Colour-blindness.

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Dec. 5th. Since patient's last visit, father had had attack of gout, though previously denied having had gout.

Dec. 15th. Applied liq. carbonis detergens, ℥vss.; liq. plumbi acet., ℥ss.; ♏ x. in aquâ; and ung. liq. carbo. detergens, ♏ xx.; vaseline, ℥j.; hyd. ammon. chlor., gr. x.; to be applied on cotton each night. This treatment was adopted at Mr. J. Hutchinson's suggestion, to whom Mr. Lennox Browne took the patient on my recommendation.

This treatment was continued to Feb. 9th, 1880, when the bluish colour began to disappear and the swelling to subside. The meatus nearly of normal size. The itching and pain gradually ceased, and—

June 5th. Had quite recovered, with exception of pale blue discoloration marking the seat of the original disease, which was slightly raised.

REMARKS.

The most striking feature of this case was its intractable nature, resisting all treatment for some time.

Mr. Hutchinson regarded this as a case of lupus eczema,—that is, of the nature of eczema, very obstinate, and which, if cured, leaves a scar.

There does not, however, appear to be any sign of a scar at this date (nor 1880). The resistance to treatment, the appearance of the growth and glandular enlargement, at first suggested a semi-malignant character, but the patient's age and history were opposed to such a view. The family history was strongly in favour of some form of eczema.

On reference to works on ear disease, scarcely any mention is made of so inveterate an affection of the auricle.

That the disease was localised in the auricle and meatus, was proved by the almost normal appearance of the memb. tymp., and the complete restoration of the hearing power removed any doubt as to implication of the middle ear.

Amongst a large number of patients in public and private practice, I have never seen a similar case to the above.

Reviews and Notices.

*Note Book for Cases of Ovarian and other Abdominal Tumours.** Sixth Edition. By T. Spencer Wells, F.R.C.S., Consulting Surgeon to the Samaritan Hospital for Women and Children.—This well-known and valuable note-book has just made its sixth appearance, in a slightly modified form. One of the diagrams has been improved and a note added on antiseptic precautions taken during the operation, from which we learn that the author began to carbolise the sponges and the silk used for ligatures and sutures, and to keep the instruments in carbolised water, as well as to operate under spray, in January 1878. Since that time he has had 137 cases, with thirteen deaths—a mortality of 9·4 per cent. This diminishing death-rate he mainly attributes to the additional antiseptic precautions. As to subsequent history, he says it is desirable to ask every patient who recovers to write once every year, on the anniversary of the operation, giving full information as to her state. From such communications, and from circulars sent to all who recovered of the first five hundred operations, he ascertained that thirty-five women, who were unmarried at the time of the operation, had married since. Of these, 14 had each had one child, 6 two, 3 three, and 3 four children; 3 had twins. Of 259 women who were married when the operation was performed, 23 had had one or more children since. Of twenty-five he could obtain no information. Of 300 operations performed since the first 500, one patient who was unmarried at the time of the operation had married since, and had a child; and of 158 women who were married when operated on, 9 had each had one child, 4 two, and 1 three. One had had twins, and three were pregnant when last heard of. He completed 1000 operations in June 1880, and purposes obtaining further particulars respecting all the patients who recovered.

* J. & A. Churchill, London.

*Dysmenorrhea, its Pathology and Treatment.** By Heywood Smith, M.A. and M.D. Oxon., Physician to the Hospital for Women and to the British Lying-in Hospital.—The author has endeavoured to point out the propriety of considering Dysmenorrhea as a symptom not only existing but also pathognomonic in many disorders of the organs of reproduction in the female; and the necessity, therefore, of treating not this particular symptom merely, but specially the various diseases of which it is only a symptom, though often that predominant one for which the patient seeks for advice and relief at the hands of her medical attendant. There are probably no diseases that fall to the lot of mankind, entailing so much mental and bodily suffering as that frequent symptom, variously manifested, the outcome of various diseases, which we term Dysmenorrhea, and few are more difficult to relieve. Dr. Heywood Smith has most carefully and completely treated his subject, and his work will be hailed with gratification by those who are constantly called upon to treat this troublesome and painful symptom, and will, we think, rank with the best on the subject in our language.

