A SIMPLE TECHNIQUE FOR INTRODUCING
LIPIODOL INTO THE LUNGS

BY
PHILIP FRANKLIN, F.R.C.S.,
LARYNGOLOGIST, MARGARET STREET HOSPITAL FOR CONSUMPTION,
ITALIAN HOSPITAL, ETC.,
AND
ALEXANDER ORLEY, M.D., D.M.R.E.CANTAB.,
ASSISTANT RADIOLOGIST, FRENCH HOSPITAL, LONDON

Several methods have been described for the injection of lipiodol into the lungs. One of the earlier methods was by injection into the trachea through the crico-thyroid membrane. This method is not free from complications, and owing to easier means of access is gradually being abandoned.

The peroral methods may be divided into two groups:
1. The aspiration of lipiodol after cocainization of the laryngo-pharynx.
2. The peroral introduction of a catheter through the anaesthetized larynx.

The disadvantage of the first method is the inevitable partial swallowing of the oil and the difficulty of a uniform distribution of the oil throughout the bronchial tree. The second method as usually performed requires profound anaesthesia of the laryngo-pharynx and expert laryngological skill.

The method we originally adopted at the bronchoscopic clinic at the Margaret Street Hospital for Consumption was that of Dr. Garcia Vicente, which consists of a catheter introduction through the larynx by means of a special forceps for holding and directing the catheter into the larynx. The necessity for profound anaesthesia of the laryngo-pharynx, and the bulkiness of the forceps, which made it especially difficult to use in nervous and young patients, was the reason for our originating this quite simple technique.

Reasoning that the natural way to the larynx is through the nose, we tried introducing the catheter along the floor of the nose, and were astonished at the ease and simplicity with which the catheter entered the larynx. The procedure is so simple that no previous experience is necessary.

PROCEDURE

The equipment required is: one gum elastic catheter, No. 6 or 7, a 40 c.c.m. syringe, and a spray containing a 4 per cent. solution of cocaine.

The patient is seated and the neck slightly extended. One nostril, the oro-pharynx, and the larynx are slightly sprayed with the cocaine solution. The sterilized catheter is gently passed along the floor of the nose until it reaches the posterior pharyngeal wall, when, with a slightly increased pressure, it passes without any difficulty directly into the larynx, because the deglutition reflex has been inhibited by cocainizing the oro-pharynx.

The presence of the catheter in the trachea is proved by listening to the inspired and expired air passing through. Two c.c.m. of the cocaine solution are immediately introduced through the catheter. The patient is now ready for the introduction of the oil. The entire procedure should not take longer than three minutes.

The patient is placed on the x-ray table, which is tilted into the Trendelenburg position. The injection of the oil is begun. In this position the oil readily flows into the upper lobe bronchi. To ensure an equal distribution in both lobes, the patient is directed to turn first on to the right side and then on to the left. The oil flow is watched on the x-ray screen. When indicated a radiogram is taken. This should be done as soon as the bronchial tree appears filled, and before the oil has spread into the alveoli. The table is now put into the horizontal position and the injection of the oil is continued. As before, the patient is directed to turn first on to the right side and then on to the left side. In all, about 40 c.c.m. of lipiodol are introduced. The filling of the lower lobes is again observed on the x-ray screen, and a radiogram is taken when the whole bronchial tree is clearly visualized.

Thirty cases have been done with this technique, and in no case has the result been obtained other than with extreme ease and satisfaction.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

AN UNUSUAL COMPILATION OF BLOOD TRANSFUSION

The transmission of an acute infective fever from one person to another by transfused blood must be a very rare event. That it can occur is clearly demonstrated by the following case:

The patient was a man, aged 36, who had suffered from pernicious anaemia for many years. He had experienced several previous transfusions of blood, with no subsequent reaction beyond slight pyrexia.

On this occasion he was given 820 c.c.m. of defibrinated blood from a private donor at 6 p.m. on February 16th, 1931. The donor and recipient both belonged to Group II (Moss); the donor did not enter the patient's room. The operation was completed without difficulty; the temperature rose during the night to 100.8°F., but no other evidence of reaction was observed.

