tonics containing iron, strychnine, and Fowler's solution. A generous diet with a high vitamin content should be given. Secondarily infected patients with lymphangitis or cellulitis should of course be kept in bed and the infected feet treated on the usual lines with boric acid fomentations, eusol soaks, and boric starch poultices and the like, until all signs of the secondary infection had disappeared. Presuming that the lesions were no longer inflamed, a remedy or combination of remedies with fungicidal, or at least fungistatic, and keratolytic action must be employed. He had not found powders of great value in therapy, and preferred to treat the intertriginous variety with a combination of paint by day and ointment by night, and the vesicular variety with a paint, after opening all the vesicles with a sterile needle, changing to an ointment if the lesions became eczematoid or scaly. The hyperkeratotic type of lesion reacted best to pastes, while fissures required special treatment.

Discussing some of the more common remedies used in treatment, Surgeon Commander Souter said that the best-known preparation was Whitfield's ointment, so often wrongly prescribed. The correct prescription was as follows:

℞	Acidi benzoici	grains 25
	Acidi salicyli	grains 15
	Paraff. mollis	dr. 2
	Olei cocois nucis	oz. 1

Hard paraffin, 15 grains, should be added in hot weather. In all intertriginous cases, except when gross maceration was present, and in scaly or eczematoid lesions elsewhere, he used Whitfield's ointment or the preparation "mycozol" as the treatment of choice. After mentioning other preparations he said that the success which had followed *x*-ray treatment of scalp ringworm had given rise to an impression that this method could be used for treating other forms of ringworm as well. It was forgotten that *x* rays did not kill the ringworm fungus, but simply brought out the affected hairs. *X*-ray treatment was not a rational therapeutic measure in this field. He also touched on prevention, general and individual, saying that the main factor in prevention was to render the site unsuitable for the fungus.

Dr. G. ROME HALL mentioned that at Lagos some forty years ago civilian Hausas were treated for what was then known as "ainum," described as a circular rodent ulcer around the base of the little toe. Sometimes the whole of the ligaments around the metacarpo-phalangeal joint were exposed, and the people came for removal of the moribund toe. One point was that these were sandalled people, and the ulcer was always fouled with sand. Those who suffered in this way were often newcomers to the territory and had undergone a change of diet.

EPITHELIAL TUMOURS OF THE BLADDER

At a meeting of the Pathological Society of Manchester on April 14, with the president, Dr. T. H. OLIVER, in the chair, Dr. I. A. B. CATHIE and Mr. K. H. WATKINS presented a preliminary report on the epithelial tumours of the urinary bladder.

Dr. Cathie discussed the histological findings in the eighty-four cases which had been examined. Many of the tumours were subjected only to biopsy, the tissue being removed with the flexible cystoscopic rongeur forceps. Others were examined after operative removal with or without previous biopsy. Cytological variations alone could not be accepted as evidence of malignancy, invasion being the only criterion on which malignant change could be established. Malignant tumours of the bladder were classified into three groups—malignant papilloma, papillary carcinoma, and infiltrating carcinoma—according to the morphological structure as observed microscopically. These tumours were also graded cytologically according to the method of Broders. A distinct parallelism was found to exist between the various groups and the cytological grading. Thus a benign papilloma would usually be graded "1" or at the most "2," whilst at the other end of the scale infiltrating carcinoma was usually graded "3" or "4," or occasionally "2." In the case of biopsy it was necessary to correlate the histology with the clinical (cystoscopic) findings, since the same tumour might show a benign structure at one part and malignant change at another.

Mr. Watkins described some of the characteristics of tumours of the bladder, and remarked especially on the frequency with which tumours originate or recur on the vesical orifice itself and even in the posterior urethra, the high incidence of metastasis, and the tendency to cause obstruction at the bladder neck or lower ureter, leading to death from uraemia. The difficulty of differentiating benign and malignant tumours by naked-eye examination had been stressed by many writers, notably Albarran and Geraghty. Malignant changes could be found in tissue removed by biopsy from the surface of a tumour, and about 50 per cent. of pedunculated tumours showed malignant change.

