

the treatment of whooping-cough, there is one point which should be borne in mind when prescribing it. We have already had one case of atropine poisoning in an 18-month-old baby who swallowed the contents of a 10-ml. bottle. If eumydrin is prescribed it would be safer, for *home* use, in the aqueous solution.—I am, etc.,

Colchester.

ELEANOR M. SINGER.

## POINTS FROM LETTERS

### Cortisone and Toxaemia of Pregnancy

Mr. R. H. PARAMORE (Rugby) writes: Since the brain of the healthy primigravida in the mid-period of pregnancy so often shows a heightened activity, while if toxaemia appears as the pregnancy advances it becomes impaired or even deranged, might we not argue that some change in the brain is the cause of the disease? Should we be unwarranted then in suggesting the injection of cerebral extract; and in demanding of chemists the synthesis of such a substance? Would not such a substance be of value in the non-pregnant—e.g., for students preparing for an examination—or even in the treatment of mental deficiency? To say that the latter depends on aberrant structure is beside the point: no one dealing with women the subject of the toxaemia of pregnancy considers their structure. The physical basis of the disease is discounted. Just as happened in Alexandria after the disappearance of its first professors, so to-day the cry is, "To hell with anatomy."

### Zip Fasteners

Dr. A. H. PRICE (Reading) writes: Some years ago while I was trout fishing, a man came down the little path and spoke to me, showing me his zip fastener (April 28, p. 948) entangled with his dewlap. Fortunately I had with me a very small but powerful wire-cutter that had lain in my creel. It took less than ten minutes to free the zip fastener, though indeed a few drops of blood were shed. Perhaps the purists would want to know why there was need of a wire-cutter, for large hooks; but salmon were about. Twice I have cut the wire of a hook, once in a man's upper lip and another time in an eyelid.

Dr. W. M. PENNY (Beckenham) writes: Is Captain H. Ellis's "Unusual Accident" (April 28, p. 948) so very infrequent? My patient also was a soldier, who at the end of his leave caught the dorsal surface of his prepuce in the zip. The fastener was snipped out and the wound closed. He was certified to be unfit to travel owing to a "minor operation." Young women who wear their corsets next to the skin may suffer a similar kind of accident.

### Samples (and Pamphleteers)

Dr. R. ODDIE (London, S.W.3) writes: Your correspondent, Dr. D. Hanbury, of Midhurst (March 31, p. 704), has my sympathy; for, though I am literally "in the trade" myself, I too get many samples by post. But I must enter a modest plea in defence of what he calls the "pamphleteers" who write the accompanying advertisements. As an experienced but humble exponent of this art I can assure him that reliance on "exotic bibliographical references" as a means of enlisting professional interest in our wares is rarely called for nowadays. The doctor is too busy and had too much of it in the past. The function of the pamphleteer is largely *interpretative*: he tells the doctor—be it hoped clearly and concisely—what the commercial fraternity (and other doctors) are up to. Indeed, were it not for the medical departments of pharmaceutical manufacturers undertaking such functions, the busy general practitioner might frequently be ignorant of the practical value of new (as also of the fresh indications for old) remedies in his everyday work. In the past few months the rate of demand for a certain well-established proprietary drug has, following the issue of "pamphlets" suggesting its use in a new indication (for the symptomatic treatment of a certain infectious disease), increased twentyfold. It seems possible that a useful purpose has thereby been subserved for the benefit of doctor and patient. Were my erudition a match for the problem I would conclude, in Latin, "The proof of the pudding . . . Yours sincerely, The Cook."

### Correction

Dr. F. Dudley Hart writes to point out that there was an error in the report of his address (April 21, p. 879), since the reference to Still should have been omitted.

## Medical Notes in Parliament

### National Health Service Bill

Lord HADEN-GUEST moved the second reading of the Bill in the House of Lords on May 9. He paid tribute to the "wonderful achievements" of the Service and briefly outlined the changes introduced in the Bill. Lord BALFOUR of INCHRYE said that on his side of the House they had no delight in the charges, but they accepted the Bill as a regrettable necessity brought about by a too hurried introduction of the full scheme before the professions, the hospitals, and the institutions were administratively ready. Lord AMULREE welcomed the clause providing for treatment abroad for tuberculosis patients, and said he felt sorry that it had been found necessary to depart from what had been a fine principle in the Act.

