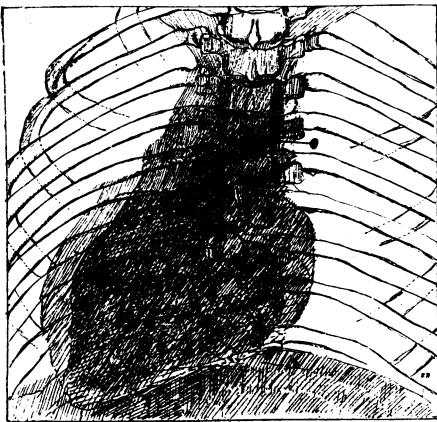


The second smallest size (No. 5) of Bruning's tubes was passed to the entrance of the larynx and the glottis was swabbed over with 10 per cent. cocaine and adrenalin. After



an interval the tube was reintroduced through the glottis and passed a considerable way down, when a glimpse was seen of the shaft of the pin lying across the bifurcation of the trachea—the head not being visible. Anaesthetic disturbances compelled the removal of the bronchoscope, and the question arose how to extract the impacted pin—whether to break it in two or withdraw it whole by manipulation. The problem was solved in a fortuitous manner. On quiet deep anaesthesia the tube was reintroduced. The pin, however, could not be seen, and was concealed by a collection of blood and mucus at the bifurcation of the trachea. A cotton-wool carrier was inserted down to the bifurcation to mop away the secretion, and on bringing it away I found that the blue head of the pin was visible. This had accidentally been pushed down into the right bronchus, while the point of the pin was directed upwards, but was slightly impacted in the wall of the trachea where it merged into the left bronchus. One of Bruning's long pincettes was introduced at this critical and anxious moment, the pin grasped, eased from its point of impaction, and brought out.

The next day the child was very slightly hoarse, but the following day even this symptom had disappeared, and she was as well as ever.

One or two points concerning the ease and technique of the operation I should like to emphasize.

1. The value of x rays, which, in the absence of any symptoms, confirmed the child's statement and located the presence of such a small object.

2. The atropine administered before the commencement of the operation was of incalculable value in minimizing the secretion.

3. The swabbing of the laryngeal orifice with cocaine facilitated the introduction of the tubes by abolishing reflex spasm and cough.

Reviewing the circumstances, I would suggest that it would be good practice in a similar case, after the impacting pin has been located, to place the child in the Trendelenburg position, and then, by careful manipulation with a long probe with cotton-wool wrapped round the end, to push one end into a bronchus to disengage it.

Memoranda : MEDICAL, SURGICAL, OBSTETRICAL.

SHRAPNEL WOUND OF THE SPINE, WITH EXCEPTIONALLY LOW TEMPERATURE.

With reference to the case of shrapnel wound of the spine, with exceptionally low temperature, described in the JOURNAL of February 6th, 1915, by Lieutenants Oliver and Winfield, R.A.M.C., may I be permitted to offer a possible physiological explanation of the phenomena recorded therein?

A fall of temperature, varying from 7° to 16° C., as a result of section of the spinal cord in animals has been recorded by various observers, including Tscheschichin, Bernard, Pochoy, and Riegel. Goltz and Ewald, too, found that animals deprived of their spinal cords from the medulla down lived for a long time, but were liable, in spite of all reasonable care, to die of cold, even after the blood vessels had returned to their normal calibre.

Now, Sajous of Philadelphia holds, as a result of experiment and an exhaustive study of the literature of the subject, that one of the main functions of the adrenals is the regulation of metabolism, including oxidation, and hence the regulation of body temperature. He also asserts that this function of the adrenals is controlled by

a centre in the pituitary body, and that these two bodies (pituitary and adrenal) are connected by a nervous path—the pituitaro-adrenal path—which passes from the pituitary to the tuber cinereum and the walls of the third ventricle, thence, by way of the pons and bulb, to the spinal cord. The fibres then leave the spinal cord by the upper four or five dorsal rami, and pass by the great splanchnic nerve and coeliac ganglia to the adrenals. The proofs he gives of these facts are numerous, and I need not go into them in detail here. Any one interested will find them all in his book, *The Internal Secretions and Principles of Medicine*.