Refraction of the Eye, its Diagnosis, and the Correction of its Errors, with Chapter on Keratoscopy.† By A. Stanford Morton, M.B., F.R.C.S. Ed., Senior Assistant Surgeon to the Royal South London Ophthalmic Hospital, and Clinical Assistant to Moorfields Ophthalmic Hospital.—This little work will be found particularly useful by beginners, and those practitioners who, systematically using the ophthalmoscope in their investigation of disease, wish to avail themselves of the information thereby afforded regarding the patient's refraction, the errors of which they must be able to detect in order to make due allowance for them. Some good hints are given as to the glasses required in the more ordinary cases, and the plan has been adopted of working out from the symptoms the nature of the defect instead of naming the defect and then describing the symptoms accompanying it. We recommend the work as one likely to give the greatest satisfaction.

The Detection of Colour-Blindness and Imperfect Eyesight.‡ By Charles Roberts, F.R.C.S.—This is a description of the methods of detection of colour-blindness and imperfect eyesight, by Dr. Snellen, Dr. Daae, and Professor Holmgren, together with a table of coloured Berlin wools and sheet of test types, as arranged for the Anthropometric Committee of the British Association for the Advancement of Science. In these days of railway travelling it is of the utmost importance that railway servants should possess a proper perception of colours to enable them to recognize with certainty the various signals on the line of rails; and this useful and convenient compilation will be of the greatest service to those who are engaged in detecting colour-blindness.

Home and Foreign News and Extracts.

COLOUR-BLINDNESS.

THE Ophthalmological Society instituted some time since an inquiry into the prevalence of colour-blindness in the United Kingdom, and the Committee appointed to inquire into defects of sight in relation to the public safety held a meeting on the 7th April, at which their report was considered. Dr. Brailey made a somewhat lengthy statement, from which we gather the following facts (*Med. Times Gaz.*):—The inquiry extended over five months, the examinations being conducted by gentlemen of experience. Number examined, 18,088, taken principally from the public institutions, public and private schools, metropolitan police, and the Coldstream Guards. The method of Holmgren was followed with coloured wools. Some were also tested by coloured lights, as exhibited in the

* J. & A. Churchill, London.
† H. K. Lewis, London.
‡ David Bogue, London.

surgery, and granting an obstetric, ophthalmic, or aural licence to practise obstetric, ophthalmic, or aural surgery; and inasmuch as we should strongly condemn the establishment of any fresh special licences, so we feel bound to condemn the already existing dental licence, as the outcome of the most short-sighted and mischievous legislation that it has been our lot to witness. No fault is found with the dental licence, any more than with the obstetric licence or the diploma in state health, so long as they are only granted as additional qualifications; but we do strongly object to them being granted as licences to practise; and surely the course of events has justified this objection on our part. If gentlemen possessing the licence in dentistry only are at liberty to prescribe for the constitutional maladies of their patients, then there is no use whatever in taking the trouble to obtain a licence in medicine. It was for this very reason that the obstetric licence, which some time since was a registerable qualification, was deprived of its licensing power and rendered merely an additional qualification. Let us hope that the words of the President of the Odontological Society of Great Britain will bear fruit, and that every dental practitioner may in the future have a thorough knowledge of the value of constitutional remedies in dental practice. The only way to accomplish this end is to make the dental licence of the future an additional qualification only. It is a remarkable thing that dental licentiates themselves do not insist upon this, instead of allowing themselves to be entirely separated from, and outside the pale of the profession of medicine, of which they *ought* to be a branch.

At present dentistry in this country is divided into two great sections—viz., those registered medical practitioners who elect to practise as dental specialists, and whose names are to be found on the British Medical Register; and those dental-licentiates, non-qualified dentists, herbalist-dentists, bone-setter-dentists, barber-pharmacist-dentists, etc., whose names are to be found mixed up in a promiscuous manner on the Dental Register. These two sections in reality have no connection whatever with each other, the one being a medical speciality, followed by registered medical practitioners mostly possessing the additional special qualification of Licentiate in Dental Surgery; the other being a calling to itself, outside the pale of the profession, and followed by gentlemen who hold no registerable medical qualification, but are licentiates in dentistry only, or by others who hold no registerable medical or dental qualification, but are licensed herbalists, chemists, druggists, bone-setters, patent-medicine vendors, barbers, etc. That those of the first class should treat the constitutional maladies of their patients, one can understand. But for those of the second class to attempt constitutional treatment is most certainly highly improper, and likely to often lead to the most serious consequences. We have, as stated before, no intention of offering a slight to the licence in dental surgery, which is an excellent diploma as far as it goes; but we hold that it should be employed strictly for the purpose for which it was intended—viz., as a licence for the practice of dentistry.

