

in words and one in the language of the body. The second might be the correct reply, as in some instances of blushing.

What might be described as the idiom of body speech varied from one individual to another. The importance of understanding the idiom lay in the light it might throw on the origin of conflict—that is, of the need to speak in two languages. Although not of immediate therapeutic interest, this was important in the prevention of disease, since to translate the patient's body speech into words, to interpret his physiological symptom, was often of little value and might do harm. The aim of treatment in such circumstances was to lead patients to make their own interpretations.

Gastric and Cardiac Manifestations

Previously reported investigations on peptic ulcer had shown that 84 per cent. of 205 patients had passed through some disturbing event in their lives just before their symptoms began. In fifty-two cases of recurrent ulcer crater, in which there existed radiographic evidence of the return of a previously healed ulcer, forty-two of the patients had suffered gross disturbances in their lives before the recurrence, although they had not necessarily noticed the obvious connexion in time between external and internal events. To be in a position to convince first oneself and then the patient of this connexion removed much of the mystery from peptic ulcer and made treatment and prevention of recurrences more easy. Prevention of ulcer, a disease which caused 4,600 deaths in 1936, might be partly accomplished by adequate explanation and treatment of the dyspepsia, which so often existed for years before an ulcer appeared.

Work on cardiac pain by Bourne, Scott, and Wittkower had shown that there were two available theories of recurrent attacks of pain related to ischaemic disease of the heart—some change in the local conditions, or a vasomotor change, the result of a biological tension which might be as unrecognized in recurrent as it was obvious in single attacks. The psychological investigation of patients lent much weight to the second theory, which had the additional advantage of explaining the differences in what was called "sensitivity to pain." These cases of ischaemic disease of the heart showed clearly that psychological disturbances might arise from organic disease and produce secondary physiological disturbances affecting the symptomatology of the condition. That patients should express, as they often did, a feeling of relief after a severe haematemesis seemed to be a related phenomenon—a psychological effect of severe physiological disturbance, strongly resembling the behaviour of the soldier with a "blighty."

CUTANEOUS AND CONJUNCTIVAL DIPHThERIA

A meeting of the Section of Medicine of the Royal Academy of Medicine in Ireland was held on April 22, with the president, Dr. E. T. FREEMAN, in the chair.

Dr. H. R. ROGERS described eleven cases of cutaneous and conjunctival diphtheria seen in the Cork Street Hospital during the last four months of 1937. Seven of the eleven cases also had non-diphtheritic conditions; two had concurrent scarlet fever, three erysipelas, and two measles. In two cases only was the cutaneous or conjunctival diphtheritic lesion the sole infection present. Two of the patients died, and in each case the cause of death was an associated streptococcal condition. In the five cases of cutaneous diphtheria the association of impetigo of the face or limbs with a diphtheritic or erysipelatos condition led to the swabbing of the skin lesions. The conjunctival diphtheria was bilateral in five of the six cases of this condition, and six of the seven cases showing cutaneous lesions had diphtheria of the fauces or nose. These rare forms of diphtheria were not

associated with much toxæmia, and cardiovascular changes of diphtheritic origin were not observed. All the cases occurred in children. The diphtheria bacilli isolated were either of the gravis or intermediate type.

In the discussion which followed the president of the Academy, Dr. A. R. PARSONS, Dr. T. A. BOUCHIER-HAYES, Dr. L. B. SOMERVILLE LARGE, Dr. C. MURPHY, Dr. J. C. FLOOD, and Dr. ALAN THOMPSON took part. Dr. R. A. Q. O'MEARA then read a paper on the use and abuse of sulphanilamide and related substances. A long and interesting debate followed, those taking part including Dr. G. C. DOCKRAY, Dr. C. J. MCSWEENEY, and Dr. V. M. SYNGE.

Local News

SCOTLAND

Finance of Scottish Universities

The Committee of Inquiry appointed by the Secretary of State for Scotland in April, 1937, has recommended the payment of grants out of the Education (Scotland) Fund to the four Scottish universities as follows: Glasgow £21,000, Edinburgh £13,000, St. Andrews £5,000, and Aberdeen £4,000. These sums have been chiefly determined by the amounts necessary to enable the universities to balance their budgets for the present year. In the case of Glasgow this amounted to £12,000, and of Edinburgh to £4,000. Before the committee was set up it was pointed out by the Scottish universities that the number of students resorting to them was notably higher in proportion to the population than was the case in England and Wales. Indeed the Scottish universities made provision for over 20 per cent. of the total number of students in Great Britain. Edinburgh and Glasgow had been able to preserve their solvency only by encroaching upon capital or by borrowing. Edinburgh had just managed to make ends meet in 1936-7, but a deficit of £4,000 was expected on the present year, while Glasgow had been under-financed for several years. The total Treasury grant annually distributed to the universities of Great Britain amounts to £2,025,600, and on the standard formula of receiving 11/80ths of what accrues to England and Wales the Scottish universities would be entitled to about £220,000, while in point of fact the Scottish universities are getting £346,750. In England contributions amounting to 8.7 per cent. of the income of the universities are payable by local authorities direct to the universities in their areas, but in Scotland the income derived from local sources amounts to only 4.2 per cent. of their income. The Scottish universities, it is pointed out by the committee, are well off in the matter of bursary and scholarship endowments administered by the universities, which have a revenue of nearly £70,000 a year, in addition to trust funds controlled by non-university bodies. The committee's report is published by H.M. Stationery Office, 120, George Street, Edinburgh, price 6d.

A Nutrition Inquiry

The inquiry into the connexion between economic and social factors and physical welfare, conducted under the direction of Sir John Orr of the Rowett Research Institute, Aberdeen, to which reference was made in these columns on March 12 (p. 586), is further described in the annual report of the Carnegie United Kingdom Trust. The work, which is proceeding, includes an economic and dietary survey of 1,000 representative working-class families, with a clinical examination of the children of the families surveyed; also a demonstration of the effect on health and physique produced by bringing the diet

of some 200 families to a higher level. The staff consists of a dietary survey team of nine trained women, a clinical team of two qualified medical practitioners with two assistants, and four recorders of statistics. The report also gives details of the survey of Scottish village life completed during the early part of last year, which was carried out by questionnaires addressed to the head teachers of rural schools in some 2,000 Scottish villages. It was found that approximately half the villages in Scotland did not possess adequate hall accommodation, which is considered to be essential to social organization, and the Trust will assist some fifty villages to erect halls.

