Major Hysteria

Sir,—In an article under the above heading, by Dr. W. Ritchie Russell (Journal, April 27th, p. 872), a symptom is omitted which I have found fairly constant in female subjects suffering from that malady,—namely, the difference of temperature in the axillae, a puzzling feature, and one for which I have never come across a satisfying explanation. In the right axilla (chiefly) the temperature may range from 100° to 104° F., while in the left axilla it is normal. If the former only is taken the error of diagnosing the condition as one of influenza is easily made, especially if—as frequently happens—no other marked objective sign is featured.—I am, etc.,

London, April 22nd.

D. M. MACDONALD.

Sterilization of Women: The Legal Position

Sir,—I am delighted to have Mr. Binney's assurance that he is not suffering from any confusion of thought. It is, of course, no fault of his that the legal position of sterilization must now appear to the remainder of your readers as something like a ball of wool which has been played with by a kitten.

May I recall that my original contention had nothing to do with the law of larceny or the ethics of sterilization, but dealt solely with the practical position of surgeons and patients at the present day? It is not, I think, in dispute that a surgeon is entitled to perform on any patient, with his or her consent, any operation for which there is a valid medical reason. In the present state of scientific opinion sterilization on well-established "eugenie" grounds would seem to fall clearly within this principle. In support of this contention I have appealed to the present practice of the courts in regard to other non-essential operations, such as cosmetic operations, and, further, to the notorious fact that "eugenic operations" are frequently performed with complete impunity to all concerned. The only final arbiter in the dispute would be a higher court, and in the absence of an indication that any form of protection would follow operations for eugenic sterilization a final decision in the near future seems unlikely. The position may fairly be called a "stalemate."—I am, etc.,

London, April 29th.

Letitia Fairfield.

"* This correspondence is now closed.—Ed. B.M.J.

Anaesthesia for Throat Operations on Children

Sir,—After quoting the authority of the Council of the Association of Anaesthetists of Great Britain and Ireland, the late Chief Medical Officer of the Board of Education goes on to state in his annual report for 1935:

"In the circumstances it is the bounden duty of every school medical officer to review the arrangements under which his authority makes provision for the performance of operations for the removal of tonsils and adenoids. If it then appears that chloroform or chloroform mixtures are employed as a routine measure, and not merely for exceptional cases, he should endeavour to arrange that the practice be discontinued. If a satisfactory arrangement cannot in this way be secured, it will be for the authority to consider the making of entirely new arrangements."

Admitted that a satisfactory dissection tonsillectomy cannot be done under a "one-shot" anaesthetic and therefore some continuous administration is required, it will be generally agreed that ether administered by a tube or by Boyle's gag is quite satisfactory. It remains, then, to decide on the induction anaesthetic. In this routine work economy of time, money, and effort should be considered. Provided the anaesthetist is skilled in the administration of chloroform it easily comes first, but unless the skill is forthcoming probably any other induction is safer. I should like to suggest that where a skilled anaesthetist is employed the question should be left to the anaesthetist and the surgeon, as is usually the case. —I am, etc.,

F. HERBERT WALLACE, F.R.C.S.Ed.
Uppingham, April 20th.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

The General Board gives notice that the composition fee for all medical students and for other students reading for the Natural Sciences Tripos, Part I or Part II, or for the Preliminary Examination in Natural Science, will be as follows: For undergraduates in their first, second, or third year, an annual composition fee of £45, payable in three equal terminal instalments of £15; for students in their fourth year, a terminal fee of £8.

UNIVERSITY OF LONDON

LONDON HOSPITAL MEDICAL COLLEGE

The first open entrance scholarship, of the value of £100, offered for the session 1935-6, has been awarded to Mr. F. C. Courice of New College, Oxford.

