

and consisted of a tedious but rather trivial illness confined to a more or less suppurative inguinal adenitis, though this was, in fact, less than half the disease. The primary papulo-herpetiform lesion on the penis appeared three to five days after coitus, and vanished, leaving no trace, in eight days. Some swelling in the groin was noticed by the patient seven to twenty-one days after coitus. No known drug had any effect on the bubo. Rest in bed was the main treatment, aided by the intravenous injection of T.A.B. vaccine. Operation was resorted to in about 15 per cent. of the cases. The male was an inefficient transmitter of the disease; for it to take root in this country infected women, or more of them, would have to be imported. The Frei intradermal test was helpful in diagnosis, especially with a pooled antigen prepared for him by Mr. A. H. Walters from glands in which Dr. Findlay had shown the presence of active virus by animal inoculation. Dr. Hanschell described certain lesions in the rectum of a male patient suffering from proctitis who gave a repeated positive Frei test with the pooled antigen. This was perhaps a direct early infection of the rectal mucosa with the virus, due to sodomy (confessed) while abroad. He concluded by saying that the names "climatic bubo" and "lymphogranuloma inguinale" should be scrapped, and "poradenitis venerea" adopted, as suggested by Dr. Stannus.

Dr. C. C. CHESTERMAN described what he termed poradenolymphitis as it occurred in male and female native patients at the hospital of the Baptist Missionary Society, Yakusu, near Stanleyville, in the Belgian Congo. He agreed as to the remarkable specificity of Frei's intradermal test, and stated that where that and the Demelcos test for chancroid were negative strong presumptive evidence of syphilis was afforded in doubtful cases of genital sore accompanied by inguinal bubo. In males the typical puckered groin scar with fistulous openings was often observed, together with involvement of the scrotum. In women, mostly of the prostitute class, four points were stressed. First, the rarity of inguinal adenopathy, which was noticed only in one case in ten when the primary sore was on the fourchette; it subsided without the formation of fistulae. Secondly, the frequent development later on of rectal stricture—in five cases out of six in which the infection had lasted two or more years. In Dr. Chesterman's opinion this was a natural extension of the disease and was not due to rectal coitus, because there seemed no evidence nor motive for this practice in that district, and also, as Dr. Hanschell had pointed out, rectal infection was unlikely on account of the short period of infectivity in the male. Rectal stricture occurred between 5 and 9 cm. from the anal orifice, and was generally accompanied by ulceration, a foul discharge, and the passage of ribbon-shaped blood-stained faeces; not infrequently fistulae were found. A third point was that ano-vaginal fistula was noted in three cases, but all attempts at surgical closure failed. Lastly, the primary lesion, commonly on the labia minora or vestibule, tended to persist as a chronic ulcer; the mucous surfaces involved became indurated with tags and perforations, and the skin-covered tissues became elephantoid.

#### Experimental Investigation

Dr. G. M. FINDLAY said that as a result of experimental investigation it was now realized that lymphogranuloma inguinale (poradenitis venerea) was a generalized disease, and in addition to such lesions as a primary sore with inguinal bubo, proctitis, stricture of the rectum and vagina, and elephantiasis of the penis, scrotum, or vulva, there had been noted in man conjunctivitis, arthritis, skin rashes, and meningitis. Experimentally the disease could be conveyed to monkeys other than rhesus monkeys, mice, guinea-pigs, cats, and dogs by intracerebral injection, which caused a fatal meningitis. In guinea-pigs and dogs inguinal buboes could be produced by injection into the groin, while injection into the prepuce in monkeys led to inguinal adenitis; the virus could also pass through

