

point, and mentioned Dr. Barringer's statement that at the time in question there would have been no difficulty or danger in obtaining a section. The learned judge also quoted from Rose and Carless, under the heading "Tumours and Cysts," that "at present there is no certain means of diagnosis, except clinical, and the microscopical examination of a portion of the growth removed for the purpose."

The real question was whether Mr. Hunter exercised the reasonable care required of him. A mere mistaken diagnosis would not of itself be evidence of negligence. It might be akin to the "slip" mentioned by Lord Justice Scott in *Mahon v. Osborne*.¹ Certain things appeared to be quite clear: (1) the diagnosis was wrong; (2) the diagnosis was made on sight and touch alone, relying upon past experience; (3) the wall of the bladder gave the appearance of cancer for Mr. Hunter to make his diagnosis and for Dr. Barringer to have felt doubt about it. The recognized test in these circumstances, apart from the clinical, was by means of a biopsy, and the microscopical examination must be made when circumstances permitted.

"Now I am clearly of the opinion in this case that Mr. Hunter's duty to the plaintiff was to have made such a microscopical examination in the circumstances of this case if it was reasonably possible for it to be done, having regard to all the considerations he must keep in mind. Dr. Barringer said it could and ought to have been done. Mr. Hunter and his witnesses said, for the reasons they gave, that it could not and that it ought not to have been done."

He regretted to have to come to the conclusion that he could not accept Mr. Hunter's reasons as a justification for not taking a sample for microscopical examination. Dr. Barringer took the sample when he thought the area might be cancer, and if Mr. Hunter's reasons were to be accepted as against Dr. Barringer's evidence the dilemma would arise that in any case of this kind, where cancer had been diagnosed, a biopsy would never be possible. He found therefore that there was negligence in not taking the sample for examination, and that Mr. Hunter was lacking in the duty of reasonable care to the plaintiff in making the diagnosis he did in the way he did and doing nothing more to verify or check it, although the means of verification was available.

"If the sample had been taken, as I think it was possible to take it on the evidence, the microscopical examination would have shown that there was no cancer, and, although Mr. Hunter said it would have led him to the conclusion that he had not got a piece from the right place, so sure was he that his diagnosis was right, it may well be that he would have been shaken in his view and taken still further steps to verify his original diagnosis, which was, as I have said, of such infinite moment to the plaintiff."

On the matter of the cystoscope, he thought that on March 22, when Mr. Hunter made his first examination and when the retention of urine was so marked, Mr. Hunter was justified in not using the cystoscope, but before or on April 5, the date of the operation, a cystoscopic examination should have been made, for by then conditions had altered very greatly. He held the mistaken diagnosis to have been made because of the lack of reasonable care, particularly in the matter of the biopsy and the cystoscope.

His lordship then proceeded to assess the damages in view of the loss which the plaintiff had sustained and the expense to which he had been put. He came to the conclusion that in the aggregate these amounted to £6,300, and gave judgment for that amount against Mr. Hunter, with costs.

In circular No. 146/48 (dated Aug. 25, 1948) the Ministry of Health draws the attention of local authorities to the aftercare scheme which the National Association for Mental Health has been operating for the Board of Control and the Ministry. The scheme was designed to assist ex-Service men and women who had been discharged from hospital after treatment for psychotic and neurotic disorders. It is now apparent that these aftercare arrangements are ceasing to be particularly associated with ex-Service men and are becoming a part of the civilian service for mental welfare, which is now a function of local health authorities. In the future all such cases are to be referred by the regional hospital boards to the health authority concerned, and the latter can either provide any additional machinery itself or come to an arrangement with the National Association for Mental Health for the continuation of the work. The Ministry has asked local health authorities to let it know what action they propose to take by Oct. 1, so that the National Association can be informed in good time what call is likely to be made upon their services.

