five years. This raises some doubt whether the presence of mediastinal node metastases should in itself be regarded as a contradiction to resection of the primary carcinoma. In large-cell tumours, however, it is significant that despite a 52% survival rate in 25 cases without metastases only one out of ten cases with mediastinal node metastases survived 5 years. Three out of twelve cases of epidermoid cancer with mediastinal node metastases survived for this period.

Aspiration and mortality in 344 road accident deaths

E. HOFFMAN Two patterns of aspiration emerged from this prospective study—early inhalation, mostly within 24 hours, confirmed at necropsy and, later, 'silent' aspiration suspected on clinical grounds.

Early aspiration was found in 123 (35·8%) of the 344 deaths. Of these, 68 died instantly, 24 within one hour, 24 within 24 hours, and 6 survived longer. Inhalation of blood was found in 114, vomit in 18, and in one case chips from a shattered windscreen led to suffocation at the accident site. Inhaled blood originated from three sites. It was found in 73·1% of maxillofacial fractures, 27·8% of lung injuries, and 25·1% of skull fractures. In the pathologists' opinion aspiration was the cause of death in 7 (2%), contributory in 27 (7·8%), and irrelevant in 89 (25·8%).

Later aspiration in hospital, though rarely witnessed, is usually due to inhalation of oropharyngeal secretions or vomit in the unconscious, or in patients whose defence mechanisms are impaired. Pathologists reported that 43 (28·2%) of the 152 hospital fatalities died of pulmonary oedema or pneumonia. Clinical analysis showed that most of these lung complications were probably due to aspiration, as conditions predisposing to inhalation were often present. On admission 27 were unconscious, 16 had an obstructed airway, and 9 vomited. Other factors included an early onset of lung complications, advanced age, and predominance of head and/or chest injuries.

This survey showed that aspiration is an important contributory cause of mortality both at the site and in hospital. Preventive measures at the site include the education of the general public and police in the maintenance of a clear airway and positioning of the unconscious. In hospital prevention of aspiration should be the prime consideration not only in traumatic cases but also in a variety of medical and surgical conditions.

The mortality of lung complications is high. Early management depends on the type of case. The aspiration variety of shock lung should be treated by immediate mechanical ventilation. Bacterial pneumonia is usually due to a mixture of aerobic and anaerobic bacteria and requires a combination of suitable antibiotics.

The Thoracic Society Prize 1978

A competition will be held for a prize of £250 to be judged on the content and presentation of original papers accepted for the Society's meeting at Oxford on 6–7 July 1978. Candidates should have made the principal contribution to the work to be reported and be under the age of 35 years at the time of the meeting. They need not be members of the Thoracic Society. Only original material, not previously presented at any national or international scientific meeting or in a scientific journal, will be considered. Further details may be obtained from the Honorary Secretary, Dr. J. E. Cotes, MRC Pneumoconiosis Unit, Llandough Hospital, Penarth, S. Glam. CF6 1XW, or from any member of the Society.