hospital systems of the country were bound to be changed; they were inadequate, and the character of their work had altered. "Team work" was suited to hospital practice, but was expensive and almost impossible in private; therefore the tendency was for treatment to become more and more institutional. In conclusion, Mr. Mitchell emphasized the fact that students should never forget that the school looked to its graduates to uphold its reputation and traditions in every corner of the globe.

ELECTION OF SENATORS, QUEEN'S UNIVERSITY, BELFAST.

At a recent meeting of convocation, held on October 15th, eight vacant seats were contested by thirteen candidates. Among the members elected were the following medical men: A. B. Mitchell, O.B.E., F.R.C.S.I., William Calwell, M.A., M.D., J. Walton Browne, B.A., M.D., and R. W. Leslie, M.D., LL.D.

Correspondence.

THE CURE OF CRIPPLED CHILDREN.

SIR,—The plea for a national scheme for the treatment and care of crippled children, by Sir Robert Jones and Mr. Girdlestone, published in the BRITISH MEDICAL JOURNAL of October 11th, induces me to record what is being done in Rochdale and district for such cases.

The work is carried on by a body known as the Crippled Children's Union. The union is managed by a general committee consisting of representatives of the general public and the public health and educational authorities. The committee has an office in the town, and employs a secretary at a small salary to look after the office work, interview parents, and see to the general organization of the union, the repair of appliances, etc. She attends at the office at stated hours.

The union has a country hospital at Norden on a pleasant moorland site, ten minutes' walk from one of the car routes out of Rochdale. The hospital, which has accommodation for fifty patients in open-air wards, together with the necessary staff, was built, equipped, and presented to the union by the president, Mr. Walter Scott, in memory of his wife.

I act as honorary surgeon to the union and the hospital. All cases before being taken up by the union are submitted to me and reported on. Experience teaches that almost all cases need hospital treatment at the outset.

Every case has a card on which are written the name, address, and age of the child, together with the diagnosis and type of treatment, and at each visit to the honorary surgeon a brief note is made as to progress and when the case must next be brought for inspection. This acts as a reminder to the parent, and enables the surgeon to see at a glance what has been done, and whether the case is being brought for inspection according to instructions. A visitor from the committee of the union is appointed to each case, whose duty it is to visit the case periodically when at its own home and see that the instructions of the surgeon are being properly carried out, and generally to encourage and help the parents. Assistance in the way of food or medicines is also given if thought advisable. I see these cases at my own house at times convenient to the parents, so as to place no obstacle in the way of their attendance, and no case is allowed to escape from observation so long as any treatment is neccssary. At the country hospital, "The Memorial Home for Crippled Children," we have a matron and head nurse experienced in the care of orthopaedic cases, together with the necessary nurses and probationer nurses. As we are dealing with children only, we encourage probationers to come to us at from 18 to 20 years of age and spend two years with us before going on to general training elsewhere. Two teachers attend daily for the education of the children of school age.

The expenses are defrayed partly from a small endowment fund, partly from subscriptions, and partly from grants received from the Board of Education. I am, etc.,

Rochdale, Oct. 19th. W. HIRST BATEMAN, M.B., Ch.B.

SIR,—As one who has been engaged for more than ten years in orthopaedic work amongst school children I welcome the excellent scheme outlined by Sir Robert Jones and Mr. Girdlestone. This scheme, however, seems to me to fall short of the best in its provision for the treatment of the tuberculous cripple.

However good the fixation and nursing of these cases may be, the chief agents of cure are sun and climate, and it is certain that if the treatment is to be carried out in regional hospitals some of these hospitals will be situated in surroundings which are not the best for the purpose.

I know only too well, for instance, the handicap of having to treat cases of active surgical tuberculosis at an institution within four miles of the heart of Manchester. The improvement in the general health and the local lesion during our very brief summer is very striking, but it is painfully outweighed by the loss and relapse which follow on the eight or nine months of fog, dull days and sunless drizzle which we "enjoy" during our winter here. To treat these children under such conditions when better may be obtained is not merely a loss of time and money but is rather a deplorable waste of opportunity.

In my opinion we shall not do justice to these cases until, following the example of France at Berck, we build large hospitals in the best climatic conditions we have.—I am, etc.,

Manchester, Oct. 14th. E. D. TELFORD.

TRANQUIL TRACHEOTOMY.

SIR,—It is with due diffidence I venture to support Sir William Milligan in his letter on this subject. In over a quarter of a century of practice I have had some considerable experience of this operation done for all sorts of conditions, and I agree with Sir William that, however careful one is, it is practically impossible to arrest all haemorrhage before opening the trachea, at least in urgent cases. Moreover, it is, I believe, the general experience that the bleeding, which is almost entirely venous, promptly ceases when the tube is inserted and free respiration is established.

On not a few occasions I have had to do tracheotomy when breathing has completely stopped, although in all these cases after prompt insertion of the tube and performance of artificial respiration, breathing was restarted. In one during a fit of coughing a large plug of diphtherial membrane had been sucked into the trachea and caused instant suffocation. Fortunately I was at hand, and in less than a minute had opened the trachea, which was evidently still sensitive, as the contact of the forceps set up a cough and the piece of membrane was coughed out through the opening. If such a trachea had been rendered insensitive by cocaine no such life-saving action would have been possible, and I feel quite assured that Sir William Milligan is right in drawing attention to the danger of rendering the trachea insensitive in these cases. I would even go so far as to say that in my opinion the sensitiveness of the trachea is our greatest ally in the operation of tracheotomy, and that any advantage to be gained in regard to ease of operation is far outweighed by the increased danger to the patient from the failure to expel—and the more violently the better—any foreign material that finds its way into the air passages.—I am, etc.,

P. R. COOPER, M.D., B.Sc., F.R.C.S.

Altrincham, Oct. 21st.

SIR,—As Chevalier Jackson puts it, the cough reflex is "the watch-dog" of the larynx, and should be respected. But the method I have described for checking the explosive cough, which often occurs as soon as the trachea is opened, has a very temporary and transitory effect, just as we all know it has when a weak solution of cocaine is sprayed into the pharynx to facilitate laryngoscopic examination. Cough during a tracheotomy does not make for safety; it tends to congestion, haemorrhage, and danger. The tranquillity secured by the intratracheal injection of a few drops of a 2½ per cent. solution passes off within half an hour.

Sir William Milligan was unfortunate in the six cases in which he tried it. I cannot agree with him that in most cases requiring tracheotomy "the pulmonary tissues are already water-logged," though possibly this condition may come on when tracheotomy is unduly delayed. One would naturally avoid its use in a bronchitic or emphysematous patient who chanced to require tracheotomy. The fifty odd cases in which I have employed it had no symptoms of being "water-logged," and in none