

# Medico-Legal

## HOSPITAL SWILL

[FROM OUR LEGAL CORRESPONDENT]

At Woodplumpton 21 pigs died after eating swill collected from a hospital, alleged a pig-keeper at Preston County Court on March 10. The pig-keeper was awarded £331 10s. damages against the Preston and Chorley Hospital Management Committee, but he did not contest the Committee's claim against him for £98 8s. for breach of contract (*The Times*, March 11). The Committee's explanation of the fatalities was that sometimes the swill accumulated uncollected for three days and as a result had to be put into bins normally reserved for other hospital waste such as dressings and ashes.

If the pig-keeper was in breach of a duty, contractual or otherwise, to remove the swill more often than once every three days, that would not totally absolve the management committee from their duty to him in negligence. But the pig-keeper's duty might be relevant, as contributory negligence, in the reduction of damages.

Hospital authorities are generally mindful of the duty of care imposed on them by the law of negligence in respect of patients, visitors, and employees entering the hospital by the front door: but it is easy for them to forget the pig-keeper who comes to the back door. In a classic statement of the law<sup>1</sup> Lord Atkin said that everyone owes a duty of care to his neighbour. "The rule that you are to love your neighbour becomes, in law, you must not injure your neighbour;"—i.e., injure him in his property as well as his person—"and the lawyer's question, Who is my neighbour? receives a restricted reply. You must take reasonable care to avoid acts or omissions which you can reasonably foresee would be likely to injure your neighbour. Who, then, in law is my neighbour? The answer seems to be—persons who are so closely and directly affected by my act that I ought reasonably to have them in contemplation as being so affected when I am directing my mind to the acts or omission which are called in question." Thus the pig-keeper collecting the swill is as much a neighbour of the hospital authority as the patient on the operating table, though the standard of care owed to him is not so great as that owed to patients.

## Vital Statistics

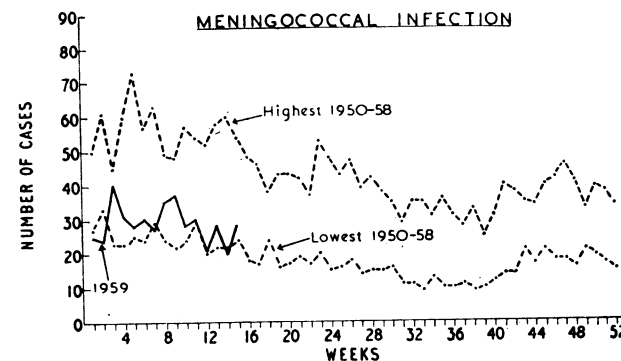
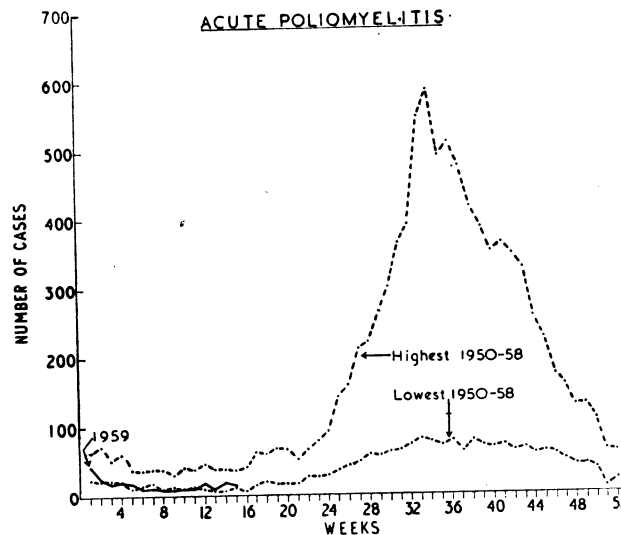
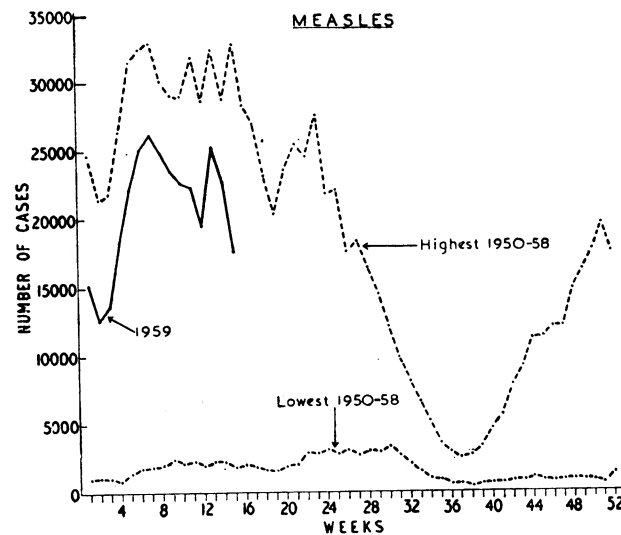
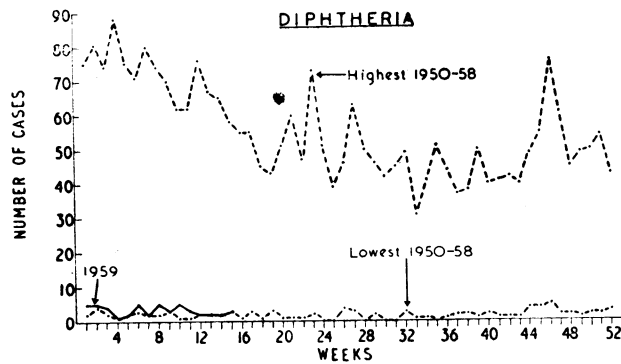
### Industrial Accidents and Diseases

