Solicitor, Post Office Department, Washington, D. C., through the postmaster of the city in which the laboratory is situated. The name of the laboratory must be stated and the name of the director to which such specimens are to be addressed. It is required that a certificate be furnished from the physician who is acting as director of said laboratory, stating that it is properly equipped to care for such specimens when received. It is necessary to state the location of the laboratory, street and number, and state whether it is located in an office building or otherwise.

Section 3, it will be observed, prohibits the delivery of specimens of diseased tissues to any laboratory which has not received from the Postmaster General a permit certifying that the institution is entitled to receive such specimens.

Copy of Section 473, Postal Laws and Regulations, follows:

COPY OF SECTION 473, POSTAL LAWS AND REGULATIONS

Specimens of diseased tissues may be admitted to the mail for transmission to United States, state, municipal, or other laboratories in possession of permits referred to in paragraph 3 of this section, only when inclosed in mailing cases constructed in accordance with this regulation, provided that bacteriologic or pathologic specimens of plague and cholera shall under no circumstances be admitted to the mails.

2. Liquid cultures, or cultures of microorganisms in media that are fluid at the ordinary temperature (below 45° C. or 113° F.), are unmailable. Such specimens may be sent in media that remain solid at ordinary temperature.

3. No package containing diseased tissue shall be delivered to any representative of any of said laboratories until a permit shall have first been issued by the Postmaster General, certifying that said institution has been found to be entitled, in accordance with the requirements of this regulation, to receive such specimens.

4. (a) Specimens of tubercular sputum (whether disinfected with carbolic acid or not disinfected) shall be transmitted in a solid glass vial with a mouth not less than 1 inch in diameter and capacity of not more than 2 ounces, closed by a cork stopper or a metallic screw top protected by a rubber or felt washer. Specimens of diphtheria, typhoid, or other infectious or communicable diseases or diseased tissues, shall be placed in a test tube made of tough glass, not over three-fourths of an inch in diameter and not over 7½ inches in length, closed with a stopper of rubber or cotton and sealed with paraffin or covered with a tightly fitting rubber cap.

(b) The glass vial or test tube shall then be placed in a cylindrical tin box, with soldered joints, closed by a metal screw cover with a rubber or felt washer. The vial or test tube in this tin box shall be completely and evenly surrounded by absorbent cotton closely packed.

(c) The tin box with its contents must then be inclosed in a closely fitting metal, wooden, or papier-mache block or tube, at least three-sixteenths of an inch thick in its thinnest part, of sufficient strength to resist rough handling and support the weight of the mails piled in bags. This last tube shall be tightly closed with a screw-top cover with sufficient threads to require at least one and one-half full turns before it will come off, and fitted with a felt or rubber washer.

5. Specimens of blood dried on glass microscopic slides for the diagnosis of malaria or typhoid fever by the Widal test may be sent in any strong mailing case which is not liable to breakage or loss of the specimen in transit.

6. Upon the outside of every package of diseased tissues admitted to the mails shall be written or printed the words, "Specimen for bacteriological examination. This package to be pouched with letter mail."

THE REMOVAL OF FOREIGN BODIES FROM THE ESOPHAGUS AND RESPIRATORY TRACT.*

By H. B. GRAHAM, M. D., San Francisco,
Assistant Clinical Professor of Surgery, Stanford Clinic Medical School.

The following was not received in time to appear in the September issue:

Discussion.

E. C. Sewall, M. D.: I wish to call attention to an unusual symptom that was present in a case seen by me recently, viz.: difficulty in breathing from a foreign body not in the air passage but in the oesophagus.