He remained perfectly well until 4 p.m. on February 18th, when a slight rigor occurred and the temperature rose to 104.2°F. Headache was severe; alarming pains came in paroxysms in the back and limbs, at times with such sudden intensity that the patient shrieked in his agony. Extreme tenderness was manifested over musculo-tendinous structures, aponeuroses, and the fibrous parts of large joints, but there was no joint swelling. The tongue was coated, the throat dry and a little red and sore. Salicylates and S.U.P. 36 brought considerable relief. During the night a burning painful cough developed, of the tracheal and high bronchial type.

It appeared to be an attack of severe influenza, which slowly subsided in about ten days, leaving a state of extreme prostration and a very troublesome tracheal cough. No gastro-intestinal features appeared at any time. It was not until three weeks after the transfusion that there occurred to the writer the possibility of infection from the donor. On communicating with him it was found that he had had influenza and was still too ill to leave his house. It appeared that he had been "not quite himself" on the day of the transfusion. Twenty-four hours later, on the following evening, he had been completely overcome by a severe attack of influenza similar to that experienced by the recipient. The pains in the limbs had been less intense, no gastro-intestinal symptoms had appeared, and the attack had slowly passed off in about ten days, leaving him very weak, with a dry cough that was "tearing his chest to pieces."

COMMENT

There can be no doubt that the donor's blood contained active infective matter. The course and features of the attack in each case were almost identical. The greater intensity of the recipient's limb pains may be explained partly or entirely by the fact that he was already suffering from pernicious anaemia, a disease in which bone pains and neuralgia are not uncommon.

The donor's attack preceded the recipient's by twenty-two hours, a point of considerable interest; but it would be unwise to draw important conclusions from it without more precise knowledge of the nature of the infective matter and its title.

C. BLAXLAND LEVICK, M.R.C.P.
Assistant Physician to St. George's Hospital and to Victoria Hospital for Children.
THE GENERAL ELECTION

MEDICAL MEMBERS OF THE NEW PARLIAMENT

The following nine medical men who were members of the last Parliament have been re-elected to the House of Commons at the recent General Election: Dr. Walter E. Elliot, Dr. F. E. Fremantle, Sir Ernest Graham-Little, Dr. H. C. Haslam, Dr. Joseph Hunter, Dr. J. H. Morris-Jones (unopposed), Dr. Alfred Salter, Professor Thomas Sinclair (unopposed), and Dr. J. H. Williams.

The following seven medical men have also been elected, one of whom, Sir Henry Jackson, sat as member for the same constituency in the House of Commons from 1924 to 1929: Dr. J. D. Cooke, Dr. G. B. Hillman, Dr. A. B. Howitt, Sir Henry Jackson, Dr. J. W. Leech, Dr. W. J. O'Donovan, and Dr. J. V. Worthington.

SUCCESSFUL CANDIDATES: POLLING FIGURES

The following are the polling figures at all the contested elections in which medical candidates were successful. An asterisk denotes that a candidate sat in the last Parliament.

HAMMERSMITH (SOUTH):
  Dr. J. D. Cooke (C.) ... ... ... 21,018
  *U. Chater (Lab.) ... ... ... 8,390

GLASGOW (KELVINGROVE):
  *Dr. E. E. Elliot (C.) ... 21,481
  J. Winning (Lab.) ... ... ... 12,415

HERTFORD (ST. ALBANS):
  *Dr. F. E. Fremantle (C.) ... 36,690
  Miss M. Whateley (Lab.) ... 10,389

LINCOLNSHIRE (HORNCASTLE):
  *Dr. H. C. Hashm (C.) ... 18,100
  G. H. Dutton (L.) ... ... ... 8,788

WAKEFIELD:
  Dr. G. B. Hillman (C.) ... 15,881
  *U. H. Sherwood (Lab.) ... 11,774

READING:
  Dr. A. B. Howitt (C.) ... 34,479
  *Somerville Hastings, F.R.C.S. (Lab.) ... 19,277
  E. R. Troward (New Party) ... 861

DUMFRIES:
  *Dr. Joseph Hunter (L.) ... 25,873
  J. S. Paterson (Lab.) ... ... ... 7,669