ENGLAND AND WALES

National Fitness Council: Medical Committee

The National Fitness Council for England and Wales has set up a Medical Committee with the following terms of reference: To take such action as may be found desirable in order to enlist the co-operation of the medical profession in promoting the policy of the Council; and to consider and report on the medical aspect of the Council's work. The membership of the committee as at present constituted is as follows: Chairman, Lord Dawson of Penn, M.D.; Vice-Chairman, Sir Kaye Le Fleming, M.D.; Dr. Adolphe Abrahams, Dr. Anna B. Broman, Dr. George Chesney, Dr. G. E. Frend, Major A. H. A. Gem, Dr. J. Alison Glover, Dr. L. Haden Guest, M.P., Dr. L. P. Lockhart, Captain J. G. Paterson, Dr. J. R. Rees, and Miss P. Spafford. The first meeting of the committee will be held on June 2. The address of the National Fitness Council for England and Wales is 1, Queen Anne's Gate Buildings, Dartmouth Street, S.W.1. (Telephone: Whitehall 9060.)

National College of Physical Training

The Board of Education and the National Fitness Council, after considering a large number of possible sites, have chosen one at Merstham in Surrey for the National College of Physical Training, which is to be erected under the Physical Training and Recreation Act for the purpose of training teachers and leaders. It consists of 220 acres on the Merstham Manor Estate in a very attractive part of the North Downs. Part of the site forms an almost level plateau nearly 600 feet above sea level, and has very good views of the surrounding country. There are several areas of woodland and groups of trees, and Alderstead Heath, a public open space, is adjacent. The land is protected on all sides, not only by natural features but also by town-planning schemes, while close by are areas acquired in connexion with the Green Belt. The site comprises three portions: the main portion of 130 acres, including the plateau, will probably be used for the college buildings and training grounds; a detached portion of nearly forty acres is admirably suited for playing fields, being level and well screened by belts of trees; while adjoining fields of about fifty acres are available to meet future needs. The soil is very suitable for grass, and there should be little difficulty in providing lawns and playing fields on any part of the site. The college, when built, will be a national centre for the study and practice of physical training in all its aspects and will supply teachers of physical training for elementary and secondary schools together with organizers and leaders for the new fitness movement.

The Cancer Campaign in Yorkshire

The Earl of Harewood, presiding at the annual meeting of the Yorkshire Council of the British Empire Cancer Campaign at the Leeds Medical School, announced that income now very nearly met expenditure. Professor R. D. Passey, head of the cancer research laboratory in the Algernon Firth Pathological Institute of Leeds

University, presented a report with comments on the work carried out under his direction. He spoke in particular of the influence of prolonged intense sunlight on the development of cancer of the skin, and of hereditary and human cancer. He said that Waaler in Norway and Wassink in Holland had lately examined the family histories of patients suffering from cancer, and claimed to have shown that in both countries the incidence of cancer in certain sites in the body, though not in all sites, was higher for some families than in the population at large. To ascertain if the same was true in this country Dr. Joyce Rhodes had begun an investigation on similar lines, employing material obtained from the General Infirmary at Leeds and the Bradford Cancer Committee. The annual report of the work of the Yorkshire Council was presented by Sir Harold Mackintosh. He said that if the need for the campaign was great when the inaugural meeting was held in 1925, it was more so to-day. The work of the Propaganda Committee had done much in recent years to create a more rational and sensible attitude of mind towards cancer. Sir Edward Mellanby also addressed the meeting.

Health Congress at Blackpool

The annual congress arranged by the Royal Institute of Public Health and Hygiene will be held next week at Blackpool from Tuesday, May 31, to Saturday, June 4. At the inaugural meeting the mayor will offer an official welcome to delegates and Lord Cozens-Hardy will give his presidential address, followed by a civic reception and dance. The work of the congress is divided into five sections—(1) State medicine and industrial hygiene; (2) women and children and the public health; (3) tuberculosis; (4) rheumatism and allied diseases; (5) nutrition and physical training—all of them meeting in the Technical College, Palatine Road. The local hospitals, clinics, welfare centres, and other social services will be open for inspection by members bearing the congress badge, and visits have been arranged to Preston, Lytham St. Annes, Rossall School, and the Fylde Water Board's new reservoir. There will also be an exhibition of a film on physical fitness as promoted in Lancashire schools and a demonstration of physical exercises by members of the Lancashire "Keep Fit" movement. Further particulars can be had from the Secretary, Royal Institute of Public Health and Hygiene, 28, Portland Place, London, W.1.

IRELAND

Radiologists Meet in Belfast

The fourth annual meeting of the British Association of Radiologists was held in Belfast on May 13 and 14, the scientific sessions taking place at the Whitla Medical Institute by permission of the Ulster Medical Society. At the opening session on Friday morning Dr. R. Maitland Beath, who was inducted as president by his predecessor in office, Professor J. Woodburn Morison, gave an address on the history, activities, and aims of the Association. This was followed later in the morning by an address from the guest of honour, Dr. P. Flemming Moller of Copenhagen, on chronic fluorine poisoning as seen from a radiological standpoint. The afternoon was devoted to three papers on radiodiagnosis: "A Position for Radiography of the Fourth Ventricle" by Dr. T. Garratt Hardman, Dublin; "Brodie's Abscess and its Differential Diagnosis" by Dr. J. F. Brailsford, Birmingham; and "Syphilitic Aortitis and Aneurysm of the Aorta" by Dr. Peter Kerley, London. On the same day a visit was paid to the Royal Victoria Hospital, and members were given an opportunity of inspecting the General Hospital, the Royal Maternity Hospital, the Institute of Pathology, and the newly opened Musgrave Clinic for paying patients. The annual dinner was held in the evening at Thompson's

Restaurant, the guests including Sir Robert Johnstone (President of the B.M.A.), Dr. Moller, the Vice-Chancellor of the University, Mr. C. G. Lowry (Professor of Gynaecology, Queen's University), Mr. Henry Hanna (Chairman of Medical Staff, Royal Victoria Hospital), Mr. Howard Stevenson (Senior Surgeon, Royal Victoria Hospital), and Dr. J. C. Rankin (Physician in charge of Electrical Department, Royal Victoria Hospital). The subject at the Saturday morning session was radiotherapy, two papers being presented by Dr. S. Cochrane Shanks, London, on "Four Area Methods of X-Ray Treatment of Tinea Tonsurans," and Drs. J. Ralston Paterson and Margaret Tod, Manchester, on "The Radium Treatment of Angiomata in Children."