Surprisingly enough, those with tumours infiltrating the bladder wall graded "2" had lived little if any longer than those with similar tumours graded "4." It was concluded that cytological grading alone was not an estimate of the danger threatening the life of the patient. Since areas of benign papilloma might be found in a malignant tumour a single biopsy report must not be allowed to mislead, but repeated biopsy examinations might be expected to reveal the diagnosis. Biopsy was a valuable addition to the information derived from the clinical and cystoscopic examination.

Local News

ENGLAND AND WALES

Lord Moynihan of Leeds

The March issue of the *University of Leeds Medical Society Magazine* takes the form of a richly illustrated Moynihan Memorial Number. An editorial foreword says: "In selecting extracts from his papers, lectures, and speeches we have endeavoured to convey something of the magnetic personality of Moynihan and to create as far as possible the atmosphere which was so essentially associated with the man, rather than to record a mere historical list of facts." The text of Dr. T. Wardrop Griffith's broadcast on September 7, 1936, is followed by a biographical sketch signed "R. E. T." Sir David Wilkie contributes an article on Lord Moynihan's place in British surgery, and Dr. William J. Mayo an appreciation. Mr. C. Oldfield writes on "The Man," and Mr. L. R. Braithwaite and Mr. E. R. Flint on "The Craftsman." Mr. E. W. Hey Groves and Dr. W. Cuthbert Morton recall Moynihan as editor and as orator and writer. The story of the Moynihan Chirurgical Club is told by Mr. E. Finch of Sheffield. Seventy-eight pages are given up to extracts from published works, letters, speeches and addresses, and a comprehensive bibliography. The illustrations include many portraits, two of them in colour, a photograph of the great surgeon's hands, and a facsimile letter written by him on April 30, 1936, to his old friend Dr. Hawkyard.

Royal Surgical Aid Society

For seventy-five years the Royal Surgical Aid Society has provided well over a million patients with urgently needed surgical appliances, and for the past thirty-five years it has enjoyed Royal patronage. In the ordinary way a patient must first obtain a surgeon's certificate and must then collect from subscribers to the Society's funds a

specified number of letters of recommendation—an annual subscription of half a guinea, or a life subscription of five guineas, entitling the subscriber to two recommendations per annum, these numbers of recommendations increasing in proportion to the amount of subscription or donation. But in order to mark the year of the King's Coronation the committee is prepared to issue double the usual number of recommendations in respect of all special "Coronation donations" during the month of May. This means a corresponding increase in the number of those whom the society can help. The number of deserving applications is always far in excess of what can be dealt with. Last year 27,156 patients obtained help, and the appliances supplied totalled 35,263. So inundated was the society with requests from Durham and other distressed areas that a special fund was created to deal with them, and a successful appeal was launched enabling special grants to be made to all authorized cases from these areas. Perhaps the most valuable aspect of the work of the Royal Surgical Aid Society is that it not only relieves much suffering and distress but enables people who would otherwise be chronically handicapped to lead normal and useful lives. Not only in the distressed areas but in the great L.C.C. housing estates springing up around London are fresh fields where surgical equipment is desperately needed. To meet these demands an appeal for further support is made.

Propaganda for Health Services

It was reported to the London County Council on April 27 that the Minister of Health had communicated with Lord Snell, the chairman of the Council, stating that he was impressed with the importance of making the health services throughout the country better known to the public in order to encourage their fuller use, and that the suggestion had been made that the efforts of local authorities in this direction should be supplemented by a national campaign. The Minister, with the support of the President of the Board of Education, is arranging for a publicity campaign to be carried out in the autumn, the Government finding the money for the provision on a generous scale of posters, leaflets, and other material. The Minister is endeavouring to enlist the co-operation of local authorities. In London the field of administration covered by the campaign is very largely the concern of the metropolitan borough councils, and he has addressed letters to the mayors of the boroughs. He asked for the co-operation of the L.C.C., which it expressed its willingness to give. One sentence in the Minister's letter read that "while it is agreed that the health services of the country are probably unrivalled, there can be no room for complacency so long as it is true that, in the country generally, they are not being used to the fullest extent by those for whom they are provided."