WANDSWORTH (CENTRAL):
  Sir Henry Jackson (C.) ... 19,159
  J. L. Cohen (Lab.) ... ... ... 7,512
  A. M. Diston (New Party) ... ... ... 424

NEWCASTLE-UPON-TYNE (WEST):
  Dr. J. W. Leech (C.) ... 28,590
  *J. H. Faulin (Lab.) ... ... ... 15,514

DENBIGH:
  *Dr. J. H. Morris-Jones (L. Nat.) ... ... unopposed

STEPPEN (MILE END):
  Dr. W. J. O’Donovan (C.) ... 12,399
  *J. Stur (Lab.) ... ... ... 9,238

BERMENDEZ (WEST):
  *Dr. A. Salter (Lab.) ... ... ... 10,029
  N. Bower (C.) ... ... ... 9,548
  W. Hannington (Com.) ... ... ... 873

BELFAST (QUEEN’S UNIVERSITY):
  *Professor T. Sinclair (C.) ... ... unopposed

CARMARTHEN (LANOLELY):
  *Dr. J. H. Williams (Lab.) ... 34,196
  F. J. Moss (C.) ... ... ... 18,163

GLOUCESTER (FOREST OF DEAN):
  Dr. J. V. Worthington (Nat. Lab.) ... ... ... 14,615
  J. J. Vaughan (Lab.) ... ... ... 15,021

UNIVERSITY OF LONDON:
  *Sir R. Graham-Little (Ind.) ... 8,461
  Major A. G. Church (Nat. Lab.) ... ... ... 3,134

MEDICAL CANDIDATES NOT ELECTED

The following members of the medical profession were defeated at the polls. Several had previously represented or contested either the same or other constituencies. An asterisk denotes that a candidate sat in the last Parliament.

Dr. F. G. Bushnell (Lab.), Somerset (Taunton).
- Dr. C. H. Cooke-Taylor (L. Nat.), Camborwell (Dulwich).
- The Right Hon. Christopher Addison (Lab.), Wiltshire (Swindon).
- Dr. Esther Richards (Lab.), Paddington (North).
- Mr. Somerville Hastings (Lab.), Reading.
- Dr. W. S. Russell Thomas (L.), Ilford.
- Dr. L. Haden Guest (Lab.), Buckinghamshire (Wycombe).
- Dr. R. A. Lyster (Lab.), Hampshire (Winchester).
- Dr. T. Drummond Shiel (Lab.), Edinburgh (East).
- Dr. R. Fossa (New Party), Bedfrew (Western).

