

ONE HUNDRED AND THIRD ANNUAL MEETING
of the
British Medical Association
MELBOURNE, 1935

THE British Medical Association will hold its 103rd Annual Meeting in Melbourne, Australia, during the week beginning September 9th, 1935, under the presidency of Sir Richard Stawell, K.B.E., M.D., consulting physician to the Melbourne Hospital. The Sectional sessions for scientific and clinical work will be held on Wednesday, Thursday, and Friday, September 11th, 12th, and 13th. The Annual Representative Meeting for the transaction of medico-political business will take place in London at the Association's House on Friday, July 19th, and following days.

Members travelling to Australia through the United States will sail for New York from Southampton on July 27th; if travelling by the Canadian route to San Francisco, they will sail for Montreal from Liverpool on July 26th, or from Glasgow on July 27th. Particulars of the two routes were given in our *Supplement* of March 10th. All arrangements for the journey are in the hands of the Financial Secretary and Business Manager, B.M.A. House, Tavistock Square, London, W.C.1, to whom early application should be made for reservation of places on steamers and trains and at hotels. Members who cannot afford to be away for the whole time of the "round-the-world" tour may leave London on August 8th, travelling overland to Toulon and embarking there on a P. & O. liner which arrives at Fremantle on September 3rd. The journey on to Melbourne takes three days by rail, so that those who follow this route will reach their destination three days before the meeting opens.

The honorary local general secretary for next year's Annual Meeting is Dr. J. P. Major, Medical Society Hall, East Melbourne, Victoria. The names of the officers of the fourteen Scientific Sections are given in the *Supplement* this week; and further information, with provisional programmes, etc., will appear in subsequent issues. We publish below the second of a series of descriptive and historical articles, on the city of Melbourne and its medical institutions; the first appeared on October 20th (p. 730).

THE STORY OF THE MELBOURNE MEDICAL SCHOOL

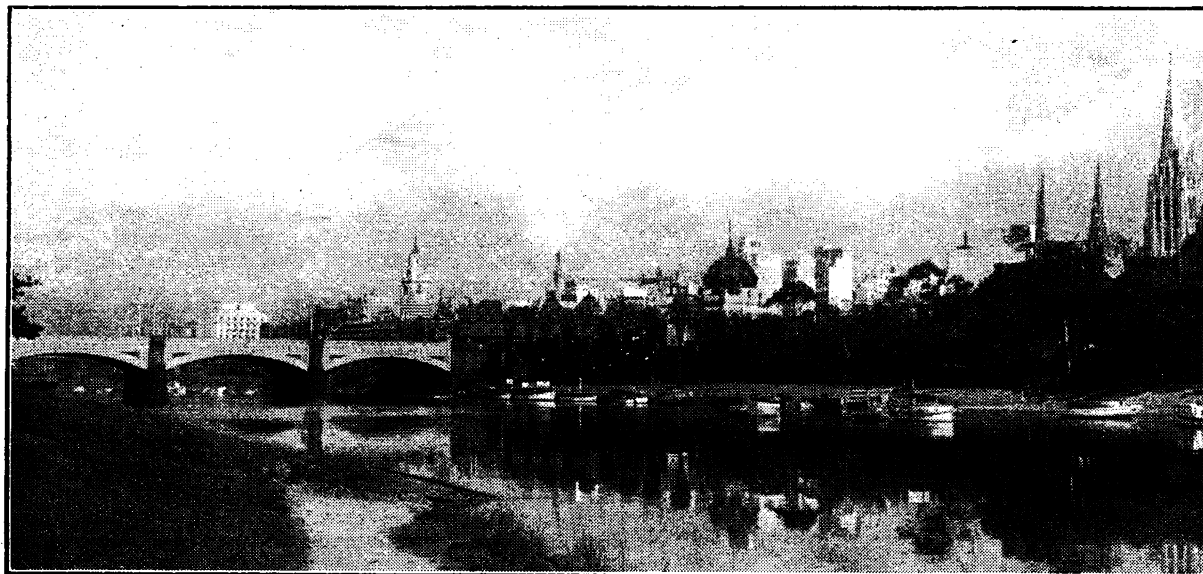
BY

PROFESSOR W. A. OSBORNE

DEAN OF THE FACULTY OF MEDICINE

The formal inauguration of the University of Melbourne took place on April 13th, 1855, three years and nine months after the Port Phillip district, a portion of New South Wales, had become the State of Victoria. In this

University, Sir Redmond Barry, was just as eager to start a school of law. Brownless, who may be regarded as the real founder of the school, never flagged in his efforts, and at last, by a reduction of his request for



