

any form of sexual relation, even platonic. He knows that this is counsel of perfection, and thinks that legal penalties should attach only to actions corresponding to those for which normal men are punished.

The frequency of inversion has probably been exaggerated through failure to distinguish it from bisexuality, and the author estimates that the percentage of inverts in the male population is not more than five. This figure may seem high, but lower estimates may be due to lack of skill on the observer's part. The author found no evidence for the opinion that seduction plays a significant part in causing inversion—an opinion reminiscent of the attribution of tumours to trauma. Of his more recent findings, perhaps the most interesting is that sexual attraction between inverts is extremely rare: a male invert almost invariably desires that his "mate" shall be a completely normal man. The conclusion drawn is that "all psychosexual attraction is essentially heterosexual." The book leaves no doubt that sexual inversion is wholly involuntary or that most inverts—like most normal men—try to live decent and useful lives.

This work will be helpful to specialists, whose knowledge of inversion may be based solely on clinical experience. To general practitioners—and indeed to all who have to deal with young people—it will be invaluable.

RAYMOND WHITEHEAD.

DELINQUENT CHILDREN

Children in Need. By Melitta Schmideberg, M.D. (Berlin). Introduction by Edward Glover, M.D. (Pp. 196. 12s. 6d.) London: George Allen and Unwin. 1949.

Another book on the difficult and delinquent child seems superfluous, but this volume, by an experienced worker at the Institute for the Scientific Treatment of Delinquency, is well worthy of study. It supports the familiar theses that home is best, foster parents are better than institutions, and that institutions (if they must be used) should be small, humanitarian, and staffed by intelligent and sympathetic trained people. The author stresses that reports of committees, laws, and regulations do not necessarily achieve all that is wanted, though they may be steps in the right direction. She points out that even now there is too little recognition of the needs of individual children, and too great a tendency to move children to an institution as the easiest course. The trouble and money might be better employed improving the child's home, to which he will probably have to return eventually. Institutions are in many cases too Victorian in outlook and organization, as they were often founded by charity with the object of uplifting the lower classes and imposing a patronizing and highly religious atmosphere on the inmates.

If a child cannot be kept at home the parents can be helped and taught so that the child can return at the earliest possible moment. Earlier and more effective psychological treatment of the child is urgently necessary, and proper training—not merely laundry work and scrubbing floors—should be given to the adolescent to fit him for a worth-while job when he returns to the world.

The author has her prejudices—for example, against public schools, which she looks at too much from the neurotic child's viewpoint—but she presents her case in an interesting and persuasive way which may convince readers that, in spite of improvements and plans, all is not yet well in the management of delinquent children.

R. G. GORDON.

It is good to see the publication of French clinical lectures again. Dr. H. Grenet is already well known for his contributions in this style, and his new edition of *Conférences Cliniques de Médecine Infantile* (pp. 275; illustrated; no price; Paris: Vigot Frères; 1949) provides a good opportunity for offering a new welcome to an old friend. Fourteen lectures are included, mostly about disorders of the newborn or young infants. The cases chosen as illustrations are graphically described, and the discussions are interesting and practical. Differences from British teaching are not difficult to find—for example, the discovery of a tumour in congenital pyloric stenosis is not regarded as important. But it would be a dull world if all physicians agreed, and it is stimulating to read passages with an approach completely different from the traditional British one.

BOOKS RECEIVED

[Review is not precluded by notice here of books recently received]

A Synopsis of Medicine. By Sir Henry Tidy, K.B.E., M.A., M.D., B.Ch., F.R.C.P. 9th ed. (Pp. 1,243. 30s.) Bristol: John Wright. 1949.

The Invisible World. By H. Carrington, Ph.D. (Pp. 123. 9s. 6d.) London: Rider. 1948.

Der Arzt der Persönlichkeit. By E. Speer. (Pp. 285. M. 26.) Stuttgart: Georg Thieme. 1949.

Über Weichteiltuberkulose. By M. Birkenfeld. (Pp. 45. M. 6.) Stuttgart: Georg Thieme. 1949.

Die elektrophysikalische Behandlung der Tuberkulose. By H. Brügger. (Pp. 76. M. 10.80.) Stuttgart: Georg Thieme. 1949.