A Japanese child of four years was brought to Lane Hospital. Child was extremely dyspneic, so much so that the mother would not allow me out of the ward for a moment for fear the child would stop breathing. An X-ray was taken, but without waiting for the development of the plates, I examined the larynx and trachea by means of suspension laryngoscopy without anaesthesia. I was much surprised to find no foreign body, and the breathing now having become normal the child was taken again to the X-ray. The two plates both showed the foreign body, a small metal dog. The first pictured it at the level of the thyroid and the second about 10 cm. lower. Watched under the fluoroscope the foreign body was found to be moving along nicely and it eventually passed the following morning.

Brüings mentions the possibility of embarrassment of breathing from a foreign body located in the oesophagus.

P. A. Jordan, M. D.: I took my course in bronchoscopy with Dr. Graham in Vienna. I bought the outfit and brought it home and have never used it on any one since. I feel incompetent to do the work well. I loaned my instrument to one of my confreres to use in a case, and have always been thankful that he used it instead of myself. The case resulted in a triumvirate of physicians paying $17,000 damages for the unskilful use of the instrument. I strongly recommend that all foreign body cases needing the bronchoscope be sent to a specialist well skilled in this branch of work.

G. W. Walker, M. D.: As Dr. Graham says, there is too little of this work to be done for many of us to be prepared to do it; also it requires a mechanic to do the work as well as an oesophageoscopist. It seems to me that in cases like that nut which Dr. Graham removed, that a suction apparatus would take it out nicely if fitted with a soft rubber tip with thin beveled end to attach itself to the foreign body's side.

Closing remarks, H. B. Graham, M. D.: As far as the suction apparatus is concerned, I had the same idea the doctor has, but it was unsuccessful. There is usually quite a little oedema of the bron-

chus in front of the foreign body, especially if it has been in more than twenty-four hours.

Regarding the case in which the foreign body had been in twenty years, I will say that there is one other case on record in which the foreign body was in longer than that. Dr. Jackson had a case of a tack in the lung which had been there for twenty-six years.

I cannot say too much about the care that must be exercised in using the bronchoscope on account of accidents which happen. Perforation of the bronchi and traumatism to the lung have occurred. There has also been severe hemorrhage following the unskilful use of the bronchoscope.

SOCIETY REPORTS

ALAMEDA COUNTY.

The regular monthly meeting of the Alameda County Medical Association was held at the Hotel Oakland, Tuesday evening, August 15, 1916.

The meeting was called to order by the president and the minutes of the two previous meetings were read and approved.

The following program was then presented:

I. The Health Service of the University of California, Dr. Robert T. Legge, U. C.

II. Health Insurance and the Medical Profession, Dr. I. M. Rubinow, New York.

Dr. Maher, who was a classmate of Dr. J. B. Murphy, gave a number of interesting reminiscences of his acquaintance with the late surgeon.

There being no further business the meeting adjourned.

E. E. BRINCKERHOFF, Secretary.

PACIFIC ASSOCIATION OF RAILWAY SURGEONS.

The Fourteenth Annual Meeting was held at the Palace Hotel, San Francisco, August 25th and 26th, with luncheons at the Transportation Club. An address was made by the President, Dr. H. W. Fenner, Tucson, Arizona.

Papers.

Mr. D. R. Sessions, Claims Attorney, Southern Pacific Co.—"Relation of Hospital Department to Law Department."

Dr. W. C. Hassler—"What the Physicians and Surgeons Should Do to Prevent the Spread of Poliomyelitis."

Both by invitation.

Dr. T. W. Huntington—"The Treatment of Carbuncle."

Dr. W. T. Cummins—"Recent Research Work in Medicine and Surgery."

Dr. Alvin Powell—"First Aid in the Railway Shop."

Dr. E. G. Cambert—"Roentgenology."

Officers elected for ensuing year: Dr. W. T. Cummins, San Francisco, president; Dr. J. A. Ketcherside, Yuma, Ariz., 1st vice-president; Dr. Alvin Powell, Oakland, Cal., 2nd vice-president; Dr. E. M. Keys, Alameda, Cal., treasurer; Dr. L. P. Howe, San Francisco, secretary.

