

presence of blood in the peritoneal cavity increases the chances of infection from the bowel, contributed to by the invariable constipation, or, more rarely, from latent infection of the adnexa. The classical picture may fail us in the following respects:

*The Missed Period.*—(a) It is frequently observed that the first two or three months of intrauterine pregnancy are associated with menstrual loss more or less normal. This may also be the case when the pregnancy is extra-uterine, and hence the history of missed periods may be entirely absent. (b) When the periods have been perfectly regular previously, the occurrence of intraperitoneal haemorrhage before the onset of the first menses is very rare, but the abortion or rupture may occur synchronously with the expected menses, and the condition be diagnosed as dysmenorrhoea. (c) The patient may be lactating, with the associated amenorrhoea, and she may be very emphatic as to the impossibility of conception having taken place. The first menstrual period after lactation and amenorrhoea is frequently copious and of long duration, and on this account the extrauterine disturbance may be overlooked. (d) Another group is common, in which an apparently normal period has continued for several weeks with occasional attacks of abdominal pain and faintness of varying intensity. If a period or two have been missed the diagnosis is threatened abortion, until a severe paroxysm of pain leads to more careful examination, and the pelvis is found full of blood clot, with recent blood in the abdomen.

*Pain.*—The first attack of pain is nearly always typical. The intensity varies from the acute disabling spasm to very slight pain, but it is always definite, always sudden, and nearly always associated with a varying degree of faintness. It passes away to a great extent in a short time (an hour or two), if the patient is at rest and no further bleeding takes place. These are points of difference from all but the rarest cases of appendicitis, with which the condition is commonly confused, owing to the associated constipation and one or two attacks of vomiting. Blood is said to be highly irritating to the peritoneum, and this is so when it is first effused, but the irritation passes off, and cases are not rare in which severe attacks of pain have occurred at intervals of a week or more, the patient going about her usual avocation, and in which, at operation, very old organizing blood clot has been found in the pelvis. The site of the pain varies. Usually in either iliac region, it may originally be umbilical or even epigastric, and in three of my cases has extended later to the left shoulder, presumably owing to the blood getting up to the subdiaphragmatic region and irritating the phrenic nerve. The point of maximum tenderness is always pelvic.

*Decidual Cast.*—The slight loss from the vagina is so commonly mistaken for a normal period as to call for only cursory mention, and the passing of a uterine decidual cast, in about a third of the cases, is not often noted by the patient or inquired into by the doctor, but when found it gives a positive diagnosis. The loss is usually dark brown.

#### General Signs.

*Pulse.*—The rapidity of the pulse rate varies with the rapidity of the bleeding. I have seen a case with abdomen full of blood, with a pulse rate of only 90—she had been bleeding intermittently for three weeks. Severe bleeding may also cause much surgical shock, in which case the pulse rate occasionally is low, even down to 80.

*Temperature.*—The usually normal or subnormal temperature does not assist very much in diagnosis. Many abdominal emergencies show similar conditions, and a late case of blood in the peritoneum may have a temperature as high as 100°.

*Pallor* is almost always present in both early and late cases, and this sign is not given the important place it should have in the textbooks.

#### Local Signs.

*Rigidity and Tenderness.*—Rigidity and extreme tenderness of the abdomen are by no means invariably present. In more than half of my cases the abdomen was comparatively flaccid and only slightly tender, with the

peritoneal cavity full of blood. These cases include early and late ones. As in the case of pain, the irritation of the effused blood apparently passes quickly, unlike that caused by acute inflammation, where the rigidity tends to increase. In my experience the absence of this sign, more than that of any other, has given rise to mistakes by general surgeons.

*Fluctuation.*—The fluctuant mass in the pelvis is only found in the textbooks or in late cases. Fluctuation implies some tension, and no tension is present until the irritation of the blood has led to some peritoneal adhesions of loops of bowel, to form a roof to the pelvis (the omentum does not take much part in this, as in inflammatory lesions). These adhesions are formed only after several days, and the only sign in the pelvis is tenderness, usually extreme, and usually in all the fornices—not particularly the posterior. This helps to differentiate from suppurative conditions, where the tenderness is nearly always posterior. The fluctuant mass is an intermediate stage and not often found, the common sign being an irregular doughy mass in cases of a week's standing or longer.

It seems clear, then, that the diagnosis of tubal abortion or rupture is not the easy matter we are led to expect, and in many cases can be arrived at only after detailed examination of the history and careful investigation of the physical signs.

I now put most faith in the following: The history of sudden onset, almost always while the patient is in motion—that is, going about her work; the feeling of faintness; the missed menses, if any; the pallor of the patient, and the presence of evenly distributed tenderness in the fornices.

## Memoranda: MEDICAL, SURGICAL, OBSTETRICAL.

### POISONING BY OIL OF EUCALYPTUS.

As I fail to find any record in any textbook of toxic symptoms produced by eucalyptus the following case may be of interest.

On April 27th I was called to see Mr. T., and was informed by his wife that he had taken an overdose of eucalyptus oil.

The patient was cyanosed, the respirations were very shallow, the rate being about 12 a minute. He was in a condition of stupor, and could be roused but refused to speak. The pulse rate was 50 and very feeble. The pupils were contracted to pin-point and did not react to light. The reflexes were very sluggish and there was considerable loss of muscular tone. The body was cold and clammy.

Strychnine 1/60 grain was given hypodermically and 2 drachms of mustard in water by the mouth. He vomited soon after, and the vomitus smelt strongly of the essential oil. A stomach tube was passed and the stomach washed out with two quarts of water. The patient's condition improved gradually. On regaining his normal mental condition he stated that after taking about 4 drachms of oil of eucalyptus he at once felt a pain in his stomach. A feeling of nausea soon followed, but he did not vomit. His limbs began to get weak, and this was followed by giddiness. Cold sweats and rigors were also felt, as well as severe headache. He gradually became more exhausted and then lost all recollection.

Pentre, Rhondda.

PHILLIP GIBBIN.

### VOLVULUS NEONATORUM.

I was extremely interested in the article by Mr. Norman M. Dott in the *BRITISH MEDICAL JOURNAL* of February 5th, 1927 (p. 230), and for statistical purposes should like to record a case of volvulus that occurred in my practice.

A full-term male child, weighing 7½ lb. was born on March 14th, 1927. No meconium was passed for some four hours after birth, when about two teaspoonfuls were expelled. Thirty hours after birth the child refused the breast and appeared to be in pain. The abdomen was slightly distended, but the general appearance was good. An enema (1 drachm of glycerin to an ounce of water) brought away about a dessertspoonful of meconium. Six hours later there had been no further passage of intestinal contents, and the abdomen was more distended. Rectal examination failed to locate any abnormality. The next morning, or fifty-two hours after birth, as obstruction was evidently complete, a small amount of mucus only being passed after rectal examination, operation was decided upon. The baby was extremely ill, and the father was given the option of refusing the operation, as the chance of success seemed so remote.

Under open ether the abdomen was opened, and a condition identical with that described by Mr. Dott was found. The volvulus was of the small intestine, the twist being in clockwise direction and through 360 degrees. The intestine was extremely dilated above the site of the stricture, which was marked by a transverse yellowish-white line, almost gangrenous, owing to pressure. This occlusion of the bowel was about eighteen inches below the upper end of the jejunum. The baby died some four hours after the operation.