The number of workpeople (other than seamen) in the United Kingdom whose deaths from accidents in the course of their employment were reported in March was 112, compared with 108 in the previous month and 121 in March, 1958.

The numbers of cases of industrial diseases in the United Kingdom reported during March, 1959, were as follows: Lead poisoning 2, compressed air illness 1, epitheliomatous ulceration 7, chrome ulceration 10; total 20. There were 2 deaths from epitheliomatous ulceration due to mineral oil.—*Ministry of Labour Gazette*, April, 1959.

### Graphs of Infectious Diseases

The graphs below show the uncorrected numbers of cases of certain diseases notified weekly in England and Wales. Highest and lowest figures reported in each week during the years 1950-8 are shown thus -----, the figures for 1959 thus ———. Except for the curves showing notifications in 1959, the graphs were prepared at the Department of Medical Statistics and Epidemiology, London School of Hygiene and Tropical Medicine.



<sup>1</sup> *Donoghue v. Stevenson* [1932] A.C. 562.

## INFECTIOUS DISEASES AND VITAL STATISTICS

Summary for British Isles for week ending April 18 (No. 15) and corresponding week 1958.

Figures of cases are for the countries shown and London administrative county. Figures of deaths and births are for the whole of England and Wales (London included), London administrative county, the 17 principal towns in Scotland, the 10 principal towns in Northern Ireland, and the 14 principal towns in Eire.

A blank space denotes disease not notifiable or no return available. The table is based on information supplied by the Registrars-General of England and Wales, Scotland, N. Ireland, and Eire, the Ministry of Health and Local Government of N. Ireland, and the Department of Health of Eire.

CASES	1959					1958				
	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire
Diphtheria ..	3	0	5	0	1	4	0	1	0	
Dysentery ..	806	115	148	27		863	71	203	7	6
Encephalitis, acute	4	0		0		3	1		0	
Enteric fever:										
Typhoid ..	0	0	1	0		3	1	0	0	
Paratyphoid ..	6	3	1(B)	0		2	1	1(B)	0	4(B)
Food-poisoning ..	160	48	10	0		112	11	13	1	
Infective enteritis or diarrhoea under 2 years ..				7	16				12	18
Measles* ..	17,696	972	1674	443	296	5,066	281	131	37	8
Meningococcal infection ..	29	6	17	0	1	24	2	16	0	7
Ophthalmia neonatorum ..	28	1	8	0		23	1	2	0	
Pneumonia† ..	510	25	254	9	14	585	44	323	4	3
Poliomyelitis, acute:										
Paralytic ..	12	1	0	0	1	9	0	0	0	4
Non-paralytic ..	3	0	0	0		2	0	0	2	0
Puerperal fever§ ..	200	27	14	1		244	36	17	1	1
Scarlet fever ..	671	23	63	25	23	738	53	56	24	28
Tuberculosis:										
Respiratory ..	661	60	99	26	0	458	59	148	14	2
Non-respiratory ..	66	2	12	0		73	5	16	2	
Whooping-cough	623	24	88	33	94	495	33	31	6	4

