

of the opening in the pleura which led to an excess of air under pressure in the pleural cavity, and which necessitated special relief on two occasions before admission to hospital.

I am indebted to Dr. A. G. Gibson for assistance and permission to publish this case.

## REFERENCES.

<sup>1</sup> Dévó, F.: *Rev. de Chir.*, 1925, Ixiii, pp. 81-125. <sup>2</sup> Bacaloglu and Tanasesco: *Presse méd.*, 1925, xxiii, p. 1522.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

## TWO CASES OF COINS IN THE OESOPHAGUS.

THESE cases, which occurred within three weeks of each other, are published in order to show the size of coin that is likely to become impacted in the oesophagus at different ages. Incidentally they also illustrate the fact that a coin which can pass through the upper end of the oesophagus can pass unaided through the rest of the alimentary tract. In both cases the misfortune was caused through the impish mischief of young children, so that a word of caution may be uttered against giving coins to children as playthings.

## CASE I.

T. C., a labourer aged 35, while having a meal at mid-day on September 16th, drank a cup of tea rather hurriedly and then felt something in his throat. It was ascertained that his baby had dropped into the cup a penny it had been given to play with; the father tried to vomit, but did not succeed.

On arrival at the hospital x-ray examination showed a coin impacted at the level of the sterno-clavicular joint. On endoscopic examination the penny was seen, but the area being somewhat fouled with blood from loss of a tooth in a mouth with marked pyorrhoea, it could not be gripped with the forceps, and disappeared. On a second x-ray examination it was seen to move freely with respiration at the level of the cardiac orifice of the stomach.

The patient was again x-rayed on the following afternoon, and the penny was seen to be in the stomach near the pylorus. He was allowed to go home and told to come up in thirty-six hours. This he did, bringing the penny in his hand, and reported that it had been passed in his motions (thirty hours after it had been seen to be lying in the stomach) without any difficulty or any haemorrhage in the stools.

## CASE II.

P. K., aged 6½ months, on October 7th, about 5 p.m., swallowed a farthing given to her by her little brother. She went red in the face and nearly choked. She was taken to her doctor, who sent her to the hospital. At 11 p.m. x-ray examination showed the farthing impacted in the oesophagus at the level of the sterno-clavicular joint. On oesophagoscopy the coin was seen and removed with forceps. The child left the hospital three days later in perfect health and with no complications.

I am indebted to my clinical assistant, Mr. Lindenbaum, for his notes on these two cases.

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Assistant Surgeon, Throat and Ear Department,  
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## HAEMATURIA TREATED BY INJECTION OF SERUM.

THE following case is of some practical, apart from a possible theoretical, interest.

A boy, aged 3½, had an attack of haematuria after tonsillotomy about a year ago. I am informed that, apart from one or two intervals of a few days, during which the urine appeared to be free from blood, it had persisted in varying degree ever since. The greater part of the year was spent in hospital, where the urinary tract was carefully investigated and an exploratory nephrotomy performed on the left side. Apart from an impression gained that the left kidney was somewhat large, the result of the operation was negative, and the child was discharged from hospital uncured. When I first saw him, in December, 1926, he was still passing bloody urine, was markedly anaemic, and his general condition was very miserable. On examination no abnormality of the kidneys could be detected, and I made the diagnosis of essential haematuria precipitated by septic absorption following tonsillotomy.

I decided to treat the child by injection of horse serum. The first dose of 10 c.c.m. was followed by acute urticaria. As the degree of haematuria seemed to have decreased I gave a second injection of 20 c.c.m. one week later, both injections being given intramuscularly into the buttocks. After the second injection the haematuria disappeared, and has not since returned. It is, of course, too early to speak of a permanent cure, but as the child had previously been free from haematuria for a few days at a

time only, the outlook seems hopeful. The improvement in the general health has been very noticeable, the whining child being now normally vigorous and lively.

Apparently the haematuria was due to absorption of toxins from the cut surfaces of the tonsils. Why these toxins should have attacked the endothelium of the renal vessels is an interesting question. The necessary antitoxins seem to have been produced in the child's body by the injection of the proteins contained in the horse serum. The injection of these proteins produced an attack of urticaria, as is known sometimes to happen, and apparently a by-product of the reaction was the required antitoxin. The sequence of events in this case supports the view that a bodily reaction is necessary for the production of antibodies. On the other hand, the occurrence of haematuria after the operation of tonsillotomy may have been quite fortuitous and in no way due to sepsis, and the cessation of the haematuria may be attributable to coagulants contained in the horse serum. Were it practicable, a bacteriological examination of the remains of the tonsils would be of interest.