I must congratulate Mr. Dott on his masterly description of the symptoms and probable etiology of the condition, but would like to point out one or two points of difference. In this instance the volvulus must have been present at birth, or more meconium would have passed. There was at no time any faecal material passed.

There was little vomiting, this being due probably to the fact that the site of obstruction was some inches down the jejunum, and not at the third part of the duodenum. The baby hiccuped and brought up a few mouthfuls of water towards the end. The abdominal distension was general, and by no means limited to the upper abdomen, this being accounted for by the same reason.

I think that all cases of volvulus neonatorum should be investigated fully, and reported so that practitioners may be more on the look out for them. In view of the fact that volvulus is such an eminently relievable condition should a diagnosis be made early enough, we should have the possibility of its occurrence always in mind, instead of dismissing it once examinations are over. I believe that had we been bold enough to operate when this baby was but forty-eight hours old, we might have saved him.

F. M. SPENCER, M.D.,  
F.R.C.S.E.

Hamilton, New Zealand.

#### DOUBLE TUBAL PREGNANCY.

THE following case seems of sufficient interest to warrant placing on record.

A married woman, aged 30, with one child, 16 months old, was admitted to hospital on June 19th, 1925, complaining of pain in the lower part of the abdomen, chiefly on the right side, near the middle line, about three inches above the pubes. The pulse was 80 and the temperature normal.

Menstruation had been normal until April, the first day after last period being the 23rd of that month. On May 30th she felt a sudden acute pain in the abdomen, which was followed by a gush of blood from the vagina. This flow continued for about an hour, when the pain disappeared. She had not done anything of a strenuous nature to account for these phenomena. There was no more pain until June 14th, when the same thing occurred in the afternoon. The following day, after a bath, there was another gush of blood, which soon ceased, and, on June 17th, whilst out walking, the violent pain recurred, but was unaccompanied by the usual haemorrhage. On June 19th she was sent into hospital by her medical attendant as a case of suspected tubal pregnancy.

On admission the patient did not look very ill, and pulse and temperature were normal. Marked tenderness was found at a spot about three inches above the pubes and two inches from the middle line on the right side. Vaginal examination was very difficult, as the patient was somewhat hysterical, but a lump was located to the left of the uterus. As there were no urgent symptoms the patient was put to bed and watched. The next day a thorough examination was made under a general anaesthetic.

The uterus was slightly enlarged, and Douglas's pouch was felt to be boggy. Nothing much could be made out to the right of the uterus. There was a lump about the size of a small hen's egg to the left of the uterus. Operation was carried out under open ether anaesthesia, and a ruptured tubal pregnancy was found on the right side. The tube was removed and the pelvis cleared of blood clot. The lump on the left side proved to be an unruptured tubal pregnancy, which was removed. The patient made an uneventful recovery.

Nairobi, Kenya.

N. P. JEWELL, F.R.C.S.I.

#### HYDATIDIFORM MOLE.

THE following case seems worthy of record, both because of the response to treatment and the rarity of the condition; Madame Boivin of Paris found it in one of 20,000 cases, and Clifton Edgar four times in a series of 15,000.

A multipara, aged 33, with a previously uneventful obstetrical history began to suffer from irregular bleeding and slight "bearing down" pains; the uterus was enlarged to the size of a three months' pregnancy. She was vague as to dates, but had had amenorrhoea. All bleeding ceased under appropriate treatment.

A month later I was called urgently and found the patient in a critical condition. She was bleeding profusely, was extremely blanched, and the pulse was almost imperceptible. Some vesicles had been passed and established the diagnosis. Measures, amongst which was the injection of pituitrin, 1/2 c.cm., were used to counteract the shock. When the patient's condition warranted, the uterus was cleared by the gloved finger with due asepsis, and another dose of pituitrin, 1/2 c.cm., administered. Stypticin was subsequently

given by the mouth in the recommended dosage. In four days the bleeding was reduced to a mere stain, and in seven days had entirely ceased. There have been no further symptoms. Pathological examination showed no evidence of chorion epithelioma, but the possibility of its later occurrence is not lost sight of.

The points of interest are: (1) the immediate control of the haemorrhage by stypticin, and (2) the fact that, apart from the "doughy" feel attributed to the uterus in this condition, there appears to be little on which to base a diagnosis when the cervix is undilated, as was the case when this patient was first seen.

I am indebted to Dr. L. A. Mackenzie of Bradford for permission to publish this note.

HENRY P. O'KEEFFE, M.R.C.S., L.R.C.P.

Westgate-on-Sea.

#### INFLAMMATORY SEALING OF THE EXTERNAL OS CAUSING DELAY IN LABOUR.

THE following case is placed on record because of the extreme rarity of the condition.

A woman, aged 42, who had had ten pregnancies, was admitted to the Birkenhead Maternity Hospital on April 1st. Her seventh, eighth, and ninth pregnancies had all ended in miscarriage, and she had been curetted after the last two of these. She had suffered for years from a chronic vaginal discharge, and latterly there had been prolapse of the uterus with rectocele and cystocele. On admission the patient showed definite evidence of myocarditis with albuminuria.

Labour began at 6 a.m. on April 29th, and eight and a half hours later I was called to the case. The pains were then very severe and frequent, and accompanied by bulging of the perineum and extrusion of the vaginal wall through the vulva. Examination with the gloved hand revealed a smooth, tense, rounded swelling, which completely filled up the cavity of the pelvis, and came well down on the pelvic floor with each pain. Through this swelling a foetal head could be felt, but not a trace of cervix or external os could be made out. The gloves were then dispensed, with, and the ungloved fingers could just detect a very faint furrow about half an inch long, running in the line of the diagonal conjugate, on the surface of the swelling. This furrow was carefully deepened with the tip of the finger and finger-nail, and after considerable resistance it resolved itself into the external os, through which a bag of membranes immediately protruded. The presentation was left occipito-anterior, the patient's condition did not cause any anxiety, and about an hour and a half later a healthy child, weighing 7 lb., was born without further difficulty or intervention.

RIBTON BLAIR, M.C., M.B., B.Ch.

Birkenhead.

#### APPENDICITIS IN AN INFANT.

THE following case seems worthy of record owing to the youth of the patient, as the youngest case I can find recorded was 7 weeks old.

A baby, 12 days old, was admitted to the Bristol Royal Infirmary on January 25th, 1927, with a history of one day's swelling of the right side of the scrotum. Vomiting occurred once, and the infant did not take the breast well, but did not seem in pain, unless the scrotum was touched. The temperature was 101°, pulse 160. There was a hard swelling of the right side of the scrotum and inguinal canal, with redness of the skin over the swelling. Mr. Rendle Short operated about two hours after admission. A scrotal hernia was found, containing the caecum and a gangrenous appendix. The appendix was removed. Apart from a small faecal fistula the child made an uneventful recovery.

I am indebted to Mr. Short for permission to publish this case.