Correspondence

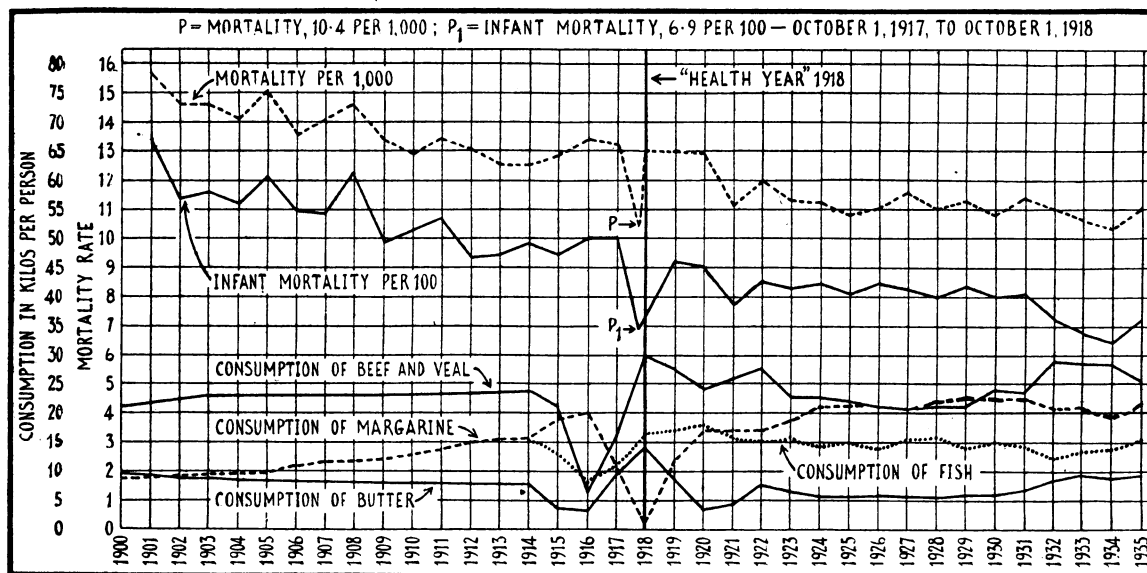
Nutrition of Denmark During the War

SIR,—May I correct any misunderstandings which may have arisen from Dr. Alfred C. Jordan's reference to the rationing of foodstuffs in Denmark in 1918 (*Journal*, April 30, p. 973). Rationing became necessary in this year

but his "dictatorial powers" were simply part of a myth which ought to be exploded. The rationing was forced on us by the circumstances then existing, and the director responsible for it was Professor H. Mollgaard, who was supported by Dr. Hindhede and several other people.

The directors of this scheme were surprised to find that the results of this rationing showed the importance of animal nutrition, thus supporting the modern views of McCollum, Mellanby, and Orr. The supposed "Spartan diet" of 1918 has for too long been quoted in support of the vegetarian faddism of Hindhede. It is an established fact that the Danish people never lived better than in 1918, when they had genuine home-made—mostly animal—food without any imported substitute foodstuffs. It was especially the poor people who benefited because of the equal distribution of butter and milk (instead of margarine and skim milk). It is especially dangerous for the nutrition of poor people if this great and important experiment with the dietary of three million people is misquoted and wrongly explained, as it has been for twenty years.

For full comprehension of the accompanying chart, which has never before appeared in an English journal, it is necessary to remember that the decreased mortality is counted from October 1, 1937, to October 1, 1938, the



Nutrition and Mortality in Denmark, 1901 to 1935.

because margarine—which provides too great a proportion (15 to 20 per cent.) of the calories in the Danish dietary—could not be imported; consequently the consumption of this substitute foodstuff was reduced almost to zero in the autumn of 1917. It became necessary to restrict the export of butter, and a weekly ration of 250 grammes was allowed for each person. All small children were allowed 1 litre of whole milk (against Dr. Hindhede's views) and the consumption of meat and fish increased considerably (this also was against Dr. Hindhede's views). Free trade was possible in meat and fish, but potatoes were scarce, bread restricted, and the imports of fruit diminished. To make up the loss of calories previously provided by margarine it was necessary to eat more milk and meat. The only part of the usual conception of this rationing which is true is that the bread was whole-rye and whole-wheat, because the import of foreign meal was stopped. Dr. Hindhede certainly gave advice regarding the bread,

full mortality of the whole year 1918 rising to 13 per thousand because of the influenza epidemic which began in Denmark in October, 1918.—I am, etc.,

Copenhagen.

JOHANNE CHRISTIANSEN.

Problems of Thyrotoxicosis

SIR,—The figures given in Mr. Peter McEwan's most interesting paper (*Journal*, May 14, p. 1037) prompt the suggestion that the variations in the incidence of thyrotoxicosis throughout England and Wales have to a large extent a racial basis.

Mr. McEwan's map on page 1039 bears an almost startling resemblance to those ethnographical maps that show stature, the amount of brunetness, or the like. Wales shows a much higher death rate from thyrotoxicosis in 1936 than England; and Cornwall is fourth amongst the English counties. Much more striking evidence, however,

adjuvant treatment in cases of gonorrhoea provided it is given in appropriate doses.

2. More research is needed in standardizing the proper doses necessary for treatment in the different stages of gonorrhoea.

3. Local treatment in all stages of gonorrhoea is very essential.

4. The cases which best respond to the antitoxin are those with metastatic localizations.

5. The fact that there are cases which respond very quickly to the antitoxin and others which do not points to the need for further investigation to settle the contradictory views held by different workers. Owing to the well-known fact that there are different species of gonococci which, even of old, differed in their response to treatment, we believe that there may exist a species-specificity to the antitoxin—a hypothesis which points to the line of investigation that could possibly be followed to settle this problem.

We intend in the near future to publish details of our work, which, we hope, will further tend to prove the points stated above.—We are, etc.,

H. EZZAT,
Director, Venereal Section.

Kasr-el-Aini Hospital Faculty
of Medicine, Cairo, May 11.

A. F. RAGAB,
Tutor, Venereal Section.

Treatment of Placenta Praevia

SIR,—I feel impelled to reply to the letter of Dr. H. Gordon Oliver (*Journal*, May 14, p. 1071) because I disagree entirely with his method of treating placenta praevia, which is none other than the dangerous and, one had hoped, obsolete method of *accouchement forcé*. The first principle in the treatment of placenta praevia is that the case should be transferred to a hospital or well-equipped nursing home, whether the case requires Caesarean section or not. I am sure Dr. Oliver agrees with this, and my criticism only concerns his treatment of a case which it was not possible to send to hospital. Under these conditions the usual procedure is version and pulling down a leg, the delivery then being left to nature. If possible an external version is preferable, but otherwise a bipolar version will be necessary. Under domiciliary conditions this treatment by "early version and slow delivery" gives good results, although the use of Willett's scalp forceps provides an even better method. The technique of their use is easier than that of version, while the results are as good for the mother and a little better for the child. I see no reason why the use of Willett's forceps should not be within the repertoire of the practising obstetrician who may have to deal with placenta praevia in isolated surroundings.