An L.C.C. Hospital Handbook

The Public Health Department of the London County Council has issued a neat pocket-size handbook containing particulars of the Council's general and special hospitals and the ancillary services.[1] A section is devoted to each hospital, and includes such details as the names of the principal staff, the bed accommodation and special services, statistics, the telephone number, and the route. One recent development is the appointment of almoners at twenty-eight of the general hospitals. Particulars are also given of the affiliation of seventeen of the Council hospitals with eleven of the medical schools. The compilation will be a boon to London practitioners. One detail which might perhaps be added in future editions is the days and hours of the clinics and out-patients' departments. The special units at some of the hospitals make a remarkable list. Hammersmith, for example, in addition to the more usual services, has a metabolism department, an oxygen therapeutic service, and a dietetic kitchen. The special units at the general hospitals now number seventeen; there are diabetic clinics at three hospitals, and psychiatric out-patient clinics at three; eight hospitals are furnished with electrocardiograph apparatus, and fifteen oxygen tents are available for the general and special hospitals. The staff of these hospitals and institutions includes 368 medical officers apart from consultants, 253 consultants, 10,540 nurses, 90 pharmacists, 44 radiographers, and 113 masseurs and masseuses, while the pathological services employ a medical and technical staff of about 100. A useful hospital map of the county is appended.

[1] *Handbook of General and Special Hospitals and Ancillary Services.* London County Council. 1936. (London: P. S. King and Son. 1s. 6d.)

INDIA

Madras Hospitals and Dispensaries

The number of civil hospitals and dispensaries in the Madras Presidency increased in 1935 by seven, there being at the end of that year 1,116 working in rural areas and 247 in towns. There was an increase also in the total of in-patients by about 6 per cent. In his annual report for that year Lieut.-Colonel Newcomb, I.M.S., officiating surgeon with the Government of Madras, announces with satisfaction the growing tendency of women to come to medical institutions for maternity relief; in 1935 90,910 normal and 15,913 abnormal cases of labour were conducted in them. Thirty-one new antirabic centres were opened in the Presidency and twenty-one medical officers received special training at the Pasteur Institute at Coonoor, which records that for the third time in its twenty-nine years there were no deaths. The Paris fixed virus was in use throughout the year, and was in its 958th passage at its termination. Patients treated in the Institute numbered 535 and at the local centres in Southern India 14,084. There were twenty deaths in these centres from rabies, of which fourteen occurred among the completely treated—a mortality rate of 0.11 per cent. The shortest incubation period was thirteen days and the longest 231 days; there were no post-treatment complications. The total number of doses of antirabic vaccine issued was 192,269, as compared with 169,106 in 1934. Steady progress was made in the Presidency in the leprosy campaign: thirty-six new clinics were opened during 1935, but still more are required by subsidized rural dispensaries, The clinical results were better than before in those patients who persevered with treatment, and enthusiasm is consequently growing among the medical practitioners as well as among the patients. The new pathology block in the Medical College, Madras, was completed and occupied during the year. The total number of surgical operations in all institutions was 602,304, with a percentage death rate of 0.27, as compared with 0.28 in the preceding year.

Child Welfare in Agra and Oudh

Dr. K. L. Chaudhri, director of public health for the United Provinces of Agra and Oudh, devotes part of his report for the year 1935 to the progress made in school medical inspection, and emphasizes the importance of treatment clinics. It has been found from the experience of central school dispensaries in Agra, Allahabad, Cawnpore, Benares, and Lucknow that in addition to the provision of treatment facilities for removal of defects of a routine nature, the clinics afforded opportunities of paying attention to the conditions which needed an "educational" treatment for follow-up work. From the clinic records it was possible to check up the results of treatment of the defectives who had been sorted out at the medical inspections, and thus to systematize the subsequent work of supervision and treatment. Boys with defective vision received attention which could not otherwise have been given without considerable interference with their work, while those from very poor families were supplied with glasses free of cost. Patients with defective teeth and