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE

The 1935-6 course of study, which qualifies students to sit for the University of London Diploma in Public Health, covers a period of nine calendar months' whole-time work, beginning on September 30th, 1935. The fee (54 guineas) covers the cost of the ordinary lectures and demonstrations, visits to centres of public health interest, the necessary practical work with the medical officer of health, and instruction in infectious diseases. One place will be allotted without fees, after open competition on June 27th and 28th, the successful candidate being awarded the Fishmongers' Company studentship. Applications to compete for this studentship must be sent to the secretary by June 15th.

presence of some faulty adaptation to life, which, if not remedied, makes the prospect of a healthy old age problematical. Apart from senile insanity, the more frequent condition of senility is a condition to be avoided as far as possible, spelling as it does not only unhappiness for the patient herself, but also for those with whom she comes in contact: Rutherford, in fact, maintains that senility is the greatest insanity-producing period of life. However this may be, even in the lesser forms of mental difficulty in old age a vicious circle tends to be established.

On every count, therefore, the physician should utilize here as always the method of treatment which best affords help. Where endocrine therapy is indicated this should, of course, be instituted. But endocrine therapy does not necessarily contraindicate psychotherapy, either coincidentally—when the two may have important adjuvant action—or later. In some cases psychotherapy alone is required. I refer to those cases in which the psychological factor is the precipitating as well as the underlying cause at work: those patients, in short, who exemplify the fact that the presence of a physical abnormality does not necessarily mean that the symptoms complained of are due to this abnormality. Moreover, there are definite psychological reasons why the climacteric favours the onset of mental imbalance. Women who regard the menopause as a time of illness—and they are not infrequent—tend to approach this period of life with fear, a state of mind not conducive to health, if it does not actually precipitate a mental breakdown. These being the facts, I am puzzled that Dr. Bellamy should think that psychotherapy ought to play no part in the treatment of some cases of mental disturbance at the menopause. It affords help in mental illness occurring at other times of life. Why, then, should it not do so at the climacteric?—I am, etc.,

HILDA WEBER, M.D.

Sterilization of Women: The Legal Position

Sir,—I am delighted to have Mr. Binney's assurance that he is not suffering from any confusion of thought. It is, of course, no fault of his that the legal position of sterilization must now appear to the remainder of your readers as something like a ball of wool which has been played with by a kitten.

May I recall that my original contention had nothing to do with the law of larceny or the ethics of sterilization, but dealt solely with the practical position of surgeons and patients at the present day? It is not, I think, in dispute that a surgeon is entitled to perform on any patient, with his or her consent, any operation for which there is a valid medical reason. In the present state of scientific opinion sterilization on well-established "eugenie" grounds would seem to fall clearly within this principle. In support of this contention I have appealed to the present practice of the courts in regard to other non-essential operations, such as cosmetic operations, and, further, to the notorious fact that "eugenic operations" are frequently performed with complete impunity to all concerned. The only final arbiter in the dispute would be a higher court, and in the absence of an indication that any form of protection would follow operations for eugenic sterilization a final decision in the near future seems unlikely. The position may fairly be called a "stalemate."—I am, etc.,

London, April 29th.

LETITIA FAIRFIELD.

"* This correspondence is now closed.—Ed. B.M.J.

Anaesthesia for Throat Operations on Children

Sir,—After quoting the authority of the Council of the Association of Anaesthetists of Great Britain and Ireland, the late Chief Medical Officer of the Board of Education goes on to state in his annual report for 1935:

"In the circumstances it is the bounden duty of every school medical officer to review the arrangements under which his authority makes provision for the performance of operations for the removal of tonsils and adenoids. If it then appears that chloroform or chloroform mixtures are employed as a routine measure, and not merely for exceptional cases, he should endeavour to arrange that the practice be discontinued. If a satisfactory arrangement cannot in this way be secured, it will be for the authority to consider the making of entirely new arrangements."