Medical News

Ninth International Congress on Industrial Medicine

The periods for formal registration by members have been arranged as follows: Sunday, Sept. 12, from 10 a.m. to 5 p.m. at Church House, Great Smith Street, Westminster. Monday, Tuesday, and Wednesday, Sept. 13, 14, and 15, from 9 a.m. to 10 a.m. and from 12.15 p.m. to 2.30 p.m. at Caxton Hall, Westminster. A number of social functions and demonstrations have been arranged for delegates during the week, and at the Royal College of Nursing a model of an Industrial Health Department has been erected and lecture demonstrations will be given in the Cowdray Hall of the Royal College of Nursing during the week. The Safety, Health, and Welfare Museum in Horseferry Road, Westminster, will be open during the week and a film unit will show films of industrial importance in the Museum Lecture Theatre. A Scientific Exhibition will also be open in the Bishop Partridge Hall, Church House, Great Smith Street, Westminster, when scientific apparatus and pathological specimens will be on view. A comprehensive programme of visits of technical interest has been arranged for the week following the Congress and full details of these are given in the Congress programme. The fee for the whole Congress is £3, but delegates wishing to attend only two sessions can do so on the payment of £1. The Secretary of the Congress is Dr. Harold J. Davies, Room 501, Garden Court Wing, B.M.A. House, but during the week of the Congress all communications should be addressed to him at Room 16, Caxton Hall, Caxton Street, Westminster, S.W.1. From Sept. 13-17, the following social functions have been arranged. Monday, Sept. 13, 6.30 p.m., cocktail party in the Georgian Restaurant of Messrs. Harrods, Ltd., Knightsbridge, London, S.W., arranged by the British Organizing Council and the Association of Industrial Medical Officers; Tuesday, Sept. 14, 6 p.m., Government Reception at Lancaster House, St. James's, London, S.W., when the Rt. Hon. George Isaacs, M.P., Minister of Labour and National Service, will receive the guests; Wednesday, Sept. 15, 10.45 p.m., special performance of the film "Hamlet," at the invitation of the J. Arthur Rank Organization, at the Odeon Theatre, Leicester Square, London, W.C. The preliminary programme of the congress was published in the *Journal* of Aug. 14 (p. 351).

Chinese University President

Professor Cheer Shec-nan, acting president of the National Central University, Nanking, and dean of the college of medicine, is visiting Britain under the auspices of the British Council until the end of October. He has been attending the Mental Health Congress in London and will afterwards make a study of recent advances in the field of internal medicine, particularly diseases of the cardiovascular system. He will also study hospital administration and teaching methods in medical and dental schools. Professor Cheer was one of the three medical delegates chosen to represent China at the World Health Organization Assembly in Geneva in June and July this year.

Wills

Mr. William Lloyd, formerly of London, W.1, left £32,773 13s. Dr. Geoffrey Garland, of West Strand, Rottingdean, Sussex, left £43,187 7s. 4d.

COMING EVENTS

British Commonwealth Medical Council

An informal dinner party, arranged by the British Medical Association, will be held at the Café Royal, 68, Regent Street, London, W., on Tuesday, Sept. 14, at 7 for 7.30 p.m., to meet the members of the British Commonwealth Medical Council on the occasion of its inaugural meeting.

Dinner for London Insurance Practitioners

The Local Medical and Panel Committee for the County of London has arranged a dinner for London insurance practitioners to commemorate the termination of its period of office. The dinner will be held at the Café Royal, Regent Street, London, W., on Thursday, Sept. 16, at 7 for 7.30 p.m. Tickets are 17s. 6d. each, exclusive of wines, and applications for tickets should be made to the Secretary, London Local Medical Committee, Tavistock House (North), Tavistock Square, W.C.

Society of Medical Officers of Health

The annual dinner of the Society of Medical Officers of Health will be held at Piccadilly Hotel, London, W., on Thursday, Sept. 16, at 6.45 for 7.30 p.m.

Bengué Memorial Award Lecture

Dr. Paul Banzet (Paris) will deliver the Bengué Memorial Award Lecture on "The Surgical Treatment of Gastric Ulcers" at the Royal Institute of Public Health and Hygiene (28, Portland Place, London, W.) on Wednesday, Sept. 22, at 3 p.m. Admission is free without ticket, but readers are asked to inform the secretary of the institute in advance if they intend to be present at the lecture.

Central Mediterranean Force Surgeons' and Anaesthetists' Dinner

The annual dinner of the surgeons and anaesthetists who served in the Central Mediterranean Force will be held at Claridge's Hotel, Brook Street, London, W., on Thursday, Sept. 23, at 7 for 7.45 p.m. Surgeons and anaesthetists may bring one guest and should apply for tickets to Professor H. W. Rodgers, O.B.E., F.R.C.S., 4, University Square, Belfast, Northern Ireland.

British Hospitals Contributory Schemes Association

The Final Conference of the B.H.C.S.A. will be held at Folkestone on Sept. 30 to Oct. 3, and the Annual General Meeting on Oct. 1. Information may be obtained from the secretary, Royal London House, Queen Charlotte Street, Bristol, 1.

SOCIETIES AND LECTURES**Tuesday**

INSTITUTE OF LARYNGOLOGY AND OTOTOLOGY, 330, Gray's Inn Road, London, W.C. Sept. 14, 5.15 p.m. "*Dermatology as it Concerns the Ear, Nose, and Throat*," by Dr. A. C. Roxburgh. Illustrated by lantern slides.