OINTMENT FOR CHILBLAINS.

DR. BARTHOLOW recommends the following local application in chilblains:—R. Acid. carbol. ʒj.; træ. iod. acid. tannici, āā ʒij.; cerat. simp. ʒiv.; M.—*Louisville Med. News.*

Hospital Reports.

MANCHESTER INSTITUTION FOR EAR DISEASES.

CASE OF ECZEMA (LUPOID) OF THE EXTERNAL MEATUS.

(Under the care of Dr. F. M. Pierce, Senior Surgeon.)

MISS ——, *æt.* 23, daughter of a farmer in the neighbourhood, was brought to me by Mr. Occleston, of Cheadle, in June 1879. She was a tall, well-developed girl, rather pale but having had general good health with exception of frequent headaches and occasional amenorrhœa.

Her father, a fine, healthy-looking man, denies having ever had gout; one brother delicate; one sister living, subject to skin affections (*sic*); mother and grandmother on mother's side also subject to skin affections.

The patient has had occasional slight attacks of eczema in front of the neck, chest, elbows, and hands. Two years ago noticed itching, redness, and swelling of the concha and posterior edge and wall of the entrance to the external meatus of the left ear. This swelling slowly increased in size, became of a livid colour, firm consistence, and the seat of frequent pain of a sharp, stabbing character. From this growth a clear brownish, sticky fluid oozed in small quantity, keeping the part constantly moist. The gland under the lobule much enlarged; hearing distance 12·60 inch; tuning fork heard badly at meatus, on the vertex in the left ear only. Patient remembers having had an attack of otorrhœa for a short time from left ear, as a child.

On examining the meatus, the walls were swollen, red, and doughy. The anterior, superior, and posterior walls, touched each other, like three pendulous growths. The membrana tympani could not be seen even on dilating the walls with forceps. On the posterior wall, close to entrance of the meatus, there were small granulations, as if due to recent abrasion. The left Eustachian tube was fairly pervious. The walls were incised, and a lotion of sulpho-carbolate of zinc ordered to be used tepid, three times daily.

June 23rd. Pain at night severe; applied ferri perchlor. ordered mist. strychniæ and tinct. ferri mur. No caries of meatus could be detected.

July 10th. Great itching of the ear; painted with arg. nit. (gr. 120), and ordered two leeches to antitragus. Incised walls of meatus.

July 22nd. Applied tinct. iodidi to the ear for several days, and ordered hydrarg. bichlor., gr. j., with decoct. sarzæ ʒviij., ʒss. bis die.

Aug. 13th. Little or no effect had been produced on the affection, and the medicine was changed to liq. arsenicalis ♏ x., with pot. iod., gr. v., and cod-liver oil, and the walls of the meatus were again fully incised. This treatment continued until

Sept. 6th. No change in the appearance of the growth which was painted with chromic acid, and a lotion of iodine and carbolic acid ordered. Pressure on the meatus caused giddiness.

Sept. 23rd. Much pain after last application, but the meatus now more patulous. Hearing distance 24·60; ordered Villette's lotion.

Sept. 29th. Glands beneath auricle and over mastoid enlarged, and itching of the ear intolerable.

Oct. 3rd. Ordered use of cotton plugs smeared with vaseline introduced into the meatus during the day.

Oct. 14th. Meatus more open. Inserted laminaria bougie to be kept in as long as could be borne.

Oct. 20th. Meatus more open. Hearing distance by Hughes' audiometer $\frac{5}{000}$, left $\frac{05}{000}$. Eczematous. Watch 40·60 inch; spots again appear on neck and hands; ordered mist. Donovani.

Nov. 5th. Less discharge from meatus, which is now more open. Hearing distance normal. Very imperfect view of memb. tymp., but which appears normal. External appearance same.

instrument of Donders, and also by means of a lamp designed by Mr. Nettleship, in which is employed the actual coloured glass used in railway signals.