London, N.15.

L. J. GREEN, M.R.C.S., L.R.C.P.

## DEATH FROM HAEMORRHAGE FROM THE AORTA INTO A BRONCHUS.

THE following case is an instance of what must be an unusual cause of death.

An old woman, aged 81, died at the Tooting Bec Mental Hospital on December 20th, 1926; she was admitted on January 27th, 1922. She suffered from senile dementia with marked loss of memory for all recent events, but a remarkable recollection of the past. She could repeat pages of Shakespeare's plays.

She had arterial degeneration to a moderate degree, and experienced several cerebral attacks with transient paraparesis. After one of these attacks she lost voluntary control of the right arm, which used to execute all sorts of movements of its own accord, much to the annoyance of the patient, who would lay hold of it with the left hand to keep it in order. These movements ceased when the patient was asleep.

At the time of her death she was seen by a medical officer, who reported that arterial blood had gushed out of her mouth for about ten minutes before she died. At the post-mortem examination it was found that a patch of adherent pleura had attached itself to a hard plaque on the aorta. A communication had formed between the aorta and a rather large bronchus, and after filling up the lung the blood had poured out of the mouth till the patient was dead.

London, S.W.

THOMAS LINDSAY, M.D., F.R.C.S.Ed.

## British Medical Association.

## CLINICAL AND SCIENTIFIC PROCEEDINGS.

## GLOUCESTERSHIRE BRANCH.

## The Blood Picture in Various Diseases.

A MEETING of the Gloucestershire Branch was held at the General Hospital, Cheltenham, on March 10th; Dr. J. RUPERT COLLINS presided, and Dr. J. B. DAVEY read a paper entitled "Some interesting blood pictures."

Dr. Davey described the source and antecedents of the cells of the blood. In spite of the multitude of names used by various workers for the same cells, a common ancestor for all the various blood cells was now accepted by the majority. This cell, found both in marrow and in lymphatic tissue, somewhat resembled the large lymphocyte and was named the haemocytoblast. From this cell were formed in the marrow the erythrocytes by loss of nucleus and elaboration of haemoglobins; the myelocytes by development of granules; the large lymphocytes and thence the small lymphocytes, and the megacaryocytes. In lymphatic tissues it formed the large and small lymphocytes. As regards pathological conditions, the most familiar was probably the rapid increase of polymorphonuclears in the circulating blood in septic processes. Many of these cells were of immature type. The marrow was very susceptible to toxic influences, and it was not difficult to conceive that some toxic process was at work in myelocytic leukaemia, where very primitive forms, the myelocytes, were poured into the circulation, their conversion into polymorphonuclears being largely inhibited. In such cases the marrow, at the necropsy, showed clear evidence of great myelocytic activity. In lymphatic leukaemia the process was not so

people well. He enjoyed the esteem and confidence of his governors and the friendly regard of the members of his medical and surgical staff, who were always assured that in his conduct of affairs he was inspired by a wish to meet the reasonable requests of all in the best interests of the Infirmary. His life was too full for any other public service than that the Infirmary claimed of him. The recreations of his leisure were fishing and golf. He is survived by his widow and a married daughter. His name will long be remembered with affection in the institution which he served so long and faithfully.

#### PROFESSOR DAVID MACEWAN.

WE regret that there was an error in the obituary notice of Professor David MacEwan of Dundee, published on April 9th (p. 703). It should have been stated that, at the Annual Meeting in Carlisle in 1896, he opened the discussion on hypertrophy of the prostate. The address in surgery was delivered by Dr. Roderick MacLaren, senior surgeon to the Cumberland Infirmary, Carlisle. It dealt with preventive surgery.

A Reuter's telegram from Capetown announces the death of Sir EDMOND STEVENSON, F.R.C.S.Ed., formerly president of the Medical Council, Cape Colony, of the Cape Branch of the British Medical Association, and of the South African Medical Congress. We hope shortly to publish a notice of his career.

The death is announced, in his 90th year, of Dr. ROBERT FULTON WEIR, at one time professor of surgery in the College of Physicians and Surgeons, Columbia University, New York; he was elected an honorary Fellow of the Royal College of Surgeons of England in 1900, in the first batch of such Fellows to be chosen.

#### Medico-Legal.

##### LUNACY CERTIFICATION.

DE FREVILLE v. DILL.

THE Court of Appeal, consisting of the Master of the Rolls, Lord Justice Scrutton, and Lord Justice Sargent, on April 11th dismissed an application by Mr. J. W. J. Cremllyn, on behalf of Mrs. May de Freville, the plaintiff in the action against Dr. A. V. Dill of Stroud—reported in the BRITISH MEDICAL JOURNAL of April 9th, p. 705—to have the jury who had been discharged by Mr. Justice Avory because they had formed a premature opinion adverse to Dr. Dill re-summoned and re-empowered to hear the rest of the evidence.