How, then, can we explain the exceptionally low temperature and terminal hyperpyrexia in this case? There was evidently at first more or less complete interruption of the pituitaro-adrenal path, due presumably to haemorrhage—haemorrhage into the central canal was observed *post mortem*. The adrenals, thus deprived of the impulses from their controlling centre, would cease to secrete the normal amount of internal secretion, oxidation would be greatly diminished, and the temperature would fall. That the adrenals have an influence on the production of body heat is shown by the facts that: (1) Hypothermia is a constant and prominent symptom of Addison's disease in man and of removal of both organs in animals; (2) injections of suprarenal extract cause a rise of temperature (Oliver, Schäfer, and Reichert).

The terminal rise of temperature progressing to hyperpyrexia is explained by the softening and absorption of the blood clot relieving pressure and the irritation of uninjured fibres—or rather, the intact ends of the distal portion of the injured fibres—by the chemical substances thus produced. Thus a condition of hyperadrenia, with increase of internal secretion, and as a result increased oxidation and rise of temperature in proportion, would be brought about. In this connexion it is important to note that the wound had nearly healed, so that infection as a cause of the hyperpyrexia may be excluded.

Hypotonia of the muscles, as evidenced by the flaccidity of the leg muscles, which were not paralyzed, is a prominent symptom of adrenal deficiency.

The abnormal difference between the mouth and rectal temperatures points to dilatation of the splanchnic arterioles and consequent deprivation of a normal supply of warm blood to the peripheral parts. This would mean low blood pressure—another symptom of hypo-adrenia.

The position of the lesion is important, namely, from the fourth to the sixth cervical vertebrae—the latter marking the upper limit of the outflow from the spinal cord. Ott found animals could generate their usual heat when the section of the cord was below the fifth dorsal vertebra.

In any case, whether we accept Sajous's conception or not, it must be admitted that the lesion under discussion injured a path between some heat centre in the brain and an organ concerned in the regulation of the body temperature, and that this path leaves the spinal cord between the sixth cervical and fifth dorsal vertebrae. I have already shown that there is evidence in favour of the adrenal glands being directly concerned in the regulation of the body temperature.

J. A. SHORTEN,
Captain I.M.S., (lately) Officiating Professor of Physiology,
Medical College, Calcutta.
Jullundur, Punjab, India.

CONGENITAL ABSENCE OF BOTH EYEBALLS.
I AM in attendance on a female child, M. H., aged 22 months, suffering from bronchitis. Both eyeballs are absent, and her mother and the midwife, who was present at the birth, inform me that the child was born in this condition. The eyelids on both sides are complete, and are kept constantly closed. On separating them the eye socket formed by the capsule of Tenon is seen to be complete, and there is no sign of either eyeball. There is some contraction of the eye socket and a shortening of the palpebral fissure. There is no other apparent malformation, and the child is bright mentally. She can talk to the other children and call them by their names, and can sing "Tipperary." She cannot yet walk, but this may be due as much to defective nutrition as to loss of vision. There is no history of maternal impression.

J. S. MANSON, M.D., D.P.H.
Warrington.

of friends, including representatives of the County Council, of which he was formerly a member; of the Insurance and Panel Committees, and of the church of which he was a deacon. Dr. Edwards leaves a widow, four daughters and a son to mourn his loss.