For lateral placenta praevia rupture of the membranes may be all that is required, but the application of Willett's forceps in addition can do no harm and is a safeguard where the simpler measure fails to stop the bleeding. The risk to the child is a secondary consideration in such a serious maternal complication. Many of these children die owing to the original separation of the placenta, and many of them are premature. Even with Caesarean section there will be a foetal mortality of about 25 per cent., although isolated series with lower rates have been reported. Version gives a 60 to 70 per cent. foetal mortality, and Willett's forceps 10 to 15 per cent. less than this. As regards the treatment actually adopted in Dr. Oliver's case—namely, manual dilatation and forceps delivery—the risks of severe laceration of the lower segment are extreme, partly from manual dilatation, and partly from the application of forceps "when the cervix was sufficiently dilated to allow it." Such practice leads

to fatal post-partum haemorrhage. It is, in fact, *accouchement forcé*, and although it may give a slightly lower foetal mortality than version, it will also result in a serious increase in the maternal death rate. The method is an old one dating back to before the time of Paré. It is re-discovered from time to time, but has been proved to be most dangerous and should have no place in modern obstetrics. At the present time cases of this type of placenta praevia, when removal to hospital is out of the question, are best treated by version followed by natural delivery, or if the instrument is available by the use of Willett's forceps.—I am, etc.,

TREVOR BARNETT,
M.D., F.R.C.S., M.M.S.A.

Southsea, May 22.

Origin of Cancer

SIR,—I am much obliged to Dr. W. L. English (May 14, p. 1070) for drawing my attention to some points in my letter in the *Journal* of May 7 (p. 1024) which apparently require amplification. In the case of the clock weight, although the gravitational pull on the weight is almost the same all the way down, the capacity for doing work, or potential, is greatest when the weight is at the top. I am, however, alive to the fact that the analogy between the clock and the tumour is not as good as it might be. In regard to the suggestion that the "developmental energy" I mentioned is of the same ilk as vital force or *force hypermécanique* I can assure Dr. English that far from being a vitalist I have been all my life a confirmed rationalist. In this connexion I suggest that he carefully peruse a discourse delivered by Professor H. Mark at the Royal Institution and published in *Nature* of July 3 last on the synthesis of large molecules. Professor Mark explains how for the building up of a highly complex organic molecule from a simple one a certain definite amount of "activation energy" is necessary. I am now suggesting that possibly the "activation energy" which Mark says is necessary for polymerization is of the same class as the "growth energy or Bathmism" of Cope and other thinkers. Cope in his *Primary Factors of Organic Evolution* (p. 481) states: "The duration of life, or of the functioning organic machine, has a definite limit in time. All this means that a certain limited quantity of energy is at the disposal of each individual organism."—I am, etc.,

Isle of Man, May 17.

E. G. FENTON.

The Services

DEATHS IN THE SERVICES

Surgeon Captain Sir ARTHUR STANLEY NANCE, K.B.E., C.B., R.N. (ret.), died at Donemork, Bantry, Co. Cork, on May 11, aged 77. He was born on May 27, 1860, the son of Mr. James Nance, F.R.C.S., of Eccleshall, Staffordshire, was educated at Trent College and St. Bartholomew's Hospital, and took the M.R.C.S. in 1882 and the L.S.A. in 1884. After filling the post of house-surgeon at the Metropolitan Free Hospital he entered the Navy and became fleet surgeon on August 31, 1900, and surgeon captain on June 29, 1917. During the war of 1914–18 he was principal medical transport officer at the Admiralty and received the C.B. and K.B.E. in 1919; also the United States Navy Cross. He was a Justice of the Peace for Co. Cork. In 1890 he married Janet Besnard, daughter of Mr. W. S. Tisdall of Bantry.

Colonel GEORGE JEROME KELLIE, Bengal Medical Service (ret.), died at Guildford on May 10, aged 84. He was born at Karachi on March 15, 1854, the son of Assistant Surgeon James Kellie of the 83rd Foot (Royal Irish Rifles), and was educated at King's College, London. He took the L.R.C.P.Ed. and the M.R.C.S.Eng. in 1876, and the D.P.H. of the Irish

Colleges in 1899. He entered the Indian Medical Service as surgeon on March 31, 1877, became colonel on October 16, 1905, and retired on October 15, 1908. He spent all his service in military employ, chiefly in the Haiderabad contingent. He served in the Burma campaigns in 1889 (medal with clasp) and on the North-West Frontier of India in the Tirah campaign of 1897-8, when he was present at the action of Arhanga Pass and took part in the operations in the Bara Valley (medal with two clasps).

Lieutenant-Colonel JOHN JOHNSON URWIN, O.B.E., I.M.S. (ret.), died at Fairfield, Warkworth, Northumberland, on April 24, aged 67. He was born on March 24, 1871, and was educated at Glasgow, where he graduated M.B., C.M., with high commendation, and winning the Brunton Prize, in 1893. Subsequently he studied at St. Bartholomew's Hospital, and took the M.R.C.S., L.R.C.P. in 1898, and the F.R.C.S. in 1908. After filling the posts of house-surgeon at Clayton Hospital, Wakefield, and the Eye and Ear Infirmary and the Stanley Hospital at Liverpool, he entered the Indian Medical Service as lieutenant on July 27, 1899. He became lieutenant-colonel on January 28, 1919, and retired on July 19, 1924. He served in the war of 1914-18, and was mentioned in dispatches in the *London Gazette* of December 28, 1917, and June 5, 1919, and received the O.B.E. on June 3, 1919. Most of his service was passed in civil employ in Bengal and Bihar. He had been a member of the British Medical Association since 1901.