gums were suitably advised and treated. Boys coming from the rural areas appeared to have better teeth as a rule, the incidence of pyorrhoea being much higher in urban areas, where also the prevalence of enlarged tonsils was more marked. The records showed that considerable manifest improvement followed this careful examination and treatment, especially in urban areas, where the incidence of mouth breathing was reduced from 3.2 to 1 per cent., the same level as that in rural areas. The school dispensaries also served as a sorting-place for reference of cases to specialists in hospitals. It is added that the most necessary lines of advance in maternity and child welfare work in the provinces of Agra and Oudh are the education of the public, particularly of mothers, in health matters, and the training of indigenous dais n clean and normal midwifery, the last-named activity having been undertaken on a large scale. Maternity boxes have been distributed to many successfully trained candidates. The maternity and child welfare work, apart from the school medical work, is purely an activity of the Indian Red Cross Society, but is controlled by the director of health. One child welfare and three new maternity centres were opened during the year under review, but there is as yet no Red Cross maternity hospital in the United Provinces. Public instruction is given on such occasions as exhibitions and fairs, and other forms of propaganda work are actively conducted. General improvement of the health standards of the child population is discernible.

Correspondence

Anaesthesia for Perineal Tears

SIR,—In the *Journal* of April 10 (p. 753) Dr. Stanley Way advocates the use of local anaesthesia for the repair of torn perineums. In 1928 (*Lancet*, **1**, 1281) I described a similar method in a short article entitled "A Note on the Immediate Suture of the Perineum under Local Anaesthesia." The only difference between my method and his is that I add one drop of a 1 in 1,000 solution of adrenaline chloride to each drachm of novocain, and use a 2 per cent. instead of a 4 per cent. solution of novocain. The method has been in continuous use in both the indoor and the outdoor practices of the Obstetric Unit, University College Hospital, for the last ten years and has given satisfactory results. As in Dr. Way's method the hypodermic needle is introduced through the raw surface and never through the skin. We find that the introduction of the hypodermic needle is painless if a swab soaked in the novocain is first laid against the raw surface for ten minutes.

I consider that an anaesthetic of some kind is always necessary for the proper repair of torn perineums, that a general anaesthetic is not necessary, and that even in hospital it adds very materially to the risk of labour.—I am, etc.,

London, W.C.1, April 20. F. J. BROWNE.

SIR,—With reference to Dr. Stanley Way's note on the repair of the torn perineum (*Journal*, April 10, p. 753), I should like to point out that perineal tears can be repaired under the analgesia produced by chloroform brisettes. There is no need for the practitioner to give the anaesthetic while the midwife repairs the tear, for these crushable capsules of twenty minims of chloroform can be quite safely administered by the midwife. I am still of the opinion that the use of these crushable capsules is the most practical way of giving relief in the majority of labour cases not dealt with in hospitals.—I am, etc.,

London, April 25. W. D. HAYWARD, M.B., B.Ch.

Hermaphroditism

SIR,—Mr. Harold Chapple's article on his "female man" in the *Journal* of April 17 (p. 802) is of such interest and importance that I hope he will be kind enough to elucidate certain further details.

I take it by implication that the three examinations of the pelvis which were carried out thoroughly while the patient was anaesthetized were performed through the (pseudo) vagina. The following questions occur to me:

1. Has the pelvic cavity in this case ever been examined through an abdominal wound? If not—

2. In what percentage of parous women can an experienced gynaecologist detect the ovaries per vaginam?

3. (The corollary.) Would the failure to detect an ovary per vaginam in a woman with a normal vagina lead to the conclusion that ovaries are absent?

4. Would the shortness (3 in.) of the (pseudo) vagina in this case at all impede thorough examination of the pelvic cavity?

5. How often has the coexistence of testicles and ovaries been recorded?

6. Are extrapelvic ovaries ever found?

7. How would the discovery of ovaries in Mr. Chapple's patient affect his theoretical conclusions?

8. I do not grasp the purport of the following sentence: "Indeed it appears to me simple to deduce that the superior intelligence of the female is the result of her physical disadvantages." Does "simple" here mean "foolish" or "easy"? Is the intelligence of the female superior to that of the male? Is this a scientific fact or a personal opinion?

