

be grateful to him for his work. He was not wholly opposed to the National Health Service—but firmly opposed to a 100% Service and to the unlimited powers vested in the Ministry of Health. The cares, responsibilities, and privileges of practising medicine were to him very vital, and he had the vision to see and dread the possible degeneration of a tradition when these responsibilities are removed from the control of those who have been trained to accept them. An individualist rock-set in a gathering sea of conformity, O'Neill's passing will be noted by a vast circle of friends and medical brethren with profound regret.—P. H. M.

Medico-Legal

TUBERCULOSIS CONTRACTED BY NURSE

APPEAL SUCCEEDS

[FROM OUR MEDICO-LEGAL CORRESPONDENT]

An Industrial Injuries Tribunal has allowed the appeal of a Dundee nurse against a decision of an insurance officer that she was not entitled to industrial injury benefit in respect of tuberculosis which she said was contracted by nursing tuberculous patients.

The nurse, who is now 20 years old, started work as a student nurse in 1947. Before she started she had a medical examination including chest radiography. The result was negative. She worked in several wards as a resident nurse, including a whooping-cough ward. She said that some of the cases she nursed at that time had tuberculous complications, as she knew from entries on the patient's charts, and one at least was later transferred to a tuberculosis ward.

In January, 1948, as a result of a routine x-ray examination which turned out positive she was admitted to a chest hospital. By January, 1949, after a further x-ray examination she was told she was fit to resume work on light duties at first.

She returned to work in a hospital in that month, doing ambulance work and no ward work for the first few months. During that time she dealt with all types of cases that came to the hospital, including cases of "open" tuberculosis. In November, 1949, she was again found to be suffering from tuberculosis, and was again admitted to hospital, where she remained until discharged in April, 1951.

The insurance officer had rejected her claim on the ground that there was no record by the hospital that any of the patients whom she had nursed before January, 1948, were suffering from tuberculous complications. Pulmonary tuberculosis had been diagnosed in January, 1948, before she had come into close and frequent contact with the "open" cases of tuberculosis in the course of her ambulance work, and therefore he did not find that the disease from which she was suffering was due to the nature of her employment. This view was supported in a specialist's report.

In allowing the appeal the chairman of the tribunal said that the nurse was entitled to rely on the presumption in the regulations that the disease was due to the nature of her employment unless the contrary was proved. The tribunal was not satisfied beyond reasonable doubt that the disease was contracted otherwise than as a result of her employment. No satisfactory evidence to that effect had been forthcoming, and the tribunal found in the terms of the regulations that the contrary had not been proved. The nurse will receive 19s. per week extra benefit accordingly.

¹ *The Scotsman*, September 14, 1951.

Universities and Colleges

ROYAL COLLEGE OF SURGEONS OF ENGLAND

At a meeting of the Council of the College, held on February 14, with the President, Sir Cecil Wakeley, in the chair, Loyal Addresses of Condolence to Her Majesty the Queen and to Her Majesty Queen Elizabeth the Queen Mother were adopted.

The Hallett Prize was awarded to J. C. N. Wakeley (King's College Hospital) and a Moynihan Lectureship to Dr. L. Mayer (New York). The award of Proffit Research Studentships to F. Masina and T. R. Munro was reported.

Mr. L. E. C. Norbury and Mr. A. Dickson Wright were nominated as members of the Council of the Imperial Cancer Research Fund.

The Council gratefully received gifts of silver from the Faculty of Medicine of the University of Ceylon.

Diplomas of Membership were granted to D. W. Ebrahim and B. G. Jackson and to the recipients of the Licence of the Royal College of Physicians of London whose names were printed in the report of the meeting of the Royal College of Physicians of London in the *Journal* of February 9 (p. 335).

Diplomas were awarded, jointly with the Royal College of Physicians of London, to the following successful candidates:

DIPLOMA IN PUBLIC HEALTH.—J. P. Agrawal, Frances C. Myatt, T. A. Pace, A. C. B. Singleton, W. J. Smither, E. D. H. Williams.