the scarified skin. It travelled almost entirely by the lymphatics, and the essential lesion was a reaction of the mesodermal elements in the lymph channels, which become blocked with large mononuclear cells, plasma cells, and lymphocytes with the formation of characteristic nodules in the meninges or meningeal septa of the brain. There was considerable evidence to suggest that the actual virus agents were small granules of the same dimensions as the vaccinia virus. These granules were found in the pus from inguinal buboes, in experimental lesions in animals, and in the chorio-allantoic membrane of the developing chick embryo which had been infected with virus-containing material. The most satisfactory diagnostic method was the isolation of the virus by intracerebral injection of suspected material into monkeys or mice. In addition a number of immunological tests had been employed, of which the best-known was the Frei test, which appeared to depend on the presence of killed elementary bodies in the material injected. It was thus comparable with the allergic reaction following the injection of the killed elementary bodies of vaccinia. Another test, proposed by Wassén, consisted in the injection of a mixture of virus and serum intradermally into guinea-pigs. When the serum contained immune bodies no reaction occurred, but if immune bodies were not present a small papule appeared and broke down to form an ulcer in about forty-eight hours. The intravenous injection of Frei antigen in man was also said to give rise to a febrile reaction if the persons were infected with the virus of lymphogranuloma inguinale, while in normal persons no reaction occurred.

## Local News

### SCOTLAND

#### Psychiatric Treatment in Scotland

At a meeting on February 18 of the Edinburgh Women Citizens' Association Dr. David Yellowlees, medical director of the Lansdowne Clinic for Functional Nervous Disorders in Glasgow, said that psychological factors had not been sufficiently allowed for by the law in its treatment of delinquents and criminals. Some people would like to say that mental disease was the one and only cause of delinquency, but the condition was not so simple, for it was too sweeping to assert that no delinquent was mentally normal. It was true to say, however, that no delinquent was as fully developed mentally as he might be. Some delinquents suffered from mental defect, some from a psychoneurotic condition, and a small number from actual insanity. Emotional instability was also a factor. The neurotic group of delinquents suffered not from any inherent defect, intellectual or moral, but from a lack of balance. He thought there would always be need for laws and penalties, although more discrimination was necessary; if a citizen was normal enough to enjoy a citizen's privileges he was normal enough to take a citizen's responsibility.

Dr. G. L. Linklater, school medical officer, Edinburgh, lecturing to the same association on February 22, dealt with exceptional children and their needs. Many children who were called dull, he said, were merely the subjects of mental inertia and took longer to bestir themselves mentally, while many who were regarded as bright, particularly because of verbal fluency, had no depth of intelligence. Too often, however, the apparently dull child who was subject to scorn became self-doubting and soured. The brilliant child was apt to be praised and to develop a self-esteem which was unwarranted, so that he came to be found out, and, with his disillusionment, developed a reaction against society. The prevention of these extremes of estimation lay in testing children for intelligence so that their education could be planned on lines suited to

capacity and speed. Under-nourishment was an important factor, which, however, was less prevalent among school children to-day than ever before; the pre-school child, however, had not improved in this respect as he ought to have done. The city of Edinburgh proposed to build a unit in country surroundings where there would be provision for a limited number of children who might be termed pre-delinquents or children who under the observation of the teaching staff showed "difficult" tendencies. These children required a change of environment, detailed observation, and treatment. Children who were subject to fear had frequently been too much shielded and had not developed the courage and experience necessary to face the world; they needed to be encouraged to mix on terms of equality with their fellows.

#### Central Midwives Board

At a meeting of the Central Midwives Board for Scotland Professor R. W. Johnstone and Professor James Hendry were elected chairman and deputy chairman respectively for the ensuing year. The Board appointed examiners and approved, subject to inspection, the list of recognized training institutions, with their teachers, for the training of pupil midwives.

