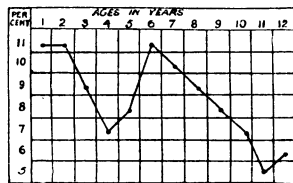


amenable to the same preventive measures. In my opinion it would be an important step in the right direction if the public health services could arrange for this disease to be made notifiable.

Along with the improvement in general hygiene and knowledge of infant feeding, the mortality and morbidity from infantile diarrhoea has improved. With further knowledge of dietetics, cleanliness, and improved milk supply, boiling of milk, and the use of dried milks, the mortality from this source will be steadily and further diminished.

OUT-PATIENTS AND ADMISSIONS AT GREAT ORMOND STREET HOSPITAL

The chart shows that between the ages of 3 and 6—in other words, the pre-school age—there is a reduction in the number of attendances. It is possible that this may



Out-patient attendances.

be due to the fact that at this age children come less under the attention of the welfare services and schools than either before or after, and fewer are therefore referred to the Great Ormond Street Hospital. Certainly it is a striking drop. In the table the figures explain themselves, and, except in a few instances, one can derive much comfort from their perusal.

Numbers of Patients Admitted to the Wards of the Hospital for Sick Children, Great Ormond Street.

	1911		1921		1931	
	Under 2 years	Over 2 years	Under 2 years	Over 2 years	Under 2 years	Over 2 years
Generalized T. B. ...	16	18	11	12	7	3
Pulmonary T. B....	7	61	1	1	2	5
Abdominal T. B....	16	72	1	31	5	1
T. B. meningitis ...	10	22	6	10	6	9
T. B. glands in neck ...	15	111	—	22	—	10
T. B. of bones and spine	8	174	5	54	3	25
Rheumatism and chorea	—	118	1	12	2	123
Cardiac diseases...	3	81	11	49	10	58
Rickets	7	9	11	18	18	89
Scurvy	4	—	7	—	13	—
Congenital syphilis ...	8	2	11	6	10	—
Asthma	—	—	—	4	4	171
Bronchitis	15	18	16	21	25	31
Empyema	—	—	6	23	6	4
Bronchopneumonia ...	38	6	31	19	30	32
Lobar pneumonia ...	14	43	4	15	9	19
Purpura	1	7	—	4	—	23
Appendicitis	1	29	—	48	1	56
Gastro-enteritis ...	67	13	125	22	67	21
Pyloric stenosis ...	21	—	50	—	53	—
Nephritis	2	19	1	19	4	42
Acute poliomyelitis ...	9	39	8	105	—	4
Mastoid	9	44	14	46	20	124
Otitis media	5	26	2	19	22	77
*Tonsils and adenoids ...	3	95	6	199	92	3,927

* All cases of tonsils and adenoids are now admitted to hospital for one night at least.

CONCLUSION

We in this country cannot help but feel proud of the progress we have made in the lowering of infant mortality and in the general standard of the health of the child. The establishment of the maternity and child welfare services has unquestionably played the greatest part in this reduction, and one can feel confident that these great services will continue to use all that is best in science to approach further the ideal to which we all aspire.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

ADDISON'S DISEASE COMPLICATING SPINAL CARIES

The case reported below is presented for publication on account of the following points of interest: Addison's disease complicating spinal caries is a rare condition; the acuteness of the course of the disease (no pigmentation was found until a few days before the patient's admission to hospital); the close resemblance at one time to a case of intestinal obstruction; and the fact that the patient survived for so many years after what must have been severe pulmonary trouble.

The patient, a man aged 40, was admitted to the Royal Cripples Hospital, Birmingham (Woodlands Branch), on October 22nd, 1932, with the history that he had "suffered from lumbago and sciatica for two years, which have been relieved by rest in bed." He was admitted to the Birmingham General Hospital on June 10th, 1932—where he was an in-patient until his admission to Woodlands—with a large swelling in the left loin; this was a cold abscess from which three-quarters of a pint of pus was aspirated. A radiogram of the spine at that time showed caries of the twelfth thoracic vertebra, with some involvement of the eleventh and first lumbar. The abscess filled up again, and the following month it was opened; the sinus was excised and the walls were scraped. Tubercle bacilli were found in the pus. The patient was in Yardley Sanatorium twenty years ago with phthisis.