DIPLOMA IN TROPICAL MEDICINE AND HYGIENE.—M. Lwin.

The following hospitals were recognized in respect of surgical posts required of candidates for the Final Fellowship examination: Bury General Hospital (re-designation of posts), registrar; registrar (orthopaedic); senior house-surgeon; senior house-surgeon (orthopaedic); and two house officers, all for six months. Memorial Hospital, Darlington, two surgical registrars, each for one year; surgical house officer (house-surgeon), for six months. Nelson Hospital, Merton, senior house-surgeon, for six months. St. Mary's Hospital, Portsmouth, temporary recognition to be extended for one year. Queen Alexandra Hospital (Army), senior house officer (ophthalmology); senior house officer (otolaryngology) to be recognized for six months for general surgery. Kent and Sussex Hospital, Tunbridge Wells, re-designation of registrar post, already recognized to that of senior house officer (ear, nose, and throat). Tindal Hospital, Aylesbury, additional recognition, house-surgeon, for six months. St. James's Hospital, Leeds, additional recognition, deputy resident surgical officer, one year; first house-surgeon and second house-surgeon, both for six months.

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

At a meeting of the Council of the College, held on January 26, with the President, Dame Hilda Lloyd, in the chair, the following were elected to the Fellowship: Y. N. Ajinkya, A. W. Anderson, A. Josephine M. T. Barnes, C. W. F. Burnett, W. D. A. Callam, G. P. Charlewood, S. Davidson, R. de Soldenhoff, A. B. Evans, D. B. Fraser, H. F. P. Grafton, G. G. Lennon, W. A. Liston, R. Lyons, H. McLaren, R. F. Matters, B. E. Meek, H. K. Porter, P. G. Preston, D. C. Racker, G. W. Robson, J. W. Schabert, G. G. L. Stening, S. L. Townsend, J. C. Whyte, R. J. Wotherspoon. N. McA. Gregg was also elected to the Fellowship in recognition of his work on rubella in pregnancy.

Lydia Colaco was admitted to the Membership of the College.

The following were elected to the Membership: E. McL. Barbour, Caroline D. Baugh, R. M. C. G. Beard, D. C. G. Bracken, A. D. H. Browne, K. McL. Crocker, V. Drosso, M. P. Durham, J. Elstob, B. Eton, M. R. Fell, H. Ferguson, W. T. Fullerton, R. L. Gadd, F. G. Geldenhuys, A. I. I. Kloppe, J. B. Lawson, Sarah Lehan, R. D. Macbeth, A. D. McIntosh, D. Magner, D. J. Meagher, A. P. B. Mitchell, N. Moss, T. R. Nelson, E. P. D. O'Neill, C. B. Oxner, J. Price, Monica M. A. Reford, W. H. D. Scotland, H. I. Schmilg, R. S. L. Stafford, Joan E. Storey, E. Sussman, J. S. Tomkinson, F. L. A. Vernon, J. Ward, P. P. Wium.

The Sims-Black Travelling Professor, Mr. G. F. Gibberd, left for South Africa on January 31, on the first stage of his tour.

Wednesday

CAMBRIDGE UNIVERSITY.—At Department of Physical Chemistry, Free School Lane, Cambridge, February 27, 12 noon, "Some Aspects of the Physical Chemistry of Amino-acids, Peptides, and Proteins," by Professor John T. Edsall (Harvard University).

●INSTITUTE OF DERMATOLOGY, Lisle Street, Leicester Square, London, W.C.—February 27, 5.30 p.m., "Histopathology of Leprosy," by Dr. R. G. Cochrane.

INSTITUTE OF UROLOGY.—At St. Paul's Hospital, Endell Street, London, W.C., February 27, 4.30 for 5 p.m., "Differential Diagnosis of Frequency of Micturition," by Mr. Harland Rees.