Colour-blindness was taken as an inability to distinguish from each other two or more colours; but persons who had simply confused blue with violet, or green with blue, had not been ranked with the colour-blind. It was clearly distinguishable from a defective knowledge of the names of colours, and from defects of vision in other respects. Those were recorded as *slightly colour-blind* who had failed to distinguish from each other the pale shades only of different colours—mistaking, for example, grey or buff for green, and even mauve, yellow, or pink. Those who, besides failing as above, could not recognise the difference between red and green, matching either scarlet with green, or rose-colour with green, grey, or violet, were considered *pronounced colour-blind*. Three cases only were discovered where there was a total failure of the recognition of *all* colours, these being only distinguished as shades. In the vast majority deficient recognition of two colours only was conspicuous. These associated colours were either red and green, or blue and yellow. Failure to recognise blue and yellow was rare, and from its little practical importance these cases were included as *slight* cases of colour-blindness. In every one of the *pronounced* cases of colour-blindness (617 in number) there was blindness to red and green.

All persons with pronounced blindness to red and green were found utterly incapable of naming with certainty a red or green light when exhibited singly. All failed, also, when the distance and intensity of illumination of the coloured light were unknown. The pronounced colour-blind were divided, as far as practicable, into two groups, in accordance with the definitions of Continental authorities. Those matching rose-coloured wools with dark-blues or violets, and scarlet with dark-greens or browns, were called *red-blind*; while those matching the rose with greys or greens, and scarlet with light-browns or greens, were called *green-blind*. Notwithstanding that many colour-blinds stood, as regards the wools, in a position intermediate between the two groups, this division still appeared to the examiners to have a practical value, as the red-blinds failed to appreciate at all, even as a light, except at a much shorter distance than normal, a light viewed through glass of the purest red obtainable; whereas the green-blind appreciated it at the full, or nearly the full, normal distance. Red-blindness appeared to be, in the United Kingdom, a little more common than green-blindness.

Of the 18,088 persons examined, 16,431 were males and 1657 were females. Deducting from the males certain groups of cases specially selected in the expectation of finding peculiarities, there remained 14,846 with an average of colour-defects of 4·76; whilst amongst females, making similar deductions, there remained 489, with a percentage of only ·4. Moreover, in addition to the striking difference in the prevalence of colour-defects in the two sexes, it should be mentioned that the forms encountered in females were nearly always slight.

In certain classes of persons exceptional prevalence of colour-blindness was found. Thus, among male Jews it was 4·9 per cent.; among male Friends, 5·9 per cent.; among the male deaf and dumb it reached the extraordinarily high rate of 13·7. Among females of each of these groups the percentage was less high. It appeared, also, that the prevalence of colour-defects was lower among the more educated and socially higher classes. For example, at Eton the percentage was 2·46; among medical students and sons of medical men it was 2·5; in middle-class schools it was 3·5; and among the police, and schools of about the same class, 3·7. On the other hand, those with colour-defects were not intellectually inferior to those of the same class without these defects. Lunatics do not present the peculiarity more frequently than the sane. The prevalence was found to be about the same in adults and children, and in urban and rural districts. There appeared to be a higher percentage of colour-blindness in Ireland than in England, but this might be accounted for by the differences in the social classes examined.

Dr. Brailey is inclined to regard the causation of colour-blindness as due in most cases to a congenital physical defect, either in the eye or brain, occurring in the first instance as an accidental variation, and, when once existing, liable to be transmitted by descent. It was to the frequency of intermarriage that the high percentage among the Jews and Friends was to be ascribed. The heredity of the defect was strikingly illustrated by some cases alluded to by Messrs. Frost and McHardy. The former referred to a colour-blind who had seven sons, six of whom were known to be colour-blind. None of the daughters had the defect, but one had a colour-blind son. Dr. Brailey is also of opinion that colour-blindness, especially the slighter forms, may arise from defective colour-education in infancy; and hence it is that females, from the greater attractions colours have for them at an early age, and the greater attention paid as a sex to colour-distinctions, are less frequently the subjects of the defect.

Another valuable contribution to our knowledge of colour-blindness has been made by Dr. de Fontenay, of Copenhagen, who has published the result of his researches in the *Nordiskt Medicinisk Arkiv* for 1880. (*Brit. Med. Journ.*)

He follows the classification proposed by Holmgren: 1. Total colour-blindness; 2. Partial colour-blindness—(*a*) complete blindness of red, green, or violet; (*b*) incomplete colour-blindness; (*c*) feeble sense of colour. The last is not Daltonism properly so-called, and is omitted in the statistics. The examinations were made by means of Holmgren's coloured wools; and in some of the cases, in which colour-blindness was detected, the results were controlled by various additional tests.

