

Dr. Lewis has found some 65 recorded cases and she would certainly have to work hard to find so many. But there are, as a matter of fact, more than that. In the series above referred to there were about 100 cases of chloroma and several have been published since. There is also a case in the literature¹ which resembled that of Dr. Lewis in that acute mastoid disease was an early complication. I have not the reference at hand, but I believe the patient was a young man in poor circumstances who was brought to hospital and operated upon forthwith. Operation disclosed masses of a greenish colour pervading the mastoid. Up to this time no blood examination had been made and the nature of the disease was quite unsuspected.

That such occurrences are not more frequent is probably due to the fact that the growths of chloroma are not in the least liable to become septic unless brought into direct association with an old septic focus or an abraded surface. Neither of these occurs very frequently in the ear or, perhaps, one should say the chance of a case of ear disease developing so rare a condition as chloroma is very small. In the case of Dr. Lewis, as in many others of a similar kind from the pathological point of view, I think that the blood findings would now be held to betoken an acute myeloid leukaemia. The large lymphocyte is a somewhat discredited cell, and the name no longer applies to all large mononuclear cells which lack definite granules.—I am, Sir, yours faithfully,

Sevenoaks, Kent, Nov. 10th, 1919.

GORDON WARD.

"SOME CONSIDERATIONS OF PREVENTABLE DISEASE": A CORRECTION.

To the Editor of THE LANCET.

SIR,—In the excellent abstract of the presidential address delivered before the Society of Tropical Medicine and Hygiene, which was published in THE LANCET last week, two corrections must be made in my figures. In the section describing the progress of sanitary organisation in India the following figures are given:—"The effect of these and subsequent health measures has been to reduce the death-rate of Indian troops from 20 to 6.78 and of prisoners from 32.7 to 30.8 per 1000." The figures 6.78 should read 4.39, while 30.8 should read 19.17.

I am, Sir, yours faithfully,

Nov. 10th, 1919.

W. J. SIMPSON.

THE NORTH-EAST LONDON POST-GRADUATE COLLEGE.

To the Editor of THE LANCET.

SIR,—In his address entitled "Some Remarks on Medical Education," published in your issue of Nov. 8th, and referring to the provision in London of post-graduate instruction, Sir George Makins alludes to the work attempted in this direction by the West London and the Seamen's Hospitals, mentioning the circumstance that the teaching in these institutions has been exclusively devoted to medical practitioners. He, however, did not mention another institution which has done similar work during the last 17 years—the North-East London Post-Graduate College attached to the Prince of Wales's General Hospital. Its teaching staff, fearing that this oversight might lead to some misapprehension as to its present position, requested me to write to Sir George Makins pointing out the omission, and he has been kind enough to reply expressing his regret that he did not mention our school at the meeting in Manchester.

It is true that since the beginning of the war formal lectures and special classes have been largely in abeyance, as at the other post-graduate schools, but clinical teaching has been continuously carried on, and although no set syllabus will be issued before Christmas, it is intended that the full activities of the school shall be resumed early in January next, and that they shall, so far as possible, be made to fit in with the larger scheme of post-graduate education now being developed.

I am, Sir, yours faithfully,

ARTHUR J. WHITING,

Nov. 10th, 1919.

Dean, N.E. London Post-Graduate College.

* * Sir George Makins's addition, including the North-East London Post-Graduate College, did not reach us in time for publication.—ED L.

¹ Koerner: *Zetsch. f. Ohrenheilk.*, Wiesb., 1896, xxi., p. 92; and *Arch. of Otol.*, New York, 1897, xxvi., p. 239.

A LIVING FOREIGN BODY IN THE LARYNX.

To the Editor of THE LANCET.

SIR,—The case referred to in the Annotations in THE LANCET of Nov. 8th (p. 841) reminds me of a remarkable case which came under my care in Palestine about 11 years ago. Cases of leech in the naso-pharynx and in the region of the vocal cords are by no means uncommon in the Near East. Not infrequently I have been called upon to remove the parasite from just below the vocal cords, the ease with which this little operation was performed depending greatly on the intelligence of the patient.

The case to which I particularly wish to refer was that of a girl, aged about 12. She came up with the usual symptoms of irritating cough, accompanied by hæmoptysis. The condition had lasted some weeks, so that the child was somewhat exhausted and anæmic; there was also marked breathlessness. On examining the chest the bases of the lungs, as high as the middle of the scapulæ, were found to be absolutely dull and showing the usual signs of consolidation. With the aid of the laryngoscope I had no difficulty in locating the leech, which was situated well below the cricoid cartilage. After several vain attempts to remove the "living foreign body" with laryngeal forceps, I decided that the only hope of saving the child was by means of tracheotomy. Here, however, I was met by a difficulty—viz., a general anæsthetic was quite out of the question, owing to the condition of the lungs. I decided, therefore, to operate under local anæsthesia. Fortunately, the girl was exceptionally intelligent, so that I was able to explain the absolute necessity of what I proposed to do.

I used a solution of cocaine and adrenalin and the operation—the usual "high" one—was soon completed. On opening the trachea, the tail of the leech presented, waving about in an agitated manner—the creature was evidently astonished at being approached from so unusual a direction. It was quickly seized and extracted and proved to be about 2½ inches long. The little patient remained in a critical condition for some days, but ultimately made an excellent recovery. She continued to cough up blood or a rusty expectoration for over a fortnight, during which time the lung consolidation gradually cleared up.

This case is certainly unique in my experience. The successful issue was undoubtedly due in no small measure to the remarkable intelligence and docility of the patient, who seemed to realise that her life depended on her complete submission.—I am, Sir, yours faithfully,

WALTER H. ANDERSON.

Lower Bebington, Cheshire, Nov. 7th, 1919.

THE CONTROL OF VENEREAL DISEASES.

To the Editor of THE LANCET.

SIR,—Mr. H. W. Bayly's letter in your last issue is important, as it brings matters to a climax in the open. With regard to the first part, dealing with Colonel L. W. Harrison's opinions and figures, I have nothing to say; that gentleman is quite able to explain his change of opinion and defend his statistics should he choose to do so. As to the second part, he makes it abundantly clear that I was quite wrong when I suggested that there was really very little difference between the policy of the National Council for Combating Venereal Diseases and that of his committee. In stating this I relied on the published statement signed by the members of that committee that they were not pledged to the idea of packets. Mr. Bayly, as secretary, writing for his committee, states the opposite. In this case the two policies are indeed as widely separated as the poles.

I am, Sir, yours faithfully,

E. B. TURNER,

Chairman, Medical Committee, National Council for Combating Venereal Diseases.

81, Avenue-chambers, Southampton-row, London, W.C.,
Nov. 11th, 1919.

A DISCLAIMER.

To the Editor of THE LANCET.

SIR,—Will you kindly allow me to say that I am in no way related to the Dr. Pring whose name has recently appeared in connexion with certain proceedings in the Divorce Court.

I am, Sir, yours faithfully,

C. H. PRING.

Ivor House, Trafalgar-road, Camberwell, Nov. 10th, 1919.