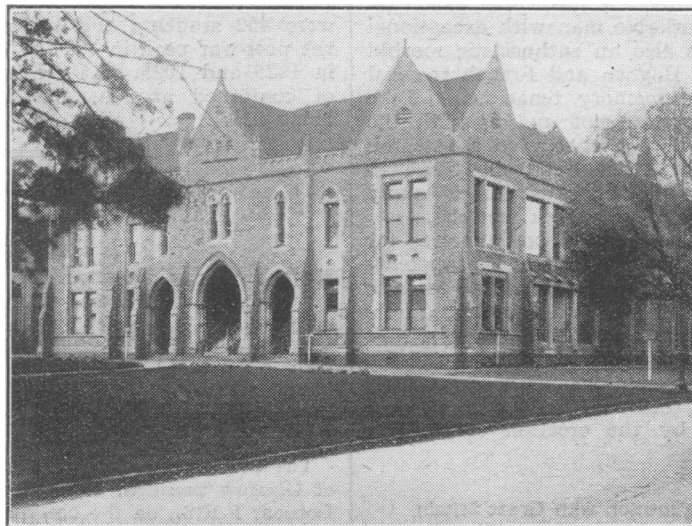
View of Melbourne from across the Yarra River.

same year Dr. (afterwards Sir) Anthony Colling Brownless, a Bart's man, who had come to Australia in the gold rush of 1852, was elected a member of the governing body or council, and immediately started an agitation for the creation of a medical school. He was ably supported by his colleagues in medical practice, but the difficulties at first seemed insuperable: the colony was small, the Treasury exiguous, while the Chancellor of the

£26,000 to a more modest £12,000, and by the generous action of the lecturers in law and engineering in relinquishing part of their salaries, the project was adopted in 1861, and the first lectures in chemistry were given in a private laboratory by Dr. John Macadam, an M.D. of Glasgow.

The curriculum adopted at the start of the school, the first in the Antipodes, showed some remarkable features. Dr. (afterwards Sir James) Paget of London, who had

been consulted, recommended a three years' or, at most, a four years' course of study, but Dr. Brownless realized that in the Old Country there was a belief that all matters, particularly educational, were make-shift and below home standard in the colonies. With great courage the council, on Dr. Brownless's recommendation, insisted that after matriculation—and this involved the passing of a fairly stiff examination—there should be five years of medical study with five exacting examinations. This severity of standard was something new in the Empire, and thirty years had to elapse before the General Medical Council in London could regard it as practical in the United Kingdom. Here may it be stated that from this early date until the present time the university degrees of M.B., B.S. have constituted the one and only local portal to the medical profession. There have never been any back entrances or short cuts, and the status of the profession to-day testifies to the wisdom of the founders.



Department of Pathology, Melbourne University.

Halford: The School's First Professor

It was realized from the start that a professor was wanted who could take on the burden of organization and administration and establish the school on sound lines. Dr. Paget and Professor (afterwards Sir Richard) Owen, acting as a London committee, selected Dr. George Britton Halford, a Sussex man practising in London, as professor of anatomy, physiology, and pathology. He arrived in Melbourne on December 22nd, 1862, and soon was busy with Dr. Brownless drawing up plans of buildings, which with fine optimism were devised much in excess of the needs of the time. Professor Halford gave his inaugural lecture on May 1st, 1863. He had already done brilliant research work on the heart in London, most of which was embodied in the book *The Action and Sounds of the Heart*, published by Churchill in 1860, a volume that might well be reprinted to-day, for the experiments on which it was based took on the exactness of a research on natural philosophy.

Halford demonstrated among other things the fixity of the apex, the action of the pericardium, the valvular contribution to the first sound, and, prettiest of all, the action of eddies in approximating valve flaps so that the valves are really closed before systole begins, and regurgitation or clack is avoided. Halford may also be regarded as a pioneer in comparative physiology, or "Zoological analogies" as the *Lancet* called it (March 17th, 1860): "a mode of inquiry which Dr. Halford appears to have been the first to institute" (*ibid.*). Evidence of his enthusiasm and of his racy style is given in his account of how he listened to the heart sounds of

the apteryx, which bird, Dr. Owen had declared, had "mammalian affinities" in its heart.