On examination the patient looked ill and had a slight deep-brown pigmentation which was general over the body, but was most marked on the exposed skin surfaces and on the buccal mucous membrane. In the mouth the pigmentation was much more intense, but, unlike that of the skin, was patchy in distribution. There was a granulating wound, oval in shape, measuring 2 in. by 3/4 in., in the left loin, but this appeared healthy. There was tenderness over the lower dorsal spine, but no kyphos was present. A large hard liver, with a smooth edge, was felt three and a half inches below the costal margin. There was nothing abnormal about the nervous system, and there were no abnormal constituents in the urine. X rays confirmed the diagnosis of caries of the twelfth dorsal and first lumbar vertebrae, and suggested active spinal caries, there being a good deal of recent bone erosion.

On October 26th the patient had an attack of bilious vomiting which lasted all day, but there was no complaint of pain. Three days later he had a similar attack, but this time he complained of pain in the right iliac fossa. There was some tenderness in that region on deep palpation, but no rigidity or hyperaesthesia, and Cope's psoas and obturator signs were negative. Rectal examination revealed some ballooning, but no other abnormality. The attack lasted twelve hours. Bowels opened naturally. On October 31st the patient started vomiting again. Examination revealed no surgical cause, and an enema yielded a good result. A troublesome hiccup developed and proved very intractable, but was finally relieved by cocaine and bismuth mixture. Meanwhile the pigmentation was becoming rapidly more intense, vomiting and hiccup continued, and by November 1st

the patient presented a deep-brown coloration. Blood pressure was: maximum systolic, 96; diastolic, 72. The patient became drowsy by November 5th, comatose three days later, and died without recovering consciousness early on the morning of November 9th.

A necropsy, performed by Dr. Smellie, revealed the following facts. The adrenal bodies were enlarged, nodular, and surrounded by a mass of adhesions. On section they showed complete disintegration into typical tuberculous caseous material. The terminal event was found to be a purulo-plastic pericarditis, and there were about three ounces of thin pus in that cavity, as well as numerous recent adhesions between parietal and visceral surfaces. The liver showed fatty degeneration and cloudy swelling and similar changes were found in the kidneys. The spleen was soft and diffuent. The appendix was seven inches long, somewhat kinked, but otherwise devoid of pathological anomalies. Both pleural cavities were obliterated by dense adhesions, except at their extreme bases. No cavities were found in the lungs, but they were broken up by dense fibrous tissue.

I am indebted to Mr. Percival Mills for permission to publish this case; to Dr. Smellie for his invaluable advice and help; and to the General Hospital for the notes and x-ray reports.

HENRY J. KNIGHT, M.B., B.S.
House-Surgeon, Royal Cripples Hospital,
Birmingham.

Reports of Societies

OSTEOPATHIC METHODS

At a meeting of the West London Medico-Chirurgical Society, held at the West London Hospital on April 7th, with Dr. JULIUS BURNFORD presiding, a demonstration of osteopathic methods was given by Dr. THOMAS MARLIN.

Dr. Marlin, who carried out his demonstration with the help of two lady assistants, said that manipulative skill was not to be acquired by reading, though it might be acquired by watching other people's methods. There were innumerable things to be learned, as, for example, the position of the patient, the amount and direction of force exercised, and the velocity of the movement applied. There was a knack in it, just as there was a knack in turning a key in a refractory lock. He began his demonstration by illustrating the grip hold on the scapula, which was of great use in the treatment of stiff shoulders. Before any joint manipulation was done there must be complete relaxation of the soft tissues. Another useful manipulation was the occiput pull in headache, which he had found effective in all kinds of headaches, except in migraine. Inhibition of the phrenic nerve was often effective in stopping hiccup. Dr. Marlin next demonstrated a manipulation for extending the ankle-joint. In all work on the foot the task of physiotherapy was to overcome contraction of the tendo Achillis. He showed a number of manipulations of the spine, mentioning that the upper dorsal region was more easy to manipulate than any other; a balancing manipulation of the sacro-iliac joint; and the strap technique for manipulating the cartilage of the knee. The mechanism at work in these manipulations was possibly a deep massage on the joint surfaces. If there was anything out of place, Nature was all the time trying to put it straight, and at the moment of separation due to the manipulation a chance was given for the return of the parts to their proper alignment. Often the x-ray picture showed no change after manipulation, and yet the contracted tissue around the joint had evidently disappeared and the spasm no longer occurred.

