mr. Plowden, our late Consul at that port—all complaining of the rapacious character of the natives, and of the covert hostility of the Turkish authorities of the island of Massawah.

On the arrival at that port, in July, 1864, of Mr. Rassam and myself, aware of the difficulties, to say the least, which the authorities always placed in the way of travellers desirous of proceeding into the interior of Abyssinia, we were not without some fears that our mission would experience there its first troubles. However, the very wise precautions taken by the English envoy, his great knowledge of Eastern races, his timely presents, his perfect tact in dealing with those curious specimens of politicals, at once smoothed the way; and from the Pacha's divan, to the grass hut of the Naib of Arkeeko, only words of praise proclaimed the advent of the English Effendi. But at the same time, although I would fain not speak of myself, there is no doubt that this good understanding was also greatly influenced by the practice of medicine, and that Mr. Rassam's companion, in his more humble sphere, had also his share, not merely on that occasion only, but many times afterwards, in winning the confidence, and, in some degree, the affection, of the natives. A *knowledge of medicine* is, in those Eastern lands, *after money*, the most useful of passports; and I was not many days at Massawah before high and low, rich and poor, claimed my medical attendance.

Massawah is, for an European (taking the expression in its widest sense), if not a deadly place, at least one where his chances of life are limited indeed; not that any serious endemic disease usually prevails there—on the contrary, so far the locality might be considered healthy. Fever, it is true, now and then makes its appearance after a shower of rain, and occasionally assumes, in the half-starved native, a pernicious character. During our stay at the coast (about thirteen months), we ourselves never suffered from it; but a few cases broke out amongst our followers, affecting a mild remittent or intermittent type, and quickly yielded to treatment. The danger lies in the oppressive and constant heat of the weather; not only this elevated temperature predisposes to tropical affections, but so weakens the body, so exhausts the frame, that a state of utter prostration is at last brought on, that nothing, except an immediate change to a more temperate clime, can avert an almost certain death. We had ourselves suffered to some extent from that influence: we disliked, on the whole, the place so much, that I doubt whether, if the option had been given to us, we would not have preferred to dwell fettered prisoners in the highlands, rather than free