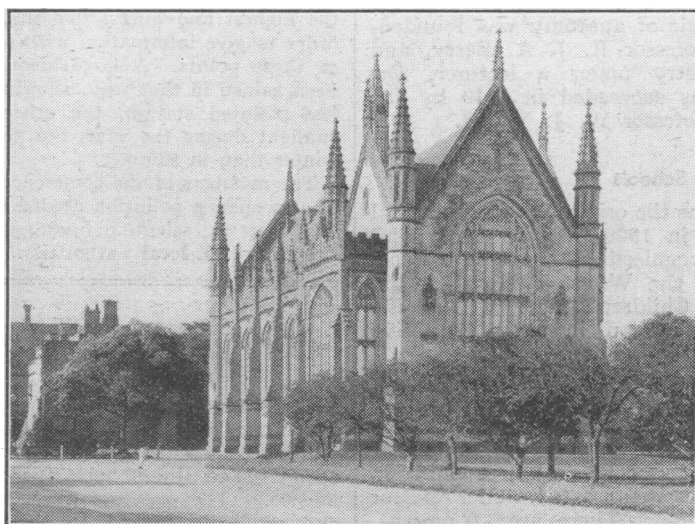
"As stealthily as thieves to their business, or as Tarquin to Lucrece, did the keeper and I approach the apteryx by night, he leading the way. Having secured her in his arms she became easily pacified and, unseen by her, I placed my stethoscope to her chest, broad, without a keel, and listened for some time. Never was there a prettier result. The sounds were not like those of the eagle, for the first sound had resumed its mammalian length and *lub duc* was once more heard."

Halford's somewhat unconventional manner was not pleasing in the eyes of the Chancellor, Sir Redmond Barry, a pompous lawyer. In 1864 Halford argued that a man called Harrison, condemned to death for murder, was probably insane. His pleadings, disregarded by the authorities, aroused the gratitude of the condemned man, who, without legal power of course, bequeathed his body to the professor. Halford got access to the body after execution, severed

the head, and made off with it to his dissecting room. To continue the story in the words of *The Times*:

"The gaol surgeons were in consternation and appealed to the Sheriff. Law and justice were at the moment at fault. At length it was determined that the Sheriff, accompanied by a justice of the peace and by a policeman, should forthwith proceed to the university and demand the brains. On arrival of the formidable Sheriff, six foot four inches in height, at Professor Halford's rooms, the professor was found surrounded by medical men and the brain before him, the dissecting then proceeding. The Sheriff demanded the public property. Professor Halford asserted that the brains were his by bequest of their former owner. The Sheriff contended, with much force, that the brains were "the Government's brains," and that a convict on the scaffold had no property even in his own brains. Finally, the gaol surgeons being present, it was arranged that the dissection should proceed, and at the end the brain was pronounced perfectly healthy."

Sir Redmond Barry was furious, and addressed a stern rebuke to the over-zealous anatomist. Six years later Halford was anxious to give a public lecture on protoplasm, but the council, led by Barry, forbade it. No doubt they considered the awful word redolent of Huxley, Tyndall, and Herbert Spencer, and yet Halford was an



Wilson Hall, Melbourne University.

anti-Darwinian, and orthodox in his faith.

Growth of the School in the 'Eighties

Halford's first class in 1863 consisted of three second-year students who met for dissection and instruction in a shed; but in May, 1865, a substantial medical school was completed, which now, after some structural alterations, is divided between chemistry and physiology. Steady

growth in numbers necessitated new buildings in 1881. So far one professor with a team of lecturers, most of them in medical practice, was regarded as sufficient for purposes of medical instruction, but in 1882 the chair was divided, Halford retaining physiology and histology, whilst his pupil, Dr. H. B. Allen (afterwards Sir Harry Allen), was given the chair of anatomy and pathology. In 1886 Allen took on the deanship, and from then until his retirement in 1923 dominated the medical school. He was in many respects a remarkable man with exceptional administrative gifts; he was also an enthusiastic morbid anatomist. His reading in English and French medical literature was wide and his memory tenacious. Like most self-trained teachers he was not *au fait* with the methods of research, and did not encourage a research spirit in his pupils. On the other hand, he came to conclusions concerning the syphilitic causation of many post-mortem appearances which later work justified.

In the middle 'eighties the scientific preliminaries for medical study were greatly strengthened by the appointment to the chairs of chemistry and physics of Professor (afterwards Sir David) Orme Masson and Professor (afterwards Sir Thomas) Lyle—both of whom are happily still with us though emeritus—and Professor (afterwards Sir Baldwin) Spencer, great as an anthropologist as well as a biologist. The advent of these distinguished men of science was soon followed by the erection of suitable laboratories.

Reciprocity of Medical Registration with Great Britain

In 1890, through the representations made by Professor Allen, reciprocity with Great Britain in the matter of medical registration, was granted, and Allen himself became the first person to be registered in the United Kingdom in respect of a qualification wholly derived from a British Colony. The curriculum from this time on has conformed to the regulations laid down by the General Medical Council.

The year 1896 marked the retirement of Professor Halford and the arrival of Dr. (now Sir Charles) Martin, who supplied the missing research enthusiasm which was soon to inspire Dr. E. H. Embley, a busy practitioner, to embark on a laborious and important investigation on the causation of death under chloroform. Professor Martin resigned in 1903, and was succeeded by the writer. The opening of the century saw a building reserved for bacteriology. In 1906 a chair of anatomy was founded, the first occupant being Professor R. J. A. Berry, and a department of biochemistry under a lecturer, Dr. A. C. H. Rothera, who was succeeded in 1919 by the present holder, Associate Professor W. J. Young.