Mr. W. McADAM ECCLES said that even such straps as had been shown that evening were used when he was a student in many fixed and badly dislocated joints. In those days, owing to the fact that brute force was often in evidence rather than scientific skill, broken bones not infrequently resulted. The scapula grip was known in England as long ago as 1890. It was not the shoulder-

joint that was wrong in many of these cases, but the prescapular tissue. As for the occipital pull, there should be careful diagnosis before this was employed, but he had seen it used vigorously for months in a patient who was afterwards proved to have been suffering from intracranial tumour, so that valuable time had been lost. In pressure on the phrenic nerve it was necessary to be careful not to excite bilaterally the vagus nerve. In dealing with the ankle-joint the first necessity was to make perfectly certain that there was not a fractured bone, which had to be dealt with differently from a sprain tearing the soft tissues. Mere pulling on the foot would never reduce a fracture-dislocation, nor would it give the separation of joint surfaces. What was really concerned was the separation of articular cartilages rather than bone; that was the primary thing to be brought about in those cases in which there were said to be adhesions inside the joint. The "bone" he had to pick with osteopaths was that they would not speak anatomically. There was some excuse in his own student days, when there was no x-ray method of examination, but now the movements of the joints could be observed on the fluorescent screen, and the muscles actuating them were known.

Dr. MORTON SMART related some experiences with osteopaths and their claims, and showed how they "got it across." The medical profession, because of its inability to advertise, was at a disadvantage as compared with the osteopath, who boldly proclaimed his success. Dr. CAPPER JOHNSON suggested that general practitioners should make a determined effort to relieve certain simple conditions which came before them in general practice. Some of the small manipulations and corrections which Dr. Marlin had carried out could be done quite easily by general practitioners, and it was unlikely that harm would result in any case. Dr. VAUGHAN PENDRED was sceptical about the osteopath's frequent statements as to the "dislocation of the spine." Dr. H. H. MILLS thought it very necessary in carrying out these manipulative movements to go a little further into the study of the pathology of injuries. Dr. HEWITSON asked Dr. Marlin how he would deal with tennis-elbow. Dr. W. S. C. COPEMAN said that when a patient was disabled by some lesion which he chose to describe as a dislocation, and was cured by the osteopath and not by the doctor, it was time the profession looked into the matter, as the Society was doing that evening. Patients were often diagnosed as suffering from rheumatism and were ineffectively treated, afterwards going to the osteopath, who achieved some success. He spoke of personal experience of the value of the occipital manipulation as a cure for persistent occipital headache. Mr. G. B. WOOD-WALKER asked what manipulations were of use in lesions of the jaw. Dr. CLEMENT NICORY felt that osteopaths attempted too much in treating every departure from health by one method. Certain definite indications in manipulation of the spine had been found useful as a result of experience. Dr. DONALD BARLOW said that one of the greatest difficulties in respect to osteopaths was that of correlating their terminology with their results. A further examination of the whole question of terminology was of the greatest importance. Dr. A. CAWADIAS referred to the medical aspect of osteopathy. He thought it possible that osteopaths might have determined some of the reflex zones and have exploited their reactions. Physicians thought it beneath them to use their hands, yet the hand had a sort of psychological effect on the patient. In the modern development of therapeutics he believed that physicians would be encouraged to use their hands for bloodless intervention.

Dr. MARLIN, in reply, said that he had been able by manipulation to help people who had had long-standing constipation and asthma. The use of the hands in treatment was very important. There were men engaged in practice who appeared to have no "feel" in their hands. The contact unconsciously made the patient antagonistic. Sympathetic hands were needed. There were no manipulative methods of value in treatment of the jaw; the best

Notes on Books

A new edition, the twenty-first, of HALE-WHITE'S *Materia Medica*⁶ appeared simultaneously with the publication of the new *British Pharmacopoeia*. The drastic revision undergone by the official work called for radical change not only in the contents, but also in the general arrangement, of this ever-popular book, which now appears again under the editorship of Dr. DOUTHWAITE. Following the plan of Cushny's *Text Book of Pharmacology*, it is now divided into two main parts, the first relating to substances used chiefly for their local action, the second to those used chiefly for their action after absorption. The publishers also have introduced changes both in the format and in typography.