MEDICAL SOCIETY OF LONDON, 11, Chandos Street, Cavendish Square, W.—February 27, 8.30 p.m., "The Surgery of the Heart and Great Vessels," Second Lettsomian Lecture by Mr. R. C. Brock.

●ROYAL SOCIETY OF ARTS, John Adam Street, Adelphi, London, W.C.—February 27, 2.30 p.m., "The Work of the National Research Development Corporation," by the Right Hon. the Earl of Halsbury, F.R.I.C., F.Inst.P.

Thursday

BRITISH POSTGRADUATE MEDICAL FEDERATION.—At London School of Hygiene and Tropical Medicine, Keppel Street, Gower Street, W.C., February 28, 5.30 p.m., "Lability of Blood Pressure," by Professor M. L. Rosenheim.

CENTRAL MIDDLESEX HOSPITAL, Acton Lane, Park Royal, London, N.W.—February 28, 10.15 a.m., clinical meeting open to all consultant physicians in area of North-west Metropolitan Regional Hospital Board. Details from Regional Adviser in Postgraduate Medical Education, 2, Gordon Square, London, W.C.1.

GLASGOW UNIVERSITY MEDICO-CHIRURGICAL SOCIETY, The Union, University Avenue, Glasgow.—February 28, 7.30 p.m., address by Sir Geoffrey Jefferson.

●INSTITUTE OF CHILD HEALTH, Hospital for Sick Children, Great Ormond Street, London, W.C.—February 28, 5 p.m., "Plastic Surgery," by Mr. D. N. Matthews.

INSTITUTE OF PHYSICS: MIDLAND BRANCH.—At The University, Edgbaston, Birmingham, February 28, 5 p.m., "Some Applications of Physics to Medicine," by Professor F. W. Spiers.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL, Hyde Park Corner, London, S.W.—February 28, 4.30 p.m., lecture-demonstration in psychiatry by Dr. D. Curran.

ST. JOHN'S HOSPITAL DERMATOLOGICAL SOCIETY, Lisle Street, Leicester Square, London, W.C.—February 28, 4.15 p.m., demonstration and discussion of clinical cases; 5 p.m., "Leprosy," talk by Dr. R. G. Cochrane.

UNIVERSITY COLLEGE, Physiology Theatre, Gower Street, London, W.C.—February 28, 4.45 p.m., "Mitochondria and Biological Oxidations and Phosphorylations," by Dr. A. L. Lehninger (Chicago).

Friday

CHURCHES' COUNCIL OF HEALING.—At Alliance Hall, Palmer Street, Westminster, London, S.W., February 29, 7 p.m., "The Vision of the Future," by Dr. E. E. Claxton (Assistant Secretary, B.M.A.).

●INSTITUTE OF DERMATOLOGY, Lisle Street, Leicester Square, London, W.C.—February 29, 5.30 p.m., "Leprosy," clinical demonstration by Dr. R. G. Cochrane.

●INSTITUTE OF DISEASES OF THE CHEST AND INSTITUTE OF CARDIOLOGY.—At London School of Hygiene and Tropical Medicine, Keppel Street, Gower Street, W.C., February 29, 5.30 p.m., "Surgical Aspects of Patent Ductus Arteriosus and Coarctation," by Sir Clement Price Thomas.

MEDICAL SOCIETY FOR THE STUDY OF VENEREAL DISEASES, 11, Chandos Street, London, W.—February 29, 7.30 p.m., general meeting. "What is the Value of the G.F.T.?" by Dr. F. R. Curtis. A discussion will follow.

OXFORD UNIVERSITY.—At Magdalen College, Oxford, February 29, 5 p.m., "The Neurophysiological Basis of Mind," Waynflete Lecture by Professor J. C. Eccles, F.R.S.

ROYAL INSTITUTION, 21, Albemarle Street, London, W.—February 29, 9 p.m., "The Brain as a Machine," by Sir Henry Cohen.

