

That the executors have not done so unnecessarily is shown by the fact that on two of these occasions an appeal was brought against the decision of the Chancery Judge, and on each the Court of Appeal decided that his appreciation of what the Act meant and of what effect it had was wrong.

Illustrative Cases

By her will dated June 18, 1948, Mrs. Kellner left one-eighth of her residue to the Royal Cancer Hospital, and a further eighth to the Cancer Research Institute. She died on June 23, but probate of the will was not granted till after the appointed day for the National Health Service Act. Mr. Justice Harman came to the conclusion that her gifts were not covered by the vesting provisions of the Act and should therefore be administered charitably by the Crown under the Sign Manual. The Court of Appeal, however, decided that Section 60 of the Act did apply, and that the trustees should pay the bequest to the board of governors constituted by the Act to control both the hospital and the institute as a designated teaching hospital.

By her will dated August 9, 1944, Mrs. Morgan left the bulk of her residue on trust for the Liskeard Cottage Hospital. She died after the appointed day, when the governing body of the hospital dissolved and its property vested under the Act in the Plymouth, South Devon, and East Cornwall Hospital Management Committee. Mr. Justice Roxburgh ordered that the legacy should be paid to the committee to be applied by it only for the purposes of the Liskeard Cottage Hospital, and not for the many others controlled by the committee. Soon afterwards Mr. Justice Vaisey followed this decision in a case where Thomas Wentworth Glass had left a legacy of £250 to the King Edward VII Memorial Hospital, Ealing. Under the Act this hospital became managed and controlled, together with many other hospitals, by the South-west Middlesex Hospital Management Committee. Mr. Justice Vaisey made a similar decision where William Turner Hunter, who died in January, 1948, had left part of his residue in memory of his father to the trustees of the Ingham Infirmary and South Shields and Westoe Dispensary, which under the Act came, together with many other hospitals, under the management and control of the South Shields District Hospital Management Committee.

A different problem arose under the will of Mrs. Ginger, who in 1940 left £1,000 for the foundation of a cot at the Westminster Hospital in memory of an uncle. Under a 1940 scheme founders of cots had the right, among other things, to nominate patients, subject to certain conditions, to occupy them. This right no longer existed under the Act. Mr. Justice Roxburgh decided that the £1,000 should be paid to the board of governors of the hospital on their undertaking to name a cot in perpetuity in memory of the uncle.

The problem caused by the will of Mr. Meyers was that he left legacies to a large number of hospitals, some incorporated and some unincorporated, some of which were designated as teaching hospitals under the Act and some not, directing that they were to be treated as capital and to be added to the invested funds of the charities to which they were given. As a result of the Act all the hospitals' property had vested either in regional boards or in boards of governors, and they no longer had any invested funds. Mr. Justice Harman decided that the legacies were none the less payable to the appropriate boards of governors in the case of the teaching hospitals, and to the appropriate management committees, with directions that, as in Mrs. Morgan's case, they should use them only for the purposes of the named hospital Mr. Meyers had intended.

Attempts to Provide for Nationalization

Finally, there were two cases in which there was the added complication that the testator had foreseen and tried to provide for what was to happen if the hospital concerned was nationalized. John Edward Frere, by testamentary dispositions made on or before 1941, left £6,300 to Fleet and

District Hospital if still at his death "run on a voluntary system and not taken over by the State." He also left his residue to the same hospital. He died in 1949. Mr. Justice Wynn Parry held that the £6,300 legacy lapsed because the hospital was "taken over by the State" under the Act, but that, as Mr. Frere had failed to make a similar restriction when leaving his residue to the same hospital, the residue must be paid to the Farnham Group Hospital Management Committee.