C. I. HAM, M.R.C.S., L.R.C.P.,  
House-Surgeon, Bristol Royal Infirmary.

## Reports of Societies.

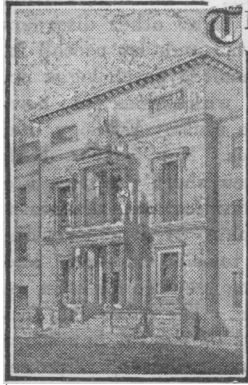
### MEDICAL ASPECTS OF HAEMATURIA.

A MEETING of the Section of Urology of the Royal Society of Medicine was held on April 28th, the President, Mr. W. GIRLING BALL, in the chair. The discussion was opened by Sir THOMAS HORDER, whose paper is published in full at page 993 of this issue of the JOURNAL.

THE PRESIDENT said that Sir Thomas Horder's remarks had illustrated the desirability of collaboration between physicians and surgeons in such a field as this. Many cases which used to be called essential haematuria were now, as a result of more perfect methods of investigation, classified in other categories.

Dr. GEORGE GRAHAM thought it remarkable that in a series of cases covering five years in the medical wards there should not have been an instance of oxaluria. A case of haematuria in an elderly woman had come under his

# NINETY-FIFTH ANNUAL MEETING of the British Medical Association, EDINBURGH, 1927.



Royal College of Physicians  
of Edinburgh.

THE ninety-fifth Annual Meeting of the British Medical Association will be held in Edinburgh next month under the presidency of Sir Robert Philip, M.D., LL.D., honorary physician to the King in Scotland, who will deliver his address to the Association on the evening of Tuesday, July 19th. The scientific and clinical work of the meeting will occupy, as usual, the three following days, and on this occasion it will be divided among twenty-one Sections. The names of the officers of Sections and other preliminary announcements are published in the SUPPLEMENT this week; the full programme of scientific business and further details of the arrangements for the Annual Meeting will appear in later issues. The Annual Representative Meeting, for the transaction of medico-political business, will begin on Friday, July 15th. On the last day of the meeting (Saturday, July 23rd) there will be an excursion to Fife and St. Andrews. We print below the fourth of a series of descriptive and historical notes on the Scottish metropolis and its relations with the science and practice of medicine. The first article, published on December 4th, 1926, dealt with old Edinburgh and the beginning of the Medical School; the second, on January 1st, with the Medical School from 1726 to the middle of the nineteenth century; and the third, on

March 26th, with Edinburgh medical institutions.

It has been decided to make the Edinburgh celebrations of the centenary of Lord Lister's birth coincide with the Annual Meeting of the British Medical Association. A book dedicated to Lister's life and writings is being prepared for the occasion, and throughout the week a museum of Lister relics will be on view in the Upper Library of the old University. On Wednesday, July 20th, at 8 p.m., a public meeting will be held in the McEwan Hall, with the Earl of Balfour, K.G., in the chair, when short commemorative addresses will be delivered.

## THE UNIVERSITY AND ROYAL COLLEGES AT EDINBURGH.

THE University of Edinburgh took its rise in the Town's College, founded by the town council at the instigation of King James VI of Scotland in 1582. The College was at first housed in the buildings of the Kirk o' Field, the scene of the murder of Darnley in 1567. Although these buildings were subsequently renovated, it was found by 1768 that the buildings, "poor in themselves, seem not to have been carried on according to any regular plan, such as takes place in other academical structures which have been erected on more opulent foundations; and hence the whole fabric has a mean, irregular, and contemptible appearance." At this time the number of students was between 600 and 700, and that of the professors 21. A Medical Faculty had been added about the year 1726. A scheme for rebuilding was taken up seriously by the town council, encouraged by the promise of liberal aid from Government, and the foundation stone of the new College, from a plan by Robert Adam, then at the height of his great reputation, was laid on November 16th, 1789. This building, begun on the eastern and northern sides, was greatly delayed by the death of the architect in 1792 and by failure of funds. The remaining two sides of the quadrangle were finished by a Government Commission

appointed in 1815, from plans by William Henry Playfair. This work was practically completed in 1828, at a total cost of about £161,000. The building, and especially its façade with monolithic columns 22 feet in height, forms a magnificent example of the work of these two great

architects. One of the most striking interior features of the building is the great hall of the Library, 185 feet long with arched ceiling enriched with cassettes. In this hall the British Medical Association is to show a historical exhibition at the time of the July meeting.

The present dome, from designs by Sir R. Rowand Anderson, was not completed until 1883, and a war memorial, consisting of five tablets with the names of approximately 1,000 students and alumni of the University who fell in the great war, has



Old University Quadrangle.

been erected under the portico at the western end of the quadrangle.

In 1869 the number of students had risen to 1,500 and that of professors to 33, while there were only 17 classrooms in the University buildings for their use. Extension, therefore, became indispensable, and an appeal was made to the public for subscriptions to provide a new site, and the erection of classrooms, theatres, laboratories, etc., for the Faculty of Medicine. This appeal yielded a sum of

approximately £150,000, to which the Government added a grant of £80,000. The University new buildings situated in Teviot Place were therefore begun in 1878 and opened for teaching purposes in October, 1880. In these buildings the British Medical Association is to hold its meeting in July. The style of architecture is Italian of the Cinquecento period, and is in harmony with the McEwan Hall, gifted by Mr. William McEwan, M.P., and finished in 1897 at a cost of about £115,000. This hall is capable of holding upwards of 2,000 people, and will be used for the Representative Meeting of the British Medical Association, the Lister Centenary Meeting, and various other receptions in July.

More recent additions to the University new buildings (School of Medicine) have been made in the Hughes Bennett Physiology Laboratory, erected in 1901 in memory of the professor of that name, and in the new laboratory for research in surgery, which was opened by the Secretary of State for Scotland in June, 1926, in commemoration of the bicentenary of the Edinburgh Medical Faculty.

The Usher Institute of Public Health is situated on the south side of the Meadows about a mile from the other University buildings. This was gifted in 1902 by Sir John Usher, Bt., at a cost of over £21,000. The engineering and natural philosophy departments of the University are situated some 200 yards to the east of the old University and occupy buildings of much historic interest in connexion with the Medical School. The natural philosophy building was completed in 1907 by the reconstruction of the old Surgical Hospital, the outer walls being preserved almost without change. The engineering department occupies a building which was previously the part of the old Surgical Hospital in which Lister's wards were situated while he was professor of clinical surgery at Edinburgh. The building was formerly the High School of Edinburgh, and occupies the site of a churchyard adjoining the old monastery of the Blackfriars burned by the English in 1544.

Minto House, situated at Nos. 18 and 20, Chambers Street, is used for the University departments of English and Modern Languages, and occupies the site of a mansion originally the town house of the Earls of Minto, which for a time was taken by James Syme as a hospital, where some of his most celebrated operations were performed.

The King's Buildings of the University, situated on the slope of Blackford Hill beyond the southern margin of the city, comprise a range of laboratories which were opened

for teaching purposes in October, 1920. These buildings include the department of technical chemistry, the department of geology, and the animal breeding research department. A considerable extension of these buildings is planned for housing other scientific departments.

