lumbar vertebra. Left hospital after five days rest. Refused to stay till complete relief.

5. Subbarayan, cooly, aged 30, male, Hindu. A rice bag fell on his back from a cart two hours prior to admission to the hospital. Pain and swelling (hæmatoma) over the region of all the lumbar vertebræ. No paralysis, no disturbance of sensation. No loss of sphincter control. Pain in the region of the lumbar spines. *X*-ray showed compression fracture of the 2nd lumbar vertebra. Left hospital after one month. No pain or rigidity of spine.

6. Subramanian, aged 30, male, Hindu. A heavy weight fell on his back two years before admission to the hospital. Had pain in the inter-scapular and shoulder regions. Continuous severe pain in the upper dorsal region but no limitation of movement. Pain most marked in the region of the 3rd, 4th and 5th dorsal spines. No nervous symptoms whatever. *X*-ray showed fracture of body of 4th dorsal vertebra. Left hospital after ten days with symptoms relieved.

7. Govindan, ward boy, aged 30, male. Other caste. Fell from a tree 30 feet high; could not sit up or walk; pain in the back and tenderness over 2nd and 3rd lumbar spines. No nervous disturbance whatever. *X*-ray showed fractured body of the 2nd lumbar vertebra. Left hospital after two and a half months. Completely relieved.

Treatment of these patients once the lesion is recognised is easy and simple. An extension applied to both lower limbs and tied to the foot of the bed, which is raised to produce counter-extension by the patient's own body weight, is all that is necessary. In one patient an Albee bone-grafting operation was performed and was very successful, though one is not convinced that a simpler non-operative treatment might not have produced an equally good result.

In previous annual reports the senior author has recorded two patients—both boys—who had a compression fracture of the atlas vertebra following a fall from a height without any cord lesion, and who both recovered completely.

A SIMPLE RAT-TRAP USED BY THE SHAN VILLAGERS OF THE NORTHERN SHAN STATES, BURMA.

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Two specimens of rat-traps in use by Shan villagers in the Northern Shan States of Burma have been sent me by Major H. F. L. Duckworth, I.M.D., Civil Surgeon and District Health Officer, Northern Shan States. These traps are of great interest because of their ingenuity and simplicity of construction. They can be made up in any bamboo-growing country at next to no cost because they are constructed solely of bamboo wood and string.

Fig. 1 shows the trap in the "released" position. *C* is the chamber, a short length of bamboo of from 3″ to 4″ diameter and about 11″ to 16″ in length. One end of the bamboo is left open to form the entrance to the trap, while the other is closed by the natural "node" of the bamboo being left in position. In the trap illustrated, which is of fairly thick bamboo, the bottom is flattened down so that the

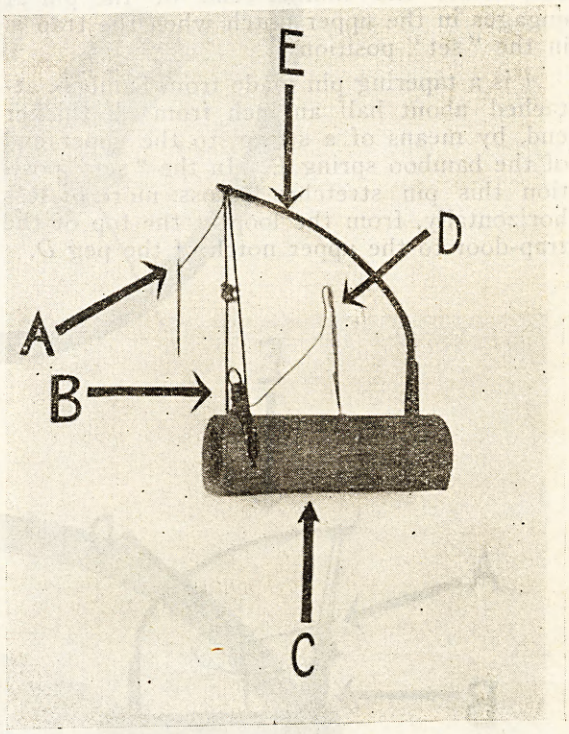

Fig. 1.

trap will stand by itself on the ground. In another model the natural curve of the bamboo is left and this trap has to be propped up against some adjoining object when set.

B is the trap-door, made of a flat disc of wood which drops down into a slot cut in the upper part of the chamber. The slot is almost ½ inch wide and extends the full width of the bamboo. The door fits loosely into it. On each side of the door a shallow groove is cut to take the string which operates the door mechanism. This string passes through a small hole observable on the side of the trap chamber just below the slot. A similar hole is present on the other side of the trap. At the top of the trap-door there is a small loop of string into which the thick end of the pin *A* is inserted when the trap is set. Whilst this is the arrangement in the trap illustrated, another model which I have has a small hole

drilled through the projecting upper end of the trap-door to take the thick end of pin *A*.