PROCEEDINGS OF THE SAN FRANCISCO COUNTY MEDICAL SOCIETY.

During the month of August, 1916, the following meetings were held:

Tuesday, August 1st—Section on Medicine.

1. Infectious Endocarditis. George E. Ebright.
2. Common Errors in Diagnosis of Syphilis of Skin and Mucous Membranes. George D. Culver.

Tuesday, August 8th—General Meeting.

St. Francis Hospital Clinical Evening.

1. Intestinal Crises Simulating Chronic Appendix Disease. Diagnosed by X-ray findings. M. P. Burnham and L. B. Crow.
2. Report of Six Complicated Cases of Infective Sinus Thrombosis. C. F. Welty.
3. Pregnancy Complicated by Fracture of the Pelvic Bones. C. P. Thompson.
4. Syphilis of the Stomach. W. B. Coffey.
5. Lantern Slides of X-rays of Fractured Femoral Neck Into Which a Nail Had Been Driven. J. T. Watkins.

Tuesday, August 15th.

Experiences in Industrial Accident Surgery.

1. Fractures of Carpal Bones. A. L. Fisher.
2. Discussion of Principles and Problems of Industrial Accident Work. M. R. Gibbons.
3. Disability From Injury to the Feet. C. J. McChesney.
4. Fractures of the Spine. H. C. Naffziger.
5. Subdeltoid Bursitis. Saxton Pope.
6. Obturator Dislocation. J. T. Watkins.

Tuesday, August 22d.

Section on Eye, Ear, Nose and Throat.

1. Presentation of Cases:
   A. Case of Exophthalmos; Lues or Sarcoma? K. Pischel.
   B. Case of Acute Tubercular Labyrinthitis; Unruptured Drum. H. Horn.
2. X-rays of Mastoids. H. B. Graham.
3. Remarks on Shortened Bone Conduction. H. B. Graham.
4. Paralysis of the Fifth Nerve. R. O'Connor.
5. A. Remarks on Ear, Nose and Throat Work in the East. H. Horn.
   B. Remarks on Eye Work in the East. A. S. Green.

Tuesday, August 29th.—Section on Urology.

1. Syphilophobia. V. G. Vecki.
2. Modern Treatment of Bladder Tumors. M. Krotoszyner.
3. Lantern Views of Specimens of Enlarged Prostates After Suprapubic Prostatectomy, and Some Conditions Associated With Enlargement of Prostate. M. Molony.
4. Demonstration of Electrical Apparatus. A. E. Cerf.

STANFORD CLINICAL SOCIETY.

The first meeting of the Stanford Clinical Society was held September 11th in the Clinical Building of the Stanford University Medical School, and the following program was presented:

1. Toxic Effects of Urea on Normal Individuals. Dr. A. W. Hewlett, Professor of Medicine.
2. Muscle Training in Infantile Paralysis. Dr. E. G. Martin, Professor of Physiology.

The election of officers was held, with the result that Dr. A. W. Hewlett was made president, and Dr. L. Eloesser, secretary.

ST. LUKE'S HOSPITAL CLINICAL CLUB.

The Profession is cordially invited to attend the daily Clinical Meetings which are held at St. Luke's Hospital from 12:00 to 1:00 p. m., and on Friday from 4:30 to 6:00 p. m. At these meetings the instructive clinical material assembled by the St. Luke's Hospital Clinical Club is presented for discussion. Special consideration is given to differential diagnoses and recommendations for treatment.

The X-ray, pathological and surgical departments are open for inspection to those interested in such branches of medicine.

Physicians interested in special problems coming within the scope of the branches represented by the "Diagnostic Section," will be shown every courtesy by the various departments.

The members extend to visitors a welcome to all surgical operations performed by surgeons of the Clinical Club.

E. V. KNAPP, M. D.,
R. B. TUPPER, M. D.,
J. M. MACDONALD, M. D., Chairman,
Executive Committee.