Whether this decrease in numbers during the last seven years is due to recent advanced cerebral surgery I would not say, but it certainly gives the impression that it is not unlikely.

Of the 115 blind afflicted during the first decade of life—

Ophthalmia neonatorum was the cause in	91
Atrophy of the optic nerve	10
Sympathetic ophthalmia	3
Congenital cataract	3
Microphthalmos	3
Congenital amaurosis	2
Congenital leucoma	2
Kerato-malacia	1

Of the 91 ophthalmia neonatorum, the blind on the Hull Blind Institution books—

Numbered in 1884	53
Enrolled between 1884 and 1894	20
Enrolled between 1894 and 1904	16
Enrolled between 1904 to December, 1911	2
	91

This very satisfactory and steady decrease is undoubtedly due to the information circulated as to prevention.

Of the 37 blind from sympathetic ophthalmia—

From 1884 to 1894...	23 were on the books.
From 1894 to 1904...	10 were enrolled.
From 1904 to December, 1911...	4 were enrolled.

37

This decrease undoubtedly is due to the advances in ophthalmic knowledge and treatment.

Of the 82 blind from glaucoma—

From 1884 to 1894...	44 were on the books.
From 1894 to 1904...	20 were enrolled.
From 1904 to December, 1911...	18 were enrolled.

82

These figures are most unsatisfactory, as proving that the treatment of glaucoma is not yet perfect.

In conclusion, I would hope that any of your readers who are in a position to give reliable statistics, based on the above lines, will endeavour to do so, and if they will communicate with me, stating the number of the blind at their disposal, I shall be pleased to forward sufficient printed forms to fill in, for the necessary analysis, and at a future time publish the results.

THE CASUALTIES IN TIBET.

BY

R. F. D. MACGREGOR, LIEUTENANT, I.M.S.,
GYANTSE, TIBET.

A SHORT account of some of the wounded who, after the recent fighting between Chinese and Tibetans, came under my care in the Civil Hospital, Gyantse, may prove of interest.

Most fighting took place in the Shigatse Valley, some considerable distance from Gyantse; for this reason the majority of the wounded went to their own villages instead of walking the long distance to the Gyantse Hospital for treatment. In all, seventeen wounded came for treatment, five being Chinese and twelve Tibetans. It was noticed that, while wounds by Chinese bullets did well as a rule, those inflicted by Tibetan bullets were almost invariably septic. This is to be attributed to the lower velocity of the Tibetan bullets, and to their great variety in shape. Sword wounds were in many cases very serious. The Chinese were equipped with Mauser rifles of modern pattern. The Tibetans relied chiefly on their muzzle-loading prong guns, the bullets of which are roughly spherical, usually made of lead and of about 500 bore.

Out of the seventeen cases, only ten were serious enough to merit description, four Chinese and the remainder Tibetans.

CASE I.—M., Chinese male. Bullet wound left side of neck. The wound must have been inflicted by an irregularly-shaped bullet travelling with low velocity. The tissues between the wounds of entrance and exit had sloughed away, leaving a lacerated cavity from which much pus was oozing. The lower part of this patient's face was considerably swollen. The wound, though very septic, ultimately did well.

CASE II.—W., Chinese male. Bullet wound right knee. The bullet entered at the inner side of knee, slightly tearing the semimembranosus tendon, and emerged on the inner side of the patella, forming a sinus about 5 in. long. No important structures had been injured, but healing was very slow.

CASE III.—P. T., Tibetan male. Bullet wound left knee. This was a very bad case. Practically all the tissues on the inner side of the knee had been shot away. The wound was very foul and in part gangrenous, while a considerable amount of pus escaped from the joint and the thigh muscles. His only chance was amputation, but this he refused, so treatment was confined to general cleaning of the wound and clipping away of the affected tissues. He was greatly run down, but, refusing to stay in hospital, went home. This patient can have very little chance of recovery.

CASE IV.—L., Tibetan female. Sword wounds head and hand. The head wound in this case commenced at the upper border of the right eyelid, which was divided, and extended downwards and to the left to the inner canthus of the left eye, dividing *en route* the nasal bone just below its junction with the frontal. In addition, she had other smaller scalp wounds and a badly lacerated hand. All the wounds were septic and it was undoubtedly a very bad case, but she made a good recovery. One finger had to be amputated.

CASE V.—M., Chinese male. Sword wound head and hand. The largest wound extended from the root of the nose upwards for about 6 in., exposing the skull. There was also a deep punctured wound above the right ear. Both these wounds suppurated, as also did his right hand, which showed a ragged wound on the dorsum of the index and middle fingers. Owing to the fact that the edges of the largest wound were undermined the wound was difficult to keep properly clean; healing was slow.

CASE VI.—P., Tibetan female. In this case there were two long, deep wounds of the scalp, one running upwards and outwards from above the left eye, the other on the top of the skull. The edges here were also undermined—almost "sliced," one might say. She made a good recovery.

CASE VII.—S., Tibetan male. Bullet wound back and arm. The bullet entered the back at the level of the angle of the fourth and fifth ribs. The wound of exit was situated in the anterior axillary line at the level of the eighth rib. The bullet then passed through the inner aspect of the upper arm 4 in. above the condyles, the wound of exit being on the anterior aspect of the upper of the same level as the wound of entrance. The biceps muscle was much torn, and there was considerable hæmorrhage. As a large amount of pus was escaping from the wounds in the back I slit up the track of the bullet and found that the fourth and fifth ribs at their angles were comminuted. On the fragments being removed the wounds healed rapidly. The patient is still under treatment, as he has very little power in his arm.

CASE VIII.—P. G., Tibetan male. Bullet wound thigh. The bullet passed from above slightly downwards, entering the outer aspect of the thigh at the junction of its lower and middle thirds and emerging on the front of the thigh. Although the wound was a deep one no important structures were damaged, and once the wound became clean it healed fairly quickly.

CASE IX.—J., Tibetan male. Bullet wound of left knee, sword wound of the head. The wound on the front of the left knee was a large lacerated one, destroying the surrounding tendons and causing great swelling of the joint. It was a very similar wound to that mentioned in Case III. Pus was escaping from the joint. The sword wound of the head was very deep; the skull was fractured, and through the fissure a little pus could be seen. The patient died of septic meningitis.

CASE X.—C., Chinese male. Bullet wound right arm. This was the most interesting case of all. The patient was wounded beyond Shigatse, and although in great pain had walked to Gyantse for treatment, a four days' journey. The bullet grazed the right side of the chest and entered the inner aspect of the upper arm, 2 in. below the level of the great tuberosity. No wound of exit could be seen. As pus was escaping from the large ragged wound, it was evident that something was keeping up the discharge. Under chloroform an incision was made downwards from the lower end of the wound, and, after considerable hunting, a bullet was found lying very deep down, somewhat behind the humerus. The upper end of the bone was comminuted, the bullet, a round leaden one about the size of a small marble, showing a ragged projection where it had struck the bone. The patient is still under treatment, and is doing well.

DR. WILLIAM JOSEPH ESSERY, of Southsea, has been appointed a Commander of the Royal Victorian Order.

It would appear from the annual report of the Yarrow Home for Convalescent Children at Broadstairs that its utility during the winter months as well as other seasons of the year is being increasingly appreciated, for on December 31st there were as many as 83 children on the books. It would appear also that the committee is now working more closely in accordance with the original intention of the founder, and therefore admitting only children whose parents can be considered as belonging to the professional or educated classes but whose means are very limited. The London address of the home is 6, Holborn Viaduct, E.C. Its full title is the Yarrow Home for Convalescent Children of the Better Class, and it is fully endowed.