By her will dated January 13, 1943, Lady Bland-Sutton, widow of Sir John Bland-Sutton, left her residuary estate to trustees on trust to provide annually for a research scholarship and then to pay the residual income to the treasurer of the Middlesex Hospital for the maintenance and benefit of the Bland-Sutton Institute of Pathology, which was part of the Medical School.² If the Middlesex Hospital became nationalized or passed into public ownership the trustees were to pay both capital and income to the Royal College of Surgeons. The Court of Appeal decided that the effect of the Act had been that the Middlesex Hospital had become nationalized and had passed into public ownership within the meaning of Lady Bland-Sutton's will. The Court further held that the Royal College of Surgeons was not a charity within the meaning of the Statute of Elizabeth. Therefore, as the date on which "nationalization" of the hospital might take place was wholly uncertain at the date of Lady Bland-Sutton's death in 1943, the gift over to the College was void as offending against the "Rule against Perpetuities." The Court held, however, that the charitable intention behind the gift to the Institute transcended the restriction that the gift should not go to the Institute in case of the nationalization of the hospital, and that this restriction must therefore be disregarded rather than allow the gift to fail completely.

Getting the Courts to say what testators mean is an expensive matter. The pitfalls which may beset legacies to hospitals since the National Health Service began have undoubtedly not yet been fully explored. Those who have indulged or are minded to indulge in this form of bounty should be warned by these illustrations to get professional help to see that it goes where they mean that it should go.

Universities and Colleges

UNIVERSITY OF OXFORD

In a Congregation held on May 1 the degree of D.M. was conferred on I. V. Polunin.

UNIVERSITY OF CAMBRIDGE

In Congregation on May 10 the following medical degrees were conferred:

M.D.—R. S. Stevens, J. H. Simpson, P. G. Mann, R. H. Ellis, J. F. Buchan.

M.B., B.Chir.—D. W. Hall.

UNIVERSITY OF EDINBURGH

Dr. A. A. B. Swan has been appointed lecturer in the department of physiology, from October 1, and Dr. B. McL. More, assistant lecturer, from April 21.

The status of honorary lecturer in the department of tuberculosis has been granted to Dr. N. W. Horne.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

At a quarterly meeting of the College, held on May 6, with the President, Dr. W. A. Alexander, in the chair, the following were elected Fellows of the College: R. F. Robertson, J. T. R. Russell.

The following were elected Members of the College: G. B. Sinha, S. Balse, S. H. Shah, G. F. Hall, M. J. Bailey, S. Ruttle, D. P. Basu, B. S. Kulkarni, N. M. Mann, D. T. Kay, O. G. Jones, W. Bolliger, A. Macfarlane, N. K. Pein, W. I. Forsythe, W. D. H. Conacher, A. D. Desai, Z. H. N. Kadri, S. N. Mathur, R. A. Kershaw, B. Prasad, G. S. Kilpatrick, R. J. Connolly, K. L. Stuart, J. A. McLeod, B. S. Khaira.

Wednesday, June 4

- POSTGRADUATE MEDICAL SCHOOL OF LONDON, Ducane Road, W.—11.45 a.m., medical clinical-pathological conference.
 ROYAL EYE HOSPITAL, St. George's Circus, Southwark, London, S.E.—5.30 p.m., "The Eye as an Optical System," by Mr. J. F. P. Deller.

Thursday, June 5

- EDINBURGH UNIVERSITY, University New Buildings, Teviot Place.—(1) 5 p.m., "Paediatric Pseudopodia," Honyman Gillespie Lecture by Professor W. S. Craig. (2) At Physiology Class Room, 5 p.m., "Eighteenth Century Surgery and Obstetrics," lecture-demonstration by Dr. Douglas Guthrie.
 ●POSTGRADUATE MEDICAL SCHOOL OF LONDON Ducane Road, W.—4 p.m., "Cutaneous Allergy," by Dr. Stephen Gold.
 ROYAL COLLEGE OF SURGEONS OF ENGLAND, Lincoln's Inn Fields, London, W.C.—3.45 p.m., "Argentaffinomata of the Alimentary Canal," Erasmus Wilson Demonstration by Mr. E. W. Grahame.
 ST. ANDREWS UNIVERSITY.—At Materia Medica Department, Medical School, Small's Wynd, Dundee, 5 p.m., "The Synovial Joint. Some of its Anatomical and Physiological Problems," by Professor D. V. Davies.
 ST. GEORGE'S HOSPITAL MEDICAL SCHOOL, Hyde Park Corner, London, S.W.—5 p.m., lecture-demonstration in psychiatry by Sir Paul Mallinson.