Medico-Legal

A SUICIDE'S INSURANCE POLICY

In 1925 a gentleman took out insurance policies on his life to the value of £81,000. He found that he could not continue to pay the premiums, and in 1932 he agreed with the company that the value of the policies should be reduced to £50,000. He became insolvent and was unable to pay his premiums in June, 1934. The company allowed him extensions of time which finally came to an end at 3 p.m. on August 3. In order that his estate might benefit by the insurance, he shot himself in a taxicab a few minutes before the time expired. The policies had contained a condition that if the assured committed suicide within a year of their being taken out they should be void. The year had long since elapsed, but the company refused to pay on the ground that the purposeful suicide made the policies void. The administratrix brought an action against the company and Mr. Justice Swift decided in her favour. The Court of Appeal reversed his judgment on the ground that the court could not allow a criminal or his representative to profit by his crime. The House of Lords has now given judgments which finally dispose of this interesting and difficult case.¹

Judgments in Final Appeal

Lord Atkin, from the Woolsack, distinguished between two different questions which were apt to be confused: What was the contract between the parties, and how was that contract affected by public policy? If there was no express reference to suicide in the policy, two results followed. If a man of sound mind committed intentional suicide the representatives could not recover, for by ordinary insurance law an assured could not by his own deliberate act cause the event upon which the money was payable. This was not a matter of public policy but of the correct construction of the contract. On the other hand, the contract might provide that death by suicide, whether sane or insane, was not covered, either at all or within a limited time. In the present case, on the true construction of the contract, the company had agreed to pay if the assured died by his own hand, whether sane or insane, after a year. The answer to the second question, however (about the effect of the doctrine of public policy), was that such a contract was not enforceable in a court of law. Lord Justice Fry, in *Cleaver v. Mutual Reserve Fund Life Association* (1892), 1 Q.B. 147, stated the principle in this

way: no system of jurisprudence can with reason enforce rights directly resulting from a crime of the person who asserts them. Deliberate suicide was in English law a crime, and the question remained whether the principle applied when the criminal was dead and his personal representative sought to recover a benefit which took shape only after his death. Lord Atkin could not think that the principle of public policy was so narrow that it excluded the increase of the criminal's estate from the benefits which he lost by his crime. His representative fell under the same ban.

Lord Atkin dealt with the question which then naturally arose: What is the position of a person who lends money on an insurance policy if the assured deliberately kills himself? Is his security gone? The judgment in the present case did not say so, for the question did not arise. Lord Atkin could not see, however, that there was any objection to a person, to whom the policy was assigned before the suicide, enforcing it to the extent of his own interest. A lender could insure the life of the borrower against sane suicide without infringing public policy, and the assignee of a policy was in a similar position. Insurance companies would doubtless frame an unobjectionable clause for future policies. Lords Thankerton and Russell of Killowen agreed.

Lord Macmillan pointed out that it was certainly not the desire or intention of the company, in framing its policy, to offer any inducement to suicide. It was directly contrary to its interests that the assured should commit suicide and bring its obligation prematurely into operation. It did not agree to pay in consideration of his committing suicide, but in consideration of his paying the premiums. By imposing a time-limit of a year it provided some safeguard against his taking out a policy with a view to suicide. Moreover, the assured could not himself benefit by his crime. The instinct of self-preservation was a stronger motive against suicide than the desire to benefit relatives or creditors was a motive for it. If the plea of public policy was sustained in this case the remarkable result would be that the company, who had provided the assured with the inducement to commit a crime, would be the only persons to benefit by it. Two principles of public policy were in conflict, for it was undeniably public policy that persons should fulfil the contracts into which they entered, and in particular it was important that life insurance policies, which were most useful instruments of credit, should not be subject to any contingent invalidity. However, having pointed out these considerations against the judgment in which the other learned lords had concurred, Lord Macmillan did not find that they were sufficiently convincing to deter him from agreeing with that judgment also.

LEAD POISONING FROM WATER

The Irwell Valley Water Board were ordered by the Manchester Assize Court last December¹ to pay damages to a married couple who managed a public house supplied with water by the Board and had suffered from lead poisoning. The water was pure up to the stop-cock of the premises, but on the premises themselves there was twenty-four feet of old piping which was apt to contaminate water which stood in it. The water had a plumbo-absorbency of twenty-eight parts per million, and Mr. Commissioner Henn Collins, K.C. (now Mr. Justice Henn Collins), found that, although they had satisfied their statutory duty of supplying pure and wholesome water, they had failed in their common law duty of warning the consumers to take precautions against lead poisoning. The Board appealed, but the Court of Appeal dismissed their case on May 5. Lord Justice Greer said that the Board had been warned over and over again that the water passing through the old pipe was liable to be contaminated, and they therefore had a duty to supply the water to the tenant in such a condition that, after going through the pipes, it would be reasonably fit for domestic use. They might quite easily have protected the consumers, either by making the water more alkaline and so reducing its plumbo-solvency, or by

¹ *Beresford v. Royal Insurance Co. Ltd.* *Times*, May 10; 1937, 53, *Times Law Reports*, 583.

¹ *British Medical Journal*, 1938, 1, 100.

EPIDEMIOLOGICAL NOTES*

Smallpox

During the week under review a case of smallpox was notified at Gravesend and admitted to the Isolation Hospital. The patient referred to last week has since died.

Enteric Fever

Notifications of enteric fever in England and Wales were 14, compared with 8 in the previous week, with 1 death—the same as last week. One case was notified in London itself, in the borough of Kensington. In Scotland 50 cases of enteric fever were notified, compared with 41 in the previous week, of which 3 were cases of paratyphoid (Glasgow). Forty-four cases of typhoid fever were notified in Hawick and one each in Ayr County, Falkirk, and Paisley. Of the 97 cases to date in the Hawick outbreak 2 patients have died. Following a suspected case of typhoid in one of the passengers of the Orient liner *Orama*, which docked at Tilbury on May 19, 4 members of the crew have been sent for observation to the Port of London Sanitary Hospital at Denton, near Gravesend.

Diphtheria and Scarlet Fever

While the incidence of diphtheria in England and Wales is practically the same as last week, more cases were notified in London—144 compared with 103—and there were 8 deaths, compared with 3 in the previous week. The numbers for England and Wales remain above the median value for the last nine years, and those for London remain below it. Scotland, Eire, and Northern Ireland also report some increase in the incidence of diphtheria. There was a rise in the notifications of scarlet fever in England and Wales for the week—2,154, compared with 2,078—and in London the figure was 181, compared with 174 for the previous week. For England and Wales the notifications are above the median value for the last nine years; for London they are considerably below it. There was a slight rise in the figures for Scotland and Eire and a slight fall in those for Northern Ireland.