*The A B C of Chemistry*⁷ is not a royal road to chemistry; no royal road to chemistry has yet been prepared. Yet J. G. CROWTHER'S little book is a very practical attempt to bring chemistry within the reach of those to whom it is a strange science. Little, in fact, is needed—the bare foundations of chemistry are enough—to qualify any reader to derive a full measure of the enlightenment which the author has presented on the subject. And this amounts to very much more than might have been expected from a first glance at the size of the book. The treatment is based generally on the plan of showing how the earlier conceptions of chemical theory have grown into modern form, and how the views of mankind have changed regarding the significance of the facts known to them. This theme is so well developed as to render the book highly interesting even to educated chemists. The author is a scholar of no mean attainment in the history of the science as well as in its technical development, and has a talent for presentation which should earn for the book a widespread appreciation.

The book entitled *Alcohol and Man*,⁸ edited by Dr. HAVEN EMERSON of the De Lamar Institute of Public Health, Columbia University, New York, is the work of twenty-two contributors. It is divided into six parts, devoted respectively to the effects of alcohol on human functions; the effects of alcohol on the cell and in heredity; the toxicology and therapeutic aspects of alcohol; alcohol and the body resistance to infection, and the pathology of acute and chronic alcoholism; the psychological and criminological aspects of alcohol; and the relation of alcohol to longevity, mortality, and morbidity. The chapter on alcohol and the body's resistance to infection has been written by Dr. F. S. Langmead and T. C. Hunt, and has been reprinted from *A Review of the Effects of Alcohol on Man*. The other contributors are well-known American professors, clinicians, and statisticians. Although primarily intended for the lay reader, for whose benefit a glossary is appended, this book can be read with profit by the medical practitioner and student, particularly as it contains much that is not as readily available elsewhere. Its dispassionate character and wealth of documentation render it a valuable contribution to the literature of the alcohol problem.

The *Directory of Guy's Men*⁹ (Medical and Dental) has been brought up to date in the eleventh issue, dated 1933. It contains a list of the governors and the medical, surgical, dental, and teaching staffs of the hospital, together with alphabetical lists of medical practitioners who were trained at Guy's and are practising in various parts of the world. The annual subscription for the *Directory* and *Guy's Hospital Gazette* is 12s. 6d., payable to the manager of the *Gazette* at the hospital.

⁶ *Materia Medica*. Pharmacy, Pharmacology, and Therapeutics. By Sir William Hale-White, K.B.E., M.D., LL.D. Twenty-first edition, revised by A. H. Douthwaite, M.D., F.R.C.P. London: J. and A. Churchill. 1932. (Pp. x + 547. 10s. 6d.)

⁷ *The A B C of Chemistry*. By J. G. Crowther. London: Kegan Paul and Co., Ltd. 1932. (Pp. xi + 248; 26 figures. 4s. 6d. net.)

⁸ *Alcohol and Man*. The Effects of Alcohol on Man in Health and Disease. Edited by Haven Emerson, M.D. New York: The Macmillan Company. 1932. (Pp. 451. 18s. net.)

⁹ *Directory of Guy's Men*. (Medical and Dental.) Incorporating life members of the Clubs' Union. London: Ash and Co., Ltd. 1933. (Pp. xxxvi + 178.)

TEMPLE CROSS RESEARCH FELLOWSHIPS IN TUBERCULOSIS

The Dorothy Temple Cross Research Fellowships in Tuberculosis for the academic year 1933-4 will shortly be awarded by the Medical Research Council, and applications should be lodged with the Council not later than June 1st.

The object of these Fellowships, as defined in the trust deed, is to give special opportunities for study and research to persons "intending to devote themselves to the advancement by teaching or research of curative or preventive treatment of tuberculosis in all or any of its forms." Candidates must be British subjects, and must possess suitable medical, veterinary, or scientific qualifications. They must also be able to produce satisfactory evidence of their ability to make good use of the opportunities offered by the Fellowships.