Neuere Tuberkuloseforschung I. By R. Griesbach. (Pp. 112. M. 6.) Stuttgart: Georg Thieme. 1949.

Die Lungentuberkulose. By H. Gissel and P. G. Schmidt. 2nd ed. (Pp. 264. M. 26.50.) Stuttgart: Georg Thieme. 1949.

Die Erkrankungen des Darmes. By W. Zweig. (Pp. 253. M. 22.) Stuttgart: Georg Thieme. 1949.

Experimentelle Untersuchungen über Röntgeneffekte und chemische Effekte auf die pflanzliche Mitose. By K. Hohl. (Pp. 87. M. 6.) Stuttgart: Georg Thieme. 1949.

Behandlung Innerer Krankheiten. By F. Hoff. (Pp. 471. M. 25.) Stuttgart: Georg Thieme. 1949.

Gemeinsame Erkrankungen aus der Inneren Medizin und Chirurgie. By W. Kanert and K. A. Koelsch. (Pp. 500. M. 35.) Stuttgart: Georg Thieme. 1949.

Lehrbuch der Stimm- und Sprachheilkunde. By R. Luchsinger and G. E. Arnold. (Pp. 431. 72s.) Vienna: Springer. 1949.

Die Insulin-Lipodystrophie. By F. A. Kehr. (Pp. 43. M. 4.50.) Stuttgart: Georg Thieme. 1949.

Le Syndrome Hépat-Ovarien. By J. A. Huet and others. (Pp. 63. 200 francs.) Paris: L'Expansion Scientifique. 1949.

Algies Vertébrales d'Origine Statique. By S. de Seze and others. (Pp. 55. 200 francs.) Paris: L'Expansion Scientifique. 1949.

L'Humeur Aqueuse. By L. Alaerts. (Pp. 87. No price.) Brussels: Acta Medica Belgica. 1948.

Introduction à l'Étude de l'Endocrino-Psychiatrie. By A. M. P. Abély. (Pp. 184. No price.) Paris: Société d'Édition d'Enseignement Supérieur. 1949.

Vorschlag zu einer Leicht Durchführbaren Krebs-Prophylaxe. By R. Stöger. (Pp. 64. No price.) Vienna: Wilhelm Maudrich. 1949.

Ayurved-Vigyan-Mimansa. By P. Jha. (Pp. 80. No price.) Cawnpore: Brahman Press. 1948.

Überwärmung als Heilmittel. By H. Lampert. (Pp. 180. M. 15.) Stuttgart: Marquardt. 1948.

Dosis und Wirkung. By H. Druckrey and K. Küpfmüller. (Pp. 130. No price.) Berlin: Werner Saenger. 1949.

Tratamiento de las Meningitis Agudas Supuradas en el Niño. By S. Bonaba, A. Carrau, and others. (Pp. 107. No price.) Montevideo, Uruguay: Garcia Morales-Mercaut. 1948.

Lehrbuch der Haut- und Geschlechts-Krankheiten. By W. Schönfeld. 5th ed. (Pp. 458. M. 24.) Stuttgart: Georg Thieme. 1949.

Die Permeabilitäts-Pathologie. By H. Eppinger. (Pp. 755. £7 2s. 6d.) Vienna: Springer. 1949.

his quiet and assured manner he was a great comfort to many who sought his help. To a few of his more intimate associates his generosity and kindness to the poor and needy were well known. By his professional colleagues he was respected and admired, and his wise counsel and unhurried, unbiased judgment in controversial matters was of inestimable value in the administration of hospital affairs. His colleagues all regretted that during his latter years failing health prevented him from continuing to guide the affairs of the infirmary whose welfare and smooth running were always his first and most important interest. His loss is a great one to all those who knew him, and his memory will be cherished. He was a man of sterling quality, unimpeachable integrity, and a loyal and beloved friend.