Friday, June 6

- INSTITUTE OF DERMATOLOGY, Lisle Street, Leicester Square, London, W.C.—5.30 p.m., "Reticuloses," clinical demonstration by Dr. B. Russell.
 OXFORD UNIVERSITY.—At Maternity Lecture Theatre, Radcliffe Infirmary, 2.30 p.m., "Antibiotic Synergism and Antagonism," by Dr. E. Jawetz (California).
 ●POSTGRADUATE MEDICAL SCHOOL OF LONDON, Ducane Road, W.—11.15 a.m., surgical clinical-pathological conference; 2 p.m., "Crohn's Disease," by Mr. Harold Edwards; 4 p.m., "Cutaneous Allergy," by Dr. Stephen Gold.
 ROYAL EYE HOSPITAL, St. George's Circus, Southwark, London, S.E.—4.30 p.m., "Surgery of Lacrimal Sac and Ducts," by Mr. A. J. Cameron.
 WHIPPS CROSS HOSPITAL MEDICAL SOCIETY, Whipps Cross Hospital, London, E.—8.30 p.m., "The Changing Face of Therapeutics," by Dr. C. A. Keele.

APPOINTMENTS

- BRACKENRIDGE, GILBERT R., M.B., Ch.B., Senior House Officer (Medicine), Victoria Hospital, Blackpool.
 GRAY, S. T. G., M.B., Ch.B., D.P.H., County Medical Officer of Health and School Medical Officer, East Suffolk County Council.
 JAMES, S. G., M.D., M.R.C.P., D.P.M., Medical Superintendent, Broadmoor Institution.
 JEREMIAH, C. W. W., M.R.C.S., L.R.C.P., D.P.H., County Medical Officer, Nottinghamshire.
 MARTIN, M. P. D., M.B., Ch.B., Assistant Chest Physician (S.H.M.O.) for Montgomery and Merionethshire.
 NORTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD.—Part-time Consultant Physician, Tilbury and Riverside Hospitals (Tilbury and Orsett Branches), I. M. Hall, M.D., M.R.C.P. Part-time Consultant Physician in Physical Medicine, St. Mary's, Colchester, and other Hospitals in the Group, K. W. Nicholls Palmer, L.M.S.S.A., D.Phys.Med. Part-time Consultant Physician in Physical Medicine, North Middlesex Hospital and Annexes, J. F. Dignan, M.B., B.Ch., F.R.C.S.I., D.Phys.Med. Part-time Consultant Dermatologist, Prince of Wales's General Hospital, L. Sefton, M.B., B.Chir., M.R.C.P. Part-time Consultant Radiologist, Forest Hospital, M. I. Robinson, M.B., B.Ch., D.M.R.D. Part-time Consultant Radiologist, Mildmay Mission, Plaistow and Claybury Hospitals, C. J. R. Morrison, L.R.C.P.&S.Ed., D.M.R.D.
 RANGER, DOUGLAS, M.B., B.S., F.R.C.S., Assistant Laryngologist (Consultant), London Chest Hospital.
 SOUTH-WESTERN REGIONAL HOSPITAL BOARD.—Psychiatric Registrars to South-western Region, E. G. W. Cross, M.R.C.S., L.R.C.P., N. Lukianowicz, M.D., and A. W. Taylor, M.B. B.S. Senior Registrar in Orthopaedic and Traumatic Surgery to Bath Clinical Area, P. S. London, M.B., B.S., F.R.C.S.
 THOMSON, G. RUSSELL, M.B., Ch.B., F.R.F.P.S., F.R.C.S.Ed., Consultant Surgeon and Medical Superintendent, West Highland Hospital, Oban, Argyll.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

- Patey.—On May 17, 1952, at the Hill Nursing Home, Reading, Berks, to Elaine, wife of Dr. George Patey, a son.