The Fellowships will preferably be awarded to candidates who wish to make their studies or inquiries outside the borders of Great Britain. They will be awarded for one year as a rule, but in special cases may be renewed. The value of the Fellowships awarded will depend in each case upon the standing and qualifications of the candidate, but will not be less than £350 per annum, payable monthly in advance. Travelling and some incidental expenses will be paid in addition. It may also be possible to award a Senior Fellowship of considerably greater value to a specially well-qualified candidate wishing to undertake an intensive study of some particular problem of tuberculosis at a chosen centre of work in another country.

Further particulars and forms of application are obtainable from the Secretary, Medical Research Council, 38, Old Queen Street, Westminster, S.W.1.

MEDICAL CONGRESSES, 1933

The following congresses and conferences on medical and allied subjects have been announced for 1933. Particulars are given below in the following order: date, name of organizing body, place of meeting, name of person to whom inquiries should be addressed. More detailed information about these meetings is given from time to time, as it becomes available, in the news columns of the *British Medical Journal*.

May 29.—International Congress of Military Medicine. Madrid.

May 30–June 4.—Royal Institute of Public Health. Eastbourne. Secretary of Institute, 37, Russell Square, W.C.1.

June 6–8.—German Dermatological Society. Vienna.

June 17–24.—Royal Sanitary Institute. Blackpool. Secretary of Institute, 90, Buckingham Palace Road, S.W.1.

June 28–July 3.—International Hospital Association. Knockesur-Mer, Belgium.

June.—German Pathological Society. Rostock.

June.—German Physiological Society. Innsbruck.

June.—German Society of Neurologists. Munich.

June.—German Medical Association. Bremen.

July 4–9.—International Union for the Protection of Childhood. Paris. Comité National de l'Enfance, 26, Boulevard de Vaugirard, Paris XV.

July 13–15.—National Association for the Prevention of Tuberculosis. Cardiff. Secretary of Association, Tavistock House, (North), Tavistock Square, W.C.1.

July 19–22.—International Society of Orthopaedic Surgery. London.

July 20–22.—International Congress of Paediatrics. London. Dr. L. Findlay, 61, Harley Street, W.1.

July 25–29.—British Medical Association. Dublin. Medical Secretary, B.M.A. House, Tavistock Square, W.C.1.

September 7–9.—Association Professionnelle Internationale des Médecins. London. Dr. F. Decourt, Mitry-Mory, France.

September 25–27.—German Society for the Study of Diseases of Digestion and Metabolism. Berlin.

September 29–30.—South African Medical Congress. Capetown. Dr. A. W. S. Sichel, Capetown.

September.—International Congress of Mental Hygiene (European Reunion). Rome.

September.—Société Anonyme des Eaux Minérales d'Evian-les-Bains. Evian-les-Bains. Secretary of Society, 21, Rue de Londres, Paris IX.

October.—International Society of Medical Hydrology. Toulouse. Secretary of Society, 55, Wellington Road, N.W.8.

1933.—Anti-War Congress (Meeting of International Medical Conference). London.

1933.—Italian Ophthalmological Congress. Rome.

Universities and Colleges

UNIVERSITY OF GLASGOW

A graduation ceremony was held on April 22nd, when the following degrees, among others, were conferred:

D.Sc.—R. C. Garry, M.B., Ch.B.
M.D.—*W. A. Burnett, *T. Gilchrist, *P. Hutchison, *A. Sharman,
†S. M. Allan, †M. J. Bastible, †J. C. Hendrie, †T. M. Hunter,
†A. B. Smith, T. Dymock, C. M. Fleming, J. A. Imrie, E. J. MacIntyre, J. W. Wilson.

B.Sc.—A. C. Lendrum (with first-class honours in pathology).
M.B., Ch.B.—The list of successful candidates for these degrees was printed in our issue of April 22nd (p. 727).

* With high commendation. † With commendation.

QUEEN'S UNIVERSITY, BELFAST

The Senate has appointed Mr. P. T. Crymble, M.B., F.R.C.S., to the Chair of Surgery in succession to Professor Andrew Fullerton, M.D., M.Ch., F.R.C.S.I.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

At the monthly meeting of the College, held on April 10th, Yang Lin, M.B.Hong-Kong, and P. T. J. O'Farrell were admitted to the Fellowship.