Mr. Cremllyn, in making the application, said he had called fourteen witnesses for the plaintiff, and had closed her case, and the defendant had finished his evidence-in-chief, and had been cross-examined for about an hour and a half when, the cross-examination not being completed, the foreman of the jury asked Mr. Justice Avory whether the jury could stop the case. The judge replied: "It depends entirely what views you take as to the evidence." The judge then told the jury to put their message to him in writing. The foreman did so, and handed it to the judge, who said that it was a finding by the jury that the defendant had been negligent, and returning a verdict for the plaintiff. Mr. Singleton, the leading counsel for the defendant, made no application for the jury to be discharged, but said that he could not consent to judgement in the circumstances. Thereupon the judge said that the proper course for him to adopt was to discharge the jury, as they had given a verdict without hearing material evidence for the defendant. The foreman said the jury had simply asked for advice, and had taken the advice given to put their opinion in writing. Mr. Cremllyn submitted that the judge was only entitled to discharge the jury if he had come to the conclusion that they had misconducted themselves, and had formed a dishonest, or corrupt, opinion.

Counsel for the defendant were not called on to argue.

##### Application Dismissed.

The Master of the Rolls, in his judgement dismissing the application, said the words used by the jury went far beyond a mere indication of a view passing through their minds. They were only consistent with an intention to stop the case without having heard the rest of the evidence for the defendant. It was plain that such a verdict must be bad. It was contrary to the oath taken by the jurors themselves well and truly to hear the case and to decide it in accordance with the evidence. That meant the whole of the evidence, and not a part only of it. The intervention offended against the basic principles of justice. Mr. Justice Avory had exercised his discretion quite correctly, and he (his lordship) would be very sorry to say anything which might have the effect of limiting or impairing the discretion of a judge to discharge a jury in similar circumstances. The application must be dismissed with costs.

Scrutton and Sargent, L.J.J., gave judgement to the same effect.

#### Universities and Colleges.

##### UNIVERSITY OF LONDON.

A COURSE of three lectures on "The menstrual function, its physiology and pathology," will be given by Professor H. Beckwith Whitehouse at the London (Royal Free Hospital) School of Medicine for Women, Hunter Street, W.C.1, on Mondays, May 16th, 23rd, and 30th, at 5.30 p.m. Admission to the lectures is free without ticket.

##### ROYAL COLLEGE OF PHYSICIANS OF LONDON.

AN ordinary comitia of the Royal College of Physicians of London was held on April 11th at 5 p.m., the President, Sir John Rose Bradford, being in the chair.

The President delivered his annual address, in which he reviewed the work of the College during the past year. He pointed out that there are now 379 Fellows. There was a considerable increase in the number taking the membership, the total number of Members now being 836, as against 732 a year ago. He mentioned the honours conferred by the King upon Fellows, Members, and Licentiates of the College, and alluded to the gifts made to the College, including that from Colonel Sir Douglas Powell, Bt., of a replica of the portrait of his father, Sir Richard Douglas Powell, a former President, painted by Mr. Spencer Watson. Mention was also made of the revision of the by-laws during the past year, and special reference was made of the power that the College now assumed of granting Honorary Fellowships in special circumstances.

The President then delivered obituary addresses upon the career and work of the fifteen Fellows who had died in the past year, including Dr. E. S. Reynolds, Sir John Williams, Sir W. B. Leishman, Sir F. W. Mott, Dr. John Thomson of Edinburgh, Dr. J. G. Adam, Dr. Thomas Claye Shaw, Sir Isambard Owen, and Dr. Thomas R. Bradshaw.

Sir David Ferrier, the Senior Fellow present, then proposed a vote of thanks to the President.

Sir John Rose Bradford was re-elected President for the ensuing year.

Diplomas in Tropical Medicine were granted, jointly with the Royal College of Surgeons, to the following twenty-four candidates who had passed the required examination:

S. Annecke, E. G. Anthorizs, A. C. L. O'S. Bilderbeck, Catherine V. Burne, N. P. Dalal, T. B. Gilchrist, R. D. Gross, Kathleen M. Halloran, R. G. Keays, H. H. W. Kumm, F. R. Lockhart, A. D. Loganadan, P. H. Martin, F. R. L. Miller, Margaret M. Nolan, J. Portelli, Helen M. Russell, E. G. Sayers, H. M. Shelley, Viva E. K. Stuart, H. S. Townsend, Bertha Williamson, C. J. Wylde, W. A. Young.