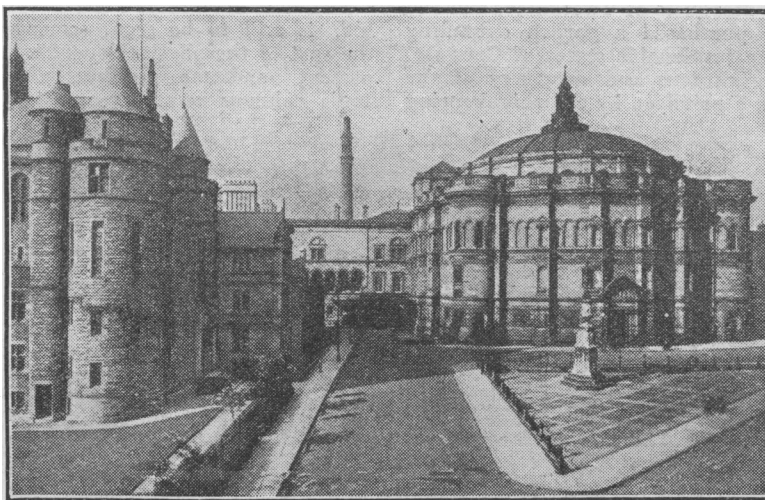
The University Union occupies a site in Park Place, close to the McEwan Hall and adjoining the music classroom. The Union was instituted in the year 1884, when the Students' Representative Council started a movement to collect funds for its erection. In 1900 and in 1906 extensions were found necessary to accommodate the increased number of students. Part of the extension occupies the site of the famous "Ross House," to which Sir Walter Scott refers in *Redgauntlet*. The buildings form a handsome example of the Scottish baronial style, and involved an expenditure of some £41,000.

The Royal Botanic Garden, situated in Inverleith Row on the north side of the city, is the property of the Crown, but is connected with the University in so far as the University lectures on botany are given in the hall of the garden. This was one of the earliest botanic gardens in Britain, and was founded about 1670, although it then occupied a site nearer the centre of the city, first of all in the garden of Holyrood and in that of Trinity College, and later at Annandale Street near Gayfield Square, whence it was removed to its present site in 1822-24.

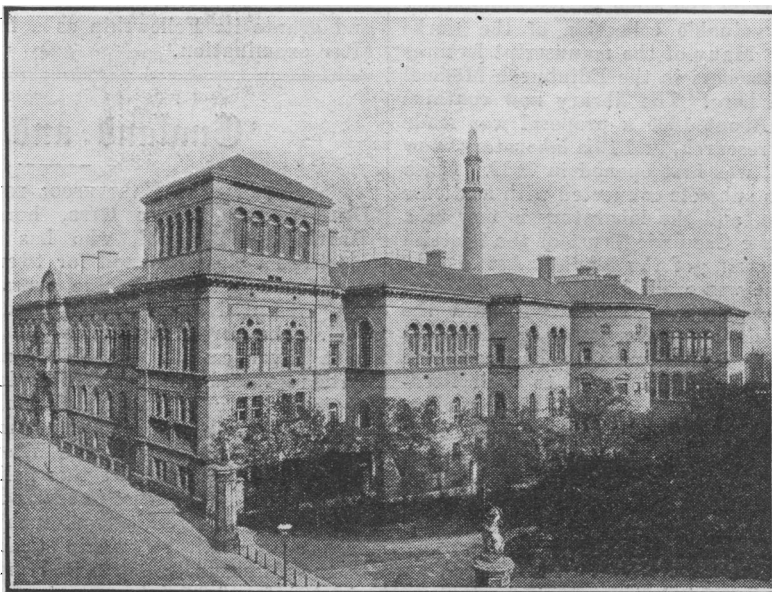
The University Library contains about 300,000 volumes and some 8,000 manuscripts, of which many are very valuable. The Library had its origin in a collection of some 300 volumes bequeathed in 1580 by Mr. Clement Littil to "Edinburgh and Kirk of God," transferred by the town council to the keeping of the University. Among the later collections are valuable early copies of Shakespeare and other Elizabethan writers. One of the three copies extant of the *Christianismi Restitutio* of Servetus, supposed to have be-

longed to Calvin and retained by him when all the available copies of the work were burned together with their author, is preserved here. An early fifteenth century Gaelic medical manuscript and various mediaeval illuminated works are also possessed by the Library. Here, too, are some forty busts of former professors in the University.

The Royal College of Physicians, which at the present day has its Hall at No. 9, Queen Street, was founded in 1681, in virtue of a charter obtained from Charles II. The College was instituted mainly for the regulation of medical practice in Edinburgh and its suburbs, and at an early date (in 1699) it produced a Pharmacopoeia for use in



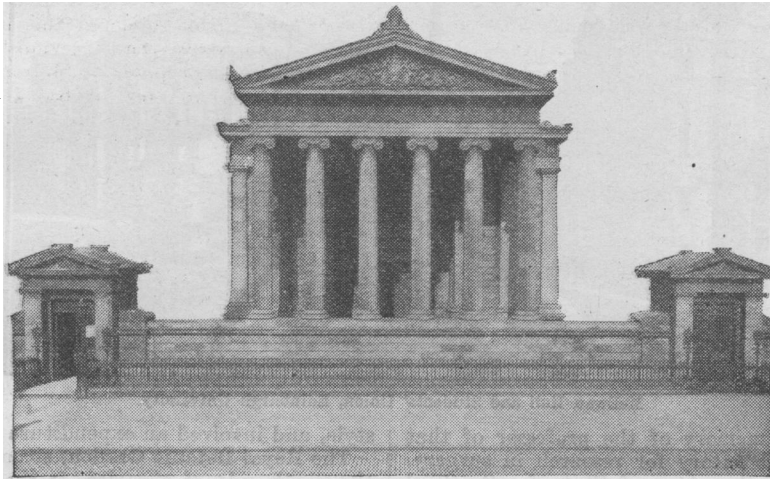
McEwan Hall and Students' Union, Edinburgh University.



New University Buildings.



Scotland and about the same time commenced the formation of a library. A new charter, dealing especially with the management of the College property and the method of admitting Members and Fellows, was obtained by the College in 1861. Various halls have been occupied by this College. The first was purchased in 1704, and consisted of a house and grounds in Fountain Close in the High Street, adjoining the house of the Marquess of Tweeddale, and the College shortly thereafter purchased a garden extending down to what was then the fashionable street of Cowgate. Permission to walk in the gardens and shrubbery of the physicians was regarded as a privilege by the neighbouring gentry. Here, too, the physicians established a bath, which was open to the inhabitants generally at a charge of twelve shillings Scots, from which the College made a considerable revenue. In 1722 a new hall was erected in the garden, but this proving rather unsatisfactory, the foundation stone of a hall in George Street was laid by Dr. William Cullen in 1776, and the College removed there for the first time in 1781. Finally, in 1846, it removed to the present building. The active part taken by the College of Physicians



From a photograph by]

[Francis Caird Inglis, Edinburgh.

