earlier cases of renal necrosis have been put down to the injection of all the contrast medium into one renal artery, presumably on the hypothesis that the undiluted medium caused intense vasoconstriction. Where diodone media are used this hypothesis is untenable: one frequently sees the statement that diodone compounds in high concentration cause vasoconstriction, but everyone with practical experience of their use should be aware that one of the characteristic results of intravascular diodone injection is a vasodilatation whose intensity is inversely proportional to the dilution of the diodone. I agree with Gaylis and Laws that occlusion of a vessel by dissection is a much more reasonable explanation of the occasional catastrophe. It is worth remembering, too, that complications may be more common than is realized, as not all our mistakes are reported in the literature.

Translumbar aortography has been of help to the urologist in solving diagnostic problems, but the valuable work of Gaylis and Laws should make us pause to wonder if in fact the benefit to the patient is such as to justify the risks involved with current techniques.—I am, etc.,

Dublin. ANTHONY WALSH.

Torsion of the Gall-bladder

SIR,—The case of torsion of the gall-bladder reported by Dr. Erik Christensen (*Journal*, November 17, p. 1160), like so many of the reported cases, raises the question why complete separation of the gangrenous gall-bladder is so rare. In a case I reported in 1948[1] the slough was lying free in a large abscess cavity, but in Dr. Christensen's case, in spite of a 360° anticlockwise torsion, the gall-bladder was still attached to the liver by a partial mesentery, and the cystic duct was still intact.

It is probably a question of time. If operation is delayed and the patient survives, the area may become sealed off by adhesions, the gall-bladder become detached, and yet little or no leakage from the proximal end of the cystic duct occur.—I am, etc.,

Liverpool, 16. J. M. LEGGATE.

REFERENCE

[1] Leggate, J. M., *Med. Press*, 1948, **220**, 78.

Employment of the Rheumatoid Arthritic

SIR,—Dr. F. S. Cooksey and Dr. D. A. Brewerton, writing on the above subject (*Journal*, November 17, p. 1169), draw attention to the loss of time sustained by patients with rheumatoid arthritis who have to attend at daytime physiotherapy clinics while at work. They rightly condemn this practice, stating that "unavoidable loss of work puts enough strain on the patient's resources, and physiotherapy can easily be provided in evening clinics." The provision of such evening clinics would be greatly welcomed by doctors working in practice and in industry and would be of great benefit to these patients. It would be most interesting to know how many of these evening physiotherapy clinics are in existence, since they are not generally provided at large hospitals.—I am, etc.,

London, N.W.11. C. H. HOSKYN.

Eradication of Congenital Syphilis

SIR,—All venereologists will welcome warmly your leading article on this subject (*Journal*, November 17, p. 1163), and I would particularly congratulate you on using the word eradication rather than control. For a long time the latter has been the limit of our endeavours in this field, but in very recent years some of us have realized that eradication of congenital syphilis is a practical target in England. Eradication will only be achieved finally by eliminating infectious syphilis from the population, so that the subsequent generation of females of child-bearing age will be uninfected; I hope to publish shortly data supporting this theory. Meanwhile this view does nothing to minimize the importance of routine serological testing of all expectant mothers, and I support wholeheartedly your plea for its extension.

Your remarks about the difficulties of interpretation of the positive results found by routine antenatal testing, and of the possibilities of a false diagnosis of congenital syphilis due to the "carry over" of maternal reagin to the infant, are timely. Non-specific reactions in the adult assume increasing importance as one extends routine testing in a population in whom the incidence of early syphilis has recently declined markedly. The venereologist is very much alive to these diagnostic difficulties and is the person best qualified to interpret the situation; I believe that your leading article intends that the venereologist should always be brought into the problem *at an early stage*, but it is disappointing that you do not say so. Co-operation between obstetrician, paediatrician, serologist, and venereologist is vital, and where it exists all have benefited. It is our practice in Manchester for the investigation and, if necessary, treatment of the expectant mother to be conducted by the venereologist entirely in the antenatal rather than the V.D. clinic, and we believe that this is an important principle.

As you say, it is disappointing that the dentist fails to recognize the dental stigmata of congenital syphilis in schoolchildren, and it suggests a shortcoming in his training. With this in mind, I am especially pleased to lecture annually to the final-year students at the Turner Dental School, Manchester.—I am, etc.,

Manchester, 3. S. M. LAIRD.

Piperazine Adipate in Threadworm Infestations

SIR,—Dr. R. D. Hill is to be congratulated on his admirable attempt at clinical research in a remote island (*Journal*, November 17, p. 1156), and it is therefore regrettable that, in drawing conclusions, he has not considered his results very critically. He concludes that "mass treatment with piperazine adipate is effective in eradicating threadworm infestation in a community of children. . . ." Yet his results show that more than half the children cleared of threadworms were reinfected six months later, and he would, perhaps, have done a greater service by emphasizing this point. To *eradicate* enterobiasis is impossible, for it would necessitate not only simultaneous treatment of all infected islanders but also the destruction of all viable ova lying in clothing, sheets, and dust, and the insistence upon freedom from infection of all visitors to the island.

Has Dr. Hill gained anything from his experiment, beyond convincing himself by personal experience that piperazine is an effective oxyuricide? I have previously indicated in these columns (*Journal*, June 5, 1954, p. 1322) that, since more than 50% of children are infected and very few show symptoms, treatment is not usually necessary. Because the relapse rate among schoolchildren is so high, repeated attempts at treatment are futile, and I believe that many anxious mothers would stay away from the surgery door longer if a few minutes were devoted to explaining to them the harmless nature of enterobiasis.

While recognizing the immense value of piperazine compounds as vermicides, I do not think that the practical application of this interesting clinical experiment would be justified by its utter futility and its cost to the National Health Service.—I am, etc.,

London, S.E.1. R. H. R. WHITE.

Medical Relief Appeal

SIR,—There were no political implications in the appeal by the Medical Association for the Prevention of War (*Journal*, November 17, p. 1173) for funds to give the International Red Cross medical supplies for use in any area afflicted by war. War is war, whether the casualties are numbered in hundreds or hundreds of thousands, and the victims no less victims whether they are in Port Said or Budapest. War as an instrument of achieving economic or political dominance has repercussions which are unpredictable; it is a direct blow at civilization. I was a co-signatory of the appeal, but I write this letter as an individual.—I am, etc.,

Bickley, Kent. DUNCAN LEYS.