#### Medical News.

AT the annual meeting of the Tuberculosis Society, held at Somerville College, Oxford, Sir StClair Thomson was elected president, and the council was instructed to consider the constitution of the society and to recommend alterations if necessary.

As a sequel to Sir Berkeley Moynihan's broadcast talk on Lord Lister from the Leeds-Bradford station of the British Broadcasting Corporation on April 8th, Sir Charles Hyde has endowed a bed in the following five Birmingham hospitals: General, Queen's, Children's, Orthopaedic, and Women's.

AMONG the Chadwick Public Lectures to be delivered this session is one by Sir Thomas Legge, C.B.E., M.D., on the teaching of industrial medicine. It will be given on Tuesday, May 3rd, at 5.15 p.m., in the house of the Medical Society of London (11, Chandos Street, Cavendish Square, W.), and Dr. S. Monckton Copeman, F.R.S., will be in the chair. Admission is free.

THE annual meeting of the Medical Mission Auxiliary of the Church Missionary Society will be held at the Central Hall, Westminster, on May 4th, when Bishop H. Gresford Jones (late of Kampala) will take the chair at 7.30 p.m. The speakers will include Dr. A. R. Cook, C.M.G., from Mengo, Uganda, and Dr. D. Duncan Main from Hangchow, China. Tickets of admission can be obtained from the Superintendent, Loan Department, Church Missionary Society, Salisbury Square, E.C.4.

DR. EDWARD MAPOTHER, Medical Superintendent of the Maudsley Hospital, Denmark Hill, S.E.5, will give a series of five clinical demonstrations at the hospital on types of mental disease, on Wednesdays, at 2.30 p.m., beginning on April 27th.

THE Langley prize of the London School of Hygiene and Tropical Medicine is now open to competition among officers of the West African Medical Staff, whether on the active or retired list. The prize, founded in memory of Dr. W. H. Langley, C.M.G., P.M.O. Southern Nigeria, is awarded every three years; the first award was made in 1924. It is given for the best paper on tropical medicine or surgery, hygiene, or epidemiology and parasitology. It is of the value of £30. The papers in competition must be received by the Secretary of the London School of Hygiene and Tropical Medicine, Malet Street, London, W.C.1, on or before October 1st.

THE Ministry of Health has amended the regulations in connexion with the use of preservatives in food, which came into operation on January 1st. The manufacture for sale of an article of food containing any preservative introduced by the use of preserved bacon, ham, or margarine is now prohibited, and the restriction on the use of sulphur dioxide is slightly modified. In a circular (732) attention is called to the Sale of Food and Drugs Act, 1927, which gives effect to the recommendation of the Departmental Committee on Preservatives and Colouring Matters in Food that any prohibitions or limitations imposed by the regulations should bind the Courts in proceedings taken under the Sale of Food and Drugs Acts. Previous references to the regulations dealing with preservatives in food appeared in our issues of August 22nd, 1925 (p. 349), and January 8th, 1927 (p. 70).

APPLICATIONS for the Moorfields Research Scholarship of the value of £50 a year must be sent to the Dean of the Royal London Ophthalmic Hospital, City Road, E.C.1, by May 15th. The successful candidate will conduct clinical research at the hospital.

THE date of opening of the eighth Salon des Médecins at Paris has been postponed to May 22nd.

BOOTS' PURE DRUG COMPANY, LTD., are extending their research work at Nottingham, and have appointed as head of the research laboratories Dr. F. L. Pyman, F.R.S., professor of technological chemistry in the University of Manchester and in the College of Technology. A primary object of this new development is the prosecution of fundamental research in the domain of chemotherapy. Professor Pyman is well known for his investigations into the chemistry of the alkaloids and of synthetical compounds closely related to them; recently he has devoted much attention to the glyoxaline group, and has effected a synthesis of one of the most important members of the series—namely histidine, a structural unit of certain protein molecules.

## Letters, Notes, and Answers.

All communications in regard to editorial business should be addressed to **The EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.**

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All communications with reference to ADVERTISEMENTS, as well as orders for copies of the JOURNAL, should be addressed to the Financial Secretary and Business Manager.

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## QUERIES AND ANSWERS.

### DELIVERY IN CONTRACTED PELVIS.

"A. K." asks for advice in the conduct of the following case: A woman, then aged 25, had her first child three years ago. The presentation was a breech; each hand had to be brought down and forceps applied to the after-coming head. The child, though small, was dead. The next year she had an abortion at two and a half months, when it was found quite impossible to get an ordinary-sized hand through the pelvic brim to evacuate the ovum from the uterus. Now she is six months pregnant again. She does not like the idea of waiting for a possible Caesarean section, but has no objection to induction of premature labour. What would be the period at which to act and by what method? The use of bougies is rather risky in the circumstances.