DEATHS

- Adams.—On May 19, 1952, at 1, Chapel Road, West Ealing, London, W., Percy Edward Adams, M.D.
 Daunt.—On May 18, 1952 at 74, Filsham Road, St. Leonards-on-Sea, Sussex, Francis Eldon Daunt M.B., B.S.
 Dutton.—On May 18, 1952 at 26, Poplar Grove, Stepping Hill, near Stockport, Cheshire, Edward Charles Dutton, M.B., F.R.C.S.Ed., aged 76.
 Harbison.—On May 16, 1952 at "Dunimarie," Revidae Road, Blackburn, Lancs, Josiah Stranaghan Harbison, M.B., Ch.B., J.P.
 Ibbotson.—On May 20, 1952 at the Royal Northern Hospital, Holloway, London, N., William Ibbotson, F.R.C.S.Ed., late of 78, Harley Street, London, W., aged 74.
 Morrin.—On May 19, 1952, at his home, 1, Walton Place, London, S.W., John Joseph Morrin, M.B., B.Ch.

Any Questions ?

Correspondents should give their names and addresses (not for publication) and include all relevant details in their questions, which should be typed. We publish here a selection of those questions and answers which seem to be of general interest.

Digitalis in Toxic Myocarditis

Q.—What are the present views on the use of digitalis or its derivatives in heart failure concurrent with and following acute toxæmic states—e.g., influenzal bronchopneumonia? Is its cautious administration while awaiting the full effect of antibiotics very dangerous?

A.—Digitalis is of value in all forms of congestive heart failure whatever the cause and whether the rhythm is normal or otherwise. Heart failure from toxic myocarditis is no exception, and such toxic myocarditis is not influenced by antibiotics, being probably allergic in nature. There is no object in giving digitalis to prevent the development of heart failure in any infection, the incidence of toxic myocarditis being very low and digitalis doing more harm than good in the absence of congestive failure. The drug may also be used to control the ventricular rate in auricular fibrillation or flutter complicating pneumonia or other infections, but its use does not prevent the onset of such rhythm changes, nor does it influence sinus tachycardia.

Discoloration of Penicillin in Syringes

Q.—Is an all-glass syringe essential when giving penicillin preparations in oil? I notice that when using a syringe with a metal plunger the contents of the syringe are often discoloured, and wonder how much this is likely to affect the potency of the penicillin? What is the cause of the discoloration?

A.—A slight degree of degradation of penicillin takes place in such preparations, and the sulphur so liberated combines with the metal of the syringe to form a sulphide, to which the discoloration is due. It is only noticeable because the oil suspension affords a white background; the same change in a syringe containing an ordinary solution of penicillin would pass unobserved. There is thus no effect on the potency of the preparation, the change to which the reaction is due having taken place before the syringe is filled.

Potassium Depletion in Cushing's Syndrome

Q.—Would you let me know why in Cushing's syndrome a hypochloraemic hypokalaemic alkalosis may be found?

A.—In some cases of Cushing's syndrome there is excessive production of adrenal steroids with an action similar to that of synthetic desoxycorticosterone, in that they increase the urinary output of potassium. In such cases considerable potassium depletion is produced; and in them alkalosis may be present. The alkalosis responds to treatment with potassium salts, and alkalosis has been found in experimental potassium depletion in animals and man. It seems reasonable therefore to relate the alkalosis of Cushing's syndrome to potassium depletion. There is evidence that even in potassium depletion alkalosis does not occur if the diet is of low salt content; variation in potassium and sodium intake, as well as in the type of steroids produced, may thus explain the inconstancy of alkalosis in Cushing's syndrome. When alkalosis does occur, it should be treated by giving 10 g. of potassium chloride daily by mouth, in divided doses, until the alkalosis is controlled.