Medico-Legal

PARTIAL INTERCOURSE AS CRUELTY

[FROM OUR MEDICO-LEGAL CORRESPONDENT]

Cruelty for divorce purposes is nowhere defined by statute, but the accepted traditional definition is, briefly, conduct endangering or threatening the spouse's life or health. The idea has been gradually clarified by successive decisions of the courts, but each case is decided on its own facts. One of the most recent of these decisions¹ is useful in showing one of the boundaries of legal cruelty and also one of the possible remedies where a spouse suffers from refusal of complete sexual intercourse.

A husband, almost from the outset of the married life, performed partial intercourse by coitus interruptus in spite of the repeated protests of his wife and of his own knowledge that his conduct was increasingly injurious to her bodily and mental health. He abstained for varying periods, and after these had partial intercourse on occasions. On each of these occasions the wife genuinely hoped and believed that the intercourse would be complete and that she could bear a child. Each time she was frustrated, disappointed, and depressed, and her nervous system was disturbed, with the result that her health, both bodily and mental, suffered increasingly, for she keenly desired to raise a family and believed that her husband did also.

At last, losing hope of the marriage, she petitioned the court for nullity on the ground of the husband's sexual incompetence or wilful refusal to consummate the marriage, but the judge was not satisfied that the marriage had not been consummated. She accordingly petitioned for divorce on the ground of cruelty through a failure of the husband, consistent only with determination, properly to give her those sexual rights to which she was entitled, with the result that her health deteriorated and at one time at least was in a serious condition.

Mr. Justice Wallington did not doubt that the conduct of the husband, if continued, would have produced a serious and dangerous deterioration in her health, nor that he must have understood the wrong and injury that he was doing to his wife. The judge did not suppose that her whole well-being depended on sexual intercourse or that she thought that it did. Some women, he said, may be so constituted that their health is not affected by repeated partial intercourse, such as coitus interruptus, while other women enter into the marriage state hoping to fulfil one of its most important functions—the bearing of children. When such women are denied the normal means of child-bearing and their sexual functions are abused by frequent coitus interruptus, especially when it follows substantial periods of complete denial of intercourse, their health is likely to be affected. In his opinion the case before him fell into this class, and he granted the wife her decree. He mentioned, however, during his judgment that mere abstention by the husband from intercourse could not amount to cruelty or give the wife any remedy, even though it might injure her health.

There must, it appears, be aggravating circumstances of the kind related here, such as long periods of total abstention and callous indifference to the harm that was being done. Where such circumstances are present, however, a spouse may have a remedy if the nullity remedy fails.

¹ *Walsham v. Walsham*, 1949, 1 All E.R. 775.

Universities and Colleges

UNIVERSITY OF OXFORD

In a Congregation held on July 16 the following degrees were conferred:

D.M.—J. P. Childs.

B.M.—D. A. T. Tizard, R. T. T. Warwick, W. J. C. Symonds, R. W. Barr Brown, R. Kelly-Wiseman, Sheila J. Thorogood, Anne M. M. Oriol, *G. A. Rose, *D. G. R. Campbell, *G. de B. Mitford-Barberton, *J. W. Yeandle-Hignell, *Susan E. Scott-Stokes.

In a Congregation held on July 30 the following degrees were conferred:

D.M.—G. P. Maher-Loughnan.

M.Ch.—G. J. Fraenkel.

B.M.—G. F. Harris, J. C. F. Poole, R. O. Payne, Patricia M. Gilham, Sabine J. Strich, Alison D. Reid, *D. J. Woolford, *T. C. Barns, *Ruth E. Trilling.

*In absence.

UNIVERSITY OF CAMBRIDGE

Kendal Cartwright Dixon, Ph.D., M.B., B.Chir., has been appointed University Lecturer in Chemical Pathology for three years from October 1.

Mary Etheldreda Priscilla Hele, M.B., B.Chir., has been appointed to the Benn W. Levy Research Studentship in Biochemistry for the period October 1, 1949, to September 30, 1950.

In Congregation on July 30 Kenneth Frank Wilsdon, B.M., B.Ch., F.R.C.S.Ed., was admitted to the degree of M.A. by incorporation.

The following medical degrees were conferred in Congregation on July 30:

M.D.—*A. P. Bentall, *A. Leese, *J. R. Squire, *T. P. Pattinson, *A. P. Norman, J. M. Lipscomb, R. Fletcher.