Admitted that a satisfactory dissection tonsillectomy cannot be done under a "one-shot" anaesthetic and therefore some continuous administration is required, it will be generally agreed that ether administered by a tube or by Boyle's gag is quite satisfactory. It remains, then, to decide on the induction anaesthetic. In this routine work economy of time, money, and effort should be considered. Provided the anaesthetist is skilled in the administration of chloroform it easily comes first, but unless the skill is forthcoming probably any other induction is safer. I should like to suggest that where a skilled anaesthetist is employed the question should be left to the anaesthetist and the surgeon, as is usually the case. —I am, etc.,

F. HERBERT WALLACE, F.R.C.S.Ed.
Uppingham, April 20th.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

The General Board gives notice that the composition fee for all medical students and for other students reading for the Natural Sciences Tripos, Part I or Part II, or for the Preliminary Examination in Natural Science, will be as follows: For undergraduates in their first, second, or third year, an annual composition fee of £45, payable in three equal terminal instalments of £15; for students in their fourth year, a terminal fee of £8.

UNIVERSITY OF LONDON

LONDON HOSPITAL MEDICAL COLLEGE

The first open entrance scholarship, of the value of £100, offered for the session 1935-6, has been awarded to Mr. F. C. Courice of New College, Oxford.

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE

The 1935-6 course of study, which qualifies students to sit for the University of London Diploma in Public Health, covers a period of nine calendar months' whole-time work, beginning on September 30th, 1935. The fee (54 guineas) covers the cost of the ordinary lectures and demonstrations, visits to centres of public health interest, the necessary practical work with the medical officer of health, and instruction in infectious diseases. One place will be allotted without fees, after open competition on June 27th and 28th, the successful candidate being awarded the Fishmongers' Company studentship. Applications to compete for this studentship must be sent to the secretary by June 15th.
Inquiries in regard to this course, or the courses of study in bacteriology, epidemiology and vital statistics, industrial psychology, tropical medicine and hygiene, etc., should be addressed to the secretary, London School of Hygiene and Tropical Medicine, Keppel Street, Gower Street, W.C.1.


**UNIVERSITY OF DUBLIN**

**TRINITY COLLEGE, SCHOOL OF PHYSIC**

Professor Joseph Barcroft, C.B.E., F.R.S., University of Cambridge, has been appointed the Dr. John Mallet Purser Lecturer in Trinity College, Dublin, for 1935. He will deliver his lectures on June 25th and 26th, and his subjects will be "The Mammal Before and After Birth" and "Chemical Conditions of Mental Development." The lectures will be given in the Department of Physiology at 8 p.m., and will be open to all medical and medical students.

**SOCIETY OF APOTHECARIES OF LONDON**

The following candidates have passed in the subjects indicated:


**PHARMACY**—B. M. Jensen, P. D. Lynch, G. M. Williams.

The diploma of the Society has been granted to M. Belo-Zercovski, J. H. Bentley, A. E. Hassan, J. Richter, L. F. L. Walley, and W. C. Winterbottom.

**ROYAL COLLEGE OF PHYSICIANS OF LONDON**

A comitia of the Royal College of Physicians was held on April 25th, with the President, Lord Dawson of Penn, in the chair.

**FELLOWSHIP**

The following were elected Fellows of the College:


**MEMBERSHIP**

The following were admitted members of the College:


**LICENCES**

Licences to practise were granted to the following candidates:


**DIPLOMAS**

Diplomas in Tropical Medicine and Hygiene were granted, jointly with the Royal College of Surgeons, to the following candidates:


Sir Edmond Spriggs will deliver the Croonian Lecture on "A Clinical Study of Headaches" on May 14th, 16th, and 21st, at 5 p.m., at the College.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND**

The President, Sir Holburt Waring, returned from Australia on April 24th. He was accompanied by three members of the Council of the College, Mr. C. H. Fagg, Professor G. E. Gask, and Mr. G. Gordon-Taylor. Others present on the platform were Mr. W. McDadam Eccles (a former member of the Council), Miss C. A. Coss, (secretary of the College), and Mr. Horace Rew (director of examinations). It will be remembered that the President left London in January in order to open the new building of the Royal Australasian College of Surgeons in Melbourne, and it was peculiarly appropriate that among those who welcomed the President home were Mr. Fagg, who, as a former vice-president, has had a part in the proceedings of the Council to the Royal Australasian College when he visited Australia in 1932, and Mr. Gordon-Taylor, who went to Melbourne last November as one of the examiners to conduct the Primary Fellowship examination in Australia and New Zealand.