Royal College of Surgeons of Edinburgh.

in the foundation of the Royal Infirmary was described in the *BRITISH MEDICAL JOURNAL* for March 26th (p. 573) and a somewhat similar patronage was exercised by the College in the foundation at Morningside of the Royal Asylum for the Insane. The library of the College has gradually increased from the time of its foundation, and it possesses a very valuable collection of the works of early medical authors. Many of the manuscript lectures or lecture notes of early teachers in the Edinburgh Medical School are also deposited here. The library now contains about 100,000 volumes. About 1885 a proposal was made to found a laboratory for research, and this laboratory, now situated in Forrest Road, was first opened in 1889. Much valuable scientific work on subjects connected with medicine has been carried out here, and the laboratory is now to a large extent financed by the Carnegie Trust of the Scottish universities. After the passing of the Medical Act of 1858 an important arrangement was made between this College, the Royal College of Surgeons of Edinburgh, and the Glasgow Faculty of Physicians and Surgeons, by which the examinations of the three bodies were to be conducted conjointly, and a triple qualification issued to their licentiates. In addition to the licence the College of Physicians now admits Members and Fellows to its roll.

The Royal College of Surgeons took its origin from the Guild of Surgeons and Barbers, which received a seal of cause or charter of incorporation from the town council in the year 1505. The activities of this body in its early days have already been described in the *BRITISH MEDICAL JOURNAL* for December 4th, 1926. One of the chief, as well as one of the earliest, contributions to the establishment of medical study in Scotland was made by this body in the introduction of early anatomical instruction at Edinburgh. Their teacher of anatomy, in the person of Alexander Monro, was taken into the Town's College as professor of anatomy in 1720. For about a century surgery was taught as a part of anatomy in the University of Edinburgh, and the College of Surgeons in 1804 decided that this should be changed. They accordingly appointed one of their Fellows, John Thomson, to be professor of surgery of the Royal College of Surgeons. This was opposed by the University on the plea that a university only might appoint professors, but the College of Surgeons continued their appointment later in the persons of Mr.

John William Turner and Mr. John Lizars. Finally, in 1831, the Crown, on the recommendation of the town council, established a chair of systematic surgery within the University. The College of Surgeons also took a part in the foundation of the Royal Infirmary of Edinburgh, although their share in this work was not so great as that of the College of Physicians.

The hall erected for the Incorporation of Surgeons in 1697 is still to be seen, somewhat modified, standing to the east of the physics department of the University. The present handsome building, with a frontage adorned by Ionic columns on Nicolson Street, was opened in 1832.

Here are situated the hall with a collection of old portraits, and the examination rooms of the College, together with its museum. This includes, among other things, the anatomical and pathological museum purchased from Sir Charles Bell in 1826. The Guild of Surgeons was erected into a Royal College of Surgeons with new privileges under the Great Seal by George III on May 12th, 1778. In the early part of the nineteenth century the licence of this College was a popular qualification sought in great numbers by men desir-

ing to engage in general practice or to enter one of the services, and after the passing of the Medical Act the Royal College of Surgeons united with the College of Physicians and Faculty of Physicians and Surgeons in Glasgow to grant a triple qualification. The College of Surgeons has also established a licentiatehip in dentistry, and grants its Fellowship as a higher diploma obtainable after examination.

## England and Wales.

### FREEDOM OF HARTLEPOOL FOR DR. W. S. GIBB.

DR. WILLIAM SCOTT GIBB, honorary physician to the Hartlepool Hospital, who has been a member of the Hartlepool Town Council for twenty-seven years, and who was for a period of three years mayor of the borough, was presented on May 24th with the Freedom of Hartlepool. The scroll conveying the Freedom was contained in a silver casket. Dr. Gibb, returning thanks for the gift, regretted the modern tendency on the part of the Legislature to confine legislation to county councils and county borough councils, ignoring small non-county boroughs, which in many instances had long historic traditions. He thought that this policy should be opposed in every possible way, since in many cases economy and greater efficiency would result from such boroughs having control of the expenditure within their own areas. Referring to the influenza epidemic in Hartlepool in 1918, Dr. Gibb pleaded for financial support of research into this infection, in order that medical practitioners in future might be placed in a better position to fight such serious visitations. He mentioned that during the first quarter of the present year the number of deaths had exceeded the number of births; this was mainly attributable to the occurrence of a relatively mild epidemic of influenza in these months.

### THE TUBERCULIN DISPENSARY.

The first annual meeting of the Tuberculin Dispensary Benevolent Society, successor to the Tuberculin Dispensary League, was held at the residence of the Earl of Mayo on May 26th. Dr. W. Camac Wilkinson was in the chair.

useful purpose it would at least have served to draw the attention of those engaged in the amendment of the Lunacy Laws to a matter which was not unworthy of their consideration.

Lord Wrenbury and Lord Carson concurred.

#### DE FREVILLE v. DILL: RE-HEARING.

AFTER a hearing, which lasted eight days, of the action in the King's Bench Division, before Mr. Justice McCardie and a special jury, brought by Mrs. May de Freville against Dr. A. V. Dill, a medical practitioner of Brimscombe, Stroud, for damages for alleged lack of reasonable care in certifying her to be a lunatic on June 9th, 1926, and for alleged assault and false imprisonment, the jury, on May 28th, returned a verdict for the plaintiff and assessed the damages at £50. Judgement was deferred until next term.

Dr. Dill pleaded that he signed the certificate in good faith and that he acted with reasonable care, claiming the protection of Section 330 of the Lunacy Act, 1890; he further said that his conclusions regarding the plaintiff's condition at the time of her certification were correct.

It will be remembered that when this case was first heard before Mr. Justice Avory the special jury came to a premature decision adverse to the defendant before the evidence for the defence was concluded, and that, in those circumstances, Mr. Justice Avory discharged the jury without recording their verdict. The facts of the case are fully set out in the report of the previous hearing, which is contained in the issue of the BRITISH MEDICAL JOURNAL of April 9th, at page 705.

Briefly, the plaintiff's case was, that on June 9th, 1926, when she returned to Oakridge Vicarage after visiting her father, her husband put her out of the vicarage. She was very angry, and, as she desired to see her little son, she entered the vicarage by the servants' entrance. Her father-in-law, the vicar, however, kept her in the servants' hall while he telephoned to the defendant, who came and certified her as suffering from acute mania, ordering her removal to Gloucester County Asylum. The following day the plaintiff was duly examined, pronounced sane, and discharged.

Mr. J. W. J. Cremllyn and Mr. Comyn Maitland (instructed by Mr. H. Coulson) appeared for the plaintiff; Mr. Singleton, K.C., and Mr. W. H. Gattie (instructed by Messrs. Le Brasseur and Oakley, for the London and Counties Medical Protection Society) appeared for the defendant.

