

the end. He was deeply religious, and, though naturally reticent, this showed in every aspect of his daily life. Just one example was his adoption in 1938 of two refugee boys from Hitler's Germany. In 1955-6 his three talks in the B.B.C.'s "Silver Lining" programme—entitled "The Temptations of a Long Illness," "Compensations," and "Facing up to Pain"—were an inspiration to other sufferers. His religious faith as well as his wife's devoted care must have fortified him greatly during his long and painful illness. All who came into contact with Jack Bradley knew him to be a thoroughly good man.

Medico-Legal

ABUSE OF LEGAL AID

[FROM OUR LEGAL CORRESPONDENT]

On March 20 Mr. Justice Roxburgh, in giving judgment against a legally aided plaintiff in an action in the Chancery Division, said that there ought to be some way of stopping a legally aided case which was boosted up by false evidence, and his Lordship knew of no means of doing so (*The Times*, March 21). This had been an action for nuisance, and the plaintiff, a deaf old man of 81, had given false evidence and put faked exhibits before the court. He ordered him to pay the costs of the action, but suspended payment until further order.

The difficulty is, of course, to know whether evidence is false or exhibits faked until the evidence has been given in court and tested by cross-examination and until the exhibits have been put in in court and subjected to critical scrutiny. No reputable lawyer would allow his client, whether legally aided or not, to put forward through him a case supported by what he knew to be false evidence and faked exhibits. With a legally aided client it is his duty, if he comes to the conclusion that there is no case, and still more if he sees that false evidence is being relied on, to bring the matter to the Legal Aid area committee for the legal aid certificate to be revoked. This is not seldom done.

If it is only before the court that the falsity of the case becomes apparent the remedy is in the judge's hands. If at the close of the plaintiff's case he is satisfied that the plaintiff has not established a prima facie case—for example, because it depends on the plaintiff's evidence and the plaintiff is such a manifest liar that his evidence is not to be relied on—the judge can throw the case out without calling on the defence. A jury can stop a case in similar circumstances. Similarly when a defendant is obviously unreliable and the defence depends on his evidence the judge, having heard his evidence, is always entitled to say, "I don't believe a word he says," and even with the most long-winded counsel such Draconian measures cut the rest of the business pretty short.

The harm done by speculative actions and false cases to innocent defendants is not a creature of legal aid and is nothing new. The only difference the legal aid scheme has made is that the lawyers who act for the impecunious plaintiff do not have to look to him for their remuneration, but to the legal aid fund. On the assumption that all lawyers are reputable, this difference should make no difference.

DOCTORS CHARGED AT TOWER BRIDGE

At Tower Bridge Court on April 16 further charges were brought in connexion with the case of Miss Jean Cook, the Australian nurse whose death was the subject of an inquest last month (*Journal*, March 29, p. 778). As a result Dr. Ellis Stungo and Dr. Louis Newton, who had been arrested on warrants the day previously, were remanded on bail until May 1.

Dr. Newton was charged with unlawfully killing Miss Cook, and with unlawfully using an instrument with intent to procure her miscarriage. Dr. Stungo was charged with counselling and procuring Dr. Newton to procure the miscarriage of Miss Cook. Mr. Geoffrey Howe, for the defence, said: "The charges are completely denied and the case will be most strenuously defended" (*The Times*, April 17).

At the Old Bailey the trial of Dr. Louis Newton, committed on a coroner's inquisition on a charge of Miss Cook's manslaughter (see *Journal*, March 29, p. 778), was put over to the May session.

Medical Notes in Parliament

STATEMENT ON SENIOR REGISTRARS

The MINISTER OF HEALTH announced on April 21 that the Joint Consultants Committee and he had agreed to set up a joint working party to study, in the light of experience of the hospital service since 1948 and of all other relevant considerations, the principles on which the medical staffing structure in the hospital service should be organized. He continued:

I have concluded that—pending and without prejudice to the working party's report—the current arrangements for senior registrar posts should be modified in certain respects, in view of the fact that some senior registrars have long completed the normal tenure of their posts but have not yet succeeded in obtaining a higher post. I am satisfied that these senior registrars should be given an opportunity of remaining in the hospital service whilst they continue to compete for higher posts, and hospital boards are being asked where necessary to offer extended contracts pending the working party's report.

Also without prejudice to the working party's report, I am asking hospital boards to submit proposals for designating a limited number of senior registrar posts—mainly from among those already existing—which will provide responsible work commensurate with that which is normally expected of a fourth-year senior registrar; will carry a higher rate of pay; will offer security of tenure; and will be available to senior registrars who have completed the normal period of appointment in the grade. The senior registrars selected for these posts will of course be free to continue to compete for higher appointments. I will emphasize to boards that these senior registrar posts are not to be regarded as a substitute for additional consultant posts.

The Secretary of State for Scotland is discussing with the Scottish Joint Consultants Committee the application of these arrangements to Scotland.

Mr. KENNETH ROBINSON (St. Pancras North, Lab.) said these interim arrangements appeared at first sight to be a satisfactory solution to the short-term problem, but the only tolerable solution for the long-term problem would be a considerable expansion of consultant posts. Was it necessary to set up a working party to come to that obvious conclusion? Mr. WALKER-SMITH said regard must be had to the fact that the number of consultant posts desirable had to be looked at in the light of staffing structure and economic context. He hoped for a quick and valuable report from the working party, and preferred to wait for it.

Sir KEITH JOSEPH (Leeds, North-east, Con.) said he welcomed the constructive solution to this intractable and complex problem, without prejudice, as the Minister had said, to the recommendations of the working party. He asked the Minister to note that it was not commonly accepted that the only long-term solution was the expansion of the consultant force. The economics of the service to the public and the location of consultants in relation to the public demand for them must be examined most carefully. Mr. WALKER-SMITH said he would bear the suggestions in mind.

Dr. EDITH SUMMERSKILL (Warrington, Lab.) said all the Minister had said was that the matter was to be postponed once more, and that the anxiety of these senior registrars was to continue for an indefinite period. These men were being offered excellent opportunities in the United States, and if there was going to be another postponement Britain would lose some of its best doctors. Mr. WALKER-SMITH said he did not think Dr. Summerskill could have heard his reply, or else she did not understand it. What he had said indicated that there was a good deal more for the senior registrar than she thought.