THE LATE DR. PANTLAND HICK.—A friend writes: "Life is short, and the Art long. . . ." Men must strive to achieve, even though they live not to see the fruits of their endeavours and achievements. Thus did Hippocrates, in his wisdom, inscribe the epitaph of the many physicians, cut off in the vigour of youth, who were to follow him with devotion and faith through the long ages. Pantland Hick was one of them. He was absorbed in his work; he spared neither his energies nor his health. Indeed, he died serving his country with the same unselfishness that he lavished on his friends and patients in their hours of need. In these times memory is short and hopes are high. Men whose deaths would cause a stir in ordinary times pass almost unnoticed. But to those who knew him Hick will always be a living memory—the memory of a physician whose powers of observation and whose frank and noble disposition would have placed him among the great physicians of the country, had he been spared to accomplish in his own modest but unswerving way that to which he had set his hand.

Major ALBERT HILTON, R.A.M.C. (T.F.), died on service in Egypt on March 4th, as recorded in the casualties in the April *Army List*. He was educated at Owens College and at the Royal Infirmary, Manchester, and took the diploma of L.S.A. in 1896 and the D.P.H. of Manchester in 1912. He practised at Hurst, Ashton-under-Lyne, and was medical officer of Hurst Union district and surgeon to the Lancashire county constabulary. He had served as President of the Ashton-under-Lyne Division of the British Medical Association. He was a Fellow of the Royal Institute of Public Health, and a member of the Society of Medical Officers of Health. He entered the auxiliary forces as medical officer on August 23rd, 1899, attained the rank of major on July 12th, 1911, and was medical officer of the 9th Battalion of the Manchester Regiment.

Lieutenant-Colonel ROBERT MARK BRADFORD, R.A.M.C. (ret.), died at Bradford Peverell, Dorchester, on April 22nd, aged 68. He was the son of the late Rev. John Bradford, of Pinhoe, Exeter, and was educated at St. Bartholomew's Hospital. He took the diplomas of M.R.C.S. and the L.R.C.P. Edin. in 1868, and entered the army as assistant surgeon in the same year. He became surgeon in 1873, surgeon-major in 1880, reached the rank of lieutenant-colonel on October 1st, 1888, and retired on October 18th, 1893. He served in the second Afghan war of 1878-80, and received the medal.

Medical News.

OWING to the absence of Sir William Osler on military service, the annual oration and conversazione of the Medical Society of London, fixed for May 17th, will not take place.

A DISCUSSION on the value of mechanical filters in the purification of water will be opened by Dr. Thomas Orr, M.O.H. Shrewsbury, at a meeting of the Royal Sanitary Institute, at the Guildhall, Shrewsbury, at 7.30 p.m., on Friday, May 28th.

COLONEL FREDERICK GREENWOOD, who became M.R.C.S. in 1847 and L.S.A. in 1848, but retired from medical practice, and was in command of the Huddersfield Volunteers till 1873, died recently at the age of 88. He left £85,078.

The next quarterly meeting of the Medico-Psychological Association of Great Britain and Ireland will be held at the house of the Medical Society of London, Chandos Street, Cavendish Square, W., at 3 p.m., on Tuesday, May 18th, when papers will be read by Dr. P. B. Hyslop on anger, and Dr. David Orr on research.

The French Académie des Sciences, after considering a report presented in secret committee by M. Adolphe Carnot, has passed a resolution removing from its membership four of the German "intellectuals" who signed the manifesto which excited such indignation throughout the learned world. Among those so dealt with are Dr. Wilhelm Waldeyer, professor of anatomy, and Dr. Ernst Fischer, professor of chemistry, in the University of Berlin.

Universities and Colleges.

UNIVERSITY OF OXFORD.

Radcliffe Prize, 1915.

At the stated general meeting of the Masters and Fellows of University College held on Saturday, March 20th, the Radcliffe Prize was awarded, upon the report of the examiners, to Martin William Flack, B.M., M.A., University College (a former Radcliffe Travelling Fellow).

UNIVERSITY OF CAMBRIDGE.