#### Professor of Dentistry at St. Andrews

A chair of dentistry at St. Andrews University was recently established by a gift of £17,500 from Mr. William Boyd of Dundee, who is chairman of Dundee Dental Hospital, and the University Court has appointed Dr. H. Gordon Campbell, dental surgeon of Dundee, to be the first occupant. Dr. Campbell, who qualified in medicine L.R.C.P. and L.R.C.S., Edinburgh, in 1904, has been lecturer on dental anatomy in the Dundee Dental School and dental officer to the Dundee School Board since 1913. He has done a considerable amount of organizing work in connexion with dental surgery, having been secretary of the Dundee Military Dental Service, which was the first of its kind in the country at the outbreak of the war. He also organized the Dundee Dental Health Association, through which Dundee dental surgeons have given addresses to the public on the importance of the care of the teeth and mouth.

#### Inquiry into Physical Welfare

It was stated at the annual meeting at Dunfermline on March 4 of the Carnegie United Kingdom Trust that the trustees had set aside a sum of £10,000 to meet the cost of an inquiry into the connexion between the economic and social factors influencing physical welfare. The inquiry will be under the direction of Sir John Orr of the Rowett Research Institute, Aberdeen. It was also stated that in the allocation for 1936-40 a sum of £150,000 had been set aside for land settlement development and that up to the end of last year £68,000 had been paid in grants to the land settlement association. The general purpose of this association is to test the possibility of creating a new opportunity of earning a healthy, happy, and prosperous livelihood by cultivation of the soil and breeding of stock for men in the special areas whose chance of employment has ceased. This association now controls twenty-five estates, comprising 11,000 acres and providing for the establishment on small holdings of about 7,000 persons from the special areas.

#### District Nursing

The annual report of the Scottish Council of the Queen's Institute of District Nursing for 1937 shows that in the previous year out of the registered births in Scotland numbering 88,928 Queen's nurses attended 14,612, or approximately one-sixth of the whole number. Of these, 2,467 cases were attended by the nurses acting as midwives, and the remaining 12,145 cases by nurses acting under the direction of a medical practitioner. The maternal mortality among cases attended by the Queen's nurses was 3.6 per 1,000 births, while in the other cases

in Scotland the rate was 5.9 per 1,000 births. In view of the increase in salaries of Queen's nurses in England the Scottish Council also decided to make an increase, the nurses in Scotland being put from January 1 last on a scale commencing at £75 rising to £100 per annum for those undertaking maternity nursing, in addition to allowances for board and uniform.

## ENGLAND AND WALES

### Welsh Board of Health: New Headquarters

On March 1 the Minister of Health, Sir Kingsley Wood, opened the new headquarters of the Welsh Board of Health in Cathays Park, Cardiff. He recalled that the department had its origin in the National Insurance Act, 1911, which was conceived in the fertile mind of one of the greatest of all Welshmen, Mr. Lloyd George. Under the Welsh Board of Health 900,000 working-class people in Wales received medical attention and treatment, 1,000,000 people contributed to the pensions scheme, and 200,000 now received pension allowances. The building would be devoted to war against disease and ill-health, particularly in the interests of two great causes—care of the mother and child and welfare of the blind. Mr. Arthur Greenwood, M.P., a former Minister of Health, said he hoped the building would not only be the latest embodiment of the Welsh spirit of nationality but would become a power-house radiating its influence into the homes of the humble folk in Wales.