The total number of persons examined by Dr. de Fontenay was 9,659, of all ages from eight years upwards; 6,945 being above the age of sixteen, and 2,714 below that age. Of the whole number, 217, or 2·25 per cent., were colour-blind. Of 4,492 adult males, 165, or 3·7 per cent., had colour-blindness. Among these, 1,001 belonged to the upper classes, and showed a percentage of 3·09; while in 3,491 artisans, labourers, etc., the percentage was 3·87. The percentages of colour-blindness varied greatly with the employment of the individual: thus, of 2,737 railway officials, 3 per cent. were colour-blind; of 183 post-office officials, 9·28 per cent.; of 930 artisans of various kinds, 3·22 per cent. It is not certain how far these proportions are accidental, or how far the greater prevalence of colour-blindness in the lower orders may be due to defective cultivation of the sense of colour, or to heredity. In any case, Dr. de Fontenay's observations agree with those of Holmgren, Magnus, and others. In order to render his results as exact as possible, Dr. de Fontenay did not confine his researches to a single part of Denmark, but extended them over the whole country.

Of 6,945 adults above the age of sixteen (4,492 males and 2,453 females), 176, or 2·56 per cent., were colour-blind. Among the females there were only 11 cases of colour-blindness, or 0·45 per cent. Adding to these the female children who were examined, a total is obtained of 3,819, among whom there were 16 colour-blind individuals, or 0·42 per cent.; while, in a total of 5,840 males (adults and children), the number of cases of Daltonism was 201, or 3·44 per cent. All the sixteen colour-blind females belonged to the working classes. Among the 2,714 children, aged from eight to sixteen, 41, or 1·51 per cent., were colour-blind—viz., 1,348 boys, with 36 cases of Daltonism, or 2·67 per cent.; and 1,366 girls, with 5 colour-blind, or 0·37 per cent.

Two cases of violet-blindness, which were incompletely examined, being excluded, there were found to be 56 cases of red blindness, 24 of green-blindness, and 135 of incomplete colour-blindness. In all the cases, both eyes were examined separately, and found to be affected. As regards the relation between the colour of the eyes and colour-blindness, Dr. de

Fontenay does not find any special predominance of colour-blindness in dark or in fair individuals.

With regard to hereditary transmission, exact information was obtained in 34 cases, in 27 of which heredity was denied. In two of the cases, the fathers were colour-blind in the same way as the subjects examined. The parents of another had normal vision; but a paternal uncle, two brothers, and the son of the person examined were colour-blind. In the parents and grandparents, and the son, of another person, the colour-sense was normal; but his brother and three maternal uncles had colour-blindness. In another case the perception of colours was normal in the father, mother, brothers, and sisters; but the maternal grandfather, a maternal cousin (male), and the son of a female cousin on the mother's side, were the subjects of Daltonism. Another of the colour-blind persons had four relatives who were similarly affected: a maternal uncle and cousin, his mother's grandfather, and a brother. There was no instance of consanguineous marriage among Dr. de Fontenay's cases of colour-blindness.

The original paper contains a table of the 217 cases of colour-blindness, in which particulars are given as to the age, the colour of the eyes, the question of heredity, the result of examination with Holmgren's test, and also with other methods when employed, and the diagnosis. The author shows an extensive acquaintance with the literature of the subject, and quotes frequently, for the purpose of illustration and comparison, from the writings of Holmgren, Gladstone, Magnus, Cohn, Joy Jeffries, Wolfe, and others, who have investigated it. He says that the increased attention paid to colour-blindness, within the last few years, has been attended in Denmark with some important results. All the *employés* of the public (State) and private railways have been examined, in order to ascertain their sense of colour (except in the case of one private company which did not think such an examination necessary); and henceforth all candidates for situations on railways are to be tested as to their perception of colour. No law on the subject, however, has as yet been enacted; nor has any regulation been made with regard to the navy and mercantile marine, beyond obliging candidates for admission to the school of naval officers to submit to an examination.

Herr E. J. Mellberg, principal teacher of physics in the Lyceum at Helsingfors, has also examined the colour-sense of 227 pupils in that institution. Among them, he found ten cases of Daltonism, or 4·4 per cent.; four of red-blindness, one of green-blindness, two of violet-blindness, and three of incomplete colour-blindness. In addition, among the boys whose sense of colour is stated to be normal, there were three who confounded light yellowish-red with rose-colour; eighteen who could not distinguish between bluish-green and pure green; fourteen who failed in both these respects; and nine in whom the perception of colours was weak. The ages of the subjects varied from nine to twenty; and only one case of colour-blindness was met with in three above the age of seventeen.