M.B., B.Chir.—*R. N. Twistington Higgins, *J. L. Whitby, *G. K. Barker, *P. J. Crosland-Taylor, *M. A. Epstein, *H. P. Lambert, *D. W. L. Leslie, *P. T. Perkins, *A. Polak, *M. T. Pym, *C. B. Walker, *J. F. Watkins, *E. C. B. Hall-Craggs, *L. B. Hunt, *R. G. Watkinson, R. W. Fairhead, *D. Bulmer, *E. H. R. Ford, *D. G. A. Leggett, *J. D. Marsh, *B. W. Peckett, *J. H. Rack, *T. J. Sullivan, I. R. McWhinney, *D. Gough, I. P. James, *P. E. Bodkin, *G. A. Court, *G. A. Gresham, *J. B. Self, *P. W. Thompson, *I. S. Waller, *M. Wilkinson, D. A. A. Beardsmore, E. A. Cooper, E. J. Watson-Williams, *E. C. A. Bott, *J. F. Boyle, *C. McCance, *T. C. K. Marr, *J. H. Neame, *C. A. Rogerson, *T. E. Stockley, *S. A. Wartski, *C. C. Clapham, *J. F. Soothill, *J. Stevens, P. A. Freeman, *D. S. Kerr, M. K. Sykes, *A. J. Lane, *W. P. L. Morrison, *J. M. Roberts, *L. R. Spencer, *R. A. Struthers, *D. G. Thompson, *H. B. Ll. Williams, L. C. Hurst, E. W. P. Jones, *A. Bates, *J. Armstrong, *B. F. Whitehead, R. D. Eagland, M. J. Kehoe, *Janet F. C. Callow, *Ellen Veldhuyzen, *Dorothea P. Wagstaff, *Dinah D. Webb, Billie I. Brown, Patricia B. Corston, Brenda M. Grimmer, *B. J. Hockey, H. R. Odum.

*By proxy.

In Congregation on August 20 the honorary degree of D.Sc. was conferred on the following: Viscount Addison, K.G., M.D., F.R.C.S., Lord Privy Seal, Leader of the House of Lords, and Chairman of the Medical Research Council; Carl Ferdinand Cori, Professor of Biochemistry in the University of Washington School of Medicine; Sir Charles Robert Harington, Ph.D., F.R.S., Director of the National Institute for Medical Research; Kaj Linderström-Lang, Director of the Carlsberg Laboratory, Copenhagen; Arne Wilhelm Kaurin Tiselius, Professor of Biochemistry in the Royal University of Uppsala, Sweden; Jacques Tréfouël, Membre de l'Institut et de l'Académie Nationale de Médecine and Directeur de l'Institut Pasteur, Paris.

UNIVERSITY OF GLASGOW

The following candidates have been approved at the examination indicated:

D.P.H.—Muriel S. Alexander, J. R. H. Berrie, G. S. Carrick, Flora C. Cowan, N. R. Cowan, Agnes C. Davidson, Katharin I. Kerr, Ruth A. Keymer, D. Livingstone, Margaret J. Macarthur, D. MacInnes, Ann K. MacLennan, J. Maxton, Agnes W. O'Gorman, Martha G. Robson (née Kennedy), Betsy D. Scott, M. Silver, J. M. Wallace, Elizabeth M. Whiteside, Jessie E. Wilson, T. S. Wilson.

UNIVERSITY OF LONDON

Anthony Clegg Cunliffe, M.D., has been appointed to the University Readership in Bacteriology tenable at King's College Hospital Medical School, from October 1.

John Laurence Malcolm, M.B., Ch.B., has been appointed to the University Readership in Experimental Physiology tenable at St. Mary's Hospital Medical School, from October 1.

Alvarenga Prize and Lecture

On July 14 the College of Physicians of Philadelphia (19, South Twenty-second Street, Philadelphia, 3, U.S.A.) awarded the Alvarenga Prize for 1949 to Owen Harding Wangensteen, M.D., Ph.D., Professor of Surgery, University of Minnesota, for his important contributions to the aetiology and therapy of gastric and duodenal ulcer. Dr. Wangensteen will deliver the Alvarenga Lecture on this subject at the College of Physicians of Philadelphia on November 2. The Alvarenga Prize was established by the will of Pedro Francisco daCosta Alvarenga, of Lisbon, Portugal, an Associate Fellow of the College of Physicians, of Philadelphia, to be awarded annually by the College on the anniversary of the death of the testator, which took place on July 14, 1883.