Lord WEBB-JOHNSON said that unless there was some charge for medicines and appliances there would be wanton waste. Lord FARINGDON believed that in the Bill there had been a serious sacrifice of principle, and feared that charges would have to be added for artificial limbs, hearing-aids, and so on; he deplored this "special tax" on those to whom fortune had been less kind. Lord HADEN-GUEST, winding up the debate, said that in helping to back up the national defence they were performing a service to the Health Service and to the nation. The Bill was then read a second and third time and passed.

On May 10 the Royal Assent was granted to the Bill.

### X-ray Scheme for Miners

On May 7 Mr. E. H. C. LEATHER raised the subject of pneumoconiosis among miners and the proposed x-ray scheme. He paid tribute to the work of Dr. Fletcher and the Pneumoconiosis Board, and said that the important thing was to capitalize their work and make use of the knowledge they had acquired. This could be done, he maintained, only if the work was used as a preventive, and that meant the compulsory x-ray scheme he had been urging in the House for the past 12 months. If the disease was caught in the early stages when a man was only 5 or 10% affected, he could be removed to the surface and would be sound and fit like any other man. If the miners were forced to have a yearly x-ray examination both the psychological curse and a tremendous amount of human and economic waste would be eliminated.

Mr. HAROLD NEAL (Parliamentary Secretary to the Ministry of Fuel and Power) assured the House that the Government was deeply concerned with the problem of pneumoconiosis, and was dealing with the question of radiological examination as quickly as possible. The National Joint Pneumoconiosis Committee had for some time been considering a scheme of periodic examinations. It had decided that an experimental scheme was necessary before any general plan could be drawn up to cope with the "formidable objective" of examining more than half a million mine-workers. If the labour-saving and more easily operated mass miniature radiography was found to be sufficiently reliable to detect early pneumoconiosis, the introduction of the experimental scheme would be much easier than if large x-ray films had to be used. The experimental scheme would be confined to the routine detection of the disease and the safeguarding of the men they found to be infected.

Mr. Neal pointed out that under the Industrial Injuries Act every miner who feels that he might be suffering from the disease can make a claim for benefit, and then he is automatically given an x-ray examination. In the two and a half years ended December 31, about 31,000 x-ray films had been taken under this procedure, and during the same period 10,000 miners were diagnosed as having pneumoconiosis; all of them, whether or not they remained in the industry, were required to report for periodical re-examination. The increased confidence in the pneumoconiosis boards was shown by the fact that half of these

men remained in the coal-mining industry. The National Coal Board was taking all possible steps to eliminate the dust which caused the disease, and every effort would be made to remove pneumoconiosis from the mines.

On May 8 Mr. LEATHER moved that a Bill be brought in to allow compensation to be paid to workers who contracted pneumoconiosis as a result of their employment prior to July 5, 1948, and who were excluded from the then Workmen's Compensation Acts. Under these Acts a man was entitled to compensation only if he had served in the pits within the last five years, and Mr. Leather pointed out that a five-year time limit was unfair, because the disease may sometimes take as long as 20 years to become clear enough for diagnosis. He cited the case of a man in his constituency who left the pits 20 years ago when he was told he was suffering from chronic asthma, and who was not now entitled to any compensation because of the length of time he has been away from the mines. The Bill was read a first time and will be read again on June 22.

### Dentists Act

Mr. BARNETT JANNER asked the Minister of Health on May 10 what was the present position about amendment of the Dentists Act. Mr. HILARY MARQUAND replied that proposals were under consideration, and that while it was not possible to introduce legislation in the present session it was the Government's intention to do so at an early opportunity.

*Exports to China.*—During the first three months of 1951 British exports to China included penicillin to the value of £4,000, iodides value £12,000, and other medicines and drugs value £8,000.

*B.C.G. Vaccine.*—Research into its use in Britain continues, but general distribution is not yet advisable.

*Pay-beds.*—There are 6,875 pay-beds in hospitals under the control of the Minister of Health, and on December 31 there were 1,190 patients on the waiting-list.

## Medico-Legal

### ANAESTHETIST FOUND NEGLIGENT

[FROM OUR MEDICO-LEGAL CORRESPONDENT]

In a recent case a packer, Mr. Charles Alfred Fordyce, was awarded £400 damages for negligence<sup>1</sup> against the North-west Metropolitan Regional Hospital Board. He had also sued Mr. Neville Stidolph, the surgeon who had performed the operation in respect of which he complained, but during the course of the trial the jury found that there was no case of negligence against Mr. Stidolph, and a verdict was thereupon returned in his favour.