The following successful candidates at the Conjoint Final Examination with the Royal College of Surgeons in Ireland were admitted to the Licences in Medicine and Midwifery: C. Crowe, W. G. Deeny, E. A. Joyce, M. E. M. King, P. J. Murray, O. F. M. Ormsby, D. J. Riordan.

Obituary

Dr. KENNETH L. BATES of St. Albans died on April 20th, at the early age of 44. He had been seriously ill with pneumonia and pleurisy, and was beginning to get over it, but a pulmonary embolism caused an unexpected death. He received his medical training at Guy's Hospital, and finished his work there with a house-surgeoncy. He served in France during the war as a temporary captain R.A.M.C. Entering then general practice, he joined his father, Dr. Leslie Bates, and Dr. Eustace Lipscomb as a partner in the oldest medical firm in the city of St. Albans, and he remained an active worker up to the time of his illness. He was an honorary physician to the St. Albans Hospital and also police surgeon. A colleague, "S. C.," writes: Music to him was a great delight, and at one time he was a member of the St. Albans Cathedral choir. At the time of his death he was president of the Rotary Club, in which he took great interest. Everyone knew him as "Dr. Kenneth" to distinguish him from his father, who is still connected with the practice. "Kenneth" was always genial and good company, and he could be as amusing as any of his colleagues. So his sudden death has come as a great shock to his wide circle of friends. He married a daughter of the late Canon and Mrs. Glossop of St. Albans, and he leaves a widow with two little girls, for whom there is much sympathy.

Dr. RICHARD OXLEY BOWMAN, M.B.E., who died on March 28th, in his sixty-ninth year, had practised in Ulverston for more than forty years. He received his medical education at the Manchester Royal Infirmary, and obtained the diplomas M.R.C.S., L.R.C.P. in 1888. In the following year he graduated M.B.Lond. with honours, and proceeded M.D. in 1892. His earlier medical appointments included those of resident medical officer to the Children's Hospital, Pendlebury, house-physician to the Manchester Royal Infirmary, and assistant medical officer to the Monsall Fever Hospital. He was also an associate of Owens College, Manchester, and a member of the Manchester Pathological Society. He had held a commission as medical officer of the 1st Volunteer Battalion, which subsequently became the 4th Territorial Battalion of the King's Own Regiment. Always keenly interested in the work of hospital development, he urged the advisability of inaugurating a new hospital in Ulverston as a war memorial. He served on various committees, was president of the Ulverston Hospital Saturday Parade, and took a very active share otherwise in the work of raising funds for the new hospital. In 1908 he

was chairman of the Furness Division of the British Medical Association. During the war he was a member of the local medical war committee. A prominent Freemason, he was a Past Master of the Furness Lodge, Past Provincial Grand Registrar for West Lancs, P.P. Grand Registrar Royal Arch Degree, and P.P. Grand Master Overseer Mark Degree. In his youth he had attained international rank as a lacrosse player, and was subsequently one of the finest local lawn tennis players. He was a promising Rugby player until incapacitated by an injury. Dr. Bowman's funeral was attended by representatives of the leading organizations of the town and several medical and hospital colleagues, who esteemed him highly for his devotion to duty and enthusiasm for deserving causes.

Medico-Legal

THE NEGLIGENCE OF A SUBORDINATE*

A doctor owes his patient the duty of exercising towards him the degree of care and skill which is reasonably to be expected of him in the circumstances. If he does not fulfil this duty he is liable to pay damages for negligence. It is obvious that what constitutes negligence depends on the particular circumstances of every case and also largely on the view which the jury takes of the doctor's conduct as shown by the evidence, particularly of the doctor himself. Apart, however, from his own negligence, a doctor may be held liable for that of a technical assistant or a nurse, and a hospital or nursing home may be liable for the negligence of its employees. This liability may often be a very serious matter, and it is important that every corporation, and every doctor who employs assistants or who delegates work to others, should have a clear idea of the extent to which the employer may be held liable. The foundation of this liability is in the ancient maxims "Qui facit per alium facit per se" and "respondent superior": as a general rule a man is responsible for any wrongful act done by his agent or subordinate, provided such act is within the reasonable scope of their employment. The present law, as stated by the learned editors of *Halsbury's Laws of England* (1931, i, 285), is as follows:

"The principal is responsible, jointly and severally with the agent, if a wrongful act is committed by the agent in the course of his employment as agent or within the ostensible scope of his authority when his ordinary duties are considered."