Clinical Schools

The Melbourne Hospital was the original general hospital for clinical instruction, but in 1909 the Alfred Hospital and St. Vincent's were recognized as teaching clinical schools. By this time also the Women's Hospital, the Eye and Ear Hospital, the Children's Hospital, and the Asylum were used for instruction in their respective specialties.

The new and spacious anatomy department was formally opened in 1923 by Sir William Macewen. In 1925 Professor Peter McCallum, the present holder, was appointed to the chair of pathology; in 1929 Professor Berry was succeeded by Professor Wood-Jones, whilst in 1930 a new chair of obstetrics was created, and Professor Marshall Allan was appointed. There are at present, therefore, four professorial positions in the medical school: anatomy including histology, obstetrics, pathology, and physiology; a fifth, bacteriology, is likely to be added in the near future. Teaching in medicine and surgery is relegated in each case to a team of experts under the chairmanship of a lecturer; this method has proved valuable for teaching purposes, but it is not conducive to research work. Fortunately the Hall Institute at the Melbourne Hospital and the Baker Institute at the Alfred Hospital are devoted to medical research, and have large and competent staffs.

The student body began, as stated, in 1863 with three members, who were, of course, males, and who displayed their masculinity with abundant whiskers; women were not admitted until 1887. In 1880 a medical students' society was founded, and two of the first members now occupy prominent places in Melbourne life—Sir James Barrett and Dr. Felix Meyer.

The numbers of students have shown fluctuations very similar to those experienced elsewhere. In 1914 there were 402 students and the next year 370. Then came the post-war peak in 1921 of 795, falling to the 1914 level in 1925 and 1928. At present the indications are those of continued growth, the figure for the current year being 581.

ATMOSPHERIC POLLUTION

Thirty-two representatives of local authorities and other organizations co-operating with the Department of Scientific and Industrial Research in the investigation of atmospheric pollution met on November 26th in the half-yearly conference at the offices of the Department. The gathering included representatives from London, Manchester, Glasgow, Liverpool, Southampton, Leicester, Newcastle, Hull, Scarborough, Halifax, Lancaster, Leamington, and Wolverhampton.

The Conference, over which Councillor W. Brownhill-Smith of Glasgow presided, received a report from Dr. G. M. B. Dobson, F.R.S., on the progress of the researches carried out under the Atmospheric Pollution Research Committee. Dr. Dobson stated that the new method which had been developed at the Building Research Station for estimating sulphur in the atmosphere was now being used at twenty-seven stations. It was hoped that it would be adopted still more widely by local authorities, as it gave, with little expense, information of great value concerning one of the most destructive of atmospheric impurities. He also referred to trials which were being made of a photo-electric method for recording daylight. If successful, this method will provide a virtually automatic means for measuring the amount of the sun's ultra-violet light cut off by smoke haze.

Mr. Beaumont of Halifax suggested that there was much more that local authorities could do to provide information about the effects of atmospheric pollution. He instanced that in Halifax, side by side with the deposit gauges recording the highest and lowest deposits, apparatus was employed in order to give information with regard to the sunlight received at those points. A large amount of useful information had been gained in that way, showing that, as compared with the less polluted station, the other lost about 25 per cent. of sunlight during the year, the percentage loss being greater in winter than in summer.

The members of the conference were agreed that the subject of atmospheric pollution needed much greater public attention, and that the scientific investigation of it should receive the support of all local authorities.

A. Patoir, Warembourg, and Bédérine (*Paris Méd.*, September 29th, 1934, p. 229) state that thoracic cancer is usually secondary to that of the alimentary canal and genital organs, particularly of the uterus; hence females are mostly affected. These neoplasms cause a symptomatic syndrome (Menetrier's) of oedemas, peritoneal and pleural effusions, supraclavicular adenitis, and thrombophlebitis of the jugulo-subclavian confluence. The oedemas commence in the lower extremities and gradually extend to the abdominal wall; in certain cases the left thoracic wall and left arm become infiltrated. The pleural and peritoneal effusions, evidenced by the usual signs of hydrothorax and ascites, may be serous, haemorrhagic, or chyliform, but rarely chylous. Left supraclavicular adenitis is frequently the only sign of thoracic cancerous invasion. Troisier's ganglions are those affected, and the adenitis may be mono-ganglionic or pluri-ganglionic. The diagnosis of thoracic cancer is of merely prognostic value; it is only evidence of a generalization of the cancerous condition, and death usually occurs shortly after its appearance. A typical case is fully described.

among his patients, to whose interests he was devoted. It was said that he never sent in accounts, but left it to his patients to do as they liked as regards fees. The funeral took place on December 1st at the Brighton Crematorium, and was attended by many of his old friends, colleagues, and patients, including members of the Brighton Insurance Committee, and of the Women's Hospital, on the staff of which Dr. Jacomb-Hood served for a long period.