9. In what obvious way are homosexual practices damaging to the herd in which we live? I doubt whether the law should have any jurisdiction over homosexuality except to prevent its commercialization.

In the case described by Mr. Chapple there are three possibilities:

(*a*) The patient is a female and the question of homosexuality does not arise; or (*b*) the patient is a male and comes under the shadow of the law, and the gynaecologist, by lengthening the (pseudo) vagina, is implementing a homosexual practice; or (*c*) the sex is indeterminable, in which case there is no basis to deal with these problems legally.

So important are the issues raised by Mr. Chapple's article that I hope he will forgive this inquisition.—I am, etc.,

Beaminster, Dorset, April 20. R. E. HOPE SIMPSON.

SIR,—In the *Journal* of April 17 Mr. Harold Chapple (p. 802) describes a case which he rightly considers to be "of considerable importance in having a direct bearing on the problems of sex, its origin, and manifestations. His communication is of such importance that I feel a certain diffidence, while admiring the presentation of his case, in criticizing his conclusions.

How does Mr. Chapple know that his patient "has no ovarian secretion"? Only one of the lumps was microscopically examined. We do not know of what nature the other one was. Moreover, even the normal "100 per cent. male" produces an oestrogenic hormone. In saying that the woman had never possessed ovarian tissue at all I feel sure that Mr. Chapple goes beyond his observed facts. In his last paragraph he displays a stern morality which suggests that to the scarlet gown of the doctor he has added the ermine tippet of the judge. Even supposing that he is right in saying that his patients produce only male hormone, he can hardly uphold in the present state of our knowledge his view that the behaviour of homosexuals "should not be regarded as justifiable on the ground of these glandular secretions, nor should it be held that it is

pathetic understanding of the patient's point of view quickly established him as an exceedingly valuable practitioner. When he entered the old-established practice, which had been carried on by his father for thirty years, Anderson was already well known in the district, and he speedily attained a leading position. In the 48th (South Midland) Divisional R.A.M.C. his work was distinguished by enthusiasm and by soldierly qualities of ability and self-reliance. In the efforts which have been made during recent months to bring the Territorial Army up to strength and to encourage a high standard of efficiency Anderson has been untiring. To his widow, his mother, and his father we add our tribute of sympathy to those which have already been accorded by many from all sections of the community in Birmingham and elsewhere.

Dr. ROBERT LYALL GUTHRIE, H.M. coroner for the Eastern District of the County of London, died at his home at Wimbledon on April 13. He was born in December, 1867, at Dundee, and was educated at Edinburgh University, graduating M.B., C.M. in 1892, and proceeding to the M.A. and M.D. degrees in 1901, two years after being called to the Bar by the Middle Temple. From 1903 to 1914 he was deputy coroner for North-East London. Then during 1915 he served in France as medical officer in the Royal Field Artillery, later taking command of the Fulham Military Hospital, and after that becoming lieutenant-colonel in charge and commandant of the Belmont Prisoners of War Hospital. For his war services he was awarded the O.B.E. On returning to civil life Dr. Guthrie was appointed coroner for the district in which he had been deputy. He had long been a member of the Coroners' Society, and was for some time treasurer of the London and Counties Medical Protection Society. In carrying out the work of his court he displayed a high sense of duty and was ever regardful of the feelings of others.

