meet every need that exists, but to this end additional support is necessary. The report is interspersed with extracts from letters from the widespread field in which the Association is forwarding the great campaign. A typical quotation is from a nurse in Northern Tanganyika, who writes: “The leper clinic up here is in its early stages, but it is very hopeful. We have patients attending from four different tribes, and it is the first time up here in this very primitive isolated hill district that any one has come forward for treatment acknowledging himself a leper. It is great to see the hope in their faces now, because they have simply been living hidden away in the past. There are many more to come forward still.” The Association provided funds for the building of a small dispensary at this Treatment Centre, and some fifty lepers are being regularly treated.

At that time I was little practised in the technique of local anaesthesia for thyroid operations, and thought it fairer to hand the case over to a surgical friend who had had a large experience of local anaesthesia. The patient was accommodated in a private ward some little distance from the theatre, and the decision was made to inject the local anaesthetic before taking her to the operating room. No difficulty was experienced in performing the local infiltration, but when this had been three parts done the patient began to look slightly uncomfortable and complained of difficulty in getting her breath. Discomfort soon became obvious and distress and slight cyanosis developed. Very rapidly the symptoms of asphyxia began to appear and she became unconscious. Seeing that prompt action would need to be taken, I ran to the theatre to warn them to have everything absolutely ready and to bring back a few instruments. I was soon followed by the surgeon himself, who with obvious agitation said that unless something were done at once the patient was lost. He snatched up a scalpel and two or three artery-clips and we both sped back to the bedroom. As we opened the door we were met by the Sister in charge who said that the patient was dead. The porters had lifted her from the bed to the stretcher intending to hurry her to the theatre, but when all evidence of breathing had ceased and no pulse could be felt at the wrist the Sister had made them put the stretcher down on the floor. There was no sign of life apparent when we arrived though naturally no prolonged auscultation of the heart was carried out. I went down on my knees and began to perform artificial respiration, whilst my friend with a celerity which was amazing (and which to this day I remember with envy), also knelt down and with two or three bold and skilful cuts with the knife exposed the thyroid gland and dislocated forward the right lobe which was causing the respiratory obstruction. The whole of this manœuvre only took a few seconds, during which time I was continu-

SURGICAL RESURRECTIONS—III.
(Continued from p. 105.)

Asphyxia by Thyroid Tumour when Local Anaesthetic Infiltration was Added.

Some years ago I was asked to operate upon a woman, aged 60, who was troubled with a fair-sized adenoma of the thyroid. The practitioner who referred the case to me stated that a consulting physician who had seen the patient advised that any operation should be performed under local anaesthesia, for there were symptoms of thyroid poisoning which in his opinion contra-indicated general anaesthesia. There was certainly considerable exophthalmos, but the other symptoms of exophthalmic goitre were almost absent, and the diagnosis was certainly that of a toxic adenoma of the gland chiefly affecting the right lobe and contiguous part of the isthmus.
ing artificial respiratory movements, though with difficulty, as might be imagined. After the tracheal pressure was relieved, however, I could work more easily, and in a minute or two we were relieved to see the colour in the cheeks become more healthy and a palpable pulse came back to the wrist. Then spontaneous breathing movements began and the terrible suspense was over.

The patient was then conveyed to the theatre where the operation was proceeded with. Owing to the temporary failure of the circulation hardly any bleeding had occurred up to this time, though only two artery-clips had been used. The rest of the operation took twenty minutes to perform. During this time the patient showed no sign of consciousness, and she never afterwards had any recollection of the operation. This is the only time that I have ever seen the state of asphyxia play a part in anaesthesia, but the long duration of unconsciousness may be of some interest to physiologists.

 Though the first part of the operation in the patient's room was performed without any possibility of preventing contamination of the wound, there was no sepsis and the parts healed by first intention.

The patient made a perfect recovery and, so far as I know, never knew anything of the perils she had undergone. She died two years later of an apoplectic stroke.

It is easy to be wise after the event, and each one will no doubt be able to extract some lessons from this case, but for myself I was extremely thankful that I handed the case over to one who was more experienced, for I might have put down to my inexperience what was really due to the inherent difficulties of the case.

ZETA.

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EDITORIAL.

In order to meet the demand of several practitioners the Fellowship of Medicine has decided to give a course for the M.R.C.P. It was found that what most candidates desire is not a prolonged course on all medical matters, but rather one concentrated and dealing largely with recent advances and modern methods which are difficult to follow from textbooks. Many candidates complain that they cannot afford the time from busy practices to attend frequent demonstrations, so it was decided that the course should take the form of a series of sixteen lectures given twice weekly at 8 p.m. The subjects taken will include lectures on Diseases of the Brain, Nervous System, Lungs, Heart; Blood, Kidneys, Alimentary System, Spleen, as well as on modern biochemical methods. Well-known authorities have kindly consented to give the lectures.

It is proposed to start the course in May in preparation for the July M.R.C.P. examination. The fees are 10s. 6d. a lecture or £6 6s. for the course of sixteen. Further details can be obtained from the Secretary.

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POST-GRADUATE NEWS.

From April 8 to April 18 a General Practitioners' Course will be held at the London Temperance Hospital. This will occupy one and a half hours per day, Monday to Friday inclusive, and the instruction will consist of lectures and demonstrations in medicine, surgery and the specialities from 4 to 5.30 p.m. Fee £1 1s.

On Tuesdays and Thursdays at 2 p.m., beginning April 9, a series of eight lecture-demonstrations will be given by Dr. Carmichael Low and Dr. Manson-Bahr at the London School of Hygiene and Tropical Medicine. Fee £2 2s.

Four lecture-demonstrations in electrotherapy and light treatment will be held at