Primary and Influenzal Pneumonia

Notifications of primary and influenzal pneumonia in England and Wales continue to decline, 1,188 being recorded, compared with 1,222 in the previous week: for London the figures were 76 and 85 respectively. There were 54 (54) deaths from influenza in England and Wales and 11 (8) in London. Local rises in the notifications of pneumonia were as follows. Warwick 116 (111), of which 72 (75) were in Birmingham, and 13 (15) in Coventry, while smaller numbers were reported widely scattered throughout the county; West Riding (Yorks) 155 (125), of which 65 (17) were in Sheffield and 19 (17) in Leeds, and smaller numbers were reported from a large number of urban districts. During the week the deaths from influenza were: Birmingham 4 (4), Bradford 3 (0), Sheffield 2 (3), Coventry 1 (3). In Scotland notifications of primary pneumonia were 266, compared with 273 in the previous week. There were 11 cases of influenzal pneumonia, 2 more than last week, and 3 deaths, the same as last week.

Measles

In the 126 Great Towns there were 28 deaths from measles, compared with 32 in the previous week; of these 11 (13) occurred in London and 2 (0) in Gateshead, and in no other area did more than one death occur during the week. During the week 843 cases were reported from the L.C.C. elementary schools, compared with 712 in the previous week. The average daily

* Except where otherwise mentioned figures in parentheses refer to those for the week preceding the one under review.

admissions to the L.C.C. fever hospitals were 49, an increase of 6 on the previous week, while the number of cases of measles under treatment in these hospitals on Friday, May 13, was 1,630, compared with 1,718 on May 6. On the same day there were under treatment in the L.C.C. fever hospitals 1,047 (1,056) cases of diphtheria, 777 (808) cases of scarlet fever, 285 (295) cases of whooping-cough. Notifications for the week ended May 14 in the eleven metropolitan boroughs in which measles is notifiable were 461 (406), distributed as follows: Battersea 36 (36), Bermondsey 38 (38), Finsbury 19 (23), Fulham 42 (37), Greenwich 126 (51), Hampstead 20 (17), Lambeth 56 (81), St. Pancras 37 (34), Shoreditch 39 (28), Southwark 21 (28), Stepney 27 (31). In Scotland 426 cases of measles were recorded, compared with 461 in the previous week: the figures for Glasgow were 164 (186), Dundee 77 (96), Aberdeen 60 (71), Falkirk 37 (27), Edinburgh 36 (36). During the week there were 21 deaths from measles in the 16 principal towns of Scotland, compared with 17 in the previous week: of these 9 occurred in Glasgow, 7 in Dundee, and 1 each in Edinburgh, Clydebank, Coatbridge, Kilmarnock, Hamilton. In Northern Ireland there were 8 cases of measles, 5 of which were in Belfast alone, with 2 deaths, both in Lurgan. During the week there were 5 deaths from measles in Eire (all in Dublin).

Typhus

During the week ended May 7 there were reported in Morocco 169 cases of typhus with 10 deaths, compared with 168 cases in the previous week. The 169 cases were mainly distributed as follows: Chaouia 42 (48), Marrakesh 26 (40), Rabat 22 (24), Casablanca 10 (13). Europe: In Poland during the week ended April 30 there were 144 cases of typhus with 8 deaths, compared with 108 cases and 8 deaths in the previous week; the departments with more than ten cases were: Lwow 25, Wilno 17, Polesia 16, Stanislawow 14, Nowogrodek 11, Wolhynia 11. In Rumania during the week ended March 23, 128 cases of typhus were reported, compared with 160 in the previous week, occurring mainly in: Orhei 31, Lapusna 21, Covurlui 15, Balti 12. In Yugoslavia during the week ended April 24 there were 23 cases of typhus (35 in the previous week), distributed as follows: Drina 12, Littoral 9, Zeta 2.

Universities and Colleges

UNIVERSITY OF OXFORD

The following notice was published in the *Oxford University Gazette* of May 18:

FIRST EXAMINATION FOR THE DEGREE OF B.M.

The Board of the Faculty of Medicine gives notice that the following regulations for human anatomy will be substituted on January 1, 1939, for those now in force (*Examination Statutes*, 1937, p. 314):

" II. Human Anatomy.

The examination will include (a) a written paper and (b) a practical and viva voce examination. Three hours will be assigned to each part. In the written examination, candidates will be expected to show their acquaintance with the structure of the human body, including general topography; the gross and minute anatomy of organs and tissues, with special reference to processes of growth, development, and structural adaptation; human embryology; and neurological anatomy. In the practical and viva voce part of the examination candidates will be required to show their knowledge of human anatomy by reference to dissected material; to recognize and describe microscopical and embryological specimens, normal radiographs, and special dissections; and to give evidence of their acquaintance with surface anatomy on the living subject."

Dr. R. H. S. Thompson has been elected to a Radcliffe Medical Fellowship and Praelectorship in Medical Science of University College.

UNIVERSITY OF CAMBRIDGE

At a congregation held on May 13 the following medical degrees were conferred:

M.D.—T. O. Garland, G. H. Jennings, W. F. Nicholson.
M.B., B.Chir.—J. H. Ward.

Assistants in Medical Research

The Appointments Committee of the Faculty of Medicine will shortly proceed to appoint three assistants in research to the Regius Professor of Physic to hold office for three years from October 1, 1938. (1) Assistant in research in radiology. This is primarily a research appointment, but will include part-time duties as assistant in the x-ray department at Addenbrooke's Hospital, with opportunities for x-ray investigations in the Department of Anatomy. Salary £600 a year. (2) Assistant in research in psychiatry. This is primarily a research appointment, but will include part-time duties as assistant in the psychiatric department of Addenbrooke's Hospital, with opportunities for work in the Department of Experimental Psychology. Salary £500 a year. (3) Assistant in research in pathology (morbid anatomy and histology). This is primarily a research appointment, but will include part-time duties as assistant in the pathology department of Addenbrooke's Hospital, with opportunities for work in the Department of Pathology of the University. Salary £500 a year. Applicants for these posts should hold the medical degrees of a university within the British Empire, and should produce evidence of special training after qualification in radiology or psychiatry or pathology, as the case may be. Further information may be had from the Secretary of the Appointments Committee of the Faculty, Mr. R. Williamson, Department of Pathology, Tennis Court Road, Cambridge, to whom applications, together with three testimonials, a statement of previous appointments, and copies of published papers, should be sent by July 1.