We regret to announce the death on April 10, after a short illness, of Dr. JOHN GALLETLY of Bourne, Lincs, at the age of 75. He graduated at his native city of Edinburgh, as M.A. Ed. in 1881, and then, after a year at Marburg, returned to take his M.B. and C.M. degrees in 1886. He spent six months in Vienna before finally settling down in South Lincs, where he practised for forty-eight years. He took his D.P.H.Camb. in 1895, and was appointed M.O.H. for Bourne Rural District in 1907, after the Mivart report on the conditions there prevailing. Thanks largely to many years of patient effort on his part this area was transformed from the worst district to the best in the county. Housing, water supplies, and an isolation hospital were all going forward before the war, and the ground was thus ready for the intensive drive of post-war years. Dr. Galletly was medical officer to the Bourne County Institution, to the Post Office, the Bourne Cottage Hospital, certifying factory surgeon, and for a few years before he retired from public health work medical officer of health to the Bourne Urban District Council. He was made a J.P. in 1917, and during the war, together with his colleague in the town, staffed the local V.A.D. hospital. A scholar by nature and training, Dr. Galletly was one of the old school of family doctors, devoted to work, and finding in it his hobby. He gave his patients of his best with untiring zeal, but was always impatient of humbug and conceit. Though of a retiring disposition, his kindliness, integrity, and generosity made him a friend of all who came to seek his help. He had been a member of the British Medical Association for over forty years.

News has been received of the death on April 21 at Illovo, Johannesburg, of Dr. FRANK BURNAND MUDD, younger son of the late Dr. Barrington Mudd of Storrington, Sussex. Frank Mudd studied medicine at the Middlesex Hospital, and after qualifying as M.R.C.S., L.R.C.P. in 1897 settled in the Transvaal, where he became prominent as an anaesthetist, contributing papers on this subject to the *Transvaal Medical Journal* in 1913 and to the South African Medical Congress of 1928. He joined the British Medical Association in 1912 and was for two years honorary treasurer of the Witwatersrand Branch. At the time of his death he was senior anaesthetist to the Johannesburg Hospital, lecturer on anaesthetics in the Witwatersrand University, and major in the Reserve of Officers of the South African Medical Corps.

Dr. HERBERT VICTOR HORSFALL of Otley, Yorks, died on April 18, aged 42. He came of a Halifax family and studied medicine in Leeds, graduating M.B. and Ch.B. at the University in 1917. During the war he served as medical officer to a combatant unit in East Africa with the rank of captain, and on returning to civil life took up practice at Otley, where he recently succeeded his senior partner, Dr. Galloway, as medical officer to the county council institution known as New Hall Infirmary. Dr. Horsfall had been a member of the British Medical Association since 1918. He leaves a widow and two children.

Universities and Colleges

UNIVERSITY OF OXFORD

John Chassar Moir, M.D., F.R.C.S.Ed., reader in obstetrics and gynaecology in the University of London and assistant director of the Department of Obstetrics and Gynaecology at the British Post-Graduate Medical School, has been appointed Nuffield Professor of Obstetrics and Gynaecology from October 1, 1937.

Schorstein Research Fellowship in Medical Science, 1937

The Board of the Faculty of Medicine will make an election to the above Fellowship in June if a candidate of sufficient merit presents himself. The Fellowship, of the value of £300, will be tenable for one year from October 1 in any medical department or institute at Oxford, under such regulations as the Board may approve. Candidates must be graduate members of the University, holding a registrable medical qualification, and must be under 35 years of age on October 1. Candidates must submit their applications to the Dean of the Medical School, University Museum, not later than Monday, May 3. Each must submit evidence of age, testimonials (three copies) or names of referees, a statement of his career, and a statement of the department of medical science in which he proposes to research.

UNIVERSITY OF CAMBRIDGE

Applications for the Marmaduke Sheild Scholarship in Human Anatomy are to be sent to the Registrary on or before May 20 in the present term. The award will be made towards the end of June. Those eligible are such undergraduates of not more than three years' standing from matriculation, and such Bachelors of Arts of not more than four years' standing from matriculation, as have passed Part II of the Second M.B. Examination or done the equivalent of so passing and have also obtained honours in Part I of the Natural Sciences Tripos with anatomy as one of their subjects. Women also are eligible. The awarders will take into consideration not only candidates' performance in examinations in anatomy, but also reports by the staff of the Department of Anatomy. The scholarship is normally tenable for a year from the date of the award, but a scholar may be re-elected for a second year, whether he satisfies the rules of standing for a first election or not. The emolument of the scholarship is £100 a year.