The death occurred, at 3, Minto Street, Edinburgh, on November 24th, of Dr. WILLIAM MORRISON MILNE, a well-known practitioner on the South Side of Edinburgh. Dr. Milne was born at Gorlich, Morayshire, and after a distinguished course at the University of Aberdeen graduated M.A. in 1885, with the intention of taking up the teaching profession. Determining to study medicine, however, he graduated M.B., C.M. at Edinburgh in 1896, and took the F.R.C.S.Ed. in 1901. After a period as house-surgeon at Leith Hospital, he entered private practice in Edinburgh. In a period of thirty years he had gained a large general practice, and was regarded with great affection by his numerous patients. Dr. Milne had a serious illness while on holiday last August, and since that time he had been in failing health. He is survived by a widow and two sons.

Universities and Colleges

UNIVERSITY OF OXFORD

Congregations will be held, for the purpose of granting Graces and conferring Degrees, on the following days at 2.30 p.m. *Michaelmas Term, 1934*—Saturday, December 15th. *Hilary Term, 1935*—Thursday, January 24th, and Saturday, March 2nd.

UNIVERSITY OF CAMBRIDGE

Dr. F. Goldby has been appointed University Lecturer and Dr. H. W. Hall University Demonstrator in the Department of Anatomy for three years from October 1st, 1934.

The Faculty Board of Medicine has appointed Dr. G. S. Graham-Smith, Dr. T. S. Hele, Dr. G. H. Orton, Dr. E. P. Cumberbatch, Professor S. Russ, and Dr. R. J. Reynolds to be members of the Committee for Medical Radiology and Electrology for the year 1935.

Gwynaeht Pretty Studentship

Applications for this studentship, the holder of which shall devote himself to original research in the aetiology, pathology, and treatment of disease, with particular but not exclusive reference to those diseases which cripple or disable in childhood or early life, are invited, and should be sent, accompanied by copies of papers containing published work, and by testimonials and references, before February 1st, 1935, to Professor H. R. Dean, Department of Pathology, to whom also applications for further information may be addressed. The studentship is of the annual value of £200 and is tenable for three years. The place and nature of the studies of the student are subject to the approval of the Professor of Pathology, provided that the student shall be bound to pursue his studies within the University unless the Managers dispense with this requirement for special reasons.

At a congregation held on December 1st the following medical degrees were conferred:

M.D.—T. G. Reah.

B.CHIR.—C. E. P. Markby, W. F. Richards.

UNIVERSITY OF LONDON

The Paul Philip Reitlinger Prize, offered this year for the best essay embodying the result of some research work on a medical subject carried out by the candidate, has been awarded to Edward Graham Murphy, M.Sc., a student of University College, for his essay on "The Behaviour of Liver Glycogen in Experimental Animals." The prize, of the value of £30, was founded with funds given to the University by Mr. Albert Reitlinger in memory of his son, a student of Middlesex Hospital Medical School. Next year the prize will be awarded for the best essay on "A Critical Study of Post-war Historical Biography."

The following candidates have been approved at the examination indicated:

POST-GRADUATE DIPLOMA IN PSYCHOLOGICAL MEDICINE.—(With Special Knowledge of Psychiatry): W. E. McIlroy, J. H. Malloy, R. W. Maxwell. (With Special Knowledge of Mental Deficiency): R. M. Norman.

Medico-Legal

BUSINESS RELATIONS BETWEEN DOCTORS*

TRANSFER OF PRACTICES

The British Medical Association and the defence societies issue from time to time detailed advice to medical men who contemplate buying a practice, and many useful facts are also set out in Barnard and Stocker's book. The purpose of this article is not to duplicate such work, but to point out one or two of the legal implications of an agreement to buy a practice. The value is generally calculated on the average gross yearly receipts for the last three years—that is, the actual cash receipts. The average of three years is usually taken in order to obviate the effects of ordinary fluctuation.¹ The buyer should also, however, take into account such factors as the expenses of carrying on the practice and the amount of work required to earn the income, which differ widely in different practices; and also the prospects of the practice increasing or diminishing. If the gross figures are not available, an annual figure has to be estimated from the books.

