The patient became pregnant again at an early date, the expected date of confinement being October 31, 1950. Her pregnancy was uneventful. She was admitted to hospital on November 3. There was no disproportion. Labour began on November 9, following surgical induction. The first stage lasted about five hours. Early in the second stage, by which time the vertex was engaged, a change in the shape of the abdomen was observed. The portion of the uterus below the umbilicus appeared broadened and foetal parts were so readily palpable as to indicate uterine rupture. The patient's condition was good and strong uterine contractions continued. On opening the abdomen the lower segment was found to have ruptured without bleeding having occurred. The edges of the previous wound in the lower segment were separated and the gap bridged by intact membranes. The sac was ruptured and a living male child weighing 6 lb. 15 oz. (3 kg.) was extracted. The tissues of the lower segment were so thin and deficient that there was no safe alternative to subtotal hysterectomy. Both mother and baby made good progress and were discharged on November 26.

—I am, etc.,

Stockport. W. LOVE.

Scientific Exhibition at the Annual Meeting in Dublin

SIR,—We would like, through the medium of the *British Medical Journal*, to draw attention once more to a new feature which is being introduced at the Joint Annual Meeting of the B.M.A. and I.M.A. in Dublin this July.

This will consist of a series of scientific exhibits, each staged in a stand having an open front of about 10 ft. These exhibits will demonstrate the newest ideas in various branches of medicine and surgery and will be open to all members attending the meeting; a member of the profession will be in attendance at each stand to deal with any queries.

The scheme in this, its first year, will necessarily be small in extent, and those wishing to avail themselves of space should apply as early as possible, so that the organizers may make adequate arrangements. The general pattern will follow, on a much smaller scale, the exhibitions held at the annual meetings of the American Medical Association. Originality in display will be welcomed, and charts, drawings, specimens, and other displays can be provided with lighting, which should increase the value of the display. No charge will be made for stands, nor for reasonable lighting.

Full particulars of the stands and details of method of application will be found on page 100 of the *Supplement*.—We are, etc.,

R. A. Q. O'MEARA. M. D. HICKEY.
W. J. E. JESSOP. D. K. O'DONOVAN.

Dublin. Organizing Committee, Scientific Exhibition.

POINTS FROM LETTERS

Prostatic Obstruction and Hernia

Mr. J. CLAPHAM COATES (Hull) writes: Mr. Thomas Moore's medical memorandum (February 16, p. 362) rightly advocates the simultaneous treatment of hernia and the causative prostatic obstruction. Another simple method of attaining the same end is to take advantage of the exposure of the prostate to gain access to the internal aspects of the femoral or inguinal canals as originally proposed by Henry. This adds very little to the operation. Henry's method is a very good one for femoral hernia as a routine, but its value in oblique or direct inguinal hernia is more debatable and I use it for these only where there is associated prostatism. I agree with Mr. Moore that, with modern chemotherapy, the disadvantages are mainly theoretical. Elderly patients are always very pleased to part with two disabilities at one operation.

Pink Disease and Infections in Infancy

Dr. W. J. M. MCLEOD (Belfast) writes: I read with interest Dr. A. S. Cook's letter (February 16, p. 383) on pink disease. Before the advent of antibiotics I saw an infant with typical pink disease well established for six weeks, when it developed whooping-cough. Treatment consisted of vitamin supplements, especially B complex. The whooping-cough proceeded to a moderate attack without complications. In three weeks' time there was neither sign nor symptom of pink disease. In a brief search of the literature at the time I could not find any similar occurrence reported, but did find a statement that in Australia pink disease had been cured by an attack of measles. There would appear to be scope for investigation of the relationship between pink disease and the common infections of infancy by someone able to cast a wide net.

Forgotten Tourniquet

Dr. C. D. SANDERS (Kuala Lumpur) writes: It is nowadays understood that not only shall the person putting on a tourniquet be responsible for timing and also removal of it, but the anaesthetist, as it is put on under his supervision in the anaesthetic room in the majority of cases, shall also share the responsibility, leaving the surgeon, freed of clock-watching, to press on with his task. Various devices, such as egg-timers, stop-watches, and tying the anaesthetist's wrist or gown to the end of the tourniquet tape, have been used, but none are altogether satisfactory. The most satisfactory device I have so far come across is a timer which can be set for any number of minutes up to one hour, and when the allotted time has expired a bell rings. It is attached quite simply to the anaesthetic machine. The obvious advantage of such a timer is that the automatic ringing of the bell informs everyone in the theatre that the allotted tourniquet time has expired.

Medico-Legal

DAMAGES FOR PERSONAL INJURIES

[FROM OUR MEDICO-LEGAL CORRESPONDENT]

In civil actions arising out of personal injury or death the task of compensating the victim in terms of money falls upon the jury if there is one. If there is not it falls upon the judge. Either party can appeal to the Court of Appeal if dissatisfied with the amount awarded, but the Court of Appeal will interfere only if the court below either took into consideration or omitted from consideration something which in law it should not have done, or arrived at a figure which in the view of the Court of Appeal was wholly unreasonable. There is a further appeal by leave only to the House of Lords. Whether such an action is tried at first instance by a judge and jury, or a judge alone, depends on whether either party asks for a jury.

The difficulties involved in assessing a proper amount have been commented on in the Court of Appeal[1] in an action in respect of personal injuries to a boy of 6 who was knocked down by a motor-cycle. As a result of injury to his head his whole personality had been changed, and from a bright intelligent boy he had become irritable and irresponsible in his actions. The court of first instance, sitting without a jury, awarded him £5,000 damages, and the appeal was brought on the ground that the award was inadequate.

The Lords Justices in dismissing the appeal said that in cases of serious personal injuries it was most desirable that damages should be assessed by a jury. To make such an assessment was one of the most difficult tasks which fell to a judge sitting alone. In the past, most such cases had been tried by juries, and then there was a period when insurance companies thought a judge would not be as sympathetic as a jury and juries went out of fashion. Later, insurance companies concluded that a judge was apt to give more damages than a jury, and they became more attached to juries.

Lord Justice Singleton added that in his view the time of the courts would be saved if in cases of serious personal injury damages were assessed by a tribunal composed of three judges of the King's Bench Division. He thought they would reach a decision on a more stable basis than had been reached so far in the assessment of damages, and he thought their decision should be final.

This suggestion should be of particular interest to the medical profession and to the Ministry of Health, because serious personal injuries or death are involved, as the readers of these columns will be well aware, in nearly all actions for professional negligence against doctors and hospital authorities.

1 *Manchester Guardian*, July 4, 1951.