REMOVAL OF THE EYEBALL: A QUICK AND EASY METHOD.

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It has been suggested to me several times that I should publish a description of the simple way in which I remove an eye. It is as follows:

The only instruments required are: An eye speculum, a pair of toothed fixation forceps, a small pair of blunt-pointed scissors (straight or curved on the flat), and a curved needle threaded with fine iodized catgut.

The patient is anaesthetized. Unless the surgeon be ambidextrous, to remove the right eyeball he stands at the head of the table, and to remove the left at the patient's left side. The speculum is inserted. The eyeball is grasped from above downwards with the fixation forceps rather more than one-third of an inch behind the outer margin of the cornea, a firm hold being taken of all the structures down to the sclerotic and including the tendon of insertion of the external rectus. This tendon is inserted into the globe $\frac{1}{2}$ in. from the cornea. The hold with the forceps is to be retained until the eyeball is removed. A firm snip with the scissors, pressing their nose well against the globe, divides the conjunctiva, Tenon's capsule, and generally most of the tendinous fibres of the muscle. With additional snips the tendon is completely divided. One blade of the scissors is now pushed well home under the conjunctiva, first above and then below the cornea, and that membrane is divided around and as close up to the cornea as possible. No more conjunctiva than is necessary should be removed in order that a plentiful lining may be left to the socket. By rotating the eyeball as far inwards as possible the optic nerve is brought close up to the outer canthus, and is easily divided either near to or far back from the eyeball as circumstances may require. The eyeball can now be lifted well out between the lids, held apart by the speculum, with the forceps, which are still retaining their original hold, and the various muscles easily divided by the aid of sight at their insertions into the globe. The whole of this process frequently does not occupy more than one minute. The bleeding is staunch. The cut edges of the conjunctiva and subjacent structures are now sutured, beginning at the inner side. After pulling the cut edges well out between the lids with the forceps, the first stitch is inserted and tied. By keeping the thread sufficiently taut with the left hand the cut edges of the conjunctiva are kept outside the lids and the subsequent passages of the needle are greatly facilitated. By passing the needle twice through the last loop before pulling it tight the end of the suture is secured. The speculum is now removed. Careful suturing prevents the formation of the troublesome button of granulation tissue which otherwise forms.

Modifications.

1. The order of procedure may be reversed by dividing the internal rectus tendon first.
2. If it be desired to sew the cut tendons of the lateral straight muscles together and those of the superior and inferior straight muscles, to facilitate the process, each of the tendons should be caught by a fine pair of catch forceps before division.

THE fourteenth International Antialcoholic Congress will be held at Milan in 1913.

THE twenty-second congress of French-speaking alienists and neurologists will be held at Tunis in April, 1912 (1st to 7th). The following questions are proposed for discussion: (1) instinctive perversions; (2) nervous and mental disorders associated with malaria; (3) assistance for lunatics in the colonies.

THE total number of students of medicine in the several universities of Switzerland during the winter session of 1910-11 was 1,849. Of these 656 were Swiss, of whom 45 were women. Of the foreign students 488 were men and 705 women. They were distributed as follows: Geneva, 584, of whom 92 were Swiss, including 4 women; 492 were foreigners, of whom 291 were women; Zürich, 432, of whom 160 were women; Bern, 551, of whom 156 were women; Lausanne, 299, of whom 126 were women; Basel, 183, of whom 8 were women.

SEVENTY-NINTH ANNUAL MEETING OF THE

British Medical Association.

Held in Birmingham on July 21st, 22nd, 24th, 25th, 26th,
27th, and 28th.

PROCEEDINGS OF SECTIONS.

SECTION OF TROPICAL MEDICINE.

SIR FRANCIS LOVELL, F.R.C.S., K.C.M.G., President.

PRESIDENT'S INTRODUCTORY REMARKS.

SIR FRANCIS LOVELL made special reference to the sad death of Sir Rubert Boyce, late Dean of the Incorporated Liverpool School of Tropical Medicine, who was to have opened the discussion on Yellow Fever on the West Coast of Africa at this meeting. On behalf of the Section of Tropical Medicine he proposed that a sincere vote of sympathy and condolence be conveyed to the Liverpool School of Tropical Medicine in regard to the loss they had sustained through the death of Sir Rubert Boyce, who was for many years closely connected with that institution, and who did so much valuable research work in tropical medicine and hygiene. He also took the opportunity of saying how cordial the relations existing between the Liverpool and London Schools of Tropical Medicine had always been. He then called upon Dr. C. J. Martin to open the discussion on plague in its endemological and epidemiological aspects.

DISCUSSION ON THE SPREAD OF PLAGUE.

OPENING PAPER.

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IN opening the discussion on this subject I propose to confine my remarks to the knowledge gained from the study of the present pandemic, that is, since plague escaped from Southern China and infected Hong Kong in 1894. I must perforce be concise. Time will not permit me to marshal all the evidence for the support of my statements; I shall, however, append sufficient references to enable any one to ascertain their foundations.*

In the study of this most recent pandemic, epidemiologists have had an advantage over their predecessors, owing to the discovery of the plague bacillus by Kitasato (1894) and Yersin (1894), shortly after the appearance of the disease at Hong Kong. How far knowledge of the disease as manifested in recent years may be capable of explaining the epidemics in Europe during the Middle Ages is a question I shall return to later.

Immediately before 1894¹ plague was known to exist, and to be more or less endemic, in Assyria, in Arabia bordering on the Red Sea opposite Suakin; Mesopotamia, in the basin of the Tigris and Euphrates; North-East Persia, around the southern coasts of the Caspian; Uganda, on the south-west shores of the Nyanza; Gharwal and Kumaon, on the lower slopes of the Himalayas, bordering on Thibet; on the eastern side of Lake Baikal in Siberia, near the Mongolian and Manchurian frontiers; at Solenko in Manchuria; Yunnan, a hilly district in South China just north of Tonkin; Pakhoi, a Chinese port in the Gulf of Tonkin, and various towns between this last and Yunnan.

The map attached shows roughly the situation of these

* The dates in brackets after authors' names in the text refer to the year the observations were published. The full titles and references to the journals, etc., will be found on consulting the bibliography at the end, where this date appears against the author's name.

¹ J. Netten Radcliffe, *The Progress of Levantine Plague*, ninth Ann. Rep. L.G.B. Supplement, 1881; F. G. Clemow, *The Endemic Centres of Plague*, *Journ. Trop. Med.*, vol. 2, 1899-1900, p. 200.