THE following candidates have been approved at the examinations indicated:

SECOND M.B. (*Part II, Pharmacology and General Pathology*).—
E. V. Beale, J. J. O. Beven, H. B. Bickerton, G. E. Birkett, J. T. Bleasdale, C. N. Carter, P. D. Chapman, H. L. Cronk, H. T. Cubbon, I. de B. Daly, W. L. Dandridge, F. N. V. Dyer, H. W. Eddie, R. French, H. H. Ginsburg, E. O. Goldsmith, G. A. Goolden, E. H. V. Hensley, L. G. Higgins, J. M. Higginson, S. M. M. Jabin, B. E. Jerwood, S. H. M. Johns, J. B. S. Lewis, C. K. Mowll, F. P. Nicholas, C. L. Odam, C. J. Penny, P. R. O'R. Phillips, S. R. Pratt, G. W. Pratt, M. K. Robertson, Lewis W. Shelley, H. J. R. Surrage, M. B. R. Swann, O. S. Thompson, W. G. Verniquet, H. W. C. Vines, R. S. Woods, W. G. Woolrich.

UNIVERSITY OF LONDON.

LONDON (ROYAL FREE HOSPITAL) SCHOOL OF MEDICINE FOR WOMEN.

HER MAJESTY THE QUEEN has sent £250 to the London (Royal Free Hospital) School of Medicine for Women to pay for the training and expenses of a woman medical student. The money formed part of a fund placed at the disposal of the Queen by the wives of freemasons. The council will make known shortly the conditions for the award of the Queen's gift.

VICTORIA UNIVERSITY OF MANCHESTER.

THE following candidates have been approved at the examinations indicated:

FINAL M.B. AND CH.B.—J. C. Bramwell, J. E. Brooks.
S. G. J. Dowling passed in Obstetrics and Surgery.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

A COMITIA was held on April 29th, Dr. Frederick Tayler, the President, being in the chair.

Admission of Members.

The following candidates, having passed the required examination, were admitted Members of the College:

Cyril Dudley Hely Corbett, M.D.Oxon, L.R.C.P., and Joseph Strickland Goodall, M.B.Lond.

Licences Granted.

Licences to practise physic were granted to ten candidates who had passed the necessary examinations.

Election of Fellows.

The following Members were also elected Fellows of the College:

Archibald Donald, M.D.Edin. (Manchester), George Gavin Morrice, M.D.Camb. (Weymouth), Thomas Beattie, M.D.Durh. (Newcastle-on-Tyne), Noel Dean Bardswell, M.D.Edin. (Midhurst, Sussex), Frank Cecil Eve, M.D.Camb. (Hull), John Hay, M.D. Vict. (Liverpool), George William Watson, M.D.Lond. (Leeds), Reginald Charles Jewesbury, M.D.Oxf., Edwin Greaves Fearnside, M.D.Camb., Thomas Renton Elliott, M.D.Camb., John George Adam, M.D.Camb. (Montreal, Canada).

Grafton Elliot Smith, M.D.Sydney, F.R.S. (Manchester), was also elected a Fellow of the College under By-law LXXI.

Election of Representative of the College.

The President was re-elected a representative of the College on the Senate of the University of London.

Reports.

Reports were received and adopted from the Committee of Management, recommending that the University of Illinois and the following Portuguese universities—namely, University of Coimbra, University of Lisbon, and University of Oporto—be added to the list of foreign universities recognized by the Examining Board in England.

The Medical Curriculum and the War Emergency.

Another report from the Committee of Management, dated April 21st, referred to a letter received from the Dean of St. Bartholomew's Hospital Medical School suggesting that during the war it might be possible to shorten the curriculum for medical students, and a letter had also been received from the Director-General of the Army Medical Service expressing the hope that the Royal Colleges would give the matter their most earnest consideration.

The Committee of Management were of opinion that it is not desirable that the two important requirements of the Regulations (1) a minimum curriculum of fifty-seven months, and (2) a minimum period of clinical study during two winter and two summer sessions after passing in anatomy and physiology, should be relaxed at the present time.

