

Since my communication of May 5th my notice has been drawn to a paper by Mr. C. H. Fagge. Mr. Stewart Woodman will there find that Mr. Martin's advocacy of 1911 has not settled this question finally, as this paper was written in July, 1927, and is to be seen in the *British Journal of Surgery*, vol. xv. He may be astonished to find that there are well-known London surgeons who question Mr. Martin's theory. If he has not already seen this paper I recommend it to him, as he will find a well-sustained argument, and a reasonable hypothesis as to how the cartilage is torn. Whether one agrees or not it compels one's respect, whereas a bald statement such as "rupture takes place *always* in flexion" leaves one cold. Mr. Stewart Woodman wishes me to explain the mechanism of rupture. I should like him to essay the task. If he will do that, and lay his assertiveness aside, he will earn our thanks and command our regards.—I am, etc.,

Leeds, Sept. 30th.

J. STEWART.

The Medical Profession in Hungary

SIR,—I have just returned from the Annual Conference of the Association Professionnelle Internationale des Médecins at Paris, and I wish to bring to the notice of our Association some facts about the situation in Hungary which should cause grave concern to every organized medical body.

The representative of Hungary gave us a detailed history of what has been happening to the profession there in the last few years. Briefly, for some years the country has been suffering from the effects of the financial crisis to an extent which we can hardly conceive. Wages and salaries have been cut all round on several occasions, and the medical profession has suffered with the rest of the population. The reduction in the remuneration of insurance doctors amounts to something between 40 and 50 per cent. The last cut was made when the Government made drastic economies in order to save the health insurance system from bankruptcy. The doctors naturally expected that as the balance sheet of the "caisses" began to improve, so would the position of the medical profession. But they were cruelly deceived. Though the financial position of the "caisses" is now sensibly improved, the Government has peremptorily refused to consider the position of the doctors. But that is not all. The Government now intends to destroy the system of "free choice," which the profession thought it had, after a long struggle, established, and the emphatic protests of the Hungarian Medical Association have just been met by a decree ordering all doctors who derive any kind of remuneration from the State to leave the association. This involves nearly every doctor in the country—all insurance doctors, hospital doctors, university professors and teachers, and, of course, all military and Civil Service doctors.

The A.P.I.M. received this news with consternation. We were amazed that at this time of day the Government of any civilized country should deny to professional men the right of combination which is commonly accorded to workers of every kind. Doubtless the International Labour Office of the League of Nations, with which Hungary is connected, will have something to say about this extraordinary action.

Our Hungarian colleagues, crushed by real poverty but still resolute to preserve their civic rights, deserve, and will, I am sure, receive, the sympathy of every British doctor, as they did that of the representatives of fourteen national medical organizations present in Paris.—I am, etc.,

London, W., Oct. 2nd.

ALFRED COX.

Death and the Survival of Rights of Action

SIR,—I am glad to see your leading article on the above subject (September 29th, p. 600), and I quite agree with the writer's statement that "this change in the law is fraught with grave consequences to the medical profession." Why then did the medical profession take no steps to prevent it? Before the change was made I called the attention of the London and Counties Medical Protection Society to the matter, but nothing was done. Did the British Medical Association do anything?

I may be wrong, but I think the recent change in the law makes the widow, or other representatives, of a deceased doctor liable for alleged negligence of the doctor during his life. If this is so the consequences are more than grave. In a large proportion of cases there will be no evidence (in his absence) on the doctor's behalf, and the opportunity for blackmailing will be simply appalling. Already, as some of the judges seem fortunately to recognize, the expert blackmailer quite realizes that the law affords an efficient and safe engine for his purposes.—I am, etc.,

Lingfield, Surrey, Sept. 29th.

HUGH WOODS, M.D.

"Port Sanitation and Common Sense"

SIR,—In your issue of August 25th a ship surgeon airs his "grouses" against the port sanitary authorities. Though my experience as port medical officer was a temporary one of only some months' duration I feel qualified to question the justice of some of his views.

Ship surgeons, I imagine, are no different from the rest of the profession, and they comprise men good, bad, and indifferent; men with much experience and with little. Can the port authorities be certain that the ship surgeon (not to speak of the skipper of a ship carrying no doctor) can be relied on *in every case* to differentiate between (1) mild cholera and acute food poisoning, (2) an ordinary femoral adenitis and plague with a septic wound of the leg as a coincidence just to put one off, (3) severe chicken-pox and mild small-pox modified by vaccination? Port authorities have more experience of these "snags" than the average individual ship surgeon, of whom how many have had much experience of plague and cholera? I have omitted the possibility that several deaths from "pneumonia" on board may have been due to *B. pestis* and not to the pneumococcus. Hence the question, "Have you had any cases of illness aboard, infectious or not?" If circumstances seem suspicious the authorities can pursue the matter.

"Ship Surgeon" complains of having to fill up a form at both ends of Suez Canal. Assuming the last port of call to have been Aden, surely infectious disease may break out aboard between Suez and Port Said. I see no reason for this complaint. As to the question whether the ship has picked up anybody or anything during the voyage—the ship might have picked up the crew (with their belongings) of an Arab dhow drifting unmanageable in the Red Sea, the crew being stricken with cholera acquired from the pilgrimage. In this case surely the ship could give the approximate position. The authorities are not dealing only with the surgeons of crack British liners. Certainly the surgeons of some foreign ships cannot be relied upon too far, and most ships carry no doctor. There cannot be a multitude of forms—for example, (1) for ships not carrying doctors, (2) for foreign ships carrying a doctor, (3) for British ships carrying a doctor who is (a) good, (b) bad, (c) indifferent.

I once boarded a ship belonging to a famous British line carrying a British doctor who assured me that he had no illness on board. He was not a good liar, and his assurance