\*\* A patient giving a history as outlined by our correspondent requires the most careful attention, preferably from an expert and in a hospital. The pelvic measurements must be accurately estimated to form an opinion as to whether a *viabile* child is possible *per vias naturales*. Caesarean section at term seems the best—in fact, the only reasonable line of treatment for the safety of both mother and child, because the pelvic brim has been found too

small to allow the passage of a normal-sized hand. This treatment could be justifiably insisted upon by the patient's medical attendant. If a Caesarean section is absolutely refused, then the only alternative is the induction of premature labour at a time when the foetal head will only just enter the brim of the pelvis. If that time is reached earlier than the thirty-sixth week of pregnancy, then induction is contraindicated in the interests of the child. Should induction be insisted upon, then there is no serious objection to Krause's bougie method.

### ATONY OF THE COLON.

"N. A. M." asks for suggestions for treatment for complete atony of the colon. Eserine gives rise to pain without evacuation, and no result is obtained from the usual purgatives; enemas give only indifferent results. Laparotomy was performed, but beyond general laxity and ballooning of the pelvic colon, nothing abnormal was found.

### INCOME TAX.

#### *Succession to Practice.*

"A. B. C." sold his practice to F. as from May 1st, 1926, the arrangement providing for a six months' partnership, on a basis of equal shares, ending at that date. He has been assessed on a cash basis for many years and has supplied figures accordingly for the period expiring March 31st, 1926, but has since been asked for a separate statement of the partnership profits for the six months to April 30th, 1926.

\*\* So far as the year 1925-26 is concerned, "A. B. C.'s" gross liability would be determined by (1) the "average" assessment for seven months plus (2) one-half of the average for five months—that is, it would be represented by  $(\frac{7}{12} + \frac{5}{12}) = \frac{1}{2}$  of the assessment. His personal allowances, etc., would be deductible from that amount. For the month of April his liability would be fixed by one-half of one-twelfth of the "average" assessment, and the average would be affected to some extent by the earnings during the six months' partnership. It may be for that reason that the latter figures were required, but there is another possibility. If the profits of the partnership—which technically "succeeded" to the sole practice—fell short from some specific cause since or by reason of the succession, "A. B. C." and his partner would be entitled to have the assessment for that period reduced to the actual amount of their earnings. But it should be borne in mind that the cash basis would not be applicable unless the receipts from pre-partnership debts were brought into the partnership earnings.

### *Old Book Debts.*

"FOGGED" sold his practice on April 1st, 1926, buying another as from January 1st, 1927, after a quarter's introduction on a half-share basis. Has he to include in his return any cash he is receiving in respect of his former practice?

\*\* As for the year 1926-27, our correspondent has ceased to carry on his former practice and is not assessable in respect of any sums he may receive from it; they represent capital in the form of past book debts. The basis of computation of liability in respect of his new practice appears to be correct.

## LETTERS, NOTES, ETC.

### RHEUMATIC INFECTION IN CHILDREN.

DR. T. M. ALLISON (Newcastle-on-Tyne) writes: The second report on juvenile rheumatic infection is based upon and deals with the following aspects: (1) a micro-organism, (2) tonsillar infection, and (3) environment. There is, in my opinion, an unnamed fourth factor—namely, mouth-breathing. The mouth is to eat bread-and-butter with; the nose is to breathe through. I have rarely, if ever, seen rheumatism except in a mouth-breather, and one can almost always elicit a history of snoring. Mouth-breathing accounts for tonsillar infection; it dries and prepares the tonsils for the inhaled organism, and it accounts for the influence of dampness and the cold air of the bedroom making the arthritic pains worse, in spite of the rest and the warmth of the bed. In your leading article in the BRITISH MEDICAL JOURNAL it is stated that the second report "deals rather with treatment than with prevention." May I suggest that the prevention of rheumatism in childhood lies in the prevention of mouth-breathing, and that in adults (where operation may be futile) that it lies in the use, especially at night, of a carbolic mouth-wash?

### CORRECTION.

In the report of the meeting of the South Wales and Monmouthshire Branch in the issue of April 16th (p. 721), Dr. Emil Goetsch should have been described as "of Brooklyn," and in the last sentence "solid shadow" should have read "heart shadow."

### VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 40, 41, 44, and 45 of our advertisement columns, and advertisements as to partnerships, assistantships, and locuencies at pages 42 and 43.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 164.