In *Barwick v. English Joint Stock Bank* (L.R. 2 Ex. 259) a bank was held liable for a fraud committed by one of its managers, acting in the course of his business. Mr. Justice Willes, in his judgement, said:

"With respect to the question whether a principal is liable for the act of his agent in the course of his master's business, and for his master's benefit, no sensible distinction can be drawn between the case of fraud and the case of any other wrong. The general rule is, that the master is answerable for every such wrong of the servant or agent as is committed in the course of the service and for the master's benefit, though no express command or privity of the master be proved. He has not authorized the particular act, but he has put the agent in his place to do that class of acts, and he must be answerable for the manner in which the agent has conducted himself in doing the business which it was the act of his master to place him in."

It does not matter if the act was not expressly authorized, or even, apparently, if the principal expressly forbade it. The principal is, however, not responsible when the act falls entirely outside the scope of the agent's employment. The doctor who employs a locum tenent or assistant, or the institution which employs a staff of nurses and appoints a staff of medical advisers, might appear therefore to be open to serious liability. If these persons are in fact agents—that is, if they are doing for

* Earlier articles in the same series, by a legal correspondent, appeared in the *Journal* of April 1st (p. 589) and April 22nd (p. 723). The topic therein discussed was libel and slander in medical practice.

Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

The House of Commons reassembled on April 25th and Mr. NEVILLE CHAMBERLAIN opened the Budget. He proposed that in the financial year 1933-4 the rate of income tax should not be altered, but that the taxpayers should pay an instalment of half their assessments in January and half in July. This arrangement is estimated to equal a postponement of 1s. 3d. in £1 of the income tax. Mr. Chamberlain also proposed a new scale of beer duty to permit the lowering of the retail price by 1d. a pint and an increase in gravity. The licence duties on heavy motor vehicles conveying goods by road are to be increased and an import duty of 1d. a gallon is imposed on heavy fuel oils, other heavy hydrocarbon oils, and kerosene. The Customs duty on matches is increased, as also the duties on mechanical lighters. The silk duties are to be revised. The existing allowances for repairs under Schedule A for income tax are continued for three years to 1936.

Discussion of the Budget continued on later days of the week.

Medical News

At the invitation of the Mayor (Dr. W. Edmund Jones) and Corporation of Royal Leamington Spa, the British Health Resorts Association is holding a conference at Leamington this week-end.

The annual dinner of the University of London Medical Graduates' Society will be held at the Langham Hotel on Tuesday, May 9th.

At the annual meeting of the Society for the Study of Inebriety on April 11th Sir Humphry Rolleston was elected president for the ensuing year. The next meeting will be held on July 11th, when Dr. J. D. Rolleston will read a paper entitled "Alcoholism in Mediaeval England."

The University College (late Queen's College), Galway, North of England, and Midlands Alumni Association will hold its seventh annual medical reunion at the Queen's Hotel, Piccadilly, Manchester, on Saturday, May 6th, at 7.30 p.m. Dinner at 8. The subscription is one guinea, which includes the dinner, cost of organization, printing, etc. Graduates intending to be present should write immediately to the honorary secretaries, Dr. Patrick J. Webb, 127, Rochdale Road, Harpurhey, Manchester, or Dr. Bernard Shea, 15, Manchester Road, Shaw, Lancs. Recently qualified graduates are specially invited.

A series of mock trials, in aid of King Edward's Hospital Fund, will be held on Tuesdays at 5.30 p.m. at the London School of Economics, Houghton Street, Aldwych, from May 2nd to 30th and on June 13th. Tickets may be obtained from the secretary, King's Fund, 10, Old Jewry, E.C.2; or at the doors.

The British Institute of Philosophy announces that a course of six lectures on contemporary movements in psychology will be given by Professor F. Aveling on May 3rd, 10th, 17th, 24th, and 31st, and June 7th, at 5.45 p.m., in the University Hall, 14, Gordon Square, W.C. Fee, 13s. 6d.; members free.