### Medical Society of London

The Medical Society of London held its 163rd anniversary dinner on March 1, with the president, Mr. J. E. H. Roberts, in the chair. After the loyal toasts had been honoured the health of the Society was proposed by Mr. R. H. Bernays, Parliamentary Secretary to the Ministry of Health, who began by saying: "We politicians have to face up to our results; you can put your results underground." The Medical Society of London, he continued, was the oldest in the country and had helped to advance knowledge in both medicine and surgery. It had also played an important part in preventive medicine, "which means 'Consult your doctor, and consult him in time.'" Lettsom, the founder of the Society, had interested himself in such matters as ventilation and dietetics, and in 1798 had published a tract entitled "Hints respecting the Effects of Hard Drinking." Among other past presidents of the Society Mr. Bernays referred to Dr. John Snow, who had removed the Broad Street pump handle in the cholera outbreak, and to Sir Benjamin Ward Richardson, who had coined the phrase, "National health is national wealth"—which every Minister of Health had since produced as a brilliant impromptu. Mr. Bernays ended a witty speech by making a plea for co-operation between the voluntary and municipal medical services. In responding, Mr. Roberts said that the finances of the Society were on a satisfactory footing, that its meetings had never been better attended, and that the number of Fellows was higher than it ever had been. The Society had recently been presented by Colonel Clutterbuck with a Fothergillian medal and a set of bleeding instruments which had belonged to his forebear, Dr. Henry Clutterbuck, who was president of the Society in 1819. In the early days the Society used to meet in private houses and taverns in the city, until in 1788 it acquired a house of its own. In 1850 the Society moved to George Street, Hanover Square, and in 1871 they acquired the lease of their present house in Chandos Street, which was now, however, no longer modern and too small for their needs. In four years' time certain leases would fall and the question of a building for the Society would then become urgent. The health of the guests was proposed by Mr. Alex. E. Roche, who welcomed each guest in turn with a short and apt biographical

reference. Among them was a great-great-grandson of Lettson, Mr. Hugh Elliot. Mr. H. L. Eason replied in a characteristically humorous speech, in which he referred to the "inferiority of Guy's men in the presence of men from Bart's." Mr. Elliot in a few remarks recalled the description his grandfather had given him of Lettson's funeral.

#### District Nursing in London

The annual meeting of the Central Council for District Nursing in London was held at the County Hall on February 24 with Sir William J. Collins in the chair. The twenty-third annual report, which was adopted, stated that the council had again received from the trustees of the London parochial charities a grant of £4,000, which sum, together with £400 from the funds of the council, had been distributed to seventy-four district nursing associations in affiliation. During the year the council had also distributed £7,575 contributed by the London County Council in aid of the public assistance work performed by district nursing associations. It was mentioned that the home nursing of persons coming within the scope of public assistance had continued smoothly. The cases visited for general nursing and for administering insulin to diabetic patients had numbered between 1,200 and 1,400 each quarter, and the number of visits each quarter about 50,000. The visits for insulin administration were paid for by the L.C.C. at the fixed rate of 6d. per visit. The grant for general nursing worked out at between 9.7d. and 11.3d. per visit. The central council during the year awarded six bursaries to enable district nurses to take courses in midwifery and maternity work, and fourteen bursaries to enable nurses practising midwifery to study the administration of analgesics. A recommendation was proposed to the meeting from the executive committee, and agreed to, that in view of the increased cost of district nursing and of the inadequacy of the present grants from local authorities it is desirable that payments by borough councils for nursing services under statutory powers be made upon the basis of a consolidated subscription rather than upon a per visit basis. The constituent nursing associations are being asked to take up this question with their respective borough councils. It was stated that the London County Council had already had some discussion with the borough councils in regard to the nursing of maternity complications and the possibility of payment by the borough councils by block grants based on statistics for the past three years. The executive committee was re-elected, one new medical member being added in the person of Dr. P. B. Spurgin, who was proposed by Dr. W. Paterson and seconded by Sir Comyns Berkeley, and the finance committee, with Sir Stanley Woodward as the medical member, was also reappointed.

#### Guy's Hospital Dental School

Guy's Hospital Dental School celebrated its forty-ninth anniversary on March 5 by an annual clinical meeting, and between 400 and 500 past students returned to renew old acquaintance and to witness demonstrations of modern procedures by members of the present staff. The school presented a busy and crowded appearance throughout the day. Operations of dental interest proceeded in the two theatres, demonstrations of anaesthesia in the general anaesthetic room, pathological specimens were shown in the dental research laboratory, and clinical cases in the conservation department. In the children's department orthodontic cases were shown, prosthetic cases in the denture room, and an exhibition of students' work in the prosthetic laboratory. At a luncheon presided over by the dean of the dental school (Mr. T. J. Evans) it was mentioned that Guy's is the largest dental school of the Empire, and provides the Empire with one-fourth or one-fifth of its dental practitioners. The number of students, which has to bear a certain proportion to the number of medical students, is about 360. The various sections now contain 114 dental chairs, the attendance of patients