NEED FOR AN ACCOUNTANT

It is most important that the prospective purchaser should have the figures audited or prepared by a qualified accountant with special experience of medical work. A doctor's training does not necessarily make him an expert in accounts, and a vendor may in perfect good faith and with the best intentions produce an entirely incorrect estimate. A medical man who neglects this precaution may—and indeed probably will—find later on that the practice is not worth nearly as much as he thought it would be. This is an unfortunate beginning to a very important stage in a man's life, and if he is to work in partnership with the vendor it may well be disastrous to their mutual confidence. Moreover, if a doctor, after purchasing a practice, finds that the income it actually produces is substantially less than the income the seller said it produced before it was sold, he can only bring a successful action if he can prove that the seller made material misrepresentations to him, or withheld material information from him about the practice.

In addition to securing an expert investigation of accounts, the purchaser should make all possible inquiries of the agents acting for the seller. If, also, he knows a medical man who practises in the immediate neighbourhood, he might do well to ask him for confidential information about local conditions, with special reference to any personal quarrels which may adversely affect the practice. If the purchaser can afford the somewhat heavy cost, it might pay him to employ a good inquiry agent to supplement this information.

INTRODUCTION TO PATIENTS

The introduction to the patients is one of the most important parts of the purchase, and when an introduction cannot be given, as when the vacancy is due to death or serious illness, the practice is worth less by a quarter or a third. The written agreement to buy and sell a practice therefore usually contains a clause under which the seller binds himself to stay in the neighbourhood for a specified time (often three months), actively assist the purchaser in the conduct of the practice, and do all he can consistent with medical ethics to introduce his successor and secure for him the custom of all the patients and the transfer of all the appointments. As the seller is being well paid for the introduction, he should consult the purchaser's views on the best way to effect it, and should make sure from time to time that he is satisfied. The introduction is a

* The first of these articles, by a legal correspondent, appeared on June 9th, 1934 (p. 1053), the second on June 23rd (p. 1145), the third on July 7th (p. 42), the fourth on July 21st (p. 141), the fifth on September 22nd (p. 574), the sixth on October 6th (p. 660), the seventh on October 20th (p. 750), and the eighth on November 3rd (p. 841).

¹ London and Counties Medical Protection Society, Annual Report, 1928, p. 33.

was 12,616. For the corresponding period in 1931-2 the figure was 12,462. The policy adopted in this matter was based on the report of the Departmental Committee on Vagrancy, which made a full inquiry into the subject. The wards closed were redundant ones, and the Minister was satisfied that there had been no overcrowding as a result of the policy, which had been coupled with extensions and improvements in many of the wards which remained open.

Health Insurance on Leaving School.—On December 4th Mr. LLEWELLYN-JONES asked if the Minister of Health had considered representations from organizations connected with the administration of national health insurance which advocated that the National Health Insurance Act of 1924 should be amended to bring within its scope all children as soon as they left school and entered insurable employment. Mr. SHAKESPEARE said that the matter was not being overlooked.

Milk-in-Schools Scheme.—Mr. RAMSBOTHAM told Sir R. Aske on November 29th that as the existing law made it possible to provide free milk for all necessitous children, there was no need to introduce legislation which would enable free milk to be given to all children of parents who had been unemployed more than six months, irrespective of the physical condition of the children. The Board had made it clear in its Circular 1437 that the children should be selected for the provision of free meals or milk who showed any symptoms, however slight, of subnormal nutrition.

Mr. SKELTON told Mr. Storey on November 28th that the Lancashire Education Authority had decided to adopt the scheme for milk in schools. They were making the necessary arrangements with distributors, and it was expected that the scheme would be brought into operation when the schools reopened after Christmas. On December 3rd Mr. RAMSBOTHAM informed Mr. West that as the milk scheme had only been in operation since October 1st it was too early to express any opinion regarding its effect on the health of school children. He did not think it would be possible to show the effect of the scheme for at least six months or so.

During the debate on the second reading of the Depressed Areas Bill, on December 3rd, Mr. OLIVER STANLEY stated that he had provided that the scheme for cheap milk, which was now current in the schools, should be extended to the junior instruction centres. He had also made arrangements that in any case where a medical certificate was obtained of evidence of malnutrition two-thirds of a pint of milk should be supplied free daily.

The committee stage of the Bill was put down for December 6th.

Notes in Brief

A committee appointed by the late High Commissioner of Palestine to examine the labour legislation has recently reported, and the report covers the question of health insurance. The Colonial Secretary awaits the High Commissioner's recommendations on the report.

During 1933 880 persons were killed by accidents at mines and quarries in Great Britain and Northern Ireland.

The Services

DEATHS IN THE SERVICES

Major Thomas Joseph Lenahan, R.A.M.C. (ret.), died on September 29th, aged 68. He was born at Rathgar, Dublin, on September 13th, 1866, and was educated at the Carmichael School and at Trinity College, Dublin. He graduated B.A., M.B., B.Ch., and B.A.O. at the Royal University of Ireland in 1890. Entering the R.A.M.C. as surgeon captain on July 28th, 1891, he became major after twelve years' service, and retired on July 28th, 1911. In August, 1914, he was recalled to duty from the Reserve of Officers. He served on the North-West Frontier of India in the Chitral campaign of 1895 with the relief force, receiving the frontier medal with a clasp; and in the South African War in 1899 to 1902, when he took part in the defence of Ladysmith; and in the operations in the Transvaal, Orange River Colony, and Cape Colony, receiving the Queen's medal with four clasps, and the King's medal with two clasps.

