

pieces of placenta and larger pieces of membrane may be left in utero, with septic infection following. The author imposes on himself an hour limit before interfering if hæmorrhage is not going on. Careful examination of the placenta and membranes is very important, and the writer recommends that a record should be kept of the state of all placenta and membranes and of their relation to morbidity and mortality.

OPHTHALMOLOGICAL SOCIETY OF THE UNITED KINGDOM.

THE annual congress of this body, to be held from April 29th to May 1st at the House of the Royal Society of Medicine, promises to maintain a high standard of interest. The programme includes numerous papers, a clinical meeting, a visit to the special hospital of the Metropolitan Asylums Board for cases of ophthalmia neonatorum, with a discussion on the prevention and treatment of that disease, another discussion on Diabetes in Relation to Diseases of the Eye, and a dinner. Full details will be found in our Medical News column.

THE PHYSICAL SIGNS OF FOREIGN BODIES IN THE BRONCHI.

IN the *American Journal of the Medical Sciences* for March Professor Thomas McCrae, of Philadelphia, has published a careful study of the physical signs of foreign bodies in the bronchi in a considerable number of cases. The opportunity to examine the patients was given to him by his colleague, Professor Chevalier Jackson, a laryngologist, whose experience of foreign bodies in the air-passages is unrivalled. It might be supposed that a foreign body could not pass into a bronchus without producing symptoms which must be noticed. But this is not so. In one case an atomiser tip had been aspirated and the patient knew nothing of it. All that he could remember was that 18 months ago the tip had disappeared. He was thought to be suffering from tuberculosis. A boy of 8 was sent for some laryngeal condition and part of a collar button was found in a bronchus. No history of any acute onset could be obtained. Professor McCrae's impression is that such cases are by no means rare, and that foreign bodies in the bronchi are much more common than is generally supposed. The greatest difficulty of diagnosis arises when the body cannot be recognised by means of the X rays. These cases probably number from 10 to 15 per cent. of the total. There are two groups of unrecognised cases. In one the body sets up acute inflammatory changes which are soon fatal, and pneumonia is generally diagnosed. These cases particularly follow aspiration of some kind of nut by a young child. In the other group the symptoms become chronic, and pulmonary tuberculosis or bronchiectasis is diagnosed. In the physical signs there is great diversity. A closed safety-pin is not likely to cause much change in a short time, while a screw or tack, which plugs a bronchus, produces rapid changes. A body may plug a bronchus at one time and not at another, so that the signs vary. If this occurs at a short interval it is a striking point. Thus in one case the signs suggested collapse of the involved lobe and a few hours later it was apparently overdistended, which raised the idea of valvular action. The signs may be local or general; signs over both lungs are not uncommon, and they may be more diffuse on the unaffected side, which

may lead to serious error. The only sign which was present in every case examined by Professor McCrae was decreased expansion on the affected side. It may be the only sign. In some cases râles, which may be termed characteristic, were heard over a small area. These may be described as very fine and softer than the early crackling râles of lobar pneumonia. They may be compared to the crackling of fine tissue paper. Pneumonia is often diagnosed, but a careful study of the signs should prevent this error. Fever is common after aspiration of a foreign body, and if there is dyspnoea with cough and bloody or blood-streaked sputum pneumonia is suggested. Decreased expansion and dullness may bear out this view, but a careful study of the vocal fremitus and the auscultatory signs should show that if there is pneumonia there is also plugging of the bronchus—a rare condition. In many cases no breath sounds or râles are heard over the affected parts; in others there may be râles but no breath sounds. Later, fibrosis, abscess, and bronchiectasis may be found. Professor Chevalier Jackson has called attention to a new sign of foreign body in the trachea or bronchi,¹ which he termed the "asthmatoïd wheeze." It is heard with both inspiration or expiration, but sometimes only at the end of forced inspiration, on placing the ear or bell of the stethoscope over the patient's mouth. This sign is of considerable value, particularly when the foreign body does not show in the radiogram. Certain foreign bodies, particularly the peanut, set up very acute and dangerous changes in children. The clinical picture is rather distinctive and is one of cedematous, purulent tracheo-bronchitis, which often results in pulmonary abscess. The dyspnoea is extreme, cyanosis is usually marked, and there may be purulent tenacious sputum. The only distinctive signs which Professor McCrae finds of foreign body in the lung are "the asthmatoïd wheeze" and the "tissue paper râles" heard over a small area.

THERE will be a meeting of the United Services Medical Society in the Library of the Royal Army Medical College, Grosvenor-road, S.W., at 3.30 P.M. on May 28th, to discuss the proposed amalgamation of the society with the War Section of the Royal Society of Medicine.

A MEETING of the Executive Council of the Federation of Medical and Allied Societies will be held at 11, Chandos-street, London, W.1, on Tuesday next, April 27th, at 4.30 P.M., when the special business to be considered includes the urgent need by legislation for the efficient treatment of mental disorders in their early stages (submitted by the Medico-Psychological Association), and the steps which should be taken to secure for the nursing profession representation on the Consultative Council of Medical and Allied Services of the Ministry of Health (submitted by the College of Nursing).

¹ THE LANCET, Dec. 14th, 1918, p. 824.

LONDON PANEL: POST-GRADUATE STUDY.—Beginning in May it is proposed to hold a course of lectures and demonstrations on laboratory methods in connexion with the prevention, diagnosis, and treatment of disease, which will be given by Dr. W. W. C. Topley, director of the pathological laboratories at Charing Cross Hospital on Thursdays at 9.30 P.M. The fee for the course will be £3 3s. and certificates of attendance are to be given. Other courses are being arranged for the near future.