in the year has risen to about 100,000, and last year the work done for patients comprised 27,000 fillings, 25,000 extractions, and 2,200 dentures. In the children's department over 1,200 children were under treatment during the year for regulation of teeth and correction of facial deformities, and in the x-ray department over 7,000 patients were dealt with. Emphasis was laid on the need for more room, a difficult problem at Guy's in view of its situation in a crowded London area, but it is hoped that the jubilee next year may be marked by some extension. It was in February, 1839, that the first dental student entered Guy's. The first dental school consisted of a single room with twelve wooden chairs. But the interest of Guy's in dental education dates back much earlier: a dental surgeon was appointed to the staff in 1799. The dean pointed out the understaffing of the dental profession: there are only three dentists for every 10,000 of the population, and dentistry is almost the only learned profession which still provides any amount of room for young people.

#### Analytical Chemists' Dinner

The Society of Public Analysts and Other Analytical Chemists held a dinner on March 4 to commemorate the sixty-fourth anniversary of the foundation of the society. In proposing the toast "His Majesty's Judges" Mr. E. R. Bolton said that they were the admiration of the world. He made a plea for the institution of a Chair of Chemical Jurisprudence. In response Mr. Justice Singleton paid a tribute to the courage and right-doing of juries who had to determine important questions of fact. The efficiency of juries and the interest and trouble taken by jurors, both men and women, in a serious case to get the right result spoke well for the future of this country. In proposing the health of the society Mr. Norman Birkett, K.C., said that while he agreed with Mr. Bolton in his eulogy of the judicial bench, there were times when he felt that the jury had not taken a correct view of the case. In reply the president, Dr. G. Roche Lynch, asked those present to drink the health of Dr. Bernard Dyer, the only living foundation member of the society. Mr. A. L. Bacharach proposed the toast of "The Guests," and Lord Cornwallis, Sir Philip Game, and Sir Robert Pickard replied.

#### Committee Against Malnutrition

At a meeting held by the Committee Against Malnutrition at the Royal Society of Arts on March 3 to emphasize the nutritional aspects of the national fitness movement, Miss Marjorie Green (secretary of the Children's Minimum Council) recalled the grave doubts that had recently been expressed regarding the "assessments of nutritional states" in the schools. Quoting from the findings of Mr. Huws Jones in Liverpool and from private communications received from a number of school medical officers, she considered that part of the difficulty lay in the interpretation of the term "normal." Was this a standard of full physiological attainment or merely an average? Experience suggested that we had come to accept one standard for children of the well-to-do and another for children of the poor. The present methods of assessing malnutrition in school children were valueless from a scientific point of view, and from a practical point of view were certainly dangerous. Professor W. E. Le Gros Clark thought that in any scheme to improve national health and physique it was essential to have data regarding the present standard of the population, and particularly of the growing population. It was not easy to find a standard of normality, though this was essential. Rejecting the height-weight-age index as insufficient, the speaker mentioned with approval the ACH index employed by the American Child Health Association; work of this description needed the co-operation of statisticians, anthropometricians, and, above all, of expert clinicians accustomed to the examination of children. Professor Le Gros Clark referred to experiments that were in