A course of three lectures on "Principles of Critical Analysis in Relation to Modern Psychology" will be given at Bedford College (Regent's Park, N.W.) by Professor E. A. Bott of the University of Toronto on May 3rd, 4th, and 5th, at 5.15 p.m. The lectures are addressed to students of the University of London and to others interested in the subject. Admission free, without ticket.

The attention of readers is called to the fact that the telephone number of the British Medical Association and the *British Medical Journal* has been changed to Euston 2111 (four lines).

From May 1st the offices of the American Society for the Control of Cancer will be at 1250, Sixth Avenue, Rockefeller Center, New York, N.Y., to which address all communications should be directed.

The Eugenics Society announces that Dr. Aubrey J. Lewis will lecture on the inheritance of mental disorders on Wednesday, May 3rd, at 5 p.m., in the rooms of the Royal Society, Burlington House, W. Tea at 4.30. Fellows and members may bring guests to tea and to the lecture.

M. Georges Milsom, Director of the Junior Division of the League of the Red Cross Societies, will lecture on "What the Junior Red Cross is Doing in the World To-day," at 14, Grosvenor Crescent, S.W., on Thursday, May 4th, at 6 p.m. Lady Northcote will preside.

An international Congress for the Protection of Childhood will be held in Paris from July 4th to 9th, under the presidency of M. Paul Struss, Senator of the Seine, former Minister of Health and member of the Académie de Médecine.

The Medical School of the National Hospital, Queen Square, has arranged a course of demonstrations in neurology for candidates for the M.R.C.P. examinations on Tuesdays and Thursdays, at 6 p.m., from May 9th to June 29th. Fee for sixteen demonstrations, £6 6s. Special terms can be arranged for those unable to take the whole course. Applications should be made to the secretary.

The Fellowship of Medicine and Post-Graduate Medical Association has arranged a week-end course in cardiology at the City of London Hospital, Victoria Park, on May 6th and 7th. A whole-day course in urology for advanced post-graduates (limited to eight) will be given at St. Peter's Hospital from May 8th to 20th. An intensive week-end course on rheumatic disorders and applied hydrotherapy will be given at the Royal Mineral Water Hospital, Bath, on May 13th and 14th. An all-day course in diseases of children will be given at the Queen's Hospital, Bethnal Green, from May 15th to 27th. Forthcoming courses include gynaecology, May 22nd to June 3rd; obstetrics (week-end), May 20th and 21st; venereal disease, May 22nd to June 17th; M.R.C.P. evening clinical course, May 23rd to June 16th (Tuesdays and Thursdays). Two lectures on cataract extraction, for general practitioners, will be given by Colonel R. H. Elliot on May 24th and 31st.

A special two weeks' holiday post-graduate course has been arranged by the Faculty of Medicine of the University of Paris, commencing Monday, June 19th, and devoted to the medical and hydrological treatment of renal, vascular, and metabolic derangements. The practical side of these subjects will be emphasized, and there will be facilities for clinical and laboratory studies. Detailed summaries of each session will be supplied to those attending the course, and a certificate will be obtainable at its conclusion. Three main sections have been defined: the various renal, vascular, and glandular syndromes and their treatment; the therapeutics concerned with certain nephritic and other diseases; and the correlation of hydrotherapy with general medical treatment. The greater part of the course will be held at the Necker Hospital, under the direction of Professor Maurice Villaret; the last three days of it will be spent at Evian. For further details application should be made to the Laboratory of Therapeutic Hydrology and Climatology of the Paris Faculty of Medicine.

Professor Hans Eppinger, director of the medical clinic at Cologne, has succeeded to the direction of the first medical clinic at Vienna, which has been vacant since the retirement of Professor Wenckebach some years ago.

The Cambridge University Press announces for publication next month a book by Dr. Karin Stephen, entitled *Psycho-Analysis and Medicine: A Study of the Wish to Fall Ill*, for which Dr. Ernest Jones has written a preface.

Dr. Rist of Paris has been elected an ordinary member and Dr. Belou of Buenos Aires and Dr. Demoor of Brussels foreign corresponding members of the Académie de Médecine.