

found considerably pulped beneath the depressed portion of skull. A drainage tube was put in and the wound sutured.

The patient was put back to bed, the pulse being very weak. He did not improve in any way, and died without regaining consciousness about eight hours after the operation.

*Post-mortem.*—After reflecting the skin, &c., and exposing the skull-cap, the following injuries were seen: The left temporal bone was extensively fractured, and a large portion had been removed at the time of operation. The coronal suture was opened in its complete length. The right parietal bone had a long oblique fracture running backwards and outwards to almost the occipital ridge. In the frontal bone there was a long oblique fracture extending from the coronal suture on the left side to within 1 inch of the orbital crest.

On removing the skull-cap there was a large quantity of subdural hæmorrhage; the dura mater was lacerated, and there was considerable laceration of brain substance of Broca's convolution; the anterior branch of the middle meningeal artery was lower than normal and had been tied at the operation. There were no other injuries to any part of the body.

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#### A CASE OF OSTEOMA GROWING FROM THE UPPER END OF THE HUMERUS.

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PRIVATE W. was transferred to the military hospital, Edinburgh, suffering from a large swelling on the upper and outer aspect of the left humerus. The patient stated that he had noticed a small swelling in that region about four months previously, which had been gradually growing. It did not give him any pain beyond slight discomfort while doing exercises in the gymnasium. On examination, the swelling was very hard and seemed to be growing from the bone. It was situated under the deltoid muscle, and pushed that muscle outwards. An X-ray photograph was taken of the shoulder and upper part of the arm, and it showed the growth to be of the nature of an osteoma. The patient was advised to have the tumour removed, and consented to the necessary operation. He was accordingly prepared for operation, and an incision about 4 inches in length was made longitudinally over the deltoid. The muscle was split and retracted to each side until the growth was reached. It was then found that it was growing from the outer side of the shaft of the humerus; the surface of the growth was quite smooth and not attached to the deltoid muscle. It proved to be an osteoma which had evidently been growing for some considerable time, much longer than the patient stated. It was removed by means of a hammer and chisel without much difficulty. Before operating we thought of the possibility

of the circumflex nerve being pulled down by the growth, and in consequence, in cutting down we proceeded cautiously; fortunately the nerve was not involved in the growth. The wound was closed, the muscle being stitched together and the skin sutured. It healed by primary union, and all movements of the arm are quite good. He has been discharged to duty. The X-ray photograph taken before the operation conveys a good idea of the case.

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## Report.

### FINAL REPORT OF THE SUDAN SLEEPING-SICKNESS COMMISSION, 1908-1909.

BY CAPTAIN R. G. ANDERSON.  
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*Introductory.*—In this final report, owing to the absence of evidence of human trypanosomiasis in the Southern Sudan, and the consequent limitation of clinical and pathological investigations, I have of necessity confined my observations more particularly to the habits, distribution, &c., of “the fly,” to which end as complete a chart as possible has been drawn up, showing the general distribution of both *G. morsitans* and *G. palpalis* throughout this region, compiled not only from the observations of past and the present Sudan Sleeping-sickness Commissions, but also from the accumulated evidence of numerous military and civil officials (Appendix I.).

Preventative and administrative measures have been fully dealt with in the Intermediate Report, and require but brief mention here. Some interesting notes and a map showing the areas of sleeping sickness and its surveillance in the Lado Enclave have been contributed by Dr. Paul Errera, its Principal Medical Officer (Appendix II.)

*Pathological and Clinical Investigation.*—The results gained in this direction have yielded but little worthy of record, since, having started on what was originally designed to be a year’s investigation in the Southern Sudan, the early months of the dry season (December to May) were spent almost exclusively in covering as much ground, and getting as much routine examination, clearing work, &c., as possible accomplished before the rains became too heavy and the country impossible to traverse, and it was proposed that the remaining seven months of the rains should be devoted to microscopic work at Meridi. The second part of this programme was, however, abandoned, since it was agreed that insufficient opportunity for research existed to justify time thus being spent.

It will be sufficient, therefore, to record that routine examination of inhabitants was carried out for the detection of sleeping sickness along the entire route traversed—through the southern limits of the Bahr-el-Ghazal