The title of the degree of M.B. was conferred by diploma during March on Mrs. E. M. P. Wilson of Newnham College.

UNIVERSITY OF LONDON

LONDON HOSPITAL MEDICAL COLLEGE

A course of three lectures on "The Chemistry of the Carotenoids and Vitamin A" will be given in the chemistry lecture theatre of the Imperial College of Science and Technology, Imperial Institute Road, South Kensington, S.W., by Professor I. M. Heilbron, F.R.S., on May 24, 25, and 26, at 5.30 p.m. The lectures, which will be illustrated with lantern slides, are addressed to students of the University and to others interested in the subject. Admission is free, without ticket.

In a notice in our advertisement columns this week the Senate of the University of London invites applications for the University Chair of Bacteriology, tenable at University College Hospital Medical School, at a salary of £1,000 per annum. Applications must be received by the Academic Registrar of the University, Bloomsbury, W.C.1, by May 14.

The first Open Entrance Scholarship for 1937–8, value £100, has been awarded to R. R. Hunter (Caius College, Cambridge). *Approx. Accessit:* J. F. Smith (St. John's College, Cambridge).

UNIVERSITY OF GLASGOW

A graduation ceremony was held on April 24, when the following degrees, among others, were conferred:

M.D.—†Annie R. Chalmers, †D. K. McI. Chalmers, †E. Cochrane (*in absentia*), †J. A. M. Hall, †D. W. Hendry, †W. Telfer, S. M. Laird, J. S. McNair (*in absentia*).

M.B., Ch.B.—*R. B. Wright, †I. C. Wilson, M. O. Alakija, I. A. McM. Beaton, W. Begg, S. A. Bond, J. M. Brown, R. Browning, B. Camber, Annie Cameron, D. A. Cannon, H. Carnovsky, J. Cassells, W. J. Christie, Isabel S. Craig, W. Cross, J. M. Cuthbert, A. L. Dick, A. Donald, Muriel F. Frew, C. R. George, W. E. Gifford, A. M. Gilchrist, D. R. Gorrie, J. D. P. Graham, R. F. Hand, C. Hecht, Violet M. M. Howat, Mary McL. C. V. Howie, J. B. Hurll, A. Jack, M. I. Krischer, O. P. D. Lawson, J. C. Liddle, B. D. Ling, J. Loudon, J. M. McBride, A. H. McDougall, J. C. MacIntosh, W. W. W. McNeish, A. M. Maiden, W. W. Millen, W. N. Miller, D. N. B. Morrison, K. Murray, W. G. Oman, J. R. Preston, P. A. Rodger, D. C. Russell, J. Shapiro, R. Smith, A. N. Stirling, I. Stoll, Irma M. A. Thomson, J. D. Uytman, J. Y. Walker, Alexandra C. Watson, D. C. Wiseman.

* With honours. † With commendation.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW

At a meeting of the Royal Faculty of Physicians and Surgeons of Glasgow, held on April 5, with the president, Professor Archibald Young, in the chair, the following were admitted Fellows of Faculty: Andrew Girdwood Fergusson, M.B., Ch.B., Thomas Landles Gordon, M.B., Ch.B., Donald Valsler Marshall, M.B., Ch.B., Arthur Maclennan Sutherland, M.B., Ch.B.

The Services

HONORARY SURGEON TO THE KING

Major-General H. H. A. Emerson, D.S.O., has been appointed Honorary Surgeon to the King in place of Major-General FitzG. G. FitzGerald, C.B., D.S.O., who has been placed on retired pay.

INDIAN MEDICAL SERVICE

SPECIAL CORONATION DINNER

The annual dinner of the Indian Medical Service will be held at the Trocadero Restaurant, London, on Wednesday, June 16, at 7.15 p.m., when Brevet Colonel Sir Rickard Christophers, C.I.E., O.B.E., F.R.S., will preside. Officers can arrange to sit near their friends, and separate tables to seat eight will be provided. Tickets may be obtained from the joint honorary secretary, Major Sir Thomas Carey Evans, Hammersmith Hospital, Ducane Road, London, W.12.

