

accidents. If pressure were exercised by the medical profession I believe that a clause insisting upon the use of these new scientific methods might still be inserted in the Bill before it becomes an Act, and it is with the object of arousing the profession to apply such pressure that I write this letter.—I am, etc.,

E. GRAHAM-LITTLE,

Joint Chairman with Viscount Cecil of the
Road Accidents Parliamentary Group.

House of Commons, April 11th.

Hypochondriasis

SIR,—Dr. T. A. Ross (April 7th, p. 643) need not be alarmed. Having survived encounters with several naval commanders, I do not intend to reach your obituary column through an infuriated army colonel (retired). So if I have such a patient I shall certainly not tell him that he has failed in his career; but I shall hope that he will be drawn to tell me that his ambitions have been frustrated, and if he does so, I think it will help him. He may even recollect that, as a small boy, his not too sympathetic parents paid him special attention when he had a bilious attack, and possibly see the persistence of his life-style in the similar situation as regards his wife and his abdominal discomfort. I agree that it is probably very difficult to help retired colonels by "radical cure"; but does this mean, as both Dr. Hutchison and Dr. Ross insist, that we must not try? Dr. Ross believes in "giving the patient the feeling that he is being taken care of" (what would the colonel's reactions be if he overheard that remark?); but, surely, what the patient needs is sympathetic understanding.

I agree with Dr. Ross that "if there were no compensation for accidents there would be no traumatic neuroses," but there are many forms of compensation: the little lady I was called to see last night, howling tremendously over a very slight graze, had found hers in the fuss she was getting from her grandfather. Is it unreasonable to suggest that she, too, finds parental understanding somewhat lacking?

As for the vicarious hypochondriacs, does not a feeling of guilt *ipso facto* connote a feeling of inferiority to those who are not guilty? Whatever the unconscious factor, however, this class certainly presents a very difficult problem, which every one of us comes up against—notably in Dr. Hutchison's apt example of the over-anxious parent. I venture to suggest that the person who is in the best position to tackle this problem—if he cares to try—is the family doctor, not only because it is easier to get these patients to his consulting room than to Harley Street or to hospital, but also because he is likely to see them in an earlier stage than Dr. Hutchison or Dr. Ross. Most mothers who are anxious about their children will respond to a tactful inquiry about their own health; and it is obvious that the mother who has only one child both lacks the confidence that comes from rearing six and is extremely likely to be suffering from some unsatisfactory and uncertain method of birth control. Let us do what we can by re-education on the conscious level; but is that sufficient?—I am, etc.,

Wandsworth, April 9th.

F. GRAY.

The Medical Witness

SIR,—I observe with interest not unmixed with sadness that your medico-legal authority, in warning the doctor to avoid technical phraseology when giving evidence in court, is unable to refrain from repeating that time-honoured monstrosity of pathological hyperbole which the learned judge translates as "a black eye."

Whenever a book on forensic medicine or an article on the subject of medical evidence is published, one looks with confidence for this venerable example of our traditional inability to avoid unnecessarily long technical terms. I confess I have always regarded the doctor who was originally responsible as a lineal descendant of Mrs. Harris: the choice perfection of the composition smells too much of the lamp. It is, however, possible that it really issued from the lips of a colleague whose desire for accuracy and whose fluency were indeed to be envied, even if his lamentable lack of a sense of proportion was to be deplored; and in all sincerity I asked in your hospitable columns nine years ago if one of your readers as inquisitive and as sceptical as I, but more enterprising, could supply chapter and verse. Now, nine years later, I would again humbly suggest to learned writers on medico-legal topics that it really is time that we were entitled to receive, during the course of instruction when we are to be flagellated for our inability to express ourselves in plain non-technical (yet unpatronizing) language, another example of what ought not to be said: one which is quite as convincing and, if I may say so, much more probable.—I am, etc.,

London, W.1, April 14th.

ADOLPHE ABRAHAMS.

The Election to the Council of the Royal College of Surgeons

SIR,—The excellent effect which followed the letter from Mr. Ivor Back which you published in April, 1928, seems to have lasted for about five years; for, with the exception of the curious incident to which he refers in his letter appearing in your issue of April 14th (p. 689), peace has reigned since. But now the canvassers show signs of stirring again. If his present campaign, as I hope it will, proves equally effective for another five years, may I suggest that you will allow Mr. Back the courtesy of your columns to issue, at the proper intervals, a quinquennial appeal to Fellows of the College to abstain from the tiresome and undignified practices which he describes so well. He would earn the gratitude of many besides myself.—I am, etc.,

London, W.1, April 13th.

LIONEL COLLEDGE.

SIR,—Mr. Ivor Back's letter has much impressed me. That a Fellow of the College should be obliged, in the interest of medical ethics, to state his case on the unholy method of wire-pulling in the election of the Council is indeed distressing to learn and sad to contemplate. It was as if one of the immortals had made his way into the very presence of the gods with a genuine grievance to be laid at the feet of Zeus, who, as was his wont, sits on his throne saying nothing, but enigmatically "nodding assent." We members of the College are, of course, mere mortals, but our existence, we are told, is sometimes felt. *Our* grievance has been issued annually for over forty years. Is it not appalling that so important a reform as representation of members on the Council of the College should not be acceded to? But the gods on Olympus, who are omnipotent and superior in every respect to the "man-in-the-street" member, can exercise their autocracy. This is an age of dictators.