Medical News

The Duke and Duchess of York have promised to attend a *matinée* at the New Victoria Cinema, S.W., on December 13th, in aid of the work of the Grenfell Association on the coast of Newfoundland and Labrador. Since Sir Wilfred Grenfell started his medical and social work in Newfoundland and Labrador forty-two years ago, five hospitals, seven nursing stations, four orphanage boarding schools, together with hospital steamers and a supply schooner, have been provided.

H.R.H. Princess Alice, Countess of Athlone, and the Earl of Athlone will visit the Harrow and Wealdstone Hospital on the afternoon of December 14th to open the new extensions, comprising a children's sun balcony, the linen guild room, and a consultation block to be called the Exeter Rooms.

An address will be given by Professor H. Levy, entitled "Science and Philosophy in Nature," at University College, Gower Street, W.C.1, on Tuesday, December 11th, at 8.15 p.m., with Professor E. A. Milne in the chair. Application for cards of admission should be made to the Director of Studies at University Hall, 14, Gordon Square, W.C.1.

The Royal Sanitary Institute and the South-Eastern Centre of the Sanitary Inspectors' Association will jointly discuss "The Moyné Report on Housing" on Tuesday, December 11th, at 6 p.m., at 90, Buckingham Palace Road, S.W., with Dr. James Fenton in the chair.

A meeting of the Pharmaceutical Society of Great Britain will be held at 17, Bloomsbury Square, W.C., on Tuesday, December 11th, at 8.30 p.m., when a lecture on "Dosage above the Pharmacopoeial Maximum" will be given by Dr. A. F. Hurst.

At a meeting of the Food Group of the Society of Chemical Industry, on December 12th, at 8 p.m., in the London School of Hygiene and Tropical Medicine, Professor E. Waldschmidt-Leitz of Prague will lecture on "Recent Developments in Enzyme Chemistry."

The Jewish Health Organization of Great Britain (Woburn House, Upper Woburn Place, W.C.1) has arranged a series of health lectures to be given at the Synagogue Hall, Harley Street, Bow, E.3, on Monday evenings, and another series at Bayswater House, 111, Blenheim Crescent, W.11, on Thursday evenings. Particulars may be had from the secretary.

The Fellowship of Medicine (1, Wimpole Street, W.) announces that lecture-demonstrations will be given at 11, Chandos Street, W., on December 11th and 18th, at 2.30 p.m.; also the last of the lectures on diet and dietetics, on December 12th, at 8.30 p.m. A special M.R.C.P. course in chest diseases will take place at the Brompton Hospital on Wednesdays and Fridays at 5 p.m. from December 12th to January 11th (excluding Christmas week). Courses in the New Year include: cardiology, at the National Hospital for Diseases of the Heart, January 14th to 26th; urology, at St. Peter's Hospital, January 21st to February 2nd; diseases of the heart and lungs, at the Royal Chest Hospital (all day), January 19th and 20th; manipulative surgery, January 29th to February 1st, at 5.15 p.m.; surgical tutorial classes, on Tuesdays and Thursdays, at 8 p.m., at the National Temperance Hospital, January 15th to March 7th; a series of demonstrations at the Wellcome Museum of Medical Science, on Thursdays, at 3 p.m., beginning January 17th; lecture-demonstrations on general medicine, on Fridays, at 4.30 p.m., at 11, Chandos Street, W. Full details of all courses, which, with the exception of the cardiology course, are open only to members and associates of the Fellowship, will be issued shortly.

The third Pan-American Congress of Tuberculosis, organized by the Latin-American Union of Societies of Phthisiology, will be held at Montevideo from December 16th to 19th.

The Deutsche Gesellschaft für Wissenschaftliche Filme of Berlin is giving a private demonstration of German medical and surgical films in the Academy Cinema, 156, Oxford Street, London, W., on Sunday, December 16th, at 11 a.m. Members of the medical profession are invited to attend. Admission is free on presentation of a visiting card. The following films will be shown: fertilization and first segmentation of the rabbit ovum; version and extraction in transverse lie; normal and malignant cells *in vitro*; tumours of the brain, technique of operation after Olivecrona; action of the heart; and cholecystectomy in empyema of the gall-bladder.

At a meeting of the Académie de Médecine on November 6th the president, Dr. Siredey, congratulated Dr. Guéniot on his one hundred and second birthday.