DEATHS	1959					1958				
	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire
Diphtheria ..	0	0	0	0	0	1	0	0	0	0
Dysentery ..	0	0		0		2	0		0	
Encephalitis, acute		0			0		0			0
Enteric fever ..	0	0	0	0		0	0	0	0	
Infective enteritis or diarrhoea under 2 years ..	8	0	2	0	1	7	0	2	0	1
Influenza ..	116	2	2	4	9	57	1	1	0	1
Measles ..		0	0	0	0		0	0	0	0
Meningococcal infection ..		1	0				1	0		
Pneumonia ..	640	49	18	13		719	65	42	18	8
Poliomyelitis, acute	0	0		0	0	1	0		0	0
Scarlet fever ..		0	0	0	0		0	0	0	0
Tuberculosis:										
Respiratory ..	81	3	8	0	3	96	5	12	2	6
Non-respiratory ..										
Whooping-cough	1	0	0	1	0	1	0	0	0	1
Deaths 0-1 year ..	314	38	42	9	24	336	36	46	8	12
Deaths (excluding stillbirths) ..	10,307	791	583	147	247	11,280	933	783	137	194
LIVE BIRTHS ..	14,600	1219	1016	275	454	14,710	1319	1149	239	420
STILLBIRTHS ..	347	21	34			378	27	34		

\* Measles not notifiable in Scotland, whence returns are approximate.

† Includes primary and influenza pneumonia.

§ Includes puerperal pyrexia.

## Medical News

**Differential Salary Scales in South Africa.**—The South African Medical and Dental Council has questioned the Government's policy of paying non-white medical practitioners less than white doctors when they are doing the same work under the same employing authority. The subject of differential salary scales was debated at the Council's half-yearly meeting in March, and a motion was carried that the Council's president and vice-president should discuss the implications of this differentiation with the Minister of Health. During the debate, Professor I. GORDON, dean of the faculty of medicine at Natal University, suggested that a non-European practitioner who accepted a post under these conditions might be offending against the Council's ethical rules in that the remuneration was "derogatory to the medical profession," "inimical to the interests of the public," and in that he was "permitting himself to be exploited in a manner detrimental to the public or professional interest." He believed that non-European graduates would turn their eyes to African territories in the North, and thus the Government's own policy of providing medical services for the native community in South Africa was in danger of being defeated.

**Wellcome Trust's Second Report, 1956-8.**—The trustees allocated roughly as great a sum for research in the two years covered by this report as was made available in the previous 20 years—a sum in the region of £1m. The earlier period was rendered in many respects a highly abnormal one by the complexities of establishing the Trust, dealing with the heavy estate duties, and by difficulties during and after the war. The present report, accordingly, is the first which the trustees have been able to present for a period which they can regard as wholly normal from the administrative point of view. In general, the policy of the Trust and the pattern of its benefactions remain the same, but, in keeping with the world-wide organization of the Wellcome Foundation Limited, from which they derive their income, the trustees have increased the magnitude and range of their support for research in countries overseas. Their scheme, an innovation of its kind, for providing Wellcome Research Travel Grants for those who are actively engaged in research has steadily increased in scope since it was first introduced in September, 1955.

**Oestrogens in Farming.**—The Agricultural Research Council has not yet completed its inquiry into the possible dangers, whether to man or animals, of administering synthetic oestrogens to stock and poultry in order to fatten them. However, in the meantime, farmers are warned against the implantation or feeding of breeding stock with stilboestrol or hexoestrol, and, further, that the overdosing of animals intended for slaughter may "possibly render the meat less attractive, although not dangerous to the consumer." Since swallowing or even inhaling small amounts of these substances can have serious toxic effects on man, attention is drawn to the dangers of home-mixing them on the farm with other feeding stuffs. It is emphasized that all oestrogen-containing substances should be kept in a safe place, and, in particular, well away from children. These points were made in a joint announcement by the Agricultural Departments of Great Britain on April 28.

**Association of the British Pharmaceutical Industry.**—Dr. THOMAS KERFOOT presided at the annual dinner held in London last week. Speaking of the importance of research to the pharmaceutical industry, he said that if the quantity of research done in Britain was small by certain standards the quality was superb. He thought that the political and social value of drugs introduced by the pharmaceutical industry for the cure of tropical diseases had been underestimated. More should be done to publicize the achievements of the industry. Dr. Kerfoot said they were aware of the importance of keeping their own house in order, and a marketing code for medical specialties had been drawn