A meeting of the Council was held on April 25th, with Sir Holburt Waring, the President, in the chair.

An offer by Sir Matthew Thompson to present to the College a portrait by him of Sir D'Arcy Power, the honorary librarian, was accepted with grateful thanks.

It was decided that the subject for the Jacksonian Prize Essay for 1936 should be "Hydrometrocosis."

The following hospitals were approved for the six months' post of resident house-surgeon or other resident post in charge of general surgical patients in the wards of a general hospital required of candidates before admission to the final examination for the Fellowship: Halifax Royal Infirmary, resident surgical officer, and first house-surgeon; Metropolitan Hospital, Kingsland Road, E., senior house-surgeon.

William Thomas Gordon Pugh and Henry Edmund Gaskin Boyle, Members of twenty years' standing, were elected to the Fellowship of the College.

The Council agreed with pleasure to the suggestions of the Robert Jones Memorial Fund Committee for the foundation of a Robert Jones Professorship of the Royal College of Surgeons in England for an annual lecture or lectures on some subject connected with orthopaedic surgery (sum allocated £1,000); and for the foundation of a travelling research Fellowship to be awarded to the Fellow of the Society of Liverpool and the Liverpool Medical Institution jointly, and the Royal College of Surgeons of England (sum allocated £2,000).

Sir Holburt Waring was nominated as representative of the College on the National Council for the Disposition of the Dead.
Medico-Legal

SOME CHANGES DURING THE REIGN

[FROM A LEGAL CORRESPONDENT]

Although twenty-five years is not a long period, either in the history of the common law or in the history of medicine, a glance at the statutes passed during the reign of King George V reveals a number of legal changes of medico-legal interest. To enumerate—still less to describe—they all were impossible in a brief review, but a few of outstanding interest may be noted.

An important change in the lunacy laws was made within the last few years. It is upon the doctor that the unpleasant duty devolves of certifying that a person is insane, and with a view to protecting members of the profession from the risk of being sued for damages for wrongful acts, the Lunacy Act, which was in force in 1910 provided that any such action might be stayed if the court were of opinion that there was no reasonable ground for alleging that the doctor had been guilty of negligence. In spite of this safeguard many actions of the kind were brought. In one notorious case proceedings, which reached the House of Lords, involved enormous cost to the defendant. In a later case application was made to stay the proceedings; a judge in chambers made the necessary order, but the Court of Appeal reversed his decision, holding that the case should be tried by judge and jury. At the conclusion of the plaintiff’s case the jury intimated that they had heard enough, and returned a verdict for the defendant. His costs amounted to a very considerable sum—no part of which he was able to recover from the plaintiff.

These cases, and others like them, made, or were believed to make, the medical practitioner very curious about granting lunacy certificates on any pretext whatever. After all, there was and is no Act of Parliament to compel a doctor to “certify”; nor (it is conceived) could any action be brought against him for refusing to do so. Whatever may have been the reason for the change, the law now affords striking protection to a doctor for granting a lunacy certificate, save by leave of the court, and leave is not given unless the court is satisfied that there is substantial ground for the contention that the person against whom it is sought to bring the proceedings has acted in bad faith or without reasonable care. It will be observed that this enactment makes it incumbent on the plaintiff to show affirmatively that he has a case, and this he must do by affidavit. Seldom has any Act of Parliament relating to procedure been as effective as this has been. We believe we are right in saying that no action of this kind referred to has been brought to trial since 1930, when the Act came into force. The Legislature has thus given an ample measure of protection to those who are called upon to grant certificates. This fact should lead to the more fearless discharge of an important duty.