#### *The Summing-up of Mr. Justice McCardie.*

On the eighth day of the hearing Mr. Justice McCardie summed up, and said that, as any suggestion of bad faith had been wholly withdrawn, the only issue for the jury to consider was whether Dr. Dill had exercised reasonable care in certifying the plaintiff. The action was important, first, from the point of view of Mrs. de Freville, because it involved the liberty of the subject; secondly, from the point of view of Dr. Dill, because it affected his character and reputation as a medical man; and thirdly, from the point of view of the general public, to whom the administration of the lunacy law was of vital concern. Litigation of the character of the present case had not been infrequent in recent years, and it might be that, as a result of it, many medical men had refused to take any part in certifying patients under the Lunacy Acts. It might be that, whatever was the verdict of the jury in the present case, many more medical men would decline to give certificates if they might be made subject to litigation because they had become embroiled in embittered family strife with which they had nothing to do. It was a serious matter that the Lunacy Acts contained no definition whatever of insanity, of unsoundness of mind, or of lunacy; that they provided no test, set no standard, and gave no guidance with regard to those matters. The keynote throughout the Acts was, first, the welfare of the patient, and secondly, the public safety, which might require that the patient be put under care and treatment. From the medical point of view no textbook gave any definition of insanity, unsoundness of mind, or lunacy, and he had never in the course of his experience at the Bar and on the Bench known a doctor who was able to give a definition of those things. That illustrated the grave considerations which should be present to the mind of a jury who had to decide whether or not a doctor had acted with reasonable care. A doctor who was called in to deal with an alleged lunatic was dealing with the most difficult subject known to the medical profession. The forms taken by unsoundness of mind were many, while diagnosis and classification were difficult. Not only did the forms and symptoms vary, but each varied in degree, in gravity, and in intensity. Symptoms and outbreaks might be intermittent, and might vary year by year, month by month, and day by day. What, then, was the position of a doctor who was dealing with a question such as that? The matter had been put in the best and most practical working form for the consideration of a jury by Lord Haldane, in the course of the judgement he delivered in the House of Lords in *Everett v. Griffiths*, reported in the

Law Reports, 1921, 1 A.C., 631, at page 654, when he said of the plaintiff in that case: "To-day he is sane in his conduct, and probably was so very soon after the occurrences in question. But the point is, whether at the time of these occurrences he had so lost his capacity for self-control as to be, temporarily at least, to all appearances of unsound mind within the meaning of the statute which takes account of his relations to others as well as to himself." The jury must remember that the Lunacy Acts had to be administered and certificates had to be given not only by London specialists and other experienced practitioners in great cities, but also often by ordinary country doctors. It was one thing to come to a decision whether or not a certificate should have been given in the present case after several days' hearing of the evidence on both sides and the addresses of counsel; it was another thing to come to a decision in a room in a country parsonage. A general medical practitioner gave no warranty of special skill or knowledge. He was bound to exercise due care having regard to the skill and knowledge which he actually possessed.

## Universities and Colleges.

### VICTORIA UNIVERSITY OF MANCHESTER.

THE county borough of Stockport has increased its annual grant to the University from £250 to £400.

The Council has accepted the resignation of Dr. G. S. Wilson, Lecturer in Bacteriology and Assistant Director of the Public Health Laboratory, on his appointment as Reader in Bacteriology and Immunology in the University of London.

### NATIONAL UNIVERSITY OF IRELAND.

THE following appointments have been made:

*University College, Dublin.*—Professorship of Medicine, Henry F. Moore, M.D., D.Sc.; Professorship of Systemic Medicine, James N. Meenan, M.B., B.Ch.; Professorship of Pathology and Bacteriology, Thomas T. O'Farrell, F.R.C.S.I.; Professorship of Public Health and Bacteriology, William D. O'Kelly, M.D., D.Sc.

The following degrees and diplomas were conferred on May 14th

M.B., B.Ch., B.A.O.—T. F. J. Ryan, J. A. Browne, M. Coghlan, C. J. McCarthy, J. V. McLoughlin, J. E. MacMahon, J. P. Marren, A. V. O'Brien, Catherine Purcell, J. G. Ryan, E. P. Walsh. M.D.—J. M. Hayden, H. J. Phillips, J. C. Troy. D.P.H.—Margaret Bergin, M. Downey, Hilda M. Doyle, Mary P. Power.

## The Services.

### INDIAN MEDICAL SERVICE DINNER.

THE annual dinner of the Indian Medical Service will be held at the Trocadero Restaurant on Wednesday, June 15th, at 7.15 for 7.30 p.m. Major-General R. W. S. Lyons has been invited to take the chair. Tickets and all particulars may be obtained from the joint honorary secretary, Colonel J. J. Pratt, I.M.S. (ret.), 18, Nevean Mansions, Warwick Road, London, S.W.5.

### DEATHS IN THE SERVICES.

LIEUT.-COLONEL JOSEPH WILLIAM TOWNSEND ANDERSON, Bombay Medical Service (ret.), died at West Kensington on May 12th. He was born at Karachi on November 5th, 1852, the son of Joseph Anderson of the I.M.D., and studied at the medical schools of St. Bartholomew's and Charing Cross, and at Edinburgh and St. Andrews Universities; he took the L.S.A. in 1878, and the L.R.C.P. and S.Ed. in 1879; he became F.R.C.S.Ed. in 1891. Entering the I.M.S. as surgeon on October 2nd, 1880, he became lieutenant-colonel after twenty years' service, and retired, with an extra pension, on April 15th, 1906. For some years before his retirement he had been civil surgeon of Ahmedabad, and superintendent of the Byramji Jijibhai medical school, and of the lunatic asylum at that station. He served in the Burma war in 1886-87.

Lieut.-Colonel William Hamilton Kenrick, Indian Medical Service (ret.), died at Virginia Water on May 7th, aged 58. He was the son of William Wynn Kenrick, colliery proprietor and mining engineer, of Ruabon, and, after taking the M.R.C.S. and L.R.C.P. in London in 1895, entered the I.M.S. on January 28th, 1897, being one of the first batch gazetted to the General List of the I.M.S., which started in that year. He became lieutenant-colonel on July 29th, 1916, and retired on July 28th, 1924. He served on the North-West Frontier in the campaigns of 1897-98, including the Tochi Valley campaign (medal with clasp); the operations on Samana and in the Kurram Valley (clasp); and Tirah, in the actions at Dargai and on the Sampagha and Arhanga Passes (clasp); also in the China war of 1900, when he took part in the relief of Pekin, and in the actions at Pientsan and Yungtsen he was mentioned in dispatches and received the medal with a clasp. In May, 1905, he took civil employment in the Central Provinces, and remained there for the rest of his service, except that he was recalled to military duty from October, 1918, to May, 1921. He was the author of a work on *Malaria in the Central Provinces*, 1916.

A few recommendations remained to be considered and would come before the Council at an early date. An amending bill would then be prepared, but there was little likelihood of its introduction during the present session.

**Foot-and-Mouth Disease in Switzerland.**—On May 30th Major Ainsworth asked whether, in view of the existence of foot-and-mouth disease in Switzerland, the Minister of Agriculture was satisfied that the condensed milk imported into Great Britain from that county was free from contamination. Mr. Guinness said that he was informed that the process of condensing milk necessitated the maintenance for some time of temperatures sufficient to destroy the virus of foot-and-mouth disease.

**Shanghai Defence Force.**—On May 31st Sir L. Worthington-Evans said that he was unable to state the total number of admissions to hospital of troops of the Shanghai Defence Force. The average weekly number of officers and men of the force and the permanent garrison at Hong-Kong, including Indian troops, who were in hospital during the four weeks ending May 20th was 15 and 860 respectively.

**Motor Horns.**—Colonel Ashley, replying on May 31st to Mr. Pethick-Lawrence, who asked if he had received complaints as to cases of nervous shock caused by the unnecessary use of strident motor horns, said he was aware that unnecessary noise was sometimes made. The point had been under consideration in connexion with the Draft Road Traffic Bill, but it seemed to him more a question of education in the courtesies of the road than a matter for legislation, as it would be extremely difficult to lay down a definite and enforceable standard of noise.