England and Wales

CENTENARY OF THE YORK MEDICAL SOCIETY

The centenary of the York Medical Society was celebrated on October 28th. The president (Mr. J. S. Hughes), in welcoming the large audience, which included delegates from other medical societies, described the conditions prevailing a hundred years ago, when science seemed to be hide-bound, and medicine and surgery were a mass of empiricism and mediaevalism. One of the founders of the British Association at York at that time was a member of the medical profession, Dr. Wade; he subsequently brought into being, in 1831, the York Medical Society, for the advancement of medicine and surgery. The society had a continuous existence, and had rendered distinguished service to medical science. Lord Moynihan, P.R.C.S., delivered an address on ancient medicine and surgery, commenting particularly on the occurrence of osteo-arthritis in pre-historic Egypt, and on the operation of trephining in Peru, presumably to relieve "the possession by evil spirits." With the aid of a lantern slide he showed how a fractured forearm had been united by expert hands in 1250 B.C. Dr. Watts Eden, President of the Royal Society of Medicine, who proposed a vote of thanks to Lord Moynihan, condemned the over-specialization which was too current, and emphasized the value of such organizations as the York Medical Society in affording the means of bringing specialists and general practitioners together, to the great advantage of both. The centenary banquet was attended by the Archbishop and the Dean of York, the Lord Mayor, and representatives of medical practitioners from all parts of the county. The Archbishop, responding to the toast of "The Clergy," proposed by Mr. E. R. Dodsworth, pleaded for closer association between the medical profession and the Church. There was always, he said, a great danger of drifting into some remoteness or unreality when any interest was pursued in isolation, and particularly when it had a scientific aspect. Human bodies themselves could not be treated as though the physical and mental sides were independent, for the personality was a unity, and so a close harmonious co-operation of those engaged in healing was much to be desired. Sir Squire Sprigge, proposing the health of Lord Moynihan, commented on the pioneer work in surgery for which his fame was world-wide. Lord Moynihan, in his reply, said that one objective of his life had been to bring surgeons together, and to make the world of English surgery count for more than it had ever previously done. The formation of the Association of Surgeons of Great Britain and Ireland was gradually rendering it impossible for second-rate work to go on in any clinic, and surgeons were being united in personal friendship as well as by professional interests in a way.
was passed. No doubt there was a desire to protect that large body of practitioners who possessed a degree or diploma, and therefore Section 4 (b) of the Act of 1921 provided that a dental practitioner was not to use "any title or description reasonably calculated to suggest that he possesses any professional status or qualification other than a professional status or qualification which he in fact possesses and which is indicated by particulars entered in the Register in respect of him." The defendant in this case claimed the right to call himself a dental surgeon, but in his lordship's view the section just quoted imposed a direct prohibition on that. The word "surgeon" expressed a distinct qualification, and the only way in which it suggested a qualification which the defendant did not possess. Mr. Justice Farwell had held the effect of the evidence brought before him to be that, while to many people the term "dental surgeon" had no particular significance, to a considerable number it had a definite meaning, and implied a person with a degree, licence, or diploma, and Mr. Justice Farwell had held that in those circumstances it was impossible to say that the use of the title "dental surgeon" would not reasonably suggest to many of the public that the defendant had some status or qualification which he did not in fact possess. The question turns upon what the expression meant to those instructed and educated in such matters.

Lord Justice Lawrence and Lord Justice Romer concurred, and the appeal was dismissed. A stay of execution was granted for one month to enable the defendant to decide whether to appeal to the House of Lords.

Mr. Grant, K.C., and Mr. J. R. Battersfield appeared for the appellant, and Mr. Gavin Symonds, K.C., and Mr. H. G. Robertson for the plaintiff. The court came to its decision without calling upon counsel for the plaintiff.

**CHARGE OF FALSELY PRETENDING TO BE A REGISTERED PERSON**

At the West Ham Police Court, on October 27th, Charles John Powell, aged 21, a hospital attendant, of Knollays Road, Streatham, was summoned for falsely pretending to be a doctor of medicine and surgeon, contrary to Section 40 of the Medical Act, 1858, which prescribes a penalty, not exceeding £20, for falsely pretending to be a registered person. He pleaded "Guilty."

Mr. E. Clayton, for the Director of Public Prosecutions, said that in March last Powell went to the offices of the Commonwealth and Dominion Line, and applied for a post of doctor or surgeon in a ship going to Australia. He was given a form to fill up, and it appeared that he went to a public library, looked up the Medical Directory, and selected the name of Duncan Pick, M.B., Ch.B., a doctor in Fifehire. When he presented the form at the shipping office he had signed it in the name of Dr. Pick, and added Dr. Pick's qualifications. This, of course, was forgery, but the Director of Public Prosecutions, considering the whole circumstances, decided to proceed against him, not on that charge, but for a contravention of the Medical Act. Powell was posted to s.s. Port Denison, and went to Australia on the ship of that vessel as a doctor. He attended a number of patients, but nothing wrong was noticed. In August, two months after landing in Australia, he applied to the shipping company to be again taken on as a doctor, and he came back to England in his ship's crew, on which again he attended a number of cases, but none of them of a serious character. At the end of the voyage he was told that he must report to the officials of the Immigration Department, but he did not do so, and, later, he sent a letter to the shipping company in which he stated that he was not Dr. Pick, and that he had gone to Australia hoping to obtain work there.

Detective Inspector Cockburn said that the reason why the defendant came back in the Port Arthur was to attend the captain, who was suffering from heart trouble, and the treatment which he gave him was very good. The witness also explained that doctors who had taken their degrees in England were taken back in this manner to Australia free, and similar privileges were given to doctors in Australia who wanted to come to England to take further degrees.

Asked what he had to say in mitigation, the defendant pointed out that he went in was one which did not generally carry a doctor, and that the ship he came home in never carried one.