The Oral Examination in Pharmacology

Under the old regulations elementary pharmacology in the Second M.B. Examination, Part III, consisted of a practical and an oral examination. Under the regulations of October 1, 1934, which came into force in March, 1936, a longer oral examination was substituted, because a practical examination on the new course was not feasible. This examination has now been held four times, but has been unsatisfactory, because in the case of some candidates it is difficult to assess their knowledge in an examination which is wholly oral. Moreover, a wholly oral examination is not in accord with Regulation 17. The Faculty Board therefore proposes that a two-hours paper in pharmacology be added.

UNIVERSITY OF LONDON

At a meeting of the Senate held on May 18 the Dunn Exhibitions in Anatomy and Physiology for 1938 were awarded to S. D. V. Weller of University College and J. W. L. Doust of King's College respectively. The degree of D.Sc. in Biochemistry was conferred on W. T. J. Morgan.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL

Sir Frederick Hobday, Emeritus Professor, Royal Veterinary College and honorary lecturer in comparative medicine to St. George's Hospital Medical School, will give a course of six lectures, entitled "A Comparison of Diseases in Animals and Man," in the Medical School on Mondays at 5 p.m., beginning on May 30. The lectures will be illustrated by epidiascope and cinematograph, and are open, without fee, to all medical and veterinary practitioners and students.

LONDON HOSPITAL MEDICAL COLLEGE

Two open scholarships, each of the value of £100, have been awarded to H. G. Danziger of Trinity College, Cambridge, and F. E. T. Scott of Clare College, Cambridge, for the academic year 1938-9.

A course of two lectures on "The Physiology of the Digestive Glands" will be given at University College, Gower Street, W.C., by Dr. B. P. Babkin, Research Professor of Physiology in McGill University, Montreal, on June 7 and 9 at 5 p.m. At the first lecture the chair will be taken by Professor C. Lovatt Evans, F.R.S. 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.

UNIVERSITY OF DURHAM

At a meeting of the Council of King's College, Newcastle, on May 16, Angus E. W. McLachlan, M.B., Ch.B., Ph.D.Ed., was appointed lecturer in venereal diseases, in succession to Dr. Sidney Thompson, who has resigned.

UNIVERSITY OF WALES

WELSH NATIONAL SCHOOL OF MEDICINE

The Council of the School, at its meeting on May 19, appointed Dr. W. H. Tytler to the David Davies Chair of Tuberculosis, to fill the vacancy caused by the retirement of Professor S. Lyle Cummins on September 30, 1938. Dr. Tytler, who graduated in medicine at the University of Toronto, at present holds the post of Research Bacteriologist to the Welsh National Memorial Association.

UNIVERSITY OF BIRMINGHAM

Honorary Degrees

At the annual degree ceremony on July 2, to mark the occasion of the opening of the Hospitals Centre and the new Medical School on July 14 by the King and Queen, the honorary degree of LL.D. will be conferred on the following members of the medical profession: Dr. Robert Hutchison, President of the Royal College of Physicians of London, Sir Cuthbert Wallace, Bt., President of the Royal College of Surgeons of England, and Sir Edward Mellanby, F.R.S., Secretary to the Medical Research Council.

UNIVERSITY OF LIVERPOOL

The Council, at its meeting on May 17, appointed Thomas Benjamin Davie, M.D., professor of pathology in the University of Bristol, to the George Holt Chair of Pathology, in succession to Professor J. H. Dible.

The title of Professor of Tropical Diseases of Africa was conferred on Dr. Thomas Herbert Davey while holding the directorship of the Sir Alfred Lewis Jones Research Laboratory, Sierra Leone, where he has served for nine years.

UNIVERSITY OF MANCHESTER

Presiding at a meeting of the Court of Governors on May 17, the Vice-Chancellor, Professor J. S. B. Stopford, gave a survey of recent and forthcoming events. He hoped that it would very soon be possible to start work on the clearing of the site of the new dental hospital, and that building would immediately follow. Work was proceeding apace with plans for alterations to the Burlington Street Drill Hall, which was being made into a centre for physical recreation. In the new gymnasium rooms were being provided which could be used for carrying out tests of physical fitness and other forms of medical examination. He was hopeful that with the co-operation of the Medical School it would be possible not only to provide medical supervision and promote the physical welfare of students, but also to find out a good deal about health and the factors influencing health; that would be real preventive medicine. The Vice-Chancellor mentioned among other developments in the University the proposed creation of a degree of Doctor of Dental Surgery, to encourage research and advance scientific study, and so help to lift dental surgery to its rightful place.

Dr. E. N. Rowlands has been appointed assistant director of the Department of Clinical Investigations and Research, and Dr. Benjamin Portnoy chief medical assistant in the Department. Mr. H. T. Simmons has been appointed lecturer in applied anatomy.

On May 18, at the Founder's Day commemoration, the honorary degree of Doctor of Science was conferred on Sir Henry Dale, M.D., F.R.S., Director of the National Institute for Medical Research. In accepting the honour paid to him as a recognition of medical science, Sir Henry Dale said: "Your University is rightly proud of its fine department for the basal sciences of medicine, with the distinguished investigators who lead it. Only recently you took one of them from his teaching and researches and gave him the highest administrative responsibility as your Vice-Chancellor. You have here a great hospital devoted to the medical care of the dense population which industry has created around you. Here if anywhere are the conditions for the growth of a great centre of medical research in the fullest sense."

UNIVERSITY OF SHEFFIELD

At its meeting on May 13 the University Council received with regret the resignation by Dr. W. Skyrme Rees of the post of demonstrator in anatomy. The Council thanked Dr. Rees for his services to the University.

UNIVERSITY OF EDINBURGH

The honorary degree of LL.D. will be conferred on Dr. W. N. Robertson, C.M.G., C.B.E., F.R.A.C.S., Hon. F.A.C.S., Vice-Chancellor of Queensland University, on July 20, on the occasion of the installation of Lord Tweedsmuir as Chancellor of the University.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH

At a meeting of the Royal College of Surgeons of Edinburgh, held on May 14, with Mr. W. J. Stuart, President, in the chair, the following, having passed the requisite examinations, were admitted Fellows:

H. R. Arthur, F. G. Badger, A. L. W. Bell, A. Curtis, J. D. Davies, V. Drach, N. Dutt, T. E. Elliot, D. Evans, B. S. Ghobrial, J. R. Gibbs, G. D. Harris, A. R. Hill, S. W. Liggett, E. Lipworth, A. Lyall, J. S. MacVine, P. L. O'Neill, E. Parry, J. C. Paymaster, R. B. Peckham, J. P. Philp, F. B. Plewes, J. A. Ross, A. G. Rutter, S. C. Saptarshi, F. M. Scott, I. D. Sutherland, R. Thornley, L. E. Vine, J. A. Wain, R. A. L. Wenger, H. C. Wykerd.