E is the spring of the trap, made of a bent strip of bamboo wedged at one end into the trap chamber and having the string operating the trap-door passing over the other end, and held in position by a small notch on either side. The tension of the bent bamboo holds the door tightly closed.

D is a bamboo peg which has two notches cut on it. This peg slips into a small round hole in the top of the trap chamber. The lower notch prevents the peg from slipping out, while the thinner end of the pin *A* engages in the upper notch when the trap is in the "set" position.

A is a tapering pin made from bamboo, attached about half an inch from its thicker end, by means of a string, to the upper end of the bamboo spring *E*. In the "set" position this pin stretches across, more or less horizontally, from the loop at the top of the trap-door to the upper notch of the peg *D*.

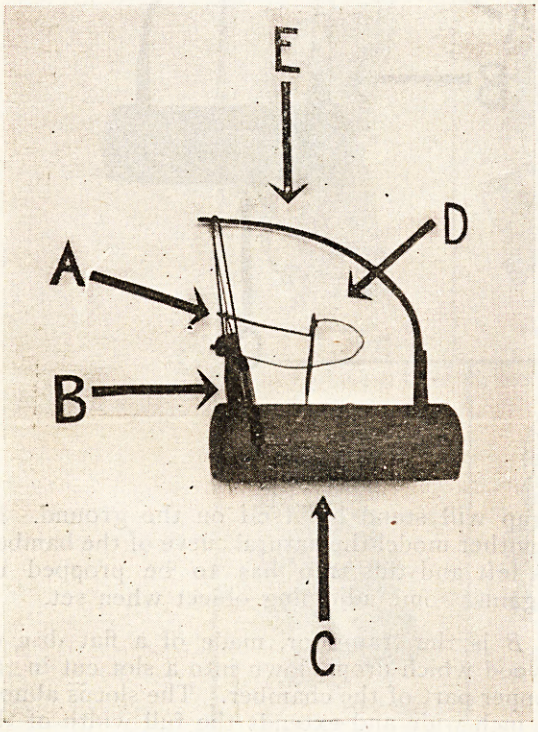

Fig. 2.

Fig. 2 shows the trap in the "set" position, and a comparison between the two figures will make the mechanism of the trap clear. To set the trap the spring *E* is pressed down and the trap-door raised. Peg *D* is placed in position, so that the lower notch engages with the edge of the hole in the top of the chamber. Pin *A* is then placed carefully in position. The trap-door is now held up by the pin *A*, while the lower end of the peg *D* projects into the interior of the chamber.

To bait the trap all that is required is to drop a little rice or other bait into the chamber, so that it passes beyond the projecting lower end of the peg *D*. A rat on entering the trap cannot get through to the bait without disturbing the lower end of peg *D*, which dislodges the thinner end of pin *A* from the upper notch on peg *D*, thus enabling the spring *E* to straighten and slam the trap-door shut.

The writer is indebted to Major Duckworth for presenting these interesting traps to the Museum of The Harcourt Butler Institute of Public Health. The traps have been tested in the Institute and have been found highly efficient.

TUBERCULOSIS OF THE BODY AND CERVIX OF THE UTERUS.

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THE most frequent site for tuberculosis in the female genital organs is in the Fallopian tubes. Tuberculous salpingitis usually occludes the inner portion of the tube, so that the tubal contents do not gain easy access to the uterine cavity.

When the corporeal endometrium is involved, the tubes are nearly always affected.

It is rather difficult to find tubercle bacilli in vaginal discharges from a case of tuberculous endometritis. If the endometrium is ulcerated and caseous material is being discharged, then possibly tubercle bacilli may be found.

Cases of tuberculous endometritis are rarely diagnosed clinically, and so they escape bacteriological examination of the leucorrheal discharges.

Curettage of the endometrial cavity is a better method of diagnosis, and it is employed as a routine in the Eden Hospital for such purposes. It is a desirable procedure, as it clears up the suspicion of malignancy for which tuberculosis is often mistaken.

During the past four years a number of cases of tuberculosis of the body of the uterus and cervix have been encountered in the Eden Hospital, and the following are brief descriptions of the conditions present.

Tuberculosis of the cervix is a rare infection. It may be primary or secondary,—the latter being by far the more frequent. Tuberculosis by extension is by no means infrequent in the external genitalia.

In four out of six cases of cervical tuberculosis studied in the Eden Hospital, involvement of some portion of the genital tract above the internal os was recorded. In the other two the condition seemed to be primary in the cervix.