The issue of *La Riforma Medica* for October 6th is devoted to the proceedings of the recent Italian congresses of internal medicine, surgery, urology, and orthopaedics.

A committee, under the direction of Dr. Largret of the Tunis Pasteur Institute, has gone to French East Africa to study methods of inoculating against yellow fever.

A new university institute for balneology and dietetics has been founded at Bad Homburg under the direction of Dr. Lampert of Frankfurt.

The Société de Neurologie of Paris has awarded the Déjerine prize for 1933 to Dr. Laruelle of Brussels.

As we go to press we regret to announce the death of Lord Riddell, an honorary member of the British Medical Association, and an honorary Fellow of the British College of Obstetricians and Gynaecologists.

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.1.**

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QUERIES AND ANSWERS

Delayed Birth of Second Twin

Dr. J. M. POSTLETHWAITE (Whalley, Lancs) writes: There has been a good deal of discussion in the daily press about maternity cases. I can recall a case of twins, or dual conception, that occurred in my own practice that is of both medical and, I think, legal interest. The mother, a multipara, was delivered of a male on February 24th, and, though another child was in the uterus, things were left alone to take their own course, and she brought forth a female on April 4th (1913). After this length of time I am not able to give the infants' weights, but they were healthy children and grew up quite normally.

I should be glad to know whether there has been any other case of such an interval between the births. The occurrence caused quite a stir at the time, and the parents had several attractive music-hall offers, which were, however, rejected.

Priapism after Circumcision

"M.D." writes in reply to "D. R." (November 24th, p. 975): Erection of the penis when the bladder is full, particularly on waking, is a common and healthy phenomenon in young and adolescent males, whether circumcised or not. It is probably due to stimuli originating in the neighbourhood of the sphincter vesicae and passing, via the hypogastric nerves, to the cells of origin of the nervi erigentes in S2 and S3 segments of the spinal cord, as it is through the nervi erigentes that the bladder is voluntarily emptied. One can readily imagine that when voluntary stimulation to the bladder is forcibly withheld the brunt of the reflex stimulus falls on the erectile mechanism, which is less under the control of the will. The condition has nothing to do with sexual erection, so I suggest that the boy's father be reassured and his mother and medical attendant exonerated.

Dr. R. MACDONALD LADELL (Birmingham) writes: The parents of "D. R.'s" patient appear to be unnecessarily worried over their boy's tendency to erection, and probably their anxiety communicates itself to the youngster, and thus tends to promote the condition. The mother should be told that she need not fear masturbation, which is a habit common to all young people and not in itself detrimental. Such a habit is not likely to become excessive or to stand in the way of normal development if it is mildly discouraged instead of being actively reprobated.

Chronic Enlargement of the Lip

Dr. D. H. SHEAHAN (Portsmouth) writes: Regarding Dr. H. L. Pearson's query concerning the treatment of macrocheilia (*Journal*, December 1st, p. 1024), I have treated the condition in three cases with intravenous injection of 0.3 gram N.A.B. at weekly intervals. Case I was markedly improved after a course of seven injections; in Case II there was a marked temporary improvement; Case III was not affected in any way by the treatment. A consultant who saw this latter case suggested that the infection had taken place through a fissure in the nose. The enlargement in all three cases was of the upper lip. The Wassermann reaction in each was negative at the commencement of treatment.

Income Tax

Payment for Guaranteeing a Loan

"W. G. R." writes with reference to a case in which a bank loan was obtained for the purpose of purchasing a practice. Charges have been paid annually to the brokers who guaranteed the loan. The inspector of taxes proposes to disallow such payments in calculating the practitioner's income tax liability.

** The statement of facts in the leading case of *Ryall v. Hoare* makes it clear that while claiming that such payments were assessable on the recipients the Revenue did not refuse to allow them as expenses incurred by the company making the payments. While there are presumably various differences in detail between that case and the present one, the same general principle would seem to apply—that is, the payments in each case are made annually for the purpose of providing capital necessary for the taxpayer to carry on the income-earning activity.

Car Allowance to M.O.H.

"J. C. M." receives a payment of 6d. per mile when using his car in connexion with his duties. Can he claim any allowance for costs exceeding that rate—for example, half his total car expenses less the amount received?

** The rules of Schedule E restrict the deduction to sums expended wholly, exclusively, and necessarily in the performance of the duties of the office. Presumably the council which granted the allowance of 6d. per mile thought it adequate, and "J. C. M." would probably have difficulty in persuading an income tax appeal tribunal to the contrary. It should be borne in mind, for instance, that if a small and low-powered car would serve the purpose any additional expense caused by the use of a better car would not be allowable. The inspector of taxes was apparently within his rights in obtaining the information from the council. Unless there is something quite unusually harmful in the use to which the car is put professionally we would not advise an appeal.