The magistrate (Mr. St. John Morrow) said that the defendant did not seem to realize the seriousness of his offence. He had been enigmatically suffering in a nursing home, and suddenly he posed as a doctor and went on a six or seven weeks' voyage to Australia. He might have had several deaths on board, and if anything had happened to the people he treated, and they had died, he would have been charged with manslaughter. The case was, however, by no means at an end.

**Universities and Colleges**

**UNIVERSITY OF LONDON**

**UNIVERSITY COLLEGE: DEPARTMENT OF PSYCHOLOGY**

A course of twelve lectures, with practical exercises, on the administration of psychological tests in mental clinics and hospitals, will be given by Dr. W. Stephenson, Miss Constance A. Simmers, and Miss L. Grace Streatfeild. The course will begin with a public introductory lecture by Dr. Stephenson, on Tuesday, November 17th, at 3 p.m. The day and hour for the continuation of the course will then be arranged by those wishing to attend. Fee £1 11s. 6d. Inquiries may be addressed to the secretary, University College, Gower Street, W.C.1.

**NATIONAL UNIVERSITY OF IRELAND**

The following candidates have been approved at the examination indicated:


Exempted from further examinations in pathology: N. B. Higgins, J. J. O'Byrne, T. J. O'Donnell.

*First-class honours. †Second-class honours.

**QUEEN'S UNIVERSITY OF BELFAST**

Dr. J. S. Young, Reader in pathology in the University of Leeds, has been appointed to the Musgrave chair of pathology in Queen's University, Belfast.

**ROYAL COLLEGE OF PHYSICIANS OF LONDON**

At a meeting of the Royal College of Physicians, held on October 29th, when the President, Lord Dawson of Penn, was in the chair, Professor H. R. Dean, Dr. Gordon Holmes, and Dr. J. P. Hedley were elected Councillors. Dr. K. D. Wilkinson was appointed an examiner in pharmacology and Professor R. T. Léger an examiner in tropical medicine and public health. Dr. Raymond Crawford was reappointed representative of the College on the Committee of Management of the J. W. Chipendale, and Dr. Comyns Berkeley the College representative on the Central Midlands Board. The President announced that the Royal College of Surgeons of England had appointed Dr. Robert Cruckshank of Glasgow University to be Milroy lecturer for 1933, and that Professor Edward Mellanby had accepted the office of Croonian lecturer, 1935. The appointment of Mr. R. F. Paty as Strattfield scholar and Mr. F. E. Pitt-Fayne as Jenkins memorial scholar were also announced.

**Membership**

The following candidates, having satisfied the Censors' Board, were elected Members of the College:

Society of Apothecaries of London

New Regulations for Final Examinations

The following are the supplementary regulations for the Final Examination for the diploma of L.M.S.S.A. Lond.:

1. In future a separate examination in pathology and bacteriology will be given, practical, and oral, in Section I of the Final Examination. Candidates must take this section not later than the last part of Section II of the Final Examination, and will be admissible to it not less than twenty-four months after passing in anatomy and physiology, on production of the certificates that are issued. (This regulation will not apply to candidates who pass, or become entitled to exemption from, the primary examination in anatomy and physiology before January 31st, 1932.)

2. Candidates who begin their professional studies after January 1st, 1932, will be required to complete the whole of Section II of the Final Examination (medicine, surgery, midwifery, and forensic medicine) within a period not exceeding twenty-five months. In cases where the period has been exceeded, it will be necessary for candidates to pass again in any subject or subjects in which they may have already satisfied the examiners, until this regulation is complied with.

3. The following candidates have passed in the subjects indicated:


- **Medicine.**—S. J. Hind, L. F. Donnan, C. Morgan, Z. M. Pierpont, B. Rivlin.


The diploma of the Society has been granted to Messrs. H. W. Davies, L. F. Donnan, H. G. Hind, and Z. M. Pierpont.

**Medical News**

A Chadwick public lecture on "The outlook on tuberculosis—then and now," will be given by Sir Robert Philips, M.D., F.R.C.P., on Friday, November 18th. The mayor of Gateshead will take the chair at 7.30 p.m.