The theory of Young and Helmholtz is regarded by Herr Mellberg as incapable of explaining, completely, either normal vision or colour-blindness. In his opinion, the eye possesses several organs of perception—not only for three or four different colours, but for all the shades which can be distinguished; and colour-blindness, properly so-called, consists of incapability to receive the impression of a shade of colour, and is not necessarily connected with the impossibility of distinguishing between the impression received and the other colours of the spectrum.

The interest manifested by the profession in Europe in regard to colour-blindness has not yet been followed, we are sorry to say, by any kind of legislation, though some of the railway companies have vigorously taken up the matter. In America great advance has been made in this direction.

Subjoined is an Act recently passed in Boston, U.S.A., in the bringing about of which no small share is due to Dr. Joy Jeffries:—

"*An Act relative to the Employment by Railway Companies of Persons affected with Defective Sight or Colour-Blindness* (chap. 194).—Be it enacted, etc., as follows:—Section 1: No railroad company shall employ or keep in its employment any person in a position which requires him to distinguish form or colour-signals, unless such person within two years next preceding has been examined for colour-blindness or other defective sight, by some competent person employed and paid by the railroad company, and has received a certificate that he is not disqualified for such position by colour-blindness or other defective sight. Every railroad company shall require such *employé* to be re-examined at least once within every two years, at the expense of the railroad company. Section 2: A railroad company shall be liable to a fine of $100 for each violation of the preceding section. Section 3: This Act shall take effect on the first day of July next. (Approved April 11, 1881; Boston, Mass.)"

BRITISH MEDICAL ASSOCIATION.

THE following are the officers appointed for the subsection of Otology at the forthcoming meeting at Ryde, I.W., on Aug. 9th and following days:—Chairman, Urban Pritchard, M.D., F.R.C.S., Aural Surgeon to King's Coll. Hospital; Hon. Secs., Douglas Hemming, F.R.C.S. Ed., Glenalmond, Bournemouth, and E. Cresswell Baber, M.B., Brighton. It is proposed to devote the meetings of the subsection on Aug. 10th and 11th to discussions on the two following subjects: (1) The relation of diseases of the nasal passages and naso-pharynx to aural affections; (2) The treatment of acute suppurative inflammation of the middle ear, with especial reference to perforation of the mastoid. Circular letters have been sent to the leading Otologists in this country and abroad, inviting them to attend and contribute to the subsection, and it is hoped and confidently expected that there will be a good muster, including many of our eminent foreign confrères, especially as the meeting takes place so soon after the London International Medical Meeting.

BLEEDING AFTER TOOTH EXTRACTION.

DR. PRICKETT calls attention, in a recent number of *The Lancet*, to the danger arising from prolonged bleeding after tooth extraction by dentists.

The Dentists Act, having thrown open the practice of dentistry in all its branches, together with all that can be comprised under that term, has done much to enlarge the source of danger to which our correspondent refers. Cases have occurred in which very grave results have supervened on the hæmorrhage from the socket of a tooth which has been "dragged out" of its place by a non-surgical dentist. The public will do well to be warned of the peril which may ensue if bleeding after tooth-drawing is neglected. Sufferers who have made the mistake of not in the first instance applying to a fully qualified surgeon for the relief of toothache, should at least be prompt in securing the services of a competent practitioner when hæmorrhage begins.

REMOVAL OF THE LARYNX.

THE operation for removal of the whole larynx was performed on April 30th, by Dr. Foulis, at the Glasgow Training Home for Nurses. The patient was a man about fifty-five years of age, and the operation was done for malignant disease of the larynx. So far, he is progressing favourably; and the case will eventually be fully reported, it is hoped.

ROYAL COLLEGE OF SURGEONS, LONDON.

AMONGST the questions in Anatomy and Physiology submitted to the 143 candidates, on May 6th, were the following—viz.: 1. Describe the greater wing of the sphenoid bone. 2. Describe the general conformation of the thyroid body, and give its relations. 3. Describe the structure of Dentine, and the contents of the pulp-cavity of a tooth. 4. Describe the phenomena of accommodation, and state what is meant by the terms Emmetropia, Hypermetropia, Myopia, and Pres