SOCIETIES AND LECTURES**Tuesday**

EDINBURGH POSTGRADUATE BOARD FOR MEDICINE.—At Anatomy Lecture Theatre, Edinburgh University, September 13, 4.30 p.m., "*The Metabolic Response to Injury*," by Dr. D. P. Cuthbertson.

Wednesday

INSTITUTE OF PSYCHIATRY (UNIVERSITY OF LONDON).—At Maudsley Hospital, Denmark Hill, London, S.E., September 14, 5 p.m., "*Neurological Organization for Motion*," Public Lecture by Professor Warren S. McCulloch (University of Illinois, Chicago). All interested are invited.

Thursday

INSTITUTE OF PSYCHIATRY (UNIVERSITY OF LONDON).—At Maudsley Hospital, Denmark Hill, London, S.E., September 15, 2.15 p.m., "*Emotion from the Physiological Viewpoint*," Public Lecture by Professor E. Gellhorn (University of Minnesota). All interested are invited.

ROYAL INSTITUTE OF PUBLIC HEALTH AND HYGIENE, 28, Portland Place, London, W.—September 15, 3 p.m., "*World Trends in the Teaching of Social Medicine and Public Health*," Bengué Memorial Award Lecture by Professor René Sand (University of Brussels).

APPOINTMENTS

Dr. D. J. M. Mackenzie, O.B.E., Director of Medical Services, Nyasaland Protectorate, has been appointed an Official Member of the Legislative Council of the Protectorate.

EAST ANGLIAN REGIONAL HOSPITAL BOARD.—*Consultant Psychiatrist, Fulbourn Mental Hospital*, R. L. Buttle, M.R.C.S., L.R.C.P., D.P.M. *Second Consultant Pathologist, Norfolk and Norwich Hospital*, A. L. M. Christie, M.Sc., Ph.D., M.B., B.S. *Consultant Chest Physician, Ipswich and East Suffolk Area*, C. J. Stewart, M.D., D.Obst.R.C.O.G.

RAFFERTY, LILIAN, M.R.C.S., L.R.C.P., M.M.S.A., M.R.C.O.G., Honorary Visiting Gynaecologist, King George V Springfield Hospital for Tuberculosis, Durban, South Africa.

BIRTHS, MARRIAGES, AND DEATHS**BIRTHS**

Eddy.—On August 22, 1949, at Mansfield Nursing Home, to Françoise (née Chanu), wife of Dr. B. N. Eddy, a daughter—Bernardine.
Heap.—On August 21, 1949, at "One Oak," Pickering, Yorks, to Betty, wife of Dr. K. I. Heap, a son.

DEATHS

Alderson.—On September 3, 1949, Wilfred Ernest Alderson, M.D., formerly of 56, Highbury, Newcastle-upon-Tyne, aged 76.
Berry.—On August 31, 1949, at 3, All Saints Road, Clifton, Bristol, Beatrice Catharine, the wife of Professor R. J. A. Berry, M.D., F.R.S.E., aged 71.
Crichtley.—On August 31, 1949, Samuel Edward Crichtley, M.B., Ch.B., of 532, Chorley Old Road, Bolton.
Dewar.—On September 1, 1949, at Heathfield House, Whitefield, near Manchester, James Dewar, M.B., B.Ch., of Bury.
Fuller.—On August 31, 1949, at 5, Regent's Court, Hanover Gate, London, N.W., Charles Arthur Fuller, V.R.D., M.B., late of Cawnpore, India, aged 80.
Fulton.—On August 30, 1949, at 57, Burnley Lane, Chadderton, Frederick Fulton, L.R.C.P. & S.E., L.R.F.P.S.Glas.
Hernaman-Johnson.—On September 3, 1949, at Rotherfield Road, Carshalton, Francis Hernaman-Johnson, M.D., F.F.R., aged 70.
Hincks.—On August 26, 1949, at Wells, Somerset, Arthur Cecil Hincks, M.C., M.B., Ch.B.
Lindow.—On August 26, 1949, Eric Delafeld Lindow, M.R.C.S., L.R.C.P., of 19, Beaufort Gardens, London, S.W., late Malayan Medical Service.
Morgan.—On September 1, 1949, at North Walsham, Norfolk, Edward Morgan, M.R.C.S., L.R.C.P., aged 69.
Peacey.—In April, 1949, Winifred Peacey, M.R.C.S. L.R.C.P., of Hayle, Cornwall.
Stewart.—On September 3, 1949, at Wilton Villa, Ashton Road, Denton, Manchester, William Stewart, M.D., M.Ch.
Wells.—On September 2, 1949, at Wilcott, Sanderstead, Surrey, Harry Vernon Wells, F.R.C.S., aged 49.