A recent change in procedure which concerns the trial of civil action by judge and jury is a matter of concern to the medical profession. Until last year it had been the rule, from time immemorial, that parties to a civil action at common law—whatever the cause of action—have a right to a jury. This rule was subject to this exception: that the court might order an action which involved matters of scientific inquiry to be tried otherwise than by a judge sitting with a jury. Any action for malpractice brought against a doctor was always tried by judge and jury. Last year, however, Parliament, in its wisdom, thought fit to alter this fundamental principle of the common law by taking away the right of the most common law actions. A notable exception is the action for libel or slander; but the right to a jury in an action for malpractice has been taken away. Whether such an action shall be tried with a jury is now a matter for discretion of the court. A case of alleged malpractice came before the Court of Appeal at the end of last year, the question being how it was to be tried. The court held that it should be tried by a judge alone, on the ground that it involved the discussion of scientific matters. At the same time it was quite competent for the court to say, on the face of his case, that a judge was not competent to try the case. Whether the interests of the medical profession are likely to be best protected by “judge alone” or by “judge and jury” is a matter upon which there is room for differences of opinion.

No Act of Parliament passed during the reign has materially affected the status of the medical practitioner. One decision of the court, however, may be noted. It was held in one case that there is a general custom amongst medical men—although not a binding custom—not to charge the widow and children of a deceased medical man for his services. But the death of a patient is no ground for relieving the medical practitioner from the duty which is cast upon every citizen to assist in the investigation of a serious crime.

If one were asked, “What is the leading characteristic of the reign from the medico-legal point of view?” the answer might well be, “A tendency on the part of those in authority to employ members of the medical profession in the administration of justice” using that phrase in its widest sense.

The first National Health Insurance Bill was introduced in 1911, and the development of the system, which has taken on 1913, would have been impossible without the co-operation of the medical profession. The panel doctor is called upon to act not only in a medical but in a quasi-judicial capacity. He stands between the taxpayer and the applicant for sick benefit; and the fact that his decisions are so seldom called in question is evidence of the notice that is taken by the Government in the medical profession has not been misplaced. Sometimes, too, he acts in a judicial capacity. When a question arises as to the competence or behaviour of a panel doctor it is referred to a tribunal, consisting of two medical men chosen from a panel, and a lawyer appointed by the Minister of Health. Again, when it is necessary to decide whether a particular operation or mode of treatment is, or ought to be, within the competence of an insurance practitioner it is referred to a similar tribunal.

In other respects, too, the doctor now takes a far more active part in the administration of justice than he was called upon to do in former times. With the enormous increase of motor transport, accidents which lead to claims for damages for personal injuries have become far more frequent. And here it should be mentioned that the number of accident cases reported forms but a small proportion of those tried, while the number of cases tried is but small in comparison with the number of cases settled out of court. At the trial of a “running down” case medical evidence is nearly always forthcoming, and where the parties are not animated with a desire to make costs, it is often agreed to accept the report of one expert or, at any rate, to call but one doctor on either side. Similarly, in the settlement of a claim for damages, it is upon the report of the doctor as to the condition of the plaintiff that the quantum of damages will depend.
OBITUARY

Charles Owen Davies, M.B., B.S., F.R.C.S., died in Liverpool on March 31st, after a few weeks' illness, at the age of 40 years. He came of a medical family, his father being Dr. John Charles Davies of Wrexham. He was educated at Epsom College, and then spent a year at Aberystwyth University. From the outbreak of the war he served as a captain with the Royal Welch Fusiliers, and gained the Mons decoration. He came back to complete his medical course at the University of Liverpool, and qualified M.R.C.S., L.R.C.P. in 1920. In 1921 he took the degree of M.B., B.S., Lond., with honours, and later obtained his F.R.C.S. He held a resident appointment at the Liverpool Royal Infirmary with the late Mr. Thelwall Thomas, and then became surgical registrar. In 1920-1 he was Robert Gee Fellow in Anatomy in the university. Specializing as a surgeon, he became honorary surgeon to the Bootle General Hospital, and later assistant surgeon also to the Liverpool Stanley Hospital, where four years ago he was elected to the full staff. At the time of his death he was also visiting surgeon to Mill Road Infirmary, and was a lecturer in clinical surgery in the University of Liverpool. A colleague writes: Long preparatory years of hard work, study, and well-considered experience had made Davies into a mature and skilful surgeon. He had an alert and thoughtful mind, quick and sensitive hands, kindness, and a deep sense of responsibility. His skill was catholic, directed always by wide knowledge and hard thinking; so that whether he was dealing with a difficult abdominal condition, a thyroidectomy, the removal of a brain tumour, or an extensive operation on the thorax he looked a fully equipped and controlling operator. To his beautiful craftsmanship was added a surgical judgment which was wise, critical, and decisive. Had he lived he would have taken a high place as a master of his specialty. He died just when he was beginning to see the promise of the reward in consulting practice for all the years of unpaid work at his voluntary hospital. He was a heavy call upon his physical resources in those years had taken too great a toll of his reserves of health and strength. He was a refreshing personality, sincere, downright, impatient of pretence; and he was a surgeon of the highest professional integrity. The simple funeral service at the Liverpool Cathedral, attended by large numbers of his colleagues, nurses from his hospitals, and patients, was a moving farewell to one who had already done outstanding work and whose promise was great. He leaves a widow.