progress to determine whether the rate of growth of the finger-nails could be used as an indication of the nutrition of children, and remarked on the value of the vitamin tests now employed by Dr. L. J. Harris. In his own opinion it would be necessary to discover the "normal" from an examination of a large sample of children known to come from families which were comfortably off and to have had the benefit of a good diet and wholesome environment. Professor J. R. Marrack, illustrating his remarks with slides, gave a brief account of the development of modern dietetic knowledge. He referred especially to the effects of deficiency of vitamin A upon the visual purple and upon the surface of the eye; it was probable that such deficiencies manifested themselves in slow rate of growth and in impairment of the powers of the epithelium to resist infection. It was, in the speaker's opinion, undesirable to rely on vitamin doses; the necessary constituents should be obtained from a thoroughly balanced diet consumed in comfort and without anxiety of mind. Only then could the body take full advantage of the food absorbed. Dr. Janet M. Vaughan also illustrated her remarks with slides, showing statistical evidence of anaemia in the women and infants of the working class. It was her task to explain the character of one type of food deficiency as it affected the health of the population. While iron preparations could effect surprising improvements in health, it was better that the iron should be supplied through the normal diet. Women had informed her that the iron medicaments had the disadvantage of "making them feel too hungry." This in itself suggested that an all-round supplement of diets in poorer families was necessary.

The radium bomb would now appear to be the answer to pharyngeal carcinoma, and is receiving increasing recognition in this country. It is not, of course, a complete answer in every case—that would be too much to hope—but given the necessary care and knowledge on the part of those responsible for its application, and the courage and determination required by the patient to undergo a tedious and distressing treatment, the results are more satisfactory than anything ever seen before, and twelve weeks rather than twelve months may be regarded as the average and normal period of disability.

Mr. Furnivall is a man of high courage, and is, I am sure, not asking for sympathy, but it may be some comfort to him to know that those of us who have had large experience of these cases, and of the kind of complication he has experienced, recognize that in cases where radio-necrosis has been extensive the destruction of the growth is so much the more complete and permanent. His ultimate and complete recovery is therefore assured, and it will be the earnest hope of all of us that it may be soon.—I am, etc.,

London, W.1, March 1.

CECIL ROWNTREE.

## Correspondence

### After-effects of Modern Treatment of Carcinoma

SIR,—It would be a thousand pities were Mr. Percy Furnivall's account (*Journal*, February 26, p. 450) of his unhappy experience following radiation treatment for an epithelioma of the pharynx to receive wide acceptance as an accurate picture of what is to be expected as the normal or usual sequence of events.

The position that Mr. Furnivall made for himself in the surgical world a decade ago, and his reputation for cautious judgment and keen inquiry, coupled with very natural sympathy for his protracted sufferings, will naturally focus the attention of all who are in any doubt about the best method of dealing with this kind of growth, and may put a brake on the onward march of progress which in this type of carcinoma in particular has shown such notable advances.

These advances have not been gained without many misadventures, but happily they are becoming increasingly rare; and if there is one fact that stands out above all others in the welter of failures, recurrences, radio-necroses, and all the other miseries that we have had to deal with in the past it is that we have learnt that no matter how carefully and how scientifically radium needles or radon seeds may be implanted, particularly in a soft and yielding structure like the pharynx subject to constant movement and disturbance, it is a physical impossibility to ensure a strictly homogeneous field of irradiation. There are bound to be areas where the degree of radiation is much above the general average of the irradiated field, and if on the top of this a major dose of x rays reaches the affected tissues disaster is only too probable, with the long-drawn-out misery of radio-necrosis as a consequence.

SIR,—Mr. James Phillips's remarks on deep x-ray and radium beam therapy (*Journal*, March 5, p. 538) are on a par with his statement that "ultra-violet rays produce senile changes." Can it be thought that the multitudes who travel every winter to Central Europe, the Riviera, and further south in search of the sun find the effect is senility? On the contrary, with few exceptions they return rejuvenated. Individual patients have a "dose limit" for x rays, radium, and sunlight, as they have for certain drugs; the history and clinical judgment should enable one to select cases suitable for full doses in an attempt to cure and cases suitable for milder palliative methods. I can recall patients treated with full courses of deep x rays many years ago for testicular and uterine primary malignant conditions who have not only not suffered but on the contrary are fit for their usual duties and are happy; at my weekly out-patients' follow-up department I see many cases in a state of normal health and good spirits. Not only the total dosage but the time factors in its administration and the methods used (for example, minimal dosage to normal parts) are of consequence, as are associated factors, such as the blood count, diet, exercise, etc.