DEATHS IN THE SERVICES

Surgeon Captain HUGH PRIDEAUX TURNBULL, R.N. (retired), died at Southsea, after an operation, on April 11. He was educated at St. George's, and after taking the M.R.C.S. and L.R.C.P.Lond. in 1897 entered the Navy. He became surgeon commander on May 25, 1911, and retired, with an honorary step of rank as surgeon captain, on January 1, 1924. He served throughout the war of 1914–18, receiving the medals. He had been a member of the British Medical Association since 1900.

Captain NISAR MUHAMAD DURRANI, Indian Medical Service, was killed in action in the recent fighting in South Waziristan, on the North-West Frontier of India, near Jandoha, on April 9, aged 31. He was born on January 1, 1906, was educated at the Punjab University and London Hospital, and took the M.R.C.S. and L.R.C.P.Lond. in 1932. He received a temporary commission as lieutenant in the I.M.S. on February 16, 1935.

Medico-Legal

RECOVERY OF FEES

A medical man is, generally speaking, entitled to a reasonable fee, and the question of what is reasonable has often been discussed by the courts in various circumstances. On March 17 two medical partners of Worthing claimed in the Worthing County Court £33 15s. 6d. from the father of a Cobham patient for professional services rendered between August, 1933, and June, 1936. The defendant had paid £15 into court, together with three guineas costs, with a denial of further liability. He said in his defence that the fees charged were exorbitant and unfair, and that he had already paid more than enough. One of the partners said that the illness had been serious with unusual complications and that the defendant was well off, with a house at Hampstead and another by the sea at Ferring. In cross-examination he agreed that if he had visited a similar class of house in Worthing he would only have charged half a guinea, but said that he had had to travel for an extra half-hour, and therefore had charged a guinea a visit. The defendant said in evidence that no fee had been agreed, but that he had expected from his previous experience to pay half a guinea a visit. The judge said that on the evidence a guinea a visit was not unreasonable, and gave judgement accordingly with costs.

LEAVE TO SUE A MENTAL HOSPITALS BOARD

By the Mental Treatment Act, 1930, S. 16, anyone who wishes to bring an action against any person in respect of procedure carried out under the Act must satisfy the court that there are good reasons for alleging that that person acted in bad faith or without reasonable care.

A husband and wife recently applied to Mr. Justice Talbot, sitting in chambers, for leave to bring an action against the Lancashire Mental Hospitals Board and two members of the medical staff of one of its institutions for negligence in allowing a certain mental patient out on licence. The patient had, while on licence, attempted to murder the wife by striking her on the head with a piece of wood. At the trial at assizes the medical superintendent said that the prisoner was a moral defective, a person of violent and dangerous propensities who ought not to be at liberty; that he himself was not responsible for granting the licence, and that any two managers of the institution could write an order of release without the advice of the medical staff. Mr. Justice Finlay ordered the prisoner to be detained at another institution.[1]

Mr. Justice Talbot came to the conclusion that there was substantial ground for alleging absence of reasonable care, and in the exercise of his discretion gave leave to bring the action. The Lancashire Board and the two medical officers appealed, and at the hearing before the Court of Appeal counsel for the board said that the occurrence had been a most lamentable one, but those responsible for the patient had observed him themselves, had a report from the institution, and been satisfied that his behaviour was excellent and that he was working. Counsel for the husband and wife contended that the Court of Appeal should not interfere with the discretion of Mr. Justice Talbot, as the board had not shown that he had exercised his discretion wrongly. Counsel also pointed out that the order for release on licence had been signed by the deputy medical superintendent, and that the Act provided that no one but the medical superintendent had authority to sign it. Counsel for the board replied that even if the board's rules had not been approved by the Board of Control they were protected by Section 16 of the Act, which provides that a person shall not be liable to proceedings on the ground of want of jurisdiction or any other ground, unless he has acted in bad faith or negligently. He contended

[1] *British Medical Journal*, 1936, **2**, 1010.