The death took place, on April 23rd, of Dr. William Turnbull Barrie, at his residence, 18, Bridge Street, Hawick. Dr. Barrie, who had been in failing health for some time, was one of the best-known practitioners in the South of Scotland. Born in Liddesdale in 1859, he took a medical course at Edinburgh University, where he graduated M.B., C.M. in 1880. After serving for some time as a ship surgeon, he became assistant, and later partner, to Dr. McLeod in Hawick in 1885, and his great popularity with his patients in this town was attested on the occasion of his jubilee in 1931, to which Hawick people in all parts of the country, as well as from overseas, subscribed. He was well known throughout the Border country as a patron of outdoor sports.

The following well-known foreign medical men have recently died: Dr. Charles Thorell, formerly director of the Pathological Institute of the Municipal Hospital at Nuremberg, aged 67; Professor Eugen Galewsky, an eminent Dresden dermatologist, aged 72; Dr. Johannes Prior, co-discoverer of the Finkler-Prior cholina vibrio; Professor Urine, director of the dermatological clinic at Berne; Gaetano Otini, director of the urological clinic of the University of Cincinnati School of Medicine; Professor Michele Bolaffio, director of the obstetrical and gynaecological clinic at Modena, aged 82; and Dr. Walter Lincoln Burrag, co-editor of the Dictionary of American Medical Biography, and for twenty-five years secretary of the Massachusetts Medical Society.

DEATHS IN THE SERVICES

Lieut.-Colonel David Leckie, R.A.M.C. (ret.), died in Edinburh on March 6th, at the age of 80 years. Born on November 18th, 1847, and was educated at Glasgow, where he graduated M.B., C.M. in 1869. Entering the Army as assistant surgeon on April 1st, 1871, he became surgeon major after twelve years' service, and retired on April 1st, 1913. When on the retired list he was employed for a time at Carlisle. Major Robert Hemphill, D.S.O., R.A.M.C., was accidentally killed by a fall from a clifl at Kellan Head, Cornwall, on April 21st, aged 46. His wife was killed at the same time. Major Hemphill was educated at the Royal Military Academy, Woolwich, went down to Port thrown, North Cornwall, with his wife and family, for a short holiday, on April 21st. They went out on the cliffs, where Major Hemphill tried to rescue them, but in doing so he slipped and fell. His wife, in an attempt to help him, also slipped and fell. Their son Peter, aged 16, broke the window of a coastguard look-out hut and telephoned for help to the coastguard, sending a younger sister to a farm at some distance to ask for help there. He then climbed down the cliffs and found the bodies of his father and mother at the foot. The arrival of the coastguard also went down the cliff; they found Major Hemphill dead. His wife was seriously injured, and was taken to hospital, where she died next day. Major Hemphill was born on August 26th, 1888, the son of the late Canon Hemphill, who practised at Hawick. He attended Trinity College, Dublin, where he graduated B.A., M.B., B.Ch., and B.A.O. in 1912. While at Trinity he played for four years in the University Rugby team, and in 1912 played for Ireland in all four international matches. Entering the R.A.M.C. as lieutenant on January 24th, 1913, he became captain in the long war promotion list of March 1st, 1918, and major on January 24th, 1925, and was just on the period of promotion to lieutenant-colonel. He served in France throughout the war of 1914-18, was mentioned in dispatches in the London Gazette on January 1st, 1916, and May 25th, 1918, and received D.S.O. in 1918. He married Kathleen, daughter of the late Mr. Augustus Smith of Bitterne, Hampshire, and had three children.