Thursday

DREADNOUGHT SEAMEN'S HOSPITAL, Greenwich, S.E.—Sept. 16, 3 p.m. Clinical demonstration by Dr. R. Hartley.

EDINBURGH POSTGRADUATE BOARD FOR MEDICINE—At Anatomy Lecture Theatre, Edinburgh University, Sept. 16, 4.30 p.m. "*Modern Trends in Anatomy*," by Professor J. C. Brash.

SOCIETY OF MEDICAL OFFICERS OF HEALTH—At Piccadilly Hotel, London, W., Sept. 16, 6.45 for 7.30 p.m. Annual Dinner.

Friday

BRITISH TUBERCULOSIS ASSOCIATION—At 26, Portland Place, London, W., Sept. 17, 3.15 p.m. "*Tuberculosis and Diabetes*," by Drs. R. D. Lawrence and Ian Mills Hall. "*Collapse Therapy and the Bronchus*," by Dr. L. E. Houghton.

MIDDLESEX COUNTY MEDICAL SOCIETY—At Central Middlesex Hospital, Acton Lane, N.W., Sept. 17, 4 p.m. Annual general meeting. Address: "*Diagnosis*," by Mr. Ivor Lewis.

BIRTHS, MARRIAGES, AND DEATHS**BIRTHS**

Aldridge—On Aug. 26, 1948, to Hilda, wife of Mr. L. W. Aldridge, F.R.C.S., a son.

Fox—On Aug. 22, 1948, at Elizabeth Garrett Anderson Maternity Home, 40, Belsize Grove, London, to Margaret (née Graham), wife of Dr. John P. Fox, of 103, Howberry Road, Stanmore, a son.

Harriss—On Sept. 2, 1948, at Queen Charlotte's Hospital, to Betty, wife of Dr. W. A. Harriss, a son.

Hartley—On Aug. 26, 1948, at Oakvale Nursing Home, Sheffield, to Bee, wife of Dr. B. P. R. Hartley, M.B.E., a second son.

Jack—On Aug. 27, 1948, at Elsie Inglis Maternity Hospital, Edinburgh, to Hilda, wife of J. B. Jack, F.R.F.P.S., F.R.C.S.Ed., a daughter.

Jones—On Sept. 2, 1948, at Okehampton, Devon, to Marjorie (née Dobson), wife of Dr. C. Gwynna Jones, a son—John Richard.

Murphie—On Aug. 28, 1948, at King's College Hospital, to Elizabeth, wife of Mr. C. I. Murphie, F.R.C.S., a daughter.

MARRIAGE

Stutt—Waite—On July 17, 1948, at Holy Trinity Church, Claygate, John Charles, elder son of Rev. and Mrs. J. W. Stutt, 25, Strathmore Park North, Belfast, to Pamela, elder daughter of Mr. and Mrs. Bryan R. Waite, "Hillcrest," Beaconsfield Road, Claygate.

DEATHS

Drysdale—On Aug. 30, 1948, at 11, Clarendon Terrace, Dundee, Campbell Westwood Drysdale, M.B., Ch.B., aged 46.

French—At Nairobi, found dead, from gunshot wounds in the head, Stanley Gay French, F.R.C.S., aged 40.

Gill—On Aug. 30, 1948, at North Staffordshire Royal Infirmary, Alexander Wilson Gill, M.D.Ed., F.R.C.P., of The Limes, Barlaston, Staffs, aged 60.

Kelly—On Aug. 27, 1948, at North Wingfield, Derbyshire, John Booth Kelly, L.R.C.P.&S.I. and L.M.

Marriott—On Aug. 30, 1948, Francis Keene Marriott, M.C., M.R.C.S., L.R.C.P., of Yoxford, Suffolk.

O'Driscoll—On Aug. 29, 1948, at Bon Secow Home, Cork, Patrick O'Driscoll, M.B., B.Ch.

Ong Chong Keng—On Aug. 31, 1948, murdered, Ong Chong Keng, M.B., B.S., Hong Kong.

Paterson—On Aug. 28, 1948, at 340, Lee High Road, London, S.E., Arthur Robert Paterson, M.D., Major I.M.S., retired, aged 88.

Rashleigh—On Aug. 29, 1948, at Cowes Cottage, St. Peter's-in-Thanel, Hugh George Rashleigh, M.R.C.S., L.R.C.P., late of Chartham, near Canterbury, aged 72.

