the total rainfall was tremendous, and the humidity 1 per cent. below the normal. This would support the argument that rain without cold winds is harmless, while the converse also applies. The human deaths correspond also, but, owing possibly to the different modes of life of acclimatized humans and unacclimatized wild animals, the difference is not so marked.

Looking at the problem from the point of view of the average number of deaths in a month, July, 1920, has been chosen as showing an exact average total of deaths, and it is notable that there is no great deviation of wind, rainfall, or humidity, and that the deviations of the two former balance each other.

JULY, 1920.			
Total deaths	...	...	No deviation
Pulmonary deaths	...	...	4 above normal
Total human deaths	...	...	20 below
Pulmonary human deaths	...	...	5 below
Humidity	...	...	1% above
Maximum temperature	...	...	10° above
Minimum temperature	...	...	10° above
Days of wind N. to E.	...	...	5 days below
Rainfall	...	...	1.9 in. above
Sunshine	...	...	20 hours above

There are two more factors which must be considered—namely, fog and sunshine. With regard to the former, one cannot help feeling that, in Regent's Park at all events, the prevalence of fog was not really very great in these four years. There have been only forty-one days on which fog has occurred in the whole of them, and on very few of these has the fog persisted throughout the day. It is true that the number of deaths is greatest in those months in

which as a rule fog occurs, but rain and north-east winds are also prevalent then, and in a much greater degree. Of much greater importance is sunshine, or rather it is to be feared the absence of it, for the daily average of sunshine is but three hours out of the twenty-four. In the winter months it is approximately one hour a day. It is unnecessary to discuss here the action of sunlight in the prevention of disease. That it plays a very important part is now generally accepted. There is, however, one point which will bear emphasizing, as being new, and that is a possible difference in the effect of sunlight on man and animals. To see this it is only necessary to look at the charts for sunshine and human and mammalian deaths for 1921. Reference has already been made to the good health of the animals during this year, but, whereas the total of deaths remained low among the animals in November and December, among the humans the total for the same months rose to a great height. In fact the number of deaths in December was the second highest recorded in the four years, the largest being that of the January following. It would appear, therefore, that the lower mammals might be capable of storing up the sunlight and using it to increase their disease-resisting powers more satisfactorily than can the human.

The period over which these statistics extend is somewhat too short for any very strong conclusions to be drawn, but they are certainly suggestive of the two following:

1. That a dry cold atmosphere is not harmful, nor is a warm moist one; but a cold damp atmosphere is most deleterious both to the higher and lower mammals.

2. That while sunshine is beneficial to both, it would apparently have a more lasting effect on the lower mammals.

REMOVAL OF PART OF A SAFETY-PIN FROM THE BRONCHUS OF A CHILD BY PERORAL BRONCHOSCOPY.

BY

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THE following case illustrates the relative absence of signs and symptoms which is almost characteristic of the aspiration into the air passages of a metallic non-obstructive foreign body.

Peter C., aged 2 years and 10 months, had been playing with a damaged safety-pin on May 18th, 1924. The mother noticed that he had a slight attack of coughing lasting only a few moments, and she was unable to find part of the safety-pin. Little more was thought of the matter, for there were no further symptoms beyond a slight loss of appetite, but after three or four days a very slight cough developed, just sufficient to give the mother a little uneasiness and cause her to consult the doctor, who, even in the absence of physical signs, fortunately decided to send the child to hospital for an x-ray examination.

The child was admitted to the Royal Alexandra Hospital for Sick Children, Brighton, on May 24th; the honorary radiographer, Dr. Barrington Prowse, reported on the same day the presence of part of a safety-pin in the right bronchus. It was lying obliquely at the level of the second to the fifth dorsal vertebra, safety-catch downwards, and tilted one inch from the

middle line; the spring and pin portion were fortunately missing.

The child's condition was normal apart from a slight occasional cough, and the only physical sign present, and that an equivocal one, was a trace of deficient expansion on the right side.

On May 25th the child was starved of fluids for five hours and given 1/200 atropine in order to keep the bronchus as free as possible of secretion. Under chloroform anaesthesia the larynx was exposed with a laryngeal spatula through

which a 5 mm. bronchoscope was passed into the trachea. The upper end of the pin, not yet blackened, was seen just above the carina, and was grasped with slender Paterson forceps. A little manipulation served to release the impaction of the safety-catch, which was caught on the junction of the upper-lobe bronchus, and the pin was then withdrawn, together with the bronchoscope, to the level of the rima glottidis, into the axis of which it was rotated, and then removed. The bronchoscope was in use for four minutes, and no post-operative oedema developed. For four days there was slight hoarseness, and the child left the hospital in a week.

An experience such as this emphasizes the need for vigilance in dealing with cases in which the presence of a foreign body is suspected, whether or not presenting symptoms, and the advisability of a radiogram in all cases. It also emphasizes the fact that peroral bronchoscopy is a satisfactory means of dealing with

Radiogram of part of safety-pin in right bronchus.

such cases, which should completely supplant the older method of bronchoscopy through a tracheotomy wound.