The West Riding Association of Edinburgh Graduates will hold its annual general meeting and dinner at the Midland Hotel, Bradford, on Wednesday, November 11th. The meeting is at 6.45 p.m., and the dinner at 7.30. Professor D. P. D. Wilkie is the guest of the evening. The Hon. Mr. Donald Watson, F.R.C.S., 38, Manor Row, Bradford, will be pleased to supply further information.

The annual dinner of the London (Royal Free Hospital) School of Medicine for Women will be held at the Savoy Hotel, Strand (Embarkation entrance), on Thursday, December 3rd, at 7 for 7.30 p.m., with Lord Riddell in the chair.

The South-West London Medical Society will hold its first meeting of the new session on Wednesday, November 11th, at 9 p.m., at the Bolingbroke Hospital, Wandsworth Common, when Dr. S. A. Kinnier Wilson will give a lecture on "The diagnosis and treatment of epileptic varieties."

The Middlesex Hospital annual smoking concert, organised by the students in the Main Cancer Wing, will take place at the Queen's Hall, Langham Place, on Friday, November 13th, at 8.30 p.m., with the Earl of Athlone in the chair.

A discussion on "The medical aspects of crime in fact and fiction" will take place at the meeting of the Hunterian Society to be held at Apothecaries' Hall, Water Lane, E.C., on Monday, November 18th, at 7 p.m. Fellows of the society may take non-medical guests, including ladies, to the meeting.
A combined clinical and pathological meeting of the West London Medico-Chirurgical Society will be held at the West London Hospital to-day (Friday, November 6th), at 8 p.m.

Dr. Erwin Wexberg of Vienna will speak on "Individual psychology and psycho-analysis in medical practice" at a special meeting of the Medical Society of Individual Psychology, to be held at 11, Chandos Street, Cavendish Square, W.1, on Thursday, November 19th, at 8.30 p.m. Visitors are welcome on presentation of their cards.

The British Waterworks Association will hold its winter meeting on Thursday, November 19th, during the Public Works Congress, at the Agricultural Hall, Islington. At the afternoon session Dr. E. V. Suckling will read a paper on "The sterilization of water by catadyn silver," followed by a paper on "The cause and removal of earthy tastes in water," by Mr. B. A. Adams.

The Fellowship of Medicine and Post-Graduate Medical Association announces a three weeks' course in ophthalmology beginning on November 9th at the Royal Westminster Ophthalmic Hospital (fee £4 4s.). From November 16th to 28th a course in diseases of the chest will be given at the City of London Hospital for Diseases of the Heart and Lungs, Blackfriars (fee £2 2s.). A course in venereal diseases will be held from November 16th to December 12th at the London Lock Hospital, Dean Street (fee £2 2s.). From November 23rd to 28th there will be a course in proctology at St. Mark's Hospital (fee £3 3s.). The Infant's Hospital will hold an afternoon course in diseases of infants from November 9th to December 19th (fee £3 3s.), and during the same period there will be a course in dermatology at the Hospital for Diseases of the Skin, Blackfriars (fee £1 1s.). Free lectures will be given on Wednesdays at 4 p.m. at the Medical Society of London, 11, Chandos Street, Cavendish Square, by Sir Henry Gauvain, Mr. Tudor Edwards and Mr. Cecil Joll. Lectures for the M.R.C.P. examination will be given at the same place on Mondays and Wednesdays at 8.30 p.m. by Dr. Maurice Cassidy, Dr. Roodhouse Glynne, Dr. W. J. Adie, and Dr. Knyvett Gordon. Full particulars from the Medical Society of London.

The annual congress of the British Institute of Radiology will be held at the Central Hall, Westminster, on December 2nd, 3rd, and 4th. In association with the congress an exhibition of x-ray apparatus will be held in the same building under the auspices of the British x-ray industry.