Mr. Percy Furnivall has been unfortunate in having much pain following the implantation of radon seeds and deep x-ray therapy. In planning such combined treatments it is very difficult to judge the safety margin of total dosage; the intense caustic effect around radon seeds is apt to be followed by pain, still more so if the treatment is supplemented by full doses of deep x rays; hence the increased use in recent years of either deep x rays or telurium, without insertion of needles or seeds, for primary malignancy of the tongue and tonsil. Needles or seeds are reserved by many for small, highly resistant residues, or for late recurrences seen at an early stage.

Mr. Phillips seems to regard Mr. Furnivall's disability as due entirely to x rays, whereas it would seem primarily to be an unfortunate result of the insertion of radon seeds, as the local condition is now apparently a radium necrosis: "an ulcer with a wash-leather slough on it about the size of a penny piece where the original growth had been." Mr. Furnivall himself refers to his "radium neuritis and myalgia." "Not too much of anything" is a motto which must often be generously interpreted in

## Universities and Colleges

### UNIVERSITY OF OXFORD

At a congregation held on February 26 the following medical degrees were conferred:

D.M.—G. R. P. Aldred-Brown (*in absentia*), J. Wright.  
B.M.—D. M. T. Gairdner.

### UNIVERSITY OF CAMBRIDGE

Professor William Lawrence Bragg, D.Sc., F.R.S., has been elected to the Cavendish Chair of Experimental Physics in succession to the late Lord Rutherford. Professor Bragg is the son of Sir William Bragg, O.M., P.R.S., and held the Langworthy Chair of Physics in the University of Manchester from 1919 to 1937, when he was appointed Director of the National Physical Laboratory.

The following have been examined and approved for the degree of M.Chir.: P. H. R. Ghey, D. N. Matthews, W. F. Nicholson.

### UNIVERSITY OF LEEDS

Dr. W. E. Adams has been appointed Lecturer in Histology.

### SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated:

**SURGERY.**—P. H. Beamish, G. H. L. Bullmore, P. C. Conran, A. W. Frankland, S. J. Nathan, J. R. Rose.

**MEDICINE.**—F. E. Buckler, E. E. Bullock, G. G. O. Evans, J. B. Good, M. W. Hemans, I. M. Monare, B. Oppenheim, E. S. Reed, A. T. Rogers, G. L. Young.

**FORENSIC MEDICINE.**—A. Backman, F. E. Buckler, E. E. Bullock, J. B. Good, M. W. Hemans, B. Oppenheim, E. S. Reed, A. T. Rogers, G. L. Young.

**MIDWIFERY.**—P. H. Beamish, G. E. N. Bird, F. P. S. Malone-Barrett, B. Oppenheim, A. Smith, B. W. S. Spurgin.

The Diploma of the Society has been granted to P. H. Beamish, E. E. Bullock, G. G. O. Evans, A. W. Frankland, J. B. Good, S. J. Nathan, E. S. Reed, A. T. Rogers, and G. L. Young.

## The Services

### HONORARY PHYSICIAN TO THE KING

Air Commodore Harold Edward Whittingham, C.B.E., has been appointed an Honorary Physician to the King, vice Air Vice-Marshal Sir Alfred William Iredell, K.B.E., C.B., who has relinquished his appointment on retirement.

### DEATHS IN THE SERVICES

Surgeon Captain EDMUND CORCORAN, R.N. (ret.), died at Devonport on February 24, aged 79. He was educated in the school of the Royal College of Surgeons in Ireland at Dublin, and took the L.R.C.P. and S.I. in 1880. He entered the Royal Navy soon afterwards, attained the rank of fleet surgeon on February 11, 1900, and surgeon captain on January 6, 1914. He served through the war of 1914-18, receiving the medals. He was in receipt of a Greenwich Hospital pension.