**Dirty Milk.**—Sir K. Wood, replying to a question on May 31st, said that the Minister of Health had seen the report of the medical officer of health for Workington, in which it was stated that 79 per cent. of the milk for sale was found to contain cow-dung, hairs, and dirt. The samples mentioned in that report were classified as 31 per cent. clean, 31 per cent. fair, and 38 per cent. dirty. In a later report, which had been presented to the town council within the last few days, a marked improvement was indicated, the result of an examination of a further set of samples being given as 75 per cent. clean, 12.5 per cent. fair, and 12.5 per cent. dirty. In reply to another question it was stated that the Minister of Health had no reason to believe that the licence fees paid by producers of graded milk, which represented only a part of the cost of inspection and bacteriological examination, had had a deterrent effect on the production of clean milk. He did not at present propose to abolish the fees.

**Ornamental Waters.**—Captain Hacking, replying on May 30th to Sir W. Davison, who asked if his attention had been called to the odour arising from the ornamental water in St. James's Park, "which in some cases had caused sore throats to those sitting by the water," said that attention had been drawn to the matter. Measures were being taken which, it was hoped, would provide an effective remedy. Sir W. Davison asked if Captain Hacking was aware that the same thing occurred in 1910 and 1911, and that then it was successfully dealt with. Captain Hacking said that the Office of Works, in order to effect economy, had not run fresh water continuously into St. James's Park lake. The pumping of water from the Serpentine, however, was creating a current which would probably have the desired effect.

**Pasteurized Milk.**—The Ministry of Health provisionally estimates that between 5 and 10 per cent. of the liquid milk sold in England and Wales is pasteurized.

#### THE COLONIAL CONFERENCE.

##### NEED FOR RESEARCH, MEDICAL AND OTHER.

THE Colonial Office Conference, in which officials representing Crown Colonies and Protectorates have been meeting the Colonial Secretary, Mr. Amery, at Downing Street, ended on May 31st. In his closing statement, Mr. Amery remarked that the Conference had endorsed wholeheartedly the principle of an efficient central organization in the field of scientific research. The Conference had instructed the new joint Medical Research Council, of whose setting up it had approved, to work out proposals for a scheme of medical research which would be on no less broad a basis than the scheme of agricultural research which the Conference had considered and approved on May 27th. In the same report the Conference's Committee on Colonial Scientific and Research Services stated that the British Colonial administrations were responsible for the health and prosperity of a large number of human beings, though the number was small in proportion to the territory they inhabit. This comparative sparsity of population was most noticeable in tropical Africa. The area of the tropical African dependencies was greater than that of India and Burma, but their population was less than one-sixth of that of those countries. This sparsity of population was mainly due, on the one hand, to centuries of warfare and to the slave trade; on the other, to the ravages of disease—diseases of man and diseases of stock. The establishment of the Pax Britannica and the development of an efficient administration had done away with warfare and the slave trade, but the Committee remarked that medicine, in alliance with veterinary science, could alone combat disease. The population of the Colonies should increase rapidly as the result of settled government and of the progress in tropical medicine and hygiene. As an illustration of the necessity for shielding the population from the attacks of disease the Committee recalled that in the years 1902 and 1903 more than one-tenth of the native population of Uganda was wiped out by trypanosomiasis. There was no organization whatsoever in the Colonies which viewed the problems of science as a whole.

Reviewing the present position of medicine in the Colonies, the report remarked that the first great stimulus to research in any branch of science was given in the closing years of last century, though much work of great value had previously been done. While Mr. Joseph Chamberlain held the seals of the Colonial Department two great institutions were founded—the London and Liverpool Schools of Tropical Medicine. At the same period the Tropical Diseases Research Fund, with an advisory committee, was created to advise the Secretary of State on the administration of the Fund and on any matters connected with medical research that might be referred to it. Since that time the Bureau of Hygiene and Tropical Diseases had been instituted to deal with the collection and distribution of information with regard to hygiene and tropical diseases, including the diseases of animals.

The Advisory Committee of the Tropical Diseases Research Fund was now in progress of reconstitution. A new body was being formed by the Secretary of State for the Colonies, partly of nominees of the Medical Research Council and partly of members nominated for their knowledge of medical research in the tropics. The chairman was to be a layman, and the duties of the new body would be to advise the Secretary of State on questions affecting research in the Colonies, to advise on the administration of the Research Fund, and to form the connecting link between the developments of medical science at home and in the Colonies. A chief medical adviser to the Secretary of State for the Colonies had also recently been appointed.

The Committee further reported that it had decided to leave the question of medical organization on one side, as the new Medical Research Committee had only recently been constituted and it was desirable to allow it to examine the position fully before embarking on any definite proposals. The conference, however, recommended that it should be one of the first duties of the new Colonial Medical Research Committee to consider the establishment of a Colonial Medical Research Service. A unified research service was recommended for Colonial agriculture, and the hope was expressed that the veterinary service might be similarly organized before long.

## Medical News.

THE Mackenzie Davidson Memorial Lecture for this year—the eighth of the series—will be given by Sir Humphry Rolleston, Bt., Regius Professor of Physic in the University of Cambridge. The subject will be protection and other radiological problems; it will be delivered at the house of the Royal Society of Medicine on Thursday, June 30th, at 8 p.m. The lecture is arranged by the Röntgen Society and the Electro-therapeutics Section of the Royal Society of Medicine. As already announced, the Sylvanus Thompson Memorial Lecture of the Röntgen Society will be given by Sir J. J. Thomson, O.M., F.R.S., on Tuesday, June 14th, at the same place at 8.30 p.m. The subject is the structure of the atom and radiation.

THE Bolingbroke Lecture of the South-West London Medical Society will be delivered by Mr. W. McAdam Eccles, M.S., F.R.C.S., in the Bolingbroke Hospital, Wandsworth Common, S.W.11, on Wednesday, June 8th, at 9 p.m. The subject will be the romance of foetal pathology. The lecture will be open to any member of the medical profession.

MR. T. W. LETCHWORTH will give a special clinical demonstration for the Fellowship of Medicine at the Royal Eye Hospital on June 9th, at 3 p.m., free to medical practitioners. The Chelsea Hospital for Women hold a two weeks' course in Gynaecology from June 8th to 21st, and an afternoon course will be provided at the Central London Ophthalmic Hospital from June 8th to 29th, with an operative class if desired. The Children's Clinic in conjunction with the National Hospital for Diseases of the Heart, the Royal National Orthopaedic Hospital, and the Royal Waterloo Hospital will hold a special course in diseases of children from June 13th to 25th. There will be an afternoon course at the Hospital for Diseases of the Skin, Blackfriars, from June 20th to July 1st; special cases of interest will be shown each Tuesday. From June 27th to July 9th the Victoria Park Hospital will provide a special course in all forms of pulmonary disease. The Fellowship of Medicine can arrange for practical courses in anaesthetics and obstetrics and for clinical assistantships in gynaecology. Copies of all syllabuses and of the *Post-Graduate Medical Journal* are obtainable from the secretary of the Fellowship, 1, Wimpole Street, W.1.