Medical News

Professor Edward Mellanby, M.D., F.R.S., will deliver the Cavendish Lecture before the West London Medico-Chirurgical Society at Kensington Town Hall on Thursday, June 13th. His subject will be "Proper Feeding: The First Essential for Good Physique and Health."

Dr. E. W. Fish will deliver two public lectures on "The Physiology of Teeth," at University College, Gower Street, W.C., on Tuesdays, 7th, 14th, and 21st, and on Thursday, 5th May, 13th, 20th, 27th, and June 3rd, at 5 p.m., also at University College, Dr. D. H. K. Lee will give a course of four public lectures on "The Physiological Effects of Tropical Climate." All the lectures are open without fee or ticket.

Miss Noel Tidy, C.S.M.M.G., will deliver a Chadwijk Public Lecture on "Physical Exercises: Educational and Preventive," at 26, Portland Place, W., on Thursday, May 23rd, at 5.30 p.m. Sir James Crichton-Browne, F.R.S., will be in the chair.

The annual general meeting of the London Section of the Society of Chemical Industry will be held at the rooms of the Chemical Society, Burlington House, Piccadilly, W., on Monday, May 16th, at 8 p.m., and will be followed by an address by Dr. F. L. Pyman, F.R.S., on "Chemotherapy."

The Committee Against Malnutrition announces that a public meeting will be held at the Conway Hall, Red Lion Square, W.C., on Thursday, May 16th, at 8 p.m., to discuss the health and nutrition of women and children in this country. The chair will be taken by Professor V. H. Mottram, and the speakers will include Miss Eleanor Rathbone, M.P., Dr. Janet M. Vaughan, Professor J. R. Marrack, and Dr. J. Needham. Tickets at 1s. each can be obtained from the honorary secretary, Committee Against Malnutrition, 199, Tottenham Court Road, London, W.1. (telephone: Chancery 7567).
The House of the British Medical Association, including the Library, will be closed on Monday, May 6th, which has been proclaimed a Bank Holiday in celebration of the King's silver jubilee.

The House of the Royal Society of Medicine, including the Library, will be closed on Monday, May 6th.

In celebration of the eight hundredth anniversary of the birth of Maimonides (April 17th, 1935), the following lectures will be given at Cambridge in the Mill Lane Lecture Rooms at 5 p.m.: May 8th, "The Philosophical System of Maimonides and its Place in the History of Thought," Dr. S. Atlas; May 9th, "The Place of Maimonides in Medicine and Science," Dr. A. P. Cavadas. Exhibitions will be arranged of Maimonides and of early printed editions of his works.

The annual general meeting of the Subsection of Proctology of the Section of Surgery of the Royal Society of Medicine will be held on Wednesday, May 8th, at 5 p.m. The election of officers and council for 1935-6 will be followed by a discussion on "The Conservative Surgery of Carcinoma of the Rectum," to be opened by Professor Grey Turner and Mr. H. H. Rayner.

A sessional meeting of the Royal Sanitary Institute will be held at Cardiff on Friday and May 10th and 11th, in conjunction with the Welsh branch of the Society of Medical Officers of Health. There will be discussions on "A Modern General Hospital," to be opened by Dr. David G. Morgan; on "Some Principles in the Construction of a Modern Tuberculosis Hospital," to be opened by Dr. William Davies; and on "The Sanitary Inspector of To-day," to be opened by Mr. W. G. Pyatt. Full particulars of the meeting can be obtained from the honorary local secretary, Dr. J. Greenwood Wilson, City Hall, Cardiff.