The Committee desired to point out, however, that under the Regulations of the Board they have power to grant exceptions to the Regulations, and that they have already exercised this power in cases where the two important principles above

referred to have not been involved. The Committee are prepared to antedate the commencement of the curriculum in cases where students have pursued medical or scientific study before passing the preliminary examination, or before entrance at a medical school, and they believed, from inquiries which have been made, that this procedure will enable the majority of the students referred to by the Dean in his letter to enter for the final examination three months earlier than would otherwise have been possible, and yet with a full curriculum of fifty-seven months.

The report was adopted.

After some further formal business, the President dissolved the Comitia.

THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE annual elections by the Council of the College will take place on Thursday, July 1st. There will be five vacancies occasioned by the retirement of Sir Rickman Godlee, Bt., Mr. Mansell Moullin, Mr. Charters Symonds, and Mr. Ryall, and by the death of Mr. C. B. Lockwood. Mr. Moullin and Mr. Charters Symonds have served as members since 1907, the full term of eight years. Sir Rickman Godlee, re-elected in 1905, retained his seat two years longer as President. Mr. Ryall was elected as substitute for Mr. Jonathan Hutchinson, jun., who retired a year ago, when occupying a seat as substitute for the late Mr. Bruce Clarke until 1915. We understand that Mr. Ryall is a candidate for re-election.

CONJOINT BOARD IN IRELAND.

THE following candidates have been approved at the examinations indicated:

FIRST COLLEGE.—H. J. Bradlaw, J. P. Cleary, B. A. Cohen, J. F. Gallagher, T. P. Harpur, J. McAleer, P. McAndrew, T. F. McCay, J. C. M. Martin, M. J. O'Riordan, L. R. Reilly.

SECOND COLLEGE.—J. J. Brennan, J. Coman, W. E. Cooke, T. N. D'Arcy, J. P. Doyle, P. J. Greene, S. J. Healey, G. A. Henderson, M. J. O'Connor, V. R. O'Connor.

THIRD COLLEGE.—D. Boland, T. Curran, B. J. Dauit, G. Dunne, J. J. Hayes, J. F. Seale, J. P. Sheridan, B. J. Steele, A. R. Soady, J. Young.

FINAL COLLEGE.—W. H. W. C. Carden, C. F. Coyne, D. B. Donohoe, W. J. Dunlop, O. Farrelly, S. E. Gordon, J. D. Hamilton, R. J. Hennessy, M. J. Loftus, J. F. Lyons, J. T. McConkey, W. G. McConnell, J. Murnane, P. J. Murphy, J. V. O'Brien, D. V. O'Connor, Mary E. R. Welsby.

DIPLOMA IN PUBLIC HEALTH.—J. F. Lobo, Captain W. C. Smales, R.A.M.C.

* With honours.

The Services.

TERRITORIAL FORCE.

EXCHANGES OF MEDICAL OFFICERS.

THE British Medical Association, being anxious to assist in facilitating exchanges between medical officers of the Territorial Force in accordance with the War Office letter of December 10th (BRITISH MEDICAL JOURNAL, February 27th, p. 402), is prepared to publish in the JOURNAL applications for exchange. In all cases officers desiring exchange should furnish information on the following points:

1. Rank and name
2. Regiment or medical unit
3. At present stationed at
4. For home or for foreign service
5. Amount and nature of work, special allowances drawn, and living conditions generally
6. Home address to which it is desired to exchange
7. Terms offered
8. Whether a junior medical officer with temporary commission would be accepted

Present address and date

Captain C. H. Pentreath, R.A.M.C.(T.), attached medical officer to 2/6th (Home Service) Battalion, The Essex Regiment (T.F.), at present stationed at Stamford, Lincolnshire, wishes to make an exchange with a medical officer attached to a base hospital, or home service field ambulance stationed within twenty miles or so of Windsor or Maidenhead. The work is extremely light. The pay is 15s. 6d. a day for captain or 14s. for lieutenant *plus* 4s. 9d. a day billeting allowances. A junior medical officer (lieutenant) or elderly practitioner desiring home service only would find this a suitable appointment.