SIR DONALD MACALISTER, Bt., has been reappointed a member of the governing body of the Imperial College of Science and Technology for a further term of four years.

SIR JAMES PURVES-STEWART has been elected a foreign member of the Copenhagen Medical Society.

SIR ALFRED RICE-OXLEY, C.B.E., M.D., has, on the occasion of the visit of the French President to Great Britain, received from the French Government the decoration of the Legion of Honour, as an acknowledgement of the services he has rendered to France as a member of the British League of Help.

So many persons failed to obtain admission to the lecture on the eclipse, in aid of King Edward's Hospital Fund for London, given on May 27th by the President of the Astronomical Society (Rev. T. E. R. Phillips), that he has consented to repeat it, and in this second edition to deal with some additional points. The lecture will be given at the Polytechnic, Regent Street, on Monday, June 13th, at 8 p.m. Applications for tickets (reserved 4s., unreserved 1s. 6d.) may be made to the Polytechnic, 309, Regent Street, or to the Secretary of King Edward's Hospital Fund for London, 7, Walbrook, E.C.4, or payment may be made at the doors.

DR. J. WRIGHT MASON of Hull was entertained at a complimentary luncheon by the Association of Port Sanitary Authorities at the Charing Cross Hotel on May 27th, on the occasion of his retirement from the post of honorary secretary. The President, Councillor J. E. Jones (Bristol), Dr. W. M. Willoughby (Port of London), and other speakers referred in eulogistic terms to the services rendered by Dr. Mason during the thirty-nine years since he and others founded the association. Alderman W. Clough (River Tyne Port Sanitary Authority) then handed to Dr. Mason an inscribed silver salver and a cheque as a token of the esteem in which he is held by his colleagues in the work of port health administration. Dr. Mason, in the course of his reply, gave an interesting account of the beginnings of the association and of the useful work it has since accomplished. The salver, he said, would be regarded as a treasured possession by his family.

THE Hartlepool Town Council has conferred the honorary Freedom of the Borough upon Alderman William S. Gibb, M.B., C.M., J.P. of Hartlepool, in recognition of his long and eminent services to the borough. Dr. Gibb has served for twenty-seven years on the Town Council, and was Mayor of the borough for three years.

DR. T. N. KELYNACK, founder and for nearly seventeen years editor of *The Child*, is relinquishing the position of editor after the issue of the June number. This monthly periodical will continue to be published by Messrs. John Bale, Sons and Danielsson, Ltd., under the direction of an editorial board.

THE twenty-eighth annual meeting of the American Roentgen Ray Society will be held in Montreal on September 20th to 23rd, 1927, under the presidency of Dr. A. Howard Pirie, of Montreal. This is the first occasion on which the society has met outside the United States, and, to acknowledge the honour paid to a British radiologist by his election to the presidency of the society, a party of radiologists from this country will go to Montreal in September to take part in the proceedings. Dr. G. W. C. Kaye has been invited by the society to give the Caldwell Lecture.

At a congress held recently at Marseilles (Journées médicales Marseillaises) a group of French and Spanish ophthalmologists celebrated the 182nd anniversary of the extraction of the lens for cataract by Jacques Daviel, which was performed at Provence in 1745.

THE Italian State Tourist Department is organizing a trip for medical practitioners to the spas and the climatic health resorts of Italy, from September 12th to 27th, on similar lines to those which have proved so successful in previous years. Among the places to be visited are Bagni di Montecatini, Bagni di Chianciano, Rome, Fiumi, Sorrento, Capri, Naples, Messina, Taormina, and Palermo. At each resort a lecture will be given by a medical practitioner, and visits will be paid to the bathing establishments. Interpreters will accompany the party, who will be provided with the texts of the lectures in English, French, and German. The party will be limited to 150, and the charge is 1,700 lire (about £19). Further particulars may be obtained from the London office of the Italian State Railways and State Tourist Department, 16, Waterloo Place, Regent Street, S.W.1.

MESSRS. NEWTON AND WRIGHT, LTD., issue an abridged (1927) illustrated price list of apparatus for radiology, which deals with x-ray apparatus only. Coils, transformers, deep therapy apparatus are all illustrated and described, as is the accessory apparatus required to fit up a modern radiographical clinic. The catalogue is very well produced, and the illustrations are of excellent quality and sufficiently exhibit each portion of apparatus. It is interesting to see that prices have become stabilized, and the exact cost of everything is stated in plain figures. An associated firm, Newton and Company, undertake at 72, Wigmore Street all the photographic work required for the developing of x-ray films, printing, and making reductions.

THE following appointments have recently been made in the Spanish faculties of medicine: Dr. Enrique Suñer Ordóñez, professor of children's diseases at Madrid, in succession to the late Professor Pérez Valdes, Dr. Vicente Calvo Criado, professor of medical pathology at Seville, and Dr. Estanislao del Campo, professor of physiology at Madrid.

## Letters, Notes, and Answers.

All communications in regard to editorial business should be addressed to **The EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.**

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## QUERIES AND ANSWERS.

### INCOME TAX.

#### Motor Car Depreciation.

"H. A. M." claimed last year a deduction of £190 for replacement of car, but owing to the change from the three years' average he will only benefit in effect to the extent of one-third of that amount. The inspector of taxes has refused to make an allowance for depreciation.

\*\* It was decided in the case of the Caledonian Railway Company v. Banks that where the question of capital exhaustion was being dealt with by allowing the cost of renewals, no further allowance should be made for depreciation. As matters have turned out, it is, of course, unfortunate that our correspondent did not claim the depreciation allowance as from the first year it was obtainable; if he had done so the "renewal" allowance would have been modified and have become the statutory "obsolescence" allowance, which would not have barred the subsequent depreciation claim. In the circumstances we can only suggest that our correspondent should send to the Secretary, Inland Revenue, Somerset House, a full statement of the facts, asking that in the special circumstances the "renewal" claim should be disregarded (or looked upon as an obsolescence claim), or alternatively that he should be allowed to withdraw that claim, and should pay tax upon one-third of the £190, and thereby remove the barrier to the grant of the depreciation allowance.

#### Educational Fund.

"BURMAH" has formed an educational trust for the benefit of his children, providing for payments out of the funds to be made for their education, or, at the option of the trustees, to their parents for their benefit.

\*\* If the trust is revocable by the settlor without the consent of any other person (not being the settlor's wife), so that he can obtain for himself the beneficial enjoyment of the income, or if the period for which the income is payable to the children is less than their lives, the income must, in accordance with Sec. 20 of the Finance Act, 1922, be deemed to be the income of the settlor. In that case the income will not be regarded as the income of the children in their "own right," and "Burmah" can claim the usual statutory allowance. If the trust is not within the scope of Section 20, the amount of income expended on each child will be regarded as the income of that child (see *Drummond v. Collins* [1915], A. C. 1011), and "Burmah" can put in repayment claims thereon as natural guardian of the children. It would seem that in that case he would be unable to claim the allowance where the child's income exceeded £40, though the precise meaning attaching to the stipulation that the income shall be in the "own right" of the child may be open to doubt.