The Annual General Meeting of the London Lock Hospital, dealing with venereal diseases, will be held on Monday, May 6th; May 27th; June 22nd; July 19th; and August 2nd.

Mr. G. M. Huggins, F.R.C.S., Prime Minister of Southern Rhodesia, has arrived in London in connexion with the Jubilee celebrations.

The first congress of the Austrian oto-rhino-laryngologists will be held in Vienna on June 21st and 22nd, under the presidency of Professors M. Hajek of Vienna, G. Hofer of Graz, W. Krainz of Innsbruck, and H. Neumann of Vienna. Further information can be obtained from Ernst Urlantschitsch, Schottenstein 24, Vienna.

The issue of Paris Medical for April 13th, like that of March 30th, is devoted to war gas, and that of April 20th to general welfare and climatotherapy.

Dr. T. Wilson Parry has contributed to Man (the journal of the Royal Anthropological Institute) an account of the Ovingdean prehistoric skull exhibiting double primitive surgical holing. This skull, it will be remembered, was traveled from the sea, about three-quarters of a mile off the Sussex coast, opposite Ovingdean, on January 12th last. Dr. Wilson Parry's paper is followed by a note on the physical anthropology of this skull, by M. L. Tildesley.

The military governor of Les Invalides, General Mariaux, has conferred the order of Grand Officer of the Legion of Honour on the radiologist, Dr. Vaillant, who had had both his arms amputated for radiodermatitis.

An office of medical cinematography has been created in Paris with Dr. Maurice Fabre as scientific director and M. Paul Thoby as technical director, from whom further information can be obtained, Rue de Conservatoire 13, Paris IXe.

In the Ostran-Kaiminer district of Czechoslovakia there has recently been a very severe outbreak of scarlet fever and diphtheria. The children's hospitals have been so crowded that three or four children have had to be put in the same bed.

Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to The EDITOR, British Medical Journal, B.M.A. House, Tavistock Square, W.C.I.

ORIGINAL ARTICLES and LETTEt's forwarded for publication are understood to be offered to the British Medical Journal alone unless the contrary is stated. Correspondents who wish notice to be taken of their communications should authenticate them with their names, not necessarily for publication.

Authors desiring REPRINTS of their articles published in the British Medical Journal must communicate with the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.I., on receipt of proofs. Authors over-seas should indicate on MSS. if reprints are required, as proofs are sent abroad.

All communications with reference to ADVERTISEMENTS, as well as orders for copies of the Journal, should be addressed to the Advertising Secretary and Business Manager.

The TELEPHONE NUMBER of the British Medical Association and the British Medical Journal is Euston 2111 (internal exchange, five lines).

The TELEGRAPHIC ADDRESSES are:

FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), Articulate Westcent, London.
MEDICAL SECRETARY, Medicea Westcent, London.

The address of the Irish Office of the British Medical Association is 18, Kilmaine Street, Dublin (telegrams: Bacillus, Dublin; telephone: 6285 Dublin), and of the Scottish Office, 2, Drumsheugh Gardens, Edinburgh (telegrams: Associate, Edinburgh; telephone: 24361 Edinburgh).

QUERIES AND ANSWERS

Circumcision of Female Children

"F.R.C.S." inquires regarding circumcision in female children for nervous or other general diseases. Such a case has been referred to him by an American practitioner, who says it is a common practice in the United States. The practitioner himself has seen it performed some ten to twelve times. -- F.R.C.S. has never performed the operation, or heard of it being performed, in children (aged 5 in this case), and would be grateful for information upon the subject.

"F.R.C.S." inquires regarding circumcision in female children for nervous or other general diseases. Such a case has been referred to him by an American practitioner, who says it is a common practice in the United States. The practitioner himself has seen it performed some ten to twelve times. -- F.R.C.S. has never performed the operation, or heard of it being performed, in children (aged 5 in this case), and would be grateful for information upon the subject.