The Henry Arthur Dalziel Ferns Bursary was, after a competitive examination in organic chemistry in its application to medicine, awarded to M. Metz.

The Bathgate Memorial Prize was, after a competitive examination in materia medica and therapeutics, awarded to E. Blumenkranz.

SOCIETY OF APOTHECARIES OF LONDON

The following candidates have been approved at the examination indicated:

MASTER OF MIDWIFERY.—Herbert Reginald England, M.B., B.Ch., Robert Stevenson Cromie, M.D., Louise Alice Matheson, M.B., Ch.B., D.P.H., Sumitrabai Shrikhande, M.B., B.S., D.C.O.G.

Medical News

The King has appointed Dr. Edmund Claud Malden to be Surgeon Apothecary to His Majesty's Household at Windsor Castle, in the room of Sir Henry L. Martyn, K.C.V.O., who has resigned.

Sir William Bragg, O.M., President of the Royal Society, will open the Meyerstein Institute of Radiotherapy at the Middlesex Hospital on Thursday, June 9, at 3 p.m.

The House of the British Medical Association, including the Library, will be closed for the Whitsun Holiday from 5 p.m. on Friday, June 3, to 9 a.m. on Tuesday, June 7. (Library 10 a.m.)

The House and Library of the Royal Society of Medicine will be closed for the Whitsun holiday from Saturday, June 4, to Monday, June 6, both days inclusive.

The Buckston Browne annual banquet of the Harveian Society of London will be held at Merchant Taylors' Hall, Threadneedle Street, E.C., on Tuesday, June 14, at 7.30 for 8 p.m.

The Chairman and Directors of Boots Pure Drug Company, Limited, are celebrating the jubilee of the firm by a luncheon party at the Savoy Hotel, London, on Thursday, June 2. Lord Trent, Chairman and Managing Director, will preside and the principal guest will be the Minister of Health.

In our advertisement columns this week the Senate of the University of London invites applications for the Chair of Radiology, tenable at the Royal Cancer Hospital, at a salary of £1,500 per annum.

A meeting of the Kensington Division of the British Medical Association will be held in the Great Hall of B.M.A. House, Tavistock Square, W.C., on Friday, June 24, at 8.45 p.m., when a symposium on "Co-operation within the Profession" will be opened by Sir William Willcox. Viscount Dawson of Penn, Dr. W. A. Daley (Principal Medical Officer, L.C.C.), Dr. James Fenton (President, Society of Medical Officers of Health), Dr. G. C. Anderson (Secretary, British Medical Association), Dr. E. A. Gregg (Chairman, London Panel Committee and Insurance Acts Committee), and Dr. Alfred Cox (Secretary, London Public Medical Service) will take part in the subsequent debate.

The National Institute of Industrial Psychology's vacation course in psychological methods of vocational guidance will be held at the London School of Economics from August 3 to 13. During the same period and at the same place a vacation course in the administration of Binet-Simon tests of

intelligence will also be held. The fee for the former course is five guineas and for the latter three guineas. Applications should be sent as soon as possible to the Secretary of the N.I.I.P., Aldwych House, W.C.2.

The German Tuberculosis Congress will be held at Zoppot on June 10 and 11 in connexion with the meeting of the medical officers of the German Public Health Service. Further information can be obtained from Reichstüberkulose-Ausschuss, Einemstrasse 11, Berlin, W.62.

The third Congress of the Italian Radio-Neuro-Chirurgical Society will be held at Pisa from June 4 to 6. Further information can be obtained from the president, Professor Ayala, Clinica delle Malattie del Sistema Nervoso, Pisa.

The thirteenth Congress of the International Association for the Protection of Childhood will be held at Frankfurt-am-Main from June 12 to 18. Further information can be obtained from the Secretariat, Saalbau, Junghofstrasse, Frankfurt-am-Main.

The first Pan-American Congress of Endocrinology, which is also the first congress of endocrinology to be held in any part of the world, will take place at Rio de Janeiro from July 17 to 23 under the presidency of Professor Aloysio de Castro. It will consist of four sections dealing respectively with the experimental, clinical, surgical, and medico-social aspects of endocrinology. Further information can be obtained from the Academia Nacional de Medicina, Avenida Augusta Severo 4, Rio de Janeiro, Brazil.

The twenty-ninth Congress of the German Röntgen Society will be held in Munich from July 4 to 7. Further information can be obtained from the president, Dr. G. A. Weltz, Ludwigstrasse 4, München, 22.

There has been set up in the Kaiserin Friedrich-Haus, Robert Koch-Platz 7, Berlin, N.W.7, an information bureau which will be able to give doctors every kind of information. The office is semi-official, and gives advice impartially and free of charge. It would be to the advantage of every visiting doctor to get into touch, before or after his arrival in Berlin, with the Kaiserin Friedrich-Haus, so as to save time and make the most of his stay.

King Edward's Hospital Fund for London has just issued the May edition of the out-patient time-table to all doctors in the London area. The object of the time-table is to prevent, as far as possible, patients attending out-patient departments on the wrong day or at the wrong time. Further copies are obtainable free from the publishers, Messrs. George Barber and Son Ltd., 23, Fournival Street, E.C.4.

The April issue of the *Chinese Medical Journal* is devoted to the history of Chinese medicine.

The issue of *Paris Médical* for May 7, which is devoted to diseases of the heart and vessels, contains an appreciation by Dr. H. Grenet of the international congress on rheumatism recently held at Oxford, Bath, and London. The issue for May 14 contains the list of the consulting and resident staff of the Paris hospitals.

To celebrate the fiftieth birthday of the American Association of Anatomists, a portrait medal has been struck in memory of its first president, Joseph Leidy (1823-91). This was designed by Robert Tait McKenzie, Canadian physician and sculptor (now living in Philadelphia), of whose work "The Sprinter" at Cambridge, "The Athlete" at Oxford, and the Scottish-American War Memorial at Edinburgh are familiar examples on this side of the Atlantic.

Mr. Harry Oakes has made a gift of £60,000 to St. George's Hospital and on May 19 was elected a vice-president. A short time ago he gave £20,000 to the hospital.

Dr. J. A. Struthers (Inner Temple) was called to the Bar on May 11.

Dr. Mohammed Mahfouz Bey, principal medical officer, ophthalmic section, Government Hospital, Alexandria, has been elected President of the Ophthalmological Society of Egypt.