UNIVERSITY COLLEGE, Physiology Theatre, Gower Street, London, W.C.—February 29, 5.30 p.m., "Cell Physiology and Pharmacology—Some Cytochemical and Cytological Aspects of Drug Action," by Professor J. F. Danielli, D.Sc.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Du Heaume.—On February 7, 1952, at the Windmill Nursing Home, Enfield, to May (formerly Giffin), wife of Brian Du Heaume, M.B., B.S., 21, Byculla Road, Enfield, Middlesex, a son—Alan.

Levy.—On February 13, 1952, to Enid (formerly Glyn), wife of Dr. Basil Levy, of Liverpool, a son—Peter.

MARRIAGES

Campbell—Stewart.—On February 9, 1952, in Manchester, Ross Campbell, A.M.I.C.E., of Warrington, to Diana Stewart, M.B., Ch.B., of Lancaster.
Heumann—Howells.—On February 9, 1952, at St. James's Church, Muswell Hill, London, N., Paul Clifford Heumann, B.A., to Désirée Howells, M.R.C.S., L.R.C.P.

Any Questions?

Correspondents should give their names and addresses (not for publication) and include all relevant details in their questions, which should be typed. We publish here a selection of those questions and answers which seem to be of general interest.

Choose Your Analyst

Q.—A patient has been recommended psycho-analysis. Relatives are anxious that he should have an Adlerian rather than a Freudian analysis. What, briefly, are the main differences? What other forms of analytical treatment are available?

A.—The main practical difference between an Adlerian and a Freudian analysis is in the time involved, a Freudian analysis commonly taking two years or more, an Adlerian analysis seldom requiring more than a year. There are very wide differences between Adlerian and Freudian theories, and in the sort of interpretations which will be made by analysts of the two kinds to the patient. Adlerian theory is simpler and easier to understand, and relates most psychiatric symptoms to repressed feelings of inferiority, often associated with some particular part of the body. It is, as a rule, much more important to choose the right psychotherapist than to bother about the school he belongs to; the general practitioner should try to find a therapist who has plenty of common sense and will try to get practical results, rather than one who is hidebound in theory. Apart from Adlerian and Freudian analysis, there is also Jungian analysis; and there are psychotherapists who are eclectic, who make use of elements from all three types of theory, or who rely on explanation, persuasion, suggestion, and other methods which are the specific property of no dogmatic theory.

Judo Neck-strangle

Q.—What is the mechanism of the Judo neck-strangle? This is sometimes used as a "hypnotic trick," and death can occur through vagal inhibition. I understand that Judo experts have some method for reviving those rendered unconscious by this strangle, such as striking a thoracic vertebra sharply with the knee.

A.—The neck-strangle used in Judo is considered to act by compressing the common carotid arteries, so temporarily depriving the brain of its blood supply. Whether it ever acts by stimulation of normal or over-sensitive carotid bodies is not known: as the function of the carotid bodies has only recently become known to the medical profession and is not yet clearly and completely understood, further research would be needed to decide whether the unconsciousness produced by the neck-strangle is partly or entirely or occasionally due to stimulation of this kind. The time taken to produce unconsciousness would suggest that it may occasionally be so. No fatal case seems to have been reported over many years in Japan or elsewhere, and the process of being strangled in this way is not in any way painful. It often occurs when one is resisting a strangle, apparently successfully, and one may find oneself powerless to tap (recognized signal of defeat) by the time one realizes that the strangle has been effective.

In practice the Judo hold is simple enough but easier to demonstrate than to explain on paper; generally the supinated forearms are crossed, the fingers (not thumbs) inserted deeply behind the collar of the jacket as far back as possible, the thumbs on the outside of the collar or lapel helping to keep the collar secure: a scissors action of the forearms brings the radial edges against the neck just below the mandible, and increasing pressure compresses the arteries: there are, of course, variants of the technique.