Any Questions?**Osteochondritis Dissecans**

Q.—What are the aetiology, prognosis, and treatment of osteochondritis dissecans?

A.—The cause of osteochondritis dissecans is not known with certainty. It is generally agreed that it results from local loss of blood supply to an area of bone, but the primary cause of this is debatable. It is often attributed to trauma, which may lead to thrombosis of an end artery supplying a segment of bone. This is a reasonable hypothesis, and it is supported by the observation that in the knee the area of osteochondritis usually lies on the infero-lateral aspect of the medial femoral condyle immediately opposite a prominent tibial spine; it is supposed that impingement of the condyle against the tibial spine is the primary factor. When osteochondritis occurs in other areas of the knee, or in other joints, there is often—though by no means always—a history of previous direct injury. The pathological course of osteochondritis dissecans in the knee may be summarized as follows. Initially there is an area of avascularity of bone, which is shown in the radiographs as an area of increased density. The overlying articular cartilage degenerates. After a variable period, usually many months, the avascular fragment of bone separates and forms a loose body, leaving a crater in the bone which becomes filled with fibrin and later with fibrocartilage.

When the diagnosis is made before the fragment has separated it is often wise to await spontaneous separation, heavy use of the joint being avoided in the meantime. But if the knee is opened the avascular fragment should be gouged out, leaving a clean vascular bed. In doing this it is sometimes difficult to define the line of demarcation between avascular and healthy bone. When operation is deferred until spontaneous separation has occurred all that is necessary is to remove the loose body or bodies. After operation, a few weeks' rest, with intensive quadriceps exercises, is advisable. The prognosis depends on the size of the avascular fragment and of the resulting cavity in the articular surface, and on the position of the lesion. When the cavity is small and situated away from the major weight-bearing area of the condyle—for example, at the lateral aspect of the lateral femoral condyle—the prognosis is good; but when the main weight-bearing surface of a joint is involved, and particularly if the lesion is large, there is a risk of the development of degenerative arthritis months or years later owing to the loss of normal articular cartilage over the area of the lesion.

Treatment of Burns

Q.—What is the modern treatment of burns?

A.—Experience during and since the war has shown that treatment should have these aims: (1) to relieve the pain which follows the accident, and avoid pain later; (2) to prevent the onset of "shock," and steer the patient through it if it develops, by carefully controlled fluid replacement; (3) to prevent and control infection throughout the period of recovery; (4) to ensure regeneration or replacement of skin as early as possible; (5) to avoid or diminish metabolic disturbances resulting from injury, fever, or anaemia; (6) to encourage normal functioning of the injured parts and of affected joints, etc., and to maintain the patient's morale throughout; (7) by secondary repair or "plastic" operations to correct any defect or deformity which remains or develops after healing is complete.

Amplifying these aims very briefly, the following recommendations are made: (1) For limb burns, if immediate pain is not severe, hold them under the cold tap; if pain is severe, give "omnupon" and scopolamine. Cover burn with a sterile (or freshly laundered) towel until dressing can be undertaken. The avoidance of later pain is almost entirely a question of preventing and controlling infection (see 3 below) and depends on patience and skill in carrying out the dressings. (2) For severe burns involving a large area, intravenous transfusion of plasma or serum should be started if possible within an hour of the