Reference was made in our issue of August 1st (p. 219) to the facilities for post-graduate study available in Berlin to members of the medical profession in this country. A booklet in English has now been issued by the Kaisser Friedrich-Haus für das ärztliche Fortbildungs wesen giving full particulars of the English courses that have been arranged by the Dozentenver einigung. This association of lecturers consists of about two hundred professors, docents, and directors of hospitals, and has at its disposal over 20,000 beds. The English courses are given all the year round, and diplomas are awarded, on application, to students who have completed at least four months or three hundred hours' attendance. There are oppor tunities for collection and the laboratory work in many of the medical and surgical clinics, but some knowledge of the German language is required. Arrangements for private courses may be made through the office of the Association (Luisenstrasse, Berlin, N.W.6), to which all inquiries should be addressed.

The new extension of the Richmond Royal Hospital, which includes a new operating theatre and x-ray department, was opened by the Marchioness of Cambridge on October 20th.

The September issue of the China Medical Journal, published monthly by the China Medical Association, is devoted to leprosy, and opens with an article by Sir Leonard Rogers on prophylaxis. He denounces the rigid compulsory segregation of all lepers, as soon as they are discovered, as being an impractical procedure in the vast majority of cases, and leading to the concealment of early cases. He commends the provision of a voluntary system of up-to-date treatment for early cases at clinics, and segregation of the more advanced cases in leper colonies where they can cultivate the land and produce most of their food. He stresses the importance of examining the contacts of all known infective cases, and providing efficient treatment. Dr. R. M. Wilson discusses the management and maintenance of a leper colony; the diagnosis of leprosy is reviewed by Drs. E. Mair and F. Reiss; while articles on treatment are contributed by Drs. L. F. Heimburger and N. D. Fraser. Much of this issue is devoted to a survey of the incidence of this disease in the three southern provinces of China, and also in Southern Yunnan, Swatow, Szechuan, and Manchuria.

The London Gazette of October 20th announces that the King has conferred the Edward Medal upon nineteen for conspicuous bravery in rescuing a miner from a fall of roof in the Hedley Pit, South Moor, county Durham. Among the recipients was Dr. Charles James Brookfield Fox, who had been summoned to amputate, if necessary, the miner's leg to expel his release. It was found impossible to amputate in the restricted area, but Dr. Fox remained on the scene until the miner was rescued, and examined and treated him before sending him to the hospital.

A full report of the fourth annual scientific meeting of the Medical Association of South Africa and the twenty-fifth South African Medical Congress, at Johannesburg, in November, is published in the Journal of the Medical Association of South Africa (B.M.A.) for October 19th, and indicates the great success that was achieved under the presidency of Dr. Francis Napier. Some account of the work of the sectional meetings and of the social functions appeared in our last issue at page 817. The hospitality of the Southern Transvaal Branch and its Divisions was highly appreciated by all who took part in the congress.

Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to the EDITOR, British Medical Journal, and British Medical Association House, Tavistock Square, W.C.1.

Authors desiring REPRINTS of their articles published in the British Medical Journal must communicate with the Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1, on receipt of proofs.

All communications with reference to ADVERTISEMENTS, as well as orders for copies of the Journal, should be addressed to the Financial Secretary and Business Manager.

The TELEPHONE NUMBERS of the British Medical Association and the British Medical Journal are MUSEUM 9861, 9862, 9863, and 9864 (internal exchange, four lines).

The TELEGRAMIC ADDRESSES are:

British Medical Journal House, Tavistock Square, W.C.1.

British Medical Journal (advertisements, etc.), Articulate Westcent, London.

MEDICAL SECRETARIES, Medico-Sciences, Westcent, London.

The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: Baccala, Dublin; telephones: 23580 Dublin), and of the Scottish Office, 7, Drumshaghe Gardens, Edinburgh (telegrams: Associate, Edinburgh; telephone 24851 Edinburgh).

QUERIES AND ANSWERS

Anal Neuralgia

"Neuralgia" writes: I should be grateful for any information on the cause and treatment of anal neuralgia. A man of 57, and his wife, aged 49, both suffer from this distressing malady. There is no evidence of piles, fissures, or any thing abnormal to be seen. The attacks frequently come on at night. Sitting on a hot-water bottle controls the attack. The pain comes on suddenly, is sickening in character, and just as suddenly stops. If it comes on during the night it invariably wakes the patient. Heat seems to be the only remedy, but it is uncomfortable and inconvenient to have to rise in the night to prepare hot water.