Squadron Leader DAVID EDMUND STODART, D.S.O., D.F.C., R.A.F. (ret.), died at Brighton on February 26, aged 55. He was born in Victoria, Australia, on July 31, 1882, the son of D. E. Stodart, J.P., and was educated at Edinburgh University, where he graduated M.B., Ch.B. in 1910, studying afterwards in the Middlesex and London Hospitals. In 1912 he took up flying, and was appointed second lieutenant in the Royal Flying Corps, Special Reserve, on May 17, 1913. In February, 1914, he was appointed Flying Officer in the R.F.C., and went to France with No. 3 Squadron in August, 1914. He served throughout the war, chiefly in France, later at Aden and in India, was thrice mentioned in dispatches, and received first the Distinguished Flying Cross and later the

D.S.O. The latter award was recorded in the *London Gazette* of September 21, 1918, when it was stated that, while in command of a flight of the Royal Air Force, all the other officers in the flight were incapacitated through sickness or wounds, and he carried out their duties in addition to his own administrative work as commanding officer. "In a period of twenty-one days this officer was thirty-seven hours in the air, performing all the duties of an entire flight, a record which it would be difficult to surpass." He was placed on the retired list on March 1, 1931, and became assistant physician in the dermatology department of the Middlesex Hospital. In 1934 he competed in an air race to Melbourne, coming in sixth.

## Medico-Legal

### THE DEFENCE OF INSANITY

From time to time the criminal courts remind us of the wide gap that exists between the legal view of insanity and the knowledge gained by psychiatrists in the century which has elapsed since the formulation of the "rules in M'Naghten's case." A man recently charged at the Old Bailey with the murder of an elderly woman in a fit of temper pleaded that he was insane when he did the act. The evidence showed that he gave himself up, saying that he had killed two women, and confessed that after he had killed the elder a girl of 12 had come in and he had tied her up and stabbed her with a sharp poker. (He was not charged with the second crime.) His conduct had been peculiar, and one of his grandmothers had died insane. The medical officer of the prison said that the man was sane, and that he could not tell whether he had been sane or insane at the time of the offence. Dr. Denis Carroll said that he thought the man would be certifiably insane in about a year. Lord Hewart, the Lord Chief Justice, said in his summing-up that few things surprised him more than the apparent levity with which juries were sometimes asked to find a fellow creature insane, with all the consequences which being found to be a criminal lunatic involved. (The consequences of being found to be a sane murderer are different but not more desirable.) The same defence was raised by the "Felixstowe" murderer, the mate of a barge who shot his skipper. Counsel on his behalf sought to prove that he was suffering from *mania à potu*, or acute insanity due to a drinking bout. Lord Hewart, as president of the Court of Criminal Appeal, said on February 21 that the defence of insanity requires three things: (1) that at the material time the offender was suffering from a disease of the mind; (2) that because of that disease of the mind he was suffering from a defect of reason; and (3) that because of that defect he either did not know the nature of his acts or did not know that they were wrong. In the Felixstowe case, he said, the so-called defence of insanity did not even begin to establish any one of those three things.

Without the whole of the evidence before us it would be improper even to hint that a wrong decision was reached in either of these cases. The Lord Chief Justice is frequently reported as demolishing the insanity defence with the hard cudgel of the M'Naghten rules. This is his duty, and in doing it he invariably displays absolute fairness. It does, however, seem anomalous that the law of criminal responsibility should leave out of account altogether the grave contributions which mental disorder makes to the commission of an act of violence, and the extent to which it often destroys real responsibility without bringing the patient within the M'Naghten rules. To the enlightened medical mind of to-day the act of murder is more often than not the culminating explosion, or crisis, of a long series of events for which the murderer is only in part, and sometimes hardly at all, responsible. Our civilization has not yet quite grown out of retributive human sacrifice.