Public Health.

LUNACY FEES IN POOR LAW CASES.

J. M. T.—The fee to which our correspondent would be entitled depends on the order of the magistrate for whom the certificate was furnished. In most cases a fee of one guinea is ordered, where a lunatic is certified, except in Poor Law cases, where the smaller fee of half a guinea is perhaps not unusual.

Letters, Notes, and Answers.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated.

CORRESPONDENTS not answered are requested to look at the Notices to Correspondents of the following week.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 429, Strand, W.C., on receipt of proof.

THE telegraphic addresses of the BRITISH MEDICAL ASSOCIATION and JOURNAL are: (1) EDITOR of the BRITISH MEDICAL JOURNAL, *Attiliope, Westrand, London*; telephone, 2631, Gerrard. (2) FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate, Westrand, London*; telephone, 2630, Gerrard. (3) MEDICAL SECRETARY, *Medisecra, Westrand, London*; telephone, 2634, Gerrard.

Queries, answers, and communications relating to subjects to which special departments of the BRITISH MEDICAL JOURNAL are devoted will be found under their respective headings.

QUERIES.

H. R. desires to hear of a home into which a woman, aged 26, suffering from neurasthenia following chronic dyspepsia, could be admitted for massage and electrical treatment; her means are limited.

INCOME TAX.

C. J. S. D. has purchased a practice, the consideration being payment to the widow of the previous proprietor of the amount of the earnings for one year. The surveyor of taxes informs him that he must pay income tax on those earnings notwithstanding the fact that they go to the widow.

** The surveyor's contention appears to be correct. The point is that our correspondent cannot deduct as a professional expense any sum that really represents an outlay of capital on his part. The purchase of a new practice is clearly a capital and not a current expense, and "C. J. S. D." therefore, cannot deduct the amount in determining his liability to income tax. In the hands of the widow the sum represents capital also, and tax would not be payable by her. At the end of the year the position is that our correspondent has paid tax on a certain "income"—say £1,000—and has spent that "income" on the purchase of a medical practice.

ANSWERS.

URTICARIA.

DR. LEONARD J. KIDD (London) writes: Let "Vladimirow" try calcium sulphide gr. 1/2 at bedtime daily, instead of calcium chloride, regular small doses of thyroid extract, and stop adrenalin.

DR. HENRY WALDO (Bristol) writes: I suggest that ichthylol may be effective. It is usually given in capsules (5 minims three times a day). The late Professor McCall Anderson told me that he got some of his patients to take teaspoonful doses.

LETTERS, NOTES, ETC.

A CURE FOR GERMAN MEASLES.

THE following prescription, attributed to a Dr. Cannon, has, according to the Canadian Medical Association Journal for April, been widely recommended as a sure cure for the German measles: Mix some Woolwich powders with tincture of iron and essence of lead, and administer in pills; have ready a little British army (a little goes a long way), some Brussels sprouts, and French mustard; add a little Canadian cheese and Australian lamb, and season it with the best Indian curry. Set it on a kitchener, and keep stirring until quite hot. If this does not make the patient perspire freely, rub the best Russian bear's grease on his chest and wrap in Berlin wool. As to diet, the patient must on no account have any peace soup until the swelling in the head has quite disappeared.

SCALE OF CHARGES FOR ADVERTISEMENTS IN THE BRITISH MEDICAL JOURNAL.

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Advertisements should be delivered, addressed to the Manager, 429, Strand, London, not later than the first post on Wednesday morning preceding publication, and, if not paid for at the time, should be accompanied by a reference.

NOTE.—It is against the rules of the Post Office to receive *poste restante* letters addressed either in initials or numbers.