Schmidt—On Aug. 21, 1948, Peter Wolstadt Schmidt, M.B., C.M.Ed., of 161, Hookstone Road, Harrogate, Yorks.

Stephen—On Sept. 1, 1948, at 97, Fitzwarren Street, Salford, Lancs, Leslie Dechmont Stephen, M.B., Ch.B.Ed.

Wise—On Aug. 30, 1948, at 115, Greenhill, Hampstead, N.W., Kenrick Stanton Wise, M.B., B.S., late Surgeon-General, Trinidad, B.W.I., aged 67.

EPIDEMIOLOGICAL NOTES**Typhoid at Greenock**

A sharp outbreak of typhoid fever has occurred in the Greenock, Port Glasgow, and Gourrock areas of Clydeside, and 30 cases had been notified by Tuesday, Sept. 7.

The first 3 cases were holiday-makers in Gourrock who had crossed the Firth of Clyde to Kilcreggan, a favourite place for picnic parties, and there had taken water (unboiled) from a stream. The next batch of cases came from members of a church organization who, to the number of approximately 700, proceeded on an excursion to the same resort. Large numbers are known to have drunk unboiled water from the stream, and 24 cases have so far been reported in this group. The next 2 cases were Greenock youths who were camping at Kilcreggan. All these are primary cases, and it is expected that their number will increase in the next week or two.

So far the organism has not been discovered in the stream, but the bacteriological findings on samples taken at various points are awaited. No individual who drank water from the same source which had been boiled has been affected. It is known that drainage from a few dwellings reaches the stream above the point from which the water was taken. There is no history of typhoid fever in the locality. The one factor common to all cases, however, is the consumption of water from this particular stream, and the evidence is overwhelmingly in favour of this as the cause of the outbreak. The dates of the visits to the waterfall cover a long period, the first patient having been there on June 30. Most of the infections, however, date from July 31, when the party of about 700 spent the day near the stream and, owing to the hot weather, drank copiously at the waterfall. One recent patient lives in a hamlet a mile from the stream and definitely did not drink at the fall. Inquiries are continuing into this and other cases. Attention has also been given to other possibilities such as ice-cream bought in a nearby village, and farm milk—so far with negative results.

Most of the patients are children or adolescents. The incubation period has been long, the average being about 20 days. The illness has been clinically serious, but up to the time of going to press no death has been recorded.

Discussion of Table

In *England and Wales* a decrease occurred in the notifications of measles 1,286, whooping-cough 198, and scarlet fever 38; an increase was recorded for acute poliomyelitis 35 and diphtheria 10.

The largest decreases in the notifications of measles were Lancashire 236, Yorkshire West Riding 119, Surrey 103, and London 98. In contrast to the decreasing trend of whooping-cough in the whole country a rise of 87 was reported in London; the largest falls were Middlesex 48 and Yorkshire West Riding 48. Only small changes were recorded in the local returns of scarlet fever. The notifications of diphtheria, despite the slight rise, have continued for four weeks at the lowest level ever recorded. No changes of any size occurred in the local trends of diphtheria during the week.

A new outbreak of dysentery, affecting 12 persons, was notified from Cambridge M.B. during the week. The other large returns for dysentery were Lancashire 40 and London 10.

The incidence of acute poliomyelitis was almost doubled; the largest centres of infection were London 10 (Kensington 2, St. Pancras 2); Middlesex 10 (Wembley M.B. 4, Twickenham M.B. 2); Kent 9 (Chislehurst and Sidcup U.D. 2); Lancashire 8. Notifications have been widely scattered, with a tendency for most of the cases to occur in the densely populated areas. On the whole the situation this year appears to be one of high endemic incidence quite different in degree from that of last year but similar in distribution.

In *Scotland* only small changes were recorded in the notifications of infectious diseases. In Glasgow the notifications of dysentery increased from 25 to 44.

In *Eire* increases were recorded in the number of notifications of whooping-cough 59, scarlet fever 29, and diarrhoea and enteritis 17. An outbreak of whooping-cough, affecting 38 persons, was notified from Galway, Oughterard R.D. The rise in the incidence of scarlet fever was contributed by Dublin C.B. The rise in the notifications of diarrhoea and enteritis was due to isolated cases in several areas.

In *Northern Ireland* the notifications of measles decreased by 9, while an increase of 7 was recorded for scarlet fever.

Week Ending August 28

The notifications of infectious diseases in England and Wales during the week included: scarlet fever 812, whooping-cough 3,162, diphtheria 123, measles 3,774, acute pneumonia 240, cerebrospinal fever 29, acute poliomyelitis 70, dysentery 70, paratyphoid 17, and typhoid 12.