If examination is considered the only test of special knowledge in any given subject, the exacting requirements in anatomy, physiology, and surgery for the Fellowship speak for themselves. But, Sir, I should be interested to learn whether members of the Council are required to pass any examination in the history of medicine, ethics, or the

art of statesmanship ; if not, a knowledge of surgery alone can hardly help them in the enlightened ruling of those whom they are supposed to direct. The member is surely the man who, by his special experience, knows the requirements of the general practitioner better than your surgical specialist or consultant. An amalgamation of the two would undoubtedly strengthen the cause of each, and could not but add to progress in surgical practice throughout the British Empire. The British Medical Association has given proof that among general practitioners there are many who possess the combined qualities of organization, judgement, and foresight.—I am, etc.,

London, N.8, April 17th.

T. WILSON PARRY.

Medicine and Economics

SIR,—No medical man will dispute the proposition that there is an intimate connexion between economics and the physical and mental well-being of the people, and therefore between economics and the practice of medicine. For those of us whose lot is cast in the industrial districts especially, the results of the depression of the last few years have been only too apparent. The economic circumstances of our patients merely make a mockery of any scientific enthusiasm we manage to retain, and fill us with a sense of futility and frustration. When the whole scheme of living is wrong, and we know it, economic conditions leave us no resource but the hypothetical offering of a bottle of medicine, or a box of powders, with the addition, perhaps, of some advice which we know cannot possibly be carried out. I submit, Sir, that if the medical profession is to justify the position of trust which it holds in the estimation of the people, it should welcome any movement which promises a solution of the present economic chaos and a raising of the standard of living of the mass of the people.

It may be argued that economic problems are outside the scope of a medical journal, and that in any case they should be left to the experts in that subject. In reply, I would suggest, first, that the concentration of the medical man on his own professional responsibilities scarcely absolves him from the wider responsibilities of citizenship, and, secondly, that the "experts" are not making much of a job of it. So little progress are they making, in fact, that thinking people all over the country have been driven to examine the facts for themselves, and there is a steadily increasing volume of opinion that the root cause of our difficulties is to be found in the operation of our banking and financial system.

Up till recently there has seemed to be a conspiracy of silence with regard to this question on the part of the Press, but on April 4th the London *Times* earned the gratitude of the country by opening its columns to a discussion on this subject. The discussion was initiated, as perhaps you are aware, by the publication of a letter signed by several well-known and influential gentlemen, expressing their opinion that the financial system stands in need of reform, and pleading for a *scientific* inquiry into the whole question.

My object in writing is to suggest that the British Medical Association should throw its weight into the scale, and should bring to the support of this demand the assistance of its prestige and authority. A scientific body cannot possibly object to a scientific inquiry, the demand for which would acquit you of any *a priori* opinions. I submit, finally, that the course suggested would raise the Association immensely in the estimation of all who sincerely desire to find a way out of the present deadlock.—I am, etc.,

Dunfermline, April 8th.

A. C. DOUGLAS.

Lymphadenoma

SIR,—May I call attention to a slight inaccuracy in your otherwise admirable report of my contribution to the discussion on lymphadenoma, at the Royal Society of Medicine on March 27th? Referring to methods of regional irradiation I said that Finzi had applied the term "radiation baths" to this type of treatment, but in your report the term "radiation bars" was used in error. Dr. Finzi was unable to be present at the discussion, but he writes to say:

"I think you take much too gloomy a view about these cases. I have now quite a number of cases over five, ten, and even fifteen years where extensive local treatment, combined with treatment of the adjacent gland areas, has resulted in a complete disappearance of the growth without recurrence. Most of them are cervical, but one was a case of a man with enormous masses in his groins."

I am glad to take the opportunity of correcting any excessively pessimistic impression I may have given in my paper.—I am, etc.,

London, W.1, April 14th.

WALTER M. LEVITT.

Obituary

JAMES ANDERSON, M.D.

Seaton Delaval

By the death on April 6th of Dr. James Anderson of Seaton Delaval a popular and highly esteemed personality has been removed from East Northumberland. Born in 1866 he was educated in the Universities of Edinburgh and Durham. He graduated M.A.Ed. in 1887 and M.B., C.M. in 1891, following these seven years later with the B.Hy.Durh. He proceeded M.D. with commendation in 1922. He had been in practice in the extensive colliery districts of Seaton Delaval and Cramlington for about forty years, and had been medical officer of health to the Cramlington urban district council for some thirty years. He took a very active interest in the work of the St. John Ambulance Brigade, being assistant commissioner for the northern section, and a Commander of the Order. He was a Fellow of the Society of Medical Officers of Health. Dr. Anderson rendered conspicuous service to public education, and had been chairman of the Seaton Delaval Education Committee of the county council. A month ago he was re-elected to the Northumberland County Council, on which he had previously served for six years. He was also a justice of the peace, and regularly attended the courts of Blyth and Whitley Bay. He was a member of the Grand Lodge of Freemasons, and a founder member of the Astley Lodge, Seaton Delaval. James Anderson joined the British Medical Association in 1892, and was chairman of the Blyth Division from 1923 to 1927. He was a member of the Representative Body at the Swansea Annual Meeting of the Association in 1903, at Exeter in 1907, at Newcastle-upon-Tyne in 1921, at Portsmouth in 1923, and at Edinburgh in 1927. He was a member of the Local Medical and Panel Committee of Northumberland from its inauguration, and chairman during the last three years.

Dr. WILBUR C. LOWRY (honorary secretary of the Blyth Division) writes: Many of us younger members of the Blyth Division and of the Panel Committee will long remember how with a thoughtful mien or a cheery smile and a characteristic "No" Dr. James Anderson's forceful personality waved aside objections and opposition alike. No resentment was ever felt, because we knew he had a "flair" for getting things done. Dr. Anderson possessed in large measure the art of the practice of medicine. He also kept in close touch with the advance of scientific