Mr. Fordyce's case was that on December 10, 1948, he was operated on for a duodenal ulcer in St. Mary's Hospital, Islington, for which the board was responsible under the National Health Service Act. During the operation the anaesthetist employed by the board injected curare into Mr. Fordyce's left arm to obtain muscular relaxation at the operation. It was said that in order to do this the arm was strapped above the patient's head, this manoeuvre causing a lesion of the brachial plexus and affecting the nerves of his shoulder, with the result that, although the operation for duodenal ulcer was successful, Mr. Fordyce found when he recovered from the anaesthetic that his arm appeared to be paralysed.

The case for the board was that the anaesthetist, who was most experienced, having given more than 3,000 anaesthetics and having used curare more than 300 times, had not been negligent and that the arm was never strapped above Mr. Fordyce's head.

There was no suggestion that the anaesthetist had been negligent in selecting the arm for the curare injection.

The jury by their verdict found that the anaesthetist had been negligent and assessed the damages at £400. Mr. Justice Cassels adjourned the argument on the liability of the board upon the jury's finding, pending the judgment of the Court of Appeal in *Cassidy v. Ministry of Health*.<sup>2</sup>

On March 16, 1951, Mr. Justice Cassels, following the decision of the Court of Appeal, held that the board was liable in law for the anaesthetist's negligence, since the board was his employer. Accordingly he gave judgment against the board for £400 damages and costs.

### ACTION AGAINST SURGEON WITHDRAWN

An action for negligence against Mr. Walter Galbraith of the Scottish Courts was recently<sup>3</sup> withdrawn by the pursuer, Mr. Malcolm Macfarlane, a master baker. Mr. Galbraith's action against Mr. Macfarlane for his fee in respect of the operation, which was the basis of Mr. Macfarlane's action, was also withdrawn after payment by Mr. Macfarlane of the fee.

Mr. Macfarlane had claimed £5,000 for alleged professional negligence. He alleged that he suffered from a serious abnormality of the shoulder which rendered it particularly susceptible to injury. In May, 1948, Mr. Galbraith operated on him for a diseased prostate, and that operation was entirely successful. Mr. Macfarlane complained that during the course of the operation he was tilted into such a position that pressure was put upon his shoulder. As a result the nerves were stretched, his hand was found to be paralysed next day, and had continued paralysed.

Mr. Galbraith's case was that he had taken all reasonable precautions for his patient's safety.

Lord Sorn had sent the action for trial by jury in spite of the absence of any averment on behalf of Mr. Macfarlane whether there was any alternative method of carrying out the operation, and if so what it was. Nor was there any averment in detail of what precautions could have been taken and in what respect the surgeon had failed to take them.

However, before the hearing before the jury was reached the action was withdrawn.

## Universities and Colleges

### UNIVERSITY OF OXFORD

An examination for a Radcliffe Travelling Fellowship, of the annual value of £300 and tenable for two years, will be held during Hilary Term, 1952, at the University Museum. Full particulars may be obtained from the Regius Professor of Medicine, University Museum, Oxford, to whom applications must be sent by January 31, 1952.

The Board of the Faculty of Medicine will make an election, without examination, to the Schorstein Research Fellowship in Medical Science in June, 1952, if a candidate of sufficient merit offers himself. The Fellowship is of the value of £300 and will be tenable for one year from October 1, 1952. Candidates must submit their applications to the Secretary of the Medical School, University Museum, Oxford, by May 1, 1952.

Candidates for the Rolleston Memorial Prize, 1952, which is now of the value of about £90 and is awarded every two years, should submit their applications to the Head Clerk, University Registry, Oxford, before March 31, 1952.

Dr. Ian Wood will deliver a Litchfield Lecture on "Gastric Biopsy in the Study of Chronic Gastritis and Pernicious Anaemia" at the Radcliffe Infirmary, Oxford, on Wednesday, June 6, at 5 p.m.

### UNIVERSITY OF CAMBRIDGE

Dr. M. G. P. Stoker has been reappointed Huddersfield Lecturer in Special Pathology from October 1 with tenure to the retiring age, and Dr. G. F. Roberts, Dr. B. M. Herbertson, and Dr. N. B. Finter have been reappointed University Demonstrators in Pathology, all with tenure for two years from October 1.

<sup>1</sup> *Manchester Guardian*, March 17.

<sup>2</sup> *British Medical Journal*, 1951, 1, 480.

<sup>3</sup> *Glasgow Herald*, March 14.